

**Council of Governors
Public Meeting – Thursday 13 January 2022**

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

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

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	To note	verbal
2.	Declarations of Interest	CF	To receive & note	√
3.	Minutes of the Meeting held on 7 October 2021	CF	To receive & approve	√
4.	Actions Log and Matters Arising	CF	To receive & discuss	√
5.	Patient Story – Graham’s Story - ‘If You Get Your Health Right, Everything Else Will Follow’	MD	To note	verbal
6.	Chair’s Report	CF	To note	verbal
7.	Chief Executive’s Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – September & October 2021	CF	To receive & note	√
	Performance & Delivery			
9.	Performance Update	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Governor Issues			
11.	Governor Groups Feedback	All	To receive & note	√
12.	Responses to Governor Questions – no questions raised	All	To note	verbal
13.	Any Other Business			
14.	Date, Time and Venue of Next Meeting Thursday 14 April 2022, 2.00pm via Microsoft Teams			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 13 January 2022			
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	Member of the University of Hull Faculty of Business Law & Politics Ethics Committee.
	Vacant	
	Vacant	
Elected – East Riding Public	John Cunnington	None
	Vacant	
	Vacant	
	Sue Cooper	<ul style="list-style-type: none"> • Membership as a retired Nurse of the Royal College of Nursing
	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	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 • Associate Hospital Manager (AHM) for the Trust
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Cleveland Ironside Mining Museum • Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Community Transport • 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	Jean Hart	<ul style="list-style-type: none"> • NHS Humber PACE Champion (Volunteer) • NHS Humber Research Volunteer • Alzheimers' Society Research Network Volunteer • Hull City Council – Library Links (Reading Rooms) Volunteer • Older Peoples Partnership Hull & E. Riding Charitable Trust *Member • Hull University Dementia Advisory Board – *Member • Hull University –National NIHR Research Bid (End of Life Care) - Co. Applicant • Hull University (Social Work) Lived

		Experience Group *Membership Pending NB –Member of group not a Trustee.
	Vacant	
Elected - Staff	Craig Enderby (clinical)	None
	Vacant (clinical)	
	Tom Nicklin (non clinical)	TBC
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	Cllr Nigel Wilkinson, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Ward Cllr of East Riding of Yorkshire Council • Trustee of the Yorkshire Cadet Trust • Trustee of the Spaldington Educational Foundation • Volunteer with the Army Cadet Force
	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 • Trustee of The Warren Youth Centre
	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

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 7 October 2021 via Microsoft Teams

- Present:**
- Rt Hon Caroline Flint, Chair
 - Michele Moran, Chief Executive
 - Eric Bennett, Hull Public Governor
 - Sue Cooper, East Riding Public Governor
 - Tim Durkin, Wider Yorkshire & Humber Public Governor
 - Anne Gorman, Staff Governor
 - Jean Hart, Service User & Carer Governor
 - Huw Jones, East Riding Public Governor
 - Gwen Lunn, Appointed Governor, Hull City Council
 - Sam Muzaffar, East Riding Public Governor/Lead Governor
 - Tom Nicklin, Staff Governor
 - Doff Pollard, Whitby Public Governor
 - Helena Spencer, Hull Public Governor
 - Jacque White, Appointed Governor, University of Hull
 - Nigel Wilkinson, Appointed Governor East Riding of Yorkshire Council
- In Attendance:**
- Peter Baren, Non Executive Director
 - Hanif Malik, Associate Non Executive Director
 - Francis Patton, Non Executive Director
 - Dean Royles, Non Executive Director
 - Mike Smith, Non Executive Director
 - Peter Beckwith, Director of Finance
 - Lynn Parkinson, Chief Operating Officer
 - Jade Smith, Clinical Psychologist (for item 50/21)
 - Michelle Hughes, Head of Corporate Affairs
 - Jenny Jones, Trust Secretary
 - Katie Colrein, Membership Officer
 - James Collier, Apprentice Communications Officer
- Apologies:**
- Andy Barber, Appointed Governor, Smile Foundation
 - Jenny Bristow, Appointed Governor Humberside Police
 - John Cunnington, East Riding Public Governor
 - Mandy Dawley, Staff Governor
 - Craig Enderby, Staff Governor
 - Jack Hudson, Staff Governor
 - Paul McCourt, Appointed Governor, Humberside Fire & Rescue
 - Fiona Sanders, East Riding Public Governor

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

47/21 **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.

48/21 **Minutes of the Meeting held on 8 July 2021**

The minutes of the meeting held on 8 July 2021 were agreed as a correct record.

49/21 **Matters Arising and Actions Log**

The action log was reviewed and noted.

50/21 **Patient /Staff Story- Daniel's Story; My Journey – Psychology Services**

This item was not livestreamed due to the patient requesting confidentiality

The patient story was shared with the Council of Governors.

51/21 **Chair's Report**

The Chair provided a verbal update on her activities since starting with the Trust. These included:-

- Attending the Bands 3 – 7 Leadership Programme and new starters session.
- Meetings with the BAME Chair Grace Gava and participated in Black History month
- A Meet Caroline session was held which was open to all staff
- Virtual visit to Mill View Lodge is planned next week
- Attendance at the East Riding Health and Wellbeing Workshop
- Attended the Governor Development Session

The Chair thanked Mr Muzaffar, Lead Governor and the Chief Executive for taking over at the Annual Members Meeting when there were some technical difficulties.

Governors Elections are underway and the Chair asked Governors to encourage anyone they know to stand for election if they are interested in the Trust. The closing date for nominations is 21 October 2021.

Council of Governors meetings – the Chair asked if Governors were satisfied with the meeting taking place on a Thursday or whether there were other preferences. Governors to share any comments with the Chair.

The Non Executive Recruitment campaign is underway with two posts available. Work is taking place with the Appointments, Terms and Conditions Committee to progress the campaign. Governor stakeholder panels are being held on 15 and 29 November. Timings cannot be confirmed until shortlisting has taken place. Interviews will take place 30 November and 1 December and it is planned that any appointments will be ratified at an Extra Ordinary Council of Governors part II meeting on 7 December.

Mrs Spencer recalled that in past Governor elections Governors had been given postcards that with the details of the elections that they could give out to their members. She asked if these had helped to encourage people to apply. It was not known how successful these had been when they were used, but postcards have been included in Humber People Magazine which was sent out prior to the elections opening to help promote them. The elections are being publicised on social media on a regular basis to try to encourage applications.

Resolved: The verbal update was noted

52/21 **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local issues and drew

attention to the following areas:-

- Visits are taking place both virtually with the odd one face to face. Staff are doing a fantastic job but are tired. Lots of health and wellbeing initiatives are ongoing.
- International nurse recruitment – these nurses bring a wealth of experience into the organisation and will be working in community services. Work is already under way for the next cohort
- Staff Celebration week was a great success and was valued by staff. A quiz was held at the end of the week which was well received.
- The Youth Board has changed its name to the Humber Youth Action Group. Discussions are ongoing about how this group can influence other work.
- Inspire Unit won two design awards was named “Project of the year New Build 2021” and “Clinical Team 2021”.
- The Chief Executive thanked Mrs Pollard for her work on the Whitby redevelopment which is now open and has Urgent Treatment Centre accreditation. Mrs Pollard thanked the Trust for all it had done to bring this work to fruition, The approach and leadership of the project was excellent and she thanked the previous Chair, Mrs Sharon Mays, Chief Executive and Mr Beckwith
- Flu Vaccination programme is underway. The Covid booster programme will shortly commence
- The staff survey is being sent to staff and gives an opportunity for staff to give their views.

Mrs Parkinson provided an update on Covid explaining that during August and September the infection rates were high as were admissions to hospital, but positively the number of deaths was low. There was increased pressure on mental units due to some covid positive patients.

There has been focus on winter planning as we head into the season of flu and potential adverse weather. Policies and procedures are in place as are plans with partners to receive and give mutual aid if required.

Work has taken place around staff working in care homes to ensure the requirement of being fully vaccinated are met.

Resolved: The report and verbal updates were noted.

53/21

Constitution

At the September 2021 Board meeting, members supported the ‘Go Live’ date of the Trust assuming responsibilities as Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and to hold the Lead Contract with NHS E/I. As Lead Provider the Trust will sub-contract with a range of healthcare providers in the delivery of:

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

To ensure this is reflected in the Constitution three updates were proposed: -

- a) Paragraph 2 (Principal Purpose) - 3.1, states that “The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.” It is recommended that that clause be updated to add that:
- b) Paragraph 4 (Powers) describes how the powers of the trust shall be exercised by the Board of Directors on behalf of the trust. It is recommended that a new, additional clause be added to state that:
- c) Paragraph 23 (Board of Directors – composition) - 23.5 states that: “One of the Executive

Directors shall be the Finance Director.” It is recommended that that clause be updated to state that:

One of the executive directors shall be the Director of Finance. The Executive Director of Finance shall also be the executive lead for the Trust’s commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

Any amendments to a Foundation Trust’s Constitution must be approved at a formal meeting of the Council of Governors by more than half of the voting members and more than half of the members of the Board of Directors voting to approve.

It was confirmed there is no change to the role of the Council for significant transactions. Mr Durkin asked when the Constitution is fully approved if it could be sent round to Governors for information

Resolved: The Council of Governors approved the changes to the Constitution. It will go to the October Board for approval as per the requirement.

The finalised Constitution document will be circulated to Governors Action MH

54/21 **Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group - Annual Review of Committee Effectiveness and Terms of Reference**

Mr Jones, Chair of the Group presented the annual effectiveness review of the Governor Group for information. Also included were the reviewed Terms of Reference which were presented for approval.

Mr Durkin noted that he was not included in the membership but had attended from 25 March. Mr Smith was also not included but has attended since Mental Health Legislation is now also covered within this group. These will be amended on the report

Resolved: The review was approved subject to the addition of Mr Durkin and Mr Smith in the membership and the Terms of Reference approved

55/21 **Public Trust Board Minutes June and July 2021**

The minutes of the public Board meetings for June and July 2021 were provided for information.

Resolved: The minutes were noted.

56/21 **Performance Update**

Mr Beckwith presented the performance as at the end of August 2021. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Safer Staffing Dashboard
- Statutory and Mandatory training
- Waiting Times
- Improving Access to Psychological Therapies (IAPT)
- Out of Area placements.

Mrs Parkinson provided an update on Children’s Autistic Spectrum Disorder (ASD) diagnosis waiting times. Trajectories have been agreed for Hull and East Riding however East Riding’s are below the trajectory due to sickness within the relatively small team. Additional resource and more access to Helios the digital platform that is used created. There are demand pressures across the services and this issue is being discussed with commissioners. .A change is planned to the neuro diversity pathway which should also help.

Mr Durkin was concerned about the Hull trajectory which had a date of 2023 before the waiting lists were within normal range. He felt there should be improvement before that time as were

other Governors. Mr Jones commented that during the pandemic there had been a huge impact on children especially. He was aware from his non Trust work, of other private providers that could help and had capacity. Some of the clinicians that work for the Trust are the same people who would be used by the independent sector. Mrs Parkinson was aware of the availability within the private sector. The organisation's aim is to shorten the timeframe of waiting lists and as additional resources are identified the trajectory is revised. It is important that there is a system wide approach across the Integrated Care Service (ICS) to help reduce waiting times.

The Chair thanked everyone for their comments. Mr Durkin had sent through an e mail outside of the meeting which she felt would be helpful to Governors if it was shared.

Mrs Gorman asked about the staff absence in the team and whether there was a theme that is affecting availability of staff. Mrs Parkinson explained that it is a small team and expertise that is required is difficult to cover, but action is being taken to resolve the issue.

Resolved: The report and verbal updates were noted.

57/21

Finance Report

The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2021 to August 2021. Mr Beckwith drew the Council's attention to the following areas:-

- Under the planning guidance the period 1st April 2021 to 30 September 2021 is referred to as H1.
- Block Payments arrangements remain in place for the H1 planning period
- As at the end of August 2021, the Trust recorded an overall operating surplus of £0.245m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus
- The Cash Balance at the end of August 2021 was £23.718m.

Mr Jones referred to the block payment income and was concerned that for the second half of the year and assumptions changed for efficiency targets whether there would be provision for circa 3%. Mr Beckwith explained that planning guidance was published last week and a system allocation will be made. Commitment has been given to cover the efficiency requirement and the pay award. He felt that 3% for the second half of the year is consistent with what has been indicated at previous meetings

Resolved: The report was noted.

58/21

Governor Groups Feedback

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

Mr Muzaffar provided a brief summary of the work undertaken at the Appointments, terms and Conditions Committee. This included Chair and Non Executive appraisals, appointment of an Associate Non Executive Director and more recently the recruitment campaign for two Non Executive Directors.

Mr Jones gave a verbal update on the last Finance, Audit & Strategy meeting held in September. Internal Audit colleagues from Audit Yorkshire attended the meeting to talk about the Head of Internal Audit Opinion and the annual report. It was pleasing to hear that overall there is significant assurance that the organisation has good systems in place. Regular updates are provided through the Audit Committee. The finance reports were considered and there was a suggestion made that meetings be planned to take place after the Trust Board to allow the most recent reports to be used. This would allow the group to have the most up to date information.

The Engaging with Members group has been looking at ways of encouraging new members to

the Trust and production of an e newsletter. The second newsletter is in development and will be circulated when finalised.

Public members will be e mailed to provide notification of the elections that are taking place.

Resolved: The report and verbal updates were noted.

59/21 **Responses to Governor Questions**

No questions had been raised since the last meeting.

Resolved: The verbal updates were noted.

60/21 **Any Other Business**

External Review of Governance

Mrs Hughes informed the Council of Governors that a review has to be undertaken every five years with the last one being conducted in 2017. Grant Thornton have been appointed by the Trust to undertake the review which will start around Christmas time. More details will be included in the October Board report

61/21 **Date and Time of Next Meeting**

Thursday 13 January 2022, 2.00pm by Microsoft Teams

Signed..... Date
Chair

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

Summary of actions from October 2021 meeting and update report on earlier actions due for delivery in January 2022						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
7.10.21	53/21	Constitution	The finalised Constitution document will be circulated to Governors	MH	November 2021	Circulated to Governors 8.11.21
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary						

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 13 January 2022			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	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		Collaborative Committee	
		Other (please detail)	✓	
	Monthly report			
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report A verbal update will be provided at the meeting on Covid and business pressures 			

Monitoring and assurance framework summary:

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

✓	<i>Tick those that apply</i>
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications as and when required by the author
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			

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

Chief Executive’s Report

1 Around the Trust

1.1 BAME Network Annual General Meeting (AGM)

It was really impressive attending and opening the inaugural BAME network AGM during December. It was a really great event and show cased just how much work the network has and continues to do. Thanks to Grace Gava and Pauline Dumble.

1.2 Christmas Staff Events

We put on several events for staff to support them across the festive period including:

w/c 6 Dec	Staff Xmas Card design signed off by CEO
w/c 20 Dec	Chocolate despatched to staff (with a xmas card)
Friday, 17 Dec	‘Live’ voucher draw broadcast to staff
Friday 17 Dec	Healthstars Quiz @ 11.30 Healthstars Jumper Day
25 Dec	Christmas Service to be scheduled for broadcast to staff
w/c 6/12	Festive MST Background shared for use

We were planning more events, but due to the current Covid infection rates these were restricted

1.3 Christmas Competition Winners

The competition entries were judged by the Chair and Chief Executive. The winner of the Christmas Card Competition was Townend Court.

There were some great entries for the Best Dressed Christmas Tree competition. The winning entries were

- 1st Prize - Avondale
- 2nd Prize - Prospect Hub Scarborough
- 3rd Prize – Maister Lodge
- 4th Prize - Field House

Thanks to Board members for donating the prizes.

1.4 Covid - Level 4

As the NHS alert level was raised to level 4, I have taken the decision to recommence the command structures - Silver and Gold with immediate effect. The full covid report is later in the report. We can and will continue to support the system as we can.

1.5 Appointment of New Chair for Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust.

NHS England/NHS Improvement and Governors at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have approved the appointment of Sean Lyons as the new joint Chair at NLAG and Hull University Teaching Hospitals NHS Trust (HUTH). He will take up his post from 1st February 2022.

Sean will replace former Chair Terry Moran who stepped down from his post in July 2021. Since that time the role of Acting Chair for NLAG and HUTH has been filled by Vice Chairs, Linda Jackson and Stuart Hall respectively.

Sean has a wealth of experience to bring to the role, including as Chair of the Board of Directors at Sherwood Forest Hospitals NHS Foundation Trust and as current Chair of Lincolnshire Clinical Commissioning Group.

He has worked within large and complex organisations and helped to drive and sustain change and transformation including turnaround situations as a Chairman. His role at Sherwood Forest Hospitals was especially complex, due to the level of regulatory scrutiny it faced from performance challenges. Sean's private sector career was mostly across manufacturing and the steel industry, where he worked in leadership roles at several complex organisations, including as the site director at Scunthorpe Steelworks.

1.6 Integrated Care System (ICS) Chief Executive

Stephen Eames has been announced as the HCV ICS CEO designate.

1.7 Humber Coast & Vale Appointment

HCV has announced the appointment of Simon Cox as Managing Director of the Humber, Coast and Vale Cancer Alliance.

Simon will play a crucial role in bringing together all the different organisations that commission and provide cancer services to work collectively to improve cancer outcomes for the people living in Humber, Coast and Vale.

With more than 30 years' NHS experience, Simon joins the Cancer Alliance from NHS North Yorkshire Clinical Commissioning Group where he has served as the Director of Acute Commissioning since January 2019. Prior to that he spent several years serving as Chief Officer of NHS Scarborough Clinical Commissioning Group.

Simon succeeds Yvonne Elliott, who has served as the Cancer Alliance's managing director since March 2020. Yvonne has been appointed as Director of the Humber, Coast and Vale Health and Care Partnership's Community Health and Care Provider Collaborative, so will be remaining within the Humber, Coast and Vale health and care system.

2 Covid 19 Summary Update – December 2021

This update provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the ongoing Covid-19 emergency. On 12th December 2021 the UK coronavirus (COVID-19) alert level increased from Level 3 to Level 4 following advice from the UK Health Security Agency and in light of the rapid increase in the new covid variant Omicron cases. Transmission of COVID-19 is already high in the community, mainly still driven by Delta, but the emergence of Omicron adds additional and rapidly increasing risk to the public and healthcare services. Early evidence shows that Omicron is spreading much faster than Delta and that vaccine protection against symptomatic disease from Omicron is reduced. Data on severity will become clearer over the coming weeks but hospitalisations from Omicron are already occurring and these are likely to increase rapidly. The advice stated that when vaccine protection is reduced in the way that is happening with Omicron it is essential to improve that protection with a booster vaccine. Both booster vaccines (Pfizer and Moderna) increase the immune response substantially and show good effectiveness although with some reduction compared to Delta.

In light of this NHS England and Improvement raised the national incident alert level from 3 to level 4 on 13th December in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in Covid-19 cases. Amanda Pritchard, NHS Chief Executive and Professor Stephen Powis, Chief Executive of NHS Improvement sent a letter setting out the actions every part of the NHS needs to put in place to prepare for and respond to the Omicron variant and other winter pressures. The actions are summarised below:

- Clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services.
- Delivering at scale whilst also retaining the focus on vaccination of those at greatest risk, including those who are housebound. Continuing to maximise uptake of first and second doses including through identifying dedicated resources to work alongside directors of public health locally.
- Creating capacity, both by maximising throughput, efficiency and opening times of existing sites to operate 12 hours per day as standard, seven days per week as well as running 24 hours where relevant for the local community, and through opening additional pop-up and new sites.
- Increasing training capacity with immediate effect to support lead employers with rapid onboarding and deployment of new vaccinators.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes. The operational imperative is to create the maximum possible capacity within acute care settings to support patient safety in the urgent care pathway. Work together with local authorities, and partners across local systems including hospices and care homes to release the maximum number of beds (and a minimum of at least half of current delayed discharges).
- Systems must focus on eliminating ambulance handover delays. Local systems should take immediate steps to maximise referrals from 999 to the two-hour Urgent Community Response services.
- Systems are asked to ensure that access to community-based mental health services and learning disability and autism services are retained throughout the COVID-19 surge to ensure that people at risk of escalating mental health problems and those who are most vulnerable can access treatment and care and avoid escalation to crisis point, with face-to-face care retained as far as possible. Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as access to COVID-19 and flu vaccination.
- Whilst it is not known what the demand from Omicron will be on critical care facilities it is essential that trusts familiarise themselves with existing plans for managing a surge in patients being admitted with COVID-19, with particular focus on the management of oxygen supplies, including optimising use at ward level.
- As in the COVID-19 wave last winter, it is crucial that we continue to deliver elective care and ensure that the highest clinical priority patients –including patients on cancer pathways and those with the longest waits continue to be prioritised.
- Local systems should stress test their plans to confirm that the elements that helped to sustain cancer services in previous waves are in place, and to ensure that rapid access, including tests and checks for patients with suspected cancer, as well as screening services, are maintained.
- Support staff, and maximise their availability, revisit your staff wellbeing offer to ensure it has kept pace with the changing nature of the pandemic, with a continued focus on ongoing health and wellbeing conversations taking place for staff. Employers should be ready to communicate any changes in testing and isolation guidance associated with Omicron.
- System leaders and NHS organisations should review workforce plans for the next three months to ensure that, as per surge plan testing that the appropriate workforce is in place to deal with an increase in the number of COVID-19 patients and to support the ramp up of the COVID-19 vaccination programme. Organisations should continue to use their staff flexibly to

manage the most urgent priorities, working across systems as appropriate. Trusts should seek to accelerate recruitment plans where possible, including for healthcare support workers, and where possible bringing forward the arrival of internationally recruited nurses, ensuring they are well supported as they start work in the NHS.

- Volunteers play an important part in supporting patients, carers and staff and Trusts are encouraged to take advantage of the available support to restore volunteering and strengthen volunteer management in ways which can contribute significantly to reducing service pressures, including NHS Reserves.
- Ensure surge plans and processes are ready to be implemented if needed. NHS organisations will need to review incident coordination centre arrangements, and should ensure that these are now stood up, including to receive communication and act as the single point of contact.
- Staff and organisations should continue to follow the recommendations in the UK Infection Prevention and Control (IPC) guidance.

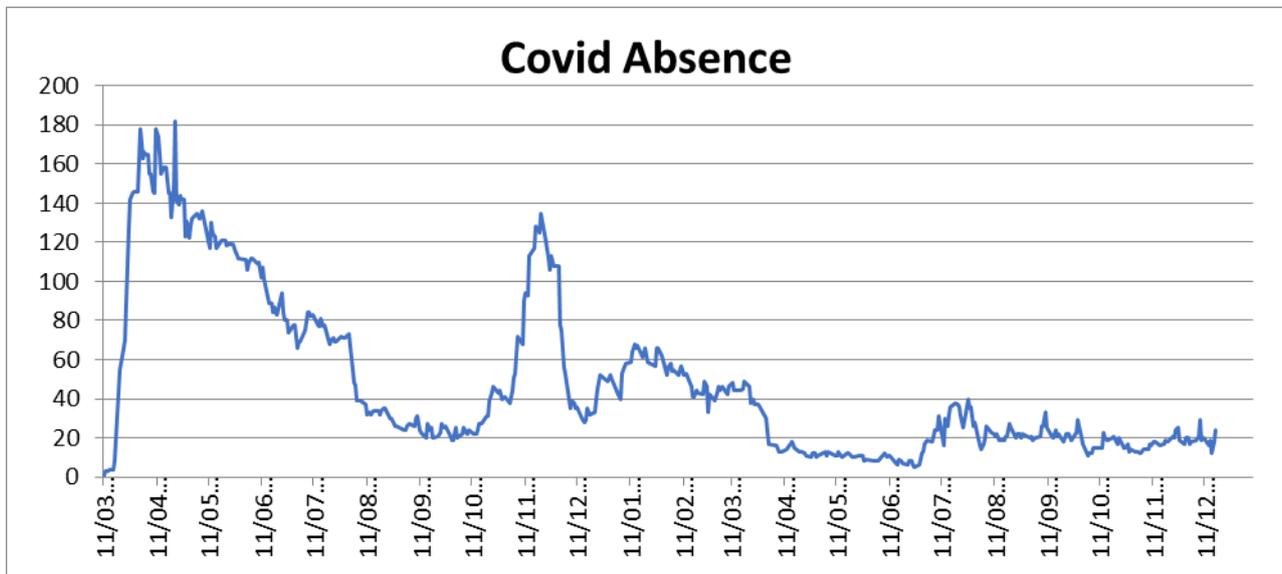
In the Humber, Coast and Vale ICS, system leaders have been identified to lead and coordinate the response to deliver the key actions set out above over the coming weeks.

As of the 16th December 2021 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 (7th December – 13th December)	7-day rate per 100,000 for 7 days previous* (7th December – 13th December)
East Riding of Yorkshire	1,670	486.6
Hull	1,250	3482.4
North East Lincolnshire	749	470
North Lincolnshire	726	420.3
Yorkshire and Humber	20,336	368.0
England	332,126	587.3
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 per 100,000 population for Scarborough is 247.0, for Ryedale is 356.0 and Hambleton is 357.0. The overall 7- day rate for North Yorkshire is 370.0

As of 16th December 2021, there have been 1,555 hospital deaths due to COVID-19 across the Humber area. This includes 989 deaths registered by HUTH, 540 deaths registered by NLAG, 27 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 719 deaths over the same period.



The Covid- 19 Task Group continued to coordinate and oversee our response to any ongoing requirements in early December. However, the Trust’s emergency planning command arrangements have now been stood up, with gold, silver and bronze commands now being held each week in response to the Omicron threat. Twice weekly Sitrep reporting remains in place to monitor the ongoing impact of the pandemic on our services. These command arrangements will remain under close monitoring and will either increase in frequency or reduce as necessary. Rotas are in place to maintain the arrangements during the Christmas and new year period. System emergency planning arrangements have also been stood up or are now meeting more frequently. Local resilience forums are meeting, and the Humber forum have declared a major emergency in response to the Omicron threat.

Operational service pressures remained very high in some areas in November and early December with the highest pressures seen in our community services in Scarborough and Ryedale due to high demand from the acute hospitals for discharges to be supported along with ongoing high demand for primary care. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during November and December.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand for both community and inpatient services in line with the nationally anticipated surge due to the direct impact of the pandemic on children, young people and their families. Demand has continued to plateau during November and December at a higher level than typical for this time of year, with presenting needs continuing to be of high levels of acuity and complexity. Break down of placements for young people in residential care continues to lead to urgent and crisis admissions to mental health and acute hospital beds. System and ICS work is ongoing to enhance provision to support out of hospital care and investment has been approved to:

- Reinststate a CAMHS crisis place of safety which will be fully integrated with the crisis and home-based treatment team and will be available from December 2021
- Recruit additional experienced CAMHS staff that will be located in the acute hospital to support children and young people presenting and being treated there.

Further work is taking placed to develop a proposal for a short stay assessment facility to be based at Inspire alongside ongoing work with children’s social care to provide additional emergency placements.

Focus continues on reducing waiting times in these services, particularly in relation to autism diagnosis. Our CAMH’s PICU ward (Nova) remains open with two of its four beds available, and this has supported the clinical management of the very high complexity of patients within our general adolescent ward (Orion). We will open the remaining two PICU beds as soon as our newly recruited staff team are able to safely do that by the end of December 2021.

Nationally requirements are in place to eradicate the use of out of area beds and our services are implementing plans to achieve this, this remains a challenge however as covid safe working practice guidelines remain in place across the NHS. Our out of area bed use has seen an improved position in November, this has been significantly supported by the new additional five beds at Maister which been fully occupied since they opened. Our overall bed occupancy has remained above its usual level in November and December with the pressures especially high for mental health, learning disability beds and our community beds at Malton and Whitby Hospitals, it has been between 77.8 – 86.4%. The overall number of available beds remains reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements, beds remain reinstated where alternative provision has been made in some areas for donning and doffing of PPE. To address this shortfall and ensure beds are available when required the Trust has continued to block book independent sector beds and the position is continuing to be monitored very closely.

Our primary care practices are also continuing to experience ongoing rise in pressure and activity due to higher than usual demand. System pressures have remained high in North Yorkshire and York in November and December for both health and social care, system command arrangements remain in place. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for periods of time during the last month.

During November and early December, the position relating to sickness absence was impacted by staff having to isolate due to contact tracing requirements and non-covid related absence. National and local modelling demonstrates that the covid related absence will rise in late December and January due to Omicron. Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, whilst this has had success in attracting new unregistered and administrative staff, interest from registered staff remains problematic. Staff availability remains an area of operational priority as we respond to the ongoing pandemic and winter pressures. Elements of business continuity plans for learning disability services were enacted to support escalating pressures and high acuity in November and December with community staff redirected to support inpatient areas.

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, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients remains operational and isolation beds remain available on Darley ward at the Humber Centre.

Lateral Flow (asymptomatic staff testing)

The Trust continues to encourage all staff to undertake twice weekly Lateral Flow Antigen Testing. Over 79,000 tests have been reported since mid-December with 112 positive results which have been followed up by PCR tests and infection control procedures.

LAMP (loop-mediated isothermal amplification) tests are being utilised by NHS Trusts to replace lateral flow testing, this test is considered to be more effective in detecting coronavirus in asymptomatic staff. The Trust is currently working with a local programme supported by NHS England and commenced deployment of this test in a pilot service area in July, however the national future of this method of testing is currently unclear.

New self-isolation guidance for NHS staff came into effect on 16 August 2021 allowing fully vaccinated NHS staff and students who are identified as a contact of a positive Covid-19 case to no longer be expected to isolate and to return to work if the required safeguards are met and implemented. This guidance was updated on 16th December to reflect self-isolation changes when in contact with a confirmed or suspected Omicron variant case. Staff who are a contact, have no symptoms and are fully vaccinated can continue to return work if the safeguards are met.

Covid-19 Vaccine

Our plan to deliver the booster covid- 19 vaccine to staff was completed in October 2021. We also completed our plan to vaccinate 12 – 15-year-olds as part of the regional programme. The small vaccine team were supported by our Integrated Specialist Public Health Nursing Service (ISPHNs) who are skilled in child immunisation. This programme was extremely successful with very positive feedback received from the young people and their families. This then enabled the Lecture Theatre on the Willerby Hill site to be re-established as a venue for mandatory training that can only be delivered face to face e.g., De-escalation Management and Intervention training (DMI) in order to support recovery of compliance with training requirements.

Local system partners subsequently asked the Trust to consider stepping up a vaccine centre as part of the national response to the Omicron variant and the need to expedite vaccination capacity at scale. Dr John Byrne, Medical Director remains our senior responsible officer (SRO) for our covid vaccination programme and he rapidly set up a task group to establish a new hospital hub. The new location for the vaccine centre is our Trust Headquarters at Willerby Hill. The estates team worked at pace to put these arrangements in place. Peer vaccinators, other trust staff and our volunteers have been mobilised to commence the new vaccination programme on Saturday 18th December. Clinical corporate staff are supporting the new hub in order to enable our frontline clinicians to remain in their usual clinical areas given the ongoing pressures on services. Recent government guidance that suspends the need for most people to wait for fifteen minutes after receiving a covid vaccine will enhance capacity across the national programme.

Operational guidance issued by the government regarding the requirement for people working or deployed in care homes to have been fully vaccinated against Covid-19, unless exempt came into effect from 11th November 2021. All care home workers and anyone entering a care home now need to be fully vaccinated, unless they are exempt under the regulations. Operational managers have ensured that unvaccinated staff in our services who need to access care homes are fully aware of this requirement.

Processes were in place to address the position for the very small number of staff who were neither exempt nor vaccinated, and from 11th November sufficient vaccinated staff were available in all areas in order to maintain service delivery. Future recruitment to these areas will address the vaccination status of new staff. The position will continue to be monitored closely.

The Department of Health and Social Care (DHSC) formally announced, on 9th November, that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 to protect patients, no later than 1 April 2022. This means that unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022. The policy applies to the first and second dose of the COVID-19 vaccination, and not to boosters or the flu vaccination at this stage. This has been communicated to our staff and managers are asked to undertake supportive conversation with those staff who are unvaccinated in order to encourage uptake. Steve McGowan, Director of Workforce and OD, is the SRO for the Trust's plan to address the requirements.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels. Disruption to the supply of lateral flow devices was experienced nationally during the week commencing 21st December. Advice was that this was due to distribution issues, not lack of supply and that the problems have now been resolved. The government moved England to Plan B on the 8th December 2021 following the rapid spread of the Omicron variant in the UK. NHS England have instructed that Public Health England's infection prevention control guidelines and hospital visiting guidance remain in place for all staff and visitors. Updated National Infection Prevention and Control guidance was published in November and it specifies that:

- universal use of face masks for staff and face masks/ coverings for all patients/visitors to remain as an IPC measure within health and care settings over the winter period. This is likely to be until at least March/April 2022
- recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings
- recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed

Safe Working in our Environments

We continue to reiterate our guidance to staff that remote working is maintained whenever possible, that face-to-face meetings should be irregular and for a specific purpose such as clinical supervision, colleague contact and support and that social distancing and infection control guidelines need to be maintained.

Staff Health and Wellbeing

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

Our staff have now experienced and worked through the pandemic for 20 months and in some areas service demand and operational pressures remain very high, they are continuing to tell us that they are feeling fatigued. Staff continue to have access to a range of options for wellbeing support and the Trust continues enhance its offer of wellbeing resources via the “ShinyMind” app. The Humber Coast and Vale Resilience Hub to support frontline staff remains operational and providing an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Frequent “Ask the Exec” sessions continue and the last one took place on 25th November, these are positively received.

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

Support remains in place for our staff who are experiencing long covid and this has been developed further. The “Reset and Recovery” plan that was developed through wide engagement with staff is being monitored by the Executive Management Team (EMT).

Covid-19 Clinical Advisory Group

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

- ensuring that our covid related changes and interventions do not increase restrictive practices.
- reviewing clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.
- Reviewing and revising the visiting guidance for inpatient areas considering the Omicron variant.

Operational Planning - Recovery and Restore

The NHS Priorities and Operational Planning Guidance 2021/2022 published on 25th March 2021 set out the following priorities:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

On 30th September, NHS England/Improvement published the 2021/22 Priorities and Operational Planning Guidance: October 2021 to March 2022. It reiterates that the priorities set out above remain in place. It remains committed to continue the focus on the five priority areas for tackling health inequalities set out in the previous guidance and to seeing sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity care, and improvements in the care of children and young people. It places emphasis on continuing to restore elective services and reduce waiting times. The key requirements are:

- Restoring full operation of all cancer services
- Expanding and improving mental health services and services for people with a learning disability and/or autism
- Delivering improvements in maternity care, including responding to the recommendations of the Ockenden review
- Restoring and increasing access to primary care services
- Transforming community services and improving discharge
- Managing the increasing pressure within urgent and emergency care and supporting winter resilience
- Developing ICSs as organisations to meet the expectations set out in Integrating care

The Trust is focussing its work on these areas utilising a range of forums with partners to contribute to place and Integrated Care System (ICS) plans. Submissions are required by the Trust in November and December 2021/2022 to demonstrate how the requirements in the guidance will be met. These priorities need to be supported through the use of data and digital technologies and we continue to make progress and enhance our use of technology. The operational planning guidance for 2022/2023 is expected to be published at the end of December.

The Trust continues to effectively manage the impact of Covid-19 within its ongoing arrangements. The current continuing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing and anticipated increase in demand and the impact of the omicron variant threat. The impact of ongoing winter pressures and the new threat of the Omicron variant however does make it increasingly likely that elements of business continuity plans will need to be implemented over the coming weeks. The ICS Mental Health, Learning Disability and Autism collaborative has reviewed the winter plans across all the providers and identified services that can be reduced or stopped if surge pressures increase.

Trusts have been asked to prepare for a public inquiry into the government's handling of the pandemic which will commence in the spring of 2022.

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

3 Director's Updates

3.1 Chief Operating Officer Update

3.1.1 Winter Plan and Pressures

Work has continued to implement our winter plan and deliver the new winter funded schemes. The seasonal pressures bids that were submitted for winter 2021/22 were based on the priorities agreed by Humber, Coast and Vale ICS and focussed on:

- avoiding patients being admitted out of area
- reducing the length of admission
- keeping patients at home where possible
- avoiding Emergency Department attendances and working with our system partners to ensure rapid mental health support when needed

Seasonal Pressure schemes were funded through several sources including winter funding which was allocated by the ICS on a 'fair share' basis in October 2021. Total funding allocated to the Trust amounted to £2.4m to deliver a range of schemes. The Ageing Well funding supported a range of community-based schemes across our North Yorkshire services and have now been implemented to support patient discharge. The winter and additional discharge funding has been utilised on a range of mental health initiatives to support patient care packages in care homes; increasing staffing establishments in the community and to extend Crisis Services to support the objectives agreed by HCV.

The ICS funding is supporting an initiative taking place with Hull University Teaching Hospitals to introduce mental health streaming within the Emergency Department. Recruitment is nearing completion to develop a team to deliver this initiative. Our Children and Young People Service have introduced a Safe Space where service users can access a new facility to avoid possible waits in the Emergency Department and admission to a CAMHS bed. For those children and young people admitted to the acute hospital with mental health needs, a new team is commencing in December to provide inreach support to this patient group. This team will work alongside the CAMHS crisis team, the safe space and the adult hospital liaison service.

Adult mental health discharge funding has been focussed on staffing the 5 additional functional older people's beds now open at Maister Court, as well as reducing treatment delays for Early Intervention in Psychosis. An element has also supported the "Right Care Right Person" initiative, working alongside Humberside police and acute hospital providers to refocus patient support in the Emergency Department and Section 136 patients brought to our health-based place of safety.

Winter and covid- 19 surge planning continue to be operationally managed through the same processes due to the interdependencies between the impacts of them. Business continuity plans continue to be reviewed and revised as necessary. The impact of ongoing winter pressures and the new threat of the Omicron variant however does make it increasingly likely that elements of business continuity plans will need to be implemented over the coming weeks. The ICS Mental Health, Learning Disability and Autism collaborative has reviewed the winter plans across all the providers and identified services that can be reduced or stopped if surge pressures increase.

3.1.2 Mental Health Inpatient Redesign Programme

The Strategic Outline Business Case (SOC) was completed in September. The work supporting the SOC encompassed extensive work with stakeholders and service users but stopped short of the extensive engagement that would ordinarily support a SOC. This approach was strongly advised by NHS England/Improvement.

A Pre-Consultation Business Case (PCBC) is usually undertaken alongside the SOC and whilst 80% of its content is already within the SOC there is a much higher level of focus and activity related to stakeholder engagement. The SOC is very focused on capital planning but the PCBC is entirely focused on the proposed service model and its impact on patients and the population. In practical terms the PCBC will test out stakeholder support and opinions in relation to the options under consideration in the SOC.

The Project Board and EMT has considered how best to position the project at an ICS and national level going forward to give it the best chance of securing funding and pre-empt potential key risks at the next stage of the project should funding be awarded; one of these being the formal engagement and public consultation work that will be required to support the options and preferred way forward.

The ICS context has evolved significantly during the development of the SOC, and the Trust is now being encouraged to focus efforts on wider stakeholder engagement, broadening the scope of the project to include wider ICS benefits and alignment with other major projects such as the Humber Acute Services Review. In addition, the membership of the project will be extended to include local authorities, and other ICS partners to ensure the strategic opportunities of an ICS system approach for patients is maximised.

The Trust is currently in the process of developing a plan to produce a PCBC for consideration, initial advice is that it's reasonable to anticipate a 6–9-month timescale with a commitment to further resource. More details relating to this proposal will be available for the next meeting of the Board.

3.2 Director of Nursing, Allied Health and Social Care Professionals

No updates for this report.

3.3 Director of Workforce & Organisational Development

3.3.1 Flu

So far, 63.59% of front line staff have taken up the offer of a flu vaccine. 100% of staff and bank workers have been offered the flu vaccine. Clinics and peer vaccinators continue to provide access to staff to take up this important vaccination.

3.3.2 Nurse Transfer Procedure

Executive Management Team agreed a streamlined process for Registered Band 5 Nurses to transfer roles across the trust. Four transfer windows will exist (January, April, July, October). This is a measure to support career development, recruitment, and retention.

3.3.3 Staff Survey 2021

The National Staff Survey 2021 commenced on Monday 27th September and closed on Friday 26th November 2021. 44% of staff completed the survey.

3.3.4 Mandatory Vaccines

Plans are in place for the change in regulations to mandate vaccines for front line health care workers. A working group is in place, which includes staff side, and we continue to promote the take up of vaccines.

Work is underway to apply the guidance and identify all roles in scope. The critical date is 3rd February, when those that have not had the vaccine and need to, will have had to have the first vaccine (to allow the second before 1st April).

3.3.5 ESR Learning

We have received notification that we're placed in the Top 20 learning completions across the NHS for the last quarter. This is the first time we've achieved this during my time with the trust and I

think supports the work the team have done and the updates implemented within ESR and the Portal to improve accessibility of training.

3.4 Director of Finance Update

3.4.1 Cyber Security Update

There are two types of CareCert notifications,

High priority notifications cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days. Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

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

Details of notifications received during 2021 are summarised in the table below:

	Issued	Deployed or no Action required	Awaiting deployment, action or testing	Not Applicable (do not use the system the Care Cert relates to)
High Priority	7	5	0	2
CareCert Bulletins	51	51	0	0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during November 2021.

The Trust IT Servicedesk responded to 91 calls for Out of Hours support during November 2021.

3.4.2 Reviewing the Working Arrangements of Non-clinical Staff

Work to finalise the lease for the new accommodation is drawing to a close and a number of engagement sessions have been held with staff in relation to function and flow of the new design. In addition leadership sessions are being developed to support managers in developing agile leadership skills

3.4.3 East Riding 0-19 Tender Outcome

Following the submission of a high-quality bid, East Riding Council have notified the Trust that they have awarded the East Riding Integrated Specialist Public Health Nursing Services (0-19s) to us again. We therefore retain the service for a financial value of £3,883,000 (not including the Looked After Children element).

This contract will run from 01st April 2022 to 31st March 2027 (with an option to extend for a further 24 months at the sole discretion of the ERYC)

3.4.4 Office 365 Update

Office 365 has been deployed to all Trust devices, EMT have supported a recommendation from the project board to pause the full implementation of Sharepoint and OneDrive due to a number of cyber security concerns.

3.4.5 Capital Works Update

Ward refurbishment works have now completed at PICU, Avondale, Newbridges and Westlands with contractors on site at Mill View.

A contractor has been appointed to install the backup generator at Miranda House and works will commence early in 2022

Plans have been developed for the Humber Centre refurbishment and are being consulted on with key stakeholder groups. A review of procurement frameworks is currently underway for recommendation to the project board and EMT

21 Staff areas have now been completed however installation of secure bicycle storage has been delayed due to delays in delivery from suppliers

3.4.6 Green Plan

All public sector organisations must have a green plan by January 2022, the Trust Green plan has been reviewed by Executive Management Team and was presented to the Finance and Investment Committee.

The plan will be submitted to the ICS and the next steps are to engage with patient and carer experience groups to obtain feedback as well as to develop a monitoring framework for future tracking towards net zero targets

3.5 Medical Director

No updates for this report

4 Policies

The policies below were approved at EMT on 13 December and will be presented to Board in January for ratification. The approved policies are below and are available on request:

- Secondment Policy
- Work Experience Policy
- Recruitment and Selection Policy
- Statutory and Mandatory Training Policy

5 Communications Update

New Year, New Job Campaign

Our New Year, New Job recruitment campaign is due to be rolled out to the public via various external channels.

The overall aim of this campaign is to capture the attention of those looking for new job opportunities in the New Year. Research shows that the most popular time of year for people to consider a new job, is between Christmas and New Year, followed by the first week of January.

As a result, we are targeting potential recruits (covering all areas of the Trust) for a period of 4 weeks from w/c 27th December onwards.

As part of this concentrated campaign, we have created a new recruitment message that complements our existing Humble branding, which asks people if they're ready for a fresh start. We have designed a series of new graphics to be used alongside this messaging, which will be shared on social media, our website, in the local media and through our existing recruitment channels, such as Trac.

We have also prepared two media partnerships to help us spread the word on additional platforms, allowing us to target new audiences within the very locations we hope to recruit – North and East Yorkshire. The first partnership is with Bauer Media, who manage popular radio stations such as

Viking FM in our local patch. A pre-recorded message is going to be aired multiple times a day, every day, for a period of two weeks, asking people to visit our Join Humber website and take a look at our vacancies. The second partnership is with JPi Media, who own outlets such as Yorkshire Post, Pocklington Post, Whitby Gazette, Scarborough News and Bridlington Free Press. These outlets will be sharing our messaging on both their digital platforms and in traditional print media. This collaborative approach will help us be seen by those in the various areas across our extensive patch.

We will also be running a paid for social media advertising campaign to target healthcare professionals in our region and beyond.

Christmas support

To support the various initiatives that have been running to celebrate Christmas 2021, the internal comms function have worked with teams Trust wide to contribute towards the following:

- Christmas staff prize draw
- Best decorated Christmas tree competition
- Christmas card competition
- Christmas quiz with Healthstars
- Christmas card for staff (to be sent out with gifts)

HYAG brand development

The communications team have been working with the Humber Youth Action Group (HYAG) to help them create a new brand for their group. We have contributed to a number of workshop sessions and a new logo and brand guidelines document is currently being prepared for roll out in the new year.

Three members of the HYAG have declared an interest in helping run their social media (Instagram) account so we are delivering training ahead of the Christmas holidays to ensure they're fully equipped and informed to do this in the New Year. Safeguarding measures have been put into place to protect the young people 'managing' the account. It will be overseen by the project leader, Bethia Dennis.

We hope that this group of young people will continue to build and grow and we'll be able to work with them to gain some insight into how we can improve both our services and communications to younger residents and service users within our locality.

MS Teams/ Webinars Survey

To determine how effectively the current set up for sending MS Team invites for webinars is working, we are running a short survey to ask staff how and when they would like to receive invitations of this nature. As it stands, we are sending out on average 10 invites per week to All Staff, along with Bi-Weekly Global news and other urgent solus communications. We believe this is negatively impacting on our engagement rates. Depending on the outcome of the survey (which is due to close before Christmas), we will evaluate the results and share our recommendations with EMT for consideration in the New Year.

Covid guidance comms

We have continued to support the efforts with regards to Covid communications. This has included pushing out messaging to plug the vaccination clinics in the last month. One of the clinics was aimed at 12 – 15 year olds. As well as targeting parents/ guardians/ family members of young people within our workforce, we engaged with a member of the HYAG who has been vaccinated to gather some video content about her vaccination experience – and shared this via external social media channels. This session was fully booked 24 hours before it commenced.

Other Covid communications have included:

- Staff vaccination clinic: Tues 14 Dec

- Omicron variant and Christmas Parties
- Plan B – Update
- NEW Clinic: Sat 18 Dec (spouses/ family members of frontline staff)

6 Health Stars Update

Christmas Sparkle

On the 17th December the Health Stars team encouraged all staff to wear their Christmas jumpers, socks or hats to spread a little festive cheer across the Trust. The festivities continued with a Christmas quiz via Microsoft teams which is being supported by Trust communications to ensure we can all get in the Christmas spirit ahead of the festive period. A special thank you to our quiz master Pete Beckwith

Whitby Hospital Appeal

As a team Health Stars continue to engage with the local community, voluntary sector and local schools around fundraising opportunities and involvement with the enhancements for the Hospital rebuild.

To date the Charity team are working to fundraising £85,559.22 and have successfully raised £42,069.30 so far through events and donations.

Work continues with planning of future events with thanks to the Fundraising T&F group. The group will meet again on the 24th January 2022 at 11:00am to scope and develop future fundraising plans for the appeal as we discuss the move into legacy giving for the Hospital as we transition into the next stage of the Whitby Hospital Appeal.

The team are working with members of the community in order to host a Ghost Walk with thanks to Dr Kranks. Strong relationships with the infection and control team continue to build and restrictions reviewed around COVID19 guidance as this continues to evolve in the current climate. The team continue to publicise the Fundraising Bricks in support of the appeal. Health Stars and Trust communications team continue to work together with support from the CCG to promote the opportunity to leave a legacy for all to see within the hospital new dementia friendly garden.

Additional support from the charity team has been present at the community led art exhibitions showcasing the historic artwork from the hospital, this was a great opportunity to engage with the community and have a charity presence.

Wishes

The Health Stars team continue to work hard granting wish requests which span the breadth of Humber Teaching NHS Foundation Trust. The team have been working extra hard in the run up to Christmas to ensure they spread a little 'sparkle' across the Trust this Christmas.

The highlights of wishes of which have been granted this month include:

- Yoga day and PAT dog experience at the Humber Centre
- Tablets to support MBT
- Kenwood Chef for sunshine house
- Sensory toys to support DBT
- Christmas ward parties
- Christmas Tree and decorations for Bridlington surgery
- Christmas Trees and decorations for King street medical practice
- Patient Christmas presents for Millview
- Patient Christmas presents for Whitby
- Patient Christmas presents for Malton
- Christmas Trees and decorations for Whitby Hospital
- Christmas Tree and decorations for Prospect hub Scarborough
- Christmas Tree for Inspire

Please continue to showcase the difference Health Stars continue to make across our Trust and continue to access our Charitable funds through the Health Stars 'circle of wish' process - [Submit Your Wish — Health Stars](#)

Together we can make a lasting impact across our Trust.

Michele Moran
Chief Executive
January 2022

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 13 January 2022		
Title of Report:	Public Trust Board Minutes –September & October 2021		
Author/s:	Name: Caroline Flint Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The public minutes of the Trust Board meetings held in September and October 2021 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 21	
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

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

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 29 September
2021 via Microsoft Teams

Present: Rt Hon Caroline Flint, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Mr Hanif Malik OBE, Associate Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non-Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mr Steve McGowan, Director of Workforce and Organisational Development
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Mr James Collier, Communications Apprentice
Graham (for item 168/21)
Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement for items 168/21 & 181/21)
Mr Tom Nicklin, Patient Engagement Coordinator (for item 168/21)
Mrs Trish Bailey, General Manager (for item 183/21)
Mrs Debbie Davis, Lead Nurse Infection Prevention Control (for items 184/21 & 185/21)s
Mr Oliver Sims, Corporate Risk and Compliance Manager (for items 186/21 & 187/21)
Dr Mohammed Qadri, Consultant Psychiatrist & Guardian of Safe Working (for item 188/21)
Ms Rachael Sharp, Head of Safeguarding (for item 189/21)
Mrs Jenny Jones, Trust Secretary (minutes)

Apologies: None

Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on Youtube.

165/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

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

166/21 **Minutes of the Meeting held 28 July 2021**
The minutes of the meeting held on 28 July 2021 were agreed as a correct record.

167/21 **Matters Arising and Actions Log**

The action log and work plan were noted.

168/21 **Graham's Story**

Graham attended the meeting supported by Mr Nicklin and Mrs Dawley to tell the Board his story through Learning Disability Services and the value of service user involvement. Graham shared details of his life and his achievements and successes over his lifetime. Graham likes to help people and believes that if you get your health right you can get on with the rest of your life. He liked to help people and to share his journey with others. Graham shared some photographs with the Board and certificates. He also spoke of the "ladder" he pictures in his mind which he uses to determine how far he has come

Graham has helped the Trust by being on interview panels and joining various forums. Mr Nicklin thanked Graham for all of his help.

Board members were delighted to hear that Graham is happy and loved everything he is involved with. Board members thanked Graham for attending the meeting and sharing his experiences. Graham had many quotes and views and members of the Board asked if they could use them in different areas which Graham was keen on.

169/21 **Chair's Report**

The Chair provided a verbal update on areas she has been involved in since her appointment on 16 September:-

- A recruitment process is underway for two Non Executive Directors to replace Mr Baren and Professor Cooke. In conjunction with the Governor Appointments, terms and Conditions Committee work is progressing with the recruitment. The Trust has engaged Gatenby Sanderson to assist with the process. The posts are live and it is hoped appointments will be finalised before Christmas.
- Attendance at the East Riding Health and Wellbeing Board workshop. Discussions include governance and structures in the Humber Coast & Vale (HCV) Integrated Care Service (ICS and the difference that will be made to service across the HCV.
- The Chair is continuing the work started by the previous chair to help shape the ICS. A meeting was held with Cllr Harrison and the HCV Director of Strategy and Partnership Development to discuss what the partnership should look like and how it relates to other work in the ICS.
- Attendance at the Bands 3 -7 leadership event to meet staff. In the future the Chair will try to see as many staff as she can at various meetings.
- The virtual market place at the Annual Members meeting was a great success and the Chair
- joined in these events which helped to give her more detail on services.
- The Chair joined the Mental Health Chairs weekly conference called which focussed on how things had gone over the last 18 months.

- A meeting was held to discuss the impending External Governance Review which will be taking place early 2022.

Resolved: The verbal updates were noted

170/21

Chief Executive's Report

The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive. It has been an extremely busy time both from a system and Trust perspective. The following areas were drawn to the Board's attention:-

- More face to face meetings are being held under the Infection Prevention Control guidance.
- Staff Celebration Week was a success. The intention is to continue with rewards for staff and positive feedback has been received for what has been done.
- The Humber Youth Board members have decided to rename the group to the Humber Youth Action Group.
- A Health Service Journal (HSJ) Award has been won by Inspire the Patient Safety category for the Children's and Young People Team. Well done to all involved and to all finalists. Mrs Gledhill reported the Trust was shortlisted in four categories which is an accomplishment given the number of submissions they receive.
- The opening of the refurbished Whitby Hospital took place recently. It is a fantastic design that will benefit both staff and patients.
- Details of Awareness weeks that are taking place in October were detailed in the report
- The flu vaccination programme has commenced and will intensify over the next few weeks.
- The Chief Executive met with the new International Nurses who have come from various countries. They will be an asset to the organisation. Thanks were extended to everyone involved in making this possible.
- Office 365 – thanks to the IT team for their roll out of this.

Mrs Parkinson provided an update on the Covid 19 situation. She explained that infection rates remained high during August and going into September. Eleven patients in mental health units have tested positive meaning there is some reduction in bed availability. Staff absence rates are stable following the change in national guidance around being pinged and allowing staff who have been vaccinated to have a risk assessment in place so they can return to work.

Operational pressures remain high although demand for services has plateaued through the summer holiday period. Operational Pressures Escalation Levels (OPEL) pressures remain at 2/3 rating although some system partners have seen increased pressures and reported OPEL 4 for a period of time. Local

pressures are being seen around discharges in the system.

In relation to care homes, it is a national requirement for any professional entering a care home from November to have had both Covid 19 vaccinations. An assessment of Trust staff who will be affected by this requirement is underway and early indications are showing there will be sufficient numbers of staff to work in care homes.

Child and Adolescent Mental Health Services (CAMHS) and Primary care are areas of pressures. There is a focus on waiting lists in these areas to ensure the organisation is in a position to meet the ongoing demand across all service areas. The capital work at Maister Lodge has been completed and recruitment is being finalised at which stage all beds will be able to open which will help reduce operational pressures.

Dr Byrne provided updates on the Covid 19 vaccination and flu programmes. He explained there has been media interest around the waning effectiveness of the vaccine. The vaccine was developed to reduce mortality from Covid 19 and to reduce hospital Intensive Care Unit (ICU) admission. The vaccine is doing what it was designed to do and there was always some indication that there would be some waning of effectiveness which would lead to milder symptoms. A booster programme for the over 50s has started and the Trust will be rolling out its programme shortly. The flu campaign is underway and Dr Byrne encouraged people to take up opportunities to have this. It can be given at the same time as the booster vaccination if required although 182 days gap between the second and third dose is needed.. It is expected that the roll out will be 15 – 17 October for staff at the Lecture Theatre which has been used as a vaccination centre. Colleagues working in North Yorkshire will be able to access clinics from partners in the areas.

Mr Beckwith reported that in the new hospital programme 127 projects will be progressed by Ministers.

The Head of Corporate Affairs, Mrs Hughes reported that the Engaging with Members Governor Group is linking with the Humber Youth Action Group. She also highlighted that in August the new Intranet was launched, this had been developed with staff and provided the tools to easily access key information. This has been well received by staff as the numbers in the Communications update show.

Mr Patton congratulated the Inspire team on their award. In relation to the update from Mrs Parkinson, he asked if recruitment would be an issue for CAMHS, Psychiatric Intensive Care Unit (PICU) and Maister Lodge in relation to beds. He was informed that two PICU beds on Inspire are open and following successful recruitment, there are plans to open another two beds in December. Some caution is being exercised to ensure that people recruited have been fully inducted and trained. Maister Lodge beds will be opening in October.

In relation to Primary Care, Mr Patton asked if there would be additional pressures due to the booster and flu programmes. Dr Byrne said that Trust practices would be operating as business as usual for flu. The booster programme is commissioner led through the Clinical Commissioning Groups (CCGs. The booster programme has more flexible options with more community based pharmacies offering it which will take some pressure off the practices.

Mr Patton asked about Patient Safety Partners and how the right people would be recruited. Mrs Gledhill explained that there is close working with the Head of Patient and Carer Experience and Engagement and her networks to ensure that the right person is in post.

In response to a question from Mr Baren, it was agreed that the Workforce and Organisational Development Committee would review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff. Mr McGowan confirmed there is an update on this area at each Committee meeting.

Mr Baren asked if the international nurses recruited were employed substantively or whether they are temporary positions. It was confirmed that the nurses are in substantive posts and will be working in community and physical health areas initially. They want to develop their skills and are pleased to be in the UK. Pastoral support is in place to support them as well as a peer support group. They have expressed a wish to learn how to use equipment and technology that is not available in their countries. Mr McGowan added that the recruitment is part of the workplan for workforce and the intention to recruit to 20 permanent roles. Mr Malik suggested that some wider support for the nurses with others who have similar cultural nuances could help individuals perhaps through a buddying scheme with people already working in the organisation. Mrs Gledhill reported that plans for a buddying scheme are in place as is additional pastoral support.

Resolved: The report was noted.
Workforce and Organisational Development Committee to review how effective the BAME network is at raising and dealing with health and well being issues of BAME staff **Action SMcG/DR**

171/21 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that Tom Cahill will be coming to speak at the ICS Mental Health and Learning Disability Conference in November.

Mr Patton suggested that there were some reports that were worthy of a discussion at the Workforce & Organisational Development Committee and these will be added to the next agenda.

Resolved: The report was noted.

172/21 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of August 2021. Updates were provided for indicators which had fallen outside the normal variation range including Safer Staffing dashboard, Statutory and Mandatory training, Waiting Times, Improving Access to Psychological Therapies (IAPT) Recovery and Out of Area Placements.

Mrs Parkinson provided a verbal update on waiting times explaining there is a vigorous focus in this area. Children's Autistic Spectrum Diagnosis (ASD) over all is reducing. Hull's trajectory target is on track, however East Riding's trajectory has slowed down due to sickness absence in the team over the last

two months. Measures to address this have been taken and including increasing the availability of appointments through the digital platform, Helios. It is expected that these actions will have an immediate effect. Recruitment of experienced staff is an issue across the system and is being raised at that level.

Mr Baren referred to the dashboard noting there were no red flags for which he congratulated all involved. He did note that the agency arrows were downward which was pleasing to see. However there was no information on doctors or consultants vacancy details which he felt should be included. The Chief Executive explained that a piece of work was done by Attain and Dr Byrne and Dr Fofie have completed some work on medical staffing about where we are in system and what the future is in relation to this area. The work has been to the Operational Delivery Group (ODG), the Executive Management Team (EMT) and the Workforce & Organisational Development Committee.

Mr McGowan explained that the consultant posts are part of the hard to recruit Task and Finish Group focus. A report is presented to the Workforce and Organisational Development Committee at each meeting. This is also backed up by a comprehensive recruitment campaign. A number of consultants have come into post over the last few years and this issue is not just a local one. Mr Baren suggested having a page in the performance report so that the Board could monitor any trends. The Chair was reluctant to duplicate the work the sub Committees are doing, but agreed trend information would be helpful. Mr Royles will discuss with Mr McGowan to see how this can be moved forward.

Mr Patton suggested a review be undertaken of what has to come to the Board and what can be delegated to the Sub Committees which may help to shape discussions. It was noted there is a list of items that must come to the Board,

Out of area placements figures appeared to have increased and Mr Patton asked if there was a specific reason for this. He was informed that an increase in the use of out of area PICU and mental health beds factors had impacted on this position alongside wards that had to be closed due to Covid positive patients. Estates work continues on inpatient wards to improve the environment which is affecting beds although PICU and Avondale are not closed. Trajectories are in place to eliminate out of area placements as is required by national guidance going forward.

In terms of Autism details of the longest waits are discussed at the Quality Committee to provide assurance of the focus on these areas. Each service area is aware of individuals and there are some areas where the timescale does not stop until a diagnosis has been made. During this time contact is maintained with service users and their families.

Resolved: The report and verbal updates were noted
Discussion to take place around providing trend details of agency posts to the Board Action DR/SMcG/PB

173/21

Finance Report

Mr Beckwith presented the highlights from the finance paper at the end of August including:

- The Trust recorded an overall operating surplus of £0.245m which is in line with the ICS Months 1-6 expectation of a £0.315m surplus

- Within the reported position at Month 5 is Covid expenditure of £1.818m and income top up of £1.055m.
- Cash balance at the end of Month 5 was £23.718m
- The Year to Date Agency expenditure was £2.861m this is £0.248m less than the previous year's equivalent month 5 position.

Planning guidance for H2 is still awaited and the Board will be kept updated. Mr Baren noted the good report and the strong financial position the Trust is in. He asked how the Provider Collaborative financial information will be presented when it has gone live. Mr Beckwith explained that in the initial stages there will be a separate report so the Board can see the details.

Resolved: The report was noted.

174/21 **Finance and Investment Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting on 18 August 2021. A surplus of £13.1 million was noted in the Humber Coast and Vale area. The risk register and Board Assurance Framework was also reviewed at the meeting.

Resolved: The report was noted.

175/21 **Charitable Funds Committee Assurance Report & 19 July 2021 Minutes**

A summary from the meeting held on 22 September 2021 and the minutes of the meeting held on 19 July 2021 were provided to the Board. Discussions at the meeting included the Whitby Appeal where £30 of a target of £130k has been raised. Fundraising is difficult at this item and the ration for donations has reduced. It is hoped that a relaunch of the Pennies from Heaven will take place in the future. At the meeting it was suggested that there is a Health Stars month to promote the work of the charity in a similar way to other awareness months,

Mr Smith commented that fundraising is difficult both locally and at a national level currently. However he noted the work of the organisation in spending money raised to ensure that staff are looked after.

Resolved: The report and minutes were noted.

176/21 **Quality Committee Assurance Report**

Mr Smith, temporary Committee Chair, presented the report which summarised discussions held at the meeting on 11 August 2021. The approved minutes of the meeting held on 2 June 2021 were also noted. The Committee reviewed the risk register and interrogated the Early Intervention in Psychosis (EIP) improvement plan and the ligature report. The Committee works hard to ensure patient safety is maintained.

Resolved: The report and minutes were noted by the Board.

177/21 **Workforce & Organisational Development Committee Assurance Report & 21 July 2021 Minutes**

The report provided the Board with details of discussions held at the September meeting. The minutes of the meeting held on 21 July were presented for

information. Deep dives into specific areas are undertaken as appropriate at meetings to provide further information. A good report on absence was received at the meeting. A request was made for a review of statutory and mandatory training as there are some areas where compliance levels are not where they should be.

Resolved: The report and minutes were noted

178/21

Mental Health Legislation Committee Assurance Report

Mr Smith presented the report which provided an executive summary of discussions held at the meeting on 5 August 2021. The work of the Committee is supported by the Mental Health Steering Group and moving back to a business as usual position and ensuring that areas such as culture and transparency are clear. The Care Quality Commission (CQC) joined the meeting and saw how the data provided is used by the Committee and interrogated.

The Committee received a report around the existing policy for Associate Hospital Managers and how they discharge their powers. It also stated that a Governor could not be an Associate Hospital Manager although there has been a Governor in place for some time who is also a Hospital Manager. The Committee considered all of the information from a legal and independent perspective. Associate Hospital Managers cannot be employed by the organisation or Executives. The Mental Health Chair is a designated Hospital Manager. The Committee found that there was no reason why Governors should not be Associate Hospital Managers.

Resolved: The Board noted the report and verbal updates.

179/21

Audit Committee Assurance Report

The report was presented by Mr Baren and provided a summary of discussions held at the August 2021 meeting.

Mr Baren explained that at the meeting details internal audit reports were received and discussed. This included a clinical governance report that initially received limited assurance. This was taken through the Quality Committee where the actions were discussed and monitored which led to a subsequent report that gave a higher assurance.

The costs of the Clinical Negligence Scheme for the Trust (CNST) and insurance have increased and details were shared with the Committee. The Information Governance Annual Report was received at the meeting. It has also been circulated to Board members for information. Discussions took place around Subject Access Requests and the clinical time needed to respond to the requests given the cost to an individual is no longer in place. The number of requests increased last year.

Resolved: The report was noted.

180/21

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

An executive summary of discussions held at the meeting on Tuesday 24 August 2021 was presented to the Board. The Board held a timeout on 24 September which included a detailed session on the providers collaborate covering governance, quality and finance. It was agreed at this meeting to rename the

Commissioning Committee to the Collaborative Committee.

The controls in place are working well and Mr Baren has been impressed with the work of the team. The meeting was not quorate, but Mr Malik has now joined the Committee and the Terms of Reference will be amended to reflect this.

Resolved: The Board noted the report and verbal update.

181/21

Patient and Carer Experience Annual Report (2020/2021) including Complaints and Feedback

Mrs Dawley presented the annual report and pulled out some highlights for the Board including:-

- The work of the Patient and Carer Experience team
- Surveys undertaken including the Community Mental Health Survey and the inpatient survey. System and processes are in place to understand what the information is telling us and develop action plans to ensure areas for improvement are taken forward.
- Virtual Awareness Weeks have been held including forums, church services and virtual sessions to share the work that is taking place
- Two virtual sessions planned in October one specifically on complaints and feedback, the other on this report
- A number of priorities have been identified to take forward including the role of the panel volunteer which will be rolled out in the near future. This will enable people to get involved in recruitment
- A training programme is in place through the Recovery College which provides bite-size sessions for both staff and the public
- Complaints were paused at the start of the lockdown period and restarted earlier than before the national unblocking took place. There was a reduction in the number of complaints when Covid hit but an increase is now being seen.

Mr Baren thanked Mrs Dawley for her work on the Youth Board which has held its first meetings. He attended a meeting and was inspired by the views of some of the participants and the workshops. Some of the young people have suffered from a lack of face to face meetings and he suggested that perhaps the groups could benefit from these style of meetings in the future. Mrs Dawley said that Trust guidance for meetings is being followed and is keen to have a blended approach as soon as guidance allows.

Mr Smith explained that the report has been considered by the Quality Committee and was strongly endorsed by the Committee for the work that is being done both during Covid and presently. He did caution that Mrs Dawley was doing a tremendous amount of work and needed to take care of herself.

Mr Patton felt the report was excellent and continued to deliver great things. The Chief Executive agreed acknowledging the pace of some of the work. In relation to complaints, she asked if there were any areas that were not receiving complaints as this can be an indication of whether things are not going right. Mrs Dawley will review to see if there are any areas that are not being raised.

The Chair noted that communication was a main feature of complaints and wondered if there were any common areas which may be something to look at going forward.

Dr Byrne thanked Mrs Dawley for all the work she has done over the past few years. The work of the team has been presented to NHS England. The strategy will be refreshed in 2022

Resolved: The annual report was noted.

182/21 **Quality Improvement Strategy (2021-2026) – Draft**

The strategy replaces the Quality Improvement Approach and was developed with the support of a member of the Patient and Carer Experience Forum following a consultation with Staff, Patients, Service Users and Carers. The strategy has been through the Trust's governance systems and was put in place following a Care Quality Commission (CQC) report which identified processes were not in place.

Attention was drawn to the work on training and how the NHS framework was adopting the process developed by the organisation to use bitesize sessions.

Resolved: The Board approved the strategy

183/21 **Clinical Review of Issues arising from the Transfer of Community Paediatric Medical Services of City Health Partnership to Hull University Teaching Hospitals NHS Trust and Humber Teaching NHS Foundation Trust**

The contractual commissioning of the Community Paediatric Medical Service was transferred from City Health Care Partnership to both Hull University Teaching Hospitals NHS Trust (HUTH) and Humber Teaching NHS Foundation Trust on 1 April 2019. On transfer it was found that there were delays in patient referrals and out-patient reviews, which impacted on the assessment and treatment pathways for these children, and may have caused harm.

The report provided a chronology of events which include the Trust accepting a transfer of neuro diverse cases, each of which were reviewed with Consultant Psychiatrist oversight.

Mrs Bailey explained this case began in 2018 with 2427 children were transferred to HUTH. All children were given a plan and their families contacted to state how services would be provided. Children were screened for any underlying health issues and signposted to appropriate services. Eleven children were identified as being at risk of potential harm which included undiagnosed conditions and families were contacted and supported.

Mr Baren asked if some of the harm was as a consequence of using multiple locum medics. Mrs Bailey explained that the quality of locums cannot be guaranteed however within the CAMHS community services there is dependence on locum Psychiatrists but there are robust quality checks in place. The organisation is fortunate at this time to have recruited a locum with a specific interest and learning in neuro diverse conditions.

The transition of some young people aged 17.5 meant additional work with adult services to ensure there was appropriate care in place when they turned 18. Dr Byrne said that the report showed what happens when there are complex services and the workforce issues faced both locally and across the NHS. A substantive workforce is always required, but when vacancies across the NHS show that more nurses, GPs and consultants are still needed. He was confident

that the organisation has the governance arrangements in place to deal with this issue locally. The Chief Executive said this report will be taken into the provider collaborative work to look at quality and triangulation areas. She thanked Mrs Bailey for her work in this area and for dealing with it in an empathetic and supportive way for staff and families as it was a large undertaking. Mrs Parkinson said there has been learning as a system on issues. A clinical director is in post who oversees as part of the role, clinical quality and clinical governance and supports the Divisions.

Mrs Bailey was thanked for attending the meeting to present the report.

Resolved: The report was noted.

184/21

Infection Prevention and Control (IPC) Strategy Refresh (2021-2022)

Mrs Davies joined the meeting for this item. The current Trust IPC Strategy was developed in 2018 and since its introduction staff have become familiar with our vision and the goals we are aiming to achieve.

Significant progress has been made against the majority of goals however the COVID-19 pandemic has severely slowed progress in the elements of the strategy where face to face patient and public engagement is required. Mrs Davies was disappointed that promotional activities had stopped due to the pandemic. The Chief Executive said the team should not be disappointed as they had done exceptional work during the pandemic and the amount of work they had undertaken was phenomenal. The Chair agreed especially given the extraordinary circumstances the organisation has been under.

Resolved: The Board approved the strategy

185/21

Infection Prevention and Control Annual Report 2020-2021

The report provided assurance to the Board of the progress made in the prevention and control of healthcare associated infections (HCAI) for the reporting period from 1st April 2020 to 31st March 2021. It provided an overview of the key work undertaken highlighting the progress and achievements made against year 3 of the Trust Infection Prevention and Control Strategy 2018-21. It also provided a summary of the work completed and challenges that have occurred as a consequence of the ongoing COVID-19 pandemic.

Attention was drawn to the 14 outbreaks which was a testament to the clinical teams that adhered to the processes in place to manage harm to both patients and staff. The Covid 19 response team made a significant difference in staff compliance levels in the first stage dealing with patient and clinical symptoms. There was real activity work on on donning and doffing and improvement of the facilities. There were challenges with some sites due to the environmental constraints. Clinical staff came up with creative solutions for the use of ppe including the ppe in a pocket. There are some lessons to be learned which will be taken on board.

Mr Baren congratulated the small team for the work they have done in difficult conditions. He recognised that patient safety is paramount and part of this is around patients being allowed to see their loved ones. Mrs Davies explained that visiting is discouraged in some areas which caused problems for some patients especially on Maister Lodge. In this case the ward staff showed visitors how to use ppe and allowed visits based on risk assessments.

Mrs Gledhill thanked Mrs Davies, the team and everyone involved in infection prevention control for the work undertaken. This included the Estates Team, Health and Safety and the support from a consultant microbiologist. Due to the flexibility in dealing with issues the organisation had been well supported.

Resolved: The annual report was approved by the Board.

186/21 **Q2 2021/22 Board Assurance Framework**

The report provided an overview of the Q2 2021/22 Board Assurance Framework (BAF). Mr Sims explained there had been no change in the individual scores for strategic goals, however work that is taking place may result in some changes. The BAF is shared with Sub Committees who review the goals they have the lead for and make any changes.

Mr Patton referred to the first strategic goal and wondered what the nursing and consultant issues discussed should be added as it does reflect on patient safety. He also noted there are a number of actions that are due now. Mr Sims said that work is ongoing to review these and he acknowledged that a look ahead for actions that are due would be helpful to the Board and will see how this can be reflected in future reports.

Resolved: The Board Assurance Framework report was noted

187/21 **Risk Register Update**

The report provided 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 2021.

Eleven risks were identified as scoring 15 or above and these are reviewed by the Operational Delivery Group (ODG) and the Executive Management Team (EMT) and the process is underpinned by the Divisions. Details were included in the report. No risks have been closed or de-escalated since the last report. The report also included details on the wider risk registers and the number and scores of the risks.

Dr Byrne asked if there is any benefit in linking the risk register to NHSE risk register to see if there are any similarities in risks. Mr Sims explained that EMT suggested that this is done on an annual basis. The Chief Executive felt it was also important, as the Integrated Care Service (ICS) develops, to review its risk register and to see if any risks needed to be considered for the organisation.

Resolved: The Board noted the report and thanked Mr Sims for attending.

188/21 **Guardian of Safe Working - Annual Report**

Dr Mohammed Qadri, Guardian of Safe Working attended the meeting to present the report which identified any rota gaps, vacancies and issues relating to the safe working of junior doctors. Of particular interest were:-

- The progressive improvements with the on call working that have contributed to reduced travel time across sites and thereby providing better opportunity for rest period.
- The roll out of smart phones to junior doctors to ensure safer working has also been a significant change to further improve better safer working environments for junior doctor working on the on-call rota.

- Work is ongoing regarding reviewing the rest and sleep facilities for doctors working on call. The Trust has received money to review these facilities, however, progress was interrupted by the COVID outbreak. This has resumed in close collaboration with the Junior Doctors. Mr Beckwith explained that work is progressing with the Estates Team to achieve the preferred outcome to ensure the accommodation is appropriate for junior doctors
- A robust weekly training programme is in place where exploration of cases and scenarios that may be raised during on call and how they may be responded to

Dr Byrne thanked Dr Qadri for his report. He explained that if the accommodation is appropriate colleagues are more likely to perform higher and make less errors. It is about getting it right for junior doctors who work different shift patterns. In the long term it will help with recruitment and having the right facilities will encourage people to the organisation. Dr Byrne expressed his thanks to Dr Jennifer Kuehnle the previous Guardian of Safe working for her work.

The Chief Executive was pleased to see the recommendations about training and teaching for on call. She thanked the junior doctors for all their work and that the communication with staff and junior doctors will be monitored.

Resolved: The report was noted.

189/21

Safeguarding Annual Report

Ms Sharp attended the meeting to present the annual report. She shared a brief presentation with the Board which showed highlights from the report. This included Multi agency work

Safeguarding training uptake, response to domestic abuse, child neglect work and LADO/ allegations against staff concerns. During the year with the move to working from home with the team continuing to deliver a service and address any concerns around children and adults. Three new staff have joined the team and the team has been flexible and available to teams who had any concerns.

The report and presentation identified the areas that have been of concern during the year and also celebrated successes and achievements include the duty desk with the Primary Care and Community Division.

A recent closed culture publication has been released which will be embedded into practices. The team has been involved in the long term segregation review. There has been a national increase in domestica abuse with hidden victims during the pandemic. The Trust achieved White Ribbon accreditation and has a policy and champions to support the work.

Priorities for 2021/22 were detailed in the report. Work with the Patient and Care Experience team is taking place to identify volunteers to work with the safeguarding team.

Mrs Gledhill explained that the pressure the team is under is immense given what the new world has thrown up however the team has provided a quick response when contacted. Ms Sharp is leaving the organisation next month and will be missed.

Mr Baren thanked Ms Sharp for a comprehensive report that gave assurance

that things are being handled efficiently. He commented about neglect of children as an area of focus given the environments we are living in, winter approaching and furlough ending and changes to Universal Credit, he felt these would place more pressure on families.

Resolved: The annual report was ratified by the Board.

190/21 **Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review**

Mrs Hughes presented the report and explained the annual review was brought forward from November to ensure any changes required in relation to the go live date of the Provider Collaborative and Commissioning Committee are reflected.

The key changes are additions to sections A and B to reflect that the activities via the Provider Collaborative should follow the same principles as the Trusts. An additional change to reflect that two Non Executive Directors are on the Commissioning Committee will also be made following approval to its Terms of Reference earlier in the meeting. The change of name of the Commissioning Committee to the Collaborative Committee was approved as agreed by Board last week.

Mr Patton referred to the description of the assurance Committees suggesting that this should be consistent in the document. Mrs Hughes will review to ensure they have consistency.

Mr Baren suggested that the new Associate Non Executive Director role should be referenced in the document and Mr Smith asked for the delegation of powers for Associate Hospital Managers to be inserted into the document.

Resolved: Subject to inclusion of the the amendments identified, the Board approved the changes to Standing Orders, Scheme of Delegation and Standing Financial Instructions.

Sub Committees descriptions to be amended to ensure they are consistent around the assurance role Action MH

Associate Non Executive Director role to be included in the document Action MH

Paragraph regarding delegation of powers for Associate Hospital Managers to be added Action MH

191/21 **A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance**

This report summaries activity relating to appraisal and revalidation processes for 2020/2021. The Annual Organisation Audit (AOA) data is also attached for information. The document has been to the Workforce & Organisational Development Committee and was presented to the Board for approval for the Chief Executive to sign the statement of compliance.

Resolved: The Board approved the Chief Executive signing the statement of compliance.

192/21 **Winter Plan – 2021/22**

Mrs Parkinson explained that the plan covered all relevant areas and has been developed and formulated based on what worked well during the winter of

2020/21 and within the context of the ongoing expectation that the Covid-19 pandemic will continue throughout the winter months.

This plan is overseen by the Emergency Preparedness, Resilience and Response (EPRR) command arrangements and the remit of our command structure has been expanded to include winter planning due to the interdependencies between our ongoing response to Covid- 19 and winter pressures.

Mr Baren asked about capacity for surge beds. Mrs Parkinson explained that there are plans to maximise every opportunity to have as much inpatient bed capacity as possible although there are workforce challenges to be considered. The Chief Executive said that the main focus is keeping services in place and the system is also seeing what it can do to support this.

Resolved: The report was noted.

193/21 **Items for Escalation**

No items were raised.

194/21 **Any Other Business**

No other business was raised

195/21 **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.

196/21 **Date and Time of Next Meeting**

Wednesday 28 October 2021 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 27 October
2021 via Microsoft Teams

Present: Rt Hon Caroline Flint, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Mr Hanif Malik OBE, Associate Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non-Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mr Steve McGowan, Director of Workforce and Organisational Development
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Head of Corporate Affairs
Ms Loren Hakeney, PR Officer
Mr Rob Atkinson, Deputy Director of Estates and Facilities (for item 200/21)
Mrs Alison Flack, Freedom to Speak Up Guardian (for item 209/21)
Ms Nikki Titchener, Deputy Freedom to Speak Up Guardian (for item 209/21)
Ms Rosie O'Connell, Safeguarding Practitioner (for item 213/21)
Mrs Jenny Jones, Trust Secretary (minutes)

Apologies: None

Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on Youtube.

197/21 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.

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

198/21 **Minutes of the Meeting held 29 September 2021**
The minutes of the meeting held on 29 September 2021 were agreed as a correct record.

199/21 **Matters Arising and Actions Log**
The action log and work plan were noted.

133/21 Annual Non Clinical Safety Report 2020-21

It was noted that the photo on the front cover of the Annual Non Clinical Safety Report has been replaced and the action can be closed.

200/21

Staff Story

Mr McGowan introduced the story explaining that 2020 staff survey results highlighted that areas such as recreational areas and food and drink facilities had scored low. To address this investment was identified to improve these areas.

Mr Rob Atkinson, Deputy Director of Estates and Facilities attended to share details of the work that is taking place within the Trust. He explained that an allocation of £500,000 has been identified from the capital programme to improve the facilities. An engagement group was established to look at the standards required and to Staff have been asked for their views on what should be included in areas for example feedback has been that they wanted it to have plants and artwork to differentiate from the working environment. For kitchens, there is a list of what will be included and it includes fridges, microwaves, cold taps and new fittings and furniture.

The presentation showed details of the work that has been completed, work in progress and the work that is still in the planning stages. Responses are still awaited from some teams as to their requirements. Images of the work during various stages was highlighted in the presentation showing before and after pictures. At this stage 30 kitchens and 13 staff rooms have been transformed on sites. Four new staff rooms, a staff locker room and 3 modular buildings have also been provided. Work has been completed on 8 sites, 6 sites have work in progress, contracts have been awarded for ten sites and a further 8 sites are going through the tender process. 23 projects are in the design and development phase and it is planned that 31 sites will have been completed by Christmas with remaining sites by the end of March 2022.

Mr Beckwith thanked Mr Atkinson for the presentation. He explained that the capital programme is the biggest he has known and made possible from the hard work in delivering financial targets over the last few years allowing investment to be provided. The 18 sites that have not yet responded are being followed up to identify any requirements. Mr Beckwith highlighted 86% KPIs on reactive maintenance which was impressive. He thanked Mr Atkinson for his leadership and thanked the team for their hard work.

Mr Royles agreed with the comments made acknowledging that other functions such as catering and drivers had been singled out over the last year for their work and felt it appropriate to recognise the work of estates and facilities teams too. As well as providing good working environments for staff where they feel valued, it will also benefit inpatients.

Mr Baren asked if there is a role for Charitable Funds in providing additional equipment and whether suppliers had given discounts for any of the fittings or equipment purchased. Mr Atkinson explained that Charitable Funds can be used to provide the added sparkle for areas and if anything was requested that was not in the standard specification requests would be signposted to the funds. In terms of suppliers the procurement process can be challenging and discounting is considered at this time. Mr McGowan felt that clarity about what the Trust provides is helpful as then any additional items that are not included

can be bought through other routes and to enhance the environments further.

The Chief Executive thanked Mr Atkinson for his presentation commenting that staff have said that the work being done is not disruptive and will be worth it. She agreed that the staff and patient benefits from these projects will make a difference. Wobble rooms are also on sites where capacity and space permits. It was noted that the Estates and Facilities team supported the set up of the Vaccination Centre to ensure it was safe and appropriately equipped.

The Board thanked Mr Atkinson for attending.

201/21 **Chair's Report**

The Chair provided a verbal update on areas she has been involved in since the last meeting including:-

- Meeting with the Chair of the BAME Network, Grace Gava and also took part in the launch of Black History Month. Work continues to support BAME staff and how they can contribute to work ongoing in the organisation including International Recruitment.
- A Meet Caroline session was held which was well attended
- The quarterly staff awards event was held and it was interesting to hear about their backgrounds and changes they have seen over their years of service
- The Chair visited Whitby Hospital and Inspire Unit and virtual visits were held for Mill View and Newbridges. The refurbishment that has taken place at Whitby is amazing and has transformed the site.
- Governor nominations for elections have closed and there has been a good response and an election will take place for East Riding constituency. There are still some vacancies in other constituencies and work will continue to recruit to these seats.
- Non Executive Director recruitment is underway and the process is on track to meet the timescales for ratifying any appointments.
- The Council of Governors meeting in October was well attended and the Chair is meeting with Governors both individually and in groups.
- A meeting was held with the Head of Patient and Carer Experience and Engagement to learn about the work that is taking place especially with the Hull Youth Action Group.
- Attendance at meetings for the Humber Coast and Vale (HCV) Integrated Care Service (ICS)

Resolved: The verbal updates were noted

202/21 **Chief Executive's Report**

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

- The great work of the co-production group continues including a co-production stamp
- The Human Resources Team were recognised by the Healthcare People Management Association (HPMA) and won the Locum's Nest Award for HR Analytics. Congratulations!
- It was a pleasure to meet virtually with our 7 international nursing recruits who have started work with us.

- Work has continued with partners in relation to the Right Care, Right Person programme of work. The next stage is the implementation of the S136 (1-3 hour target) for patients requiring S136 or place of safety. This will be implemented from 1 November 2021. Non-recurrent funding has been identified to support this pilot which will be monitored over a 6 month period.
- Humber, Coast and Vale Health and Care Partnership has announced that it has appointed Susan Symington as its designate Integrated Care System (ICS) Chair. The outcome of the Chief Executive recruitment is yet to be announced
- Work continues on the Trust strategy and engagement and consultation with staff is taking place led by the Director of Finance
- It has been a busy month for awareness sessions and the Chief Executive thanked the Communications team for supporting and promoting these events.
- Winter pressures are expected to be high this year. The Chief Operating Officer and her teams have prepared a winter plan which continues to be monitored and updated.

Mrs Hughes drew the Board's attention to the Communication report and the use of the Brand Centre which is encouraging. An ongoing proactive approach is taken to media interest and 37 positive news stories were promoted including tv interest in the international nurses. Mrs Hughes extended her thanks to Ms Hakeney in the team who co-ordinates and promotes these requests.

Mr McGowan provided an update on the recruitment event which was held in Dublin recently. There has been an excellent response and interest in the organisation. Thanks to Dr Byrne who attended the event and represented the Trust.

Mrs Parkinson commented that operational pressures remained high in September and throughout October for the Trust and the acute hospital due to Covid 19 admissions and high infection rates. Pressure was reported in staffing for home care areas and in primary care across the system. Work is ongoing with system partners to ensure surge work planning is as good as it can be. Short term funding for winter planning has been identified which the Trust has benefitted from and will help to address any workforce issues.

Mr Smith thanked the Executive team for an excellent report. The co production logo and the detail on neuro diversity service gave a framework for good service improvement and forward thinking services.

Mr Patton referred to the Covid update asking how the Trust's GP practices are coping with the pressures. He was informed that there is pressure across primary care services and also in our own GP Practices due to workforce challenges. There is a slightly better position reported this month but the challenge is with GP recruitment. Work on the skill mix across the GP Practices has helped and GP locums are being used where needed. The Primary Care workforce are finding it a very challenging environment to work in and staff are being supported through the Staff health and Wellbeing Group.

In terms of long Covid there are approximately six people suffering with this. Updates are provided to the Workforce & Organisational Development Committee.

Mr Patton referred to the work taking place on the Trust Strategy and the engagement process being followed. He felt it was important that it is easy to understand and well communicated to staff so they can implement it.

There has been significant media interest around care home staff having to be double vaccinated to work in these homes. Mr Baren asked if the Trust had high numbers of staff working in these areas that had not been vaccinated and if so whether they would be redeployed and what the impact would be on services. Mrs Parkinson explained that an assessment of unvaccinated staff has been completed and mainly related to Granville Court which is a residential home. There are one or two staff who are affected however operationally this will not affect services. Discussions are taking place with the staff involved with regards to redeployment. In community services in Scarborough, Ryedale and Whitby the work has also been completed and there is confidence that services will continue to be delivered into care homes. For future recruitment discussions are underway to ensure that the vaccinations requirement is included in job adverts.

Mr Royles commented that despite a comment there were negative aspects in the report around staffing and other areas, he pointed out that it was an honest view showing the Board the pressures that are being faced by the organisation and by the NHS overall. Despite the pressures improvement work continues to take place which is a credit to staff. Flu uptake and staff survey responses are higher than this time last year which is positive and the progress that has been made a year on from the White Ribbon accreditation.

The Chair agreed and was pleased to see the update on the Right Care Right Person in the report.

Resolved: The report was noted.

203/21 **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.

204/21 **Performance Report**

Mr Beckwith presented the report relating to the current levels of performance as at the end of September 2021. Information was provided for indicators that fall outside of normal variation including Waiting Times, Out of Area Placements and Staff Sickness absence. The Executive Management Team has reviewed the report and agreed to remove the shaded areas on the graphs, however these areas will remain under review.

Mrs Parkinson provided a verbal update on waiting times where there has been a rise in the overall Child and Adolescent Mental Health Services (CAMHS) waiting list. There is an underlying position where CAMHS referrals and activity plateaued in August and September at a higher rate than usual and the level of complexity and acuity within the new referrals being received is high. The organisation is responding to this demand and need pressures with available staff resources and continues to work on this although there are vacancies which are being recruited to.

Clinical review has been undertaken around Autism diagnosis and assessment of all over 52 week waits and those waiting over 18 weeks. As a result, the number of young people receiving a diagnosis for ADHD rather than ASD has changed and clinical adjustments are reflected in the workstreams. The focus is on reducing the ADHD waiting times. It was important to note the new Neuro diversity service which will come into effect in January across Hull and East Riding which is a different approach which will help services going forward. People will be triaged early and supported through this service which is the important thing.

Mrs Parkinson was disappointed that the waiting times had shown an increase. A number of mechanisms are in place including regular contact with families and young people. If their level of need has increased contact is expedited.

Mr Smith was pleased to hear that contact is maintained with people on the waiting list. He asked if there was a magic wand what would help to rectify the situation. Mrs Parkinson said that as a system the new service coming on line in January has been co-produced. It will take time to embed however she is pleased that the Trust is participating and leading on this. The other area would be around finding staff with the right skills and competencies to diagnose ADHD. This is a particular clinical skill and has to be right. Staff are undertaking the training, but if there were appropriately skilled people available the Trust would employ them, however this is a national problem.

The Chief Executive continues to escalate this issue at a system level in terms of CAMHS waiting lists and elective recovery for all services and looking at what else can be done with the voluntary and 3rd sector services. A dashboard is under development for CAMHS and waiting times and when refined will be shared with the Board.

Safer Staffing

Mr Patton referred to the safer staffing dashboard where there appears to be triangulation of fill rates, occupied bed days and sickness absence. Mrs Gledhill was concerned when she saw the picture in August and explained that some levels were due to Covid when staff were being pinged by the app. Full time Occupational Therapists (OTs) are working on the units but are not included in the dashboard. Band 7's and matrons are also covering units to keep them safe. The care hours per patient per day gives good assurance although there are some red areas for clinical supervision. Latest figures have shown that this has increased and work is underway to ensure that plans are in place for during the winter months. Eight more visas have been signed off for international recruitment and the current international nurses are starting at Malton and one in primary care and another at Granville Court. The results show that the dashboard works in identifying any issues and allows for appropriate mitigation to be put in place. Mr Patton agreed it was a good warning mechanism and suggested that trends could be looked at too.

In relation to referral to treatment Mr Patton noted that this position may have a negative impact on the waiting lists. Mrs Parkinson explained that the increase in CAMHS impacts on referrals to treatment position as they are all inter connected and as previously mentioned.

Mr Baren noted that Westlands had 100% occupancy rate and high sickness rates in August and asked whether there had been any improvement. He also

asked if any patients had been sent out of area during this period. Mrs Parkinson said there had been high occupancy on inpatient units overall. However the OPEL level has just been reduced from 3 to 2 as the position is improving but is still very variable. There was a rise in adult out of area placements as two wards were closed due to infection control and Covid 19 related reasons. She was pleased to report that there are no Covid positive patients in inpatient beds. In August staff were also encouraged to take leave, but demand remains high. The priority is to ensure wards are safely staffed and meetings are held three times a week to discuss the situation. Managers and Matrons are working hard around staffing and there is an expectation there will be a rise in demand going forward due to winter pressures.

The Chief Executive explained this relates back to system pressures as there is a very low bed base which is positive as there is a good community infrastructure and processes in place. Bed occupancy looks high but in comparison to other organisations it is relatively stable. Regular data is provided on out of area placements and over the last two months the Trust has seen a reduction. There are pressures in the community which will increase over the winter period which need to be considered.

The Chair suggested that at an appropriate Board meeting, either November or January, it would be beneficial to have a comprehensive overview of the position, pressures and trends relating to service areas. This will give an opportunity to look at areas in more detail and identify any areas where more focus is required.

Resolved: The report and verbal updates were noted
A comprehensive overview of the position, pressures and trends relating to service areas to come to either November or January Board meeting **Action LP**

205/21

Finance Report

Mr Beckwith presented the highlights from the finance paper at the end of September 2021. Highlights included:-

- The Trust recorded an overall operating surplus of £0.311m which is in line with the ICS Months 1-6 expectation.
- Within the reported position at Month 6 is Covid expenditure of £2.449m and income top up of £1.290m.
- Cash balance at the end of Month 6 was £23.906m
- The Year to Date Agency expenditure was £3.660m this is £0.022m more than the previous year's equivalent month 6 position.
- H2 planning guidance has been published

Mr Smith commented there are high vacancies in mental health which are being covered by agency staff which he acknowledged is a national issue. He asked what the scope is for growing our own staff and investing in specialised recruitment for people who are capable of working in this area even if there is a cost to the Trust. Mr McGowan felt there is more scope to do more in this area. The Executive Management Team has discussed the potential to grow staff for these roles and pathways are already in place which may need to be maximised more. Some areas are saying they have too many students and placements and there needs to be an appropriate balance so staff are not overwhelmed.

Mr Royles noted that for the first time the agency spend has gone over

compared to last year. Some of this was for clinical support staff and administration staff suggesting that these areas be looked at further. Normally a rise would be expected in September rather than July and August and he suggested it might be helpful if the Finance and Investment Committee to look at this area to see how many can convert to bank or substantive posts in the future.

Resolved: The report was noted.

Suggestion made for the Finance & Investment Committee to review agency spend in more detail Action PBec

206/21

Finance and Investment Committee Assurance Report

The report provided an executive summary of discussions held at the meeting on 20 October 2021. Mr Patton drew the Board's attention to the following areas:-

- Discussion around workforce from a financial perspective and a deep dive is planned for the next meeting in December. Dr Byrne and Mr McGowan have been invited to attend the meeting.
- Update received on primary care and the merging of practices is working well
- The Budget Reduction Strategy (BRS) continues to go well despite difficult times
- An update was provided on the capital programme. Work is ongoing as demonstrated in the staff story presentation.

At a recent virtual visit with Non Executive Directors to Newbridges it was good to hear about the transformation with Pharmacy services since bringing the service inhouse and the savings that have been made. It was suggested that this would be an appropriate staff story for a future Board meeting.

Resolved: The report was noted.

Pharmacy services proposed to be a future staff story Action SMcG

207/21

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

The report provided an update from the meeting held on 30 September. Mr Baren highlighted the following areas from the report:-

- Approved the appointment of FREED Champion post for Eating Disorders across Humber Coast and Vale
- Update received on the partnership Agreement with only Leeds and York yet to sign as they had some areas that they wanted including.
- Additional Financial allocation for Enhanced Packages of Care £1.23 million.

Resolved: The report was noted.

208/21

Charitable Funds Accounts

The unaudited accounts were presented for approval and included:-

- Trustee's Annual Report 2020/21
- Independent Examiners Report
- Annual Accounts 2020/21

The accounts were reviewed and recommended for approval (subject to minor amendments which have now been incorporated) by the Charitable Funds Committee at its meeting on 22 September 2021.

Mr Beckwith highlighted that Board approval is provided as Corporate Trustees for the Charitable Funds. Mr Baren felt that given a difficult year income had been better than expected.

Resolved: The Charitable Funds accounts were approved by the Board in their role as Corporate Trustees

209/21

Freedom to Speak Up Update

Mrs Flack joined the meeting to present the report accompanied by Ms Titchener. She explained that the vision and strategy (2019-2022) for speaking up are due to be refreshed and will be presented to the Board following consultation across the Trust.

The policy and procedure for speaking up is due to be refreshed and has been reviewed against the recommendations from the National Guardians Office. This will be presented to the Workforce & Organisational Development Committee for approval.

Speak Up Month in October has seen a variety of events across the Trust to raise awareness of the important of speaking up and the Guardian's role. Ms Titchener held virtual sessions for staff which had been well received

Dr Henrietta Hughes OBE has stepped down as the National Freedom to Speak Up Guardian and recruitment is underway to appoint a successor.

During the period 1 April 2021 – 30 September 2021 15 issues were raised through the Speak Up process which was predominantly in relation to bullying and harassment or HR guidance.

Regular meetings take place with the Chief Executive and quarterly meetings involving the Chair, Chief Executive and Senior Independent Director are also held.

Feed back from staff members is that it would be useful to have a buddy to support them through the process and early discussions are taking place around this area.

Recruitment is underway to replace Alec Saxby who has left the team. Following the success of the virtual sessions Ms Titchener is considering holding regular surgeries around the Trust to raise the profile of the process and the Guardians.

Mr Malik asked if there is a pattern emerging with cases that Non Executive Directors may be able to take into account. Mrs Flack explained that most of the contact concerns are in relation to feeling bullied and harassed and are isolated cases to do with individuals and employment issues. HR and staff side reps are giving support. No real patterns are being seen.

The Chair asked if there have been discussions with the BAME Network as some staff have raised issues during some sessions. Mrs Flack reported that

this is integrated into the work and discussion has taken place with the chair of the BAME Network to progress working together. Concerns have been raised in relation to race discrimination from patients and an internal team is being put together to provide support in operational areas.

Resolved: The report and verbal updates were noted.

210/21

Constitution

The September 2021 Board approved the 'Go Live' date of the Trust assuming responsibilities as Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative and to hold the Lead Contract with NHS E/I. As Lead Provider the Trust will sub-contract with a range of healthcare providers in the delivery of:

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

To ensure this is reflected in the Constitution three updates were proposed as detailed below. The Council of Governors approved the changes on 7 October 2021.

- a) Paragraph 2 (Principal Purpose) - 3.1, states that "The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England." It is recommended that that clause be updated to add that:

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- b) Paragraph 4 (Powers) describes how the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust. It is recommended that a new, additional clause be added to state that:

The Board has a delegated responsibility from NHS England for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Cost and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- c) Paragraph 23 (Board of Directors – composition) - 23.5 states that: "One of the Executive Directors shall be the Finance Director." It is recommended that that clause be updated to state that:

One of the executive directors shall be the Director of Finance. The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

Mr Royles supported the changes, however raised a point in relation to the last point and whether it would be best to leave this open in case the Director lead was to change going forward. Following discussion it was agreed that the

proposal would remain as set out and if any changes were required the appropriate process for approval by the Council of Governors and the Board would be followed.

Resolved: The Board approved the changes detailed above which were approved by the Council of Governors on 7 October 2021 and will come into effect immediately

11/21

External Review of Governance

Mrs Hughes presented the report. She explained that NHSI guidance requires the Trust to carry out an external review of their governance every three years. However, in keeping with the Single Oversight Framework NHSI use to identify the level of support providers need, it provides extra flexibility based on individual circumstance meaning trusts can agree longer timeframes for review up to a maximum of five years on a 'comply or explain' basis.

The Trust's last review was undertaken in May 2017 and following Board approval in 2020 to extend the timescale, a provider has been confirmed to undertake the review which will start in December. Details of the process for agreeing a provider and the process for the review were detailed in the report.

Resolved The report was noted.

212/21

Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2021-22

NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as part of NHSEIs annual assurance process. As a result of events in 2020 the assurance process was not wholly completed, therefore some of the standards are felt to not reflect current best practice and are under review. Consequently, the number of standards has been reduced this year from 54 core standards down to 36 and the deep dive standards are reduced from 8 to 7. The report set out the Trust's self-assessment of current compliance against the EPRR organisational core standards, the required actions and delivery time frame to address gaps.

The Trust is declaring compliance with 33 of the 36 standards. The three standards partially complied with relate to updates required as a consequence of Covid 19 and changes in the EPRR approach.

Approval is required to submit the self assessment by 29 October 2021. Mr Smith is the Non Executive Lead for emergency planning and felt the organisation bench marked well in the assessment.

Resolved: The Board approved the submission of the annual self assessment

213/21

Board Briefing Safeguarding Adults Review (SAR) published September 2021 by Norfolk Safeguarding Adults Board

The report provided a summary of findings in relation to the recently published Safeguarding Adults Review commissioned by Norfolk Safeguarding Adults Board concerning the deaths of three Cawston Park Hospital Patients. It also included the outcome from a review of the findings in the report and the Trust position against the findings by senior clinical and safeguarding staff in the Trust. Ms O'Connell, Safeguarding Practitioner joined the meeting to present the report.

Mrs Gledhill explained that the report is on the agenda for the Collaborative Committee. There is evidence from the report that there was a lack of a robust clinical governance framework which the Trust has embedded. Closed culture was another area highlighted in the report and the organisation is working with staff around this and the per review process.

Ms O'Connell explained that the review had been completed with clinical leads from secure, CAMHS and Learning Disability Divisions. The Trust provides care as a provider to similar services outlined in the report.

Mr Smith welcomed Ms O'Connell to the organisation and hoped she would be attending the Mental Health Legislation Committee meetings as her predecessor had. This enables a very proactive approach is taken and sharing of the RRI figures, data and the work that is being done on closed culture will help to take this work further.

Mr Royles referred to safeguarding training where there may be some people whose training has expired. He explained that the Workforce & Organisational Development Committee asked for an update on non compliance and trajectories for it's next meeting. Ms O'Connell said that the level of training is an area of focus as are the reasons for non attendance. It is important that staff are trained to be able to support patients. The Chair asked what could be done to avoid the problem of people dropping out of virtual training leaving no time for replacements to be identified and signed up? It was highlighted that face to face training incentivised people to attend as Level 3 discussions were better held in person.

Dr Byrne thanked Ms O'Connell for the report. He felt that there had been some issues within some services and knowledge around culture of the organisation can be picked up within new services. Townend Court and the Humber Centre care for vulnerable people and if there are early interventions and learning from previous mistakes that can be learned from it is positive. He felt it would be good to hear from clinicians on the units and they are aware of the report and are discussing at their multi-disciplinary meetings already.

The Chief Executive added that the Executive Management Team (EMT) has discussed statutory and mandatory training and asked the Workforce and Organisational Development Committee to look at this area including safeguarding training. A debate around face to face training is ongoing and it would be helpful for Quality Committee to ensure that this discussion is not lost. Mrs Gledhill said there is a national mandate for the safeguarding training. Some of this is face to face and some is devolved to MS Teams which has mixed results. In her view this training needed to be face to face and to have people together in a room. There are some staff that need level 3 training and there may be questions raised as a result of the training which are best done face to face. The February Quality Committee will be looking at this area.

Mrs Parkinson felt this was a helpful report which is being considered in services. The safeguarding impact of highly complex service users who remain in inpatient beds when another placement is being sought is an issue and a rise is being seen in inpatient service users in this position. Work continues to expedite the patients to appropriate placements and is being raised at a system level and across the Integrated Care System.

Resolved: The report and verbal updates were noted

- 214/21 **Items for Escalation**
No items were raised.
- 215/21 **Any Other Business**
No other business was raised
- 216/21 **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.
- 217/21 **Date and Time of Next Meeting**
Wednesday 24 November 2021 9.30am via Microsoft Teams

Signed Date
Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 13 th January 2022			
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 Trust Board on the current levels of performance as at the end of November 2021.</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: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	✓
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary for indicators that fall outside of normal variation is included below:</p> <p>Safer Staffing Dashboard – detailed narrative is included in the body of the dashboard</p> <p>CPA Reviews - The CPA position, though still within tolerance, has continued to deteriorate. This is being monitored through Clinical Governance and the Operational Delivery Group with oversight at the weekly performance meetings.</p> <p>A Dashboard has been introduced to support team managers identify early those patients due for review. The dashboard also provides the data for the weekly monitoring meetings with the Deputy COO.</p>			

	<p>Staff absences have impacted on performance which has historically been very good and well beyond national performance levels. Improvement trajectories are in place for those teams below the target.</p> <p><u>IAPT (6 Weeks)</u> -The Trust are the lead provider for IAPT and have been working with sub-contracted provider who has been unable to meet the performance requirements.</p> <p>Notice has been served on the contract which was due to end on 31/3/22. A procurement exercise is underway which will identify a new provider by 1/2/22.</p> <p>The current waits with this provider are being managed by the Trust, with extra capacity now identified to accommodate the longest waiting patients and manage any risk.</p> <p><u>Waiting Times</u> - The focus of the weekly performance meetings on 18ww Incomplete and 52 weeks for treatment has slowed the deterioration in both areas.</p> <p>It is expected that improvement will be seen in Q4 with this continued attention. Adult Autism Spectrum Diagnosis (ASD) 52 week wait for assessment continues to improve and initiatives in paediatric ASD to include dual assessment for ASD and ADHD have progressed.</p> <p>The new neurodiversity front door, supported by the newly appointed Transformation Lead along with continued monitoring of capacity and demand will demonstrate further improvement in the new year.</p> <p>The increase in 52 week waits in Core CAMHS relates to patients waiting ADHD assessment. The service are introducing dual assessments taking place with our online partners to support improvement in this</p> <p>Out of Area Beds - For the third consecutive month the number of Out of Area placements has reduced.</p> <p>An improvement plan is in place to support further reduction in the position.</p> <p>The opening of the 5 additional functional older age beds has contributed to the better position as expected</p> <p>Income and Expenditure – the direction of travel is consistent with the Trusts H2 planning requirement.</p>
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Monitoring and assurance framework summary:

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

Financial Year
2021-22

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-21

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Nov 2021

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 2021

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

PI RETURN FORM 2021-22

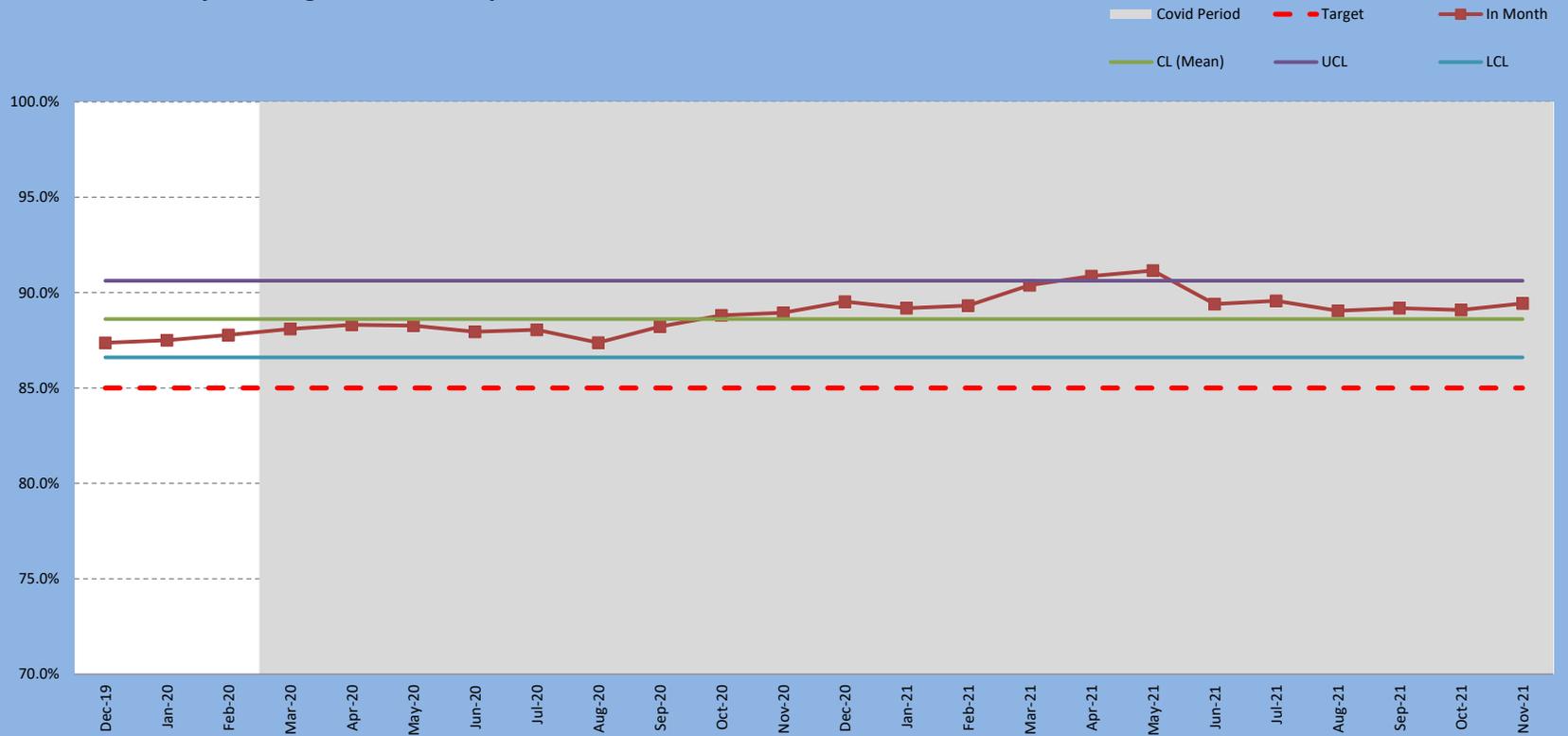
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2021**

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

Mandatory Training - Overall Compliance



Target: 85%
 Amber: 80%
 Current month stands at 89.4%

PI RETURN FORM 2021-22

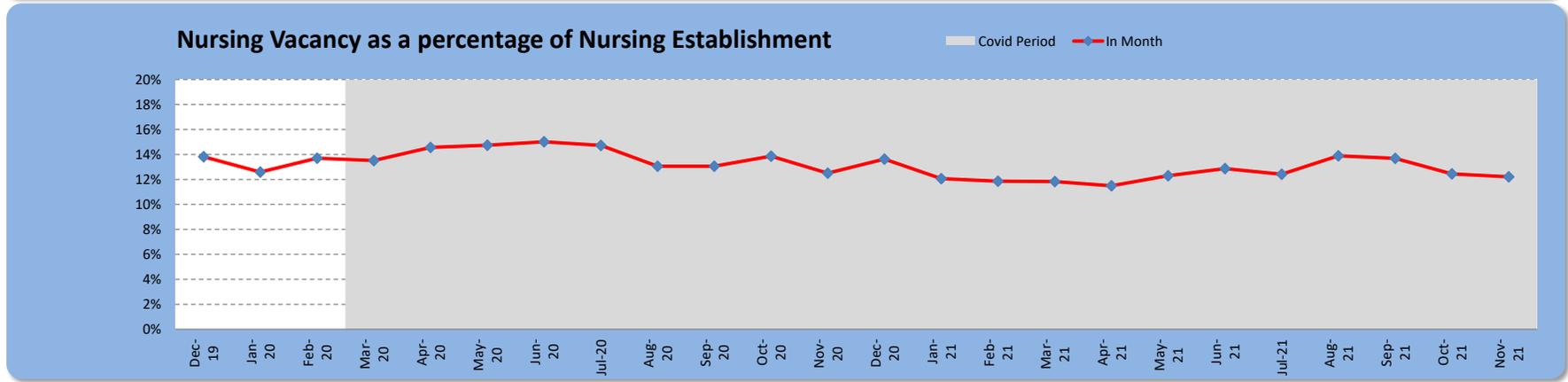
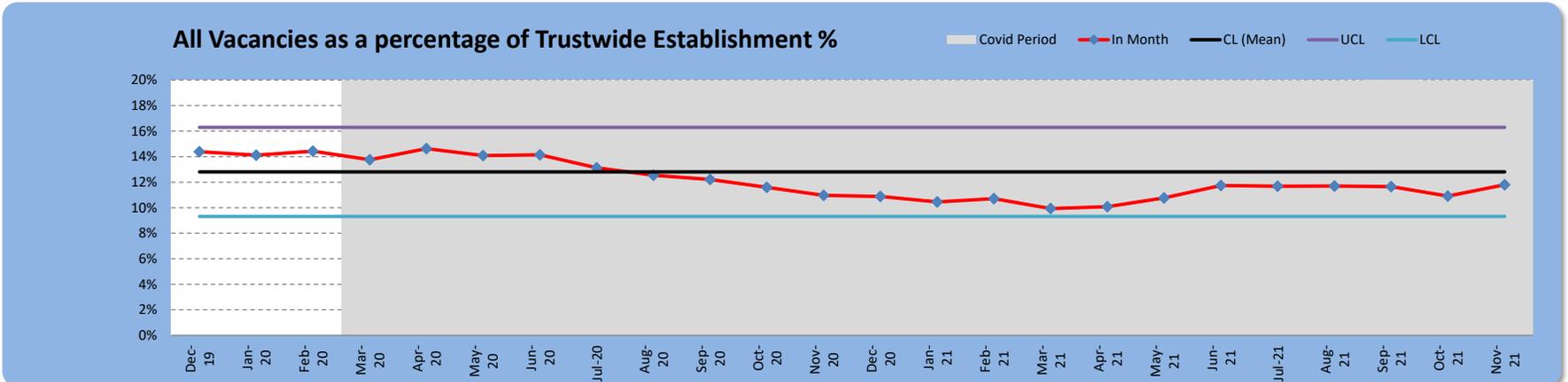
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Nov 2021

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



Current month stands at 11.8%

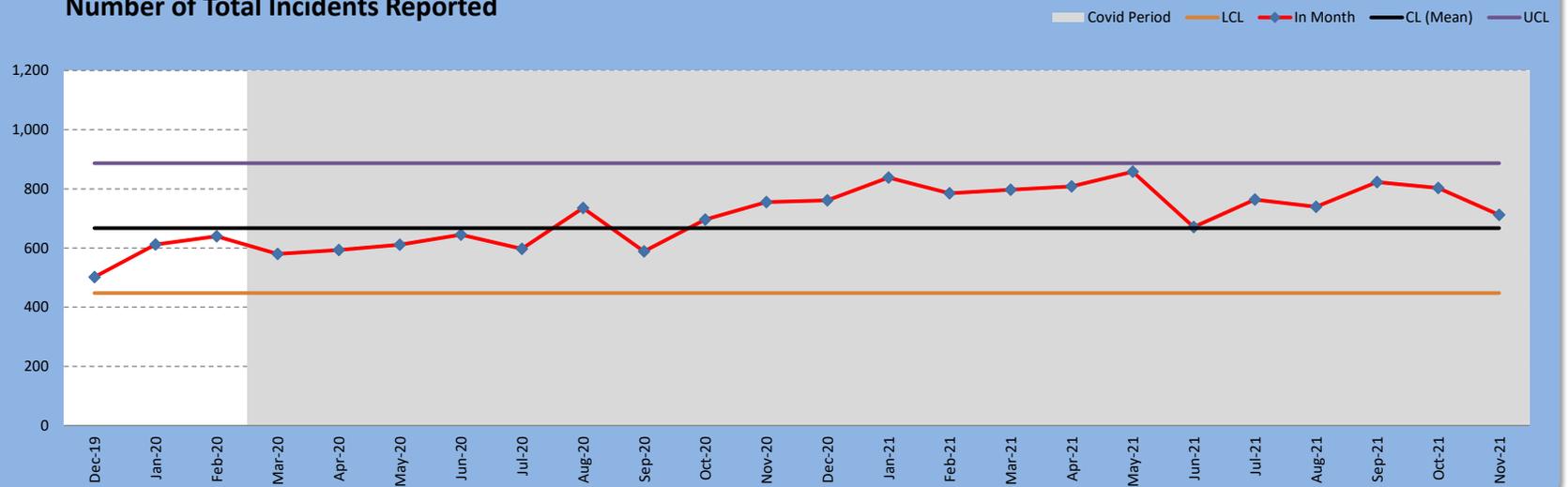
PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2021**

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

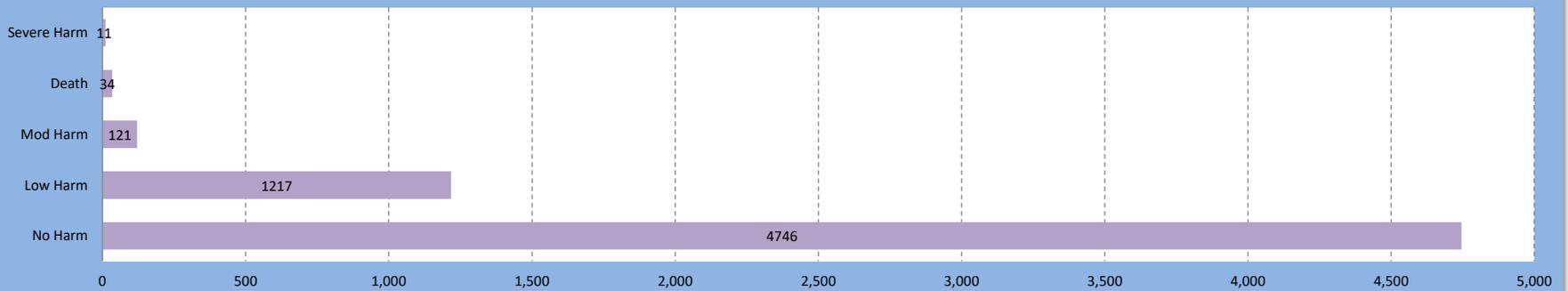
Number of Total Incidents Reported



UCL: 887
LCL: 448

Current month stands at 712

Severity of Harm (current financial year)



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

PI RETURN FORM 2021-22

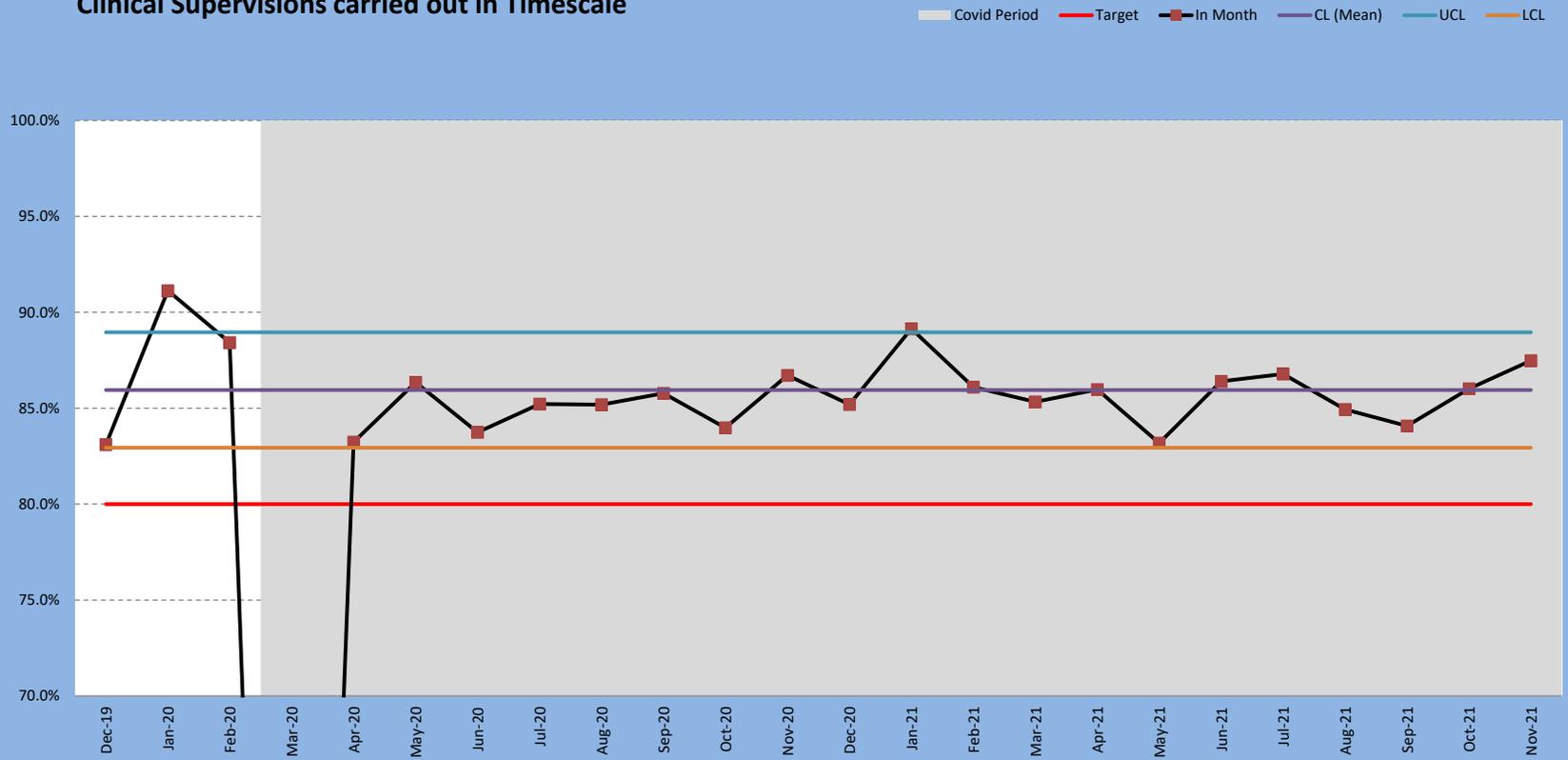
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Nov 2021

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

Clinical Supervisions carried out in Timescale



Target: 80%
 Amber: 75%
 Current month stands at 87.5%

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period: 2021-22
Reporting Month: Oct-21



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Sep-21	Oct-21
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	31.8	86%	11.0	21.0%	↑	8.4%	↓	84%	86%	123%	89%	2	18	6	0	96.7%	92.6%	80.0%	83.3%	2.9%	1.0	0	0
	New Bridges	Adult MH Treatment (M)	41.9	98%	8.58	16.1%	↓	6.7%	↑	88%	79%	97%	86%	0	36	0	0	73.7%	94.3%	86.7%	64.3%	8.9%	0.9	1	4
	Westlands	Adult MH Treatment (F)	37.1	87%	8.99	18.4%	↑	14.0%	↓	78%	91%	94%	122%	2	66	6	0	79.4%	79.6%	63.6%	56.0%	6.5%	3.0	3	3
	Mill View Court	Adult MH Treatment	30.9	119%	10.51	29.3%	↑	8.4%	↑	67%	89%	89%	109%	0	10	2	0	100.0%	91.4%	75.0%	76.5%	6.1%	5.8	4	3
	STARS	Adult MH Rehabilitation	36.7	95%	28.07	5.3%	↑	1.0%	↑	48%	48%	100%	105%	1	15	0	0	67.6%	97.0%	84.6%	92.0%	9.1%	0.4	3	5
	PICU	Adult MH Acute Intensive	30.9	82%	17.11	25.3%	↑	17.8%	↑	81%	92%	100%	114%	1	52	0	0	100.0%	84.1%	76.9%	60.0%	5.3%	3.0	1	2
OP MH	Maister Lodge	Older People Dementia Treatment	32.6	84%	17.17	20.3%	↓	1.6%	↓	96%	98%	110%	108%	0	27	0	0	76.5%	91.4%	75.0%	63.6%	7.9%	3.0	1	2
	Mill View Lodge	Older People Treatment	23.9	97%	13.00	24.2%	↓	4.3%	↓	74%	95%	110%	103%	5	16	0	0	94.7%	92.1%	80.0%	41.7%	14.5%	0.0	3	4
Child & LD	Pine View	Forensic Low Secure	27.3	94%	7.89	28.7%	↓	0.0%	→	101%	84%	53%	104%	4	10	1	21	88.5%	93.7%	83.3%	77.8%	9.9%	2.6	2	3
	Derwent	Forensic Medium Secure	25.8	100%	10.08	23.0%	↑	0.0%	→	76%	79%	100%	96%	0	9	2	0	100.0%	91.4%	60.0%	81.3%	5.7%	1.2	3	3
	Ouse	Forensic Medium Secure	21.5	93%	5.97	16.3%	↑	0.0%	→	51%	72%	100%	89%	2	4	1	13	81.0%	97.4%	87.5%	87.5%	13.2%	2.9	4	4
	Swale	Personality Disorder Medium Secure	27.4	87%	10.84	39.3%	↑	0.0%	→	51%	114%	103%	119%	1	9	4	8	76.9%	91.5%	77.8%	83.3%	6.8%	2.0	2	2
	Ullswater	Learning Disability Medium Secure	33.8	50%	14.96	17.7%	↑	0.0%	→	77%	89%	97%	82%	0	27	5	4	78.3%	90.3%	75.0%	66.7%	7.1%	1.4	2	1
Child & LD	Townend Court	Learning Disability	40.2	51%	28.05	26.2%	↑	0.0%	→	77%	55%	53%	124%	8	71	1	0	89.7%	90.1%	64.3%	87.5%	14.5%	3.9	5	4
	Inspire	CAMHS	48.0	80%	17.80	35.4%	↓	21.7%	↓	47%	79%	67%	99%	6	68	1	0	92.0%	82.7%	86.7%	87.1%	7.9%	2.7	1	1
	Granville Court	Learning Disability Nursing Treatment Physical Health	51.3	n/a	n/a	30.3%	↓	6.9%	↓	103%	78%	100%	98%	1	4	0	0	88.1%	84.3%	77.8%	88.9%	10.5%	2.0	2	1
CH	Whitby Hospital	Physical Health Community Hospital	42.0	91%	8.62	5.9%	↓	2.7%	↑	88%	77%	100%	100%	3	0	0	0	83.3%	87.1%	93.8%	61.1%	12.0%	3.0	3	2
	Malton Hospital	Physical Health Community Hospital	32.5	93%	9.63	Not on eRoster	→	Not on eRoster	→	80%	99%	107%	105%	1	0	1	0	75.0%	71.4%	70.0%	36.0%	6.6%	4.0	2	5

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : October

Five wards have below target levels of fill rates on days. Three wards are above the upper threshold. The registered fill rates on nights are all above the threshold with the exception of Pine View and Townend Court which are both showing fill rates of 53%. In most instances the lower fill rates indicate that the shifts are being run with one registered nurse and on Townend Court, one registered nurse is covering both units on nights. However, CHPPD levels remain above the threshold with Ouse still showing the lowest level (at just above the lower threshold) where the Band 7s are covering shifts to support shortages due to two staff being on long term sickness and vacancies. This is not pulled through into the CHPPD data. Morning meetings are held daily in secure services to fairly distribute staffing around the service to mitigate risks.

The registered fill rates on days for the STARS team have improved from 29% to 48%. The low fill rates on STARS are because there is often one OT on shift during the day but this is not reflected in the demand template. This will be addressed in the next safer staffing review.

Despite the low fill rates on Townend Court due to one registered nurse on duty at times, they have good CHPPD levels.

Sickness is a significant issue across all the wards with the exception of Avondale. Some areas are impacted by long term sickness (Ouse) whilst others are experiencing high levels of short term sickness and absence associated with C19.

Mill view Lodge has improved supervision compliance from 47.8% to 94.7%; Townend Court has improved from 53.6% to 89.7% and Swale has improved from 70.8% to 76.9%. Malton, Newbridges and STARS have all dropped slightly below target in October.

A full review of ILS and BLS compliance has been undertaken and was reported to the workforce and OD committee in November including reasons for low compliance and a recovery plan to achieve compliance. Funding has been agreed to buy in additional capacity as the programme leader is currently away from work.

Malton have been experiencing significant pressures due to the number of registered vacancies and have required the use of agency staff which has impacted on supervision and training compliance. These vacancies are now being filled with international recruits.

The CHPPD RAG ratings are based on the National Average Benchmark of 8.9. More than 8.9 = Green, 8.0 to 8.9 = Amber, Less than 8.0 = Red
Community Hospitals are NOT RAG rated currently.
Inspire is not fully open therefore the fill rates and CHPPD is not RAG rated until such time the facility is fully operational.

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

Staffing and Quality Indicators

Contract Period: 2021-22
Reporting Month: Oct-21



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
10.60%	11.16%	11.90%	10.30%	8.40%	8.80%	10.10%	8.92%	8.70%	11.20%	8.70%	10.90%

Slips/Trips and Falls (Rolling 3 months)

	Sep-21	Oct-21	Nov-21
Maister Lodge	8	5	8
Mill View Lodge	7	6	2
Malton IPU	3	2	1
Whitby IPU	4	5	1

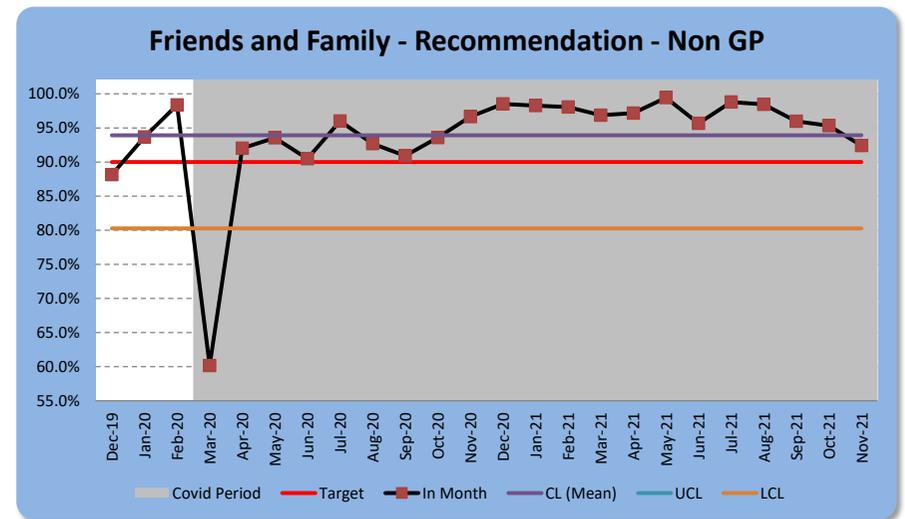
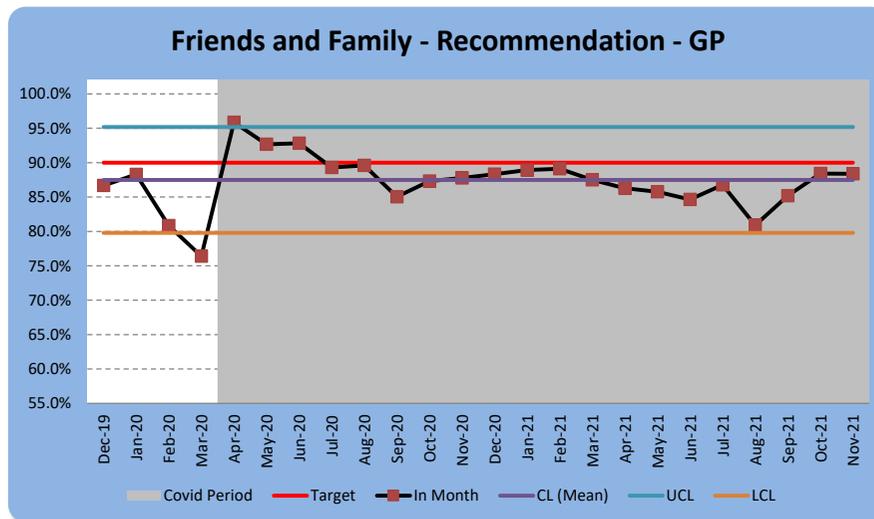
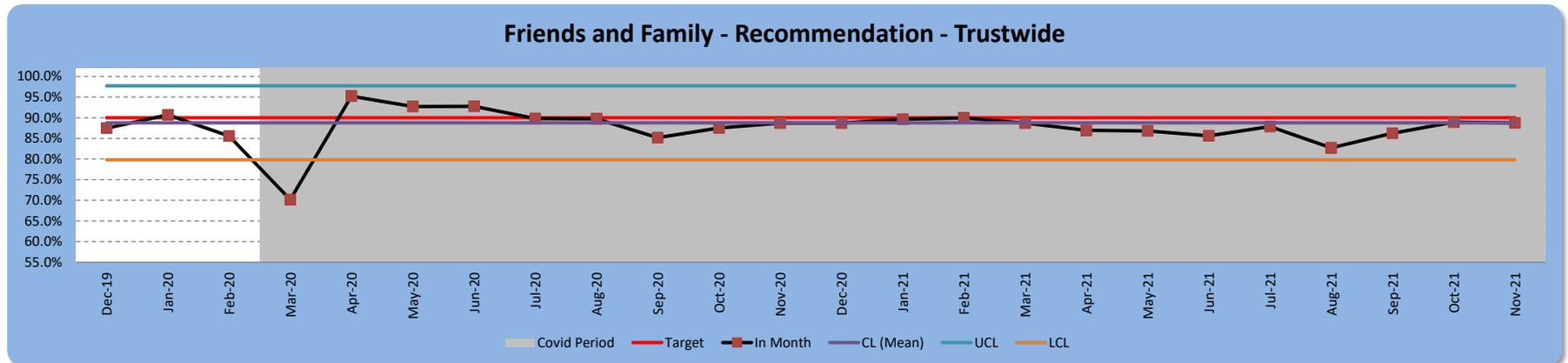
Malton Sickness % is provided from ESR as they are not on Health Roster

PI RETURN FORM 2021-22

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2021**

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 %



Target: 90%
Amber: 80%

Current month stands at 88.7%

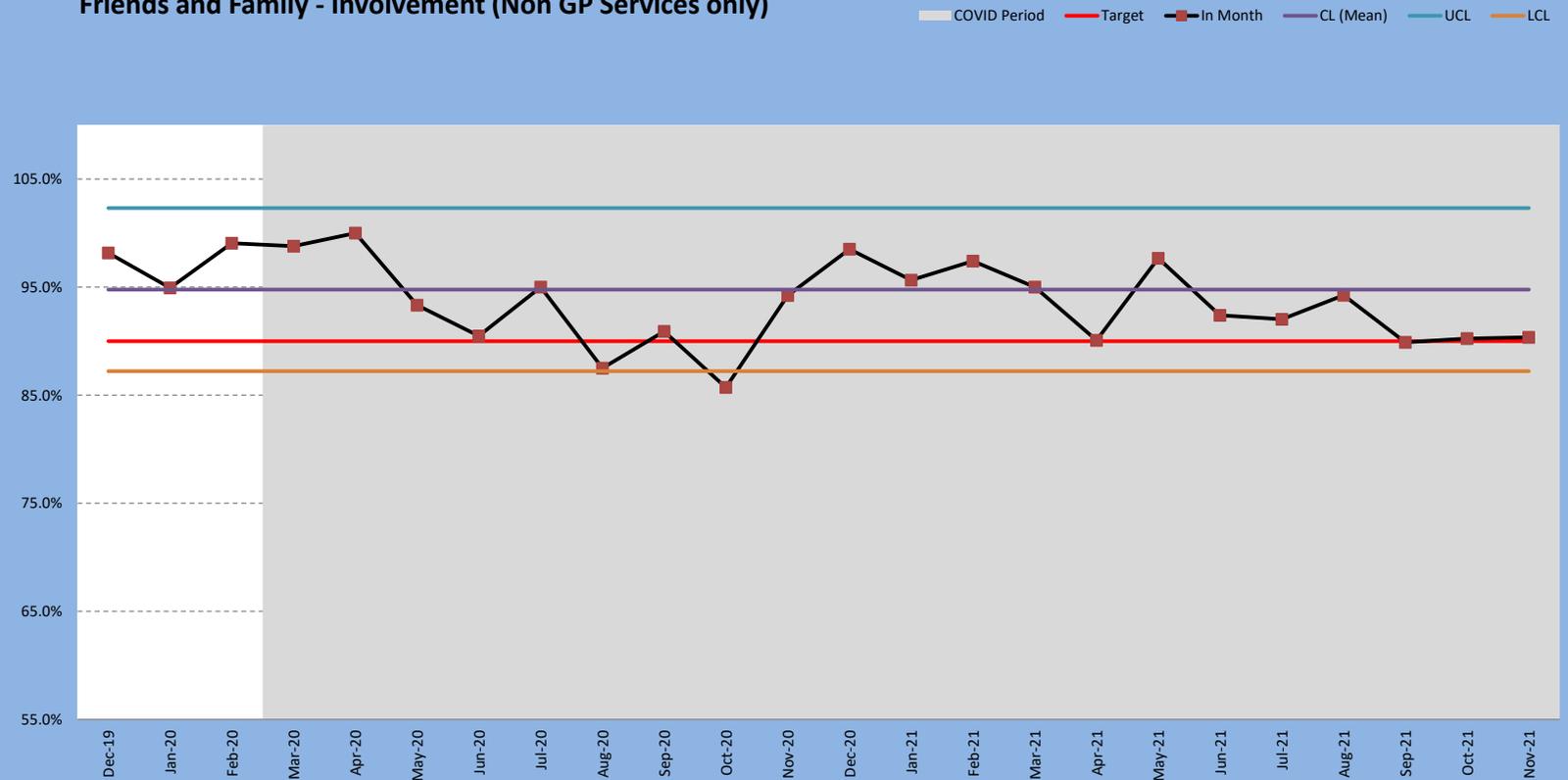
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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 %

Friends and Family - Involvement (Non GP Services only)



Target: 90%
 Amber: 80%
 Current month stands at 90.3%

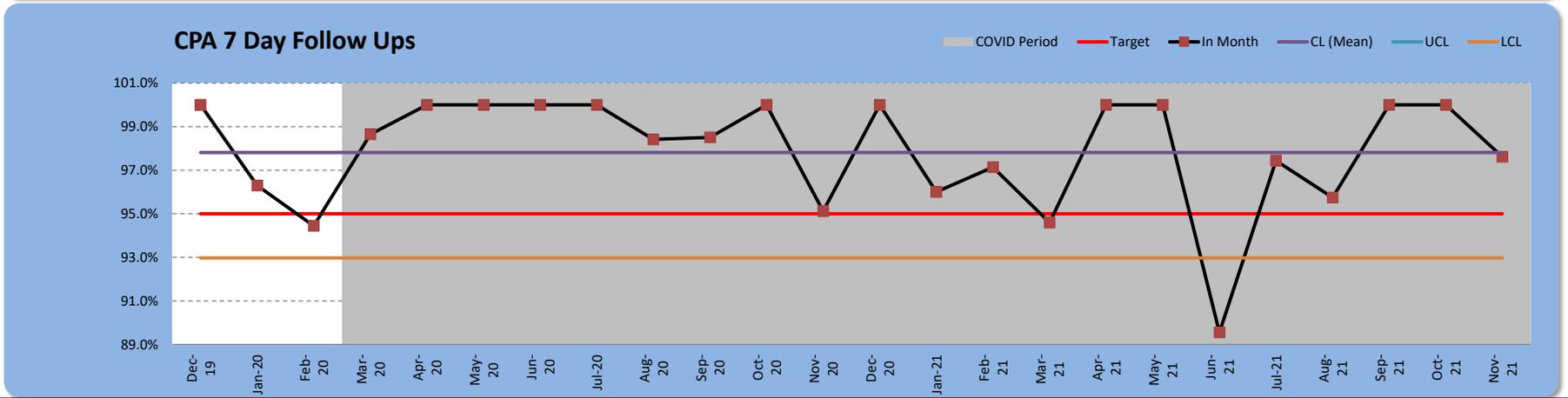
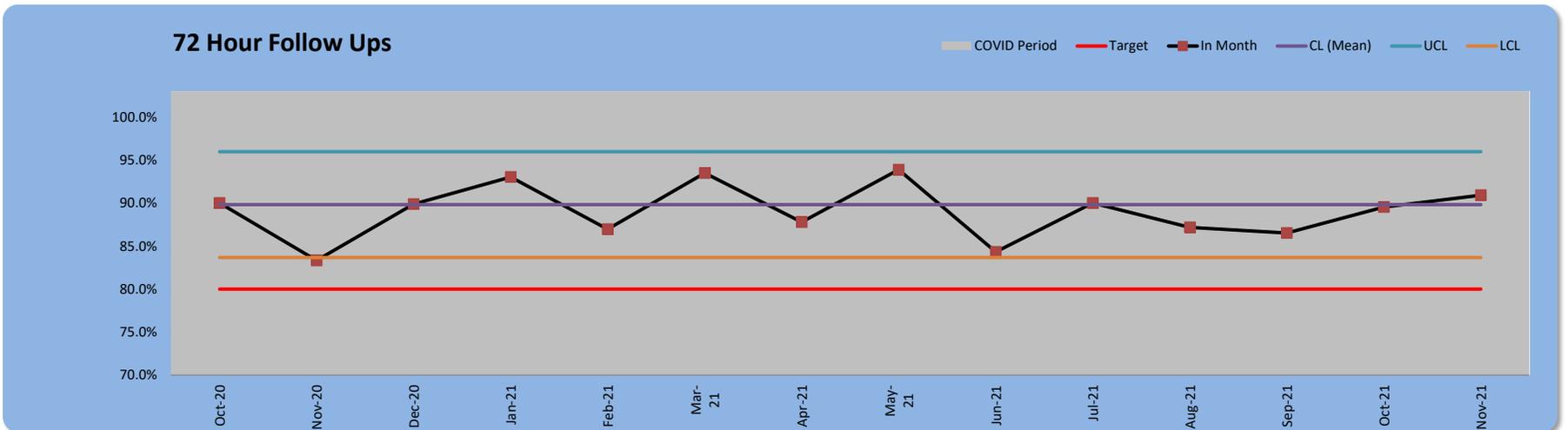
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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



Target: 80%
 Amber: 60%
 Current month 72 hr stands at 90.9%

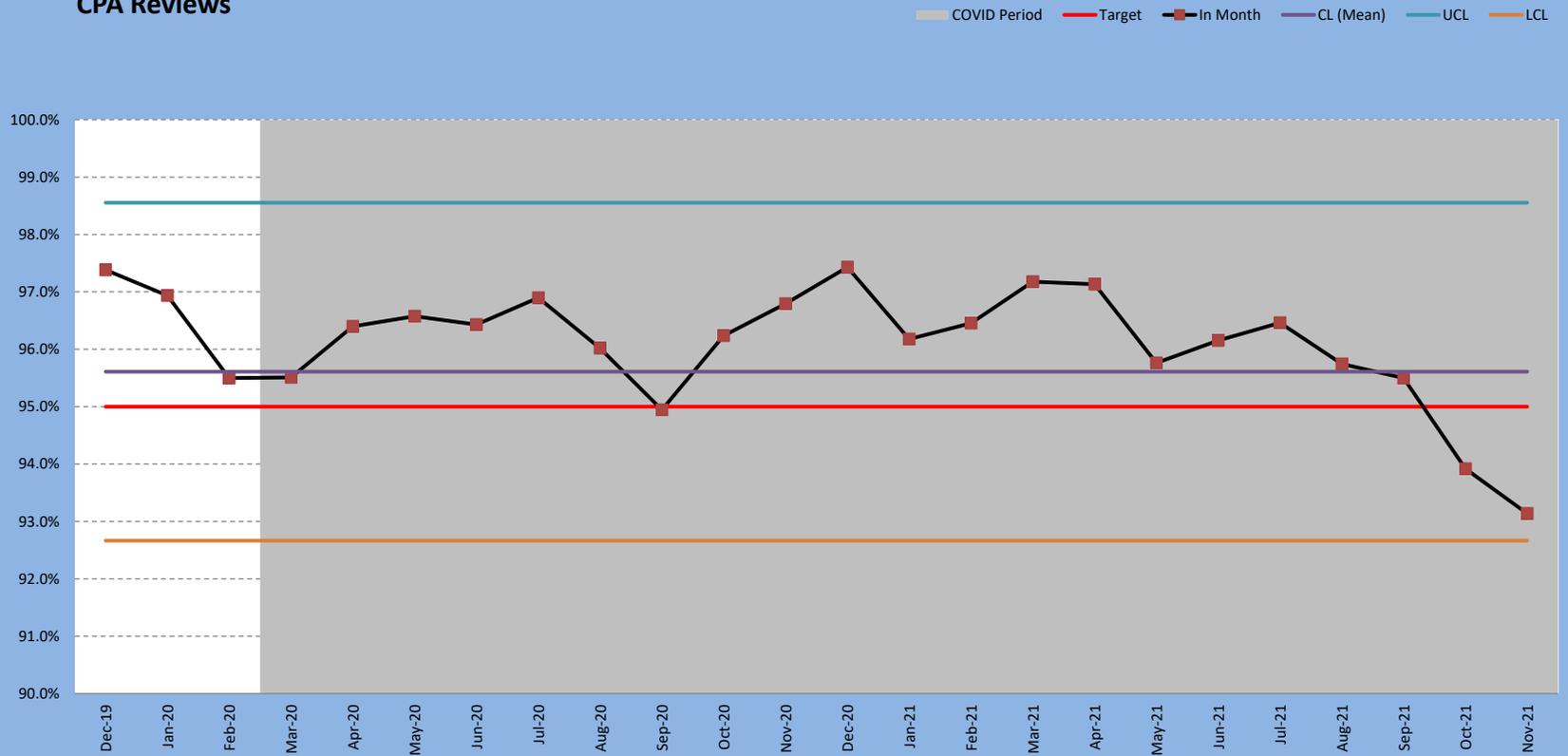
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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

CPA Reviews



Target: 95%
 Amber: 85%
 Current month stands at 93.1%

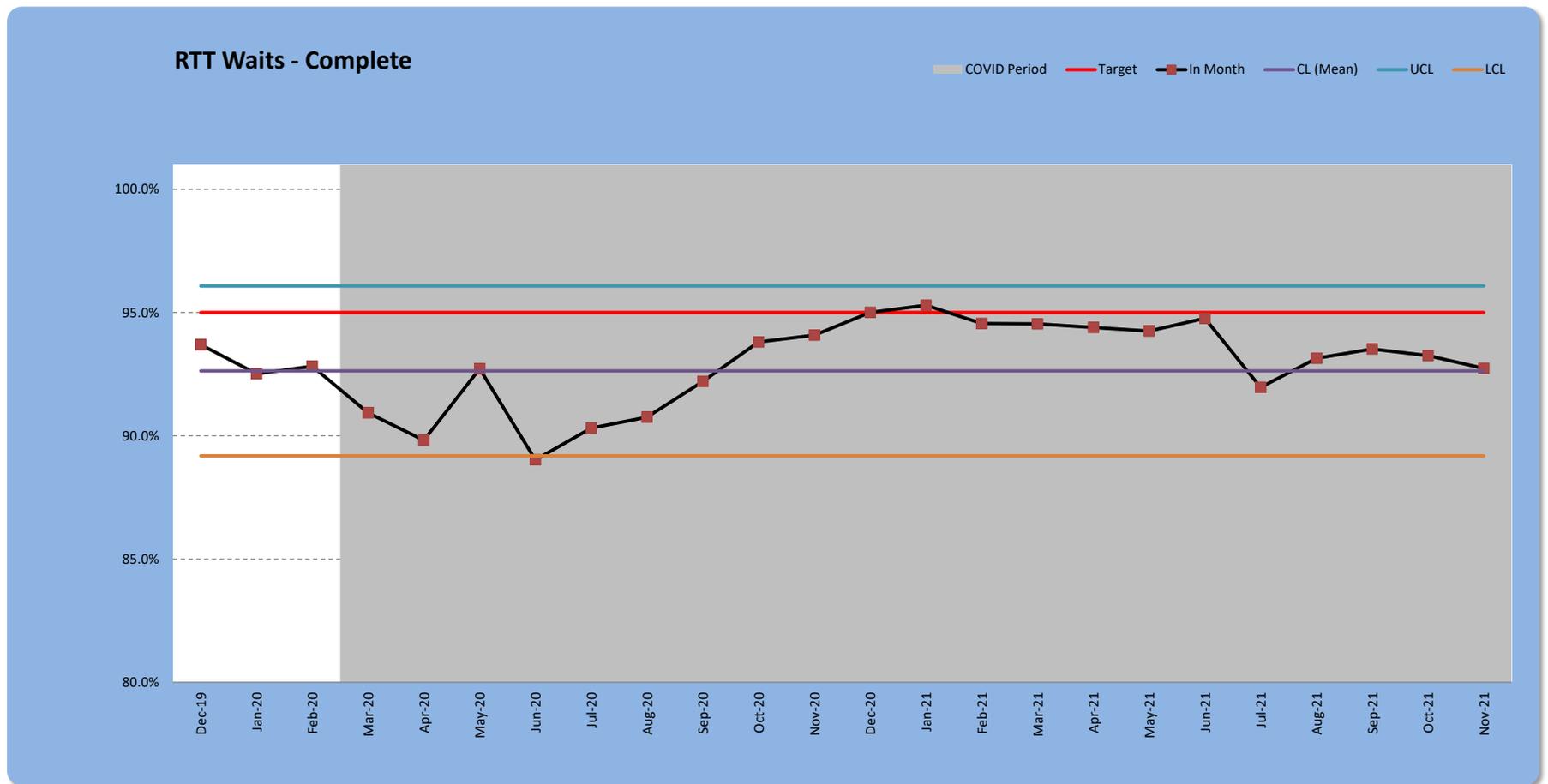
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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



Target: 95%
 Amber: 85%
 Current month stands at 92.7%

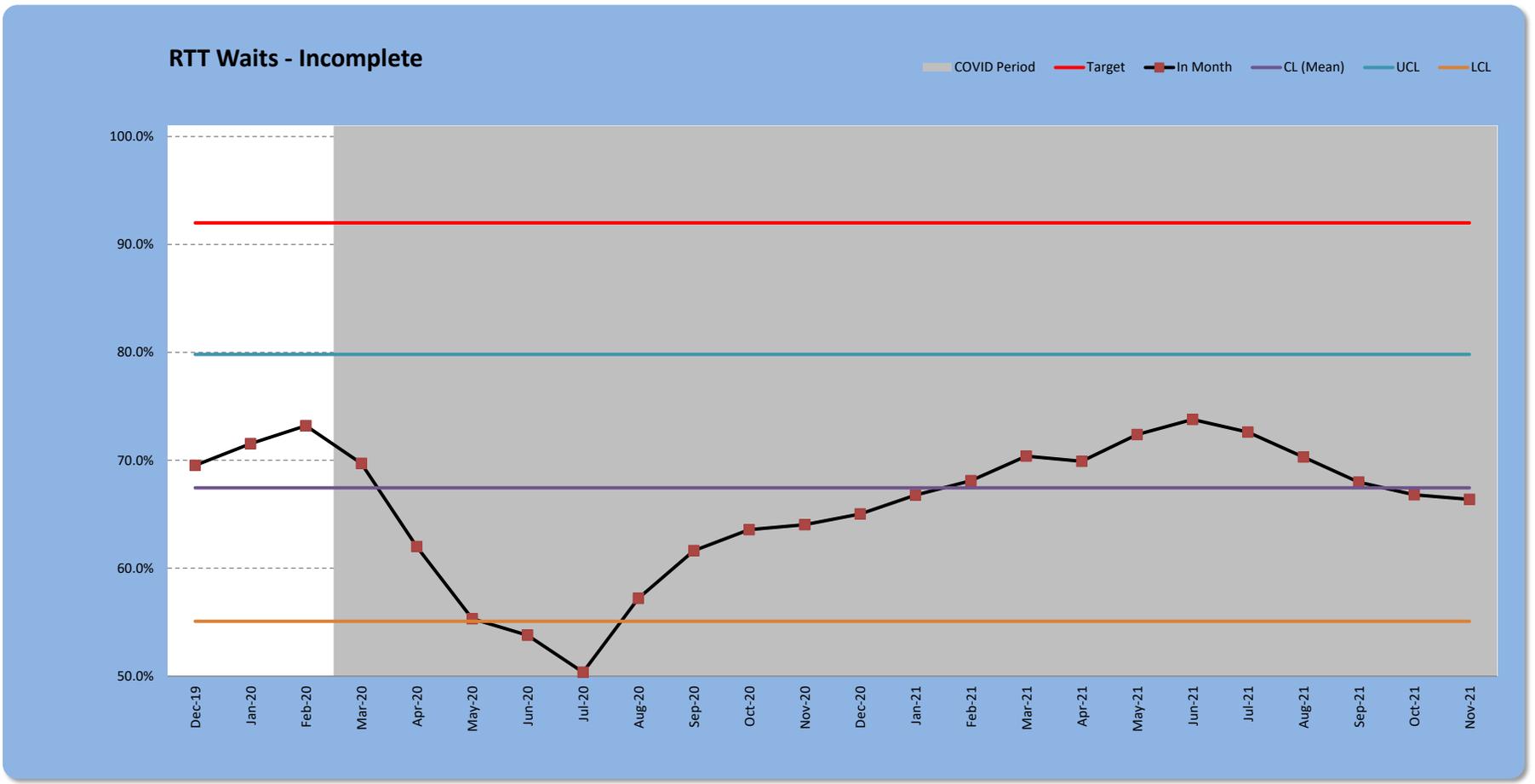
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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 less than 18 weeks for either assessment and or treatment.	Lynn Parkinson

KPI Type
OP 21



Target: 92%
 Amber: 85%
 Current month stands at 66.4%

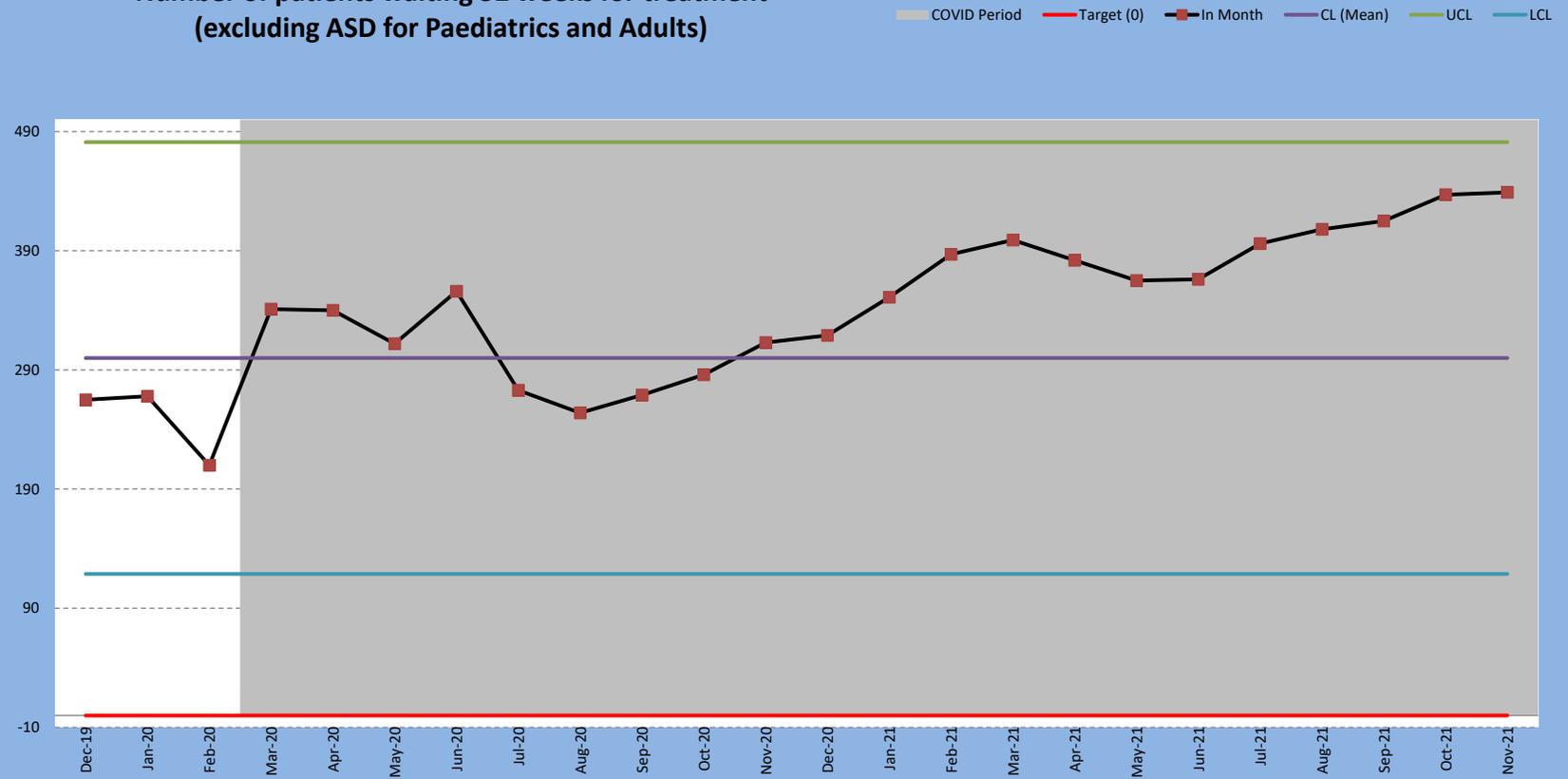
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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

Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)



Target: 0
 Amber: 0
 Current month stands at 439

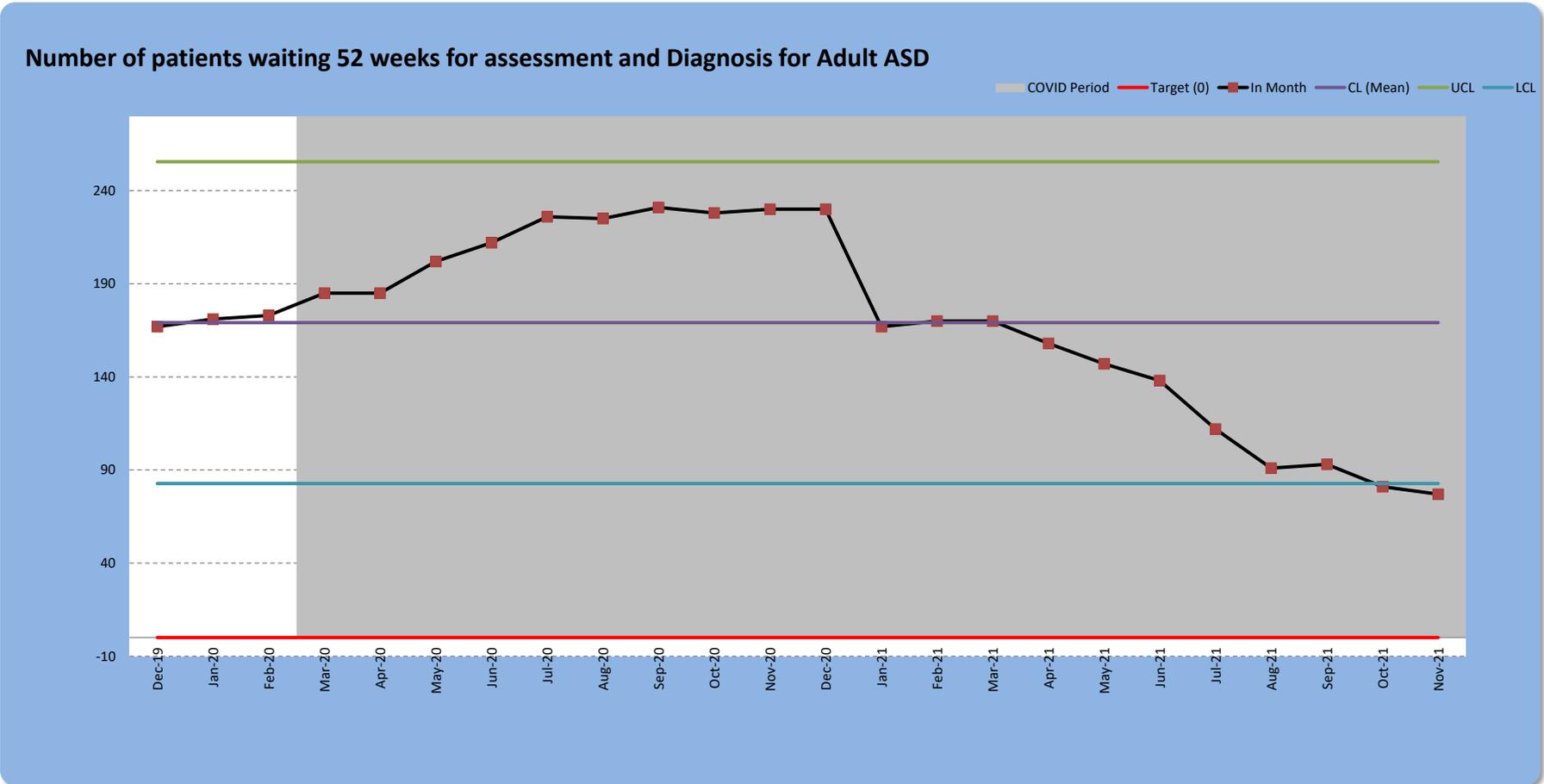
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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



Target: 0
 Amber: 0
 Current month stands at 77

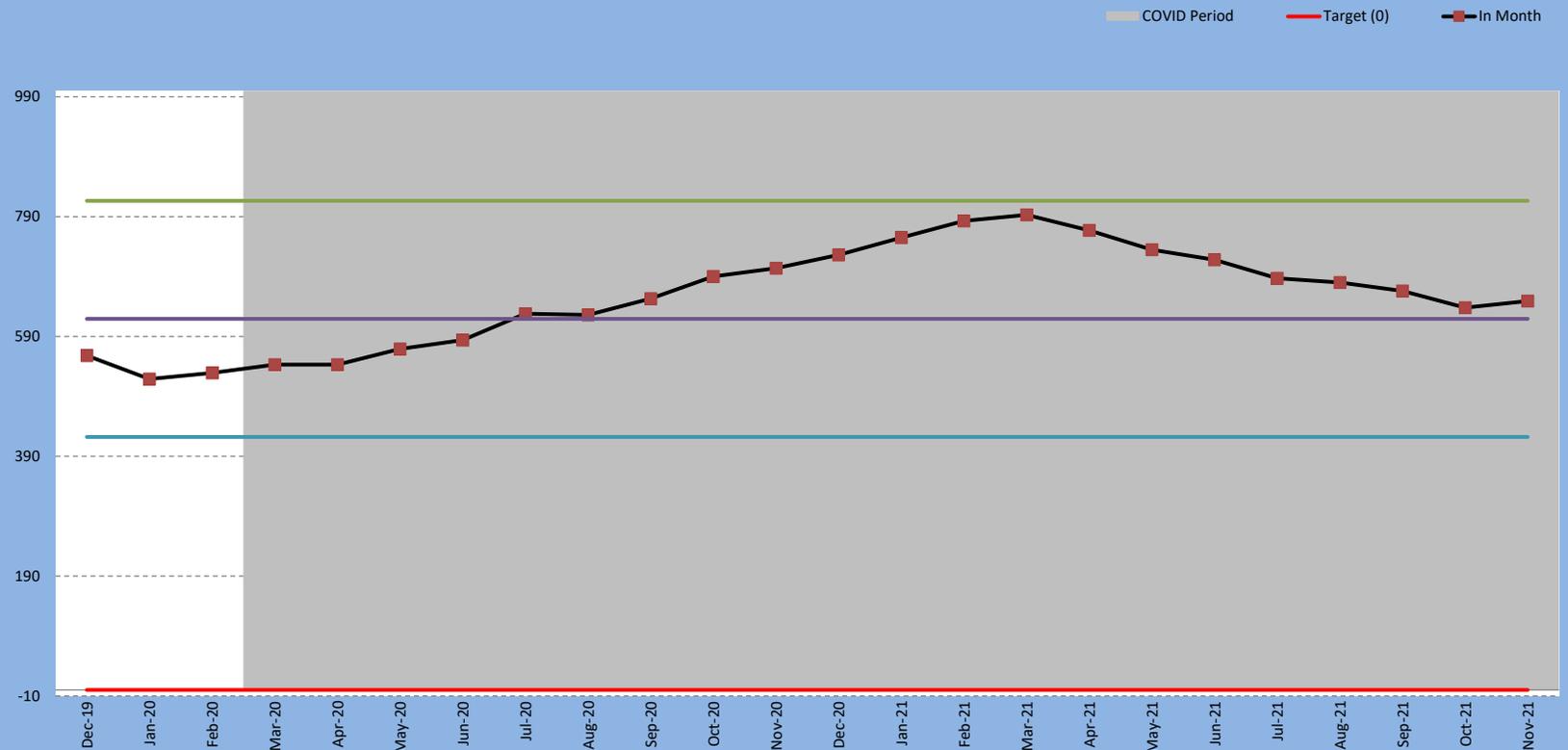
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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

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



Target: 0
 Amber: 0
 Current month stands at 649

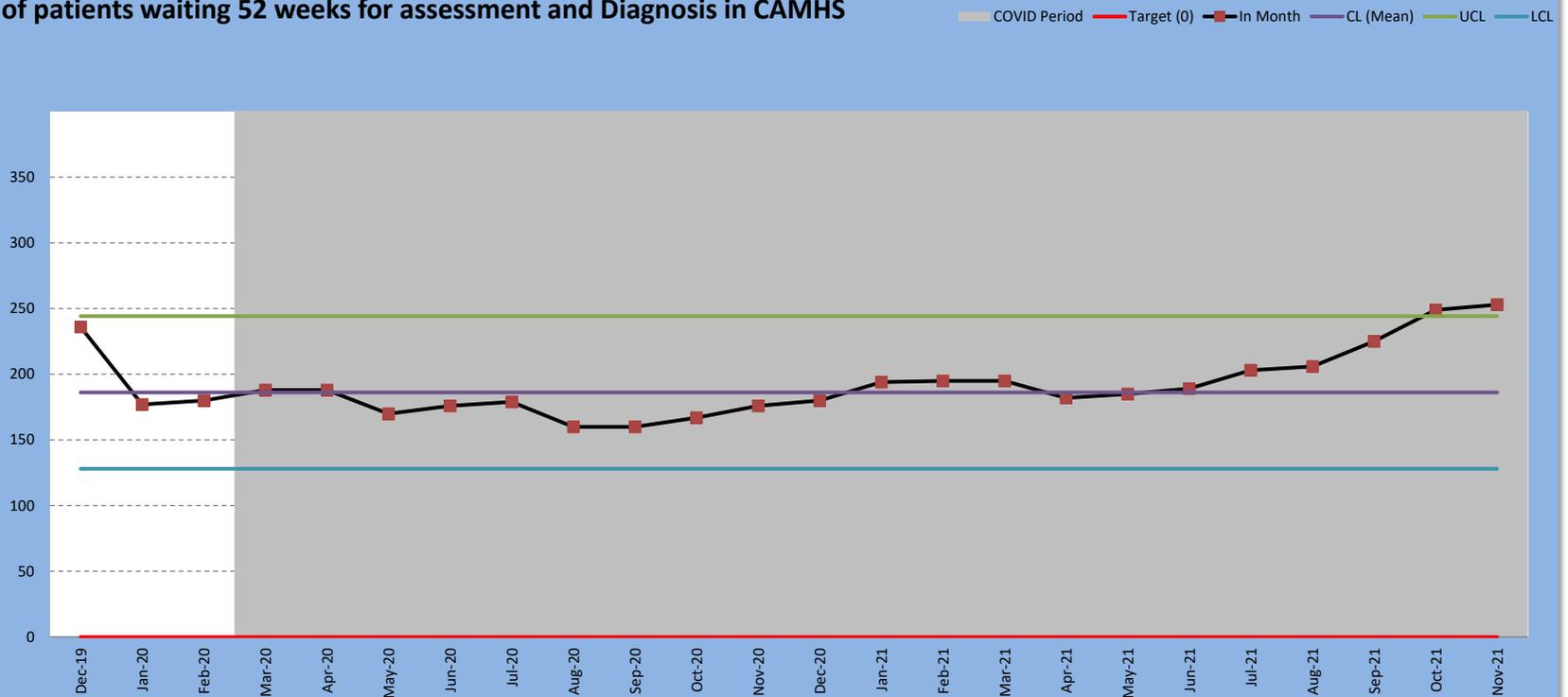
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS



Target: 0
 Amber: 0
 Current month stands at 253

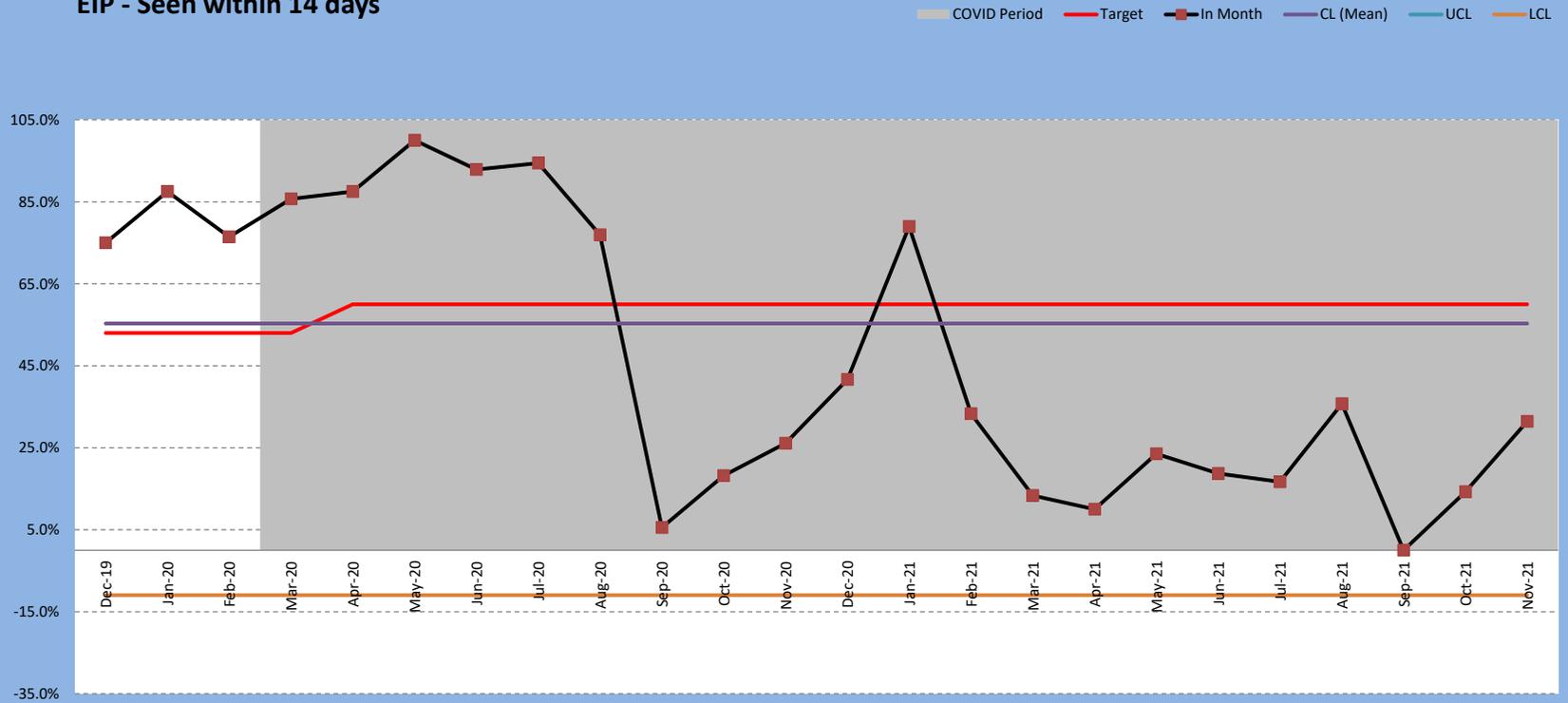
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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

EIP - Seen within 14 days



Target: 60%
 Amber: 55%
 Current month stands at 31.4%

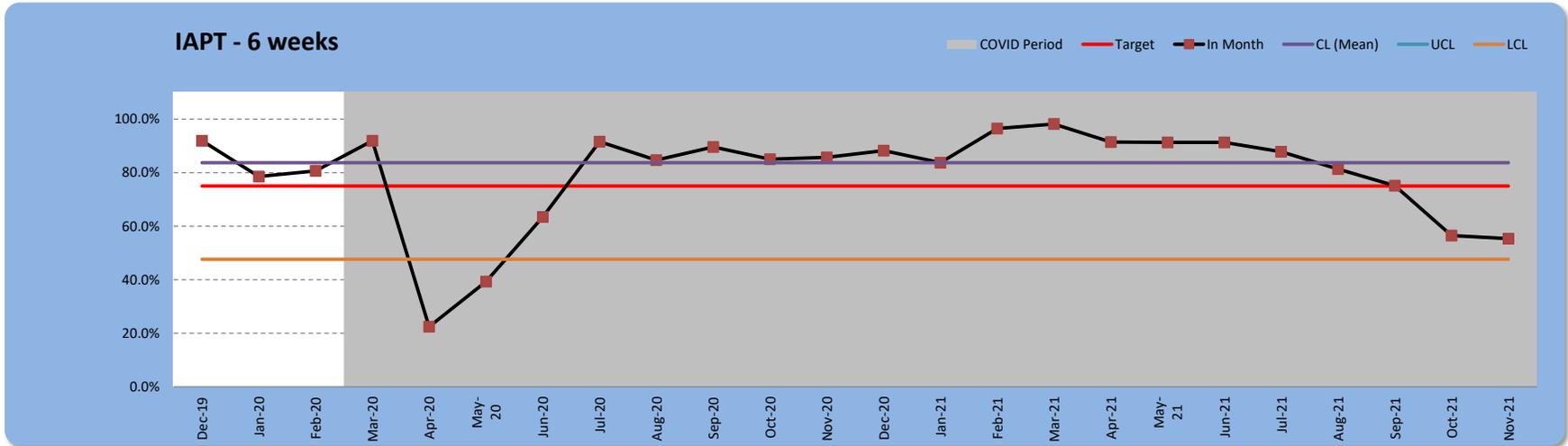
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

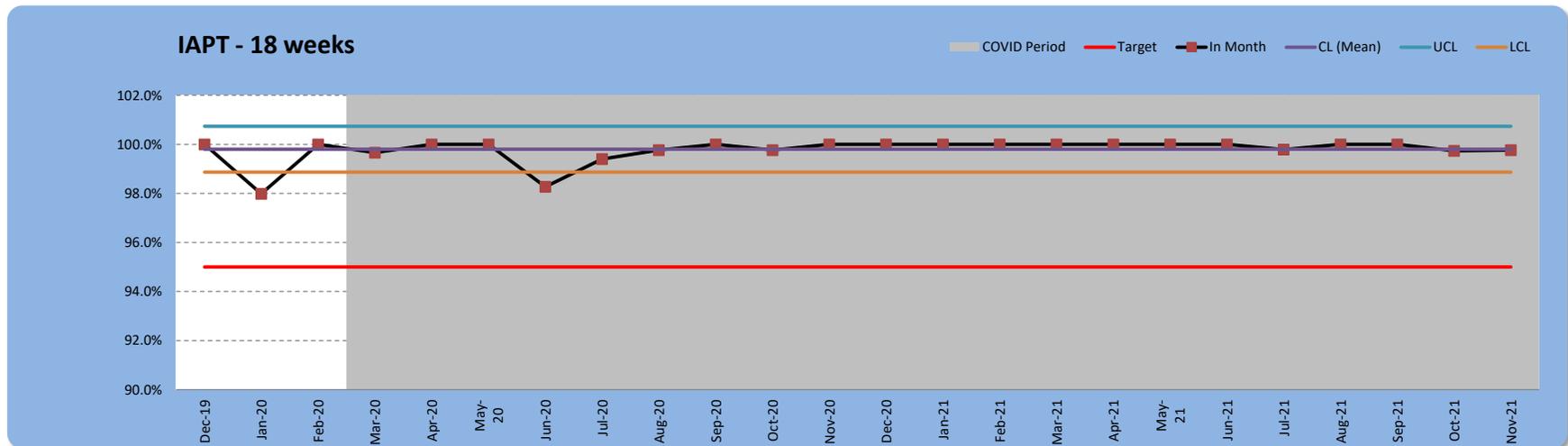
For the period ending: **Nov 2021**

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

Target: 75%
 Amber: 70%
 Current month: 55.3%



Target: 95%
 Amber: 85%
 Current month: 99.8%



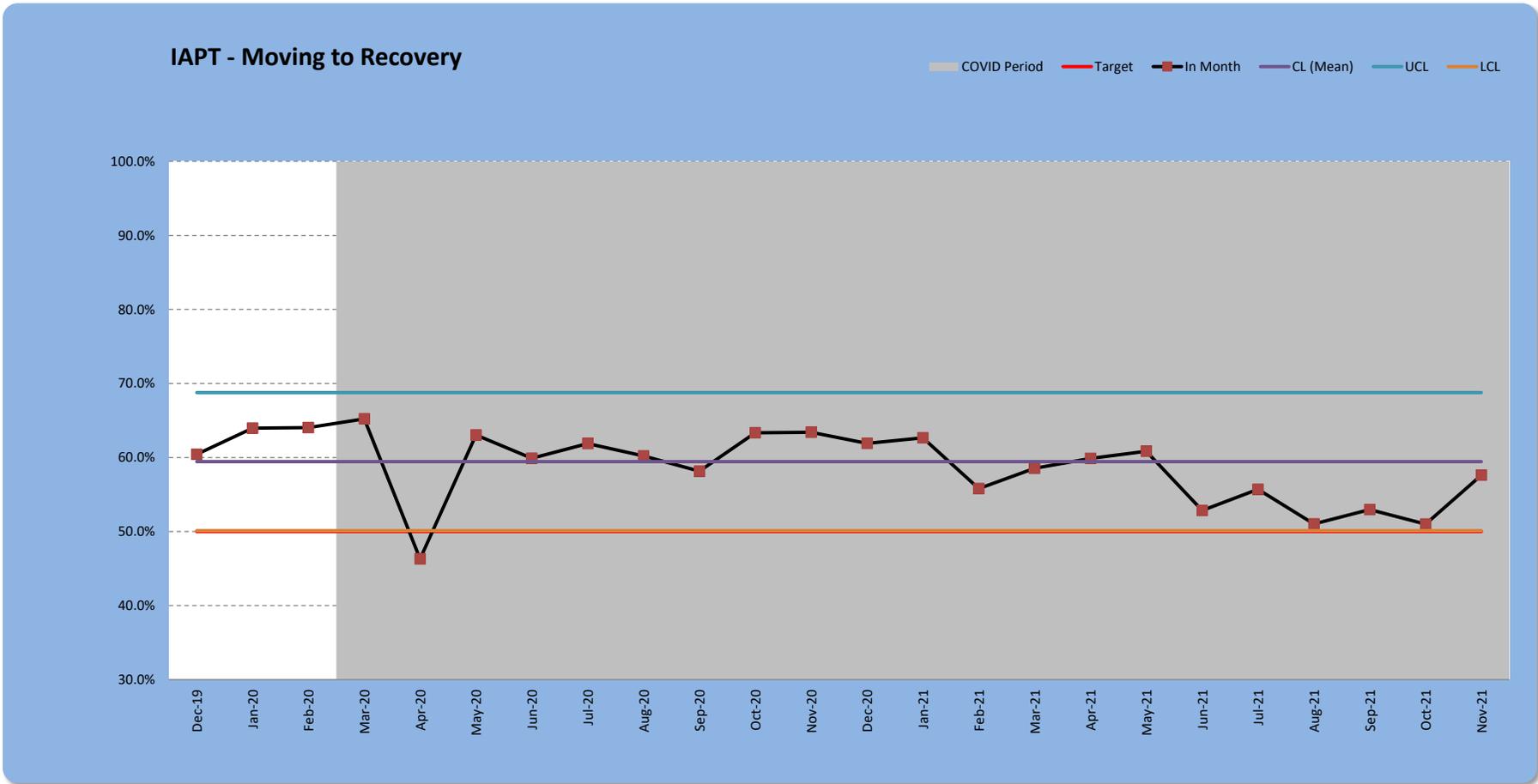
PI RETURN FORM 2021-22

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2021**

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



Target: 50%
 Amber: 45%
 Current month stands at 57.6%

PI RETURN FORM 2021-22

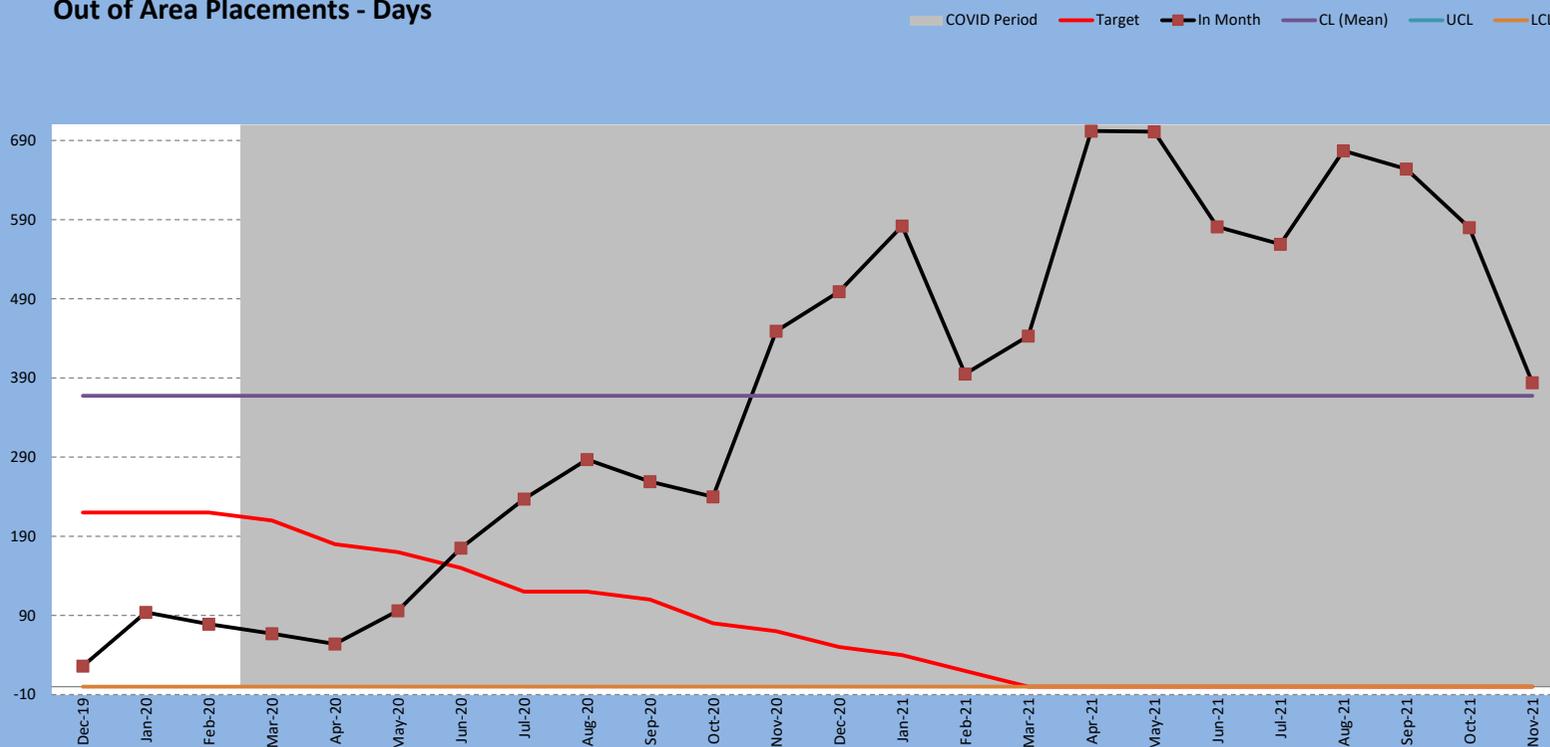
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2021**

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

KPI Type
ST 4b

Out of Area Placements - Days



Total number of patients out of area within month 27

Patients OoA - Split

	# days	# patients
Adult	184	16
OP	160	8
PICU	40	3

Target: 0

Amber:

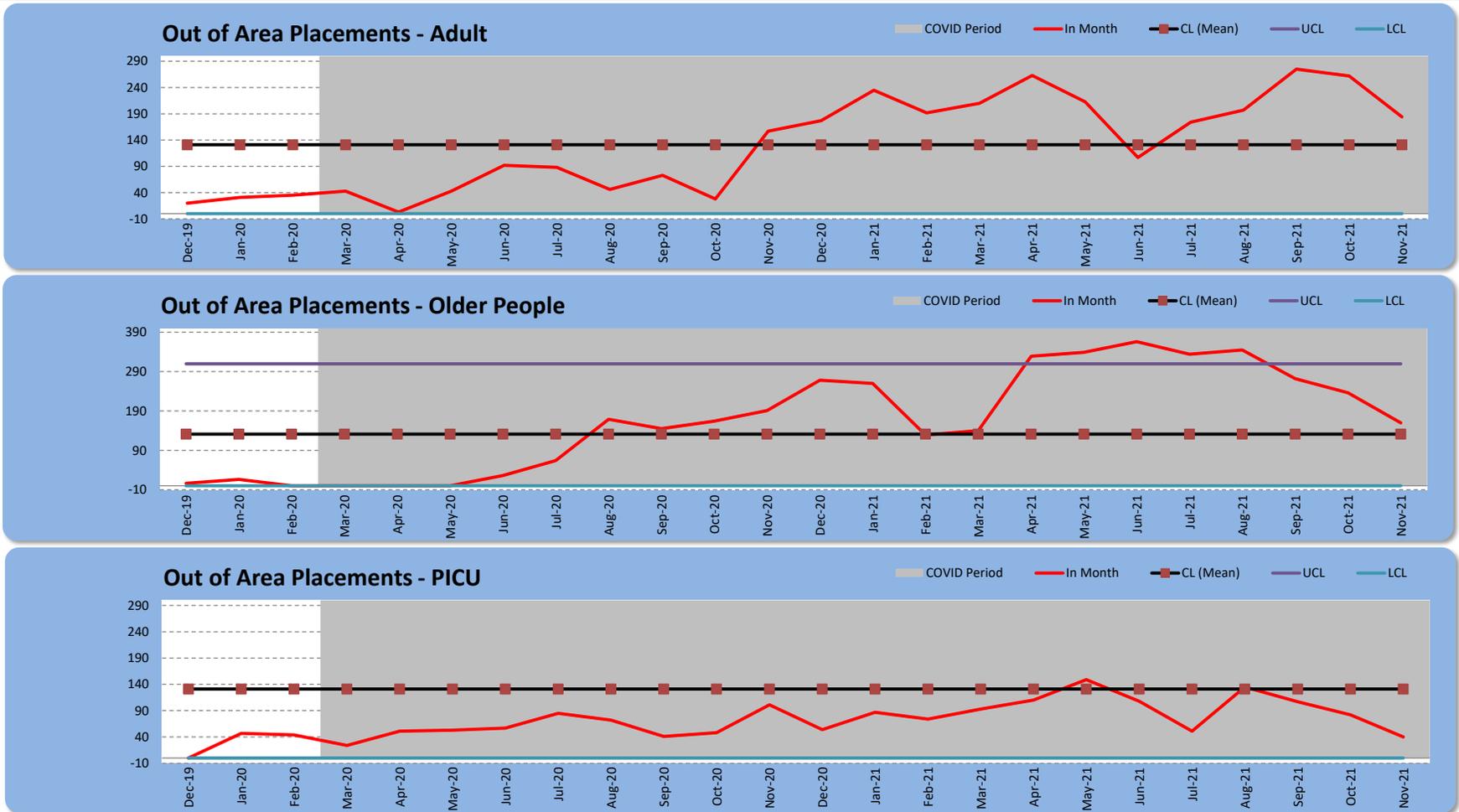
Current month stands at 384

PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2021**

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



The split for the current month is as follows:

Nov-21	
184	Adult
160	OP
40	PICU
384	Total

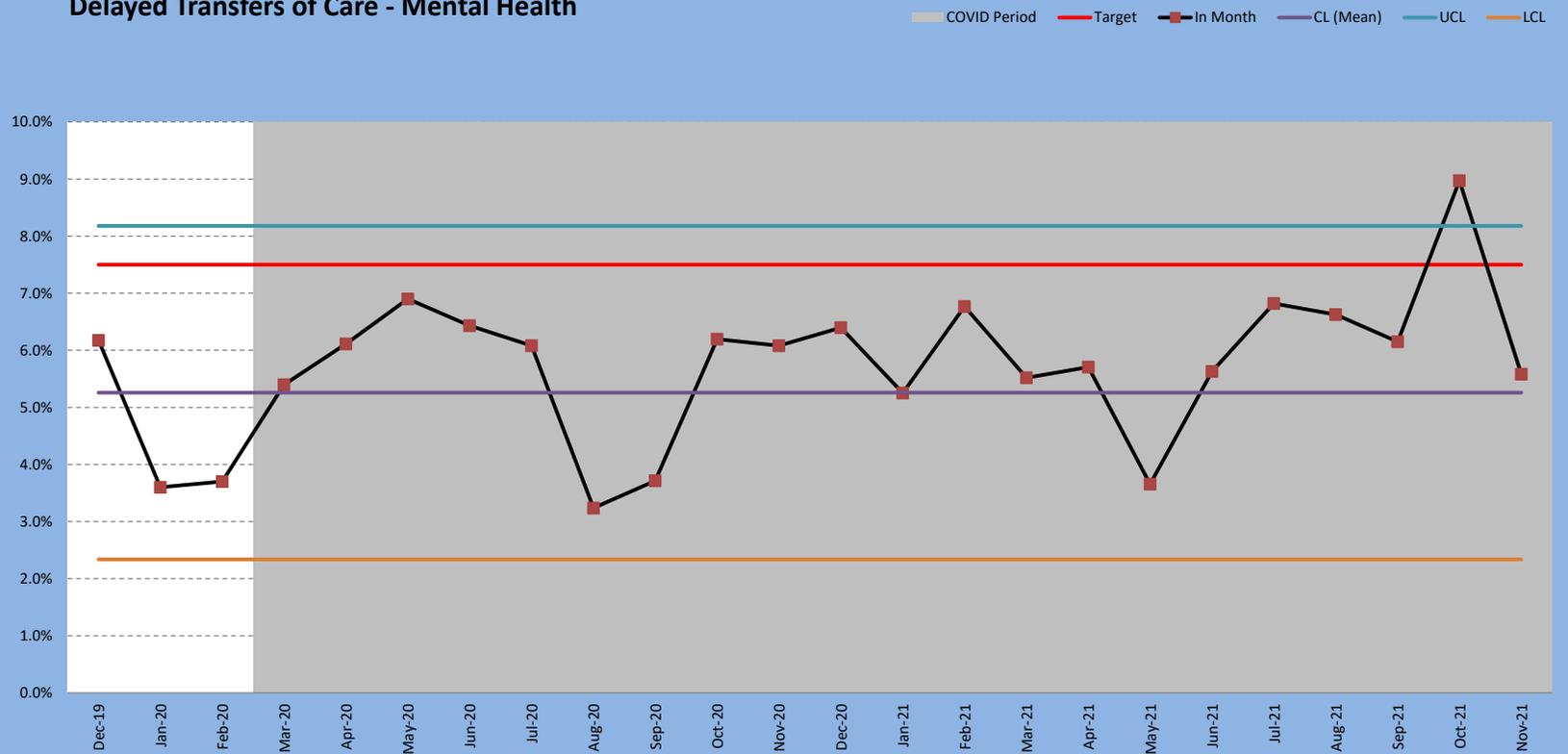
PI RETURN FORM 2021-22

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2021**

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

Delayed Transfers of Care - Mental Health



Target: 7.5%
 Amber: 7.0%
 Current month stands at 5.6%

PI RETURN FORM 2021-22

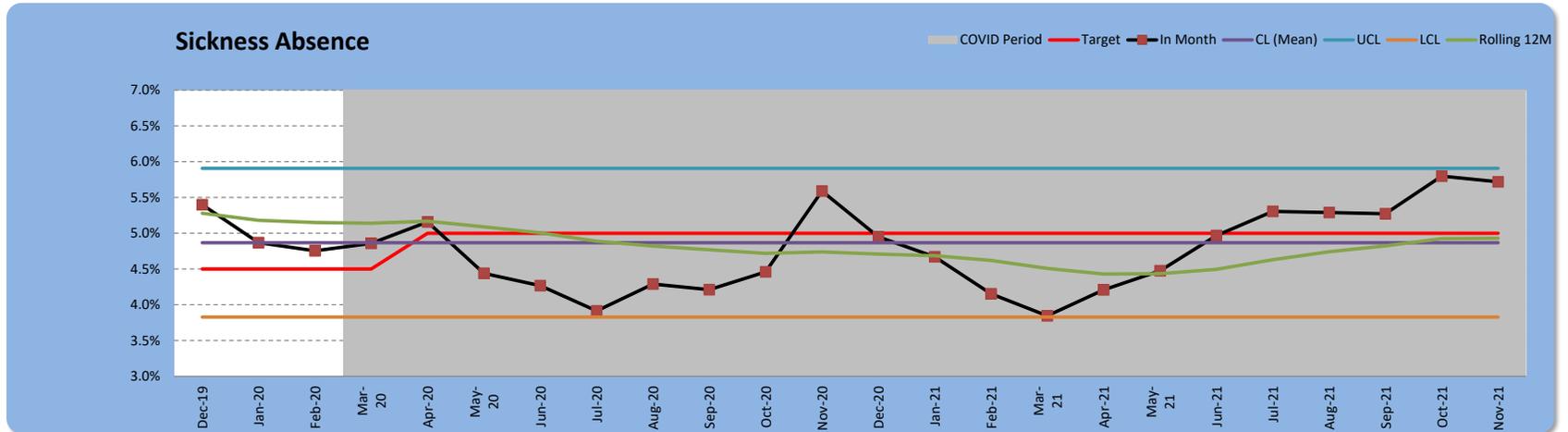
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Nov 2021

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



Target: 5.0%
 Amber: 5.2%
 Current month: 5.72%

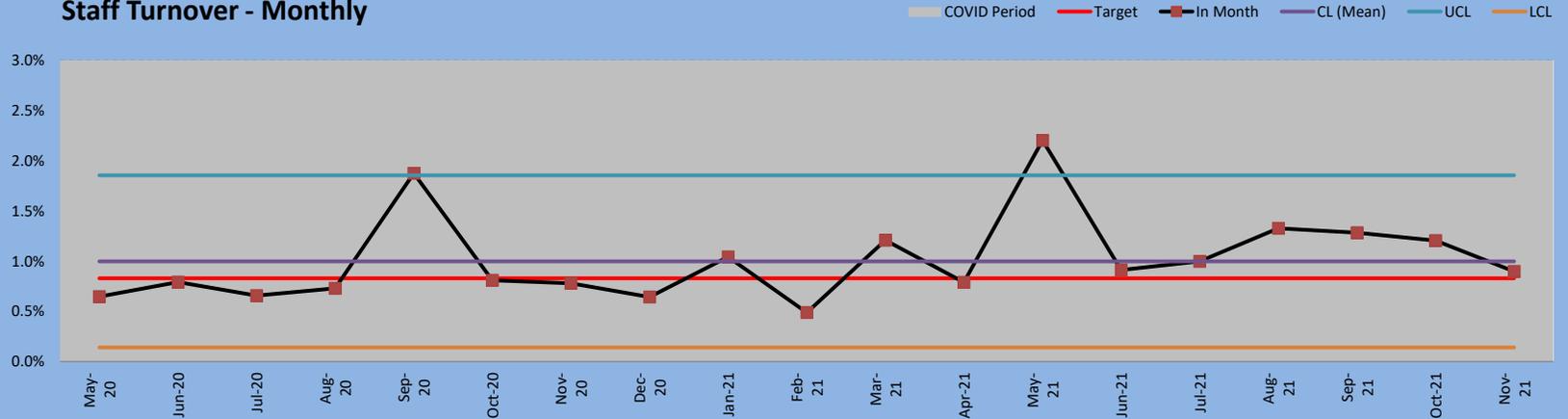
PI RETURN FORM 2021-22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2021**

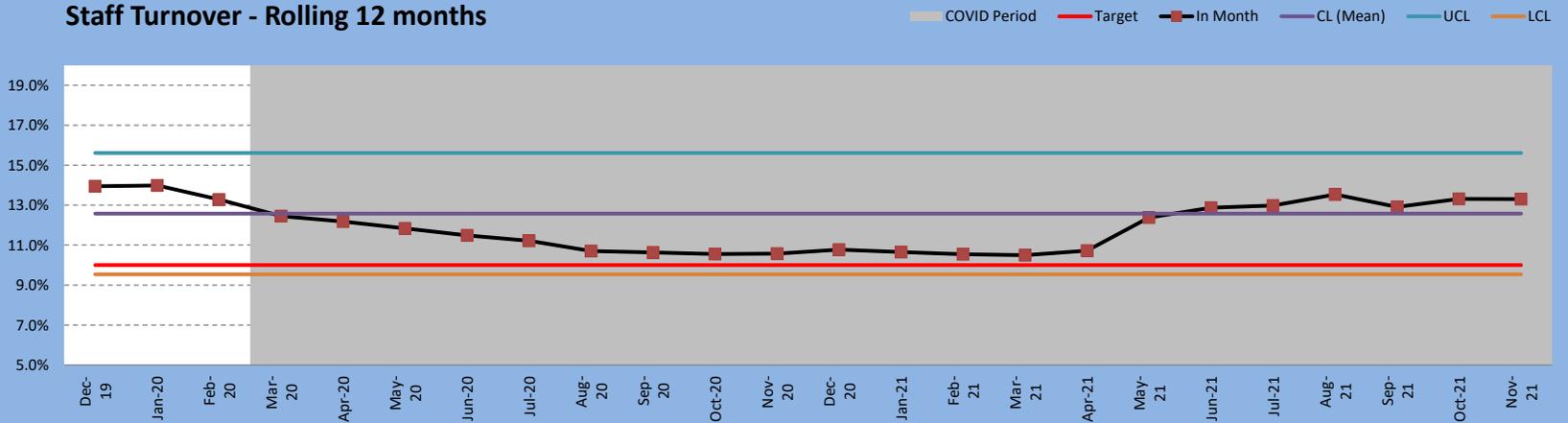
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff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

Staff Turnover - Monthly



Target: 0.83%
 Amber: 0.70%
 Current month stands at 0.9%

Staff Turnover - Rolling 12 months



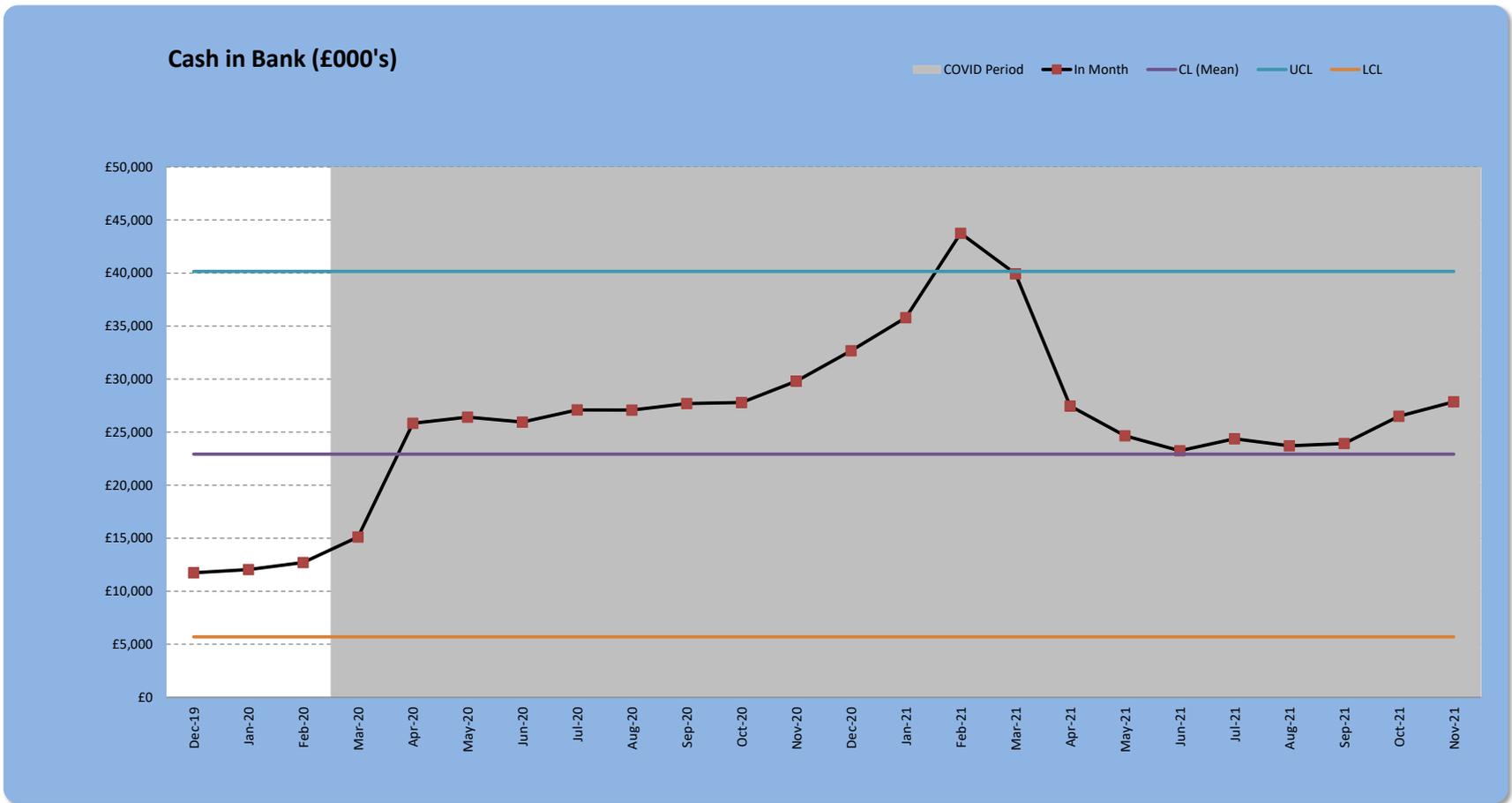
Target: 10%
 Amber: 9%
 Current month stands at 13.3%

PI RETURN FORM 2021-22

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2021**

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



Current month stands at £27,855 ,000

PI RETURN FORM 2021-22

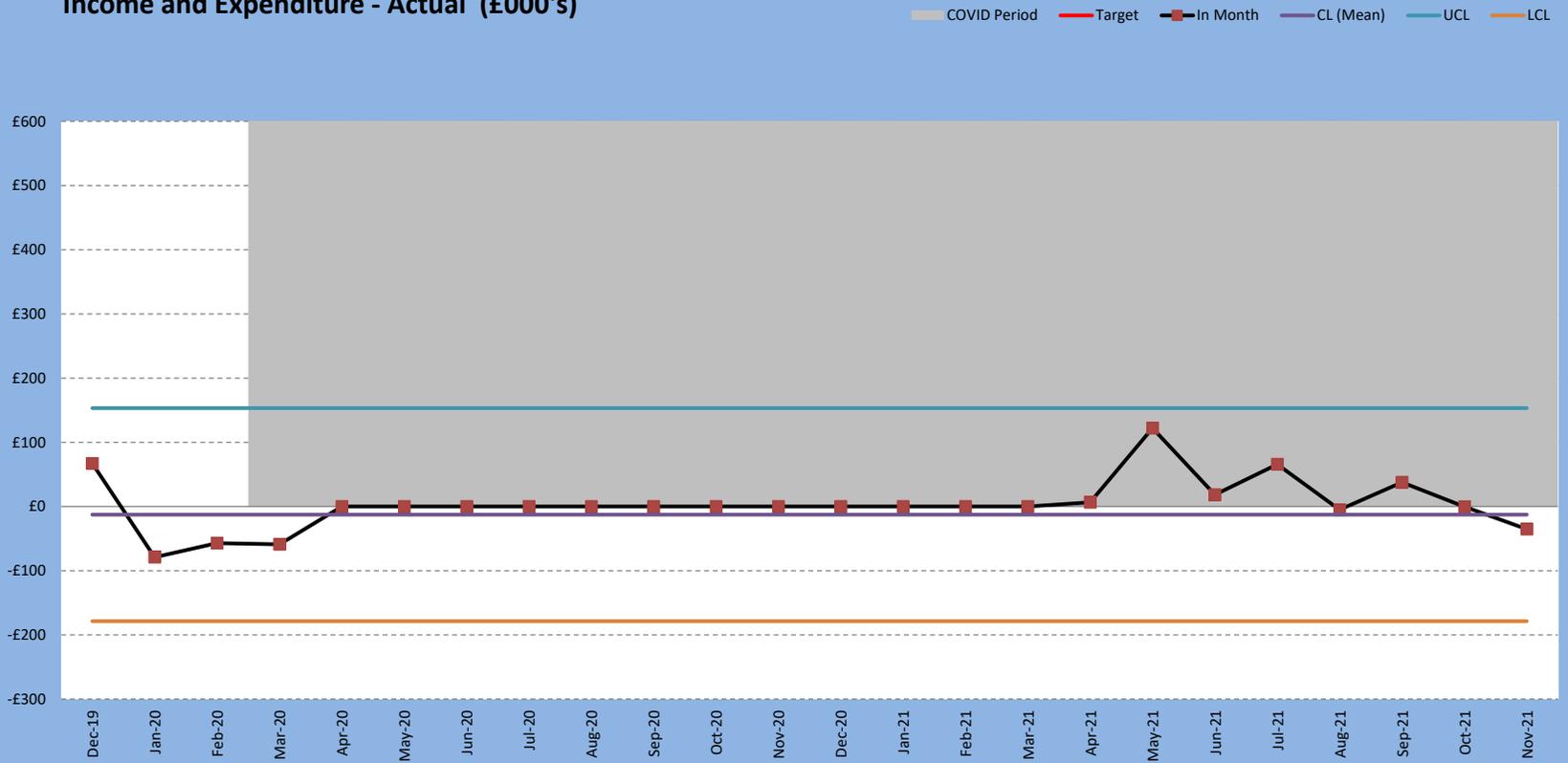
Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2021**

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

Income and Expenditure - Actual (£000's)



Target:
Amber:
Current month stands at -£35 ,000

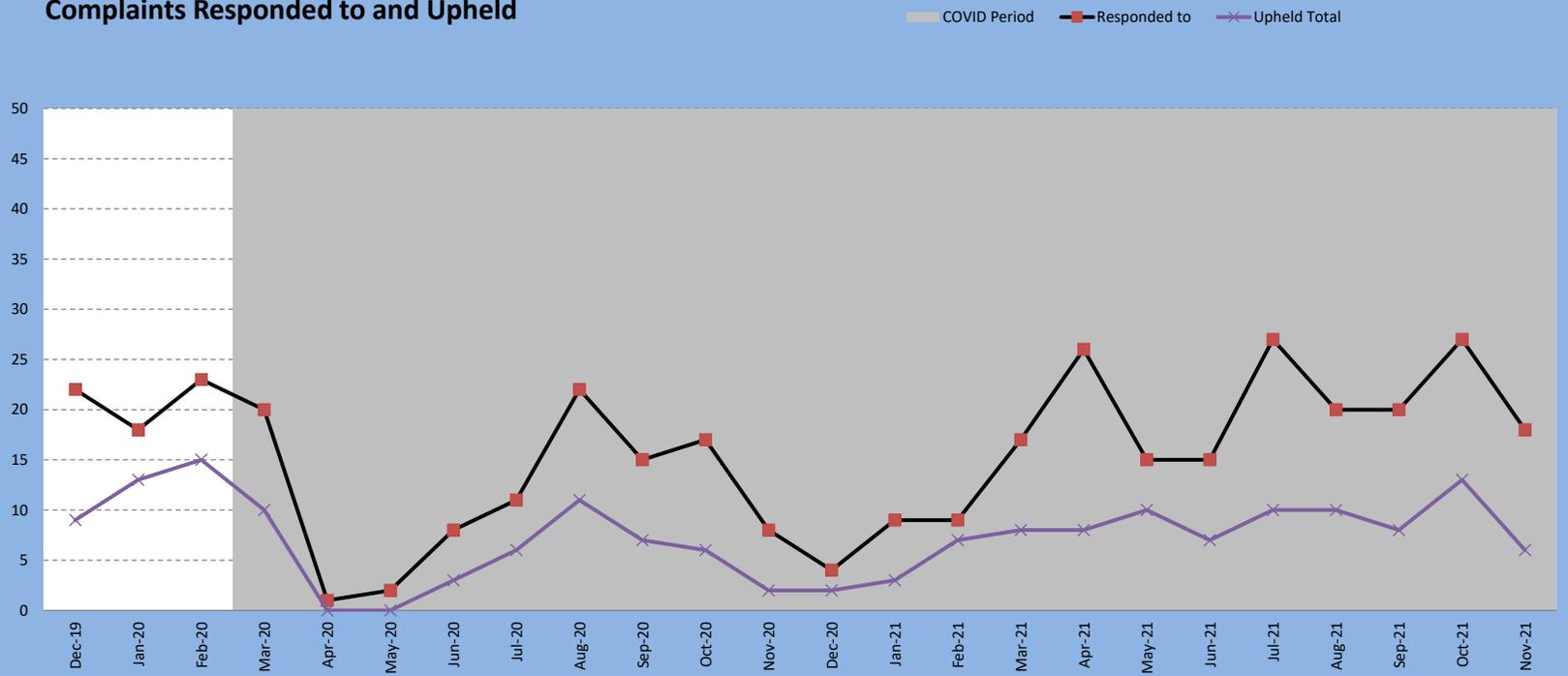
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2021**

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

Complaints Responded to and Upheld



Of the number of complaints responded to in the month 6 were upheld which equates to **33.3%**

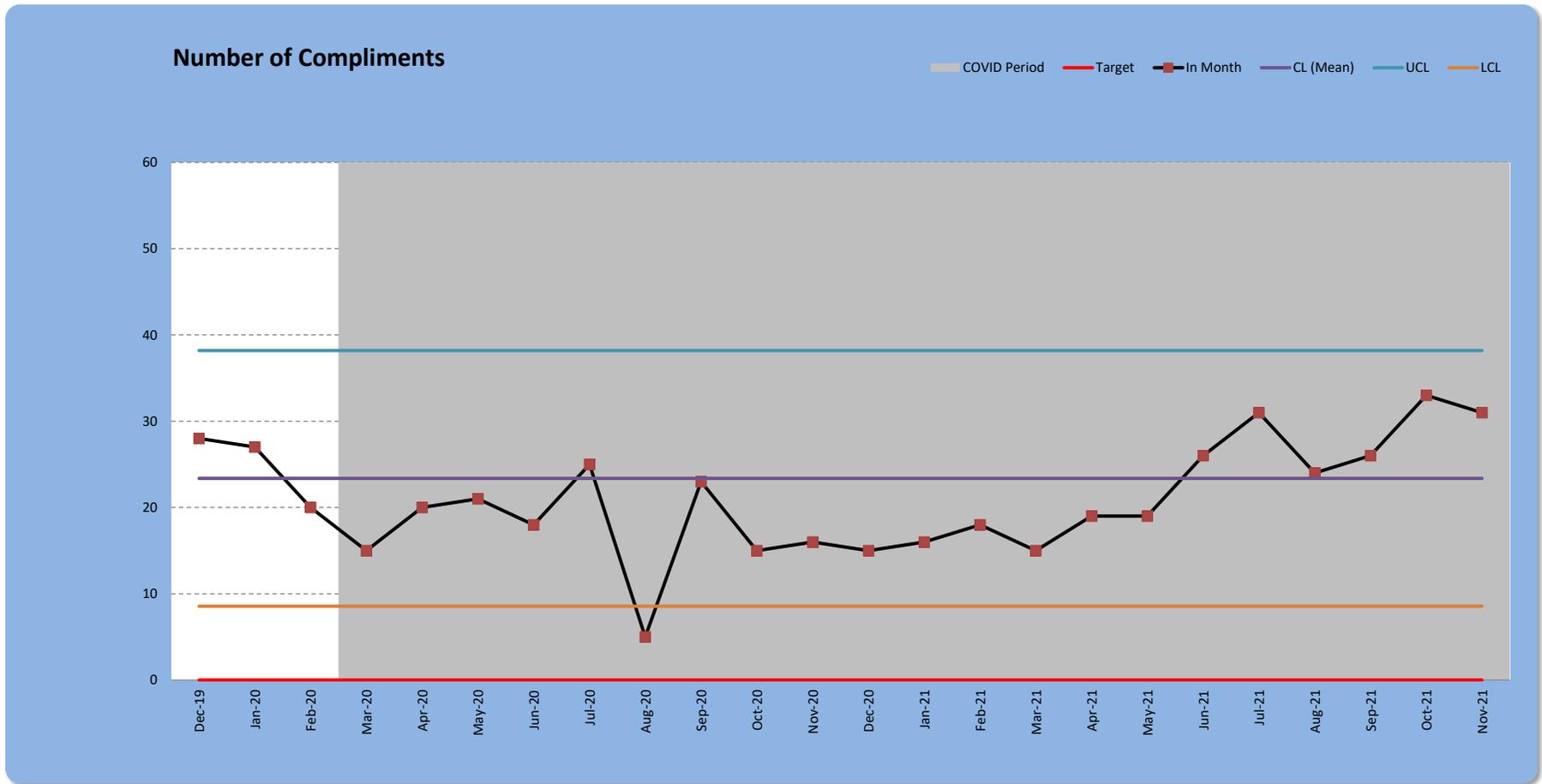
YTD Upheld
50.0%

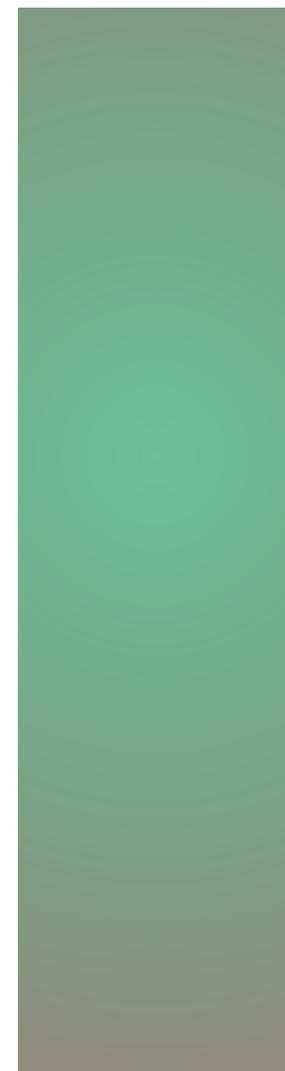
PI RETURN FORM 2021-22

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Nov 2021**

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





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 16/12/2021

Agenda Item: 10

Title & Date of Meeting:	Council of Governors Public Meeting – 13 th January 2022			
Title of Report:	Finance Update Report (November 2021)			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	<input checked="" type="checkbox"/>
	To discuss		To ratify	
	For information		To endorse	
	The Council of Governors is asked to note the Finance report and comment accordingly.			
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2021 to November 2021.</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>			
Key Issues within the report:	<ul style="list-style-type: none"> Block income payments continue to be received and the Trust has been set a break even target for the full financial year As at the end of November 2021, the Trust recorded an overall operating surplus of £0.210m which is in line with the ICS targets. Within the reported position at Month 8 is Covid expenditure of £3.160m and income top up of £1.716m. The Cash Balance at the end of November 2021 was £27.855m. 			

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	N/A	Comment
		Detail	in	

		report		
		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 2021)

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 2021 to November 2021.

2. Performance 2021/22

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

Confirmation of the required target for the second half of the year (H2) has recently been received by the Trust and is a deficit of £0.315m which will mean an annual break even position

Signed contracts are not required between NHS organisations for this period..

The table below summarises the reported income and expenditure position for the Trust to the end of November 2021 (*reported figures are cumulative*).

Table 1: Reported I&E Position 2021/22

	September 2021 £003	October 2021 £003	November 2021 £003
Trust Income	79,028	92,229	105,442
<i>Less: Expenditure</i>	76,170	88,943	100,894
EBITDA	2,858	3,286	4,548
Finance Items	2,580	1,905	1,216
Sustainability Funding (Income)	-	-	-
Ledger Position:	278	1,381	3,332
Exclude: S75 Income	-	1,129	3,097
Exclude: Profit on Disposal	-	-	64
Exclude: Donated Asset Depn	(33)	(35)	(39)
Net Position Surplus/(Deficit)	311	287	210

The Trust has recorded an operational surplus of 0.210m, a position consistent with the planning ask.

Excluded from the control total (planning target) includes income in relation to the Yorkshire and Humber Care Record, which the Trust is invoicing Hull City Council for.

A more detailed summary of the income and expenditure position as at the end of November 2021 is shown at appendix A. Key variance are explained in the following paragraphs:

2.1 Children's and Learning Disability

Children's and LD is reporting a £0.190m overspend year to date.

CAMHS Inpatient Service is reporting a significant pressure this financial year with a year to date overspend of £0.566m. The pressure to open the PICU beds and the acuity of the patients has resulted in increased staffing levels and pay is overspent by £0.537m. The cost of the doctors for the ward is £0.258m over spent year to date due to the difficulty recruiting and the use of agency consultants.

Nursing is £0.330m overspent due to the use of agency, maternity cover and the staffing levels required.

There are a number of compensating underspends in the Division which brings the position back to the £0.190m overspend

2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.595m.

Primary Care is showing an overspend of £0.513m which is primarily due to pressures caused by the required increase of Locum Doctors which are significantly more expensive than substantive staff, this is particularly the case at Market Weighton and Practice 2.

2.3 Mental Health

The Division is showing an underspend of £0.760m. There are pressures on medical staffing budgets due to the use of agency locums, but this is offset by underspends across the division due to vacancies across a number of service areas reflecting in part recruitment to new posts/services which have been funded for the full year within the Trusts plan. There are agency staff being employed to fill essential roles and this is being constantly reviewed.

2.4 Secure Services

The year to date position of Secure Services is an underspend of £0.217m.

2.5 Corporate Services Expenditure

Corporate Services are reporting an underspend of £1.316m, this is primarily in Finance Technical and relates to reserves/contingency budgets

3 COVID Expenditure

At the end of November, the Trust recorded £3.160m of Covid related expenditure and £1.716m of Income Top Up, details of which are summarised below::

Table 2: COVID Claim analysis

Covid Costs	Total £m
Pay	1.017
Non Pay	2.143
Expenditure:	3.160
Income Top Up	1.716
Total	4.876

4. Cash

The cash balance at 30th November was £27.855m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	September 2021 £003	October 2021 £003	November 2021 £003
Government Banking Service	23,515	26,230	27,668
Nat West	343	228	138
Petty Cash	48	49	49
Net Position	23,906	26,507	27,855

6. Recommendations

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

2021/22 Income and Expenditure Summary (As at 30th November 2021)

	21/22 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	130,842	11,108	10,376	(732)	86,558	87,647	1,089
Clinical Income	16,266	1,343	1,369	27	10,960	11,698	738
Covid 19 Income	5,792	525	1,467	942	4,875	6,097	1,221
Total Income	152,901	12,976	13,213	237	102,394	105,442	3,048
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	30,086	2,427	2,570	(143)	20,054	20,243	(190)
Community & Primary Care	29,232	2,459	2,659	(200)	19,460	20,055	(595)
Mental Health	51,352	4,483	4,333	150	34,638	33,878	760
Secure Services	11,859	1,000	961	39	7,855	7,637	217
	122,509	10,370	10,523	(153)	82,004	81,811	193
<u>Corporate Services</u>							
	29,469	2,549	2,023	526	20,400	19,083	1,316
Total Expenditure	151,978	12,918	12,545	373	102,404	100,894	1,509
EBITDA	923	57	667	610	(10)	4,547	4,557
Depreciation	4,031	336	331	5	2,687	2,654	34
Interest	148	12	8	5	98	123	(25)
PDC Dividends Payable	2,341	195	364	(169)	1,561	1,561	-
Operating Total	(5,597)	(486)	(35)	451	(4,357)	210	4,566
BRS	(6,351)	(324)	-	(324)	(4,566)	-	(4,566)
Operating Total	755	(162)	(35)	127	210	210	0
Excluded from Control Total							
YHCR Section 75 Income	-	-	(1,968)	1,968	-	(3,097)	3,097
Profit on Assets Held for Sale	-	-	-	-	-	(64)	64
Donated Depreciation	70	6	5	1	47	39	7
	685	(168)	1,928	2,096	163	3,332	3,169
Excluded							
Commissioning	440	20	(20)	40	77	3	73
Ledger Position	245	(188)	1,948	2,136	86	3,329	3,243

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 13 January 2022			
Title of Report:	Governor Groups Feedback			
Author/s:	Sam Muzaffar Chair of Appointment Terms & Conditions Governor Group Doff Pollard, Chair of Engaging with Members Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	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	7.12.21	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

Appointments, Terms and Conditions Committee 7 December 2021

At the last A T&C meeting the subject of the NED posts advert not going in the Trust's website was raised. This error took place due a human error and the Chair had received an apology regarding this.

Dr Muzaffar said that the NED for the post of the Chair of the Audit Committee had been chosen and this would be put to the COG for their approval.

Unfortunately the general NED position could not be completed as none of the candidates interviewed quite fit the requirements. It is accepted this this would delay the recruitment somewhat but it is better to have the right candidate. In this regard Steve McGowan, Director HR & OD and the recruitment consultant (Gatenby Sanderson) have been requested to progress this as a matter of urgency.

Ms Flint thanked Eric, Sam and Sue for their time and efforts during the interview process.

The objectives for next 12 months for the Chair is to be received soon and would then be discussed and agreed between the Chair, Peter and Sam.

Engaging with Members Group 10 November 2021

The Engaging with Members Group met on 10th Nov 2021.

The discussions at the meeting continued to :

- Explore aspects of communications with members and also the public
- QI improvement Initiative "Every contact counts" being mindful that we have three different constituencies of contact with the public, membership, Patient and Carers Experience Forums and volunteers. The group are exploring how we can co-ordinate these contacts for the best effect
- Review governor activity in relation to Members and the public since the last meeting
- Explored the feedback from the Course on member engagement from the chair and considered what other Trusts do and how we can learn from them.
- Agreed on the success of the e-newsletters to date and considered what information to include in the Members email newsletter.
- These matters will be taken forward at the next meeting towards the end of Jan/February