

**Council of Governors
Public Meeting – Thursday 14 January 2021**

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

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 15 October 2020	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - The Impact of a Dementia Diagnosis on a Family	MD	To note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – September & October 2020	SM	To receive & note	√
9.	Covid Update	LP	To receive & note	√
10.	EU Exit Preparations	PBec	To receive & note	√
	Performance & Delivery			
11.	Performance Update	PBec	To receive & note	√
12.	Finance Report	PBec	To receive & note	√
	Governor Issues			
13.	Governor Groups Feedback	All	To receive & note	√
14.	Responses to Governor Questions – no questions raised since the last meeting	All	To note	verbal
15.	Any Other Business			
16.	Date, Time and Venue of Next Meeting Thursday 15 April 2021 at 2.00pm			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 14 January 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Jenny Jones Title: Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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



Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Eric Bennett	None
	Helena Spencer	<ul style="list-style-type: none"> Trustee/Director of the Homeless Charity, Emmaus Hull
	Vacant	
	Vacant	
Elected – East Riding Public	John Cunnington	None
	Christopher Duggleby	<ul style="list-style-type: none"> Involved with National Institute for Health Research (NIHR), Alzheimer's Society and Age UK
	Huw Jones	<ul style="list-style-type: none"> Vice Chair, Oakfield School, Hull Mobilisation Lead, Maldaba Ltd Director, Innov8 Consulting Undertaking a review of LD Inpatient beds for the Humber, Coast and Vale ICS. It is a short term project due to finish in mid January 2021. I am doing that as part of my work in Innov8 Ltd
	Ros Jump	<ul style="list-style-type: none"> Councillor -East Riding of Yorkshire Council (Cottingham North), Cottingham Parish Council Governor Westfield Primary School, Cottingham Governor Dunswell Primary School, Dunswell Trustee Dunswell Village Institute, Dunswell Trustee H.A.N.A. Trust Consultancy work for Eden & Partnership
	Sam Muzaffar	<ul style="list-style-type: none"> Councillor, Elloughton-cum Brough Town Council Director of a Limited Company providing General / Performance management Consultancy.
	Fiona Sanders	<ul style="list-style-type: none"> TBC
Elected – Wider Yorkshire & Humber Public	Tim Durkin	<ul style="list-style-type: none"> Member of Hull and East Yorkshire Mind Member of (National) Mind Member of the Trust's Associate Hospital Managers Panel
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> Whitby Health Engagement Network representative for Hambleton, Richmond and Whitby Clinical Commissioning Group Charity Trustee of Registered Charities and Ltd Co by guarantee Rural Arts Cleveland Ironside Mining Museum Action with Communities in Rural England (ACRE) Volunteer - Captain Cook Memorial

		<p>Museum and Skinningrove Bonfire Committee, Whitby Community Transport</p> <ul style="list-style-type: none"> Member of the Whitby Group Practice - Patient Participation Group and represent them on the Patient and Partner Network of the HRW section of the NYCCG
Service User and Carer	Vacant	
	Vacant	
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	Paul Nickerson, East Riding of Yorkshire Council	TBC
	Jacque White Hull University	<ul style="list-style-type: none"> Mental Health Strategy Lead I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean. Member of the Labour Party
	Voluntary Sector, Andy Barber, SMILE	<ul style="list-style-type: none"> Charity Manager for SMILE currently working on the Charitable Funds redevelopment for the Trust Health Stars Sub Contract for VCSE contract
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"> Director of Public Safety, Humberside Fire and Rescue Service
	Jenny Bristow, Humberside Police	None

**Minutes of the Council of Governors Public Meeting held on
Thursday 15 October 2020 via Microsoft Teams**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Andy Barber, Appointed Governor, Smile Foundation
Jenny Bristow, Appointed Governor Humberside Police
Mandy Dawley, Staff Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Sam Grey, Staff Governor
Jack Hudson, Staff Governor
Huw Jones, Lead Governor & East Riding Public Governor
Ros Jump, East Riding Public Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Helena Spencer, Hull Public Governor

In Attendance: Peter Baren, Non Executive Director/Senior Independent Director
Mike Cooke, Non Executive Director
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Mike Smith, Non Executive Director
Pete Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
Dave Reade, Service User & Carer Lead, Humber Teaching NHS Foundation
Trust and East Riding Partnership (for item 37/20)
Alison, Service User (for item 37/20)

Apologies: Gwen Lunn, Appointed Governor, Hull City Council
John Cunnington, East Riding Public Governor
Eric Bennett, Hull Public Governor
Christopher Duggleby, East Riding Public Governor
Jacquie White, Appointed Governor, University of Hull

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

34/20 Declarations of Interest

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

Mrs Pollard informed the Governors that she has an additional declaration in relation to being a member of the Whitby Group Practice Participants Group. This will be added to the report.



35/20 **Minutes of the Meeting held on 16 July 2020**

The minutes of the meeting held on 16 July 2020 were agreed as a correct record.

36/20 **Matters Arising and Actions Log**

The action log was reviewed and noted.

37/20 **Patient Story – Alcohol Can Affect Anyone, Look Around, Is It You?**

Alison joined the meeting to share her story with the Council of Governors. She explained that lockdown and Covid 19 have presented some challenges around meetings. As a Peer Mentor with the Alcohol and Drugs Service Alison is involved in the Self Management and Recovery Training (SMART) meetings. Alison found these very helpful during her time as a service user and wanted to help others.

Alison told Governors about her journey and the challenges she had faced and how she had managed these personally and with the service.

Mr Reade explained that the East Riding Partnership is an unsung hero within the Trust. The services has many different elements including community team, after care, rehabilitation team, volunteers and recovery. Family services are also delivered. A new service optimisation of prescription has recently been added.

Mr Jones thanked Alison for sharing her story with such passion and recognised the trauma that she had been through. He asked if there is were any more assertive interventions that could have been made with regards to community beds and going into crisis. Alison explained that until the person acknowledges they have a problem treatment does not work and this is important. Therefore it was hard to identify anything further as from her perspective treatment did not work until she recognised she had a problem.

Mrs Gorman related to children and the pressures they can face from others around alcohol. She asked if there was a good way to challenge/raise awareness. Alison suggested that role models within their own age group would be beneficial as they may be listened to more. Mr Reade felt that awareness is key as is having a role model which included parents and other family members and the recognition of any other pressure a young person may be experiencing.

The Chair thanked Alison for sharing her inspirational story.

38/20 **Chair's Report**

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

Council of Governors Updates

- Stephen Christian has resigned as a service user and carer public Governor
- Paul Nickerson was welcomed to the Council of Governors as the appointed Governor for East Riding
- Staff Governor meeting have continued and have been attended by Mrs Parkinson to talk about Staff Health and Wellbeing and Mrs Flack to talk about Freedom to Speak Up.
- Public Governor meetings have continued and have been well attended
- Meetings with the Lead Governor, Mr Jones have taken place
- The election process is underway which is being run by Civica. There are a large number of seats available across the constituencies and Governors were asked to promote nominations with anyone who is interested.
- A Governor development session is planned in November with a full agenda including winter planning and Health Stars

The Chair has continued to join virtual meetings and services including including the Pride and

Freedom services A Remembrance Service and Christmas Service ~~is~~ are planned and details will be forwarded to Governors **Action KC**

Virtual staff awards events are taking place to celebrate long service and retirement. Tea coffee and muffin gift bags are now provided in advance of the meeting to participants

A meeting with the Care Quality Commission (CQC) Chair was held to discuss future development of the CQC and share the Trust's future plans.

Resolved: The verbal update was noted

39/20

Chief Executive's Report

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

- Staff health and wellbeing continues to be progressed alongside patient care and patient safety during Covid 19. Recently staff have received new lanyards and badges as part of the Humbeleivable campaign which have been positively received.
- The Chief Executive has been joining team calls across the organisation. A "Meet Michele" event was also held which was well attended and gave staff an opportunity to ask any questions.
- A new chair has been appointed for the East Riding Health and Wellbeing Board.
- Two geographical partnerships are being developing in terms of structures and performance mechanisms which may mean additional work for some Trust staff. The Chief Executive will be linking into both of these.
- The Flu campaign has started with 110 people vaccinated in the first week. Monitoring of the uptake will be undertaken at the Gold/Winter Planning weekly meeting.
- This year's staff survey has been launched which staff have been encouraged to complete the survey.
- Following a restructure in the Pharmacy Team, the pharmacy services have been brought in house which will benefit our patients. Thanks were extended to the Pharmacy team for their work in making this possible

The Chief Executive thanked the Communications Team for the work they have been doing on the branding and with the many campaigns including Humbeleivable and the work on recruitment. They have also helped to produce the "Together We Can" book which features staff and service user stories. This book can be purchased with all money raised going to Health Stars.

Mrs Jump asked about student numbers which was referred to in the Director's updates in the report and whether these were positive. The Chief Executive reported that more students are being taken than previously which does give a challenge around placements. Over the last year the Trust has done well and many of the students have jobs with the organisation and go onto the preceptorship course.

Mr Jones said it was good news around the education system with more resources for mental health teams being available. He would like to discuss with Mrs Parkinson about introducing her to the Head Teacher at a Special Residential school he is involved with to talk about funding and services that are around locally. Mrs Parkinson will contact Mr Jones to make the arrangements.

Resolved: The report and verbal updates were noted.

Contact to be made with the Lead Governor around an introduction to a Head Teacher to discuss funding and services locally Action LP

40/20

Patient Led Assessment of the Care Environment (PLACE)

The report provided the Council of Governors with the results from the 2019 PLACE

Assessments and the actions being taken. PLACE Assessments have been completed for all Trust inpatient units and the results have been published by NHS Digital.

Mrs Parkinson reported that these inspections took place in Autumn 2019 and it was not possible to compare previous year's data as there have been significant changes to the domains and question sets. It was noted that the Trust has performed below the national average in one of the six domains which was Condition, Appearance & Maintenance. Due to Covid 19 PLACE inspections for 2020 were suspended nationally.

There is general recognition that more work is needed in the mental health inpatient units around the maintenance, improving the décor and as a consequence agreement has been made to increase the capital programme spend available for some of the inpatient units. Mrs Jump asked if there was any impact on patients as a result of food results. Mrs Parkinson explained that this category is divided into organisation food and ward food. The patient satisfaction result is included in the ward element of this. An improvement plan is in place to improve this area. Mr Beckwith reported that part of the low score was around immediate dietary requirements as specialised food is not held on sites. As soon as a dietary requirement is identified, supplies are provided within a few hours.

Ms Bristow asked about Hawthorne Court and the privacy and dignity issues referred to in the report. It was confirmed that these results were prior to Covid 19 and Hawthorne Court is empty at the moment as it was identified as a place for positive Covid 19 patients to be admitted to. It is expected that this building will be disposed of in the future.

Resolved: The report was noted.

41/20

Planning Update

The Trust has been actively engaged in planning across both geographical partnerships. The Humber partnership has focussed heavily on Mental Health requirements and the North Yorkshire partnership has focussed on Community Services. Allocations have been issued to the geographical partnership. Mr Beckwith explained that the plan is for the second half of this year

Resolved: The report was noted.

42/20

Engaging with Members Group Terms of Reference

The Terms of Reference for the Engaging with members Governor Group were presented to the Council of Governors

Mrs Pollard said there was discussion at the meeting around the Head of Patient Experience being a member of the group. It was noted that this was included in the Quorum section and would be included in the Membership Section.

Mr Durkin recalled that discussions also included the requirement for minutes rather than action notes which should be provided to group members within 14 days of the meeting. The Chair will raise with the Head of Corporate Affairs. The revised wording for this item will be circulated to Governors when finalised.

Resolved: The Terms of Reference were approved subject to inclusion of the Head of Patient Experience in the Membership section and reference to the minutes being added.

43/20

Finance, Audit, Strategy, Quality, Workforce, Mental Health Legislation Governor Group Terms of Reference

The revised Terms of Reference were presented by Mr Jones to Governors with tracked changes identifying areas that have been amended.

Mr Durkin said for consistency all references to Chairman should be amended to Chair. This

change was supported by Governors.

Professor Cooke reported that up to six Governors already attend this meeting which will now also cover Mental Health Legislation. He recommended Governors to attend this group as it covered a variety of topics and provided information and assurance.

Resolved: The Council of Governors approved the Terms of Reference subject to Chairman being amended to Chair throughout the document.

44/20 **Public Trust Board Minutes June and July 2020**

The minutes of the public Board meetings for June and July 2020 were provided for information.

Resolved: The minutes were noted.

45/20 **Performance Update**

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.

It was confirmed that for any areas that fall outside of normal variation, an explanation is provided in the narrative and on the front sheet. There are times when there are seasonal blips and these would not necessarily be pulled out.

Resolved: The report and verbal updates were noted.

46/20 **Finance Report**

This report is a summary of financial performance for the Trust 3 month period June 2020 to August 2020. For the first five months of this year the organisation has been operating under Covid 19 governance arrangements as normal operations have been suspended.

In month 5 a break even position was recorded. Within this was £4.8 million of Covid 19 claims which was broken down into £3 million of additional costs and £1.8 million of income top up. All Covid 19 claims submitted have been reimbursed.

The cash position was £27 million which included an additional £10 million provided to the Trust for additional block income. Mr Jones referred to a question that had been raised at the public Board meeting by a Non Executive Director in relation to whether there are any plans to invest some of the cash in future service transformation.

Mr Beckwith explained that the cash position is inflated by the additional block income provided to help the organisation through these difficult times. The strong position was also due to performance against the Better Payment Code. As Director of Finance he felt that with future funding streams unknown and the level of uncertainty around it was his view that it would be prudent to continue with the current transformation programmes and to keep the cash in the bank until the future is clearer.

Resolved: The report was noted.

47/20 **Governor Groups Feedback and Activity**

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

Resolved: The report was noted.

48/20 **Responses to Governor Questions**

An update was provided to the question raised by Mr Enderby around Clinical Supervision. Mr Enderby appreciated the update, but was disappointed with the amount of time this is taking. A report was produced by Deloitte which identified some actions last year which appear to still

be outstanding and was an area he thought had drifted.

Professor Cooke explained that Mrs Gledhill brought a report to the Quality Committee on this which he thought could be shared. It was in relation to a deep dive into clinical supervision. The Committee gained reassurance and assurance from the report around the points of the frequency and quality of clinical supervision.

Mr Enderby thanked Professor Cooke for the update. He specifically referred to the narrative that had been provided around clinical supervision going into ESR. The Chair recognised his frustration with this issue and will speak to Mrs Gledhill regarding sharing the report and also ask her to speak with him. The Chair will catch up with Mr Enderby outside the meeting

Resolved: The verbal updates were noted.
The Chair to discuss further with Mr Enderby and Mrs Gledhill in relation to sharing the updated report Action SM

49/20 **Any Other Business**

Future Meeting Papers

Mrs Gorman asked if there was a way of adding a footer to each item in the papers to make them easier to navigate. This will be reviewed for future meetings.

50/20 **Date and Time of Next Meeting**

Thursday 14 January 2021, 2.00pm by Microsoft Teams

Signed..... Date
Chair

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

Summary of actions from October 2020 meeting and update report on earlier actions due for delivery in January 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
15.10.20	39/20	Chief Executive's Report	Contact to be made with the Lead Governor around an introduction to a Head Teacher to discuss funding and services locally	Chief Operating Officer	November 2020	Completed
15.10.20	48/20	Responses to Governor Questions	The Chair to discuss further with Mr Enderby and Mrs Gledhill in relation to sharing the updated report	Chair	December 2020	Deputy Director of Nursing contacted Mr Enderby to discuss
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
16.7.20	28/20	Performance Update	A session on SPC to be arranged following the next elections	Director of Finance	February 2021	On agenda for February Governor Development Day
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary						

Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting: 14 th January 2021			
Title of Report:	Patient Story – The Impact of a Dementia Diagnosis on a Family			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Council of Governor members of Joan’s experiences in supporting and caring for her husband who lives with dementia.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Patient story	√
Key Issues within the report:	<p>The key messages of the story are:</p> <ul style="list-style-type: none"> Joan’s experience of being involved in the care planning process. Positive experience once Joan’s husband was admitted to Maister Lodge under Section 3 of the Mental Health Act. Through membership of the Patient and Carer Experience forum this has provided Joan with opportunities to be involved in the Trust’s Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme, Dementia Diagnosis and Post Diagnosis Pathway Development Group and an interview panel to recruit a Mental Health clinician. 			

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	

The Impact of a Dementia Diagnosis on a Family

1. Introduction

The purpose of this patient story is to inform the Council of Governors of Joan's experiences in supporting and caring for her husband who lives with dementia.

2. Attendance at the Council of Governors meeting

Attending the meeting: Joan will be in attendance and will be supported by Jo Inglis (Deputy Charge Nurse, Maister Lodge) and Mandy Dawley (Head of Patient and Carer Experience and Engagement).

3. Key Messages

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

- Joan's experience of being involved in the care planning process.
- Positive experience once her husband was admitted to Maister Lodge under Section 3 of the Mental Health Act.
- Through membership of the Patient and Carer Experience forum this has provided Joan with opportunities to be involved in the Trust's Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme, Dementia Diagnosis and Post Diagnosis Pathway Development Group and an interview panel to recruit a Mental Health clinician.

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 14 January 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

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



Chief Executive's Report

1 Around the Trust

1.1 Creating Capacity to Support Staff Managing through Covid

Gold Command considered a number of proposals from Silver command for work to temporarily pause in order to provide some down time and to support staff and create capacity. The following was agreed in Gold Command;

BI Team

In order to create capacity in BI for the growing number of SITREPs it was agreed that:

- commentary for the performance report in the December Board pack is to be paused and will be reviewed again in January before the January Board report is developed.
- to pause the migration of the data warehouse to the cloud and review at the end of February (it is important to note that we will still have performance data but it will be from Trust systems)
- to cease the development of power BI and review in February
- we noted that clinical systems may need to drop some of the additional video support to resource vaccination booking systems and recording.
- IT is not looking to change or cease any area of work although SLA response time may reduce to support short term priorities.
- to cancel Digital Delivery Group until February - any business would be managed via Peter Beckwith with CIO and CCIO input.

Sub Committee Meetings

We agreed it important that sub-committee meetings continue – however, members only need to attend to reduce the need for wide attendance and to provide some capacity for managers. Executive leads for committees will action as appropriate.

1.2 Research

The recently published Local Clinical Research Network figures show our recruitment in research studies at 1120 against a target of 385 - 291% over target. Well done to Cathryn Hart and the research team.

1.3 Commissioning Committee

The Commissioning Committee met on 8th December, chaired by Peter Baren. The Terms of Reference (ToR) were discussed and are attached in draft form for your information. The next meeting, to be held in January will agree these ToR before they are formally presented to Board for approval.

The reporting schematic has been developed further and is attached. As a sub committee of the Board, assurance reports will routinely be provided to the Board after each meeting.

1.4 EMT

EMT has approved the role and responsibilities of a Wellbeing Guardian which is a role within the NHS People Plan that sets out practical actions that employers and systems will take to support our workforce. Our Guardian will be our Chair, Sharon Mays and the role will look at the Trust's activities from a health and wellbeing perspective and act as a critical friend. The role is intended to provide a focus on ensuring that the health and wellbeing of our staff is understood. The main purpose of the Guardian will be to understand the impact of staff wellbeing on staff outcomes and patient care and speak with confidence and commitment about the evidence.

1.5 General Practice Awards 2020

Market Weighton Practice has been selected shortlisted for the General Practice Awards 2020. This is the heart failure audit and novel primary care clinic work that won a GREATIX in February 2020.

2 Around the Region

2.1 Director of Public Health

After eight years as North Yorkshire's Director of Public Health (DPH), Dr Lincoln Sargeant is moving to Torbay to become the new DPH there. This is a Management Board-level post, reporting directly to the Council's Chief Executive, and it also has a formal lead role for prevention within the Devon Integrated Care System.

Louise Wallace has been appointed as interim Director of Public Health for North Yorkshire and took up post on 12th December

2.2 SHUSH Outcomes (Month One)

Website Visits - over 1.3K visits

Launch video - over 1.2K views

All videos - over 10.4K views Facebook Reach over 145.4K

Facebook Clicks - over 4.6K

Potential Twitter audience - over 95.6K [not including retweets]

Potential Facebook audience - over 44K [not including shares]

Radio Humberside posted on Facebook - 35.4K followers

Radio Humberside posted on Twitter - 52.2K followers

ITV Calendar audience - 900k

Hull Daily Mail (two stories) - 16,000 readers, 155,000 followers

Anlaby Road Billboard advertising (2 weeks) - 210,000 passing vehicles (15,000 daily)

BMJ (joint advert national advert + 4 roles) - 125,000 in print - 8.2m monthly online visits (820,000 clinicians, 60,000 nurses)

Dietitians - 7,000 reach

ED Consultant social ad - 5,000 reach

ED Consultant film - 15,000 reach

Interesting to see the stats. As a comparison so far in November the Humbelievable site has had 4381 visits (compared to their 1300).

Rachel is speaking the Shh team about some videos in the new year, focusing them on the CMHT team and recruitment working with Natalie Belt to create something vibrant and exciting.

2.3 CCGs

North Lincolnshire CCG has moved from Requires Improvement to Good, NHS East Riding of Yorkshire CCG has maintained its Good rating for a third year, and NHS Hull CCG has maintained its Outstanding rating for a fourth year.

3 National Headlines

3.1 Social Care National Department Appointments

Social Care National Department have appointed Professor Deborah Sturdy OBE to take up a new role representing social care nurses and provide clinical leadership to the workforce. The role is an interim appointment for up to 6 months, to further increase the professional support and expertise in the department over winter ahead of filling the post on a more permanent basis in 2021.

Professor Sturdy has had a long and successful career in nursing, including working with older people and people living with dementia. Since February 2020, Professor Sturdy has worked on secondment for one day a week to the Chief Nursing Officer as strategic adviser for social care nursing.

She has also provided nursing advice to the Gosport Independent Panel, set up to address concerns about the care of residents in Gosport War Memorial Hospital. Before this, Professor Sturdy was employed as professional nursing adviser at the Department of Health and Social Care (DHSC) between 2000 and 2011.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Individual Placement Support (IPS)

HTFT deliver IPS (Individual Placement and Support) provision across Hull and East Riding, the Hull service is delivered by HTFT employment support advisors and the East Riding provision is subcontracted to Hull and East Yorkshire Mind (HEY Mind). HEY Mind began delivery in November 2019 and the Hull staff began in April 2020, delays with recruitment prevented an earlier start to the programme. The IPS supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. Our approach is supported by a robust subcontracting infrastructure including monthly contract review meetings and integrated team meetings between both Hull and East Riding services

To date, this financial year there has been 29 referrals for the Humber provision resulting in >11 service users being placed in sustainable jobs and a total of 24 for HEY mind with a total of > 8 being placed in sustainable employment. The team are supporting Community Mental Health Team service users using a patient centred driven approach to ensure their readiness for work, and ultimately finding and securing the right type of employment for them to support their ongoing recovery.

The economic environment is very difficult due to the increasing levels unemployment due to the pandemic. However the IPS approach may mitigate some of these issues, as they are able to support employers to "carve" out jobs for just a few hours a week if that is appropriate, with the emphasis on job sustainability and continued support after a job start.

Our team has a good support network, provided by the IPS Grow Consultants, who support all of the IPS schemes in our area as well as through a regional steering group. There is now a Humber NHS IPS steering group which any interested staff are encouraged to attend and we have embedded an organisational fidelity steering group to support the localised integration and infrastructure.

4.1.2 Integrated Specialist Public Health Nursing Service (ISPHN)

Our ISPN service has been reviewing the changes the service has undertaken due to the impact of the Covid- 19 pandemic and below is a summary of the focus of the service from the first wave in March until now.

The ISPHN service followed government advice and looked at the national guidance about what services and contacts were to continue and added local priorities to this list. Advice was to only prioritise the new birth visits (NBV) and targeted families. Locally the service decided that it could provide a wider virtual offer and provided the antenatal, NBV and 6 week check. Our service considered it to be important to continue to provide support to expectant mothers during the pandemic and completing the 6 week assessment gave reassurance that babies were thriving, healthy and parents were well supported emotionally. They continued to be available via telephone and social media to give clients health advice and support. By being innovative they were able to meet health needs and for example did garden visits and doorstep weighs for babies and toddlers. As this work was prioritised the service did not redeploy any of the 0-19 staff like many other areas did.

When schools were closed, continued support was provided to families via the duty team and this delivered targeted intervention to children along with children's social care and the children centre. Chathealth (texting support service) continued to be provided and the service number was consistently publicised via social media. The service continued to be vigilant and assessed risks for children and families. Close working was maintained with children's social care and our safeguarding team in order to make referrals and to contribute to child protection meetings.

The ISPHN staff are all in uniform now and have a full complement of PPE. The buildings the service is provided from have been risk assessed for office working and for client contacts and covid safe working arrangements are in place.

All contacts are now face to face (commenced July 2020) and child health clinics have been re-established in every area. The lactation consultants have reinstated the specialist breastfeeding support clinic at East Riding Community Hospital.

The service has continued to support children, young people and families living in the East Riding of Yorkshire (ERY) and those educated in ERY schools. They have continued to listen to their clients and have maintained service development to improve provision across all universal children services.

The local authority asked the service to offer additional health support to all schools with Covid and the 'track & trace' requirements. Therefore contact is being made with every school in the East Riding daily to offer advice and support. Staff have been trained to undertake Covid swab testing if a vulnerable child is sent home with Covid symptoms and parents are struggling to get a test. Feedback from schools has been very positive and they appreciate the continued good working relationship ISPHNs have with education.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 CQC Transitional Monitoring Meeting

As previously reported to the Board the CQC are currently undertaking monitoring meetings with providers against their KLOE. This approach is in lieu of the existing inspection regime which has been paused due to COVID (unless they have significant concerns regarding a provider in which case they will undertake an on-site visit). This approach is also in line with their transitional arrangements as they move towards a new system of regulation which will be outlined early in 2021 with delivery commencing in spring 2021.

We have been informed that our Transitional meeting will take place on MS teams in January (date tbc) and will focus on the well led KLOE. We have received the questions they will asking and are undertaking the necessary preparatory work. No concerns with responding to any of the KLOE identified from a Trust perspective at this stage.

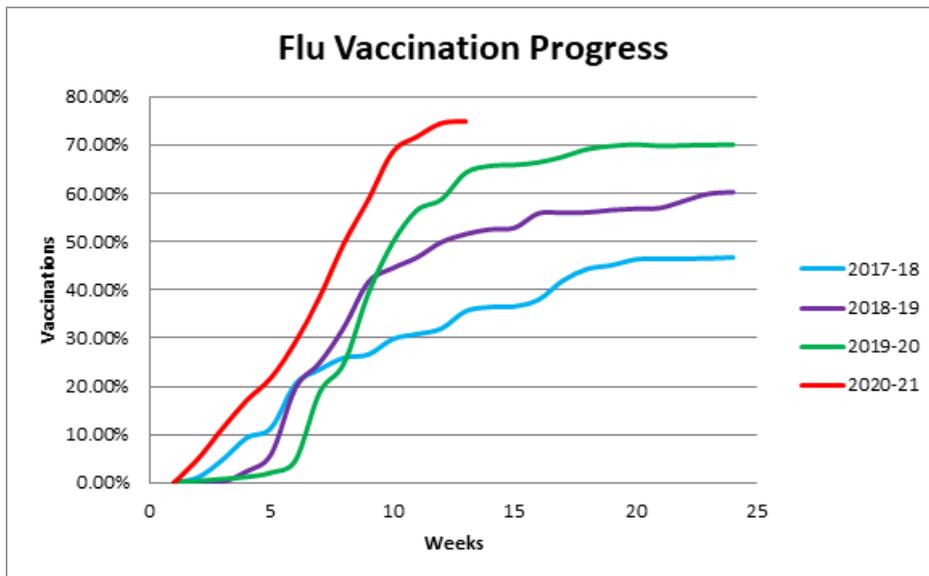
4.2.2 COVID Outbreaks

Since the start of the Pandemic in March 2020 the Trust has reported 14 outbreaks in our inpatient services. All outbreaks have been managed in line with our Outbreak Policy with debrief sessions held after each outbreak to identifying any lessons learnt. Main findings from a review of the outbreaks was that in some areas PPE was not always being used appropriately and/or removed correctly. The infection control team have undertaken daily MS Teams sessions for all staff to access to remind them of how to correctly use PPE. These have been well attended. In patient audits of compliance have also been undertaken by the Infection Control staff to check the learning is embedded in practice.

4.3 Director of Workforce & Organisational Development

4.3.1 Flu Vaccinations

The programme of vaccinations started in early October and finishes in February. As at 6 January 74.90% of front line staff have had a vaccination. The graph below shows progress against previous years.



Staff Survey

The deadline closed at the end of November, with the Trust having a 43% response rate. Full results will be known early February, but early indications are that responses have continued the recent year on year improving trend across the trust.

4.3.2 Humber High Potential Development Scheme (HHPDS)

There were 16 applications for the first HHPDS. These will be considered during December and communicated out in early January.

4.3.3 Essential Pressure Ulcer Prevention & Management eLearning

The above course has been designed by the L&D team in collaboration with the Trust's Lead Tissue Viability nursing team.

The training explores how to;

- Assess, diagnose and treat all wound types
- Prevent and manage pressure ulcers
- Document and communicate responsibilities

This course in particular is fundamental for staff on wards and in community nursing teams.

This is the first in the series of three modules; the remaining two courses for Leg ulcer and Tissue Viability are in design and will be available in the New Year.

4.3.4 SEQOHS Accreditation

Following the annual renewal assessment, the trust has been informed that it continues to meet the requirements for SEQOHS accreditation.

4.4 Director of Finance Update

4.4.1 CareCert Update

There are two types of CareCert notification:-

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 our patching process has normally already deployed the updates required

Details of notifications received during 2020 are summarised in the table below:

	Issued	Deployed or no Action required
High Priority	7	7
CareCert Bulletins	42	40 (2 awaiting deployment)

In addition to the above, following the 99% completion of the migration to Windows 10, the trusts password policy has been updated and over the coming weeks all staff will need to change their computer password.

5 Communications Update

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

- Developed Asymptomatic Staff Testing form for results reporting.
- Successful delivery of the three live Asymptomatic Testing Q&A sessions to over 600+ staff.
- Vaccine communications planning including working with Estates to build excitement for staff by covering the transformation of lecture theatre to vaccine centre.

Key Projects

• **Brand Project**

Following concept approval at the November Board Time Out, Brand Guidelines and templates are being developed to be published in the New Year. Our new Visual Identity will be launched w/c 18th January 2020 and will include a new online Brand Centre with a wide range of templates and assets to support all staff to use our new identity and ensure consistent and professional communications.

• **Patient Information Portal**

Since September we have been working with Masters Students from the University of Hull who are developing a new digital platform of patient information as part of their course. The project is due to complete in May 2020 and will include a new searchable front end for patients, carers and families and a back-end management system for services to submit completed leaflets and to monitor versions and updates required. The first options for the online platform have now been completed ready for testing with patients and carers in [January](#) in collaboration with the Patient and Carer Experience team.

• **Inpatient New Build Project**

The team created an engaging and informative presentation including video content for a Teams event with local MP's and councillors. The event aimed to improve awareness of the ambition for the project and increase understanding of the national context.

• **Humblebelievable – Recruitment Campaign**

Our recruitment website has seen increased access and engagement across the board since the last report. This is achieved through a continued range of organic and paid campaigns via our Trust social media and other platforms. This month we have continued the campaign focus on nursing roles to help support the winter workforce pressures.

Users	Page views	Avg Session Duration	Most viewed page
5,341 (+50% Increase in new visitors)	9,957 (+38% increase)	00:57 mins (5% increase)	/jobs/ (6,200 views) [62% increase]

Targeted adverts over the period include:

Mental Health Practitioner role: Following a nine day campaign and a £50 spend the advert reached over 8,018 with 280 delivered directly to job description and application (18p per click).

Bank Recruitment (Whitby/Malton): Aimed at targeting local candidates the location was specific to cover areas in and around Scarborough. With the radius and other demographics set, this ad achieved 3,000 impressions and 237 engagements over the nine day period – resulting in a cost per engagement of 21p.

New Year, New Job campaign

A digital campaign will launch in January to capitalise on job hunters who made the decision to look for a new job in the New Year. The campaign includes our first Google Advertising campaign which aims to further increase traffic to our recruitment website by ensuring it is at the top of searches for a range of key search terms for nursing jobs. Google Ads is an advertising service which allows advertisers to show clickable ads (called “sponsored links”) in Google’s search results.

A series of four videos have been created with the CMHT team to showcase our locations and the opportunities available in this national pilot programme. The videos will be used on social media throughout January and will also be promoted as part of the ‘East Yorksshire’ campaign which the Trust is a partner in.

External Communications

- **Awareness Dates**

Alcohol Awareness Week, 16-20 Nov

Alcohol Awareness Week is a chance for the UK to get thinking about drinking - this year, the theme is alcohol and mental health.

Working with Health Trainers supportive content was created to promote positive alcohol awareness, particularly during COVID-19 as well as boosting public confidence in our services, by highlighting positive and uplifting stories from our alcohol services.

White Ribbon Day – 25 Nov

White Ribbon Day raises awareness of our zero tolerance to male violence towards women and girls, through encouraging staff to work together to prevent violence. The Trust received White Ribbon accreditation a few days before the awareness date, which we were able to celebrate in our communications.

Internally the campaign aimed to encourage as many staff to sign the white ribbon promise and become a white ribbon ambassador/champion. The campaign reached over 13,228 on social media.

Other awareness dates we covered during this period were:

- World COPD Day – 18th Nov
- STOP Pressure Ulcer Day – 19th Nov
- World AIDS Day – 1st Dec
- International Day of Persons with Disabilities – 3rd Dec
- International Volunteers Day – 5th Dec

- **Media Coverage**

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

Positive new stories published		Negative new stories	
Local media	7	Local media	0
Website/Social Media	9		
TOTAL	16		0

Coverage included the Alcohol Awareness Week campaign, the launch of the loneliness support booklet made by Health Trainers, the annual Research Conference and increased demand at the Crisis Pad (Radio Humberside live interview).

- **Website**

The Trust public-facing website continues to show signs of improvement in performance.

Since the last report, the site saw a 18% increase in in the number of new (first time) visitors, indicated an improvement in search engine optimisation and accessibility of pages. The bounce rate also continues to reduce year on year (drop by 3.6% compared to this period in 2019), indicating that the information is more engaging and that the downloadable content is in a more suitable position for users to access before leaving the site. We are seeing more users returning to the site each month compared to that of the previous year. This includes an increase of 11% in users visiting the site again, as well as an increase in viewings via the use of mobile devices since it was made responsive as part of the relaunch.

	Target	Performance over period
Bounce Rate	50%	63%
Social Referrals	12% (a 10% increase in 2019 position)	6%

- **Social media**

	Target	Performance over period
Engagement Rate	4%	9%
Reach	+50,000 p/m	188,500
Link Clicks	1500 p/m	2,698

Throughout the period, as well as sharing Trust messages we have supported key messages from the NHS and PHE to support winter pressures and important public health information including the 'Just' the Flu campaign, Hands-Face-Space and Government updates about lockdown measures and local tier systems.

- **Service Support**

The team continues to provide support to services by communicating important messages through our Trust website, intranet, social media platforms, stakeholder newsletters and PR. As part of this, we have worked closely with teams in the promotion of key messaging including:

- Continued GP services messaging (including Flu, NHS 111, ordering repeat prescriptions and booking appointments before attending).
- Virtual Careers Fair
- International Volunteer Day
- International Day of Persons with Disabilities
- Community Mental Health Transformation Updates

- **Design**

21 hours of design support has been provided over the period to ensure professional, consistent and connected print and digital materials.

Internal Communications

We continue to provide communications support to a range of internal communications campaigns including staff survey and the flu.

Poppulo

Our internal communications platform continues to support us to deliver timely and targeted email communications. Open rates and click through rates during November remain above the national average of 65% and 10% respectively.

	Our average engagement rates
Open Rate	68%
Click Through Rates	11%

The platform remains an important way for us to target staff groups to ensure communications is tailored to their needs e.g. Flu (personal email from Director of Nursing), COVID Cohort ward recruitment (nurses and health care assistants)

Intranet

The intranet has been an integral place for staff to access up to date COVID-19 information. The pages have been updated following engagement with staff groups and as a result we have seen the bounce rate improve, reducing from 60% in November to 53%.

Current performance:

	Target	Performance over period
Bounce Rate	40%	53%
Visits	+20% on 2019 average	+60%

6 Health Stars Update

Christmas Hampers

We're delighted to have the return of the Health Stars Hamper this month, but this time for Christmas. We've delivered 54 hampers in the week 14th -18th December covering all sites where staff are currently based including inpatient units, community sites and primary care.

A huge thank you again to volunteers for supporting us with our mission. We had 12 volunteers who helped to drive the hampers across the sites and thank you to all others who pitched up to help with organising at HQ.

NHS Charities Together Stage 3

Health Stars have been working closely with Trust leads and Directors to discuss and explore any opportunities of which the grant allocation of £66,000.00 could be used to support staff of Humber Teaching NHS Foundation Trusts general health, well-being and mental health post COVID19. Health Stars were pleased to attend the Trust's Health and Wellbeing Group where a decision was reached for a project to support a member of staff to help staffs Health and Wellbeing. This will be worked up further this year and presented to Charitable Funds Committee for approval before submitting to NHS Charities Together.

Whitby Appeal

Fantastic progress has been made in December with all of the Whitby fundraising appeal Task and Finish Groups meeting. We've had a brilliant response from the Whitby Community who are so pleased to be involved in the appeal. We are excited to be working with the comms team to launch the appeal the second week of January 2021. We are also pleased that we successfully recruited a Whitby Hospital Appeal Coordinator who started with us on 4th January 2021.

Thank you

We'd like to take this opportunity to thank the governors for all their help and support over the last year. It's been a challenging year with many new opportunities coming out way which we've been delighted to make the most of.

Michele Moran
Chief Executive
January 2021

**Humber Teaching NHS Foundation Trust
 Provider Collaborative Commissioning Committee**

Terms of Reference - Draft Version 0.4

<p>Constitution & Authority</p>	<p>The Provider Collaborative Commissioning Committee is constituted as a standing committee of the Humber Teaching NHS Foundation Trust’s Board of Directors.</p> <p>The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere.</p> <p>Humber Teaching NHS Foundation Trust (HTFT) is the Lead Provider within the Humber Coast and Vale Provider Collaborative and will hold the Lead Contract with NHS E/I. HTFT as Lead Provider will sub-contract with a range of healthcare providers in the delivery of:</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health In-Patient services • Adult Low and Medium Secure services • Adult Eating Disorder Services. <p>The Commissioning Committee has been established by HTFT as the Lead Provider and holds delegated responsibility to provide commissioning leadership and monitoring functions. On behalf of the Provider Collaborative and Lead Provider the Commissioning Committee will review any significant service proposals to ensure developments are in line with the assessed population needs and can be met from within the resources available within the Provider Collaborative.</p> <p>The Provider Collaborative will be responsible for managing the budget and patient pathway for specialised mental health care for people who require services in their local area.</p> <p>As detailed in the <u>NHS Mental Health Implementation Framework</u>, from April 2020 NHS England and NHS Improvement aim to mainstream the New Care Models approach for specialised mental health, learning disability and autism services, enabling local service providers to join together under NHS-led Provider Collaborative.</p>
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	<p>The Commissioning Team (reporting to the commissioning committee) – is an enabler supporting all partners within the Collaborative to ensure appropriate health care services are commissioned to serve the needs of HCV population and in so doing, improve the efficiency, effectiveness, economy and quality of services, reduce inequalities and promote the involvement of patients, our partners and the public alike in the development of our services.</p> <p>The Commissioning Committee (Commissioning and Finance) is authorised by the HTFT Board and will operate within the delegated powers to complete any activity within the parameters of these Terms of Reference (ToR).</p> <p>The Committee will have the authority to establish sub-groups as necessary to fulfil its objectives however it may not delegate any powers delegated by the HFT Board and will remain accountable for the work of any such sub-group.</p>
<p>Role / Purpose</p>	<p>The purpose of the Commissioning Committee is to enable HFT as the lead provider to provide commissioning leadership and monitoring functions. The Committee will provide assurance to the HTFT Board on matters of commissioning and financial performance and will undertake contractual monitoring, financial and performance management of the Provider Collaborative to deliver the HCV Provider Collaborative aims to transform care for people in low and medium secure mental health services, CAMHS in-patient and Adult in-patient eating disorders.</p> <p>Day to Day provision of patient care is the responsibility of Providers within the Provider Collaborative Partnership. Services will be commissioned utilising NHS Standard Contracts with clear KPIs and Outcomes. The Commissioning Committee will take a collaborative approach to working with Providers within the Provider Collaborative Partnership as our overall aim is to improve care pathways and patient care outcomes.</p> <p>The Provider Collaborative aims to reduce reliance on in-patient care, reduce out of area treatments, increase provision of care closer to home and reduce the expenditure on bed-based care; in doing so it will aim to generate financial savings. These savings will be reinvested in other parts of the Adult Secure, CAMHS and Adult Eating Disorders mental health and learning disability pathways through formal commissioning and contractual arrangements.</p> <p>This approach will ensure delineation between the HTFT as Lead Provider and Provider Collaborative Commissioning.</p>

<p>Scope & Duties</p>	<p>The objectives of the Committee are to:</p> <ul style="list-style-type: none"> • Assessing population need and demand • Ensuring the development of clinical pathways that meet that need and deliver the best outcomes for service users and hold operational services to account for their delivery. This will include working with the operational services and service users and carers to develop robust business cases for the reinvestment of savings into other parts of the pathway, providing constructive challenge and support through the development. It will also include working with the wider system to manage the whole pathway across what has traditionally been called primary, secondary and tertiary services. • Management of agreed pathways ensuring service users are placed in the most appropriate setting as close to home as possible (utilising the NHS E Case Manager SOP) • Monitoring performance including quality assurance, on outcomes, experience, safety, and activity, finance. • Linking in with wider commissioning system including other Provider Collaborative and local and national commissioners in order to improve services along whole pathways of care and manage pressures within the wider system • Contract management, including quality assurance across NHS and independent sector. This will be the first line of arbitration/mediation between partners • Provide assurance on commissioning work streams and overall commissioning work plan to the Humber Coast Vale – Specialised Mental Health and Learning Disability - Provider Collaborative Oversight Group (PCOG) • Provide assurance to the HTFT Board – as Lead Provider - that the commissioning programme is effectively established and managed, and that risks to delivery of the plan and any significant service impacts or risks are effectively managed or mitigate <p>The duties of the Commissioning Committee of HTFT as the Lead Provider are detailed under the following headings;</p> <ul style="list-style-type: none"> • Finance • Contracting • Risk Management <p>Specific responsibilities</p> <p><i>Finance</i></p> <ul style="list-style-type: none"> • Monitoring the detailed monthly expenditure position of the Provider Collaborative and review the robustness of the risk assessments underpinning financial forecasts • Develop financial models to support shift in investment from
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inpatient services to community services, including co-commissioning of preventative pathways with other stakeholders such as Clinical Commissioning Groups, Primary Care Networks and Local Authorities

- Review in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans.
- Provide assurance to the HTFT Board on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money.
- Ensure an accurate financial position is reported against the Provider Collaborative budget
- Produce a monthly forecast outturn spends against budget report
- Report on the financial performance against Provider Collaborative budget

Contracting

- Ensure appropriate contracts are negotiated and in-place that enables the Provider Collaborative to deliver its aims
- Agree Contract Variations and necessary formal Commissioning Intentions dialogue with Provider Collaborative

Risk Management:

- Review and modification of the HTFT commissioning risk register, including ownership and delivery of action plans against defined timescales

The Commissioning Committee will receive minutes and/or reports from those groups that report directly into it i.e.

- Clinical Oversight and Quality Assurance Group and
- LD and Autism Pathway Panel
- CAMHS work stream
- Adult Eating Disorder work stream
- Adult Secure work stream

The Commissioning Committee will have relationships with other committees and Boards that will inform its work including:

- HTFT Quality Committee
- Transforming Care Alliance Network/Forum to ensure the needs of patients with learning disability and autism are understood and service developments are in line with the wider system developments. Further work will be necessary to define and agree definitive links once engagement with the Forum commences
- Humber Coast and Vale Clinical Commissioning Groups to

	<p>ensure widest development of patient pathways to reduce admission to hospital care but also reduce length of stay</p> <ul style="list-style-type: none"> • Humber Coast and Vale Integrated Care System
Membership	<p>Humber Teaching NHS Foundation Trust – Lead Provider</p> <ul style="list-style-type: none"> • Non-Executive Director, Peter Baren (Chair) • Chief Executive, Michele Moran (Vice Chair) • Director of Finance, Peter Beckwith • Director of Nursing, Allied Health and Social Care Professionals, Hilary Gledhill • Programme Lead, Melanie Bradbury
Attendance	<p>HCV Provider Collaborative – Commissioning</p> <ul style="list-style-type: none"> • Commissioning Lead Adult Secure Care, Steven Shaw • Clinical Lead, Adult Secure Care, Dr David Harvey • Commissioning Lead Adult Eating Disorders, Dr Barry Flintoff - NAViGO • Clinical Lead, Adult Eating Disorders, Amanda Simpson - NAViGO • Programme Lead CAMHS, Angie Ward - HCV Integrated Care System • Clinical Lead, Inspire CAMHS inpatient Care, Nicola Green • Business Manager, name tbc • Performance/Information/Contracts Lead, name tbc • Nursing and Quality Lead, name tbc • Service User and Involvement Lead, name tbc
Quorum	<p>The quorum necessary for the transaction of business and decision making shall be 4 members including;</p> <ul style="list-style-type: none"> • Chair or Vice Chair • 2 Executive Director from HTFT • Programme Lead – Commissioning – Humber Coast and Vale Provider Collaborative <p>If a decision cannot be reached then it will be escalated to the HTFT Board for resolution.</p>
Chair	<p>The meeting will be chaired by Peter Baren, Non-Executive Director</p> <p>Vice-Chair will be Michele Moran to deputise for the Chair when necessary.</p>
Frequency of meetings	<p>Meeting will be held monthly, however frequency may increase during the annual planning cycle to ensure that the work undertaken by the Commissioning Team are timely, reflecting the fast pace nature of contract negotiations.</p>

	Meetings will be face to face or undertaken utilising technology e.g. Microsoft Teams
Accountability and Reporting Arrangements	The Commissioning Committee is responsible for providing reports on its areas of responsibility to the HTFT Board after each meeting.
Agenda & Papers	<p>The Commissioning Team will be responsible for arranging meetings.</p> <p>An agenda for each meeting, together with relevant papers, will be circulated to members 5 working days before the meeting.</p> <p>Unapproved minutes will be circulated to the membership.</p> <p>Record Keeping - Agenda and Papers can be accessed via the Commissioning Team.</p>
Monitoring and Review	An annual effectiveness review will be undertaken which will include a review of attendance and a review of the Commissioning Committee Terms of Reference.
Agreed by Commissioning Committee (Date)	
HFT Board Approved (Date)	
Review Date	

Reporting Schematic:

The Commissioning Committee will overall adhere to the Humber Teaching NHS FT Mission, Values and Principles in all of its work:

The Trust Mission:

Humber Teaching NHS Foundation Trust - 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.

The HTFT Trust Values are at the centre of the HCV Provider Collaborative work programme. These are:

Caring - Caring for People while ensuring they are always at the heart of everything we do.

Learning - Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing - Growing our reputation for being a provider of high-quality services and a great place to work.

In addition we have specific Vision, Mission and Goals for our Commissioning work –

Our Vision (where we are going)

We will be effective and innovative commissioners of positive health outcomes by delivering the principle of care is provided within the least restrictive environment.

We will commission robust care pathways for our population working in partnership with (NHS, Independent Care providers, voluntary sector and social care). We will enable people to feel empowered to care for themselves and remain independent for as long as possible.

Our Mission (why we are here)

We commission safe, accessible, high quality services to improve the health outcomes and meet the clinical needs of the people of Humber Coast and Vale.

Our Goals (how we will get there)

- Commissioning Safe, Accessible, High Quality Health Outcomes
- Seamless Alliances and Integration
- Empowering Staff to deliver the high quality care
- Responsible Use of all Resources available

Values (how we will behave)

- ❖ *We Do the Right Thing* by making commissioning decisions that are clinically safe
- ❖ *We Acknowledge Difficulties* and seek creative solutions
- ❖ *We Empower Staff* by encouraging them to be innovative, receptive to change and courageous in the way they work

- ❖ We are *Caring and Compassionate* by always putting the person at the heart of all decision making.
- ❖ We are *Approachable, Supporting our Commitment* to our people who access services
- ❖ We *Acknowledge and Promote* the work of our colleagues and partners
- ❖ Commissioning and Care Provision are a partnership and We *Listen to and Support* each other
- ❖ We work *Openly and Transparently*

DRAFT

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 14 January 2021		
Title of Report:	Public Trust Board Minutes – September & October 2020		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in September and October 2020 are presented for information.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)
	Trust Board	Oct & Nov 2020	
Key Issues within the report:	Any issues identified in the minutes		

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

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



Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 30 September
2020 by Microsoft Teams

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

In Attendance: Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Neil, Patient (for item 151/20)
Ms Katie Frederick, Acting Ward Manager (for item 151/20)
Dr Jennifer Kuehnle, Speciality Doctor Hull and East Riding
Memory Services and Guardian of Safe Working (for item 164/20)
Lee Rickles, Yorkshire & Humber Care Record Programme
Director & Chief Information Officer (for item 167/20)

Apologies: Mrs Michelle Hughes, Interim Head of Corporate Affairs

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

148/20 Declarations of Interest

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

149/20 Minutes of the Meeting held 29 July 2020

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

150/20 Matters Arising and Actions Log

The actions list was discussed and noted.

151/20 Patient Story - Neil's Journey to Healthy Living on Swale Ward

Due to patient confidentiality, the story was not live streamed.

Dr Byrne introduced the patient story introducing Neil and Katie, Acting Ward Manager. Neil shared his story with the Board and his journey in improving his physical health and motivation whilst in a secure environment and with Covid restrictions. In improving his physical fitness using the gym, researching healthier foods and playing badminton, Neil no longer took any diabetic medication. He enjoyed cooking and baking and learning about ingredients. He had also helped other service users encouraging them to eat healthier. The tuck shop now stocked diet fizzy drinks and he is hoping that other healthier snacks will be made available.

A health group has been set up on the ward and when Covid 19 restrictions are lifted, it is hoped other wards can be involved in badminton matches and encourage others who want to become fitter.

Neil explained that the gym equipment on the ward cannot be used by everyone due to the weight restrictions and felt that if this was replaced everyone could use it. Mr Baren suggested that Health Stars, the Trust's charity may be able to help fund this through the Circle of Wishes as it had done in other areas. He also noted there is the football team for the wards which Neil may want to consider playing for in the future.

Mrs Parkinson congratulated Neil on his success around his fitness levels and if he was willing felt this was an opportunity to share his fitness experience with other wards.

Mr Patton supported the comments made by other Board members. He asked about the tuck shop and what healthier options were available. Neil explained that all the drinks are now diet and there is chocolate and crisps, but no healthier options at present. In terms of the tuck shop Mr Beckwith that proposals have been put forward for Health Stars to run the tuck shop and part of this would be to include healthier options and he suggested it would be helpful if Neil would be involved in this. Dr Byrne commented that in terms of products for the tuck shop it was important for service users to have a choice of items including healthier options.

Katie explained that in the past prizes for other community activities such as bingo and quizzes had been sweets and chocolates. These had now been changed to shower gels and therapeutic options including colouring books. Supper nights take place led by the service users and supported by staff and this had given the opportunity to make fake aways and other healthier options.

The Chief Executive thanked Neil for attending and sharing his inspirational story which she felt should be shared wider particularly around the improvement in his diabetes taking into account confidentiality.

The Chair was impressed with Neil's success and dedication and his story was inspirational. Some fantastic work is taking place on the wards and on behalf of the Board, she thanked Katie and other colleagues for supporting these initiatives.

152/20

Chair's Report

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

- Paul Nickerson will be the new appointed Governor for East Riding of Yorkshire Council.
- Staff Governors met recently with the Chair and the Chief Operating Officer joined the meeting to discuss staff health and wellbeing.
- Governor elections are now underway with 10 seats available
- Meeting with the new East Riding Health and Wellbeing Board chair
- Meeting with the Chair of the Care Quality Commission (CQC) and some other Board members to discuss the future plans of the CQC and to share the Trust's plans

Resolved: The verbal updates were noted.

153/20

Chief Executive's Report

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

Staff Health and Wellbeing

Work on staff health and wellbeing continues and the Chief Executive started a shiny minds "ripple message" on the Shiny Minds app which was one of gratitude and thanks to staff who have the app for all that they are doing. The Trust is a pilot site for the "ripple message" and also the golden button which is coming soon

Lanyards and Badges

Staff received their new lanyards and thank you badges during the month. Feedback has been positive.

Research

Hull University Teaching Hospitals (HUTH) has been awarded UK Vaccine Task Force funding to establish the Hull City Region Vaccine Delivery Hub. Humber is part of the bid and will be providing some funded research staff support. The funding is specifically to allow sites to develop additional infrastructure in readiness for future participant recruitment to Covid-19 vaccine trials and for the immediate need for vaccine preparedness during the financial year 2020/21.

Integrated Care Service (ICS)

This work is developing at pace and created additional work for staff across the organisation including the Executive Team. Important work around principles and clinical principles has taken place with all the work of the ICS being moulded around the clinical principles.

A staff resilience hub is being developed in the Humber Coast and Vale area.

The Black, Asian, Minority Ethnic (BAME) Network meeting has taken place in the ICS which is linked into the Trust's work.

Virtual Meetings

The Chief Executive continues to call into services and teams. A Meet Michele event was held recently which was well attended. Morale remains high although

staff are now getting tired and are still being encouraged to take annual leave and breaks.

Professor Cooke thanked the Executive Team for the Board papers which provided assurance and information with the content significantly improving over the last few years.

He was delighted to see the recent achievements with the Research team and to see the wider collaboration and relationships as Humber Coast and Vale (HCV) matures. Other areas he commented on were the number of peer support workers that have been appointed and the production of the Autism Strategy. He also congratulated the Communications Team on the brand work and the Humbelievable campaign.

Mr Patton agreed with the comments made by Professor Cooke adding that it was good to see a Child and Adolescent Mental Health Services (CAMHS) staff member as a guest speaker at an international conference.

Work has commenced on the Scarborough review and the Chief Executive explained that it has now been agreed that this work will link into the Bridlington work and not be done in isolation. An East Coast strategy will be created to include Scarborough Hospital and other geographical patches and the work will be led by Simon Cox on behalf of the North Yorkshire and York system. The proposal for the work will be shared with the Board when available.

Mr Patton noted the emphasis being given to peer support workers and also the White Ribbon campaign. The update on medical students was welcomed with Dr Byrne explaining that a GP education lead has been appointed which will support the University and help to increase the number of Primary Care students. A quality improvement project is also taking place in our own GP practices.

The "Murder in Mind" event was noted with over 500 people registered for the online event. Dr Byrne reported that due to the high numbers, a professional company is being used for the event. Mr Patton thought this was a good opportunity to promote the role of psychiatrists in health and also people working in psychiatry.

Leadership Development programmes have recommenced and are being conducted in a socially distanced face to face setting. Due to the limit on room numbers it is not possible for anyone else to observe the sessions.

The Annual Members Meeting took place virtually which Mr Patton felt went well. The Chief Executive thanked the Communications Team for their management of the event.

Mr Baren noted the ambition to achieve 95% for the flu vaccine uptake. He queried whether this was realistic given that staff are working differently and may not be able to attend the clinics that have been arranged. Mr McGowan, Director of Workforce and Organisational Development, agreed this was going to be a challenge however there is an increased number of peer vaccinators that have been trained to give the vaccine which should help. Vaccinators are going out to services and teams which should help with any access difficulties and the work done to promote update of the vaccine by the Medical and Nursing Directorates in previous years will help. Gold command meeting also cover

winter planning which covers flu and the Chief Executive agreed that the additional peer vaccinators will really help to achieve the target which has intentionally been set high. A film is being produced using a contracted company to further promote the vaccinations. Staff Governors also discussed the flu campaign at their meeting with the Chair.

Mr Royles asked about the accreditation timescales for the White Ribbon Campaign. Mrs Gledhill informed the Board that work is taking place on the action plan and it is hoped that accreditation will take place in the next six months

On behalf of herself and the Board, the Chief Executive expressed her thanks to the Communications Team for the amount of work they have done. This work includes the website work which has been done in house by Mr Dennis which has made the website easier to navigate. Other areas of work undertaken include branding, various campaigns and visual aids to promote key messages to staff. The Chair agreed that the transformation on the website has been amazing and added her thanks to the team.

Policy Ratification

The Remote Working Policy was ratified by the Board

Resolved: The report and verbal updates were noted. The Remote Working Policy was ratified by the Board

154/20 **Publications and Highlights Report**

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

Resolved: The report was noted.

155/20 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of August 2020.

Further details on indicators that have fallen outside of the normal variation range were provided in the report for :-

- Friends and Family Test (FFT) - Involvement
- Waiting Times
- Out of Area Placements
- Cash in Bank
- Compliments

Professor Cooke referred to out of area treatments asking how the Trust's profile can be built up as lead provider. Mrs Parkinson explained that in some areas out of area beds are an issue. Prior to Covid 19 these were being well managed and the increase is due to older peoples mental health where the demand for beds has increased due to acuity and slow flow through in this area. There are too few beds in this areas however a plan is in place to address this and additional beds have been provided by NaVIGO and step down beds introduced for winter. The Older Peoples Mental Health care pathway has been implemented and scoping of the treatment element continues. A more long term plan is being looked at with estates colleagues. With Covid 19 restrictions seven

beds cannot be used to meet safe practice working. Other organisations are seeing a similar positions and the number of available out of area beds will reduce during winter. Mr Royles commented that on the back of Covid 19 and the out of area beds that there should be parity of esteem around independent sector beds so that mental health and people being in their own community and close to home is highlighted.

Mr Baren noted that Newbridges was up to full capacity but the compliance for registered nurses had reduced. Mrs Gledhill explained this was the position in July when two staff members were off sick and another on maternity leave. It also was impacted by annual leave. However this situation has improved with an 86% rate for August for clinical supervision demonstrating that other areas will also have improved.

Mr Patton congratulated the organisation for its mandatory training position. Establishment, turnover and vacancies which are looking good were discussed at the Workforce and Organisational Development Committee. He was also pleased to see that the return to treatment figures had started to improve and that the number of people waiting over 52 weeks for treatment had also reduced.

The Chair commented on the increased reporting of incidents which had low harm which is positive for the organisation. She also acknowledged the low sickness rate on Avondale which is very positive.

Resolved: The report and verbal updates were noted

156/20

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31st August 2020 (Month 5). Key highlights included:-

- An operational surplus position of £0.030m was recorded to 31st August 2020.
- The overall position becomes break-even after donated asset depreciation charges have been included.
- Within the reported position is year to date Covid expenditure claim of £4.799m,
- Cash balance at the end of August was £27.079m, which is inclusive of an additional block payment of £9.8m.

Mr Smith asked if consideration has been given to investing some of the available cash. Mr Beckwith explained that there is a capital control, limit imposed on the Trust and returns at the present time are at a low rate. Having a cash management strategy has been discussed previously, but at the present time with the unknown around Covid 19 and potential cost pressures, the Chief Executive advised against this. However it is something that could be discussed at a future Finance and Investment Committee going forward.

Resolved: The report was noted.

157/20

Quality Committee Assurance Report & 16 June 2020 Minutes

The assurance report was presented by Professor Cooke. At the meeting clinical supervision was discussed following a review and assurance gained that this was taking place appropriately. Other areas discussed included:-

- Care Quality Commission insight report
- Long term segregation/care away from others – cases were reviewed to ensure these had been handled with the least restriction possible and assurance was gained from the information provided.
- Quality Improvement Programmes – good assurance gained

Mrs Gledhill added that the annual reports for Safeguarding and Infection Control were discussed.

The minutes of 16 June 2020 meeting were presented for information.

The Chair commented that clinical supervision has been raised by the Governors and updates are being provided by the Deputy Director of Nursing.

Resolved: The report and minutes were noted

158/20

Mental Health Legislation Committee Assurance Report

Mr Smith presented the report. As discussed in the previous item, the Quality Committee had looked at the quality aspect of care away from others cases and a similar approach has been done with prone restraint.

Concerns were raised at the meeting about the Learning Disability mortality review and Mr Smith suggested this may be something the Quality Committee may want to review.

Over the past few months work has taken place to raise the profile of the Committee including a presentation to the Governors and training on the Mental Capacity Act (MCA) and other legislation arranged for Non Executive Directors. It has been suggested that consideration be given to undertaking this training annually. Mr Royles thanked Mr Smith for arranging the training and for his generosity with his time to help new Non Executive Directors learn about the legislation and its implications.

Dr Byrne commented that it was a comprehensive meeting. Attendance from the Care Quality Commission was important to discuss how remote inspections are taking place. It was helpful to share information with the CQC from patient experience feedback and what this is telling us.

Mrs Gledhill confirmed that the mortality review for Learning Disabilities has been to the Quality Commission with the clinical lead providing reassurance that plans are being taking forward. The Committee is expecting to see this in the Quality Improvement Plan when it comes back.

Resolved: The report was noted

159/20

Finance & Investment Committee Assurance Report

The assurance report for the meeting held on 19 August was presented by Mr Patton. He explained that at the meeting the Primary Care action plan was reviewed with some improvement noted.

There was acknowledgement of the continuing work on the Budget Reduction Strategy (BRS) as some organisations had paused this during Covid 19 and were now struggling. Disposal of properties was another area of discussion and an update on capital was provided.

Resolved: The Board noted the report.

160/20 **Audit Committee Assurance Report**

Mr Baren presented the report from the third meeting held virtually in August. He expressed his thanks to the team for continuing to provide assurance during these challenging times.

At the meeting the procurement activity report provided assurance and showing that 92% of orders are from the catalogue. Other areas of work undertaken include the procurement of personal protective equipment, mobile phones and ensuring that appropriate processes and controls are in place.

The NHS Digital assessment on cyber security was rated as medium which is as expected for organisations the size of the Trust. Some actions were identified for the Board and the Committee suggested that a report be prepared for the October Board meeting to provide more information regarding this. It was helpful that this report had gone through the Committee and given the organisation's reliance on Information Technology, Dr Byrne queried whether the level of investment may need to be revisited going forward. Mr Beckwith thought this was a valid point and will include a section in the Board report to cover this.

An increase in insurance provision costs was noted which was mainly due to a rise in clinical negligence costs. Work was also progressing on the replacement of internal audit providers with a procurement exercise conducted remotely.

Mr McGowan noted the good assurance received on the Workforce Planning internal Audit report which reflected the time and effort that has been put into this area over the last two years and that the processes in place are up to the standard required to enable the work to happen.

Resolved: The Board noted the report.

Cyber Security report to be brought to the October Board meeting Action PBec

161/20 **Workforce & Organisational Development Committee Assurance Report & 15 July 2020 Minutes**

Mr Royles presented the assurance report and the minutes of the meeting held on 15 July 2020.

The Committee welcomed Dr Grace Gava to the meeting in her role as chair of the BAME network. A presentation was received from the Community and Primary Care division on their action plan based on the 2019 staff survey results

Resolved: The Board noted the update and the minutes

162/20 **Charitable Funds Committee Assurance Report & 21 July 2020 Minutes**

Professor Cooke presented the report from the September meeting and the minutes from the July meeting.

360° Accountants attended the meeting to present the draft annual accounts for the charity.

An independent examination was undertaken and no errors have been identified, feedback was provided on the transparency of fund zones and the use of Zero accounting. Subject to minor amendments, the Committee approved the

accounts.

The fundraising appeal name for the Whitby was confirmed as the “Whitby Hospital Appeal”. Agreement was reached to look to raise £200k which will include staff health and wellbeing. A virtual event is taking place on 1 October to give people the opportunity to engage with the project. There is also involvement with the Whitby Governor to help promote this work.

The Chief Executive supported the appeal name and congratulated the Committee on its work with BAME in a relatively short space of time.

Resolved: The report and minutes were noted

163/20

Covid 19 Update

The report prepared by Mrs Parkinson gave an update on the Trust’s response and an overview of the ongoing arrangements and work with partner organisations to manage the Covid 19 emergency.

An increase in the number of Covid 19 cases has been seen at a local and national level in recent weeks with the threat level increasing to 4. The NHS level remains at 3. Emergency planning arrangements continue and will now include winter planning. The frequency of Silver Command and Silver Ops meetings had been reduced, but due to the current situation these have been increased to move back to three weekly. Business Continuity Plans are being reviewed to see if there is any learning from the first wave of the pandemic,

The delivery of services in a safe way is key and sickness absence continues to be monitored. With the increase in the number of cases recently a significant rise in demand for staff testing is being seen. Issues are being reported nationally around pillar 2 testing capacity, but Trust staff are tested under pillar 1 which seems to be available and is being monitored. No issues have been found in relation to the availability of personal protective equipment (PPE). Updated infection control guidance has been received with appropriate action being taken and a review of inpatient areas is required. There remains a focus on staff health and wellbeing and sickness absence is in a good position. However there has been a rise in referrals to Occupational Health for stress, anxiety, depression and mental health issues.

Phase 3 planning is underway to identify the impact on activity in the next quarter and into next year. The National NHS Covid App has been launched and could potentially have an impact on services.

Mr Patton asked what is the worst case scenario that is being planned for. He was informed that the surge plan accounts for up to a 30% sickness absence rate and potentially above and what plans are in place if this were to happen. The plan also identifies the core services that need to keep running and how these would be staffed and those services that would be stepped down. In response to a query about Covid 19 positive patients in Whitby it was confirmed that there was the expectation that they would go to Malton, however Mrs Parkinson stressed that this is still to be confirmed.

Resolved: The report was noted

164/20

Guardian of Safeworking Annual Report

Dr Jennifer Kuehnle presented the annual report which informed the Board of rota gaps, vacancies and issues relating to the safe-working of junior doctors. Dr Kuehnle explained that last year there was a change to the work schedules which led to a significant drop in exception reports and improvement in Junior Doctor morale.

It was important to highlight that there were very few gaps in the rota which was not reflected in national trends, due to better recruitment to psychiatric training posts. Trust numbers have not reduced, but nationally there has been a reduction. Going forward the work needs to continue with providing adequate rest facilities for junior doctors on call.

Mr Patton thanked Dr Kuehnle for a comprehensive report and congratulated her and colleagues on the reduction in exception reports. He asked if there was any indication when the rest facilities issue would be completed. He was informed that work had been paused due to Covid 19 and Mr Beckwith confirmed that £60k has been ringfenced for this project. Agreement is yet to be finalised on the utilisation of the funding as there are some restrictions on the physical estate, but this funding will be used to improve junior doctor accommodation. Dr Byrne said the organisation has a credible reputation with the British Medical Association (BMA) for junior doctors. Junior doctors know the funding is available and have been encouraged to consider how this investment should be used to improve their experiences.

Mr Patton also noted that junior doctors preferred a 3/4 on call pattern which was against TCS regulations. Dr Kuehnle confirmed that this was acceptable as long as there had been local agreement and it had also been agreed by the BMA. It is also reviewed regularly at the Local Negotiating Committee (LNC) meetings.

Dr Kuehnle thanked the junior doctors for their hard work which was demonstrated through the significant reduction in exception reports. The Chair agreed and thanked her for attending the Board to present the report.

Resolved: The Board noted the report.

165/20

Infection Prevention Control Annual Report 2019/20

The report provided an overview of the key work undertaken with regards to infection prevention and control for the reporting period 1 April 2019-31 March 2020, highlighting the main progress and achievements made against year 2 of the Trust Infection Prevention and Control Strategy 2018-21.

Mrs Gledhill reported positive activity against the strategy for Healthcare Acquired Infections, Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia and Clostridium difficile infection. The report covered up to March 2020 and included the initial impact of Covid 19. The small team has done fantastically in meeting the requirements and there has been positive feedback from teams. The infection control team has been providing face to face advice regarding safe working particularly for Dementia patients. All actions are aligned to the strategy and as a result of Covid 19 capacity has been increased in the team. There has also been a focus on providing virtual technical support and training for staff.

Professor Cooke said the view of the Quality Committee was that this was a good report that provided assurance and good outcomes especially around the attitudes from a small team. He suggested that the team be recognised in some way for all their hard work. Dr Byrne acknowledged that the team have been fantastic from a logistical and cultural perspective. Over the past six months when he has been on units he has seen that staff are doing the right thing. The change from scrubs to uniforms will also help from an infection control point of view.

Mr Patton congratulated the team on a comprehensive report. He asked if the issues identified in the report for the Humber Centre and Peeler House had been resolved. He was informed that these issues had been closed as both premises had received clean water samples.

The Chief Executive pointed out that the pictures in the report were taken prior to the pandemic which seemed so long ago. On behalf of the Board she expressed her thanks to the team for their work.

Resolved: The annual report was ratified by the Board

166/20

Humber Safeguarding Annual Report 2019/20

An overview of the Humber Safeguarding achievements, developments, objectives and assurance reporting for the year ahead was presented by Mrs Gledhill.

The report demonstrated the breadth and complexity associated with safeguarding. The team is embedded within clinical practices to support staff and patients and advised on patient safety processes which is not common in most organisations. Dr Byrne commended the safeguarding team for bringing to the forefront issues such as modern slavery and domestic abuse and approach taken by the team to help others understand the issues.

From Mr Baren's perspective the report gave a significant amount of assurance. He asked that with Covid 19 how information is being captured given people are self isolating, working virtually and may be at home more. Mrs Gledhill reported that the national picture around safeguarding is one of concern especially around children with school closures and being at home more. Some of the concerns have been eased and normal reporting is being seen.

The team has worked with staff around awareness and produced a checklist that can be used for digital contact. The team also joins multi-disciplinary meeting virtually which has given them more access due to the remote working. Contact with individuals has been made digitally, however to give further assurance, Mrs Gledhill and the Head of Safeguarding have started to visit patients on units adhering to social distancing and the appropriate personal protective equipment.

The Chair thanked the team for the report and noted that the annual report will be added back to the Board workplan.

Resolved: The Board ratified the report

167/20

Waiting Times Update

The report provided an update on waiting times and the plans in place to address the problems. Mrs Parkinson explained that the report gave the position

on waiting times for over 52 weeks in the memory assessment service, Child and Adolescent Mental Health Services (CAMHS) for development assessments and autism and ADHD. The CAMHS issues have been discussed previously by the Board and the position has been further impacted due to Covid 19 and the inability to adapt all pathways despite efforts to work across digital platforms. Some progress has been made to undertake assessments, but for some young people with more complex issues a digital approach is not clinically appropriate to reach a safe diagnosis. School closures and the inability to collaborate with educational partners added to the issues and the service was not in a position to make physical space available to see some of the young people.

Lack of access to imaging with the acute hospital impacted on the memory service at the start of Covid 19, however some access is now available but at a reduced level. Work is taking place to resolve this with the acute hospital.

For Psychological medicine some additional resource has been made available.

The Waiting Times Policy states that a Standard Operating Procedure is in place for each area which requires daily monitoring, weekly oversight of the waiting times and regular contact with services users and their families to prevent clinical risk. An updated report with additional detail is going to the Quality Committee meeting for a deeper discussion. Professor Cooke looked forward to seeing the report and the discussion. He asked if there were any implications for the provider collaborative in this area. Mrs Parkinson said the view would be that the provider collaborative is a specialist area of commissioning. For CAMHS work is underway to see how this can be developed across the pathways and geographical patch to manage the demand with more freedoms through the mental health and learning disability programmes around autism.

The Chief Executive clarified that discussions have been held with Clinical Commissioning Groups (CCGs) about seeing children and young people earlier in the process. Joint working is taking place with CCGs and Local Authorities around developing pathways for children and young people with a commitment to redesign and redevelop pathways with some changes already made. It is getting to the point that some young people are reaching the threshold for assessment but if more was in place at school and home some referrals may not happen and this needs to be an area of focus. Further investment has been given but there is more work to do.

The Chair asked in terms of the trajectories which were of the most concern. Mrs Parkinson said that in her view it was the CAMHS element as the other two were due to the impact of Covid 19 whereas CAMHS was an area of focus before the pandemic.

Resolved: The update was noted

168/20

Yorkshire and Humber Care Record (YHCR)

The report provided a summary of the progress to date and the plan for the next year for the Yorkshire & Humber Care Record. Mr Rickles explained that Dr Byrne is the Senior Responsible Owner (SRO) for this project which is one of five exemplars. Mr Beckwith has the lead for the financial aspects of the project.

Yorkshire and Humber Care Record (YHCR) left the NHS X LHCRE programme at the end of March 2020. NHS X completed an assurance of the YHCR and

was rated an Green/Amber with the summary statement that it continued to make good progress this quarter with all major milestones on track. A YHCR Population Health Academy for a mix of 40 clinical, Business Intelligence experts and managers was run during 2019/20. A meeting is planned with Health Education England regarding a second cohort.

Details of the pipeline for future organisations to join YHCR were included in the report with sharing of transfer of care information taking place between Yorkshire Ambulance Service, Leeds A&E and Rotherham A&E. Bradford, Macmillan and Cancer data sets have been added to the population health system.

The Chair asked what difference this project will make to patients in the future. Dr Byrne explained that the system wanted health and care records to be linked to improve patient experience as they would not have to repeat information. It is important that clinical services see what has been done and the patient will have control over their own healthcare. The care records need to include a care plan which would show who the person has come into contact and what care is required. Dr Byrne thanked Mr Rickles for driving this work forward and having the required discussions across the system.

Mr Patton asked who could see the information currently. He was informed that 52% of GPs in the Humber Coast and Vale (HCV) area can see information on cancer patients. Leeds has access to transfer of care data from the ambulance service. Rotherham and Leeds can access emergency care data and also GP and community data. Emergency care access will be provided to Hull University Teaching Hospitals, York and North Lincolnshire and Goole shortly. The technical work that is being done is new and creates challenges in ensuring that the clinical and technical aspects are linked.

Dr Byrne informed the Board that the work has created additional interest from Wales and other systems asking for support is due to the expertise within the team and the reputation for delivery.

Resolved: The report was noted.

169/20

Board Assurance Framework

The Q2 2019/20 Board Assurance Framework (BAF) was presented. The report provided an update on progress against the six strategic goals and reviewed the position against the previous quarter. Regular review of the BAF takes place and an area of focus has been on the gaps which have been aligned to the risk register.

Resolved: The Board noted the report

170/20

Risk Register

The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in June 2020. Nine risks are currently held on the Trust-wide Risk Register and included Covid 19 risks.

Mr Baren commented that at the Audit Committee it was suggested that the cyber security risk be reviewed to ensure it was at the appropriate level given the receipt of the CORs report. The Finance and Investment Committee also reviewed the report and suggested the inclusion of some additional actions.

Mr Royles suggested that the staff burn out risk was a more long term risk rather than short term given the current situation and wondered how this can be captured on the register. Mrs Gledhill said the risks are reviewed weekly in Silver and Gold command and any changes required are made. The Chief Executive agreed with this approach as they are consistently being reassessed and the messages around taking breaks and leave are promoted.

Resolved: The report was noted.

171/20

Winter Plan 2020/21

This year's winter plan has been developed and formulated within the context of the ongoing expectation that the Covid 19 pandemic will continue throughout the winter months. The plan is overseen by the Emergency Preparedness, Resilience and Response (EPRR) command arrangements and the remit of the command structure has been expanded to include winter planning due to the interdependencies between the ongoing response to Covid 19 and winter pressures.

A review of Business Continuity Plans is being undertaken to ensure they are fit for purpose. As previously discussed a number of peer flu vaccinations have been trained and it is hoped that uptake will be higher than previous years. In the planning there is the EU exit to consider which the Emergency Planning team are also involved with.

Mr Royles appreciated the update noting that the planning for this year will be more significant than previously experienced with the additional areas of Covid and Brexit. Mrs Parkinson explained there is a system approach with others across the system with North Yorkshire and York around physical community work around discharge as there is the expectation that pressure will increase across community services. Primary Care in North Yorkshire is already under pressure and the Trust is feeling this in its community services. There are mechanisms in place around mutual aid, emergency planning, and the Gold North Yorkshire meetings with system arrangements are working as well as they can. Any learning from the first wave is being worked through. There is a focus on mental health as part of the ICS work for example access to secure Forensic beds and staff. Keeping services open is the aim but is impacted on by local lockdowns. Having seats on the local Outbreak Boards is helpful.

In terms of Brexit the Chief Executive said that more detail on the implications for the Trust and the system are needed. Worse case scenario planning has been included in the planning.

Mr Baren asked when the Inspire Unit would be fully open given the pressures on beds. Mrs Parkinson said that this is continually being reviewed and a recommendation would be made to the Executive Management Team (EMT) on when the Psychiatric Intensive Care (PICU) beds on Inspire Unit would be opened. Once agreed the decision will be shared with the Board.

A session with the Governors on winter planning is taking place at the next Governor development day.

Resolved: The report was noted by the Board

172/20 **Managing Ligature and Other Environmental Risks: Updated Guidance from the Care Quality Commission (CQC)**

Mrs Parkinson explained that the report provided an update on the Trust requirements in relation to reducing harm associated with ligature and other environmental risks based on the recent correspondence received from the CQC Deputy Inspector of Mental Health services.

The Deputy Inspector acknowledged in the report that good progress has been made in reducing ligature risks, but that some organisations still had low level anchor points risks that have been on their risk registers for some time which needed actioning.

The Trust has continued to undertake ligature anchor points risk assessments in line with the guidance and with the focus on changes made on wards during Covid 19. Reassurance has been gained that any points raised in the guidance have been addressed. To ensure there is Non Executive Director oversight, ligature anchor reports will go to the Quality Committee and to the Finance and Investment Committee. This will also be an area of focus for the CQC peer reviews ensuring that staff are aware,

Resolved: The report was noted

173/20 **Board Quality Improvement (QI) Project Report**

The report summarised the work of the Board QI projects and its outcomes. The project has followed the QI processes and flows and has strengthened the governance processes. The project has taken time to complete as during the course of the work other linked areas of work were identified. Actions identified from the work have been put in place including informing Board members of any deviation from the Board workplan and monitoring receipt of Board reports.

Dr Byrne commented that Quality Improvement is not easy and the amount of work involved should not be underestimated. There are over 100 projects underway which will improve quality if they are done right.

The Chair thanked Mrs Jones and Mrs Hunter for their support in this project. The Chief Executive suggested wider communication to staff acknowledging that the Board had undertaken a Quality Improvement project and suggested the Communications Team discuss further with Mrs Hunter regarding the process.

Resolved: The report was noted

174/20 **Items for Escalation**

No items were raised

175/20 **Any Other Business**

Preceptorship Celebration

It was noted that the celebration for newly qualified staff took place on 17 September 2020. The video from the event will be circulated to the Board. Dr Byrne thanked Mrs Gledhill and her team for their work in highlighting the work of nurses.

176/20 **Exclusion of Members of the Public from the Part II Meeting**

It was **resolved** that members of the public would be excluded from the second part of the

meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

177/20 **Date and Time of Next Meeting**
Wednesday 28 October 2020, 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 28 October
2020 by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Ms Kerry Todd, Service Leader, East Hull Community Mental Health Team (for item 181/20)
Mrs Rachel Kirby, Strategic Communications Manager (for item 191/20)
Mr Lee Rickles, Yorkshire & Humber Care Record Programme Director & Chief Information Officer (for item 192/20)

Apologies: None

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

- 178/20 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 179/20 **Minutes of the Meeting held 30 September 2020**
The minutes of the meeting held on 30 September 2020 were agreed as a correct record with the amendment to 158/20, fifth paragraph which should read “.....Quality **Committee**.....”
- 180/20 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 181/20 **Patient Story**
Ms Kerry Todd, Service Leader joined the meeting to share her career journey

with the Board. Kerry has been with the organisation since she began as an admin assistant at Withernsea Hospital. As part of this work she arranged out patient appointments, supported CPNs and took minutes of meetings. Kerry became interested in the mental health and wellbeing side of patient care and with support from her manager and team, undertook a secondment to nurse training. After achieving a degree and qualifying as a nurse she worked for the assessment and intake team. In subsequent months she gained promotion and had the opportunity to work with student nurses to share her experiences and give them support.

Kerry explained that throughout her career she has received fantastic support from her managers and colleagues in all of her roles. She is now a Service Leader working with a great team and using her knowledge and experience to help others and to provide good patient care.

The Chief Executive thanked Kerry for attending the Board meeting and for sharing her journey. She asked if there was anything else that she thought could have been done to help or benefit her more during this time. Kerry said that she had been fortunate and also humbled at what she had achieved and that the only person stopping anyone from progressing was themselves.

Mrs Parkinson said that the transformation of Community Mental Health Teams (CMHT) programme is underway and the Trust is struggling to recruit to some of the additional posts. She asked Kerry what she felt should be done to try and attract people from elsewhere to come and work in the CMHTs. Kerry said that working in the CMHT offered stability with 9 -5 working which is good for a home life and for childcare. Working in unplanned care involves working weekends, evenings and nights which is not ideal for family life. In the CMHT there is also the variety of work and meeting many people and working with families and those around them. Mrs Parkinson thanked Kerry for her insight which would be good to include in future information for recruitment.

Mrs Gledhill agreed it was a fantastic story and good for the organisation that Kerry has stayed with the Trust throughout her career and would like to discuss further as to the reasons for this as it is often a struggle to retain nurses.

The Chair thanked Kerry for sharing her inspirational story with the Board and for everything she does for patients and their families.

182/20

Chair's Report

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

- Attending a variety of external meetings including a Humber Coast and Vale (HCV) Chairs and Members meeting and a Humber Advisory Board meeting
- Attendance at regular national and regional roadshows and Humber and Yorkshire Chairs meeting
- Proud To Be Awards – the Chair was delighted to attend the virtual awards which saw the Trust's volunteer drivers win an award which was well deserved.
- Virtual staff awards continue to be ~~was~~ held jointly with the Chief Executive to thank staff for their long service and to celebrate Employees of the Month and retirees.

- Freedom to Speak Up – a catch up meeting was held with the Chief Executive, the Freedom to Speak Up Guardian, Mrs Flack and Mr Baren, the Senior Independent Director. Mrs Flack also attended the Staff Governor meeting during the Freedom to Speak Up month (October).
- Attendance at the virtual Scarborough and Ryedale Patient Experience form
- Governor elections are underway and the outcome of nominations will be announced shortly. Cllr Paul Nickerson has joined the Council as the appointed Governor for East Riding of Yorkshire Council.

Resolved: The verbal updates were noted.

183/20

Chief Executive's Report

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

Capital Bid

The Trust was not successful in being one of the 40 hospital schemes announced as no Mental Health Trusts were included. The Chief Executive is raising this issue in various forums.

The Big Conversation

The Trust supported a conversation with Emma Hardy MP on Mental Health which was supported by our clinicians and reached over 2000 people.

Proud To Be Awards

The volunteer drivers were the proud winners of the Volunteer Team category in the Smile Proud to Be Awards. Our volunteers are truly amazing and make a real difference to people's lives on a daily basis and more so in recent months. Congratulations were sent from the Board to the Trust's Volunteer Driver team.

Humberbelievable

Our recruitment and marketing campaign continues and links well into the sSSh campaign which is the Hull and East Riding recruitment drive launched during the month

Brexit

Our Brexit planning continues with the Brexit group continuing to meet on a monthly basis and works with the system to review plans for the the exit in relation to ports and transport..

Thank You to Staff

All staff received a £10 voucher in their wages this month as an expression of our gratitude and thanks for all their continued hard work.

Together We Can – the Chief Executive has been on TV Humber to promote the staff book. ITV have also approached the organisation and are talking to staff next week.

Communications Team

Work is progressing on the Trust's branding by the Communications Team. The team is also involved in other work including the Flu campaign where a short animation film has been produced and the Poppulo platform for staff. Mrs

Hughes reported that statistics show a 102% increase in visitors to the Trust's Humberlievable recruitment website and drew attention to the Patient Information portal which is an exciting development being progressed in conjunction with the University of Hull which will bring huge benefits to patients accessing information. The Patient and Carer Engagement team and the Communications Team are working together on this project.

Health Stars

Health Stars continues to work closely with NHS Charities and is involved in the Whitby development fundraising.

Humber Coast and Vale (HCV)

An Oversight group within the HCV has been established to look at the governance arrangements and connections between the HCV and the central office.

A piece of work is being undertaken in relation to the Provider Collaborative which the Chief Executive being the lead for the Mental Health and Learning Disabilities stream. Andrew Burnell, Chief Executive City Health Care Partnership is the lead for Community and Chris Long, Chief Executive Hull University Teaching Hospitals, for the Acute work. The Chief Executive has been asked to bring these all together as all are doing similar things, but separately.

International Conference

The Mental Health Partnership international conference is taking place on 27 November 2020 and includes Claire Murdoch, Alistair Campbell and Ray James as speakers.

Staff Survey Update

Mr McGowan reported that the Trust is ahead of the nation average for update of the survey. It is currently at 23% against the national figure of 20%.

Remembrance Service

A virtual service is taking place on 8 November at 2pm led by the Trust Chaplain, Eve Rose.

Professor Cooke commended to the Board the patient safety work that has been seen at the Quality Committee referred to in the Director of Nursing update. He also thought the virtual meeting with the Chair of the Care Quality Commission (CQC) was well received.

Professor Cooke noted the substantial compliance achieved through the Emergency Planning Preparedness and Resilience (EPRR) self assessment. With the additional pressures of a second Covid wave, winter, Flu, bed pressures and fatigued staff, he felt it was important to recognise that we are in a difficult time even though substantial compliance has been reached. Mrs Parkinson agreed with his view and that these areas had all been included. The emergency planning element is set against the core standards which is complex given the areas it covers including staff getting tired. Staff and the impact on staff resilience is the number one priority for the organisation. Mr Smith is the Non Executive Director lead for emergency planning and explained that the results are at a point in time. He was pleased to see the link between

emergency planning and Covid 19 reflected as in other organisations this was not the case.

In terms of responding to Professor Cooke's question about consultant recruitment for the Inspire Unit, Dr Byrne said that despite the efforts put into recruitment, it was challenging and the position has not improved.

Mr Patton noted the slight improvement in the Humber Coast and Vale 52 week waits for patients, however this was still the worst in the country. The Chief Executive confirmed that work has been ongoing around this and is led by City Health Care Partnership. The system is looking at this with support from the Trust but as it is not a Trust issue it makes it more difficult. It is being led by Ivan O'Connor. It was raised recently about the good work that has taken place at Scarborough and a recommendation made to have a look at this work to see if it utilised in Hull.

In relation to the impressive voluntary services update, Mr Patton asked how many volunteers the organisation has and how many more would be needed in the future. Mrs Parkinson did not have the information to hand, but estimated there were around 30 volunteers and it is a priority to increase this number as demand for these services is increasing with the main uptake being around isolation.

Mr Patton referred to the quality update for Child and Adolescent Mental Health Services and thanked the team for their performance. He noted the thank you voucher given to staff this month and asked if there were plans to do something at Christmas. The Chief Executive said discussions are taking place with Mr McGowan's team around this and to build on the gifts that have already been given including pamper packages and the increase of the working from home payment.

The Chief Executive highlighted that the Trust has been awarded the White Ribbon Accreditation. Mrs Gledhill explained that the action plan was completed and the organisation accredited. Update reports will be presented to the Quality Committee.

Resolved: The report and verbal updates were noted.

184/20

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. Professor Cooke referred to a publication "NHS Reset" published by the NHS Confederation and recommended this as a helpful document.

Mr Baren noted the Care Quality Commission (CQC) report on infection control plans asking how visiting for patient's families would be affected should Hull and East Riding move into tier 2 restrictions. The Chief Executive said many discussions have taken place with the Executive team around visiting taking into account the recent letter from Claire Murdoch which indicated that visiting should not be restricted.

The Trust now has a low number of Covid 19 positive patients whose families are from different tiers. Staff receive early information and use their clinical judgement and risk assessments as required. Pictorial information on the tiers

has also been produced for staff to support decisions and has been discussed at the Ethics Committee. Mrs Parkinson said that the organisation is well prepared and wanted to bring the key issues to support visiting in a safe way across all areas. Guidance has been put in place by way of a this tiered alert system which will be used in conjunction with risk assessments and a check list for visitors which also covers travel from higher tier areas. Dr Byrne emphasised the importance of protecting patients and keeping staff safe, but also about supporting visiting as is it a fundamental part of good care. Mr Smith commented that other areas that would have an impact are for patients on leave and patients who may have to go out of area to other tiers where the rating is higher and how this is managed. The guidance will be circulated to Non Executive Directors for information

Resolved: The report was noted.

The tiered alert system guidance will be circulated to Non Executive Directors

Action LP/JB

185/20

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of September 2020. Information for indicators that have fallen outside of the normal variation range was provided including Safer Staffing Dashboard, 52 week wait times, Early Intervention in Psychosis (EIP) and Staff turnover.

Mrs Gledhill referred to the safer staffing dashboard informing the Board that where there is sickness in in patient units, appropriate HR processes are in place. She noted that care hours per patient per day were very good which is positive given the level of sickness that was recorded. Professor Cooke surmised that the second Covid 19 wave could be pushing staff which was manifesting itself in the sickness levels asking if there is anything further that could be done. Mrs Parkinson confirmed that some fatigue in staff is being seen across inpatient areas. HR business partners are working with managers and that where required, support processes are in place. A rise in stress and anxieties levels is being recorded and the Mental Health Division is reviewing these to see if anything different can be done to support staff. Staff continue to be encouraged to take breaks and annual leave, but this is an area of concern. Mr McGowan said that the staff survey is showing that staff are tired and the best way to help staff is to fill vacancies. At the next Workforce and Organisational Development Committee there will be a deep dive into some areas which can be shared with the Board.

Mr Royles noted that we have been in the pandemic for some time and he was pleased to hear of the work that is being done to promote breaks and annual leave for staff. He however felt that sickness absence would continue to rise in future months.

Professor Cooke noted that Waiting times were high in Humber Coast and Vale (HCV) and new trajectories are awaited. He commented that Early Intervention in Psychosis (EIP) cases are showing some pressures. Mrs Parkinson said work has been completed on the trajectories and they will come to the November Board meeting. In terms of EIP a steep rise is being seen in referrals which was anticipated due to Covid 19. However there has been some staff absence and recruitment is underway. A recovery plan is in place and increased resource has been put into the service.

The Chair reported that Staff Governors had raised concerns about staff fatigue and reflected that generally in society people are feeling fatigued by the current situation and changes to people's lives outside of work.

Vacancy rate of registered nurses had moved from 16.8% to 9.1% and Professor Cooke asked if this is because the establishment has reduced or whether there has been more recruitment. Mrs Gledhill explained that it has been a good year for nurse recruitment which has had an effect on the rate and reduced the number of vacancies. A large number of newly qualified nurses have made a difference and many go into inpatient units. Since April 61 new nurses have been recruited and another 30 are going through the process which is positive. The challenge will be in retaining them. Mr McGowan pointed out that there are 24.7 more nurses working in the Trust compared with last September's figure which shows the good work that is being done and there is potential through skill mix work to do more.

Mr Baren asked about out of area placements noting there had been a slight reduction in month. He was also concerned about the associated cost pressures and patients going into and out of difference restriction tiers which may impact on visiting and may not be of benefit to patients. Mrs Parkinson explained that the reason for the rise is due to functional older people's services demand due to the excessive rise in acute needs for older people due to the implications of Covid 19 with the demand exceeding the number of beds available. Two beds have been procured from system partners and discussions with local providers for step down beds continue. However it is not expected that this level of demand will reduce. Divisional planning is taking place to look at alternatives to crisis and inpatient admissions and more resources will be put into this element.

The overall number of beds in the organisation was reduced to allow for Covid 19 safe working to accommodate infection control, social distancing and the clinical doffing and donning requirements. The crisis pathway is being relooked at in addition to 24/7 telephone support and potentially a crisis café therapy approach. There will be cost pressures as well as the quality issue, but from talking to system partners and other mental health trusts they are all in the same position which is causing challenges.

The Chief Executive said from a system point of view, a piece of work will be done on the number of beds that have been lost in adult and older peoples services as a result of Covid 19 as this will give an idea of capacity in the system and the reasons for this eg whether low level tiers are in the right place, or whether changes in Primary Care Networks (PCNs) has made an impact. In Humber the bed base is very low and when this work is completed discussions will take place to discuss the outcomes.

Mr Patton congratulated the teams involved in training, return to treatment and turnover as all areas continue to improve during a challenging time.

The Chair suggested that the narrative on the return to treatment section be reviewed as it referred to deterioration. Improvement was noted on the Friends and Family Test and compliments were increasing.

Resolved: The report and verbal updates were noted
Waiting Times trajectories to come to the November Board meeting Action LP

186/20 **Finance Report**

Mr Beckwith presented the report which showed the financial position for the Trust as at 30th September 2020 (Month 6). Mr Beckwith explained that this is the last month operating in the current governance arrangements with retrospective Covid 19 claims and topping up to meet a break even position. Key highlights included:-

- A break even operational position was recorded to the 30th September 2020
- Within the reported position is year to date Covid expenditure claims of £9.077m,.
- Cash balance at the end of September was £27.702m, which is inclusive of an additional Block payment of £9.8m.

Mr Smith raised a point in relation to the mental health underspend on staff position and whether a premia could be offered as an incentive. Mr Beckwith explained that the main reason for the underspend was the due to Community Mental Health Teams (CMHT) transformation funding which was equated across the year. This had paused due to Covid 19 but plans are in place to revive this in the second half of the year. Mr Smith appreciated the update and asked if in future this could be added into the report in easy read language so that members of the public would see the rationale.

It was noted that in appendix 1, the reference to the sale of Westlands should read Westend.

Resolved: The report was noted.

187/20 **Quality Committee Assurance Report & 5 August 2020 Minutes**

The paper provided an executive summary of discussions held at the meeting on 7 October 2020. The approved minutes of the meeting held on 5 August 2020 were presented for information.

Professor Cooke informed the Board that good work has taken place on the patient safety dashboard that the Corporate Risk Manager has produced and he suggested these could be reviewed at the Board Time Out in December as part of the Quality Improvement session.

Two insight reports were reviewed, one being around Covid 19 which the Board asked the Committee to look at. Assurance was received from the content of the report and the Committee thanked Mrs Gledhill, Dr Byrne and Mrs Parkinson for this work.

A presentation was received on the Provider Collaborative and issues raised around quality delineation. Finance and contracting aspects were fine, but inclusion of how the Quality Committee may help was suggested to Mrs Bradbury.

An update on waiting lists was received and assurance provided that contact with long waiting patients continues.

Mrs Gledhill agreed it was good to see the Provider Collaborative information at the Committee and to be linked into the developing agenda. The patient safety

dashboards are intended for teams to use with the information taken from the Datix system and a useful presentation was provided to the Committee. Dr Byrne commented that there was an element of operational focus at the meeting and important to see the patient safety work.

The Chief Executive thanked the Committee for an informative assurance report. She explained that with the Provider Collaborative we need to be mindful about more detail about links to various Committees. Commissioning and providers are being kept separate within the organisation and there may not be a clear link between the two. Professor Cooke said it was around role clarity and for the Committee to be able to add value to the changing process.

Resolved: The report and minutes were noted

188/20

Finance & Investment Committee Assurance Report

The assurance report for the meeting held on 21 October 2020 was presented by Mr Patton.

He highlighted the following areas to Board members:-

- Hospital Build Plans– funding announced for another 8 hospitals that includes mental health.
- Mental health trusts are to receive more than £400m over the next four years to eradicate dormitory wards
- Financial performance – the Committee discussed the impact of the arrangements for the second part of the financial year that have been published.
- Reviewed outstanding aged debtors which overall was a reduction compared to the August position
- Budget Reduction Strategy (BRS) which showed continued good work at Divisional and Corporate levels
- Provider Collaborative – the Committee reviewed the business case and was supportive and acknowledged the amount of work that had been done in a short space of time.

Mr Beckwith felt it was a good meeting with appropriate challenges. For the BRS normal contracting was ceased due to Covid 19 and required mitigation to give a level of assurance.

Mr Baren commented there were discussions around capital expenditure and assurance provided that some key capital works for ligatures is being progressed

Resolved: The Board noted the report and verbal updates

189/20

Covid 19 Update

The report prepared by Mrs Parkinson gave an update on the Trust's response and an overview of the ongoing arrangements and work with partner organisations to manage the Covid 19 emergency.

In line with rising infection rates, operational pressures are being seen around the use of mental health acute beds and the Opel position of 2/3 is contributed to by the demand around the Mental Health Liaison service and Emergency Department at Hull Royal Infirmary.

Three patients have tested positive for Covid 19. The outbreak was due to transmission between staff and learning has been picked up from this. This is not unique to this organisation as other mental health trusts have experience similar issues. Staff health and wellbeing remains key to resilience and continues to be an area of focus. No personal protective equipment (ppe) issues have been identified. Business Continuity Plans continue to be reviewed to ensure any learning from the previous months are factored in.

The Chair thanked Mrs Parkinson for the report noting how much work is taking place. She said the monthly updates were appreciated by the Board.

Professor Cooke asked if the patients who had tested positive were from the same or different areas. He was informed they are in different areas in a low threshold. Mrs Gledhill explained that the outbreak meetings are held by the Infection Control team and no breaches of ppe have been identified. From the meetings no reasons have been identified for the outbreak.

Resolved: The report was noted

190/20

Mortality Report Update for the Covid to July 2020

Dr Byrne introduced the report. He explained that the data was a statistical analysis and it was important not to forget whilst looking at the information, that individuals had passed away and that families are grieving.

An increase in mortality has been seen in line with the national picture particularly in relation to older people's mental health services and for people living in a nursing home and receiving daily care. Maister Lodge, one of the Trust's older people's inpatient unit has successfully managed to keep Covid 19 out of the wards. This was due to processes that were put in early in the pandemic to protect staff and patients.

Visiting for patients has been discussed by the Ethics Advisory Group and continues to be reviewed to ensure continued protection for all involved.

Professor Cooke thanked Dr Byrne for the report which he was pleased to see in the public domain. The use of statistical process charts (spc) allows a look over a longer period of time. He felt there needed to be a look at wider areas including substance misuse, people dying from physical manifestations of this addiction and from suicide. He suggested thinking about looking at suicide rates locally. Dr Byrne commented that a Substance Misuse deaths review is being undertaken by the Clinical Risk Management Group and within this it will look at the data over a longer period of time to see if there are any patterns. The suicide picture is a challenge due to what the Sustainable Transformation Partnership (STP) monitors. Discussions take place with the Coroner's office about these cases

The Chief Executive confirmed the Integrated Care Service (ICS) has a suicide prevention lead and this topic will form part of the International Conference in November. Humber has not seen a significant rise in suicide numbers, but the ICS has. These do tend to be cases of people known to services and in middle aged men. The ICS is conducting a bigger piece of work and will be monitoring the rates especially as we move into a second wave of Covid 19.

Mr Patton was interested in the graph of total number of deaths which had

increased from quarter 2 19.20. Dr Byrne explained that this was due to the addition of Scarborough and Ryedale data which had not previously been monitored.

Resolved: The Board noted the report.

191/20 **Trust Corporate Visual Identity Update**

Mrs Kirby attended to present the report and to inform Board members of the progress made with the brand work. Mrs Hughes explained that a wide engagement process has been undertaken to gain views to influence the branding work and involved a range of stakeholders including service users and carers.

Mrs Kirby talked through the report and also provided some further details via a presentation. She explained that the review of the branding is to ensure that it suits the Trust's purpose and provides the right identity and brand personality for the organisation. When complete there will be standard templates for staff to use.

Mood boards are being used to gain views and these have been put into three categories, circles and connections, lines and organic shapes. Board members were asked to consider their preferred options and a link to the survey will be circulated after the meeting.

The engagement process will take place until mid November, then work will commence on the creative changes with toolkits and assets being completed in December. It is anticipated that the launch will be w/c 18 January 2021.

Mr Smith thanked Mrs Kirby for the informative report and was impressed with the work to date. He particularly liked the problem solving section. Mrs Kirby said it was important to do this or the project would not work. Mr Baren agreed with the comments asking if there was any cost for the project and whether there would be any waste of existing resource eg letterheads. He was informed that this is being done in house using the expertise of the team. In terms of resources many are already digital and are downloaded so it is easy to make any changes and there is no change to the Trust's name logo. The Chief Executive confirmed that expense is being kept to a minimum which has helped with it being done internally.

Resolved: The report was noted

192/20 **Cyber Security Update**

As requested at the last Board meeting, the report provided an overview of the progress made to improve cyber security and to ensure we achieve our organisational goal in maximising an efficient and sustainable organisation.

Mr Rickles explained this is a complex area designed to protect information and systems that have sensitive information and ensuring that this is safe, with access for the right people at the right time. A project improvement plan has been produced and an update on progress was included in the report. The Office of the Senior Responsible Officer (SRO) has been established which is unusual, but allows key experts and information owners to support the direction and does not replicate the functions of the Information Group or Digital Delivery Group.

During recent months three denial of services attacks have been prevented which is a reflection on Covid 19 as more remote working takes place and the increased use in capacity.

Good progress is being made with the actions identified on the Cyber Operational Readiness plan. These focus on the technical and manager functions of people, procurement and contracting. Cyber champions will also be recruited in the organisation.

The Chair welcomed the report noting how much work has been taking place and thanked Mr Rickles and the team for this.

Mr Baren asked why some of the 0-3 month's actions were outstanding on the action plan. Mr Rickles explained that for the operational action this needed splitting into other issues of technical support and managing risk and the action plan will be updated to reflect this. If there are no solutions for some issues, an explanation should be provided on mitigations. It does not mean that systems are unsafe, unsecured or not maintained. Mr Rickles said that some issues may be down to funding, but that any areas needing action are reviewed and risk assessed to identify if any further investment is needed.

Mr Patton is the Non Executive Director lead for cyber security and meets regularly with Mr Rickles. He complemented Mr Rickles and the team for their great work and gained assurance from the meetings held that systems are secure and well managed. The Chief Executive agreed that this is impressive especially during the current situation. She felt it would be helpful in Sub Committee reports to identify where any timescales have been missed to have an indication of when it will be met. Mr Beckwith thanked Mr Rickles for all his work and support. Mr Rickles will pass the thanks onto the wider team as it is a distributed leadership process that has enabled the organisation to get to this position.

Resolved: The Board

193/20 **A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance**

The report summarised activity relating to appraisal and revalidation processes for 2019/20. The Annual Organisation Audit (AOA) data was also provided for information.

NHSE have asked organisations for voluntary submissions this year, however if the Board preferred a submission of a statement of compliance signed by the Chief Executive could be made.

It was positive to note that NHSE have reviewed the process and produced a shorter application form which will be easier to complete and engage medical colleagues going forward. Feedback received was good and will feature in the annual patient and carer experience report. An internal audit was undertaken and an outstanding action is around buddying up with a neighbouring trust which it is hoped will be Hull University Teaching Trust.

Resolved: The Board approved the annual submission to be signed by the

Chief Executive and submitted to NHSE

194/20 **Healthcare Worker Flu Vaccination Self-Assessment 2020/2021**
Mr McGowan presented the report which provided self-assessment information in relation to the published NHS England and NHS Improvement (NHSE&I) best practice management checklist on flu vaccinations for healthcare workers. Each year organisations are asked to provide a self assessment on their approach to Flu.

At the time of the Board meeting, 16.9% of the workforce had taken up the flu vaccination. With the restrictions in place alternative methods of delivery have had to be used as usually large meetings would have been targeted to help staff access the vaccination. A third delivery of the vaccine is due in November.

Mr Royles acknowledged that this was a bigger ask of staff than usual due to the restrictions and also with any anxieties they may have generally. Mr McGowan agreed which is why additional measures have been introduced and there has been better communications and the flu animation video produced. The Chief Executive reminded the Board that there is also the additional annual leave day for staff who have completed their training, appraisal and had their flu vaccination.

Resolved: The report was noted.

195/20 **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) Report**
Mr McGowan explained that the report set out the Trust's WRES and WDES reports. Trust data was submitted in August and is required to be considered by the Board prior to 31 October. The Board has already considered the objectives as part of the 2019/20 Equality, Diversity and Inclusion Annual Report.

Areas of concern highlighted in the report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year. As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contains a strong set of actions to address the concerns.

Professor Cooke commented that the Board itself is less diverse than it was and was mindful of the key appointments that are coming up. The Chair agreed, adding that work has been done with recent appointments to try and encourage people from these backgrounds to apply for Board posts. It was agreed that it would be useful to pick this up as a Board discussion in the future.

Resolved: The Board noted the report

196/20 **Council of Governors Public Meeting Minutes 16 July 2020**
The minutes of the public meeting held on 16 July 2020 were presented for information.

Resolved: The minutes were noted.

197/20 **Items for Escalation**
No items were raised

198/20 **Any Other Business**
No other business was raised.

199/20 **Exclusion of Members of the Public from the Part II Meeting**
It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

200/20 **Date and Time of Next Meeting**
Wednesday 25 November 2020, 9.30am by Microsoft Teams

Signed Date

Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 14 th January 2021			
Title of Report:	Covid-19 Response – Summary Update			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. The paper provides an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, Covid- 19 vaccination, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

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	√			To be advised of any



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

Covid- 19 Summary Update 2020

1. Introduction

This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. Sir Simon Stevens, NHS Chief Executive and Chief Operating Officer Amanda Pritchard from NHS England wrote again to Chief Executive Officers on 31st July 2020 following their letter on 29th April 2020 to set out the priorities for the Third Phase of the NHS response to Covid- 19.

In summary this letter required that the systems:

- Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid- 19 spikes locally and possibly nationally.
- Do the above in a way that takes account of lessons learned during the first Covid- 19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England wrote to Trusts on 23rd December 2020 setting out the operational priorities for winter and 2021/2022. Given the second wave and the new more transmissible variant of the virus they acknowledged the challenge faced by the NHS and set out five key tasks:

- Responding to ongoing Covid- 19 demand
- Pulling out all of the stops to implement the Covid-19 vaccination programme
- Maximising capacity in all settings to treat non-Covid-19 patients
- Responding to other emergency demand and managing winter pressures
- Supporting the health and wellbeing of our workforce

The Trusts response work has continued to focus in these areas.

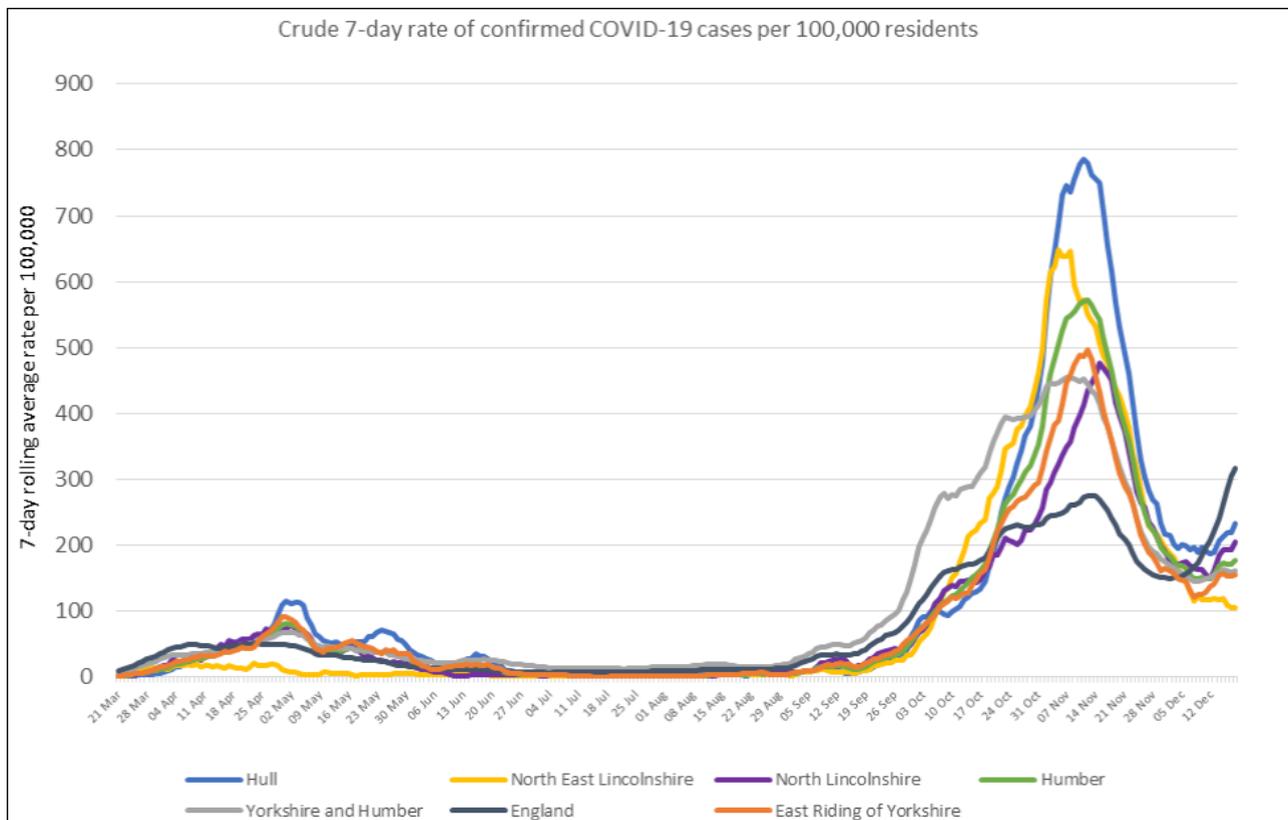
As of the 31st December 2020 the confirmed cases of covid- 19 for Yorkshire and the Humber are:

Positive Test and Trace Update – Case increase and latest 7-day rate per 100,000.		
Area	Actual increase in positive tests in latest 7 days (25 December – 31 December)	7 day rate per 100,000 for 7 days previous* (31 December)
East Riding of Yorkshire	697	204.3
Hull	758	291.8
North East Lincolnshire	237	148.5

North Lincolnshire	378	219.4
Yorkshire and Humber	14,070	255.7
England	291,134	517.2
Source: PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7 day rate for 100,000 population for Scarborough is 349.0, for Ryedale is 309.0 and Hambleton is 378.0

As of 03 January 2021, there have been 835 hospital deaths due to COVID-19 across the Humber area. This includes 479 deaths registered by HUTH, 334 deaths registered by NLAG, 20 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 385 deaths over the same period.



2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid-19

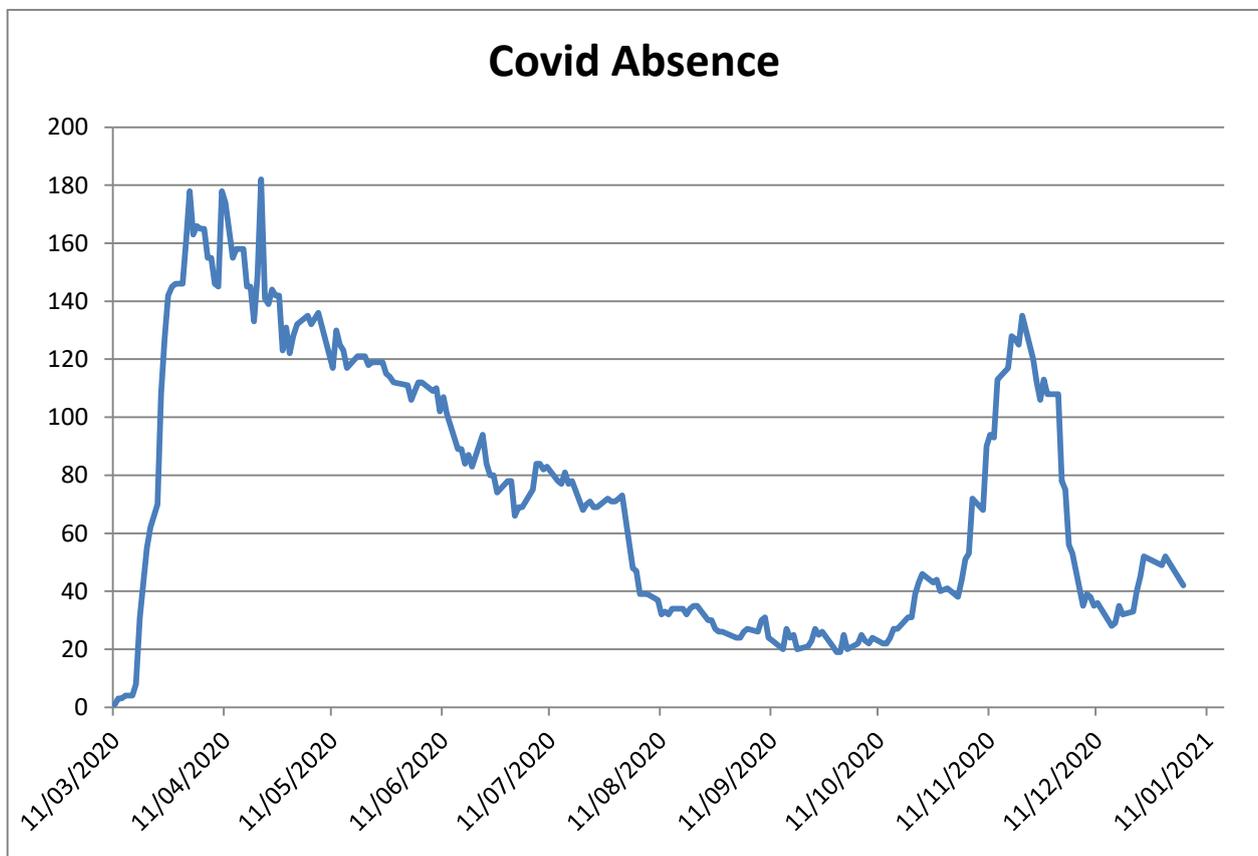
The NHS national incident level was also raised back to Level 4 (highest level) on 5th November 2020 due to increased Covid demand on hospitals and continues to remain at that level. The Trust therefore continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure continues to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily. The frequency of our bronze and silver command sitrep meetings was increased again at the beginning of November due to Agenda Item 9 Covid Update

the rise in prevalence of the virus, they were then reduced as the impact of the second wave diminished in December but are kept under continual review.

Operational service pressures rose again during November and early December due to the second wave of the virus with the highest pressure seen in unplanned care within the mental health division due to an increase in demand, rise in the covid related sickness absence and a number of outbreaks that led to temporary closure of those wards to admissions. This has led to the Trust raising its overall operational pressures escalation level (OPEL) to 3 (severe pressure) predominantly during November and for periods during December. Capacity and demand modelling work demonstrated that our shortfall of older people's beds is likely to persist through winter and therefore we have put short term measures in place and we now have contingencies to enable us to access more beds through a mutual aid arrangement with Navigo. Our overall bed occupancy has remained above its usual level in November and December with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 70-80%. Use of out of area mental health beds rose in November as a consequence of pressures. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector beds on a short term basis. The position is continuing to be monitored closely.

Whilst we had not had any Covid-19 positive patients in our inpatient beds since 6th June 2020, since October we have had covid positive patients and at 4th January 2021 have a total of 3 patients.

Our surge plan is in place and sets out how the Trust will respond to significant rise in service demand as a direct result of the Covid-19 outbreak. Key to assessing the position against our business continuity plans continues to be the availability of staff, the chart below sets out the number of instances of Covid-19 related absence.



Due to the rise in sickness absence in October and November some services were in the position whereby elements of their business continuity plans needed to be enacted. All services remained available, mental health division for example redirected some of their community staff to support inpatient areas. This position improved during December and business as usual was restored however the situation is being monitored very closely as a next surge in infection rates is expected during January 2021.

Through our command arrangements we have continued to consider and assess the impact on our services of staff absences due to contact tracking and tracing and absence due to child care requirements, our business continuity plans remain robust. Sickness absence is monitored daily across all of our services.

We had prepared well for the introduction of the new national local covid tiered alert levels and the likelihood that our areas might be raised to the highest level:

- Tier 1 (medium)
- Tier 2 (high)
- Tier 3 (very high)

This planning subsequently made us well prepared for the introduction of the new national restrictions (lockdown) that commenced on 5th November. The key areas that we planned in advance for were:

- Inpatient visiting arrangements.
- Inpatient leave arrangements.
- Essential and non-essential activity.
- Staff travel and remote working.

Our Tier 3 plan was aligned with the new national restrictions and we were able to communicate these requirements quickly and effectively to our staff. Since then we have prepared a plan that aligns with the new Tier 4 (stay at home) requirements should any of our areas be placed in that level of local restrictions and subsequently the new national lockdown that came into effect on 5th January.

3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court is now our Covid-19 positive isolation cohort ward for our mental health and learning disability patients and has been operational throughout November and December due to the number of covid positive patients. This configuration optimises the use of our mental health beds and available staffing, particularly as we managed the second wave of Covid-19 alongside the expected winter pressures. Isolation beds remain available on Darley ward at the Humber Centre and were required to be utilised during November and December. Due to the redevelopment work taking place at Whitby Hospital our ward there is not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We have received confirmation from North Yorkshire and York Clinical Commissioning Group that they currently do not require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team is now available to support any patients in mental health or learning disability beds with Covid- 19.

In line with national guidance, testing continues to take place for all patients on admission to an inpatient bed and on transfer between units. Weekly testing of our residents and staff at Granville Court continues as this unit falls within the national care home guidance. Coronavirus tests for all of our symptomatic staff or symptomatic members of their households have continued via our pillar 1 and pillar 2 testing arrangements.

Now that schools are open we continue to have instances of staff absence due to leave required to care for children with covid symptoms and local school/year group closures in place as an outbreak precaution. We experienced a rise in staff requiring testing during November which correlates with the rise in prevalence of coronavirus in our local communities.

Lateral Flow (asymptomatic staff testing)

The Trust was chosen as an early adopter of the Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample and it is focussed on asymptomatic staff. The test is administered by handheld devices producing results in 20-30 mins and is self-administered. The test is deemed 60-70% accurate in picking up a positive result. Evidence shows that 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms.

The requirement is for members of staff to test themselves at 3/4 day intervals (twice weekly), the test will either show negative, positive or inconclusive. If negative the member of staff continues to test at the suggested intervals; if inconclusive, the test is repeated; if positive, the member of staff will contact their line manager to be referred for PCR testing in line with current process to confirm the result. In the meantime the staff member will remain in isolation until the result is confirmed. Each staff member is required to record their result on each occasion using an online form. This is not a compulsory test and staff are not obliged to take part but, to date, there has been a great enthusiasm and take up of the kits. Full roll out across the Trust has now been completed.

4. Covid- 19 Vaccine

The Trust established a project group at the end of November to prepare for the first phase distribution of the Pfizer C19 vaccination. The Senior Responsible Officer for the project is the Trust Medical Director and he is supported by the Chief Pharmacist. Initially the Trust were expecting to work with local acute hospital partners for our front line staff to receive their vaccination, however whilst York Hospital were able to support this Hull University Teaching Hospital were then unable to accommodate this. The Trust therefore has undertaken work to prepare to vaccinate our staff in our Hull and East Riding of Yorkshire services. A suitable refrigeration facility to manage the Pfizer vaccine which requires storage at minus 80C has been obtained by the Trust. Staffing, training, systems and processes have all been organised to commence the vaccination programme in January 2021. The site that our vaccination programme will take place is the Trust lecture theatre at Willerby Hill. Works have been undertaken at the lecture theatre which will allow us to receive up to 9 staff at one time into vaccination pods purposely designed to conform to infection control standards. Upon confirmation of a date to receive the vaccination, the Trust will open the staff booking system to allow self-booking for the vaccine for frontline and staff in vulnerable groups initially. In the meantime the facilities which have been set up are being used by Harthill Primary Care Network from 6th January 2021 to vaccinate their priority patient population (this includes two of the Trusts GP practices)

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment. The Department of Health published a "Personal protective equipment (PPE) strategy: stabilise and build resilience" This strategy set out how the UK government is moving beyond the emergency COVID-19 response to stabilise and build resilience. It detailed how the government prepared for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures, that it has secured enough supply for this winter period and that the processes and logistics are in place to distribute PPE to where it is needed.

Our infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. Revised national infection prevention and control (IPC) guidance was issued on 20th August 2020. The guidance outlined the IPC measures to be taken in an effort to support the remobilisation of our healthcare services. The guidance was applicable to all our clinical settings including mental health and learning disability services, community services and primary care areas. All inpatient areas have been assessed and categorised (high, medium or low risk) in accordance with the guidance and this has been communicated to all areas. All of this is predicated on the importance of maintaining the focus on our “back to basics” and “stop, think, socially distance” campaigns. There is recognition that staff have been following this guidance for several months now and that we need to continue to be vigilant and put supportive measures in place to maintain compliance such as ensuring that breaks are taken regularly.

6. Safe Working in our Environments

In accordance with the Government published guidance ‘Working safely during coronavirus (COVID-19)’ which included recommended measures to be carried out to minimise the risks associated with the transmission of the virus within the workplace. The estates safety team have completed a programme of site visits and assessments across all trust sites and immediate remedial works have been undertaken to ensure that all of our sites are compliant with the requirements.

A separate exercise has been undertaken in conjunction with the Infection Prevention and Control team to assess inpatient donning and doffing of PPE facilities. Whilst these are in place across the estate, adaptations were identified to facilitate the provision on a longer term basis, in some instances we have procured mobile units to accommodate space shortages. This exercise has now been completed and works have been undertaken to improve donning and doffing facilities.

Our Clinical Risk Environment Group (CERG) continues to be focussed on ensuring that clinical areas are optimised further where necessary to meet and comply with infection control requirements being in place over the longer term, it is supported by clinical staff, infection control and estates advice. By putting all of these measures in place this has resulted in reduced office and clinical space being available. To assist with this, safe bookable space has been made available as we understand the importance of staff coming together for some activities i.e. appraisals, clinical supervision, however this needs to be balanced with the need to maintain infection control requirements.

7. Covid-19 Risk Register

The operational risk register developed to support the Trust’s business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at a command meeting each week to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full Covid-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust’s key risks at this time. The highest-rated risks held on the Covid-19 operational risk register are described below:

COVID- 19-19 Risk Register (current risk rating 15+)

Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and	16	16
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8. Staff Health and Wellbeing

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

Our staff have now experienced and worked through a second wave of the virus and are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A continuing rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety. Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources via the “ShinyMind” app. A plan to introduce a Resilience Hub to support frontline staff has now been supported by the Humber Coast and Vale Integrated Care System and mobilisation of this service has now commenced, this will provide 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. Regular Covid-19 updates continue to be issued to all staff containing guidance from the Trust and Government along with relevant updates from our stakeholders. Frequent “Ask the Exec” sessions have been held and the next one is due to take place on January 28th, these continue to be received well with around one hundred staff attending.

Work has continued to be undertaken to support those staff who are working from home. Our remote working policy has been revised and approved. It includes a risk assessment that is being offered to all staff who are working from home. Arrangements are already in place for staff to be supported with equipment if they need it and the importance of contact with managers and other team members is vital and reinforced.

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

9. Covid-19 Clinical Advisory Group

The Covid-19 clinical advisory group continues meet weekly to consider and address any clinical implications of the impact of the pandemic on our services. In November and December the group has focussed on:

- Providing clinical leadership to our flu campaign and promoting the need for peer vaccinators
- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Ensuring that our visiting guidelines are aligned with national guidelines.
- Reviewing clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

This group reports to tactical silver command and items are escalated to gold command as necessary.

10. Phase 2, 3 and 4 Planning - Recovery and Restore

Our Covid-19 Continuity of Service and Sustainability Plan has continued to be progressed at pace. This plan has utilised the NHS England/Improvement plan (NHS E/I) below for the management of the Covid-19 pandemic which has 4 phases as its underpinning framework.

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 74 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS planned for issue late April 2020	Letter to NHS / light touch planning guidance planned for issue late May 2020	Planning guidance planned for issue December 2020

During November and December as part of the NHS North East and Yorkshire Phase 3 Covid-19 planning and delivery the Humber Cost and Vale Integrated Care System (ICS) has undertaken further work to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/21. Focus has continued to be on acute hospital trusts elective activity along with some national mental health pressures e.g. Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Central to this planning is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too. Guidance was received by the Trust in late December relating to Phase 4 planning requirements and work is now underway to respond to this.

The Trust continues to work closely with our system partners across a wide range of forums and is focused generally on our plans to achieve an ongoing Covid-19 response, restoration of all usual activity and the anticipated usual winter pressures. Our services continue to support the care home sector across our patch by working closely with our local authority partners. The community services in Scarborough, Ryedale and Whitby remain focused on effectively supporting the acute hospitals to achieve timely discharge in line with the updated national guidance.

Local Outbreak Control Plans, led by Directors of Public Health working with Public Health England local health protection teams and working with Local Resilience Forums are now in

place. These plans have been tested through EPRR scenario planning events and the Trust has participated in those. Outbreak Engagement Boards have been established in local authority areas.

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress has been made to develop Covid-19 resilience hubs which will coordinate the emerging mental health demand and need, initially these will be focussed on supporting frontline health and social care staff.

11. Conclusion

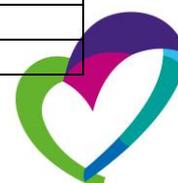
The Trust has continued to manage effectively the impact of Covid-19 within its ongoing EPRR and command arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the anticipated increase in demand alongside the expected winter pressures and the anticipated wave 3 of the virus expected in January 2021. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains highly impressive and we need to continue as an organisation to demonstrate how much this is appreciated.

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 14 th January 2021			
Title of Report:	EU Exit Preparations			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	<p>This report is being brought to the Council of Governors to update on the Trusts preparations in relation to the EU Exit.</p> <p>The Council of Governors are asked to note the position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	✓		
			Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> The Trust has an established Brexit group to specifically deal with operational readiness for exit from the European Union. There are seven areas of activity that have been focussed upon by the Brexit group A multi layered national approach has been adopted to secure the supply of medicines and clinical consumables. A deal by the UK and EU was agreed on the 24th of December 2020, implications for the NHS are highlighted in the body of report. 			

Monitoring and assurance framework summary:

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



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



EU Exit Preparations January 2021

1. Introduction and Purpose

This report is being brought to the Council of Governors to present an update of the Trust's readiness and preparation for Brexit.

2. Background

The Trust has an established Brexit working group (*chaired by the Director of Finance as Senior Responsible Owner*) who have continued to meet during the transition period with regular updates to Executive Management Team and Trust Board.

Previous guidance has identified seven areas of activity and workstream leads for each area have been established as summarised below:

Workstream	Workstream Lead
Supply of Medicines and Vaccines	Chief Pharmacist
Supply of medical devices and clinical consumables	Procurement Manager
Supply of non –clinical consumables, goods and services	Procurement Manager
Workforce	Senior HR Business Partner
Reciprocal Healthcare	Director of Finance
Research and Clinical Trials	Assistant Director of Research and Development
Data sharing, processing and access	Information Governance Officer

3. National Planning

National contingency planning covers all four nations of the UK and is based on the previous “multi-layered” approach taken in previous plans.

The main focus is to mitigate any potential disruption to supply into the UK across all categories of medical supplies, including, but not limited to: medicines; medical devices and clinical consumables; clinical trials supplies; products of human origin (blood and transplant Page 2 items); vaccines and countermeasures and, nonclinical goods and services (NCGS) in support of health and social care providers.

This approach takes the form of the following:

- Re-routing away from the short straits
- Supporting ‘trader readiness’ for the new customs and border arrangements
- Buffer stocks of medical supplies where possible
- Warehousing
- Regulatory flexibility
- Shortage management response (including National Supply Disruption Response)



4. Trust Approach

Supply of Medicines and Vaccines

The Trust has followed the national directive and has continued to operate on the principle of 'Business as Usual'. The Trust has previously confirmed that it is not stockpiling medicines and vaccines and that there is approximately one week of stocks held by the Trust and six weeks of stocks held by wholesalers.

Supply of Medical Devices and Consumables (clinical and non-clinical)

The Procurement team have reviewed all contracts but the bulk of the work is being dealt with at a national level with advice from the national team to avoid duplication of effort with suppliers who have been engaged nationally.

Workforce

The Trust has approximately 25 EU nationals dispersed across multiple service areas. The Trusts HR team are supporting employees with applications for settled status, 5 of whom have already confirmed they have approved status.

Individuals have until the 30th June 2021 to make an application.

5. Brexit Deal Agreed

On December 24th the UK and European Union announced that they had agreed a trade deal setting out the terms of their future relationship when the post-Brexit transition period ends on the 31st December 2020.

A Brief Summary of what the deal means for the NHS is attached at appendix A, key headlines include

- Customs checks at Borders and paperwork to complete, so potential for delays and complications initially
- Reciprocal Healthcare agreements agreed
- Reduced barriers to facilitate medical research
- New points based immigration system, most healthcare workers will meet entry requirement, but most care workers will not.
- EU still assessing UK's data adequacy, so this is not included in the current agreement
- Agreement on fair approach to procurement

6. Recommendations

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



NHS impact of Brexit Deal

Supply of goods

- No tariffs and quotas on imports and exports, including medicines, medical devices and medical/non-medical consumables.
- But, to qualify for tariff-free access, UK goods will need to meet 'rules of origin' requirements.
- There will be new customs checks at the border and paperwork to complete, so there is potential for delay and complications at least initially.
- The EU and UK have agreed some customs cooperation and simplified forms to minimise the burden for 'trusted trader' businesses.
- There will be non-tariff barriers such as regulatory requirements, now that the UK and EU will not be obliged to adhere to the same standards in future. The deal includes an agreement that the UK and EU will recognise each other's inspections of manufacturing premises for medicinal products. But it does not include a mutual recognition agreement on conformity assessment, meaning that the UK and EU will both have to assess that products are safe to be authorised and marketed in their territories. They will not automatically accept each other's assessment.

Reciprocal healthcare for UK/EU citizens

- UK travellers to the EU, and EU travellers in the UK, will be able to get medically necessary treatment as they do now if they fall ill while abroad (EHIC or equivalent).
- Frontier workers (people who commute across borders to work) and their family members will also be covered for cross-border treatment.
- People needing pre-planned treatment such as dialysis or chemotherapy while on either side of the UK/EU border will be able to arrange in advance to have it paid for by their own country, without paying upfront themselves.
- Retirement pensions can be exported, aggregated and paid abroad.

Medical research

- The UK will be able to take part in the EU's scientific research and innovation programme, Horizon Europe, to collaborate on researching and developing cutting-edge treatments.
- UK and EU agree to facilitate movement of researchers with as few barriers as possible now that freedom of movement has ended.

Public health/health security

- UK and EU will collaborate/co-operate in warning each other and tackling health threats, though the UK will not normally have access to EU databases and will not retain membership of the European Centre for Disease Prevention and control (ECDC).
- The UK can request access to the EU's Early Warning System (EWRS) on an ad hoc basis to tackle a specific threat.

Workforce

- Freedom of movement has ended, but there will be no visa requirements for short stays for holidays and business (up to 90 days).
- UK will implement new points-based immigration system for people wanting to come and work in the UK from 1 January. Most healthcare workers will meet the entry criteria but most care workers won't.



- No regression for fundamental rights at work, occupational health and safety standards and fair working conditions. The rules may diverge in future and there is no requirement to align going forward, but it should not result in lower standards than at present.
- Mutual recognition of professional qualifications ends. UK has unilaterally decided to continue to recognise EEA qualifications for up to two years, but no reciprocity.
- The agreement sets up a mechanism to facilitate potential future mutual recognition between the UK and EU competent authorities, but will require further detailed agreements and procedures.

Data transfer

- The EU is still assessing the UK's data adequacy so this is not included in the agreement.
- While awaiting the outcome of the assessment, the EU has agreed to allow continued EU-to-UK data transfers from 1 January, initially for four months (extendable to six), to prevent organisations having to rely on alternatives such as standard contractual clauses.
- Both sides say they are committed to facilitating cross-border data flows. The deal prohibits either side requiring that data be stored or processed in their territory, and specifies there should be high standards of protection for personal data and privacy.

Level playing field, competition and procurement

- Both parties retain the right to adopt or maintain measures in respect of health services that receive public support or funding (e.g. the NHS) and privately funded healthcare services, not including private hospitals and residential care homes.
- Public procurement can include social, environmental and labour conditions as long as these apply equally to all.
- 'Non-regression' from current standards, so no immediate undercutting, and nothing to prevent either party adopting higher standards – but no requirement to align in future.
- 'Level playing field' – dispute settlement mechanism (not involving the European Court of Justice) in case of future disagreements about state aid or subsidies.



Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 14 th January 2021			
Title of Report:	Performance Report - Month 8 (November)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of November 2020.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Governance:		Date		Date
	Finance & Investment Committee		Executive Management Team	✓
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Other (please detail) <i>December Board Pack</i>	✓
Key Issues within the report:	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Cash in Bank - cash in bank has increased in month to £29.8m, the position includes one month's additional block income (£9.8m) and has increased in November as the Trust has been successful in resolving some aged debtors.</p> <p>EIP (14 Days) – The 14 day access standard was not met in October or November as a result of the cumulative increase in the number of referrals (<i>most likely due to the impact of Covid-19 on mental health and wellbeing</i>) and a reduction in staff availability due to vacancies, long term training and absence.</p> <p>As reported previously a recovery plan is in place which is focussed on increasing the available staffing resource through use of additional hours, use of bank staff and recruitment to vacancies.</p> <p>Performance has continued to improve in November and the expectation is that the recovery plan will continue to recover performance if staffing levels can be maintained.</p> <p>52 Week Waiting Times – in common with the National picture, the Trust's performance on waiting lists has been affected by the impact of changes in services as a result of the response to the COVID19 pandemic.</p>			



	<p>Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas, specifically for the autism diagnosis service which was effected by school closures leading to inability to access critical information to support making a diagnosis, older peoples memory assessment service and our department of psychological medicine service.</p> <p>Recovery plans are in place for all the areas with excessive waiting times and these are monitored via the Operational Delivery Group and Divisional Performance Accountability Reviews. Clinical pathways continue to be adapted to fully utilise digital opportunities to improve productivity whilst ensuring that clinical outcomes are optimised and good patient experience is maintained.</p> <p>This work is also being supported by bespoke capacity and demand modelling work provided by external expertise which will conclude in January. This will provide a deep dive into waiting times data and clinical pathways to enhance the work taking place. The Deputy Chief Operating Office is focussing on supporting all areas with long waits</p> <p>7 Day Follow Up – has reduced in month but remains above the national target. Work is underway to understand the cause of the reduction in performance and how performance can be restored to previous levels.</p>
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Monitoring and assurance framework summary:

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

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input type="checkbox"/>	Fostering integration, partnership and alliances
<input type="checkbox"/>	Developing an effective and empowered workforce
<input checked="" type="checkbox"/>	Maximising an efficient and sustainable organisation
<input type="checkbox"/>	Promoting people, communities and social values

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



Financial Year
2020-21

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Nov-20

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Nov 2020

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
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What are SPCs?	<p>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.</p> <p>SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>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.</p> <p>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.</p>
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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
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Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Nov 2020

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2020**

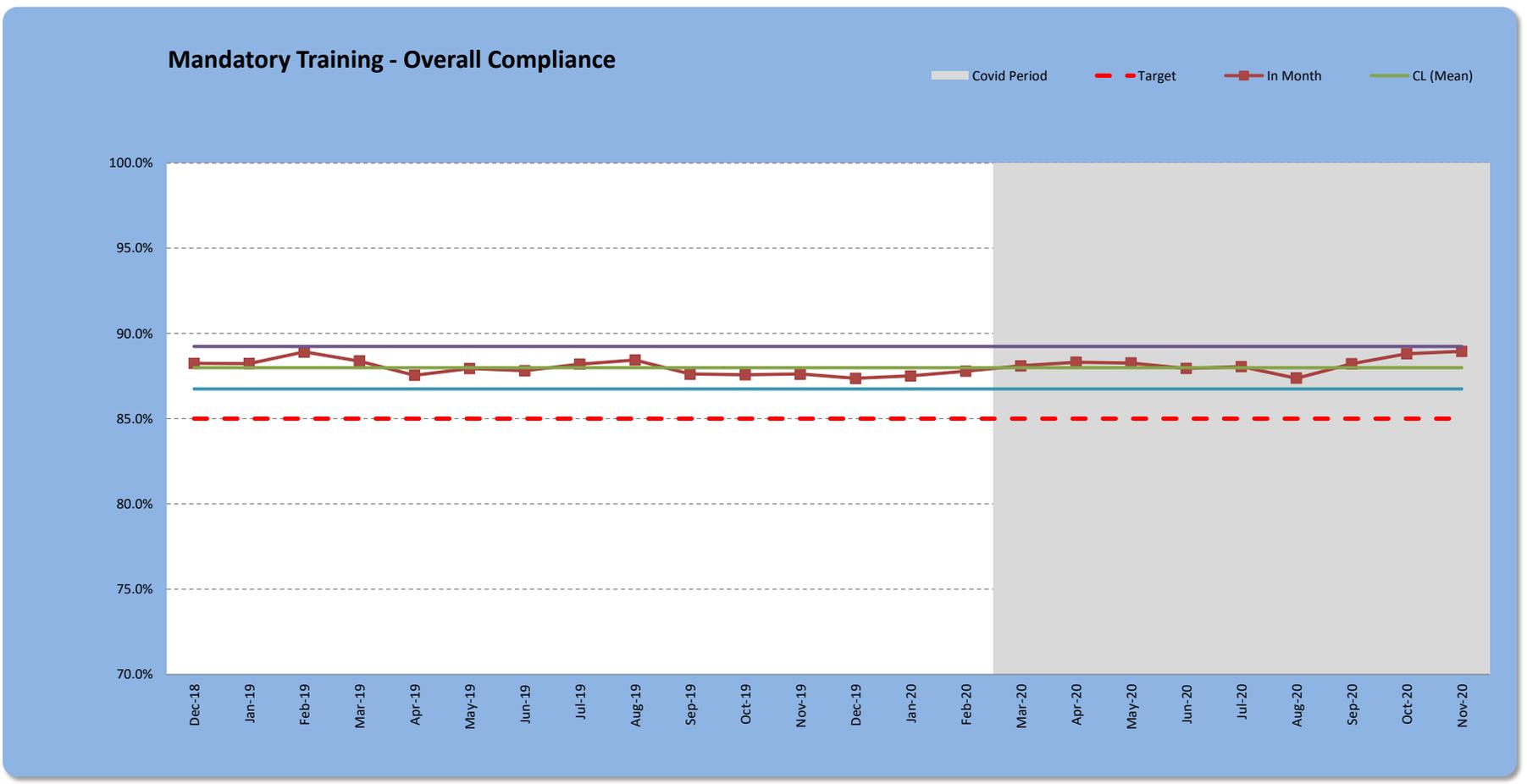
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above Target, remains at 89.2%

Target: 85%
 Amber: 75%
 Current month stands at 88.9%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2020**

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

KPI Type
WL 2 VAC

Narrative

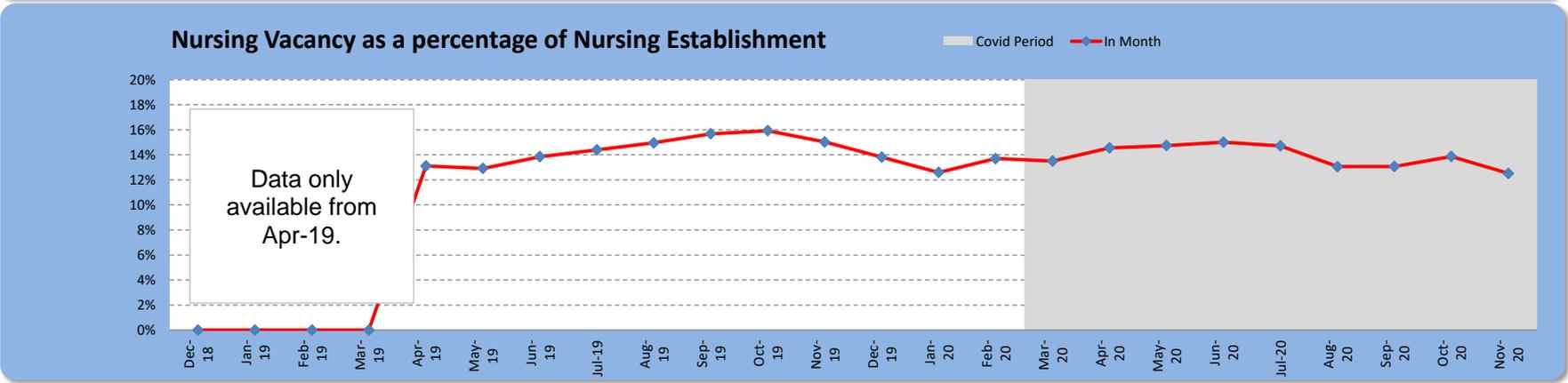
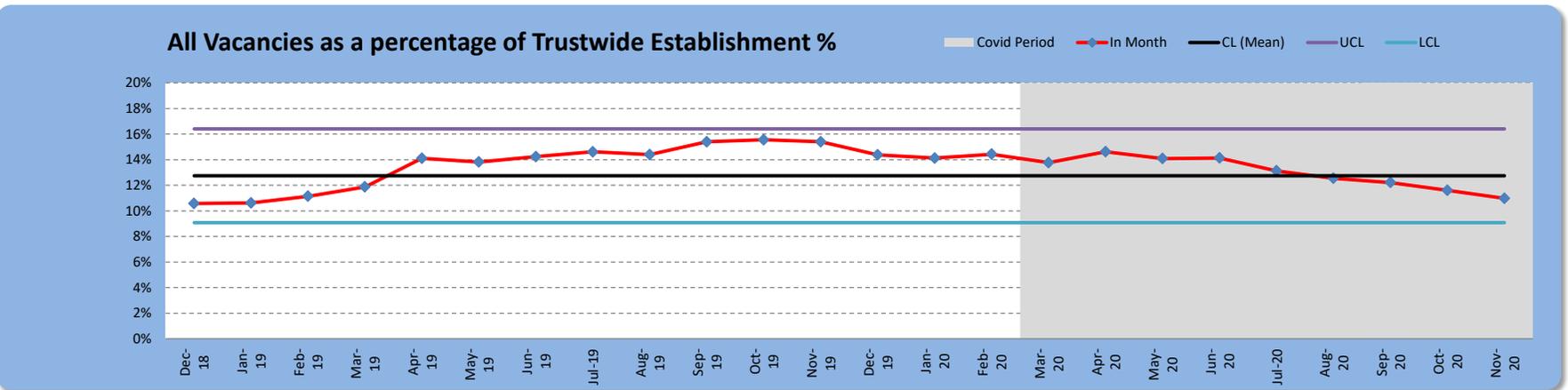
Vacancies dropped by 0.6% when compared to the previous reporting period.

Nursing Vacancy rate has decreased by 1.4% on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	2936.9	833.4
Vac	340.7	115.6
	11.6%	13.9%

Current month stands at 11.0%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2020**

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

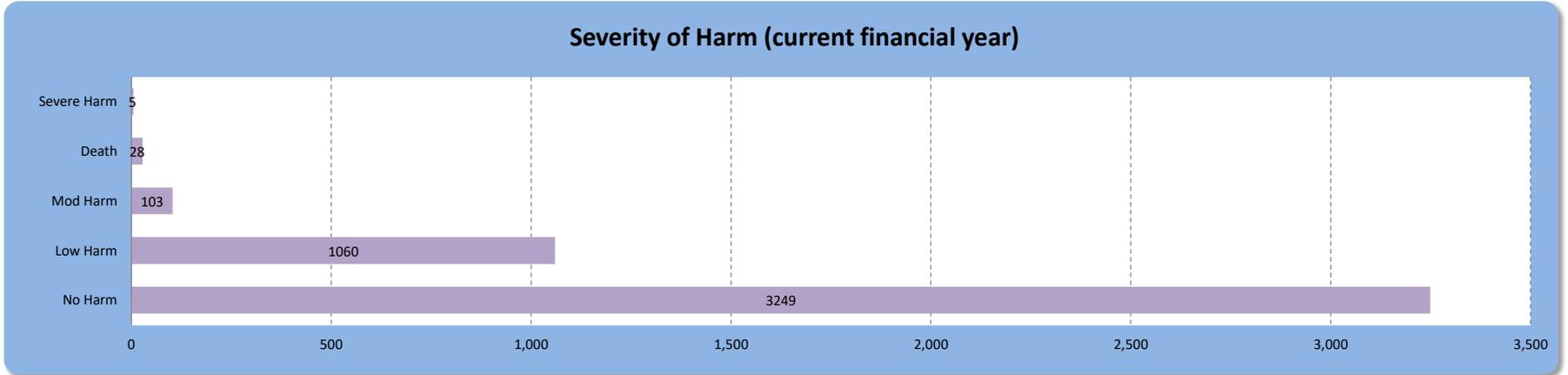
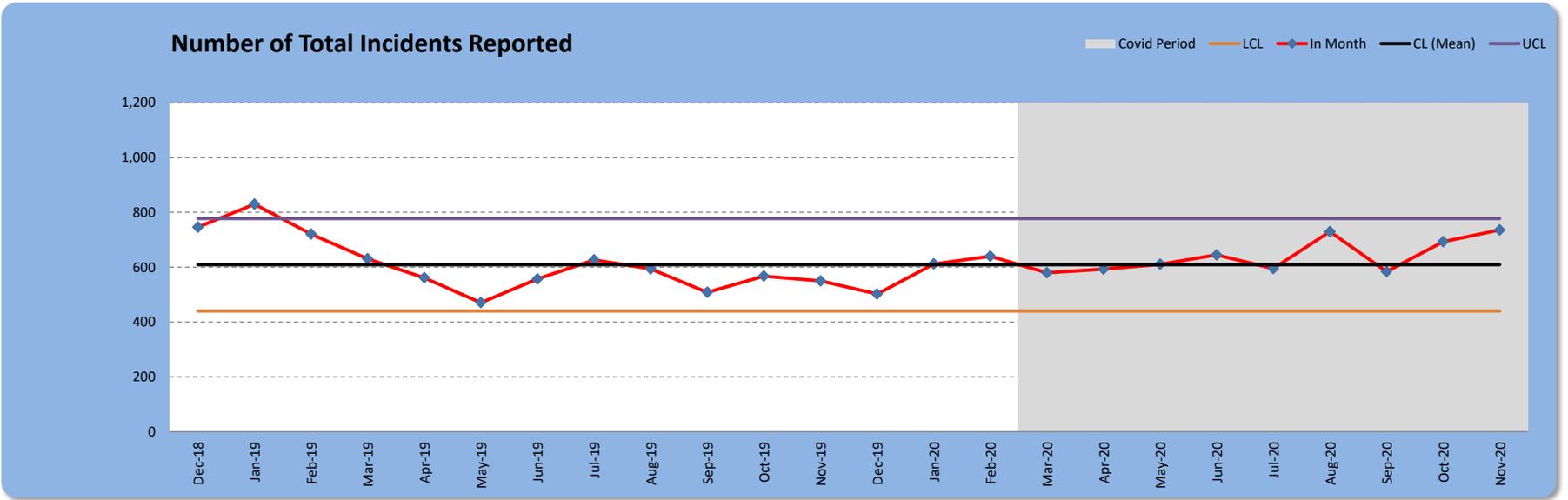
Narrative

Increase of 43 when compared to the previous month

UCL: 778
LCL: 441

Current month stands at 736

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



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2020**

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

Narrative

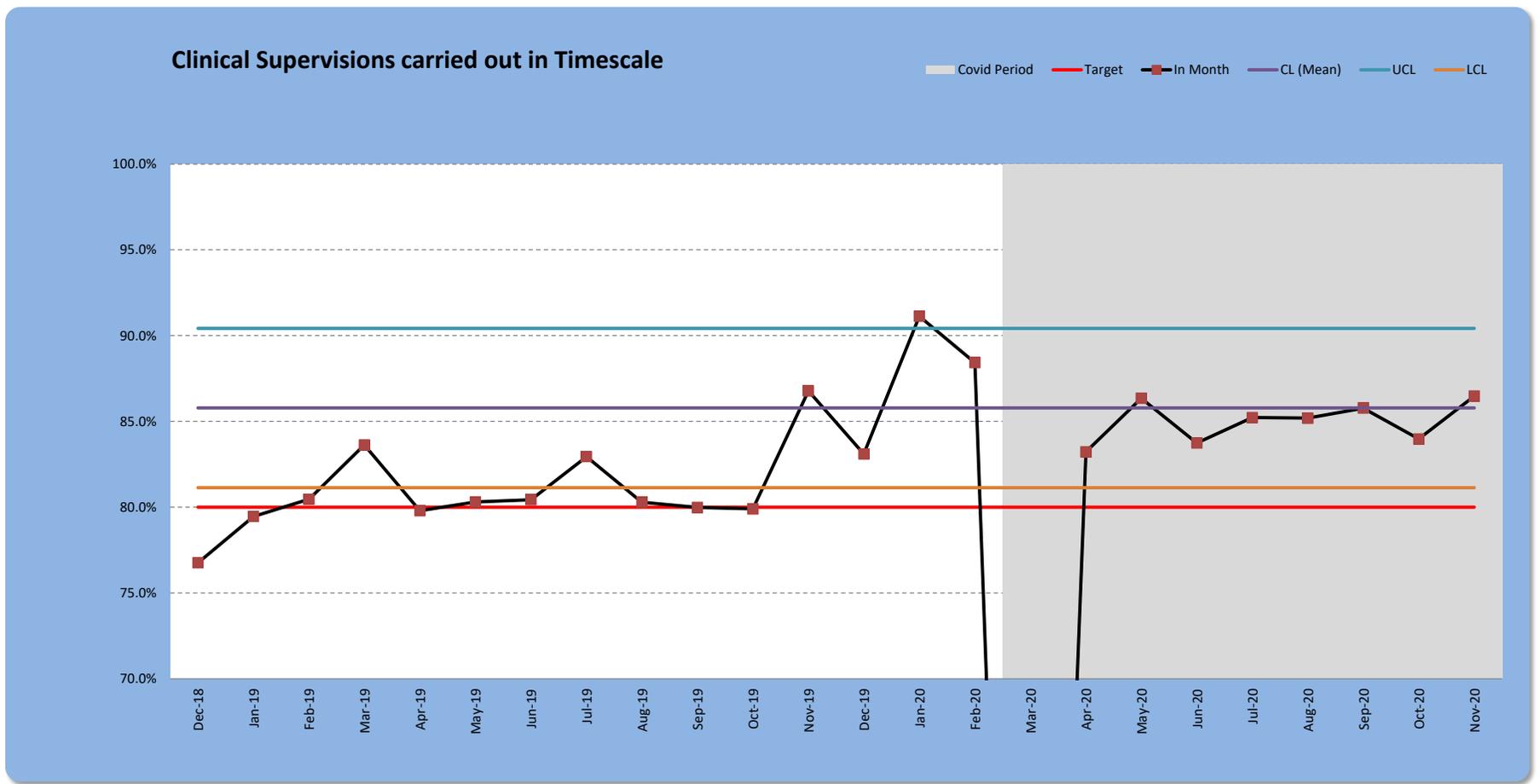
Performance has increased in November by 2.5%

No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.

Target: 80%

Amber: 75%

Current month stands at 86.5%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2020-21
Reporting Month:	Oct-20



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld) relating to Staff Availability	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Sep-20	Oct-20
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	32.8	82%	17.10	14.1%	↓	0.0%	→	77%	72%	97%	101%	0	11	0	0	82.9%	88.9%	76.9%	84.2%	2.1%	1.2	1	1
	New Bridges	Adult MH Treatment (M)	36.4	94%	9.21	19.8%	↓	3.9%	↑	67%	110%	63%	142%	0	0	0	0	63.2%	95.8%	77.8%	89.7%	8.9%	4.0	4	5
	Westlands	Adult MH Treatment (F)	38.6	96%	10.26	33.3%	↑	6.1%	↑	95%	121%	100%	138%	3	44	0	0	65.7%	86.8%	78.6%	84.6%	4.7%	0.4	2	2
	Mill View Court	Adult MH Treatment	27.4	81%	12.41	20.6%	↓	0.0%	↑	84%	91%	66%	132%	0	23	0	0	7.1%	93.7%	91.7%	81.3%	3.3%	3.8	4	2
	STARS	Adult MH Rehabilitation	24.8	13%	223.93	9.5%	↑	1.3%	↑	51%	37%	73%	68%	0	10	0	0	100.0%	86.5%	50.0%	72.7%	18.7%	-0.8	4	6
	PICU	Adult MH Acute Intensive	28.8	85%	26.15	46.4%	↓	12.6%	↑	71%	164%	99%	163%	1	109	0	0	83.3%	88.0%	72.7%	90.0%	9.3%	5.0	1	2
OP MH	Maister Lodge	Older People Dementia	34.2	97%	15.04	24.9%	↓	0.0%	→	67%	113%	103%	113%	0	45	0	0	95.3%	93.3%	90.9%	92.3%	3.4%	2.0	1	2
	Mill View Lodge	Older People Treatment	25.4	95%	13.79	18.1%	↑	1.7%	↓	93%	106%	97%	128%	0	5	0	0	96.2%	92.1%	71.4%	92.9%	2.2%	1.3	1	1
Specialist	Pine View	Forensic Medium Secure	26.7	86%	7.99	19.4%	↓	0.0%	→	88%	74%	100%	95%	0	0	0	0	100.0%	94.7%	100.0%	94.4%	6.3%	2.0	3	4
	Derwent	Forensic Low Secure	23.2	88%	17.71	47.3%	↓	0.0%	→	122%	87%	104%	179%	3	12	0	0	81.3%	89.2%	90.0%	80.0%	8.4%	1.4	1	1
	Ouse	Forensic Low Secure	24.1	84%	8.15	16.3%	↓	4.4%	↓	94%	85%	97%	106%	0	3	0	0	100.0%	98.2%	90.0%	94.1%	8.0%	1.4	1	1
	Swale	Personality Disorder Medium Secure	27.1	60%	13.21	38.9%	↑	0.0%	→	102%	72%	100%	117%	0	3	0	0	100.0%	94.0%	71.4%	100.0%	5.5%	-0.8	0	2
	Ullswater	Learning Disability Medium Secure	27.7	58%	15.43	15.1%	↑	0.0%	→	88%	112%	97%	93%	1	6	0	0	100.0%	95.4%	80.0%	94.7%	2.7%	1.0	3	0
Child & LD	Townend Court	Learning Disability	33.8	48%	26.28	30.0%	↑	0.0%	→	67%	89%	48%	127%	1	21	0	0	87.1%	90.7%	45.5%	96.0%	12.6%	4.6	3	4
	Inspire	CAMHS	43.9	82%	28.84	0.0%	→	0.0%	→	66%	78%	89%	87%	5	10	0	0	95.6%	91.1%	84.2%	96.3%	2.9%	3.0	0	0
CH	Granville Court	Learning Disability Nursing Treatment	47.7	Not Avail	n/a	26.3%	↓	0.0%	→	105%	95%	100%	106%	0	0	0	0	92.6%	89.1%	90.0%	76.2%	5.0%	1.0	1	0
	Whitby Hospital	Physical Health Community Hospital	30.7	37%	23.41	0.0%	→	0.0%	→	91%	81%	100%	100%	1	0	0	n/a	97.0%	96.7%	94.1%	64.7%	5.7%	1.6	1	2
	Malton Hospital	Physical Health Community Hospital	25.7	72%	12.10	Not on eRoster	→	Not on eRoster	→	86%	128%	102%	107%	1	5	0	n/a	100.0%	84.1%	72.7%	75.0%	4.4%	6.7	2	0

Exception Reporting and Operational Commentary

RAG ratings for Inspire have been removed until all beds are available. Planned establishment has been set at both Orion and Nova wards being fully operational. Until both units are open and functioning, the RAG rating has been stepped down.

During October the STARS team only had very low numbers of patients (between 2 and 4) including day patients on the ward. So whilst the fill rates look very low this reflects that at points during the month there were no patients on the unit over night. Once the service is properly established back on Beech ward the demand template will need to be adjusted to reflect the required minimum staffing levels for days and nights.

New bridges qualified fill rates do not include the aspirant nurses who were awaiting their PIN numbers and who were working as the second qualified nurse. They are included in the unregistered fill rate figures. They have now received their PIN numbers.

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

OBD RAG ratings for Safer Staffing (exc Specialist) are: Less than 87% = Green, 87% to 92% = Amber, More than 92% = Red
OBD RAG ratings for Safer Staffing for Specialist are: Less than 50% = Red and More than 50% = Green

Registered Nurse Vacancy Rates

Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%

Slips Trips and Falls

Rolling 3 months	Sep-20	Oct-20	Nov-20
Maister Lodge	1	6	2
Millview Lodge	7	1	2
Malton IPU	0	0	1
Whitby IPU	0	0	3

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Nov 2020

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

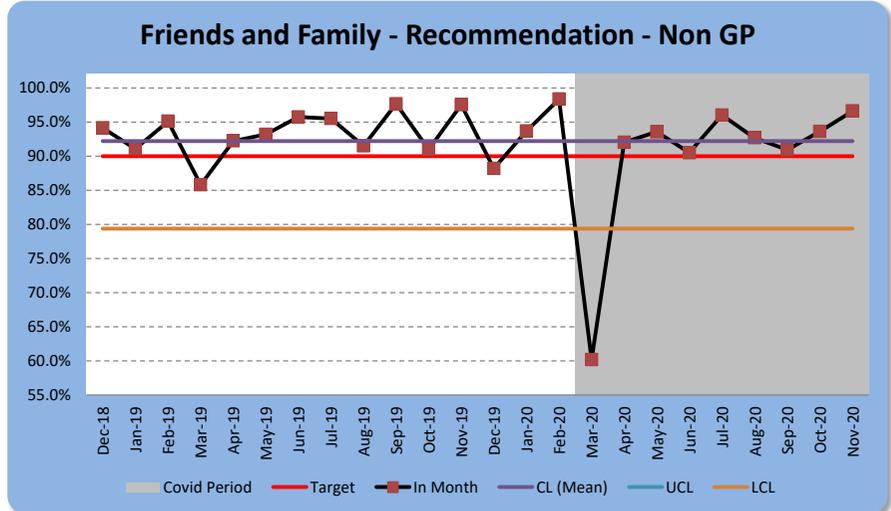
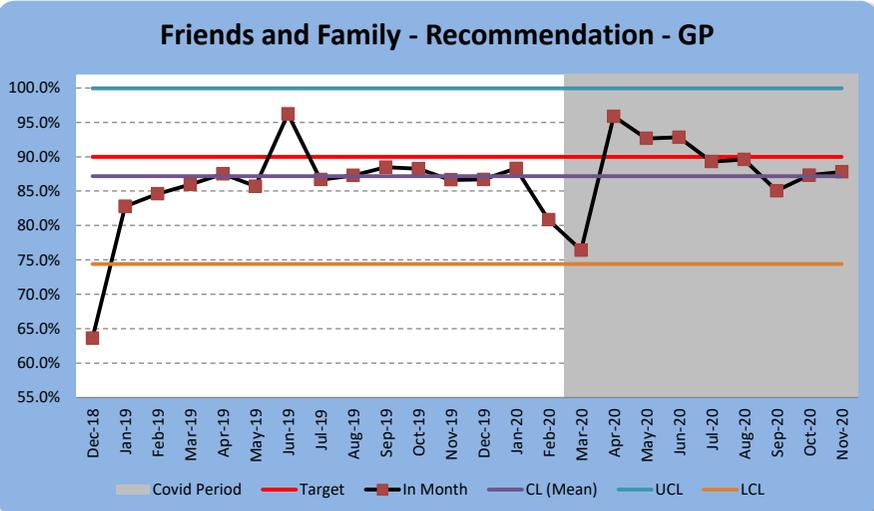
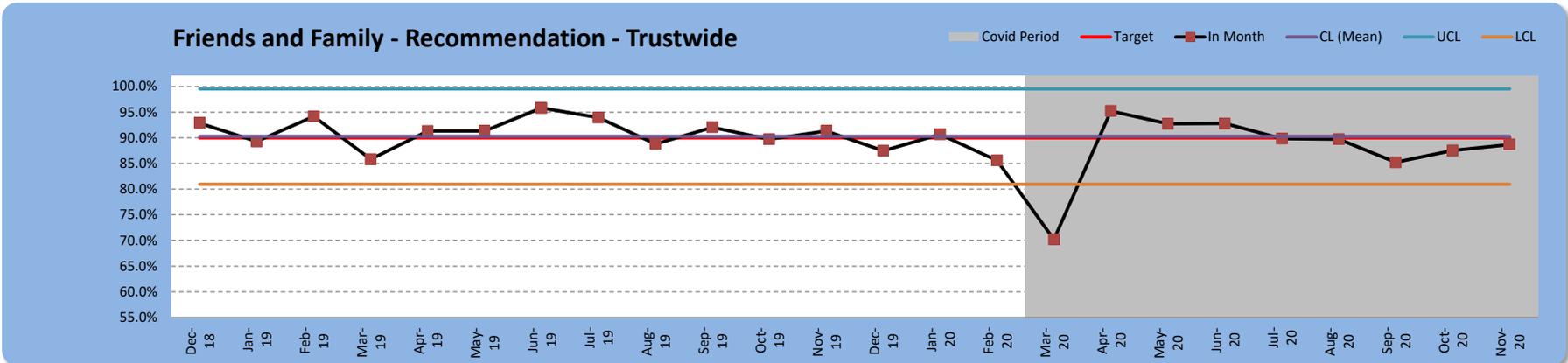
Narrative

GP Recommendation is below target for Nov-20 at 87.8% an increase of 0.5% when compared to the previous reporting month.

Non GP is above target at 96.6% for November which is an increase of 1.2%.

Target: 90%
 Amber: 80%

Current month stands at 88.7%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

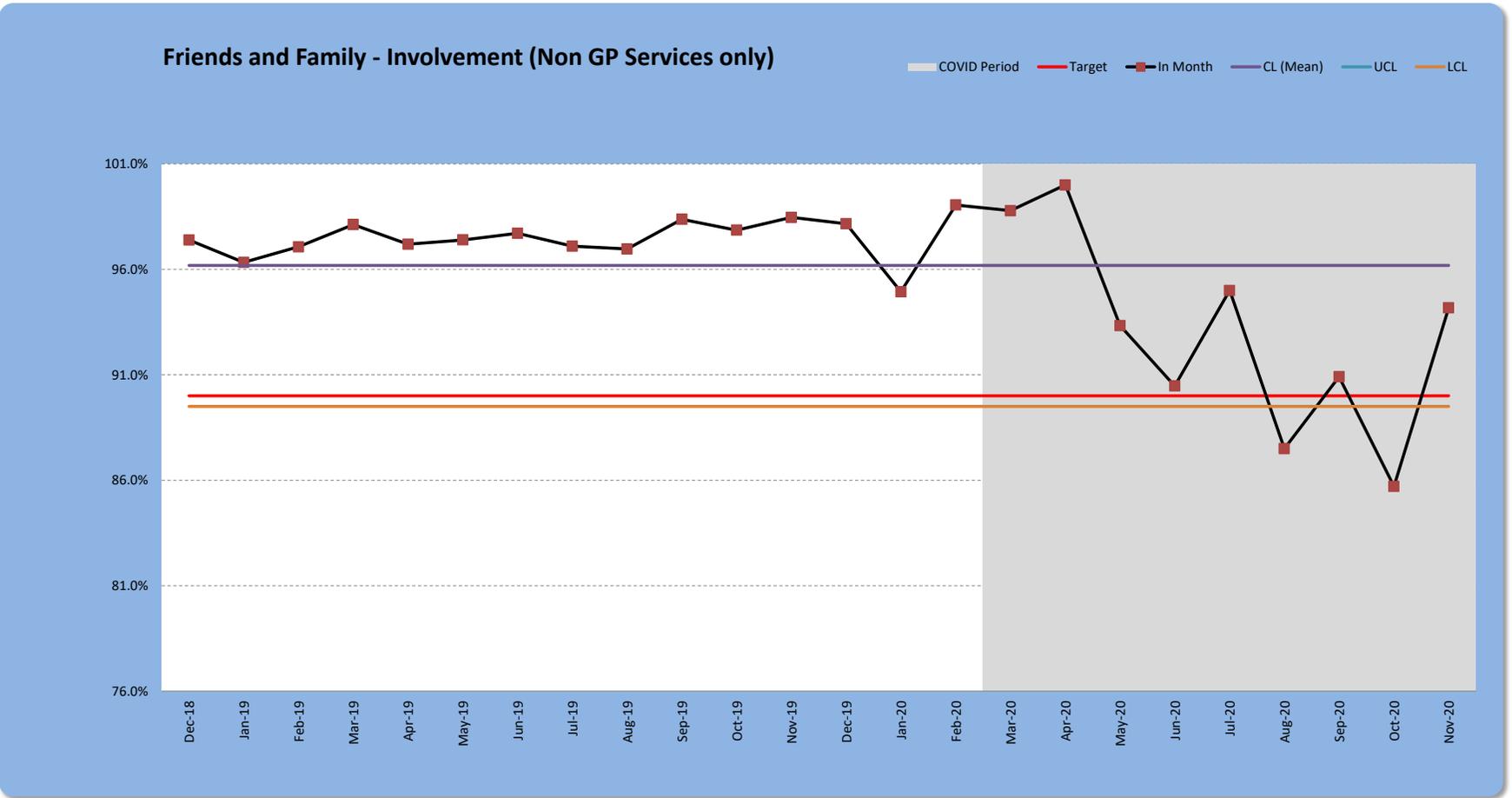
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has increased by 8.5% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 94.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 12

Narrative

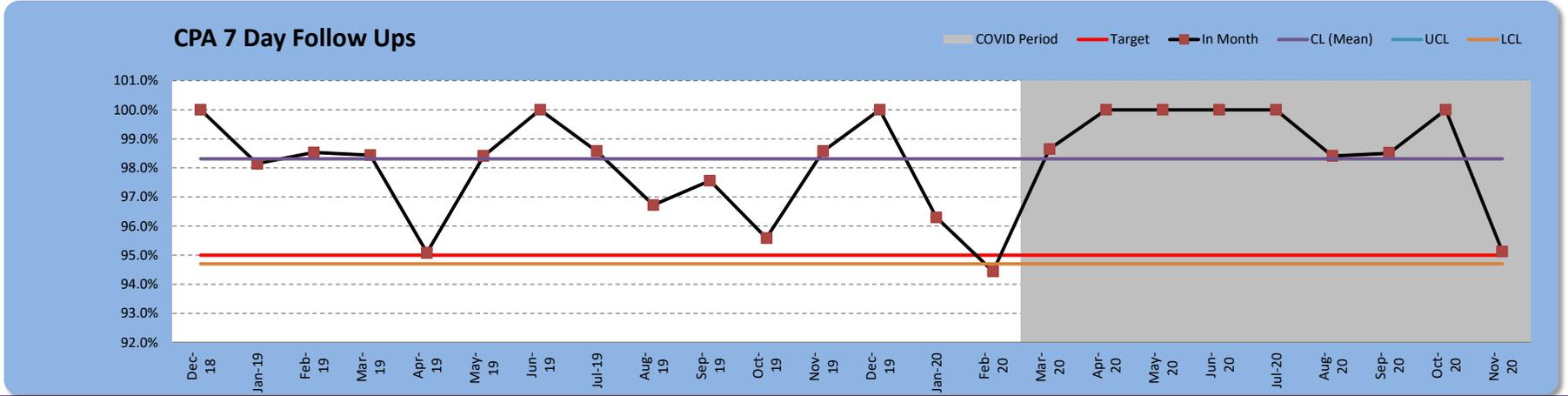
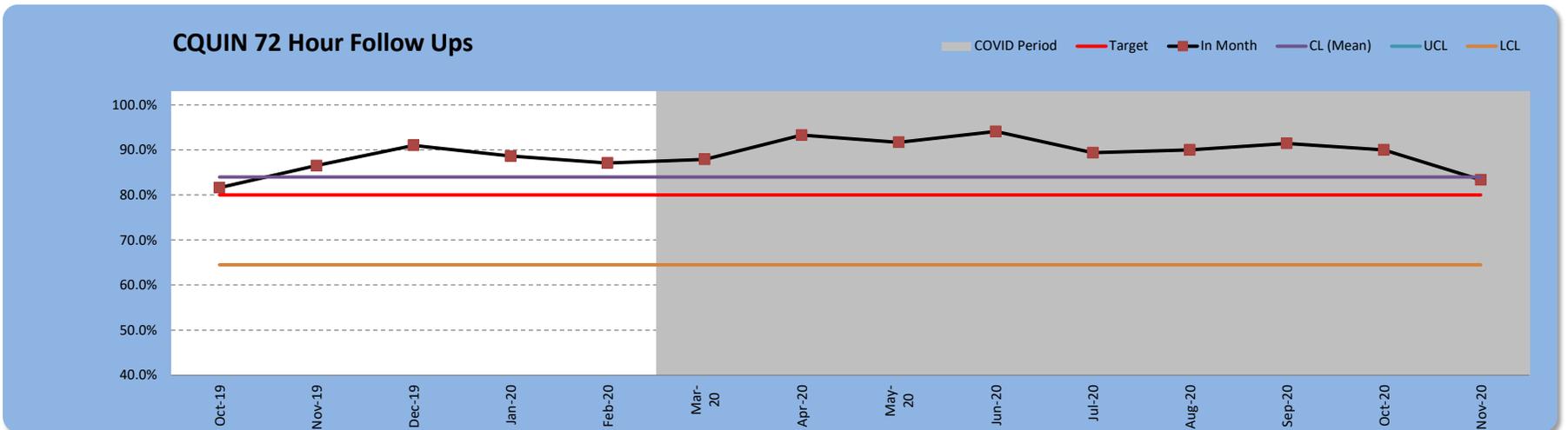
Both 72 hours and 7 day indicators are above target for November.

The 7 day indicator has reduced by 4.9% but remains above target.

Target: 80%

Amber: 60%

Current month stands at 83.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

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

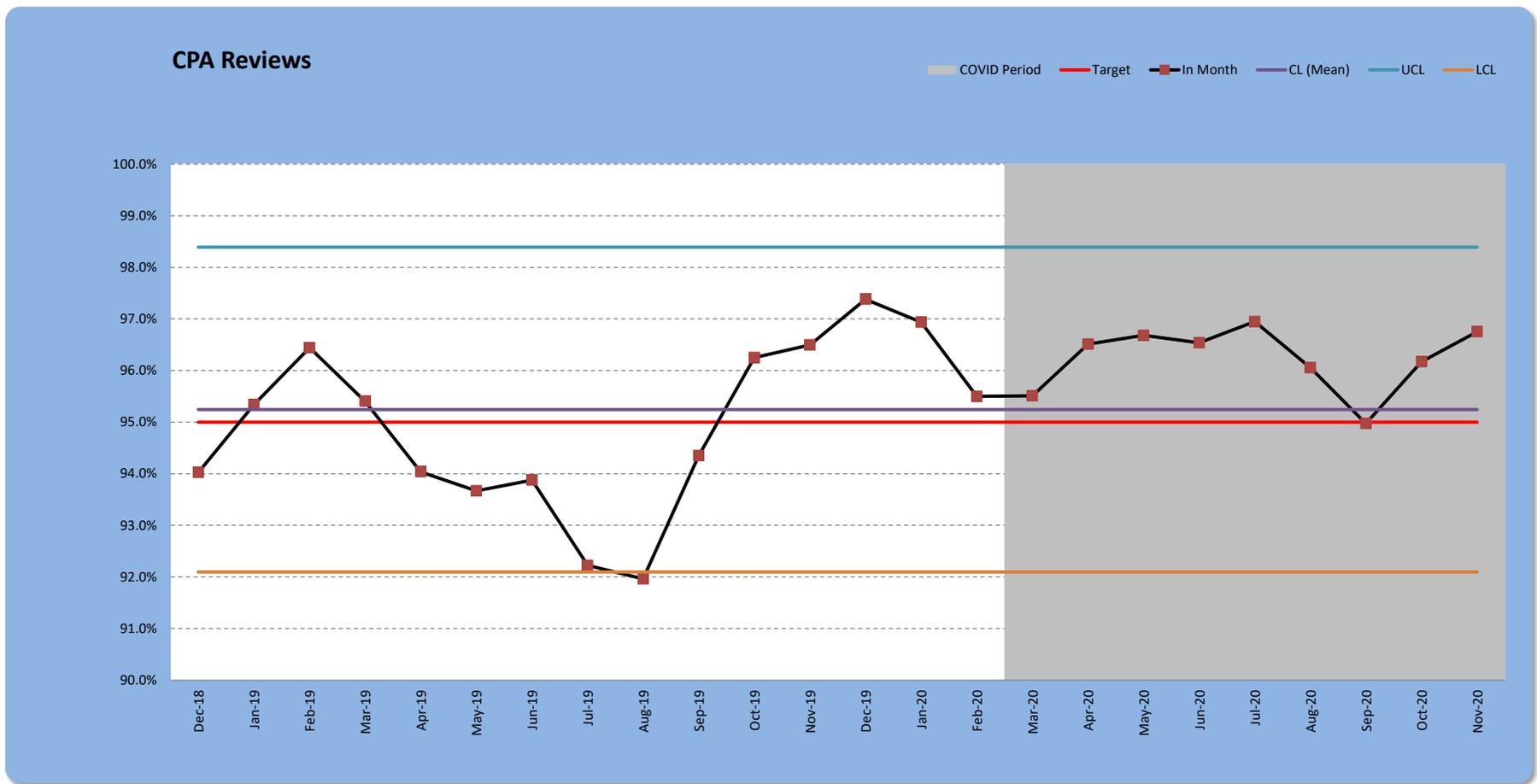
KPI Type
OP 7

Narrative

Performance has increased by 0.6% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

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

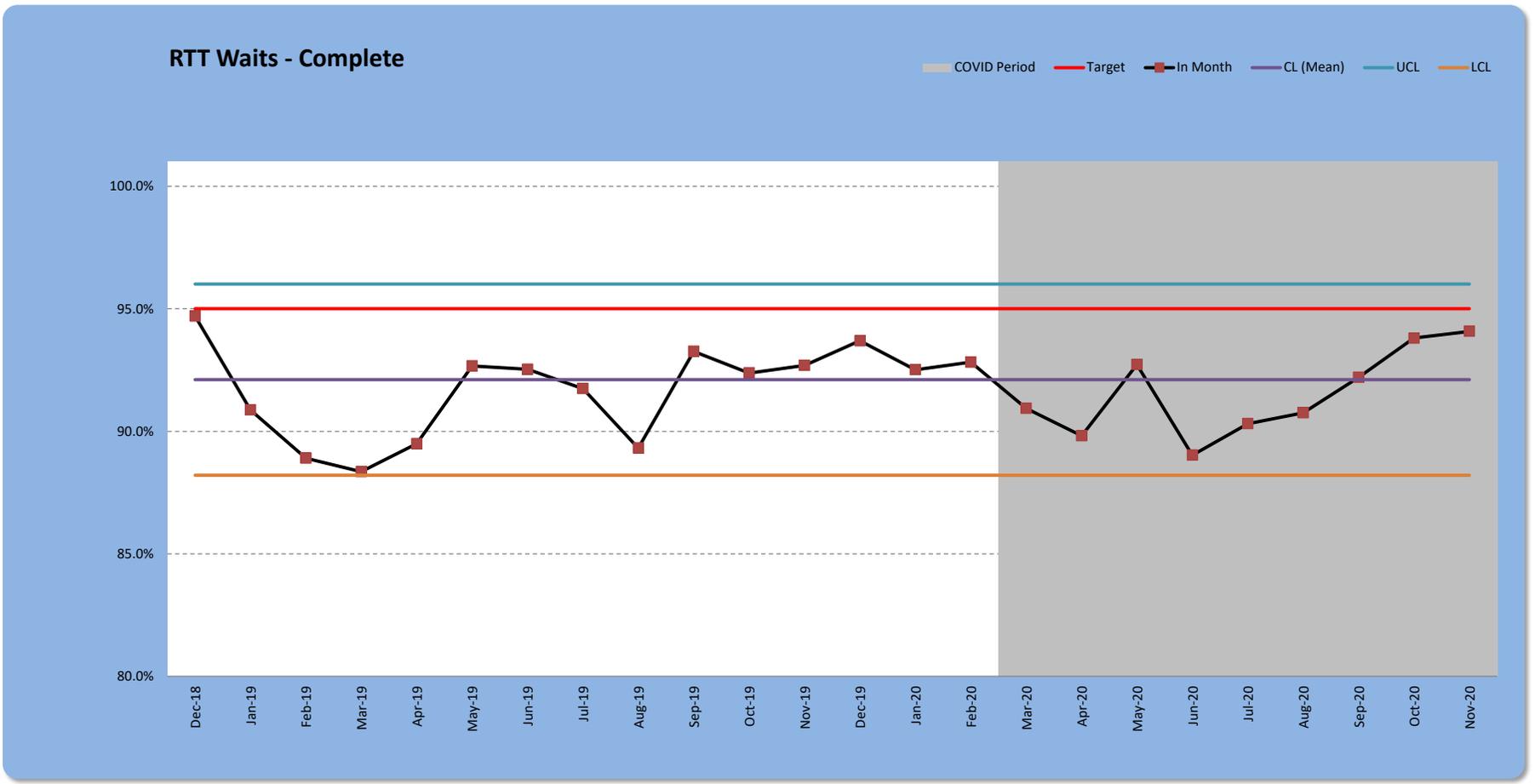
KPI Type
OP 20

Narrative

Increase of 0.3% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 94.1%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

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

KPI Type
OP 21

Narrative

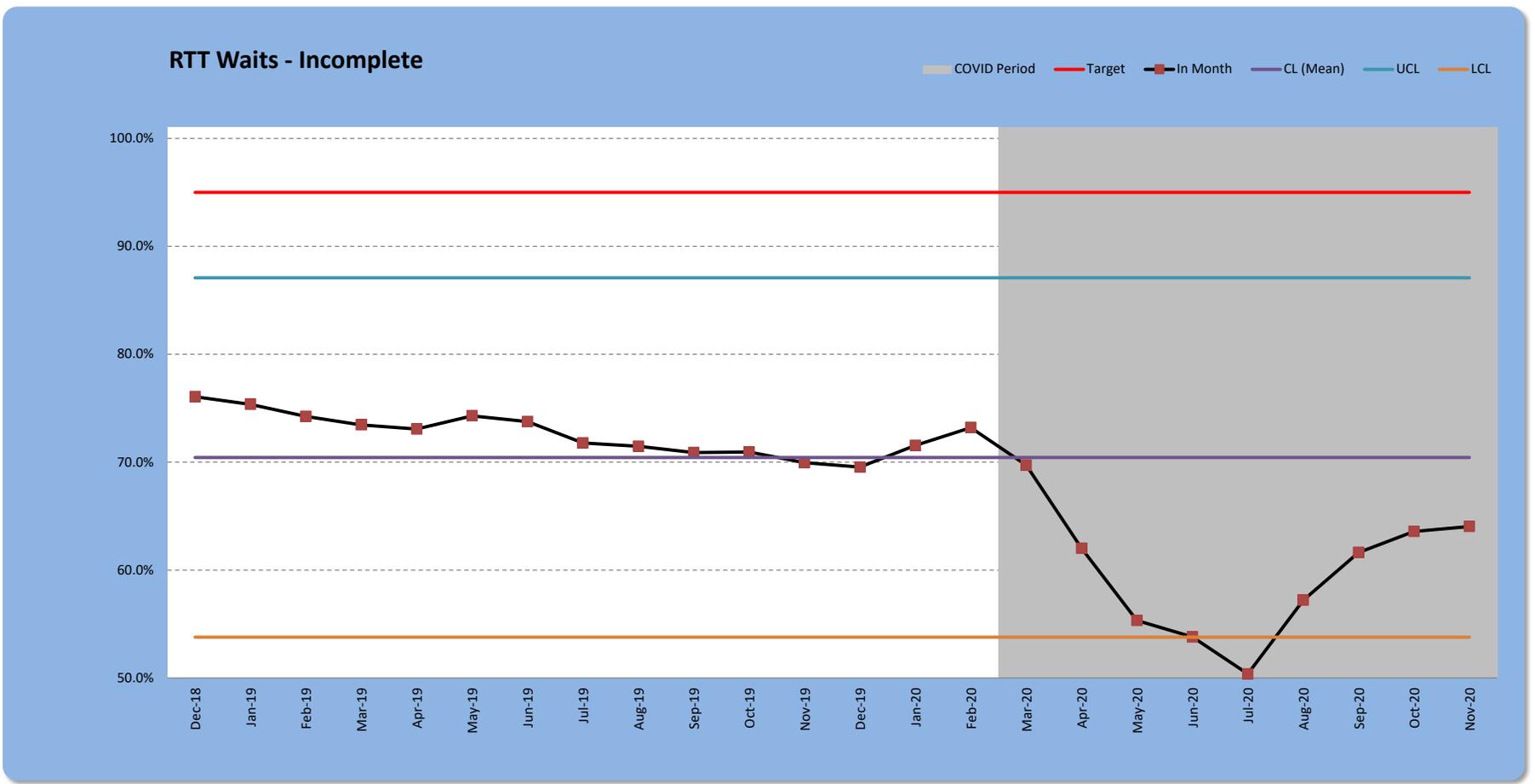
Low performance is Good.

Increase (Deterioration) of 0.4% when compared to the previous month but remains within the Control Limits

Target: 95%

Amber: 85%

Current month stands at 64.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

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

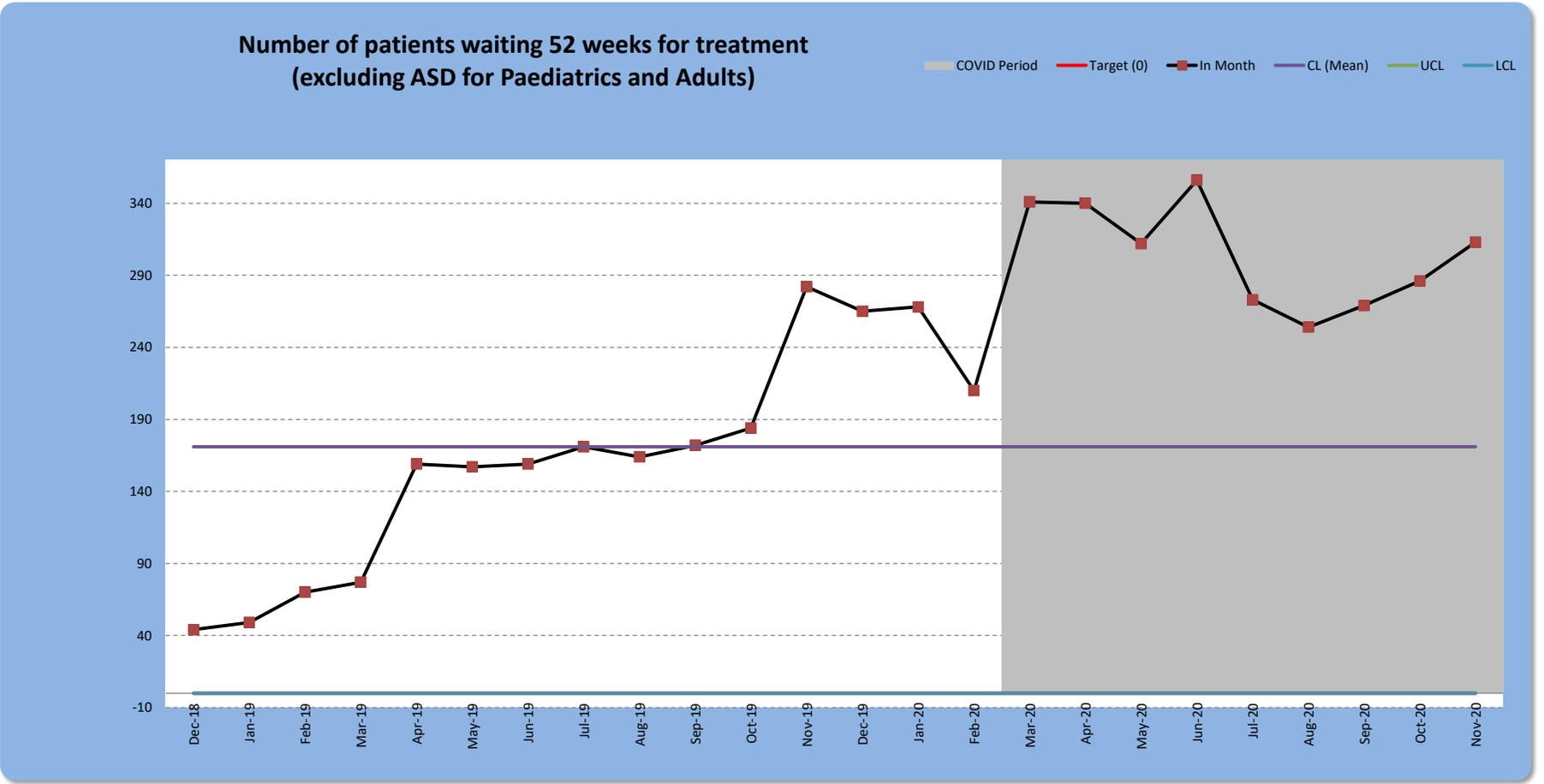
KPI Type
OP 22x

Narrative

Increase of 27 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 313



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

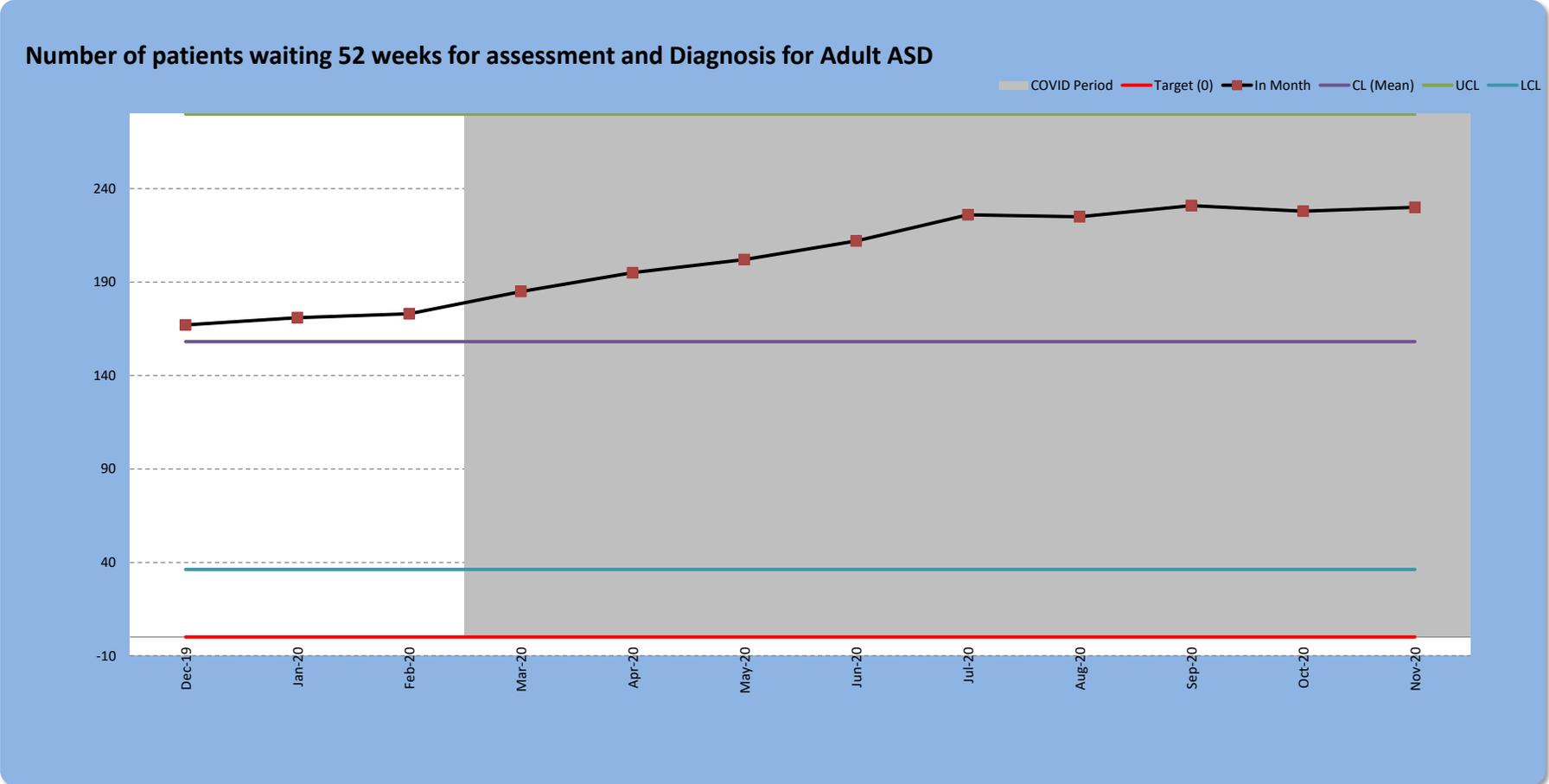
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increase of 2 when compared to the previous month

Target: 0
 Amber: 0
 Current month stands at 230



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

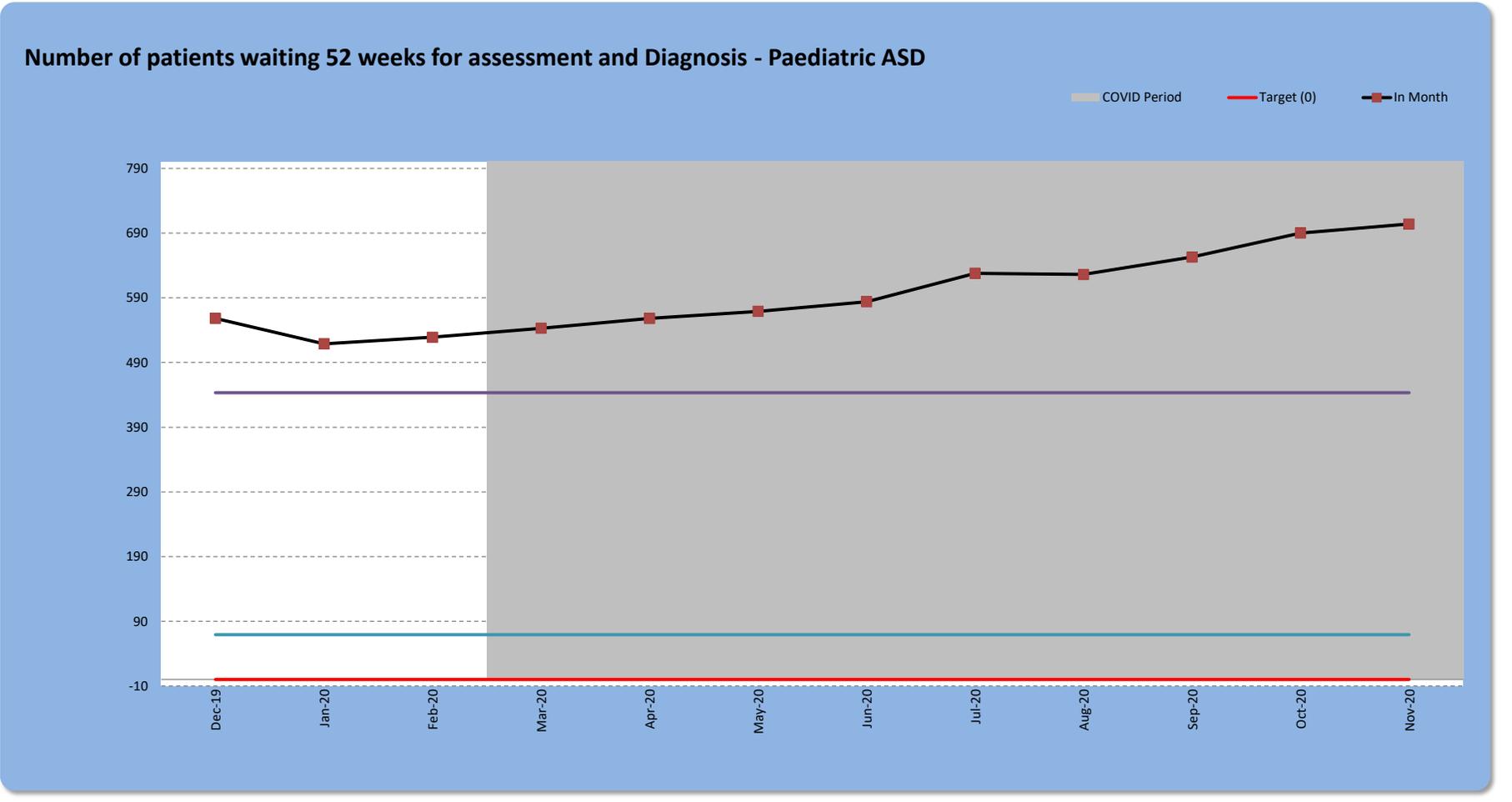
For the period ending: **Nov 2020**

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

Narrative

Increase of 14 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 704



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

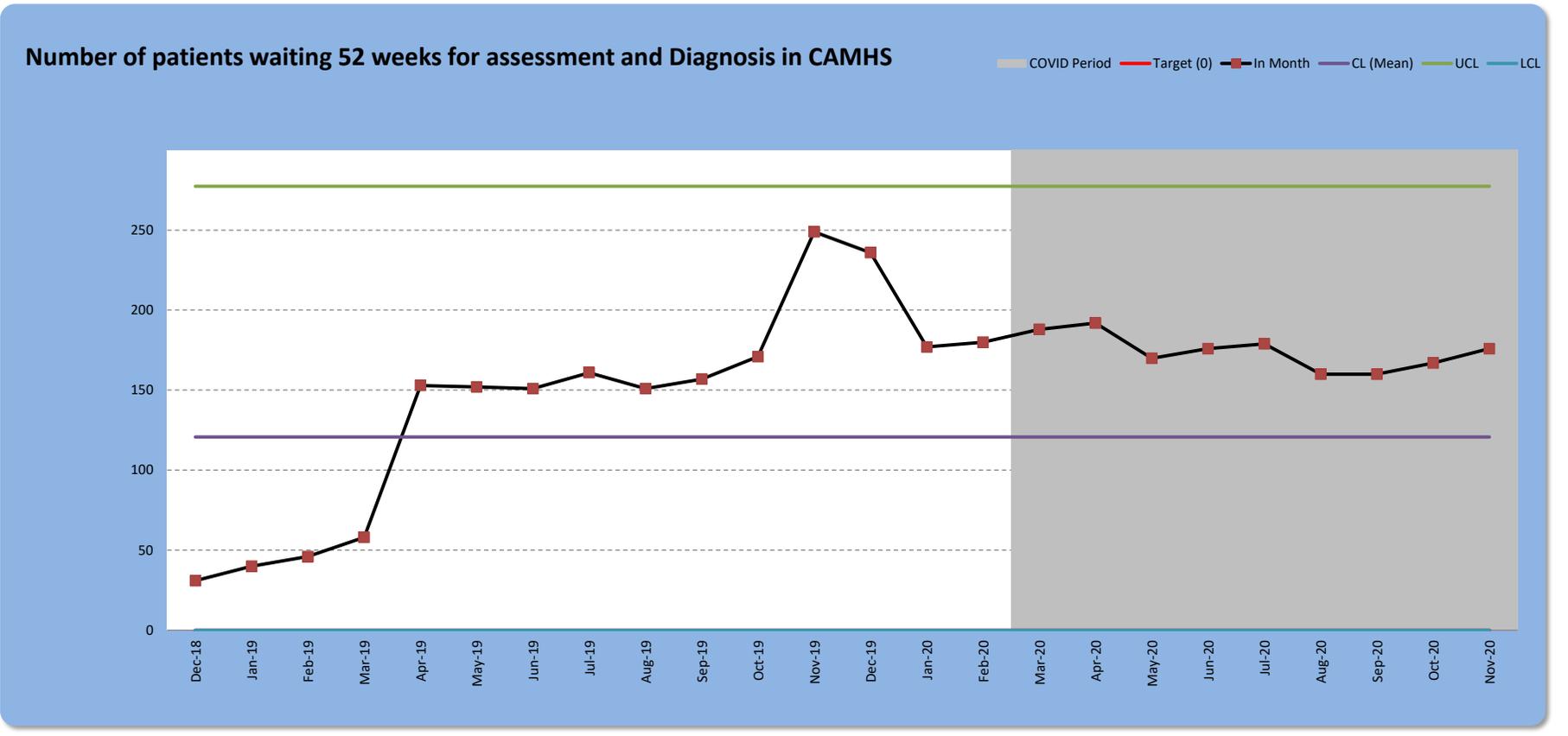
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 9 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 176



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

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

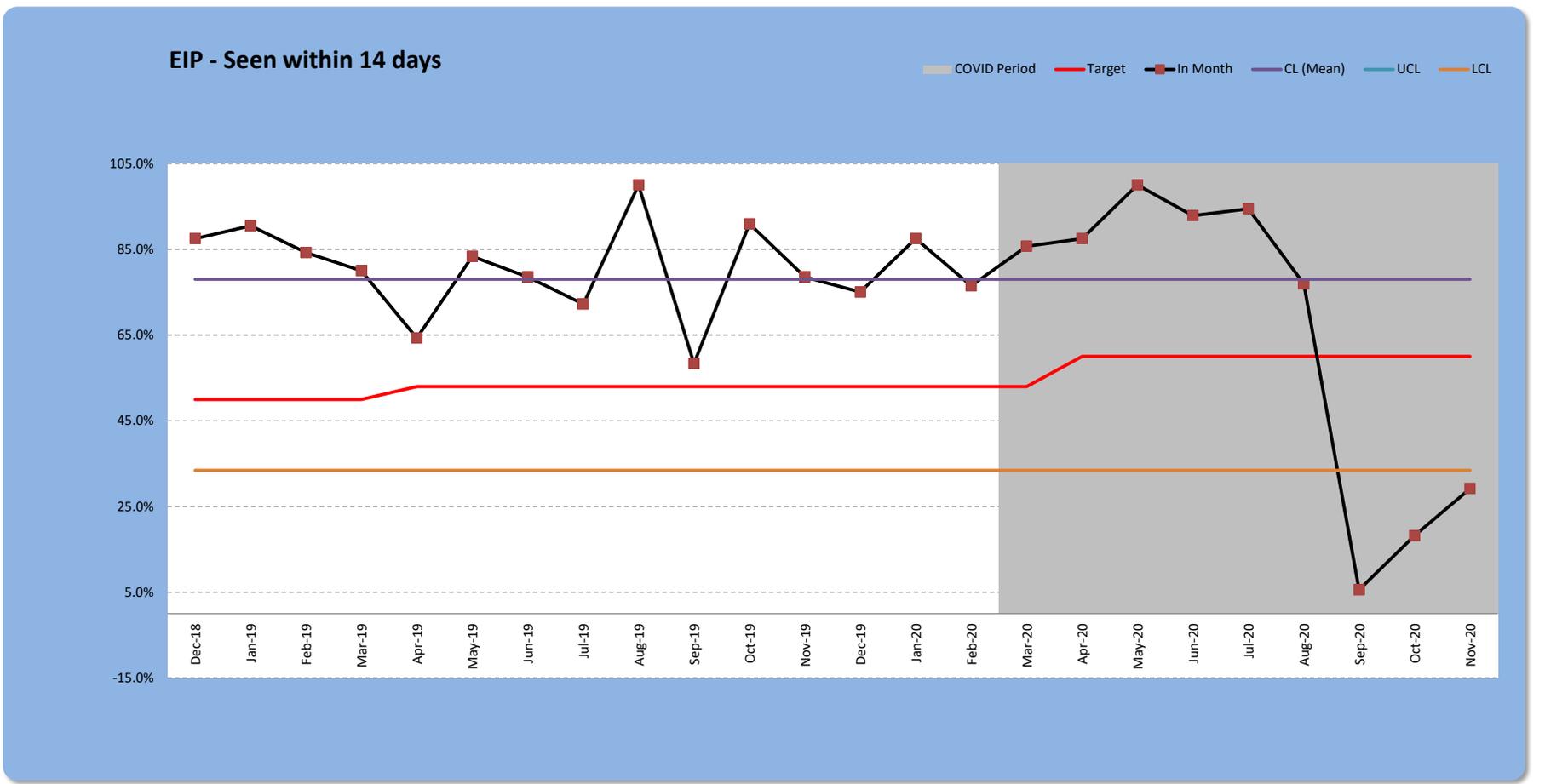
Narrative

Increased by 11% when compared to the previous month and remains below target.

Target has increased to 60% in 2020/21.

Target: 56%
Amber: 51%

Current month stands at 29.2%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

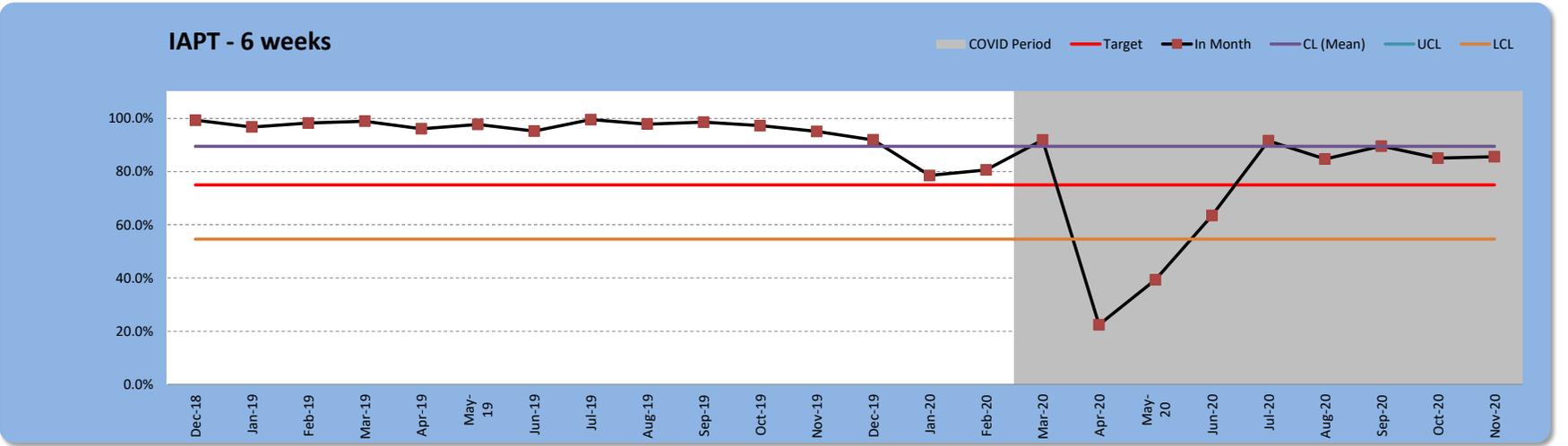
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

Narrative

Performance has increased by 0.6% and remains above the target of 75%

Target: 75%
Amber: 70%

Current month: 85.6%

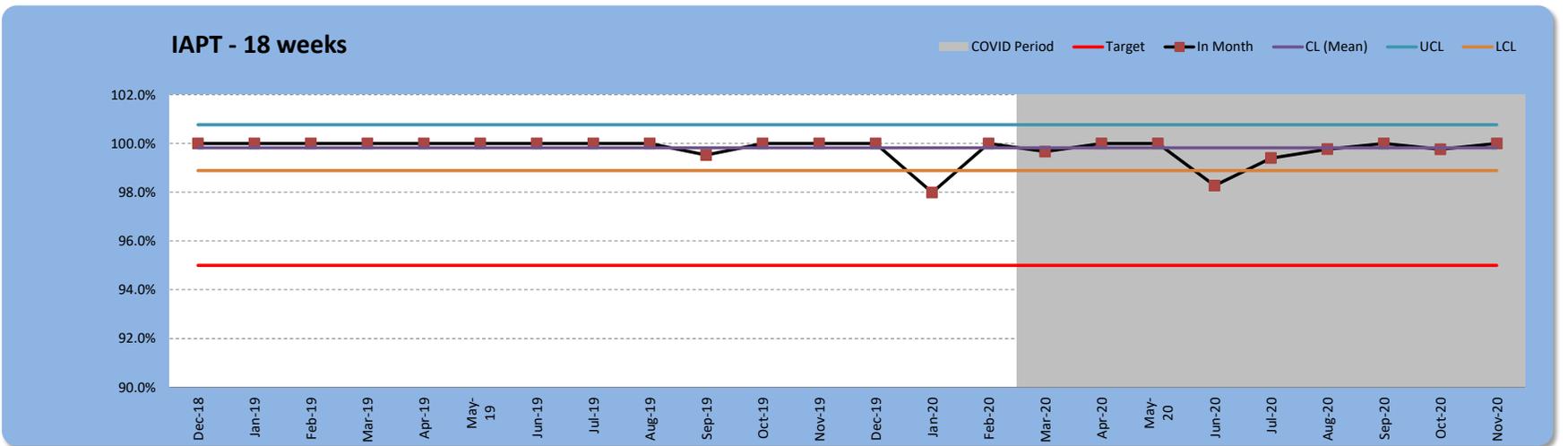


Narrative

Performance stands at 99.8% for November and remains above target.

Target: 95%
Amber: 85%

Current month: 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2020**

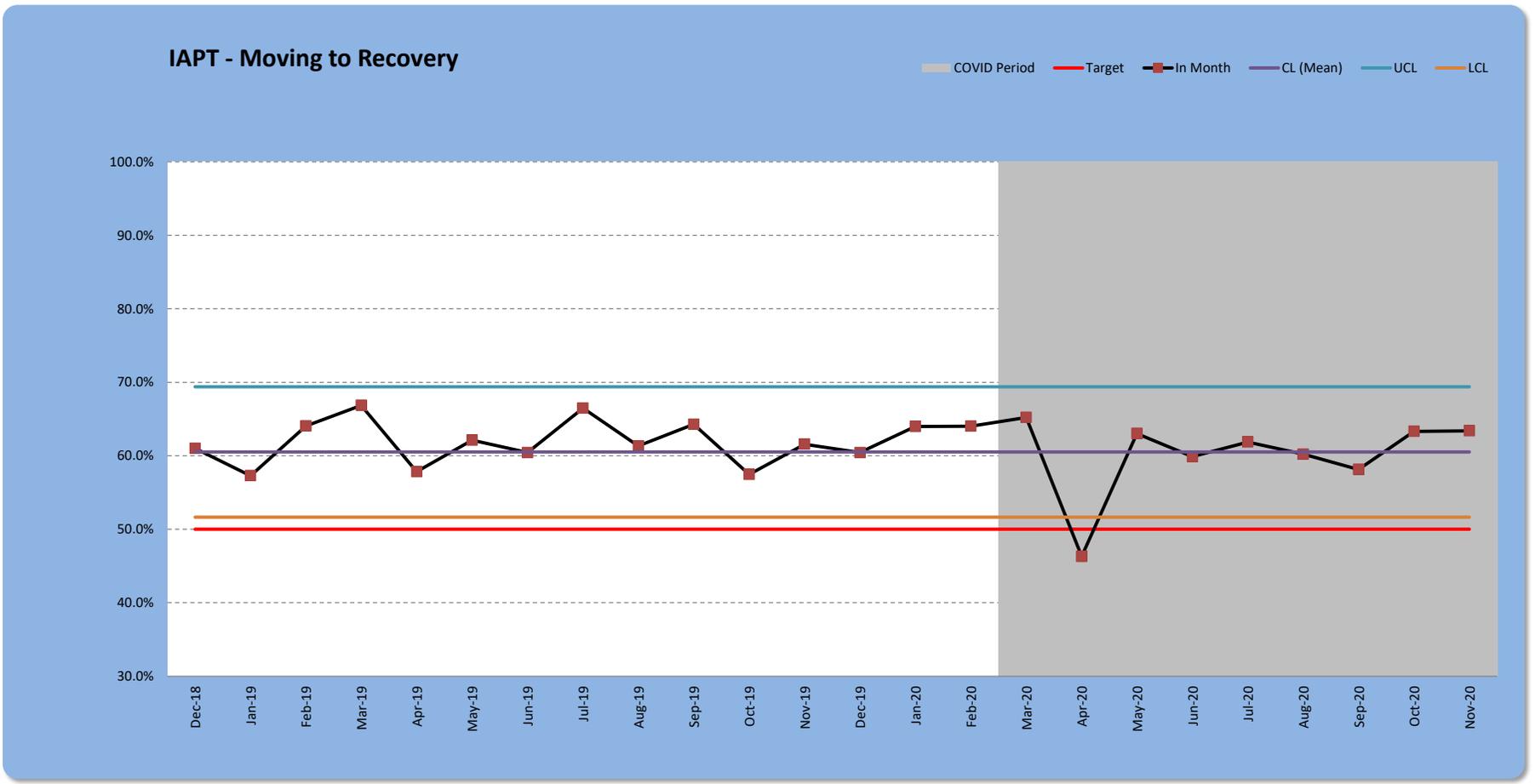
Indicator Title	Description/Rationale	Executive Lead
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Lynn Parkinson

KPI Type
OP 11

Narrative

Performance remains above the 50% target.

Target: 50%
 Amber: 45%
 Current month stands at 63.4%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2020**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Out of Area Placements

Number of days that Trust patients were placed in out of area wards

Narrative

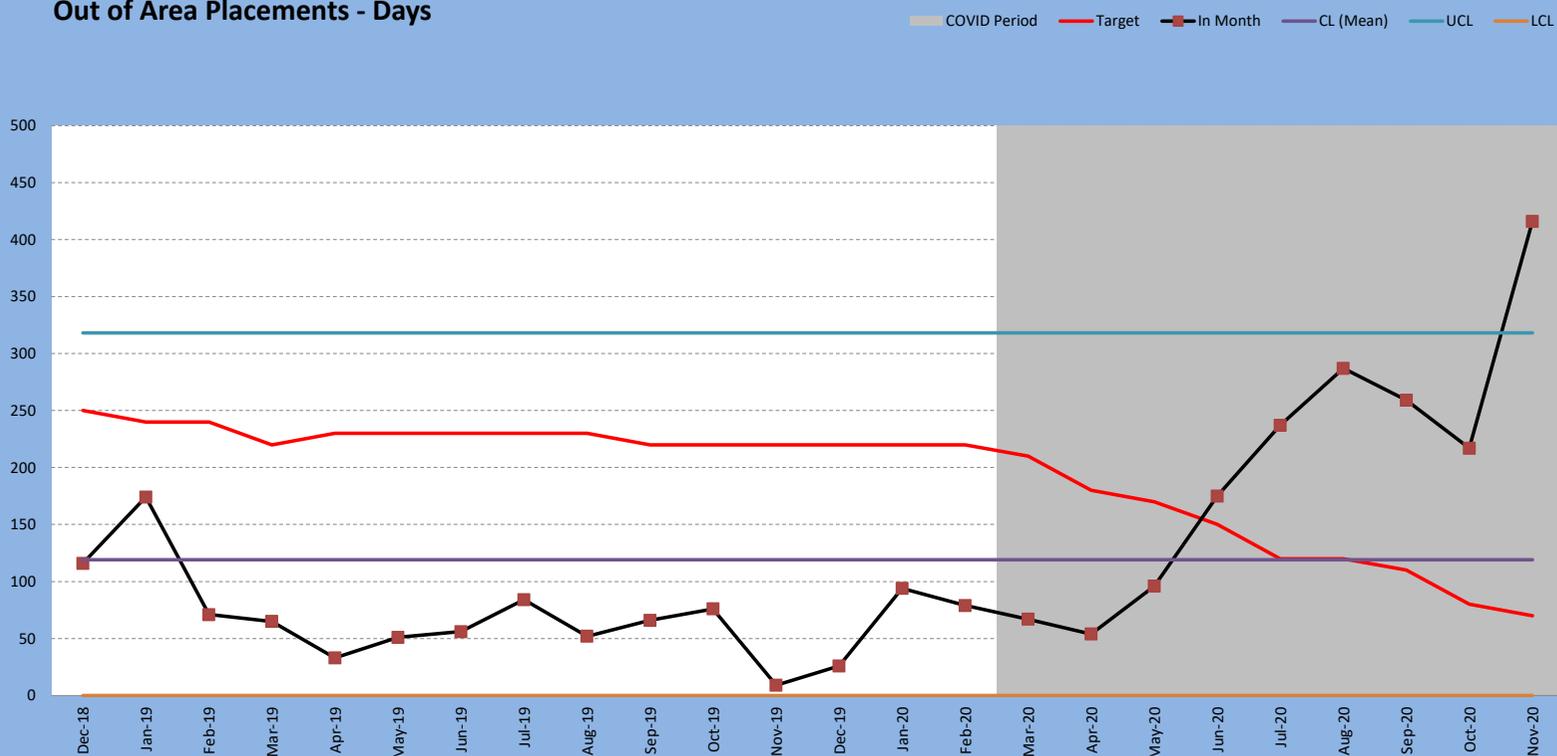
Out of area days has increased by 199 days when compared to the previous month.

Target: 70

Amber:

Current month stands at 416

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2020**

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

KPI Type
OP 14

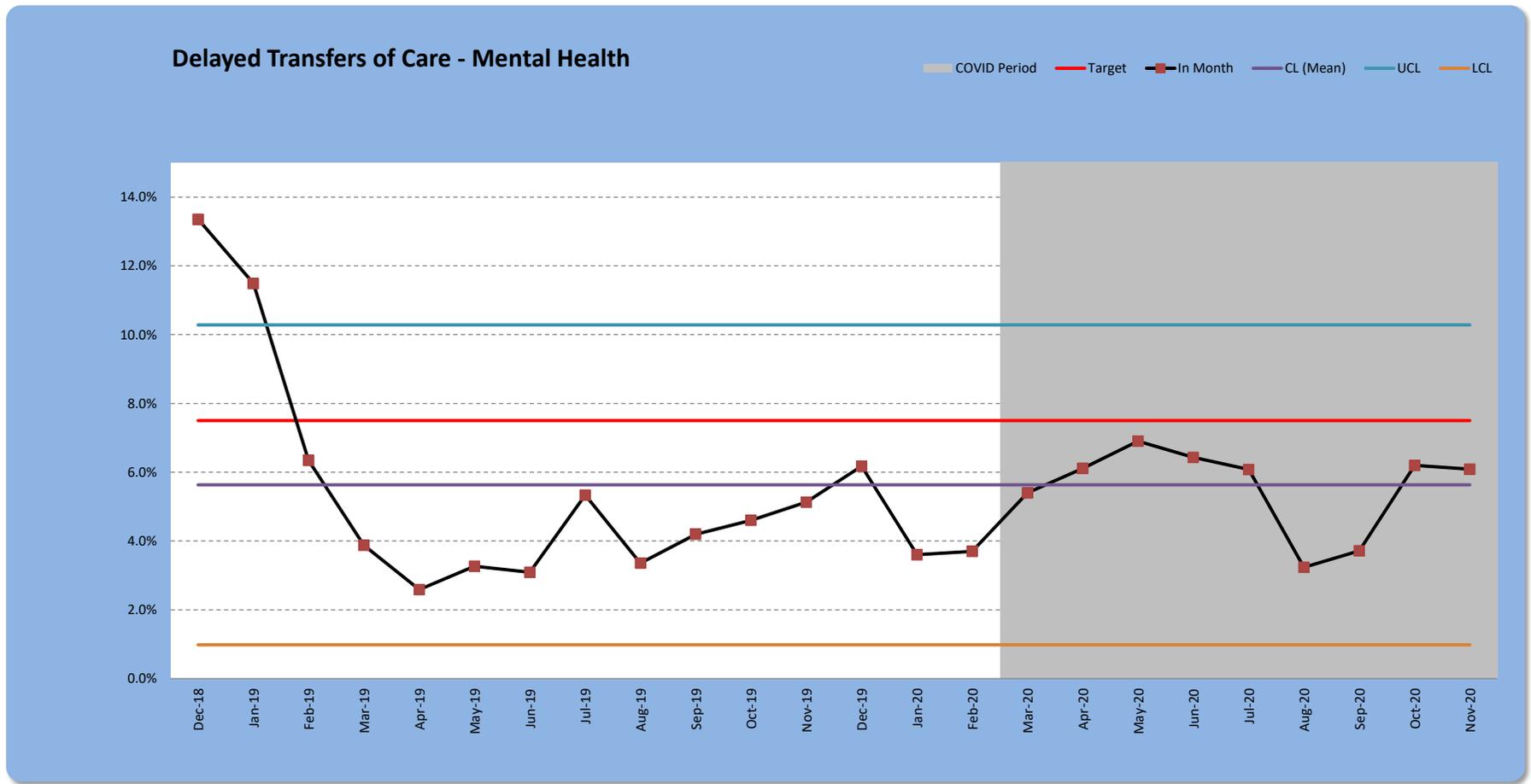
Narrative

Performance has decreased (improvement) by 0.1% compared against previous month and remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 6.1%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Nov 2020

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

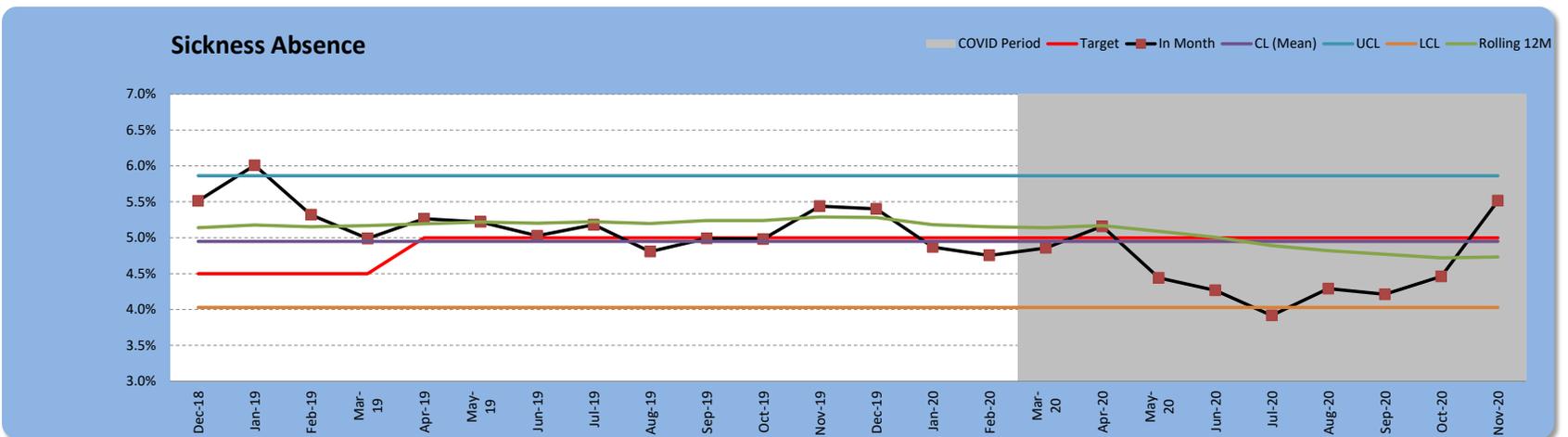
KPI Type
WL 1

Narrative

Sickness/Absence Rate for Nov-20 is 5.5%. Final position for Oct-20 was finalised at 4.5%.

Oct-20 Rolling 12 month figure is within target reporting at 4.73%

Target:	5.0%
Amber:	5.2%
Current month	5.5%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2020**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation	Steve McGowan	WL 3 TOM

Narrative

Within Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.8%



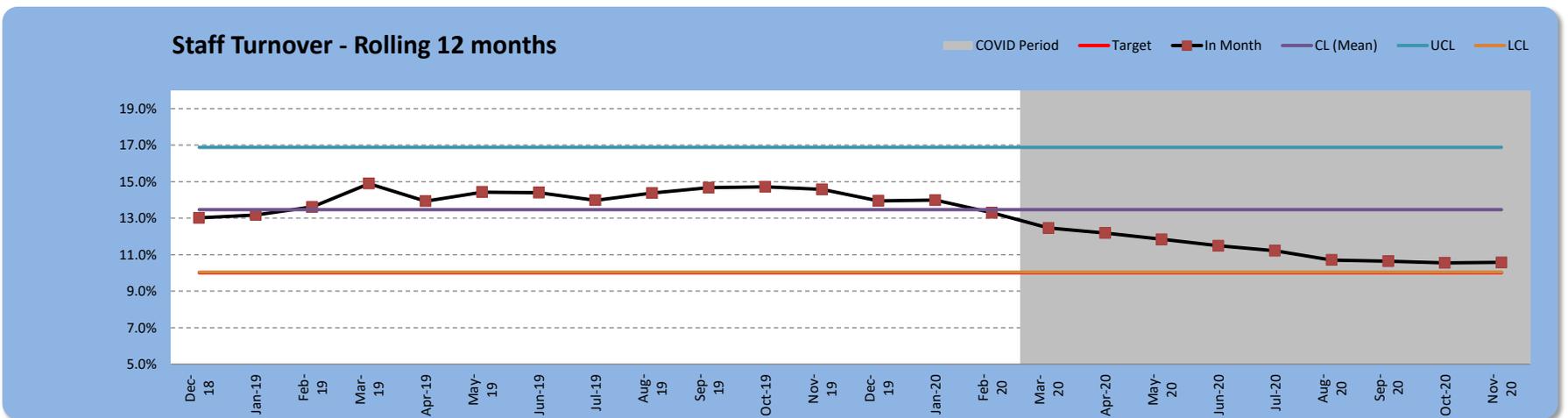
Narrative

Exceeds Target.
Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.6%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

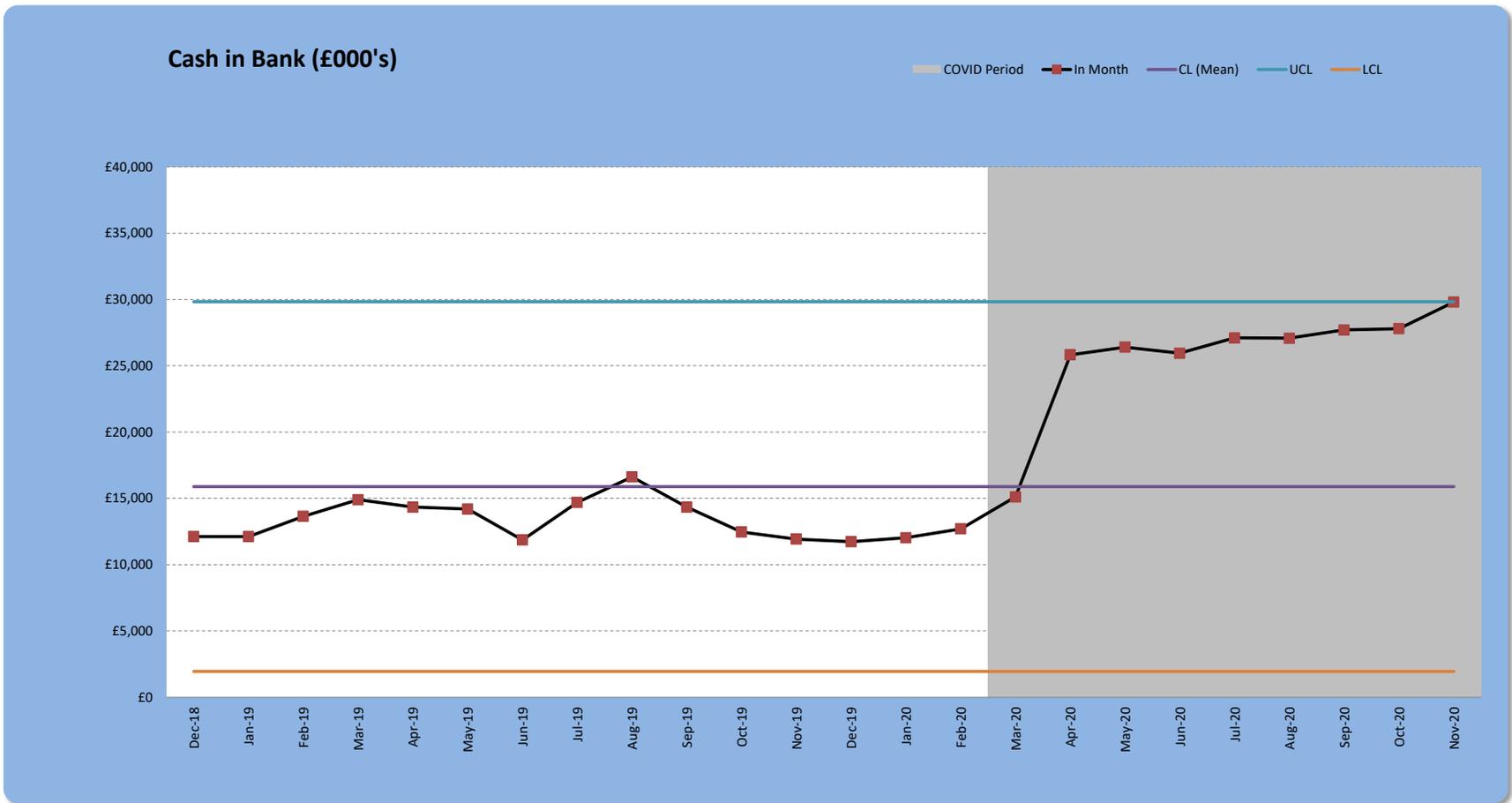
For the period ending: **Nov 2020**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

Narrative

The Trust has no target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Current month stands at £29,808 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2020**

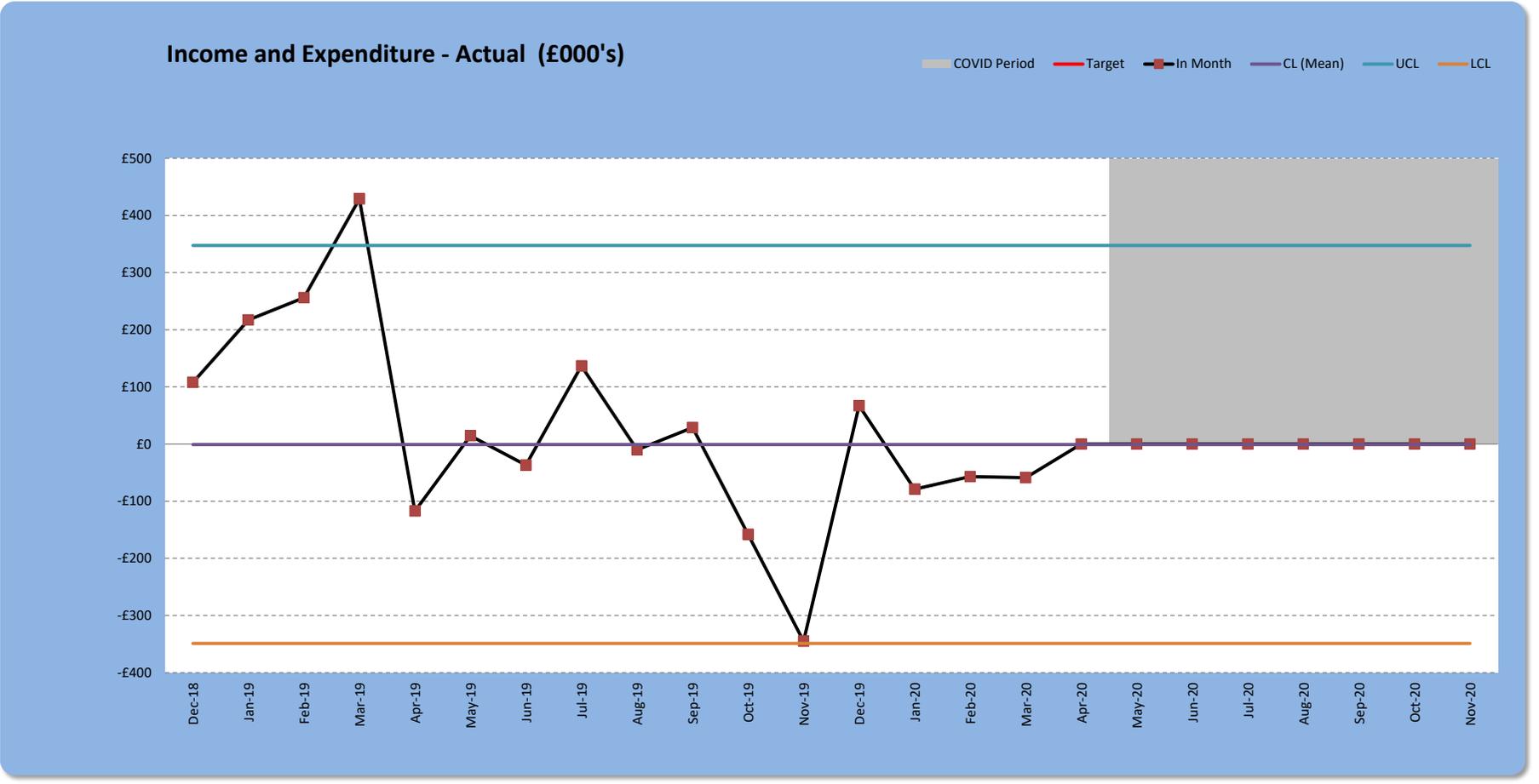
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

Target:
Amber:
Current month stands at £0 ,000



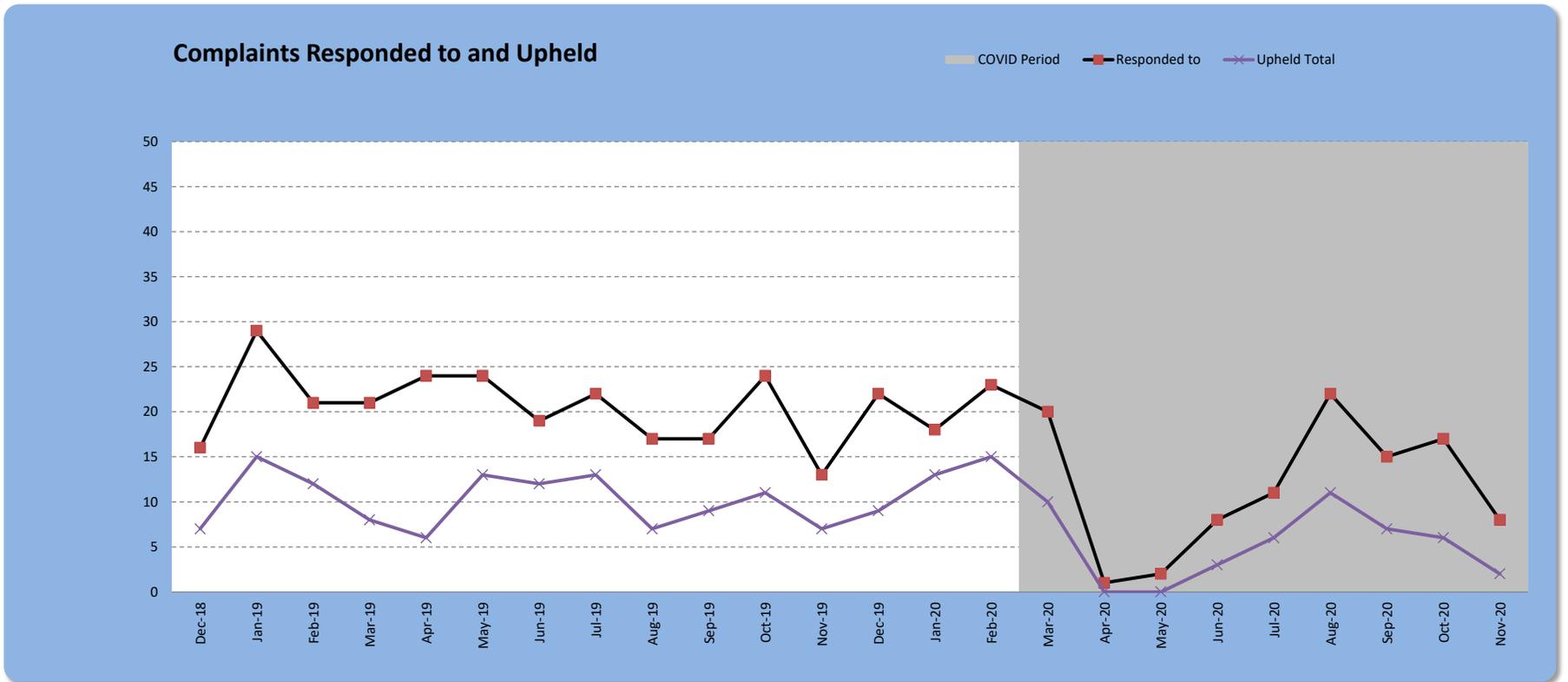
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2020**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 8
Of the number of complaints responded to in the month 2 were upheld which equates to 25.0%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2020**

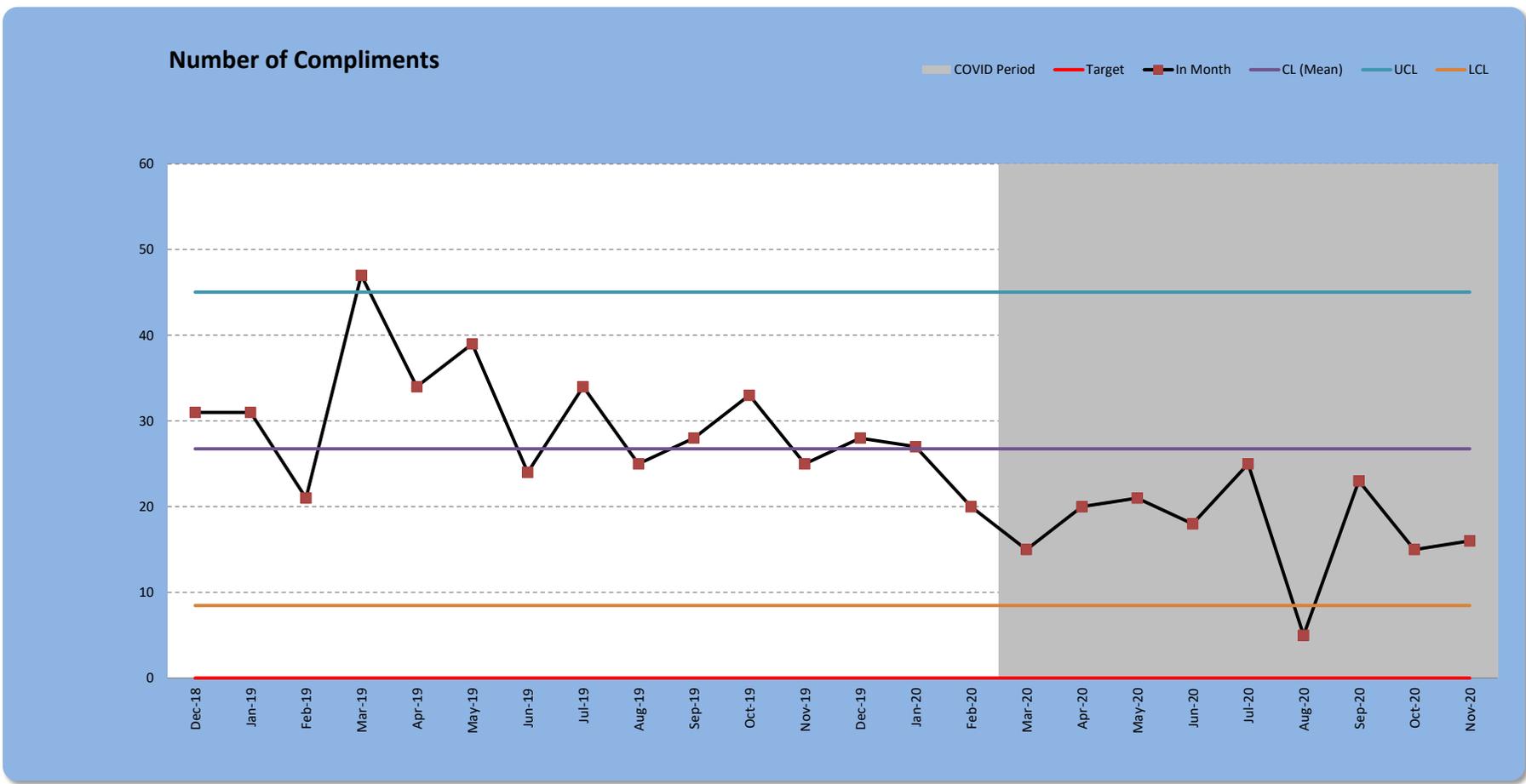
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

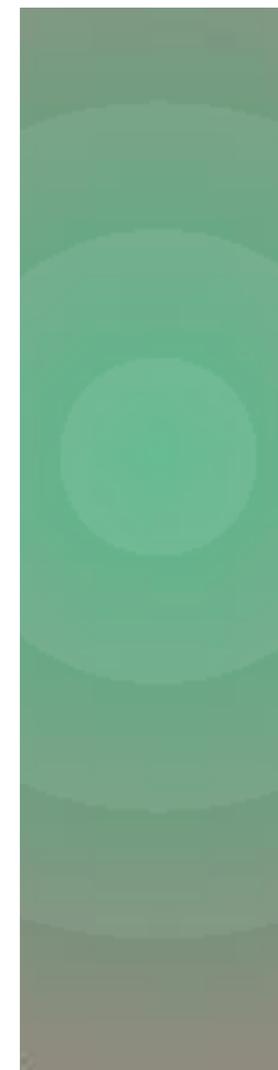
Narrative

16 compliments received in the month

Target: 0
Amber: 0

Current month stands at 16





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 14/12/2020



Agenda Item: 12

Title & Date of Meeting:	Council of Governors Public Meeting– 14 th January 2021																				
Title of Report:	Finance Update Report (November 2020)																				
Author:	Name: Peter Beckwith Title: Director of Finance																				
Recommendation:	<table border="1" style="width: 100%;"> <tr> <td>To approve</td> <td></td> <td>To note</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>To discuss</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For information</td> <td></td> <td>To endorse</td> <td></td> </tr> </table>	To approve		To note	<input checked="" type="checkbox"/>	To discuss		To ratify		For information		To endorse									
	To approve		To note	<input checked="" type="checkbox"/>																	
	To discuss		To ratify																		
	For information		To endorse																		
The Council of Governors is asked to note the Finance report and comment accordingly.																					
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2020 to November 2020.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>																				
Governance	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trust Board</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members		Finance, Audit, Strategy and Quality Governor Group				Trust Board	✓					Other (please detail)	
	Date		Date																		
Appointments, Terms & Conditions Committee		Engaging with Members																			
Finance, Audit, Strategy and Quality Governor Group																					
Trust Board	✓																				
		Other (please detail)																			
Key Issues within the report:	<ul style="list-style-type: none"> • For 2020/21 normal contracting arrangements between NHS organisations have been ceased and the Trust is receiving a block income allocation. • As at the end of November 2020, the Trust had recorded an operational breakeven position. • Cost in relation to the COVID pandemic for Months 1 – 8 total £10.399m. • The Cash Balance at the end of November 2020 was £29.8m, which is inclusive of 1 months advance block income (circa £10m). 																				

Monitoring and assurance framework summary:

Links to Strategic Goals



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



Council of Governors

Finance Update Report (November 2020)

1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2020 to November 2020. .

2. Performance 2020/21

For 20/21 the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation.

For the purpose of Month 8 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

Expenditure for corporate services continues to be reported as net, and provider to provider income arrangements continue to be in operation.

Income for covid claims included in the position has been allocated across the divisions and corporate areas to enable the non-covid underlying position to be reported.

The table below summarises the reported income and expenditure position for the Trust to the end of November 2020 (*reported figures are cumulative*).

Table 2: Reported I&E Position 2020/21

	September 2020 £000	October 2020 £000	November 2020 £000
Trust Income	68,335	79,649	90,948
<i>Less: Expenditure</i>	66,060	76,932	87,755
EBITDA	2,275	2,717	3,193
Finance Items	3,339	3,787	4,269
Sustainability Funding (Income)	(474)	(474)	(474)
Operational Surplus/(Deficit)	(590)	(596)	(602)
Exclude: Impairment	(554)	(554)	(554)
Exclude: Donated Asset Depn	(36)	(42)	(48)
Net Position Surplus/(Deficit)	-	-	-



The Trust reported a year to date break even position for November, after £0.048m of donated asset depreciation and an impairment charge of £0.554m (which does not count against the Trust's Control Total), the Trust reported a deficit of £0.602m

A more detailed summary of the income and expenditure position as at the end of November 2020 is shown at appendix A. Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

Year to date expenditure of £11.384m represents an underspend against budget of £0.261m

2.2 Community and Primary Care

Year to date expenditure of £18.218m represents an underspend against budget of £0.543m

2.3 Mental Health

An underspend of £1.207m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies..

2.4 Secure Services

An overspend of £0.332m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Medical Staff, to which the Service are actively recruiting and an unfunded Enhanced Package of Care on Ullswater.

2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £1.543m overspent. The main variance sits within Finance Technical which includes a BRS provision/contingency of £0.5m I, when this line is excluded corporate services are reporting a £0.050m underspend.

3 COVID Expenditure

At the end of November 2020 the Trust recorded £10.399m of Covid related expenditure, details of which are summarised below.

From month 7, covid expenditure is no longer claimed retrospectively, instead as part of the revised plan, the block from Hull CCG now includes of £0.365m of Covid funding per month, as well as £0.465m of Top up funding.

Table 3: COVID Claim analysis



COVID 19 Revenue Claim	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	0.266	1.983
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	0.875	0.136	0.323	2.856
Income Top Up	0.100	0.399	0.317	0.576	0.444	0.384	0.283	0.265	2.768
SDF M1-6 Top up						2.318			2.318
PSF Claim	0.079	0.079	0.079	0.079	0.079	0.079			0.474
Total Costs in Position	0.717	1.194	0.994	1.140	1.121	3.883	0.495	0.854	10.399

4. Cash

The cash balance at 30th November was £29.808m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	September 2020 £000	October 2020 £000	November 2020 £000
Government Banking Service	27,473	27,504	29,589
Nat West	178	247	168
Petty Cash	51	51	51
Net Position	27,702	27,802	29,808

As part of the national response to the COVID pandemic the Trust received two Block income receipts in April (£9.8m) and therefore the reported cash position is significantly higher

6. Recommendations

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



2020/21 Income and Expenditure Summary (As at 30th November 2020)

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	122,516	10,560	9,993	(567)	81,134	81,047	(87)
Clinical Income	15,154	1,156	1,247	91	9,531	9,900	369
Total Income	137,670	11,716	11,240	(476)	90,666	90,948	282
Expenditure							
Clinical Services							
Children's & Learning Disability	27,964	2,319	2,215	104	18,761	18,218	543
Community & Primary Care	30,165	2,458	2,479	(21)	20,396	20,347	49
Mental Health	44,775	4,052	3,439	612	29,444	28,237	1,207
Secure Services	10,216	854	834	30	6,683	6,996	(312)
	113,110	9,692	8,967	725	75,264	73,797	1,467
Corporate Services							
Chief Executive	1,939	181	154	28	1,333	1,328	5
STP Office	476	38	58	(20)	78	184	(88)
Chief Operating Officer	6,677	596	550	46	4,554	4,612	(57)
Finance	11,377	927	939	(12)	7,357	7,272	85
HR	3,035	301	288	12	2,109	2,125	(16)
Director of Nursing	2,163	177	182	(5)	1,523	1,480	43
Medical	1,711	135	142	(7)	1,181	1,103	78
Finance Technical items (including Reserves)	(7,458)	(704)	(500)	(204)	(5,719)	(4,125)	(1,594)
	19,920	1,651	1,813	(162)	12,415	13,958	(1,543)
Total Expenditure	133,030	11,343	10,780	563	87,679	87,755	(76)
EBITDA	4,640	373	461	(87)	2,987	3,192	(206)
Depreciation	3,102	245	252	(7)	1,961	2,023	(62)
Interest	148	12	12	0	98	82	17
PDC Dividends Payable	2,341	195	196	(1)	1,561	1,561	(0)
PSF Funding	(951)	(79)	-	(79)	(634)	(474)	(160)
Operating Total	-	(0)	0	(0)	0	0	(0)
Excluded from Control Total							
Impairment	-	-	-	-	-	554	(554)
Donated Depreciation	220	18	6	12	147	48	98
Ledger Position	(220)	(18)	(6)	(12)	(147)	(602)	456
EBITDA %	3.8%	3.5%	4.6%		3.7%	3.9%	
Surplus %	0.0%	0.0%	0.0%		0.0%	0.0%	



Agenda Item 13

Title & Date of Meeting:	Council of Governors Public Meeting – 14 January 2021			
Title of Report:	Governor Groups Feedback			
Author/s:	Huw Jones Chair of Quality, Workforce and Mental Health Legislation Governor Group Sam Grey Chair of Engaging with Members Governor Group Sam Muzaffar Chair of Appointment Terms & Conditions Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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



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

Feedback from Governor Groups and Governor Activity

Report of the Quality, Workforce and Mental Health Legislation Governor Group on 10 December 2020

1. The Governor Group met on Thursday 10th December 2020. There was good attendance from the Governors who were led through the agenda by Prof M. Cooke (MC), Dean Royles (DR) and Steve McGowan (SMcG).
2. MC took the group through the range of discussions that had taken place in the recent Quality Committee meetings. There were a number of areas that had specific focus:
 - a. The work of the Ethics Committee during lockdown – the group appreciated the work. A specific challenge was made in respect of Do Not Resuscitate Orders. There was a process that should be followed however one of the Governors reflected a personal experience and this led to a commitment to a further discussion within the Trust as to what happens vs the process that is in place.
 - b. Waiting times had been a major feature of discussions. The appointment of a new individual in Operations with an acute Trust background had sharpened focus on the requirement to reduce waiting times and list size.
 - c. Work practices through the Covid lockdowns had been subject of a report to the Board. The committee went through the learning and the changes made. It was noticeable that complaints responses had been put on hold for a period – this was seen as very odd by Governors. It was noted however that the second lockdown had seen more management information being required and this had put more pressure on front line services when they were stretched with clinical care need, it was felt that the reduction in central requirements was good practice.
3. DR and SMcG took the group through the Workforce Assurance Reports. There was a general discussion about the overall effort made through Covid and the wonderful contribution of staff. There was agreement that this second wave is bringing with it an increased sense of pressure and strain. The major elements of the discussion focussed on the following:
 - a. Staff vaccination is commencing for Covid. The lecture Theatre has been restructured to provide a safe environment for staff including recovery areas. Staff will receive vaccinations within their work time.
 - b. The impact of Covid on recruitment was discussed. A special focus was given to the future as the students of today have had a range of disruption that may have impact on recruitment in future years. DR and SMcG assured the Governor Group that more work is being undertaken to partner with the training providers
 - c. DR highlighted work that had commenced with Black and Minority Ethnic staff. A good start had been made with more to come.
4. On quality and mental health HJ confirmed that Tim Durkin and HJ had a meeting with Michele Moran. There will be a workshop with Governors in early 2021 when discussions on the wider strategy on MH will be discussed to include how the new developments will enable ongoing improvement in MHA compliance.
5. HJ reflected that this was RJ's last meeting and he thanked her for her contributions in all the meeting's guises over the years.

6. This was the last meeting HJ would chair of this specific group. He reflected that the development of the agenda at the group to cover quality, workforce and MHA was fantastic and thanked MC and DR for their contributions.

Huw Ll. Jones
December 2020

Appointments, Terms and Conditions Committee 19 November 2020

Recently the process of appraisals for the NEDs, SID and the Chair was completed. The salaries were also reviewed and the recruitment of the next Chair was progressed. As a result, we had presentations from 4 recruitment agencies in November. We (the Committee and the Lead Governor) had good presentations from all of them. However, having listened to them and considering various aspects, one of the recruitment agents was selected to take the matter further. Generally speaking the Committee is happy with the progress and we expect to hear of a good progress in early 2021.

Sam Muzaffar, Chair

Engaging with Members Group

A survey was recently sent out to all members, via email and through the Humber People magazine. The purpose was to gain more email addresses in order to save postage costs, to perform a data cleanse of members who wish to remove themselves, and to ascertain members areas of interest in order to target engagement activities. Unfortunately the response rate was disappointing, however it is now better understood that surveys are not an effective way to engage with our members.

An exercise has also been carried out to identify any gaps in representation. It was reassuring that the ethnic makeup of our member population is in fact proportionately representative of our communities. There is still some work to do with addressing the lack of younger members, and this will be addressed as a priority area. However the Trust is in the process of setting up a Youth board, and it is anticipated that this will increase the representation of people aged 21 and under.

Some of the group described their recent member engagement activities, including gaining useful insights from attendance at Patient participation groups and through the Trusts telephone befriending service. There has also been a lot of activity in Whitby, resulting in four working groups focussed on development of the new hospital site.

Group members were encouraged to make use of the Trusts forums in order to engage with members, as well as utilising the new membership booklet.

Sam Grey has stepped down as Chair of the group as she is leaving the Trust, and a new Governor Chair will be required for the next meeting.