

**Council of Governors
Public Meeting – Thursday 15 April 2021**

For a virtual meeting to be held at 2.40pm by Microsoft Teams

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 14 January 2021	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	2020 NHS Staff Survey Presentation	SMcG	To receive & note	verbal
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Council of Governors Effectiveness Review	SM	To receive & note	√
9.	Public Trust Board Minutes – November 2020, January & February 2021	SM	To receive & note	√
10.	Covid Update	LP	To receive & note	√
	Performance & Delivery			
11.	Performance Update	PBec	To receive & note	√
12.	Finance Report	PBec	To receive & note	√
13.	Annual Declarations	PBec	To receive & approve	√
	Governor Issues			
14.	Engaging with Members Governor Group Terms of Reference	All	To receive & approve	
15.	Governor Groups Feedback & Activity	All	To receive & note	√
16.	Responses to Governor Questions – (no questions raised since the last meeting)	All	To note	verbal
17.	Any Other Business			
18.	Date, Time and Venue of Next Meeting Thursday 8 July 2021, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 15 April 2021			
Title of Report:	Declarations of Interest			
Author/s:	Name: Jenny Jones Title: Trust Secretary			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	Quarterly report to Council
	Trust Board			
Key Issues within the report:	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations. Any declarations made by Governors are included on the publicly available register.			

Monitoring and assurance framework summary:

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

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety			
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery			
<input type="checkbox"/>	Fostering integration, partnership and alliances			
<input type="checkbox"/>	Developing an effective and empowered workforce			
<input type="checkbox"/>	Maximising an efficient and sustainable organisation			
<input type="checkbox"/>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Eric Bennett	None
	Helena Spencer	<ul style="list-style-type: none"> Trustee/Director of the Homeless Charity, Emmaus Hull
	Vacant	
	Vacant	
Elected – East Riding Public	John Cunnington	None
	Vacant	
	Huw Jones	<ul style="list-style-type: none"> Vice Chair, Oakfield School, Hull Mobilisation Lead, Maldaba Ltd Director, Innov8 Consulting Undertaking a review of LD Inpatient beds for the Humber, Coast and Vale ICS. It is a short term project due to finish in mid January 2021. I am doing that as part of my work in Innov8 Ltd
	Sue Cooper	TBC
	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 Member of the Trust's Associate Hospital Managers Panel
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	TBC
	Vacant	
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None

	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	TBC
	Jacque White Hull University	<ul style="list-style-type: none"> • Mental Health Strategy Lead • I sometimes accept fees and expenses for speaking at meetings organised by the Pharmaceutical industry. In the last year this was on two occasions for Janseen-Cilag Ltd. I presented my own work. This activity was approved by my Dean. • Member of the Labour Party • 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

**Minutes of the Council of Governors Public Meeting held on
Thursday 14 January 2021 via Microsoft Teams**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Eric Bennett, Hull Public Governor
Mandy Dawley, Staff Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Jack Hudson, Staff Governor
Huw Jones, Lead Governor & East Riding Public Governor
Ros Jump, East Riding Public Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Helena Spencer, Hull Public Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance: Peter Baren, Non Executive Director/Senior Independent Director
Mike Cooke, Non Executive Director
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Mike Smith, Non Executive Director
Pete Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
Joan (for item 04/21)

Apologies: Andy Barber, Appointed Governor, Smile Foundation
Jenny Bristow, Appointed Governor Humberside Police
John Cunnington, East Riding Public Governor
Christopher Duggleby, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Paul Nickerson, Appointed Governor, East Riding Council

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

01/21 **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.

Changes in the declarations for Jacquie White and Doff Pollard were noted and the register will be updated.

02/21 **Minutes of the Meeting held on 15 October 2020**
The minutes of the meeting held on 15 October 2020 were agreed as a correct record.



03/21

Matters Arising and Actions Log

The action log was reviewed and noted.

48/20 Responses to Governor Questions

Mr Enderby provided an update on clinical supervision explaining that he had met with Tracy Flanagan, Deputy Director of Nursing to discuss the Deloitte report which looked at the quality of supervision. The process has been refined since the report was produced and there is a robust system in place which is reliable and valid that allows supervision to be checked and recorded. Covid 19 has caused some delays and the self assessment aspect has been difficult to progress. Mr Enderby confirmed this action could be taken off the action log as it was now resolved.

Abbreviations and Language

Mrs Pollard raised the issue of abbreviations in the documents for today's meeting asking if these could be reviewed going forward. The Chair agreed this would be looked at for future papers.

Training Session

The Chair has discussed with Mr Patton and Mr Baren about holding a basic training session on the performance and finance reports so Governors can gain an understanding of what is reported.

04/21

Patient Story – The Impact of a Dementia Diagnosis on a Family

Mrs Dawley introduced Joan, a carer and volunteer with the Trust who was going to share the story of her husband's journey through services.

Joan explained that her husband's journey started in 2007 with some memory problems and by 2009 his Dementia was impacting on their quality of life. Joan told the Council of Governors about their experiences which included public perception, issues in finding the appropriate day care and residential facilities. Her husband was detained under the Mental Health Act and admitted to Maister Lodge in 2019. During this time Joan has been fully involved in his care and despite the pandemic takes part in the multi-disciplinary meetings. Whilst her husband has been on Maister Lodge, there has been improvement in his behaviour.

At the beginning of this year, Joan's husband was discharged to a residential home with appropriate planning for Covid 19 restrictions.

Joan continues to support the Trust with her involvement in various groups and sharing her experiences to make patients' lives better.

Mr Jones thanked Joan for sharing her story and explained that he knew Joan outside of the Trust and the work that Joan has been involved with. Joan has a lot of knowledge about the system and it can be confusing. She found it difficult to know where to go for help and needed support. Joan said that previously she was a "quiet" carer and did not push issues but this was no longer the case. She now helps to advise other carers who are in the same position as her and helps them to move forward.

The Chief Executive asked Joan if there was anything that she thought the Trust could do better. Joan explained that the patient information work that is being developed with the Trust and Hull University is important and will help to link up information so it is readily available.

Ms Jump asked if Joan could identify one thing that needed to be improved. Joan said it would be recognition that people with Dementia are still people and should not be labelled. She felt this needed to improve. Mrs Parkinson was pleased to report that Dementia awareness and pathways in relation to Primary Care are being taken forward and there is more focus.

The Chair thanked Joan for attending the meeting and sharing her story.

05/21

Chair's Report

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

Lead Governor – Congratulations were extended to Mr Muzaffar who has been elected as Lead Governor from 1 February 2021. The Chair thanked Mr Jones who has held the role for the last two years, for his help and support.

Elections – an update was given on the outcome of the recent elections. The following Governors were re-elected:

- Doff Pollard – Whitby
- Jack Hudson – Staff Clinical
- Huw Jones & John Cunnington – East Riding

The Chair welcomed the following new Governors who will commence in post on 1 February 2021:-

- Jean Hart – Service User and Carer
- Claire Strawbridge – Staff Non Clinical

There are three vacancies on the Council for Hull with two seats available and a Service User and Carer seat.

Governors – the regular meetings with Governors and the Chair continue and are well attended.

Governor Induction – Due to the date not being convenient for all of the new Governors, this has been rearranged

System Meetings – there have been a number of system meetings held. The work is moving at pace and a change in legislation is expected in due course. Meetings with partners, stakeholders and other Chairs continue to be held.

International HCV Annual Conference – the Chair attended the conference hosted by the Chief Executive in November 2020.

Vaccination Update – A significant amount of work has been undertaken to prepare for the vaccination programme

Research Conference – this annual conference was held virtually for the first time over two half days. It was well attended and covered various topics.

Other events that have taken place since the last meeting included:-

- Quality Improvement week
- Virtual Christmas Service
- Launch of the Recovery College on line site
- Hampers were provided for staff over Christmas

All of these have been achieved during a pandemic showing that the Trust continues to go from strength to strength due to the hard work and dedication of its staff and volunteers.

Resolved: The verbal update was noted

06/21

Chief Executive's Report

The Chief Executive presented her report which gave an update on the local issues. The Chief Executive thanked Governors, staff, service users for their help and support during an extremely difficult and challenging time which has been faced and continues to be faced. In terms of the report the following was noted:-

- The Trust has continued to maintain nearly all of its services during the first, second and current wave of the pandemic. During December some regular meetings were stood down to give staff some additional time however all sub Committees continued to meet.
- Research – lots of people are being recruited into studies.
- Go Live in shadow form for the Lead Provider Commissioning role for secure services, Eating Disorders and Children and Young People. Development of a Commissioning Committee is underway which will be chaired by Mr Peter Baren supported by the Director of Finance.
- Market Weighton GP Practice has been shortlisted for a General Practice Award. Good Luck to the team. **Post Meeting Update – the Team won the award!**
- Flu – Vaccinations for flu continue for any staff member who requires it.
- Recruitment Work – this work continues including international recruitment. The work also links into the East Riding's Sssh campaign
- Rebranding – the work for the Trust rebranding is nearing completion. This work has been managed in house and there has been significant engagement with staff.
- Lateral Flow Testing – the testing continues for asymptomatic staff. From all of the reports received 30 positive tests have been found.
- Covid 19 Vaccination Programme – Dr Byrne is the Senior Responsible Office for the programme. The Chief Executive thanked Dr Byrne and all of the staff and volunteers involved in this huge programme of work. The Lecture Theatre is being used as a vaccination centre and Primary Care Networks (PCNs) colleagues are also using it. The Vaccination Centre is designated and registered as a hospital hub and can receive deliveries of the vaccine. Vaccination of high risk groups and high risk staff will be first and the Trust will then vaccinate all staff.
- Integrated Care Service (ICS) – The ICS have been in place for a year and a white paper has been published on the development of the ICS and commissioning. The Chief Executive suggested that a workshop is arranged for Governors as the work is moving at pace. There is also a move to a collaboration approach. The Chief Executive has been asked by the ICS to lead the work around acute care and community for the provider collaborative.

Other areas highlighted were Humberleivable, Patient Information Portal, the work undertaken to support staff in conjunction with Health Stars.

Mrs Pollard reported that staff have been fantastic in Whitby and thanked all staff for their work during this time.

Mr McCourt congratulated the Chief Executive on an excellent report. He noted that Covid 19 outbreaks are of interest to the Health and Safety Executive and he asked if the Trust had been asked for any information. He was informed that as of today the Trust has no Covid positive patients and neither the Care Quality Commission or the Health and Safety Executive has requested any information.

Resolved: The report and verbal updates were noted.
A workshop to be arranged on the Integrated Care Service Action MM

07/21

Public Trust Board Minutes September and October 2020

The minutes of the public Board meetings for September and October 2020 were provided for information.

Resolved: The minutes were noted.

08/21

Covid 19 Update

The report provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid 19 emergency.

Mrs Parkinson reported that staff have been amazing throughout this process and have gone above and beyond to deliver services. This was not just clinical staff but corporate staff who have come together to assist. Throughout the pandemic the emergency planning procedures have been in place and are overseen by bronze, silver and gold command. Across the system there is a Local Resilience Forum (LRF) which receives large volume of information and there is a good system in place to respond to this. The key message is to continue to respond to ongoing Covid 19 agenda and help services to continue to protect patients. Business Continuity Plans are in place and continue to be followed.

Staff health and wellbeing remains an area of focus and supporting staff is a priority. There is a mechanism in place to monitor infection rates. During October and November a surge in cases was seen in Hull and the East Riding of Yorkshire whereby Hull at one point had the highest rate in the country. Since that time it has reduced. High pressures on the acute hospitals in North Yorkshire and York are impacting on services in Whitby, Scarborough and Ryedale. York is seeing signs of the new variant of the virus and work is ongoing to support the bed pressures in the acute hospitals and support hospital discharges. Pressures are also being seen in mental health services particularly around the crisis service where high levels of demand and acuity is increasing.

As of today there are no Covid 19 positive patients in the Trust and staff continue to follow guidance to protect our patients. An increase in the use of out of area beds is being seen due to the reduction in the number of beds due to Covid 19 restrictions and safe working measures. The Trust is mitigating against this by accessing some independent sector provider beds and will work with them to repatriate patients to local beds as soon as they are available and can be done safely.

Currently the NHS is at the highest alert level. With the latest lockdown, patient visiting and leave arrangements have been reviewed and remote working continues to keep people safe. No particular issues have been reported as a consequence of the school closures and key workers children are able to access school provision.

A robust system is in place to manage the personal protective equipment (ppe) supplies and no issues have been reported. The risk register is regularly reviewed to ensure that all risks associated with Covid 19 are updated.

Ms Jump thanked Mrs Parkinson for a comprehensive report. In relation to vaccination centres, she thought that Haltemprice Leisure Centre could be a suitable venue, but had heard nothing about this. It was confirmed that currently there is no charge for parking at Trust Headquarters.

Any weather issues are part of the winter planning process and this is done in conjunction with partners including Primary Care. Work has also been done with the military and surge plans have been developed with other mental health providers and system partners. Across the HCV work has been undertaken to develop surge plans to manage the ongoing pressures due to Covid, winter pressures and the need to restore elective services across the system. The work that has been done with local authorities, the system in North Yorkshire and York is proving to be successful. It is a challenge due to the number of discharges being seen. Some non-urgent work was stood down in the organisation to free up clinical staff in corporate services to work in clinical services and some staff from community services were redirected to acute areas where needed. This was part of our business continuity and surge planning arrangements. However all services were fully restored at the end of the second wave in November. All of these actions were taken to protect patients and staff. The staff health and wellbeing resilience hub is in place. Mrs Parkinson explained that a lot of internal planning has

taken place which plans for the possibility of up to a 30% sickness absence rate. The highest rate of sickness reached in the second wave was 10% and it has now reduced,. Mrs Pollard commented that this was helpful and was impressed with how everyone is working.

Mrs Gorman noted the positive feedback on the vaccinations and that back office staff did not expect to receive it so early into the programme which showed how much the organisation valued its staff. The question and answer sessions that had been arranged were well received and accessed by high numbers of staff and had helped to extend the reach and perception of the hierarchy. Mrs Dawley endorsed this stating she was proud to work for the organisation.

Resolved: The report and verbal updates were noted

09/21

EU Exit Preparations

The report provided an update to the Council of Governors on the Trust's preparations in relation to the EU Exit.

The Trust has an established Brexit group to specifically deal with operational readiness for exit from the European Union. There are seven areas of activity that have been focussed upon by the Brexit group which are around supply and delivery. Although a deal has been agreed, the Group will continue to meet until the end of February.

30 EU nationals are being supported to gain settlement status by the end of June with 10 cases already resolved.

A multi layered national approach has been adopted to secure the supply of medicines and clinical consumables.

The Chair thanked Mr Beckwith for all the work he and the team have done in this area.

Resolved: The report was noted

10/21

Performance Update

Mr Beckwith presented the performance as at the end of November 2020. Information was provided on the following areas, which had fallen outside the normal variation range:-

- Cash in bank
- Early Intervention in Psychosis
- 52 Week waits
- 7 Day Follow Up

Mr Durkin referred to the Complaints responded to figures suggesting that there was a line missing from the graph which should show the number of complaints. Mr Beckwith will review this area to ensure the correct information is shown.

In relation to follow up within 72 days, Mr Durkin commented that the figures appeared to have reduced and CPA follow up dropped in November. Mrs Parkinson explained the figures were slightly lower, but they were still in the normal variation. At this point in time they were still above target. This is managed on a daily basis and an expectation that it is being maintained overall at target levels. Sometimes the figure is affected by the number of discharges in the month. Mr Durkin noted that during Covid 19 this had been managed well, but was concerned about the sudden drop.

Mr McCourt referred to over 52 week waits noting that prior to Covid 19 the Trust had started to turn a corner in moving these numbers down, he asked what is impacting on the figures now. Mrs Parkinson explained that the main areas where there are waiting lists are in children's services specifically for autism and ADHD diagnosis. This did not mean that services are not in contact with children and their families. There were pressures in March pre

Covid 19 particularly for autism diagnosis which requires an element of collating information received from education services. With the closure of schools there was an impact which picked up when they reopened. Trajectories and improvement plans are in place to address this. Digital and remote solutions have been put in place where possible.

Access to general Child and Adolescent Mental Health Services (CAMHS) has also been impacted and contact is maintained with children and their families.

Mr McCourt appreciated the update.

Resolved: The report and verbal updates were noted.

Mr Beckwith to review the complaints information and respond to Mr Durkin Action PBec

11/21

Finance Report

The report provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2020 to November 2020. Mr Beckwith drew the Council's attention to:-

- For 2020/21 normal contracting arrangements between NHS organisations have been ceased and the Trust is receiving a block income allocation.
- As at the end of November 2020, the Trust had recorded an operational breakeven position.
- Cost in relation to the COVID pandemic for Months 1 – 8 total £10.399m.
- The Cash Balance at the end of November 2020 was £29.8m, which is inclusive of one month's advance block income (circa £10m).

Mr Durkin referred to the Corporate Services section of the report where an underspend of £50k was reported. He queried whether this was an error. Mr Beckwith suggested this could be due to the way the narrative was written as the detailed underspend on corporate services is £1.543m and technical function of £1.59m which is one element of the Budget Reduction Strategy (BRS) gives a £50k underspend. He apologised for any confusion. The Chair asked that in future reports an explanation should be included for Governors.

An underspend was reported for mental health services of over £2m and Mr Durkin asked what the reasons were for this. He also was concerned about the amount of cash in the bank. Mr Beckwith explained that two years ago the Trust was successful with the Community Mental Health Teams (CMHT) Transformation funding application which equated to over £4m. Recruitment into these posts has been impacted by Covid 19. However additional resources were put in to progress the issue and he was pleased to report that this will be fully established by the end of the financial year.

The Chief Executive said there was a £2m lag last year which has been worked through with partners as it was an Integrated Care Service (ICS) system issue. The organisation is not just a mental health trust, but an integrated combined organisation with integrated services across the patch. The Trust does not carry underspends in clinical areas and vacancies are due to recruitment issues which are offset by the use of bank and agency staff.

Mrs Parkinson endorsed the update provided explaining that the transformation programme was paused nationally between April and July, however the Trust did not pause the work for that length of time. Recruitment was progressed with a positive response which will come to fruition by the end of the financial year.

The Chair recognised this has been discussed previously and asked for a few lines to be included in future reports to explain any underspends.

Mr Patton, as Chair of the Finance and Investment Committee, assured Mr Durkin that these issues had been discussed in detail at meetings and also raised in other Board sub

Committees.

Mr McCourt suggested that these issues could be covered in the planned development session. Mr Beckwith was happy to include this. He stated that as a Foundation trust the organisation is not able to have a huge amount of reserves and has to meet a control total.

The Chief Executive thanked Governors for these questions. She explained that detailed work on staffing levels is being undertaken that will support the recruitment and retention plan. The organisation is constantly looking at this and how to maximised functions and skills of staff from nursing and Health Care Support workers. Mr Beckwith commented that the actual amount of staff in the Trust currently has increased to more than it has been in previous years.

The Chair suggested that discussion take place at the relevant Governor Group when there is a specific focus on finance rather than using a Governor Development session. Questions could be posed by Governors in advance of the meeting. Mr Jones agreed with the suggestion as the Governor group has explored this and understands the ways in which investments can potentially be used. Mrs Pollard thought this was a good opportunity to have the discussion and to see how Governors can support the Trust more effectively.

Resolved: The report was noted.
Discussion to take place around finance at the relevant Governor Group meeting and questions circulated in advance of the meeting Action HJ

12/21 **Governor Groups Feedback and Activity**
The report provided feedback from the Governors Groups that have been held recently.

Resolved: The report was noted.

13/21 **Responses to Governor Questions**
No questions had been raised since the last meeting.

Resolved: The verbal updates were noted.

14/21 **Any Other Business**

Thank You and Goodbye

The Chair informed the Council that it was Ms Jump's last meeting as a Governor as she has served the maximum term of office. Ms Jump has been involved with the Trust for many years and will be missed. The Chair thanked her for her help and support during this time. Ms Jump said that she had seen the Trust develop to take it to where it is today with strong leadership and it continues to go from strength to strength.

15/21 **Date and Time of Next Meeting**
Thursday 15 April 2021, 2.00pm by Microsoft Teams

Signed..... Date
Chair

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

Summary of actions from January 2021 meeting and update report on earlier actions due for delivery in April 2021						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
14.1.21	06/21	Chief Executive's Report	A workshop to be arranged on the Integrated Care Service	Chief Executive	April 2021	Arranged for 23.4.21
14.1.21	10/21	Performance Update	Mr Beckwith to review the complaints information and respond to Mr Durkin	Director of Finance	March 2021	Contact made with Mr Durkin and query now resolved, performance report has been updated accordingly.
14.1.21	11/21	Finance Report	Discussion to take place around finance at the relevant Governor Group meeting and questions circulated in advance of the meeting	Huw Jones	March 2021	The item was not discussed as Pete Beckwith was unable to attend the meeting. Mr Beckwith sent his deputy to the meeting who was not able to pick the item up. Mr Beckwith has suggested that the item be discussed at the next Governor Development session.
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						



Agenda Item 5

Title & Date of Meeting:	Council of Governors Meeting Thursday 15 April 2021			
Title of Report:	2020 NHS Staff Survey Presentation			
Author/s:	Donna Chambers - Workforce Strategy, Policy and Improvement Manager Steve McGowan – Director of Workforce and Organisational Development			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The purpose of the presentation is to outline the results of the NHS Staff Survey 2020. Update the board on the information from Leading Health care today about 2020 Staff Survey and Equality, Diversity & Inclusion (EDI)			
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:	<p>This presentation outlines the Trust 2020 National Staff Survey results with specific focus on the 10 key themes.</p> <ul style="list-style-type: none"> • Compared to 2019 we have seen improvements in all 10 of the key theme areas: <ul style="list-style-type: none"> ○ Equality, Diversity & Inclusion (EDI) ○ Health & Wellbeing ○ Immediate Managers ○ Morale ○ Quality of Care ○ Safe Environment - Bullying & Harassment ○ Safe Environment - Violence ○ Safety Culture ○ Staff Engagement ○ Team Working • Comparison against our benchmark group shows a 			

	<p>higher than average score for Equality, Diversity & Inclusion (EDI), Safe Environment - Bullying & Harassment and Safe Environment - Violence</p> <ul style="list-style-type: none"> • Response Rate Comparison <ul style="list-style-type: none"> ○ Trust 43% ○ National 45% ○ Average across the benchmark group 49% • Reflection on 2019 areas for improvement and actions following from the 2019 National Staff Survey • Areas of strength and areas for improvement from the 2020 results • Outlines next steps and divisional actions <p>The NHS released the results of its 2020 staff survey, with 220 trusts completing the survey and 592,000 people participating.</p> <p>The second highest scoring subject area, with 9.0/10 as an average nationally, was the theme of equality, diversity and inclusion.</p> <p>Humber Trust survey results has enabled us to be ranked 5th in the top 10 Mental Health and Community Trusts on the theme of equality, diversity and inclusion.</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	
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Agenda Item 7

Title & Date of Meeting:	Council of Governors Meeting 15 April 2021			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

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

Report Exempt from Public Disclosure?			No	
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Chief Executive's Report

1 Around the Trust

1.1 Flu Vaccination Certificates

I have personally signed over 80 Flu vaccination certificates to thank those staff who led our recent Flu vaccination programme, once again staff were dedicated and professional and for the fourth year running our overall figures increased to 79%. We are also doing the same for those who worked at the Covid Vaccination Centre.

1.2 Staff Thank You

We announced during the month that that staff would receive an extra day's leave to celebrate on or around their birthday to thank them for all the hard work during the Covid pandemic. A Friends and family birthday day.

1.3 Covid Anniversary

We marked the anniversary of the official start of the pandemic on the 11th with a video demonstrating just some of the amazing work our staff have been involved with;

<https://youtu.be/uCBv-DDz2Lk>

We undertook a minutes silence on the 23 March, the anniversary of the start of the first lockdown to mark our respects to all those who have lost their lives or loves ones in the pandemic.

We also used the anniversary to relaunch our book - 'together we can' which includes new footage.

We are also celebrating the great work of our bank staff with a £10 thank you.

1.4 Trust Website

I am really pleased to inform the Board that the organisation has come fourth in the country for our website. A company that compares millions of websites, has analysed NHS trust and Clinical Commissioning Group (CCG) websites for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance.

The Index, a league table, has been created showing how organisations in various industries compare for web accessibility.

Website accessibility is the practice of making a website usable by everyone, regardless of ability or disability. Its primary aim is inclusion, no matter what a user's circumstance, and aims to ensure support for a variety of users, such as those with low vision who may have trouble reading low-contrast text on a web page or a user on a mobile device in bright sunlight. The company measures the websites against the international standard for web accessibility.

211 NHS trust websites were tested using a sample of up to 125 web pages taken from each website, and tested through the Silktime web intelligence platform.

The highest rated NHS trust was North Cumbria Integrated Care NHS Foundation Trust with a score of 92, while London North West University Healthcare NHS Trust scored 81, coming in 30th place. Humber are fourth, a fabulous achievement by the communications team and very well deserved.

1.5 Hull York Medical School (HYMS) Self Assessment

The Trust revived the feedback form the recent HYMS Self-Assessment Document for the academic year 2019-20 this is part of HYMS meeting the requirements set out by the GMC's new quality assurance process.

The following is an extract from the letter:

'The COVID-19 pandemic has posed new challenges for all of us, but we are heartened to see your impressive effort, planning and flexibility in supporting our students and teaching activities during this difficult period.

We have identified a number of good practices in your organisation, for example:

- Medical Student Volunteer (MSV) programme.
- Larger scale group teaching with expert patients/carers
- Recruitment event for Psychiatry, 'Murder in Mind', part of RCPsych 'Choose Psychiatry' campaign.
- Opportunity for students to shadow a consultant on call in the evenings.
- Opportunities for interprofessional/multi-professional learning'

Well done to Dr Stella Morris and the team for another successful year.

1.6 Youth Board

The Trust has confirmed the development of our Youth Board which will actively involve our children and young people in the work of the Trust and which will help influence our future developments.

1.7 High Sheriff Awards 2021

The High Sheriff awards are presented each year when the High Sheriff acknowledges those who go above and beyond and being able to then present them with a High Sheriff Award. It gives me great pleasure to say that this year one of these awards went to Jo Kent for her work on suicides and suicide prevention - well deserved and well done to Jo.

1.8 ShinyMind Renewal

On April 20th 2020, we launched the ShinyMind App to every single member of our Trust, as a way of supporting our Wellbeing during the pandemic. Over the last 47 weeks that it has been available to our teams, use of the app has grown and developed, and we have been influential with the providers of the app to add functionality to enhance the benefits to our teams.

The renewal of the app has been approved because of the support we have offered the developers with the testing and launch of the Golden Button; we have been able to secure an extended 15 month contract.

Current statistics show that over 11% of our people use the app, and over a year, we have accessed 665 hours of support. This is 6,596 sessions, 2,226 Masterclasses and the app has provided response and information to 174 SOS requests.

ShinyMind can be promoted within the business as a Wellness tool, as it contains exercises such as Sleep Rituals and calm sessions. But it can also be used as a leadership development tool, as there are sessions on self-awareness and dealing with conflict. It can be used to build teams, as groups can use the exercises together to build awareness, and send messages to each other to recognise positive behaviours, encouragement and back up in difficult times. It can also contribute to an individual's Personal Development, by helping them to focus on goals, and build personal confidence to achieve them. And of course, it can also be used to spread positivity throughout the organisation from the very top to the bottom.

2 Regional News

2.1 Mental Health Support Teams

Hull City Council and Humber NHS Foundation Trust will be working together to deliver two Mental Health Support Teams (MHST) which will provide early intervention mental health support for children and young people aged 5 – 18 within schools and colleges

2.2 Hull University Appointment

Hull University has appointed Claire Vallance as their Chief Operating Officer. Claire joins the University from the University of Edinburgh where she is currently Director of Professional Services in the School of GeoSciences.

2.3 York Hospitals Trust

York Hospitals trust has confirmed that it will be changing its name to 'York and Scarborough Teaching Hospitals NHS Foundation Trust' with effect from 1 April 2021.

3 National News

3.1 White Paper

The time line for the White Paper is projected to be as follows:

4/5 - First Reading in the House

18/5 - Second Reading in the House

8/6 - Commons process ends

November Bill progresses to the Lords

Jan 2022 - Assent

April 2022 - Enforced

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Multi-Agency Public Protection Arrangements (MAPPA) Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

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

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

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

The Trust has developed a system of Single Points of Contact (SPOC) lead clinicians in the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated, communicated and staff involved supported.

The Trust SPOCs have attended a bi annual meeting with senior probation staff and learnt that the probation service is being reunified in June 2021 following the 2014 split into the National Probation Service and CRC- Community Rehabilitation Companies. In some cases the CRC's were not found to be effective and this has prompted the change.

An exemplar referral form for MAPPA is being developed within the Trust so that staff making a referral are clear about the information required to prevent delays in processing the referral and having the case discussed by panels.

Level 1 MAPPA cases do not require active conferencing (i.e. panel meetings about the case) which can mean that checks on the processes required to work with these offenders are less rigorous. Therefore within the Trust we are continuing to ensure that staff fully understand their responsibilities with these cases through a series of communication and case examples.

The Associate Director of Psychology recently had an article published in the MAPPA annual report discussing the effects of the pandemic on this work and how staff can ensure that they are supported effectively. The annual report is attached (Appendix 1) for the board to note.

Due to the pandemic and cases being reviewed using video conferencing, it is now easier to offer shadowing opportunities for those staff that need to learn about the MAPPA process and experience how a meeting is helpful in their case work. This has been advertised in the Trusts regular communication so that staff can come forward and express an interest in this opportunity.

Issues related to Disclosure and Spent Convictions have also been recently discussed between agencies and the correct processes communicated to our staff as these are both complex areas to understand.

There have also been recent reminders in our communication to staff about the correct storage of MAPPA information in the Lorenzo system (electronic patient record) and the information governance issues related to this.

Training to MAPPA colleagues in other agencies regarding mental health and referral pathways of is due to be delivered by colleagues in the Mental Health Division and MAPPA colleagues have recently provided training on MAPPA Awareness.

4.1.2 Pine View – Low Secure Ward

Last year Pine View opened as the Trusts 16 bedded low secure unit for men who have ongoing mental health conditions. This change was part of the ongoing service work that the Trust undertook with provider partners and NHS England Specialised Commissioners to prepare for the Secure Care Provider Collaborative and recognition that there were too few male low secure beds to meet the needs within our geographical area. Some patients were stepped down from the Humber centre from conditions of medium security, some were repatriated to Pine View as they were being cared for out of area and others needed to continue their care in low secure services.

The unit initially opened with 8 patients last year and now all 16 beds are full. The team on Pine View have established a very effective relationship with the specialised community forensic team (SCFT) which was also newly established last year, to ensure successful and timely discharges for their patients. This has led to an overall reduction of length of stay for patients in the Humber Centre.

The Pine View team are also involved in close working with the SCFT to move forward plans to reopen South West Lodge. It is planned to utilise South West Lodge as a 4 bedded Low Secure Community Preparation Unit supervised by staff from the Specialist Community Forensic Team (SCFT) and supported by staff from Pine View. This will support and further enhance the pathways from Pine View to the community, reduce length of stay, and enable repatriation for out of area patients.

This effective team work was also highlighted last month following Pine View's leadership team being awarded Greatix of the month, it said "together you make the Pine View team and unit

second to none. Many changes have happened but you are all approachable and continue to support the team all the way. You treat the team with respect and because of this you are respected back. You have shown fairness and strength towards staff and patients and have embraced your roles”.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Hull Safeguarding Children’s Partnership- Update

The newly established Hull Safeguarding Partnership has recently published their first annual report. The report covers the period from 1st October 2019 – 30th September 2020. The report outlines how the strategic leads from the Police, CCG & local authority have undertaken a review of the partnership arrangements over the summer period 2020. It describes the initial key decisions taken as a result and the actions being taken to ensure a fit for purpose set of arrangements for the future.

Under the new arrangements we have been requested to attend the partnership meetings. The Director of Nursing, Allied Health and Social Care Professionals will be attending for the Trust as the executive responsible for safeguarding.

The annual report outlines the key priorities in relation to strengthening the governance arrangements and identifies two specific safeguarding areas for development in relation to designing a thematic learning programme focused on the impact of domestic abuse on children and re-designing the multi-agency safeguarding training programme by 31/03/21.

Ofsted are undertaking short ‘focused visits’ to local authorities, whilst the established full inspection programme remains suspended due to Covid-19. Hull’s visit was undertaken on the 3rd & 4th March 2021. The visit was conducted virtually. The scope covered the progress of children in need of help and protection, the progress of children looked after and care leavers, and the impact of leadership with a focus on managing through COVID looking at education and keeping children safe. Ofsted will publish a letter about their findings in due course.

4.2.2 Student Placements Update

Student placements have continued to be a challenge and this will no doubt continue for the foreseeable future. We continue to have regular meetings with the practice placement team at Hull University to work on creative ways that we can fulfil our commitments. These meetings have ensured that the university are fully aware of our challenges around the changing pattern of placement availability due to COVID restrictions and to plan together how we can ensure that the students gain a valuable experience and meet their learning outcomes.

We have real pressure on the system during Feb and May due to 1st, 2nd and 3rd year student nurses all being out on placements totalling 130 student nurses. Divisions and appropriate corporate functions are working with our student placement team to ensure we are able to secure placements for all.

We are awaiting confirmation of the numbers for the intake for Sept 2021, but given the government drive we are expecting these to be an increase on last year.

We have developed a robust recruitment and engagement plan for the 3rd year student nurses who started back on placement in January after the Christmas break to encourage them to take up staff nurse posts within the Trust. This will run from January 2021 – June 2021. This includes a home talk, interview prep, 1:1 discussions about future aspirations, how to apply for a role within the Trust and a platform where we post articles weekly.

4.2.3 Apprenticeships- Nursing- Social Work - Occupational Therapy

Work continues with the pathways for clinical apprenticeships, and there has been a delay in the policy being ready for distribution. Nursing, Occupational therapy, and social work are involved in this work with the apprenticeship lead and we are working on numbers for 2021.

The Trust had 6 members of staff start the nurse degree programme in September 2020 at Hull University and they are due out for their first clinical placement in March. We are offering them regular peer group supervision and they continue to have support from their hub base once a week.

We also had 4 members of staff commence their Occupational Therapy training at Sheffield and again they are receiving support from the Lead OT.

4.2.4 Humber Teaching NHS FT Preceptorship Academy

The Preceptorship Academy is designed to welcome and integrate newly qualified Nurses and Allied Health Professionals (AHP) into the workforce and the Trust. It aims to help them enhance their skills and grow in confidence as they begin the next step in their careers.

This is an ideal programme for those who are transitioning from student to registered practitioner, for individuals who are changing their roles and for those who have been out of work for some time and would benefit from a refresher to support them back into practice.

The academy is going from strength to strength with clinical staff across the whole Trust contributing to the online study events

Since September 2020, 14 AHPs and 35 newly qualified nurses including one return to practice and two nurse associates have enrolled on to the Academy.

The team responsible for the Academy have met with NHS employers who have requested permission to share a link to our nursing handbook on their site and talked about us sharing our good practice.

4.2.5 HSE Hospital Spot Check Inspections – COVID 19

HSE has inspected 17 acute hospitals in England and 2 NHS Health Boards in Scotland and Wales respectively as part of the national HSE COVID 19 spot check inspection programme between December 2020- January 2021. The aim of the spot checks was to assess the arrangements in place to manage risks arising from COVID 19. The report makes recommendations regarding ensuring risk management systems are coordinated (ie H&S, managers, infection control working together), ensure consultation with trade unions and employer representatives to ensure workable control measures, review non patient facing areas to ensure sufficient risk assessments are carried out, review availability of lockers and welfare facilities, establish routine monitoring and supervision arrangements to ensure control measures are implemented and review your arrangements regularly to ensure they remain valid.

The report will be discussed at the next Infection Control Meeting where any additional actions for the Trust will be highlighted and progressed.

4.3 Medical Director

4.3.1 Social Values Report

The Social Values report will be launched publically in the week beginning Monday 19th of April. We have designed a 'festival content' where key contributors to the report will have the opportunity to share their work widely through a series of staff webinars which will then be shared on the Trust website. In addition a cohort of colleagues will be attending bespoke Social Values training in late March which is timely bearing in mind NHSE recent stated requirement that it become a core component of service provision.

4.3.2 Medical Education Awards

The Medical Education awards will be taking place in early June and will mark the final event hosted by Dr Stella Morris as our retiring Director Of Medical education. The interview and selection process for her replacement will be completed by the end of March.

4.4 Director of Workforce & Organisational Development

4.4.1 Communications Documents to aid with Vaccine Hesitancy in Staff

A frequently asked questions document has been produced by NHSI/E to support staff to make informed choices regarding vaccine hesitancy. This has been shared with our staff.

4.4.2 Senior Clinicians feature in short video on Covid-19 Vaccinations, Fertility and Pregnancy

Senior clinicians in fertility and women's health have recorded a short film to provide clarity and reassurance around the safety of the Covid-19 vaccination. Dr Lalitha Iyer and Dr Fatima Husain, have featured in a short video titled 'What you need to know about the Covid-19 vaccinations, fertility and pregnancy'. This has been shared with staff.

4.4.3 National Staff Survey (NSS)2020 Results

The 2020 Staff Survey results have been published. The NSS website has several ways that users can see the survey results including:

- High level summary and national briefing
- National results (with trends, breakdowns and national level workforce EDI spreadsheets)
- Benchmark and directorate reports (by NHS organisation)
- Organisational level results (interactive dashboards at an organisation level including grouping by ICS/STP)
- Downloadable dashboard data for each of the interactive dashboards

A presentation on the trusts results is included on the Board agenda.

4.4.4 Sickness Absence Taskforce

A taskforce was convened on the 18th of January 2021 by NHSE&I to look at ways to reduce Covid-19 related staff sickness absence. The taskforce interviewed 12 National/ Regional Stakeholders and 19 Local Stakeholders and developed 14 recommendations based on their feedback. These have been discussed further and implementation plans strengthened. 5 of the 14 recommendations have been classed as priority:

- Improving Sickness Absence Reporting locally and nationally
- National and local 'rapid tests' champions to encourage use and reporting. Standardise reporting
- Continue rapid rollout of Covid-19 vaccine ensuring parity in access for all staff groups.
- National funding/ framework to support integration of individuals with Long Covid during the pandemic
- Work with PHE/DHSC, and IPC and other teams to understand role of FFP2/N95 masks in healthcare settings.

4.4.5 Financial Wellbeing Webinar Series: 'Focusing on your financial health'-starting 7th April 2021

Arden & GEM are hosting a series of financial wellbeing seminars to help staff who would feel that they need advice or support in financial areas. The first of this series of webinars starts on the 7th of April 2021. These have been publicised to staff.

4.4.6 PhysioMed

PhysioMed has been launched across the Trust to give our workforce, quick access to expert advice and intervention for recent muscle and joint problems. Support from a Senior Chartered Physiotherapist (via our Occupational Health Team) will be delivered by an award winning

physiotherapy advice line service (PhysioMed) and is designed to reduce the aggravation and severity of injuries and assist in their quick resolution.

4.4.7 Nye Bevin Programme

As part of PROUD, the trust agreed to fund 3 places each year for individuals to complete the NHS Leadership Academy Nye Bevin Programme. The Nye Bevin Programme is for aspiring directors that would be ready for a director role within the next two years. A total of four individuals were approved by EMT to receive funding for this financial year.

4.4.8 Learning and Development

The training plan for 2021/22 has been finalised and, following a scoping exercise to determine needs of our workforce, a total of 28 new courses will be developed over the next 12 months. Courses are being developed and created through a flexible approach to aid learning through classroom, e-learning or a blended approach.

4.4.9 Health Care Support Workers (HCSW) 0% Vacancy Project

In January 2021 the Trust was awarded funds to support the recruitment and retention of Healthcare Support Workers. A requirement of this this funding is to achieve a 0% vacancy rate for Health Care Support Worker roles by 31st March 2021 and our progress with this is being regularly reported centrally.

Our establishment reports 34.24 WTE HCSW vacancies at the Trust and whilst not all of these are true vacancies (some held for BRS for instance) in order to begin to make progress against our target we have sought to encourage divisions to identify true vacancies and commence the recruitment process. At this stage only 13 HCSW vacancies are in progress.

4.4.10 Factual Referencing

A project to enable staff movement was initiated in Humber Coast and Vale in 2019 with the aim of the project being to reduce bureaucracy involved in the movement of staff between NHS organisations. The Enabling Staff Movement project aims to improve time to hire and improve the candidate experience and collaboration within the integrated care system. Key to delivering this is utilising shared systems for the transfer of basic employment information and responding to references using a standardised approach.

In March 2021 EMT agreed the system of 'factual referencing' to aid the recruitment process and experience for all staff involved which will launch on 1st April 2021. Enabling additional functionality in ESR will benefit the recruitment process by significantly reducing the time to receive factual references for incoming employees and positively impact the overall time to recruit.

4.5 Director of Finance Update

4.5.1 Corporate Accommodation

A project has commenced to look at the working arrangements for non-clinical support staff, with a brief of making recommendations around what future working could look like post COVID, and how both staff and the Trust can crystalize the benefits that have been realized during the last 12 months.

Staff engagement and participation feature front and centre of the project. The project is still in its early stages and the work is expected to conclude in May.

4.5.2 Care Certs

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
High Priority	2	2	0
CareCert Bulletins	9	8	1

The Trust detected and implemented countermeasures to prevent 1 Distributed Denial of Service (DDoS) attack against its internet connections during February.

4.5.3 Sustainable Development Assessment Tool (SDAT)

The SDAT has been de-commissioned from 28th February. The Greener NHS Teams are working on scoping a replacement tool for Green Plan support which will align with the priorities set out in 'Delivering a Net Zero Health Service' report and the updated Green Plan guidance which is also currently in development.

The Estate Team are currently working on preparing a green plan for the Trust utilising the most recent SDAT data. The Green plan will focus on the Trusts green agenda and strategy for the next 5 years, directing it towards net-zero and carbon neutrality, current timeframe for completion is Winter 2021.

4.5.4 Internal Audit Plan

The Internal Audit Plan for 2021/22 has been reviewed by EMT following consultation with each executive lead. The Audit Plan provides sufficient coverage and balance across key areas to ensure that a head of internal audit opinion can be provided, which is a requirement of the annual report.

5 Communications Update

12th February – 1st April

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

- Delivering the communications plan to support the communications for second dose of the vaccine.
- Development and launch of a new online Risk Assessment form that will be located on a dedicated section of the Trust intranet, making it quicker and easier for managers to complete and submit this information for data recording purposes.

Key Projects

- **Corporate Visual Identity Rollout**

Following from the launch and continued promotion of the Trust brand centre, the team have also been working on projects with other services and teams to ensure the brand is used effectively across the Trust.

This includes working alongside the Learning and Development team to incorporate the brand into the design of the new Training Room doors and corridors. The team have also been working closely with the Estates Department to design new vehicle livery, incorporating both NHS branding, and the new Trust identity.

The second Brand design workshop was held for staff in April and was attended by 48 members of staff from across our services and divisions. These workshops are held monthly to continue to train and develop our teams to effectively use our brand in their day to day work.

- **GP Practice Websites**

Our practice websites are currently based on templates purchased some time ago. The team have worked closely with Primary Care and practice management to create an up-to-date, responsive and informative design that will support our patients and staff effectively. Sites will be replaced in order of their contract end date. This will mean management of sites moves internally saving the Trust over £2800 p/a whilst also providing a superior product.

- **Humblebelievable – recruitment campaign**

Continued recruitment support is provided by the team through the use of organic and paid advertising on the Trust social media channels. The recruitment website is being visited more regularly and its position on search engines is being strengthened regularly as a result of close monitoring.

To support service specific campaigns we have designed and launched dedicated service recruitment pages that allow potential applicants to learn more about service areas that need additional support to recruit to key roles e.g. <https://join.humber.nhs.uk/camhs-inspire/>

Users	Page views	Avg Session Duration	Most viewed page
2,786	5,583	00:58 mins	/jobs/ (2,849 views)

The team are supporting the recruitment team with our first online recruitment event, ‘Humblebelievable Nursing Live’ held in April. Marketing includes a facebook advertising campaign reaching out to nurses in York, Middlesbrough, Hull, East Yorkshire and Whitby as well as a media partnership with the Hull Daily Mail aimed at generating sign ups to a day of live talks with nurses from across our services.

External Communications

- **Media Coverage**

Due to a high number of high quality proactive PR campaigns media interest has been high over the period. We have worked closely with teams to develop stories that attract positive media attention and promote timely Trust and national key messages such as children’s mental health.

Positive new stories published		Negative new stories	
Local media	21	Local media	2
Humber website	27		
TOTAL	48		2

Coverage included working with ISPHNs and East Riding Council to promote Safer Sleep Week, and working closely with the Your Health team to promote No Smoking Day and Social Prescribing

Day. We also developed a video about the Whitby Hospital renovation which was positively covered by local media.

- **Awareness Days**

The February to March period has seen us mark a number of important dates including; Mental Health Nurses Day (21 February), International Women’s Day (8 March), Social Work Week (8 March), and Safer Sleep Week (15 March).

Mental Health Nurses Day (21 February)

To mark Mental Health Nurses Day we worked with our Mental Health teams to promote the profession of mental health nursing as a rewarding career path and to celebrate and showcase our staff. We shared profiles of nurses from across the Trust and worked closely with local media to ensure that current and relevant mental health topics were covered, including several radio interviews and an article with the Hull Daily Mail.

In addition to this, our internal communications included two virtual events to bring our colleagues together and chat about Mental Health Nursing.

Engagement rates for external campaign:

- Reach (views): 14,000+
- Engagement (shares + likes): 400+

- **Whitby Hospital and Gardens renovation project**

Over the last month we have worked with NHS Property Services, North Yorks CCG, task and finish groups and our fundraising team to ensure the local community stay up to date with the progress of the renovation and the Whitby Appeal.

This has included creating a video for external communications, which has been positively received by the Whitby Gazette, local radio stations and on social media. You can view the video here: <https://vimeo.com/514318992>

- **Trust Website Accessibility**

Health Tech Newspaper (HTN), Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites across the UK for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance.

The report, which included a total of 211 NHS Trust’s placed Humber Teaching NHS Foundation Trust within the top 10 organisations at the position of 4th, with an overall accessibility score of 89 which is considered ‘great’. [Read the full article here.](#)

- **Trust Website Update**

The Trust external website has seen a steady balance of users and page views compared to that of the previous period.

	Target	Performance over period
Bounce Rate	50%	62%
Social Referrals	12%	5%
	(a 10% increase in 2019 position)	

- **Social media**

Our content strategy, including our coverage of awareness days ensures that we continue to see great results and growth across our channels.

	Target	Performance over period
Engagement Rate	4%	5.7%
Reach	+50,000 p/m	115,493
Link Clicks	1500 p/m	2,061

Internal Communications

Poppulo – Internal Emails

	Trust average engagement rates	National Average
Open Rate	70%	65%
Click Through Rates	7%	10%

Intranet

Work has started to move our intranet to the most up to date platform to help improve the end user experience for our staff.

To help us better understand how staff use the current intranet and what improvements they'd like to see we shared an all staff to survey and also held a focus group to further understand the results.

The survey and focus groups highlighted two main areas that we need to improve when developing the new intranet, which are:

- Navigation (35.4% disagreed that navigating the intranet was simple and effective)
- Search function (when asked how effective do you find the search function I helping you find what you need 22.6% said it was very ineffective and 38.7% said it was ineffective)

Current performance:

	Target	Performance over period
Bounce Rate	40%	54.5%
Visits	+20% on 2019 average	+63%

6 Health Stars Update

Whitby Appeal

With spring in the air and an upbeat spring in their step the Health Stars team have been busy in a variety of ways gathering momentum to the Whitby Hospital Appeal.

Jude Wakefield our Whitby Hospital Appeal Coordinator has settled within the role since joining in January 2021 and is developing her skillset day by day utilising her past working experience and local knowledge.

Despite the difficulties COVID19 restrictions have presented, they are pleased to announce fundraising is well underway and several events have been organised with more in the pipeline.

Throughout February, letters and emails have been sent to local businesses to seek involvement and support with the appeal, this has been very well received with many donating gifts towards the Whitby Hospital Appeal Easter Raffle.

In addition to the raffle, there is an online tutorial arranged for the 27th March which will involve up to 10 participants learning how to make a flower rose from icing. The Local Women's Institute groups have been contacted to seek their participation in a 'Teddy Bears Picnic' to celebrate the 73rd birthday of the NHS. WI members will knit or crochet teddies with an NHS theme and, on the weekend of 3rd and 4th July, host their own tea parties at which the teddies will be sold/donations given with the proceeds going to support the Appeal. Several WI groups are currently involved with planning and hosting events and we anticipate more will get involved over the coming weeks, this shows a great sense of community spirit.

Loftus and Whitby Athletic Club have kindly gifted Health Stars 20 free places for the Mulgrave Estate 10k run which will take place on 8 August 2021. Participants will be asked to raise £100 in sponsorship fees for the Appeal, if anyone would be interested in participating please email hello@healthstars.org.uk.

Health Stars continue to work closely with the internal management teams and the members of the local community, over the past several months they have built great working relationships and sit at the heart of the community engagement with the Task & Finish groups scheduled to meet at the end of March.

The team continue to be proactive and diverse within their working roles and grant applications have started to commence this month to support the larger areas within the project such as the garden & landscaping, artwork and sculpture.

There is great progress being made in all areas of the rebuild and this is an exciting journey for us all to be a part of.

NHS Big Tea 2021

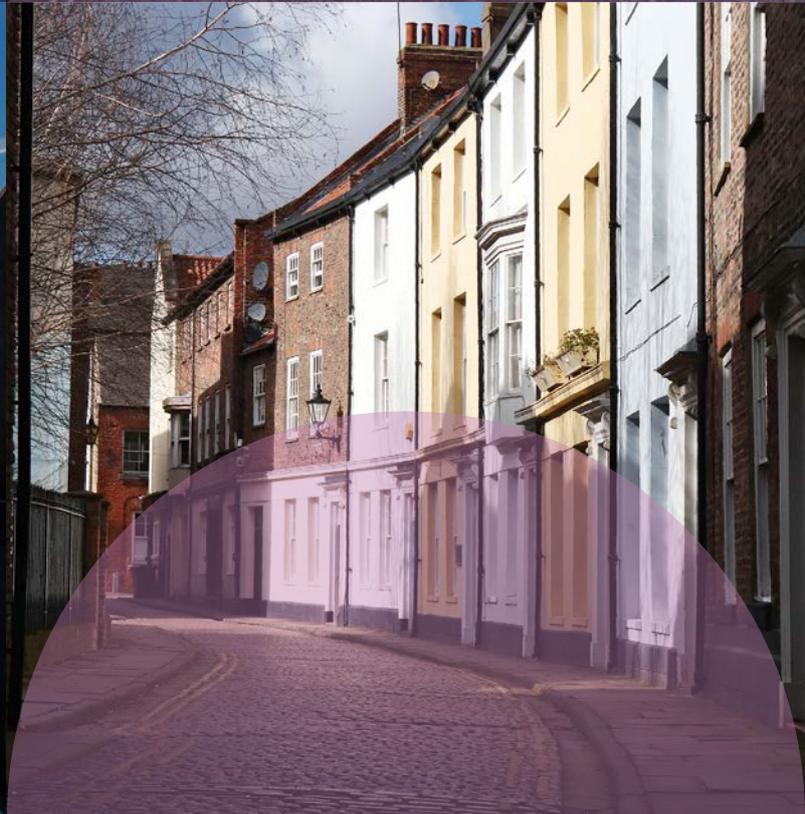
This year the NHS Big Tea will be publicised nationally with NHS Charities Together encouraging the local communities to get involved and show an outpouring of love for the NHS following the challenging times of which we have all faced due to the global COVID19 pandemic. The event will be supported by news providers such as ITV who will help promote everyone to "have a brew" at 3pm on the 5th July and all come together to show our appreciation for our wonderful NHS heroes.

Health Stars are working with NHS Charities Together as a charity member to develop how Humber Teaching NHS Foundation Trust can be a part of the celebration for the NHS 73rd birthday and in turn show our thanks and appreciation to our staff, more details on this to follow as planning progresses.

Michele Moran
Chief Executive
March 2021



HUMBERSIDE AREA ANNUAL REPORT 2019/20



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INTRODUCTION

This year has seen unprecedented change and demands on staff within the Multi- Agency Public Protection (MAPPA) Arena. Since the beginning of Lockdown in March 2020, colleagues working for all our Responsible Authority and Duty to Co-operate Agencies, worked innovatively, relentlessly and professionally to ensure robust and effective MAPPA arrangements were in place and fully operational.

Indeed, Humberside was one of the first areas in the Country to produce a COVID 19 Exceptional Delivery Model prioritising cases and moving to a remote business model for meeting via Microsoft Teams. A Mid-Year Review of this new way of working validated the new model for hosting meetings via Microsoft Teams. We have currently no backlog in cases and all business critical MAPPA provisions are operating fully.

Assistant Chief Constable Chris Noble Humberside Police, Deputy Governor HMP Hull Charlotte Mann and myself as Chair and Vice Chairs of the MAPPA Strategic Board want to take this opportunity to thank all colleagues involved in MAPP Arrangements for their commitment and dedication to ensuring our Communities were kept safe and will continue to be throughout the Pandemic.

As you will read in this slightly delayed Annual Report,

colleagues operating in the Criminal Justice System or providing support networks have excelled despite managing the daily COVID 19 related demands of self-Isolating, home schooling to name but a few. The examples of enhanced service delivery, innovation and co-production and team working are inspiring. I truly believe that all staff involved are True Hidden Heroes.

In November 2020, we successfully hosted a MAPPA Awareness Foundation Training course on Microsoft Teams which has now been viewed over 400 times - an incredible achievement. We plan to explore how we can utilise digital technology to improve our communication and MAPPA Service delivery in the future. We fully recognise that the pandemic does not prevent those who present the highest risks to our Communities continuing to operate. We remain committed to ensuring that MAPPA will also continue to operate effectively and robustly to manage those offenders who are eligible for MAPPA management.

I commend this Annual Report to you.

Stay Safe

Kate Munson

Head of Humberside NPS (Hull and East Riding) and Chair of MAPPA Strategic Management Board.



"I truly believe that all staff involved are True Hidden Heroes."

Kate Munson

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Kate Munson

Head of Humberside NPS (Hull and East Riding) and Chair of MAPPA Strategic Management Board.



Chris Noble

Assistant Chief Constable, Humberside Police



Charlotte Mann

Deputy Governor, HMP Hull

LIVING THROUGH A PANDEMIC AT WORK

We are unlikely to forget where we were when the pandemic really started to hit. I was in a MAPPA meeting which turned out to be the last Live meeting for several months. We had all been busily hand washing more thoroughly and getting on with normal life but that day, things got serious. We went home to hear from the government that we must stay at home.

One of my earliest reflections was that this was not going to be fair. I landed in the relatively luxurious position of being able to work from home having a mainly desk based job in the last few years. Colleagues of ours in inpatient service, prisons, and those with "must see" offenders adapted into PPE and daily risk assessment, risking their lives more than ever. Others said tongue in cheek that they would rather be at work than working at home with three teenagers, two dogs and a furloughed partner!

None of us came into public service jobs to get rich quickly and that personality we tend to share came to the fore. The spirit rose in us to just carry on, to work harder and for longer, to work our way out of the problem. The word unprecedented was used on a daily basis though and soon it became apparent that if we were to remain effective for the long run, we needed to stop and have a think about this very unusual situation.

What started as an interesting challenge could very quickly burn people out and that was for a number of reasons. One of the key reasons was that it affected everyone. The friend we might turn to in a crisis had their own Covid worries. Those we might visit for a cuppa were shielding. That activity we had planned to relax at the end of the working week was cancelled and the prospect of a break or a holiday looked remote. People we knew became ill and in some cases even died.

Working from home became less of a luxury with the pain of people's stories entering our private spaces with no colleagues to talk to in order to debrief. We don't know when this will end so how can we plan?

You can't keep us down for long though and that determined spirit also common to many of those working for statutory services went into overdrive and the urge to help was again hugely evident. Support systems for staff were set up locally and nationally, people challenged themselves to teach their grannies how to Zoom, we took toilet rolls and placed them at a safe distance on the front paths of those who needed them most! We used all our skills in retaining relationships and making an action plan. We see the green shoots of recovery now as we adapt and overcome.

We haven't done so badly!

Kate Yorke

Associate Director of Psychology
Humber Teaching NHS Foundation Trust



MAPPA: MANAGING THE RISK THROUGH LOCKDOWN

The year 2020 has seen all agencies facing the difficult task of delivering service provision through unprecedented circumstances. COVID 19 has affected everyone’s lives and put strains on daily business. However, the risk posed by Offenders managed by MAPPA did not disappear and it was essential that MAPPA continued to operate effectively to protect the communities we serve.

The MAPPA team was quick to recognise and respond to the challenge that COVID 19 presented. As a result of the strong professional partnership relationships that exist as part of MAPPA, we were able to work together to look at new ways of working that would ensure protective restrictions, such as social distancing, were in place and yet still offer an effective process.

The Exceptional Delivery plan was developed and agreed by all agencies and as the grip of COVID 19 intensified we were able to ensure that the MAPPA process continued. Cases and both Level 2 and level 3 were held remotely with attendees dialling in. While this did have some challenges initially, it proved essential in progressing the management of risk of all of the critical cases across the Humber area.

The process of sharing information between all agencies and then identifying the risk and putting plans in place to reduce it, was not affected by the lack of ability to hold face to face meetings.

Throughout the process the MAPPA team monitored the performance of the process to ensure that there was no reduction in the success of the arrangements across the board. The overview of the cases also offered the opportunity to assess and support any challenges posed to individual agencies as they conducted their daily business. Where difficulties were identified due to the lockdown restrictions MAPPA supported professionals to be able to work together to reach positive outcomes.

From the start of lockdown in March 2020 through to the easing of restrictions by the end of July 2020, the Humberside MAPPA process had successfully heard all critical MAPPA level 2 and 3 Panel meetings via telephone conferencing, while being able to support professionals working to manage risk at Level 1. The introduction of Microsoft Teams to host remote Panel meetings was a success and this new way of working continues as we entered a second lockdown in November.

At the time of writing this article it is recognised that COVID 19 has not disappeared and the restrictions will lead to a “new normal” moving forward, however the professionalism, flexibility and adaptability displayed by professionals throughout provides confidence that as we move forward we will do so with the strong partnership that MAPPA creates.

DI Aidan Clarke

On behalf of the Humberside MAPPA Team



A MESSAGE ON BEHALF OF ADELA KACSPRZAK- HEAD OF PUBLIC PROTECTION, NATIONAL PROBATION SERVICE, YORKSHIRE AND THE HUMBER:

Dear MAPPA Colleagues,

I am very pleased to have the opportunity to contribute to the Humberside MAPPA annual report. I took up the role of Head of Public Protection in Yorkshire and the Humber in June 2020. Since this time, I have prioritised my attendance at a range of MAPPA level 3 meetings and have worked with our MAPPA Coordinators to review the quality of our Public Protection work. The strength and commitment of partnership working under MAPPA in Humberside is commendable. It is evident there is a continued focus by all agencies on sharing information and intelligence to ensure that our priority of managing the risks posed by offenders to the local community and their victims is delivered well and effectively.

Following the terrorist incidents at Fishmonger Hall in November 2019 and Streatham in February 2020, (both perpetrated by individuals subject to MAPPA Management) the Home Secretary and the Lord Chancellor commissioned Jonathan Hall QC to conduct a review of the effectiveness of MAPPA in the management of TACT offenders. All MAPPA chairs across the region provided a written response to the consultation. The independent review report published in May 2020 made a number of legislative and operational recommendations which are currently under review by the central MAPPA team which includes the use of polygraph testing and identifying suitable accommodation for individuals convicted of offences under the terrorism legislation. During the coming months, a key focus for the MAPPA arrangements in Humberside will be to ensure it is able to respond to any changes in Government policy and operational practice. A recent key development is the establishment of the National Security Division in the National Probation Service earlier this year.

The **vision** for the NPS National Security Division is to create a specialist dedicated and highly skilled workforce, which provides an enhanced level of management and intervention for the most high-risk, complex and high-profile offenders in the community. This will include the management of counter-terrorist offenders. Five national security units will be established across England & Wales in 2021, including one which will serve the North East region. As Head of Public Protection for Yorkshire and the Humber I will be working closely with the Humberside Strategic Management Board and the regional national security unit to ensure information sharing agreements and working protocols are in place to facilitate the robust management of Counter terrorism, serious organised crime and Critical Public Protection Cases.

Victim Safety, preventing re-victimisation and avoiding the creation of new victims are fundamental to MAPPA's public protection role. Victim concerns continue to remain at the heart of our partnership working with MAPPA agencies and the central focus of our Risk Management and Safety plans in Humberside. Our Victim Liaison Officers have continued to work closely with our colleagues in prisons, offender management and Police to ensure victims are protected and supported with their right to submit their victim personal statement to the Parole Board to inform their decision making when considering the release of violent and sexual offenders. The Victim Contact Service in Humberside has also continued to provide a service to victims during the current exceptional operational challenges presented by COVID 19 through telephone contact and participated in all MAPPA meetings which have been held remotely.

I am proud to also report that at a time when many of our Probation offices have been closed due to COVID 19, we have continued to deliver sexual offending behavioural work on a 1 to 1 basis remotely with individuals convicted of sexual offences as part of our exceptional delivery plan. As probation offices have re-opened we have moved to the delivery of the Horizon programme in small groups to ensure we are compliant with Government guidelines on social distancing. It has been a key priority to engage with this cohort of offenders who by the nature of their offending have caused significant and permanent harm to their victims.

I would like to close by thanking MAPPA colleagues in Humberside for their dedication, commitment and hard work during the last 12 months. Through the combined efforts of all agencies it has maintained the highest standards of service delivery by ensuring all steps have been taken to protect the public and to help offenders manage the risk they pose to others and turn their lives around.

Adela Kacsprzak

Head of Public Protection (HoPP)
NPS Yorkshire and the Humber

VOICE OF THE VICTIM

Despite the challenges presented by the Coronavirus Pandemic, Victim Liaison Units within the National Probation Service have maintained service delivery to victims of serious crime throughout this period and continue to do so. The majority of teams are working from home and with limited office access to ensure that any written correspondence received is dealt with promptly and to ensure that documents which cannot be delivered electronically to victims are sent out promptly through the postal systems.

Contact practices with victims have been adapted to focus on electronic communications using email, telephone, skype and zoom to facilitate direct engagement with victims. This has included making initial offers of contact, sharing case developments, correspondence in relation to parole reviews, preparations for the temporary or permanent release of offenders.

The one aspect of our service which has been significantly reduced is that of home visits to victims and their families to ensure compliance with social distancing measures as required by the Government. In exceptional circumstances we have undertaken face to face meetings at local probation offices, again ensuring compliance with social distancing measures to support service delivery.

There has been a particular emphasis on Victim Liaison Officers (VLOs) engaging with victims via telephone, email and in virtual meetings to support information sharing discussions and document creation in respect of Victim Personal Statements and Licence Conditions (areas of exclusion). We have received positive feedback from victims on the use of these communication methods: faster information exchange, reduction in delays, facilitation of greater levels of communication with victims, working outside of the core hours to support service delivery where this has been requested by victims, less intrusion into the home environment, providing greater choice to better meet victim's needs.

VLOs are continuing to participate in Multi Agency Public Protection Arrangements through telephone conferencing or virtual meetings. Providing written summary reports of the current victim perspective before the meeting takes place is particularly helpful, as it ensures that MAPPA panel members have an opportunity to digest this information before the meeting and supports MAPPA minute recording.

Development work is ongoing in terms of annual information sharing practice with victims following feedback in respect of reaffirming previously shared information in respect of sentence structure, confirming the current prison categorisation of the offender, advising of next significant steps for example parole review or release into the community. We are also now able to confirm the exact week of an offender's release from custody and this information is shared as part of the release preparations. Previously we had only been able to share the month and year of release.

We are also continuing to support access to the Victim Contact Scheme for those victims and their families who did not take up our offer of contact when the offender was sentenced. Working closely with our partner agencies, careful consideration is given to exploring how best we are able to support access when it may be some considerable time (often many years) after an offender was initially sentenced and the prospect of a potential or permanent release to the community is being considered. We would encourage any victim who is concerned about an offender's release back into the community and has not taken up their entitlements under the Victim Contact Scheme to get into touch with ourselves through our team email of NENPS.SouthVictim.Unit@justice.gov.uk or contact their local police station for further advice and support.

Pam Dent

Victim Liaison Unit Team Manager
National Probation Service



WHAT IS MAPPA?

MAPPA background

MAPPA (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003.

They bring together the Police, Probation and Prison Services in each of the 42 Areas in England and Wales into what is known as the MAPPA Responsible Authority.

A number of other agencies are under a Duty to Co-operate (DTC) with the Responsible Authority. These include Social Services, Health Services, Youth Offending Teams, Jobcentre Plus and Local Housing and Education Authorities.

The Responsible Authority is required to appoint two Lay Advisers to sit on each MAPPA area Strategic Management Board (SMB) alongside senior representatives from each of the Responsible Authority and DTC agencies.

Lay Advisers are members of the public appointed by the Minister with no links to the business of managing MAPPA offenders who act as independent, yet informed, observers; able to pose questions which the professionals closely involved in the work might not think of asking. They also bring to the SMB their understanding and perspective of the local community (where they must reside and have strong links).

How MAPPA works

MAPPA-eligible offenders are identified and information about them is shared between agencies to inform the risk assessments and risk management plans of those managing or supervising them.

That is as far as MAPPA extend in the majority of cases, but some cases require structured multi-agency management. In such cases there will be regular MAPPA meetings attended by relevant agency practitioners.

There are 3 categories of MAPPA-eligible offender:

Category 1 - registered sexual offenders;

Category 2 – mainly violent offenders sentenced to 12 months or more imprisonment or a hospital order;

Category 3 – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm.

There are three levels of management to ensure that resources are focused where they are most needed; generally those presenting the higher risks of serious harm.

Level 1 is where the offender is managed by the lead agency with information exchange and multi-agency support as required but without formal MAPPA meetings;

Level 2 is where formal MAPPA meetings are required to manage the offender;

Level 3 is where risk management plans require the attendance and commitment of resources at a senior level at MAPPA meetings.

MAPPA are supported by ViSOR. This is a national IT system to assist in the management of offenders who pose a serious risk of harm to the public. The use of ViSOR increases the ability to share intelligence across organisations and enable the safe transfer of key information when high risk offenders move, enhancing public protection measures. ViSOR allows staff from the Police, Probation and Prison Services to work on the same IT system for the first time, improving the quality and timeliness of risk assessments and interventions to prevent offending.

All MAPPA reports from England and Wales are published online at: www.gov.uk

MAPPA CASE STUDY – MS C

Ms C was sentenced to a total of 15 months custody for an offence of Assault Occasioning Actually Bodily Harm whilst on licence for a previous violent offence which was of a similar nature. She had a history of violent offences including Arson and Indecent Assault. She met the threshold for MAPPA involvement and was referred in as a MAPPA Level 2, Category 2 offender, for a multi-agency approach to managing the risk she presented. MAPPA creates the opportunity for all relevant agencies to consider the complexities of this case, offer advice, guidance and support to the Offender Manager who had otherwise exhausted all other options.

Ms C was considered a high risk of serious harm to known adults, the public and children. Initially on release Ms C was released from custody to a female only Approved Premises out of area. Accommodation was difficult to secure for Ms C due to her previous behaviour. Ms C is registered disabled therefore required adapted accommodation. With no seeming options at the end of her period in the Approved Premises, the Offender Manager was in a very difficult position.

As a consequence of the case being heard by the MAPPA panel, the local council worked creatively to secure suitable accommodation, balancing her risk and needs carefully. Having an Arson conviction also increased the complexity of the case in terms of accommodation, however once the council were made aware that the *HERS project would become involved in the case, a suitable property was located and offered to her. (*HERS is a psychologically informed accommodation project for offenders run by National Probation Service).

Through multi-agency working with the local council, Humercare, forensic psychologists and probation, Ms C receives a bespoke package of support from HERS, has suitable accommodation and is managing her tenancy well. Undoubtedly safe, appropriate accommodation, where support is offered decreases the immanency of the assessed risk.

Despite a reluctance to engage initially, Ms C has settled in her accommodation, appreciates the support of those agencies working with her and is managing her tenancy well. The MAPPA panel on this occasion worked successfully to re-integrate Ms C, whilst managing the complex dynamics and risks she poses.

**Offender Manager /
Senior Probation Officer**
National Probation Service

WHAT IS MODERN-DAY SLAVERY?

Operation Wilberforce has been established to tackle modern-day slavery and human trafficking within the Humberside Police region.

Someone is classed as a victim of slavery if they are:

- Forced to work through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or have restrictions placed on his/her freedom.

There is no typical victim of modern-day slavery. Victims can be men, women and children, of all ages, but it is normally more prevalent amongst the most vulnerable – including minority groups or those who are socially excluded.

The three most common forms of modern day slavery in our area are:

Forced Labour - Victims of forced labour are made to work long hours in dire conditions for little or no pay. It can occur in many different industries, including: Construction, manufacturing, car washing, nail bars, manual labour and building work, hospitality, food packaging, agriculture, maritime and health care.

Sexual Exploitation - Forced prostitution, sexual exploitation and abuse, and the abuse of children for the production of child abuse images and videos are all different forms of sexual exploitation. A person who is trafficked for these purposes may be controlled by violence, threats, substance abuse, deception or grooming. It can affect any gender, race and age.

Domestic Servitude - This is a form of trafficking which is extremely difficult to detect because the crime is taking place in private residences as seemingly normal practice. It is used as a cover for the exploitation and control of those posing as "domestic help". This type of slavery can affect a spouse, partner, child, family member or a complete stranger.

If you believe someone may be a victim of Modern-Day Slavery, please call 999 in an emergency. Alternatively call 101 to report intelligence.

IF THERE IS AN EMERGENCY INCIDENT OUTSIDE OFFICE HOURS AND YOU'RE UNABLE TO SPEAK TO THE OPERATION WILBERFORCE TEAM, NCA CAN OFFER ADVICE AND SUPPORT VIA THEIR HOTLINE WHICH IS OPEN 24 HOURS A DAY: 0370 496 7622

To find out more about the different forms of modern-day slavery and how to spot the signs, visit <https://www.humberside.police.uk/operation-wilberforce>

Article produced by Humberside Police



HUMBERSIDE POLICE ENLISTS TASK FORCE TO TACKLE MODERN-DAY SLAVERY



In these unprecedented times, protecting the area’s most vulnerable people remains Humberside Police’s main priority, which is why a new task force specialising in modern-day slavery and human trafficking has been established.

The recent restrictions on daily life will make it even harder for victims of modern-day slavery to be seen, which is why the force is committed to focusing work in this area with the launch of Operation Wilberforce.

Providing a proactive, investigative response to allegations of modern-day slavery and human trafficking, Operation Wilberforce is made up of a dedicated team of specialist officers. The team will also provide training, support and guidance to colleagues, strengthening the force’s knowledge in this area.

Detective Chief Inspector Christine Calvert, Modern-Day Slavery lead at Humberside Police, said: “Although you may not see it, modern-day slavery exists in the Humberside Police area and often goes unnoticed in our local communities. Sadly, it’s happening all around us in places we might usually visit, but it goes unnoticed. From the local hand car wash, a nail bar or even your village takeaway – slavery and trafficking is a growing cause for concern across the entire Humber region.”

The three most common forms of modern-day slavery in our area are forced labour, sexual exploitation and domestic servitude. There is no typical victim profile - victims can be men, women and children of all ages, but it is normally more prevalent amongst the most vulnerable, including minority groups or those who are socially excluded.

The specialist team is being led by **DCI Calvert**, alongside **Detective Inspector (DI) Jim Clough** and will seek to build relationships with partners in a cross-section of society, including charities, local authorities, education, health, local communities and businesses, to raise awareness, gather intelligence and work together to protect the most vulnerable within our society.

DCI Calvert added: “Our role is to raise awareness of the problem and encourage people to look beyond a seemingly ‘normal’ situation to see the real person and their potential predicament. As an area with strong roots in the fight for freedom, the aptly named operation clearly demonstrates Humberside Police’s continuous commitment to protecting vulnerable people especially those who may be victims of modern-day slavery.

“We’re working hard to keep vulnerable people safe. We put victims and potential victims at the heart of what we do, protecting and serving our communities to make a real difference, but to do this effectively we need our communities to help, and not to turn and look the other way.

“Although we’re currently experiencing a change to life as we know it, it is important that we continue with our proactive work in this important area, raising awareness to help protect these vulnerable people now and in the future and bringing offenders to justice.”

The operation is being supported locally by a comprehensive marketing campaign that includes online activity and outreach communications with local community groups and businesses. The campaign seeks to educate people on what vulnerability looks like and encourages them to sit up and take action.

Police and Crime Commissioner Keith Hunter, said: “Modern-day slavery preys on the most vulnerable members of our community and I welcome force mainstreaming funding after my initial investment in the team. They will undoubtedly continue to identify those responsible for this awful exploitation and help ensure offenders are brought to justice. The on-going work of the team shows that in the Humber area police and wider partners including the Modern-Day Slavery Partnership are committed to tackling this form of exploitation by collectively raising awareness of modern-day slavery, encouraging the community to report concerns, supporting victims and those vulnerable to exploitation, and bringing those responsible to justice.”

For further information about spotting the signs of modern day slavery, visit <https://www.humberside.police.uk/operation-wilberforce>

If you suspect modern-day slavery or have concerns about a vulnerable person, please call 101.

Alternatively you can direct your call anonymously via the Modern Slavery Helpline on 0800 121 700 or Crimestoppers on 0800 111 555.

Article produced by Humberside Police

SERIOUS & ORGANISED CRIME – HUMBERSIDE POLICE

What is Serious and Organised Crime (SOC)?

Individuals planning, coordinating and committing serious offences, whether individually, in groups and/or as part of networks. The main categories of serious crime covered are:

- Child sexual exploitation and abuse;
- Illegal drugs;
- Illegal firearms;
- Fraud;
- Money laundering and other economic crime;
- Bribery and corruption;
- Organised immigration crime;
- Modern slavery and human trafficking
- Cyber-crime.

Why is it important we deal with it robustly?

In the 2018 Government Serious Organised Crime Strategy the Home Secretary summarised the threat posed by this area of criminality:

“Serious and organised crime is the most deadly national security threat faced by the UK, and persistently erodes our economy and our communities. Serious and organised criminals operating in the UK sexually exploit children and ruthlessly target the most vulnerable, ruining lives and blighting communities. Their activities cost us at least £37 billion each year. They are able to reap the benefits of their crimes and to fund lavish lifestyles while all of us, and particularly their direct victims, suffer the consequences.”

What is the Humberside SOC profile?

Within Humberside the number of Serious Organised criminals and organised crime groups (including county lines) fluctuates. They impact on all areas of Humberside, some of these individuals and groups are local to Humberside and some come from other areas of the region and country. The primary threat presented by most of these individuals and groups is drug supply and associated criminality, although other crime types are also present.

How do we deal with SOC in Humberside?

Humberside Police work with partners to combat serious organised crime.

We produce local profiles and scanning documents to ensure we know how these criminals are impacting on our communities.

Organised crime groups are mapped and allocated a lead responsible officer (LRO) to manage the group using the pursue, prepare, protect and prevent model. The LRO coordinates Police and partnership activity. There is a gold, silver and bronze governance structure in place to support this and allow for effective joint working.

We are working hard to develop in new areas, such as supporting the lifetime management of serious organised criminals, via serious crime prevention orders to target high harm offenders upon their release from prison. We are hosting national pilots for preventative roles including a serious organised Crime community coordinator (working to divert young people from a life involved in serious crime) and a heroin and crack action area coordinator (seeking to reduce the harms caused by drugs supply/offending in our area).

Our ambition is to make Humberside a hostile place to serious and organised criminals and through partnership and community working leave no safe space for them to operate in thus making our communities safer and stronger.

How can you help?

To deal with serious and organised crime we need to know about and understand it. We urge partners and the public to contact us with information relating to serious and organised crime. For the public this is via 101 (unless it is an emergency then 999) and for partners we have a partnership intelligence forum.

DCI Iain POTTAGE

Serious Organised Crime Unit
Humberside Police

COUNTER TERRORISM UNIT

Last year, I wrote about the UK Government's long standing Counter Terrorism strategy called CONTEST and specifically focused upon the PREVENT agenda, which aims to reduce the threat to the UK from terrorism by stopping people becoming or supporting terrorism. Since this article was written, the UK has experienced a number of high profile terrorist incidents, some of which have been committed by individuals who were released from custody and consequently managed within the MAPPA arena. Following the London Bridge attack, the UK Government commissioned an independent review of MAPPA's effectiveness in the supervision of offenders convicted of terrorism or terrorism related offences with the aim of making recommendations to strengthen the operation of the MAPPA framework for managing this cohort of offenders. This review was released on 2nd September 2020 and concluded that MAPPA is a well-established process which does not require wholesale changes. However, a number of both legislative and non-legislative recommendations have been put forward by Jonathan Hall QC to help build upon what is already in place. These changes are currently being reviewed by the British Government.

Whilst we await a decision about which of the report's recommendations will be accepted, I believe that it is important to highlight the well-established working relationships across all partner agencies throughout the Humber region; all of whom continue to work collaboratively in order to assist in the planning, assessment and management of terrorist convicted offenders across our region. MAPPA has provided an effective platform in which to bring all of these agencies together, so that effective and robust risk management decisions are collectively made to ensure the public remains safe.

The London Bridge, Streatham and Reading terrorist attacks all took place within a short period of time and have raised a number of difficult questions about how terrorist convicted offenders are managed throughout their sentence and in particular once released into the community. In response to the first two attacks, the UK Government has sought to strengthen the law by introducing TORERA, otherwise known as the Terrorist Offender Early Release Act 2020. This legislation was enacted in February 2020, and has been designed to ensure that those terrorist (TACT) offenders, that had previously been sentenced to a standard determinate sentence, are no longer eligible for automatic release from custody. More specifically, they are now required to serve two-thirds of their sentence in custody before being considered for release by the Parole Board. Additionally, the UK Government is going further by putting forward more stringent legislation for terrorist offenders, aimed at keeping them in custody for longer. The Counter Terrorism & Sentencing Bill, as it is being referred to, has been passed by the House of Commons and is currently being scrutinised by the House of Lords.

Whilst events during 2019/20 have largely focused upon those offenders convicted of terrorism, it is important to remember that anyone has the potential to become vulnerable to radicalisation. The vast majority of the cases that we manage are sentenced to an offence unrelated to extremism, consequently they will not be effected by the legislative changes. However, it is important to recognise that we all have a responsibility to be able to support all offenders that are managed both within the MAPPA process and more broadly across HMPPS, so that anyone who has the potential to become vulnerable to radicalisation is identified earlier and appropriately supported.

Probation Counter Terrorism Lead – Yorkshire & Humber Region.

Joint Extremism Unit (JEXU)

Security Order and Counter Terrorism Directorate

Her Majesty's Prison and Probation Service

THE NEW LOCATION MONITORING SYSTEM

The Ministry of Justice (MoJ) introduced Location Monitoring across England and Wales as an option for; Bail Orders, Community and Suspended Sentence Orders, Home Detention Curfews and the management of Lifers, IPP (Imprisonment for Public Protection) and EDS (Extended Determinate Sentence) subjects.

The system is managed by the Electronic Monitoring Service. The roll-out of satellite-enabled tags has been the most significant change in electronic monitoring (EM) since 1999.

Electronic Monitoring can be a valuable service for the management of offenders and defendants in the community.

What is Location Monitoring?

The tags use satellite technology to record the location of a wearer 24 hours a day.

Location tags provide additional options, allowing the monitoring of:

- Compliance with exclusion zones
- Attendance at an activity or appointment
- Multiple conditions or requirements if necessary, such as a combination of exclusion zones, curfew, monitored attendance and trail monitoring
- A subject's whereabouts (known as trail monitoring) – this can provide offender managers with data about an individual's whereabouts to support rehabilitative conversations. **NB:** This data is retrospective.

How can location monitoring be used?

Location monitoring options can be very precisely aligned to the individual, specifically addressing their patterns of behaviour in a much more sophisticated way than was previously possible.

The tag can be aligned to monitor exclusion zones of all sizes and types, including addresses, a selection of streets, or larger areas such as postcodes or towns. The technology can provide an effective deterrent against breaching exclusion requirements. One subject on a location tag said:

"I've walked in an exclusion zone before, not realising ... That was before I had the tag on, and so I wasn't really bothered about getting seen. Now, with the tag, I knew full well that if I go in that exclusion zone, I'm [going to] get seen no matter what."

As well as fulfilling a strong punitive and restrictive element, the technology can also support rehabilitation.

Subjects have identified that this type of monitoring gave them an incentive to stay out of trouble, providing them with a credible excuse to dissociate from peers who were encouraging criminal behaviour.

This supportive function helps Offender Managers to manage their offender's wider behaviour, beyond exclusion or attendance requirements, facilitating constructive rehabilitative conversations.

Location Monitoring is available alongside the electronic monitoring of curfew requirements, which remains an important option for the management and supervision of offenders and defendants.

NB: The Location Monitoring Tag (Personal Identification Device - PID) is both Radio Frequency and GPS enabled. This means that the one device can monitor both a Curfew Requirement and a Location Monitoring one at the same time.

Victoria Amos

Electronic Monitoring Service

HMP & YOI HULL

The vision at HMP & YOI Hull is to be the safest closed prison in England and Wales. Last year we made good progress towards this vision, with reductions in violence and self-harm in comparison to the previous year. Part of being a safe prison is reducing the supply of illicit substances that are available. We achieved this through good intelligence led work, which was underpinned by improvements in technology including the use of an x-ray body scanner at reception and improved drug detecting equipment.

This progress was a significant contributing factor in us attaining a level 4 prison performance rating, which was a brilliant achievement for the whole team at Hull. There was a lot of hard work and dedication that went into improving our performance; progressing our management of people with complex needs, cultivating positive staff-prisoner relationships, and developing a more procedurally just approach to our work, thus creating a more rehabilitative culture.

Offender Management in Custody (OMiC) was central to all of this and brought with it key worker. We re-launched our key worker scheme during the last year, and the Offender Management Unit (OMU) staff delivered regular briefings and support to key workers, to enable them to aid people in our custody to progress.

Sadly, COVID-19 meant adjustments were required to lots of good practice within prisons throughout the country, with regimes severely restricted. However, despite the challenges we all faced, we continued to deliver welfare officer checks on those people deemed vulnerable, along with other high priority groups such as those posing a high risk of serious harm and, those due for release. We continued our engagement with MAPPA throughout, and recognise the importance of this vital multi agency approach to manage risk and harm.

We also continued with a pilot approach to manage perpetrators of domestic violence with North Yorkshire Police MATAC (Multi Agency Tasking and Coordination). MATAC is a multi-agency response committed to driving the change in perpetrators of domestic abuse. The changing of offender behaviour is key to reducing harm to victims and their children. We liaised closely with MATAC to ensure we targeted these men to encourage them to engage with interventions and to reduce the frequency of the harm they cause. This pilot is now recognised as good practice and is to be rolled out across all prisons in the Yorkshire Prison Group area.

Throughout challenging times, engagement with our wide range of partner agencies has been critical to ensure we continue to manage the people in our custody as safely as possible. Supporting prisoners with making positive changes, contributes to us working towards our vision and protecting the public.

Going forwards into 2021, a key area for us to develop is our approach to supporting young adults in custody, building on the work we have already undertaken. We're committed to continuing to develop OMiC and key worker for everyone in our custody, driving quality and engagement and maintaining our excellent working links with partner agencies.

Charlotte Mann

Deputy Governor
HMP Hull

UNIFICATION OF PROBATION SERVICES

In May 2019 the government announced its intention to put out for tender services to deliver Community Payback, Accredited Programmes and Structured behaviour change Interventions. The management of medium and low risk offenders would return to the National Probation Service. The impact of COVID on the way in which Community Payback and Accredited Programmes is delivered, alongside an evaluation of the future of probation meant that in June 2020 the government concluded that all Accredited Programme Interventions, Community Payback and Sentence Management would come into a new National Probation Service.

Interventions that could be delivered by voluntary and private sector organisations such as accommodation, education training and employment, women's services will be delivered via a Dynamic Framework. This offers opportunities to create a diverse delivery model of large and small organisations alongside the National Probation Service to deliver effective justice services. Competition for services required for Day 1 has commenced, with future contracts for service coming on stream throughout 2021 and 2022.

Transfer of all medium and low risk Case Management, Unpaid Work and Accredited Programmes will occur by June 2021. Yorkshire and Humberside Region will be led by our Regional Director Lynda Margison, bringing together the caseloads from Community Rehabilitation Companies in South Yorkshire, North Yorkshire, West Yorkshire and part of Humberside.

Locally, Hull and East Riding have a strong working partnership. The leadership team of the Community Rehabilitation Company and National Probation Service have a clear vision to operate as 'one voice' for probation in our area. We recognise the challenges of bringing together both organisations, creating a new team culture whilst in the interim continuing to operate in two delivery sites with separate caseloads. Unification will be an opportunity to learn innovative practice from each other and we will create opportunities to develop new ways of working. This means working collaboratively until the Community Rehabilitation Contract ends to support both our staff teams through this change and to tailor this process to foster the very best service delivery from our staff for our offenders and partners in Hull and East Riding.

Pip Davis

Community Director Hull and East Riding and Through the Gate Hull
Lincolnshire North Yorkshire

THE ROLE OF THE APPROVED PREMISES

Hull Approved Premises provides enhanced supervision for up to 19 residents assessed as a high or very high risk of causing significant harm and plays a vital role in Multi Agency Public Protection Arrangements. We contribute to risk management plans working closely with partnership agencies including the Police, Health, City Council and non statutory organisations. We use a range of controls to support public protection including room searches and drug and alcohol testing. All residents abide by a standard curfew 23:00 to 06:00 as well as bespoke additional curfews, reporting times or additional licence conditions.

Residents are seen on a daily basis and staff are involved in the resident's life to a very high degree: giving advice, offering support, exercising control and supervision, and liaising with the rest of the service and a wide range of agencies. This intense level of contact is what enables staff to be aware of residents' actions and changes in their behaviour as well as monitoring and supporting their well-being.

We work with some of the most complex and challenging cases. We therefore have the support of the Yorkshire & Humberside Personality Disorder Partnership who assist with one to one and joint consultations and formulations to help us think about and work with the residents in a psychologically informed manner. Currently we are part of a pilot project between HMPPS Public Protection and the Humberside, Lincolnshire & North Yorkshire Community Rehabilitation Company (CRC) to support compliance and rehabilitation. Two CRC staff are based in the Approved Premises. They support service users prior to, during and after their release with a range of rehabilitative interventions, including employment, independent living skills, substance misuse and emotional management.

This year we were awarded The Royal College of Psychiatrist's Enabling Environment Award. This recognises our focus on creating a positive and effective social environment, where healthy relationships are seen as the key to success. This we believe very much supports the Approved Premises key role in contributing to rehabilitation and public protection involving MAPPA eligible cases.

Neil Catterson

Approved Premises Manager
Hull Approved Premises

PERSONALITY DISORDER

Personality Disorder (PD) refers to a complex range of mental disorders in which the individual's problem traits have their roots in adverse developmental experiences (Livesley, 2003). These traits can be so problematic for the individual that they 'create problems with relating to other people in healthy ways, and can lead to significant distress or impairment in important areas of functioning' (Salters-Pedneault, 2020).

Research suggests that 4.4% of the UK population has a PD, however prevalence rises to over 60% in the prison population (Coid et al., 2006). This is because offenders are more likely to have experiences which influence PD development, for example trauma from abuse and/or emotional neglect. There is also evidence of a genetic influence on PD development (Torgersen et al, 2000), e.g. a reactive/impulsive temperament can be inherited. It is perhaps understandable then that the most common PDs present in offenders are Antisocial PD and Emotionally Unstable PD (a PD which is linked to experiences of abuse).

Within the Yorkshire and Humberside Personality Disorder Partnership (YHPDP), NHS clinicians such as myself, collaborate with Offender Managers (OMs) to support their work with challenging offenders who 'screen in' to the Offender Personality Disorder (OPD) 'pathway'. The screening tool highlights indicators of PD within the offender's history, such as childhood delinquency, violence and relationship instability. Should the offender screen in, a consultation might follow, where alongside the OM, the OPD clinician assesses the offender's history and current presentation, potentially producing a written formulation (depending on need). This formulation examines how past experiences (such as neglect, abuse and/or socially disadvantaged upbringing) might influence the offender's personality, interpersonal style and emotional management strategies. For example, a child who has experienced rejection and neglect, may be prone to join gangs in adolescence to feel a sense of 'belonging', however this may lead to substance use and violence, and ultimately an offending lifestyle. Ultimately, the formulation provides 'psychologically informed thinking' on the offender's challenging behaviour, with the aim of enhancing the OM's understanding of the offender's risk to themselves, others and the public. Finally, the OPD clinician may recommend strategies to assist the OM and other professionals in collaboratively devising a response which reduces risk in a responsive way.

OPD clinicians frequently contribute to MAPPA by working alongside the OM to assist professionals' understanding and management of the offender, with the aim of ensuring effective public protection. By consulting with OMs prior to MAPPA meetings and providing support during the meetings, the OPD clinician has a role in presenting the offender's formulation in a psychologically informed way. In collaboration, the OM and OPD clinician may encourage plans that are more receptive to the offender's PD. For example, in addition to restrictions and monitoring, strengths-based interventions, such as access to vocational opportunities might be encouraged for the offender. Moving away from purely restrictive measure in this instance, could increase the offender's meaningful activity, enhance their self-esteem and in turn improve relationships with professionals, thereby potentially reducing the chances of reoffending overall.

John Atkinson

Senior Forensic Psychologist

Yorkshire and Humberside Personality Disorder Pathway

References

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Coid, J., Yang, M., Tyrer, P., Roberts, A., & Ullrich, S. (2006). Prevalence and correlates of personality disorder in Great Britain. *British Journal of Psychiatry*, 188, 423–431.
- Livesley, J (2003) *Practical Management of Personality Disorder*. Guilford Press.
- Salters-Pedneault, K. (2020). What Are DSM Personality Disorders? Online article available at: <https://www.verywellmind.com/personality-disorders-a2-425427>
- Torgersen, S., Lygren, S., Oien, P. A., Skre, I., Onstad, S., Edvardsen, J., Tambs, K. & Kringlen, E. (2000) A twin study of personality disorders. *Comprehensive Psychiatry*, 41(6), 416-25.

CIRCLES OF SUPPORT & ACCOUNTABILITY

In 2018, when Neal was returned to prison following his conviction for downloading indecent images of children, his Circle of Support ended. That could have been the end of the story for a man destined for the “revolving door” of prison - release - prison - release cycle.

However, in 2019, on his release he was given another opportunity, another Circle. He has not reoffended, and his new Circle is optimistic that he may have turned a corner. These are Neal’s words...

“The Circle members should have a mixture of abilities to provide the core member with support. In the group I have, one volunteer is good at giving advice on housing and always gives encouragement when needed.

Another volunteer is good at supporting me with my mental health, and always asks me about it and how things are. The group as a whole gave me support when I had trouble with my anti-libidinal medication, especially when new medication was prescribed.

As a group we have met in closed meetings where we can have in-depth talks about things and talk about my thoughts and feelings. We also meet out for a coffee or to do something I wouldn’t do by myself like go to an art gallery which builds my confidence.

The group also encourages me to use the skills and tactics that I have learned to combat my sexual thoughts that I have learned from courses I have done. These tactics include me to think of what I am doing, why I am doing it, and the outcome of my actions.”

The volunteers that form a circle receive no payment, no official recognition, no public praise; yet they are making an important contribution to the management of high risk sex offenders. Circles of Support and Accountability is the community response to sexual offending, and its links with the criminal justice agencies are strong and continues to be important, relevant and necessary.

John McNally
Coordinator

“These tactics include me to think of what I am doing, why I am doing it, and the outcome of my actions.”

Neal

An offender previously supported by the Circles of Support Programme.



HUMBERSIDE MAPPA LAY ADVISERS

The role of a Lay Adviser is often summed up as ‘Being a Critical Friend’ within MAPPA. For me, as I have said before it also means being a visible face of the public.

All very well, but what does that mean in these COVID times when all of us are increasingly invisible?

The work of the professionals continues. Managing violent and sexual offenders in the community does not become less urgent or important because of the pandemic, indeed in some circumstances and settings it is even more critical.

Police officers, offender managers along with colleagues in health, housing education etc. cannot be invisible. They are still on the front line ensuring that the “Risk House” – that structure that surrounds offenders and ensures the safety of the community is safe and secure.

Of course, the multi-agency risk management meetings that take place to discuss, plan and co-ordinate arrangements for managing individuals can, and do, take place remotely and I can dial in from the safe cocoon of home. This however has its limitations, for I am not a decision maker so mainly I listen. I can, of course, ask questions when appropriate, but the informal interactions between myself and members which I find useful and helpful, are not possible.

Therefore, at this time, I think I can most effectively fulfil my role as critical friend in the area of quality assurance. I will of course need to attend MAPPA and other meetings – even if I only listen - to make sure I am well informed. And who knows, I may even find a formal way of being informal!

Mick Maskell

Lay Adviser

After another year as Lay Adviser for Humberside MAPPA, my role, our role remains very much integral to the quality assurance and ‘face of the public’ as ever.

2020 has been a somewhat challenging year; a global pandemic, scrutiny on public protection since the last annual report and ensuring that MAPPA remains relevant, effective and impactful in the monitoring of sexual and violent offenders and the public’s protection.

Naturally, professionals from varying agencies have demonstrated once again how important their work is in order for MAPPA to be effective. Under the pressures of a pandemic it would have been understandable if the focus had shifted; different working styles, remote meetings, ensuring health risks were minimised and so forth but as stated, all those involved with MAPPA have risen to the challenge to maintain the high standards expected and ensure offenders are monitored effectively and the public remain safe.

Remote working initially presented some challenges, but the challenge and rigour has remained. Both myself and Mick have been involved, been able to participate and be that critical friend necessary to safeguard the integrity of MAPPA.

Finally, I believe that whilst another year has passed, a somewhat difficult year, MAPPA still has hugely important role to play. MAPPA continues to develop both locally and nationally and Lay Members play an integral part of that. For that I am proud of the work both myself and Mick do, but more importantly, that is recognised by all on the SMB.

Here’s to another successful year in keeping the public safe, remaining at the forefront of public protection and monitoring of MAPPA offenders.

Richard Albery

Lay Adviser



MAPPA STATISTICS FOR THE HUMBERSIDE AREA

MAPPA-eligible offenders on 31 March 2020

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 1	1355	328	-	1683
Level 2	5	5	5	15
Level 3	0	1	0	1
Total	1360	334	5	1699

MAPPA-eligible offenders in Levels 2 and 3 by category (yearly total)

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	22	8	13	43
Level 3	0	2	2	4
Total	22	10	15	47

Registered Sexual Offenders

RSOs cautioned or convicted for breach of notification requirements	37
RSOs having had lifetime notification requirements revoked on application	7

Restrictive orders for Category 1 offenders SHPOs & NOs imposed by the courts

SHPOs	72
SHPOs with Foreign Travel Restriction	1
NOs	1
People subject to notification requirements for breach of an SRO	0

Level 2 and 3 offenders returned to custody Breach of licence

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	3	2	3	8
Level 3	0	0	0	0
Total	3	2	3	8

Breach of SOPO/SHPO

	Category 1 Registered sex offenders	Category 2 Violent offenders	Category 3 Other dangerous offenders	Total
Level 2	1	-	-	1
Level 3	0	-	-	0
Total	1	-	-	1

Total number of Registered Sexual Offenders per 100,000 population	165
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This figure has been calculated using the mid-2019 estimated resident population, published by the Office for National Statistics on 24 June 2020, excluding those aged less than ten years of age.

EXPLANATION COMMENTARY ON STATISTICAL TABLES

MAPPA background

The totals of MAPPA-eligible offenders, broken down by category, reflect the picture on 31 March 2020 (i.e. they are a snapshot). The rest of the data covers the period 1 April 2019 to 31 March 2020.

(a) MAPPA-eligible offenders – there are a number of offenders defined in law as eligible for MAPPA management, because they have committed specified sexual and violent offences or they currently pose a risk of serious harm, although the majority are actually managed at Level 1 without formal MAPPA meetings. These figures only include those MAPPA eligible offenders living in the community. They do not include those in prison or detained under the Mental Health Act.

(b) Registered Sexual Offenders (RSOs) – those who are required to notify the police of their name, address and other personal details and to notify of any subsequent changes (this is known as the “notification requirement.”) These offenders are assessed and managed by the police. They may also be managed by probation or health services if they are subject to licence or a hospital order. Failure to comply with the notification requirement is a criminal offence that carries a maximum penalty of 5 years’ imprisonment.

(c) Violent Offenders – this category includes violent offenders sentenced to imprisonment or detention for 12 months or more, or detained under a hospital order. It also includes a small number of sexual offenders who do not qualify for registration. These offenders are assessed and managed by the National Probation Service, Youth Offending Team or Mental Health Services.

(d) Other Dangerous Offenders – offenders who do not qualify under the other two MAPPA-eligible categories, but who currently pose a risk of serious harm which requires management via MAPPA meetings. These offenders are assessed and managed by whichever agency has the primary responsibility for them.

(e) Breach of licence – offenders released into the community following a period of imprisonment will be subject to a licence with conditions (under probation supervision). If these conditions are not complied with, breach action will be taken and the offender may be recalled to prison.

(f) Sexual Harm Prevention Order (SHPO) (including any additional foreign travel restriction) - Sexual Harm Prevention Orders (SHPOs) and interim SHPOs replaced Sexual Offence Prevention Orders. They are intended to protect the public from offenders convicted of a sexual or violent offence who pose a risk of sexual harm to the public by placing restrictions on their behaviour. They require the offender to notify their details to the police (as set out in Part 2 of the 2003 Act) for the duration of the order.

The court must be satisfied that an order is necessary to protect the public (or any particular members of the public) in the UK, or children or vulnerable adults (or any particular children or vulnerable adults) abroad, from sexual harm from the offender. In the case of an order made on a free standing application by a chief officer or the National Crime Agency (NCA), the chief officer/NCA must be able to show that the offender has acted in such a way since their conviction as to make the order necessary.

The minimum duration for a full order is five years. The lower age limit is 10, which is the age of criminal responsibility, but where the defendant is under the age of 18 an application for an order should only be considered exceptionally.

(g) Notification Order – this requires sexual offenders who have been convicted overseas to register with the police, in order to protect the public in the UK from the risks that they pose. The police may apply to the court for a notification order in relation to offenders who are already in the UK or are intending to come to the UK.

(h) Sexual Risk Order (including any additional foreign travel restriction) - The Sexual Risk Order (SRO) replaced the Risk of Sexual Harm Order (RoSHO) and may be made in relation to a person without a conviction for a sexual or violent offence (or any other offence), but who poses a risk of sexual harm.

The SRO may be made at the magistrates’ court on application by the police or NCA where an individual has committed an act of a sexual nature and the court is satisfied that the person poses a risk of harm to the public in the UK or children or vulnerable adults overseas.

A SRO may prohibit the person from doing anything described in it, including travel overseas. Any prohibition must be necessary to protect the public in the UK from sexual harm or, in relation to foreign travel, protecting children or vulnerable adults from sexual harm.

An individual subject to an SRO is required to notify the police of their name and home address within three days of the order being made and also to notify any changes to this information within three days.

A SRO can last for a minimum of two years and has no maximum duration, with the exception of any foreign travel restrictions which, if applicable, last for a maximum of five years (but may be renewed).

The criminal standard of proof continues to apply. The person concerned is able to appeal against the making of the order and the police or the person concerned are able to apply for the order to be varied, renewed or discharged.

A breach of a SRO is a criminal offence punishable by a maximum of five years’ imprisonment. Where an individual breaches their SRO, they will become subject to full notification requirements.

Individuals made subject of a SRO are now recorded on VISOR as a Potentially Dangerous Person (PDP).

(i) Lifetime notification requirements revoked on application - A legal challenge in 2010 and a corresponding legislative response means there is now a mechanism in place that allows qualifying sex offenders to apply for a review of their notification requirements. Persons do not come off the register automatically. Qualifying offenders may submit an application to the police to review their indefinite notification requirements. The police review the application and decide whether to revoke the notification requirements. This decision is made at the rank of Superintendent. Those who continue to pose a significant risk will remain on the register for life, if necessary.

Individuals will only become eligible to seek a review once they have been subject to indefinite notification requirements for a period of at least 15 years for adults and 8 years for juveniles. This applied from 1 September 2012 for adult offenders.

HUMBERSIDE STRATEGIC MANAGEMENT BOARD 2019/20

Effective Multi-Agency Public Protection Arrangements require close working relationships. During this year, the Humberside SMB has welcomed a number of new representatives. Humberside area is well represented in all locations by the following Strategic Management Board Members;

Kate Munson, Chair of the SMB

Head of Humberside NPS (Hull and East Riding)
National Probation Service North East Division

Chris Noble, Vice Chair of SMB

Assistant Chief Constable
Humberside Police

Scott Young

Detective Chief Superintendent
Humberside Police
(Former rep: Lisa Atkinson)

Aidan Clarke / Stephen Littlewood

Detective Inspector CDB Safeguarding Governance Unit / MAPPA
Humberside Police
(Former rep: Julia Sergeant)

Joanne Atkin

Head of Humberside NPS (North and North East Lincolnshire)
National Probation Service North East Division
(Former rep: Nick Hamilton-Rudd)

Chris Brookes

MAPPA Co-ordinator
National Probation Service

Charlotte Mann

Deputy Governor
HMP Hull

Simon Parry

Head of Offender Management
HMP Full Sutton
(Former rep: Andrew Clayden)

Mick Gibbs / Tom Hewis

Director of Children & Community Resilience
North Lincolnshire Council

Victoria Lawrence

Head of Social Work and Assurance – Adult and Community Wellbeing
North Lincolnshire Council

Rachel Donnachie

Acting Assistant Director
Safeguarding Children, Young People and Families Directorate
Hull City Council
(Former rep: Fiona Fitzpatrick)

Alison Barker

Director of Adult Social Care
Hull City Council

Beverley Compton

North East Lincolnshire Clinical Commissioning Group (CCG); Covering Adult Social Care for North East Lincolnshire Council and health related matters for the CCG

Penny Donno

Head of Children and Young People's Safeguarding and Support
East Riding of Yorkshire Council
(Former rep: Eoin Rush)

Julia Weldon

Director of Public Health and Adult Social Care
Representing the Humber Directors of Public Health
Hull City Council

Melanie McKee

Public Health Commissioning Lead for Addictions and Substance Use
East Riding Council

Lynn Parkinson

Chief Operating Officer
Humber Teaching NHS Foundation Trust

Dr Kate Yorke

Associate Director of Psychology
Humber Teaching NHS Foundation Trust

David Pullen-Higham

Head of Mental Health NHS Hull
Clinical Commissioning Group
(Former rep: Melanie Bradbury)

Mary Kearney

Designated Nurse Safeguarding Adults
East Riding CCG
(Former rep: Wendy Proctor)

Victoria Amos

Electronic Monitoring – EMS Care & Justice Services

Liz Hutchinson

Senior Operations Manager
Department for Work and Pensions

Tim Gallacher

HM Inspector
Yorkshire and Humberside Immigration
Compliance and Enforcement

Samantha Matthews

Youth Offending Service Manager
East Riding Council
(Former rep: Darren O'Neill)

Pam Dent

Victim Manager
National Probation Service – North East Division

Pip Davis

Community Director Hull and East Riding and Through the Gate Hull
Lincolnshire North Yorkshire
CRC (Community Rehabilitation Company)

Mick Maskell

Lay Adviser
C/o National Probation Service

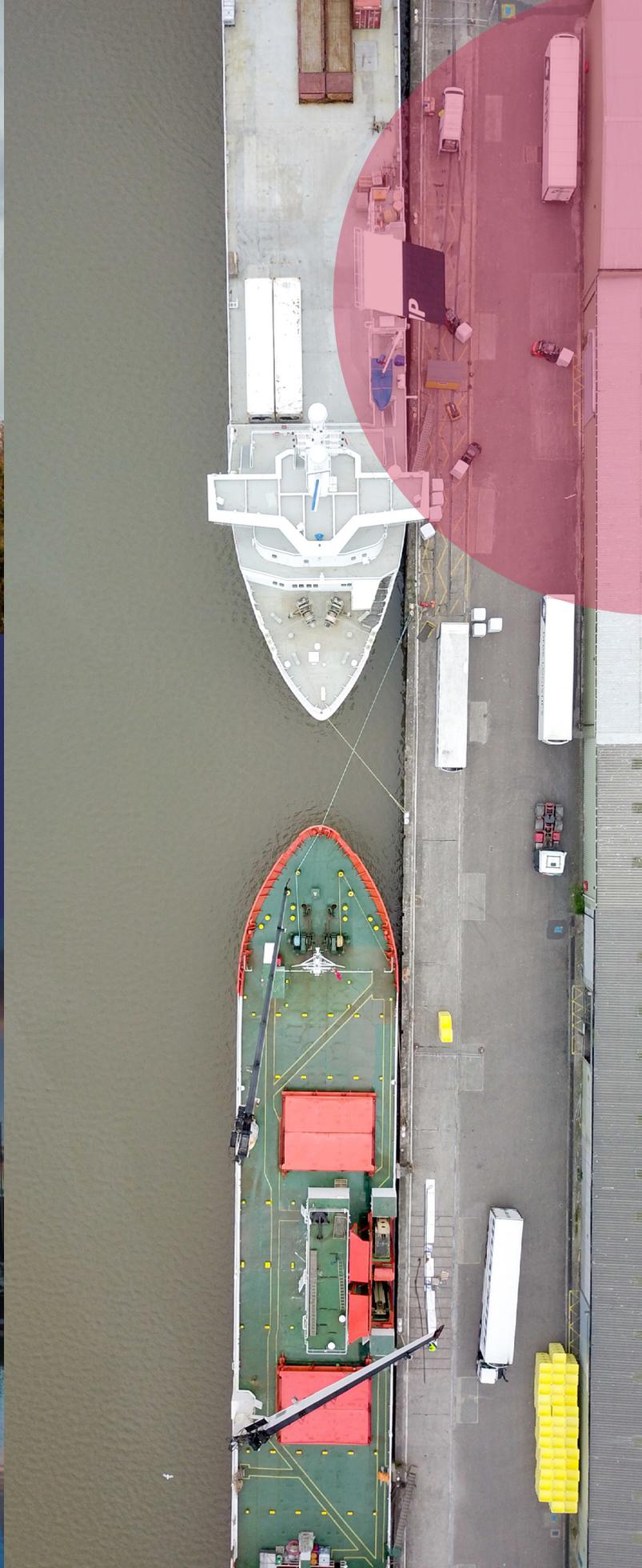
Richard Albery

Lay Adviser
C/o National Probation Service

For further queries, please contact: 01482 578212
or e-mail: PVPMSU@humberside.pnn.police.uk



MAPPA Report available at:
www.gov.uk



Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 15 April 2021			
Title of Report:	Council of Governors			
Author/s:	Sharon Mays, Chair			
Recommendation:	To approve	x	To receive & note	x
	For information		To ratify	
Purpose of Paper:	To present the Council of Governors effectiveness review for 2020/2021 and Terms of Reference			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Governor Group	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board		Other (please detail) <i>Report direct to CoG</i>	/
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	

Council of Governors

Annual Review of Effectiveness and Terms of Reference 1st April 2020 to 31st March 2021

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

1. Executive Summary

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

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

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

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

In March 2020 a global pandemic was declared. The governors have received regular briefings and updates from the Trust Chair and Chief Executive. Since the start of the pandemic all meetings have moved to a virtual platform.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery Sample taken from the minutes	Any outstanding issues / action plans?
Statutory duties of the CoG	<ul style="list-style-type: none">• Governor sub group - Appointments T&C• Appointing Auditors	
Contribution to Strategy & Plans	<ul style="list-style-type: none">• Operating Plan• Performance reports• Finance reports	
Representing Members and the Public	<ul style="list-style-type: none">• AMM• Governor elections	

	<ul style="list-style-type: none"> • Governor subgroup – engaging with members 	
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3. Attendance

The Council of Governors met on three occasions during 2020/21 - meetings were held virtually on 16 July & 15 October 2020 and 14 January 2021 and the AMM in September. Due to Covid-19 the meeting planned for April 2020 was cancelled. The Council of Governors ToR states 5 meetings will be held a year which includes the AMM and one of these will be an Annual Members' Meeting (AMM).

Members:	No of meetings attended
The composition of the membership is set out in Annex 7 of the constitution:	
Trust Chair	3/3
Minimum 6 public governors	
<ul style="list-style-type: none"> • Eric Bennett • John Cunnington • Christopher Duggleby • Ian Graves • Huw Jones (Lead Governor until 31 January 2021) • Ros Jump • Sam Muzaffar (Lead Governor from 1 February 2021) • Doff Pollard • Fiona Sanders • Stephen Christian • Sue Cooper – elected 1 Feb 2021 • Helena Spencer • Tim Durkin • Jean Hart – elected 1 Feb 2021 	1/3 0/3 0/3 0/1 1/3 3/3 3/3 3/3 3/3 3/3 0/2 N/A 3/3 3/3 N/A
Minimum 1 staff governor	
<ul style="list-style-type: none"> • Mandy Dawley, • Craig Enderby, • Anne Gorman, • Jack Hudson • Sam Grey • Tom Nicklin – elected 1 Feb 2021 	2/3 3/3 3/3 3/3 2/2 N/A
Minimum 1 appointed governor	
<ul style="list-style-type: none"> • Jenny Bristow • Jacquie White • Gwen Lunn • Paul McCourt • Andy Barber 	2/3 2/3 2/3

<ul style="list-style-type: none"> Cllr Nickerson <p><i>See appendix for breakdown of attendance</i></p>	<p>3/3 1/3 0/1</p>
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3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

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

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

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

No recommendations for change.

4. Quoracy

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

The CoG was quorate on all 3 occasions.

5. Reporting / Groups or Committees

Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR).* Please list:

- Appointments, Terms and Conditions Committee
- Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group
- Engaging with Members Governor Group

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

Yes [x] No []

- Appointments Terms and Conditions Committee - yes in July 2020
- Finance, Audit, Strategy, Quality, Workforce and Mental Health Legislation Governor Group Terms of Reference – yes in October 2020
- Engaging with Members Governor Group – April 2021

The CoG Effectiveness Review is a separate item.

Governor Group effectiveness reviews will be included in the Governor Updates item

Are ToR annual reviews for each reporting group on your Council of Governor's workplan to approve? Yes [/] No []

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

Has Council of Governors requested / received an annual assurance report or effectiveness review from each of the reporting groups for 2020/21 Yes [/] No [] *on CoG workplan*

- The April CoG is to receive an annual effectiveness review from the Engaging with Members Governor Group. The other 2 CoG sub groups will present their effectiveness review and ToR to the July meeting of the CoG.
- For each CoG meeting there is a Governor Group update report where chairs of the groups are asked to provide an update for any meeting that has taken place since the last CoG. This can be a short paragraph or a fuller report.

6. Conduct of meetings

Chair to consider the following questions

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

An outline CoG workplan has been developed with standing items and is maintained by the Trust Secretary – items are added through the year as requested by the CoG

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

Yes

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

Yes

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

Yes

7. Review of Terms of Reference

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

The CoG ToR were last approved in July 2020 (the scheduled review in April was delayed as the meeting was cancelled due to covid). CoG ToR are on the April 2021 agenda as part of the Effectiveness review.

Please attach a full copy of your ToR for approval as part of the Council of Governors effectiveness review. See Appendix 2 below.

8. Workplan for 2021/22

Has a CoG workplan for the year ahead, 2021/22 been prepared?

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

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

Summary of attendance at COG 2020-2021

DATES	16 July 2020	15 October 2020	14 January 2021
Trust Chair	Sharon Mays	Sharon Mays	Sharon Mays,
Minimum 6 public governors	Ros Jump Sam Muzaffar Fiona Sanders Helena Spencer Tim Durkin Doff Pollard	Ros Jump Sam Muzaffar Fiona Sanders Helena Spencer Tim Durkin Doff Pollard	Ros Jump Sam Muzaffar Fiona Sanders Helena Spencer Tim Durkin Doff Pollard Huw Jones Eric Bennett
Minimum 1 staff governor	Anne Gorman Craig Enderby Jack Hudson Sam Grey	Mandy Dawley Anne Gorman Craig Enderby Jack Hudson Sam Grey	Mandy Dawley Anne Gorman Craig Enderby Jack Hudson
Minimum 1 appointed governor	Gwen Lunn Jacquie White Paul McCourt Jenny Bristow	Gwen Lunn Paul McCourt Jenny Bristow Andy Barber	Jacquie White Paul McCourt
CEO	Michele Moran	Michele Moran	Michele Moran
No of NEDs	3	5	5
No of Execs	2	2	2

Terms of Reference

Council of Governors

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

Constitution

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

Contribution to Strategy and Plans

- Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies
- Seek the views of stakeholders including members and the public and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate
- Give a view to the Board of Directors of the Trust's annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan
- Contribute to and influence the Strategic Plan

Representing Members and the Public

- To represent the constituency or the organisation elected or appointed to serve
- Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.
- Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders
- Promote membership of the Trust and contribute to opportunities to

	<p>recruit members in accordance with the Membership Strategy.</p> <ul style="list-style-type: none"> • Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability. • Report to members each year on the performance of the Council of Governors
Membership	The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair's role.
Quorum	<p>The quorum for Council of Governors meetings is set out in the Constitution.</p> <p>No business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least</p> <ul style="list-style-type: none"> • 6 must be public Governors • 1 must be a Staff Governor • 1 must be an appointed Governor
Chair	Chair of the Trust
Frequency	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting
Minutes and Reporting	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
Monitoring	A review of attendance and effectiveness will be undertaken annually.
Approval Date	16th July 2020 15 April 2021
Review Date	July 2021 April 2022

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 15 April 2021			
Title of Report:	Public Trust Board Minutes – November 2020 & January and February 2021			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The public minutes of the Trust Board meetings held in November 2020, January and February 2021 are presented for information.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Engaging with Members	Date
	Appointments, Terms & Conditions Committee		Other (please detail)	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board	Jan, Feb & Mar 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

✓	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			No	

Disclosure?			
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Trust Board Meeting

Minutes of the virtual Public Trust Board Meeting held on Wednesday 25 November 2020 by Microsoft Teams

Present:

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

In Attendance:

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Mr Adam Dennis, Communications Officer
- Joan (for item 204/20)
- Ms Jo Inglis, Charge Nurse, Maister Lodge (for item 204/20)
- Mrs Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 204/20)
- Ms Jennie Bradley, Senior Business Consultant Quality Health (for item 214/20)
- Mrs Alison Flack, Freedom to Speak Up Guardian (for item 216/20)

Apologies: None

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

- 201/20 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 202/20 **Minutes of the Meeting held 28 October 2020**
The minutes of the meeting held on 28 October 2020 were agreed as a correct record
- 203/20 **Matters Arising and Actions Log**

The actions list was discussed and noted.

204/20

Patient Story

Mrs Dawley, Head of Patient and Carer Experience and Engagement introduced Joan to the Board. Joan is a patient experience champion and also supports the Trust in various activities.

Joan told her story to the Board about the experiences she has had with her husband who has Dementia. Joan is his carer and she shared her journey during his illness including his experiences in residential care, with GPs and other professionals. In February 2019, her husband was sectioned under the Mental Health Act and admitted to Maister Lodge. From an early stage the difference in the care and approach was noticed. Her husband could become aggressive and agitated, but due to skills of staff these were able to be managed using the traffic light system. Joan noted there was a more proactive approach to her husband's care. Joan said that the team communicated regularly with her and she was invited to join multi-disciplinary team meetings.

It was clear that a specialist Dementia placement was required for Joan's husband. Jo Inglis, the Charge Nurse was instrumental in liaising with the Clinical Commissioning Group (CCG) to secure a placement. However the placement broke down and her husband was returned to Maister Lodge. Since that time her husband is no longer detained under the Mental Health Act, but is an inpatient under the Deprivation of Liberty (DoLS).

Joan explained that she is part of the Trust's Community Mental Health (CMHT) transformation programme, Mental Health Inpatient Redesign, Dementia diagnosis and post diagnosis pathways developing group.

The Chair thanked Joan for sharing her personal story and for all the work that she is involved in with the Trust which makes a difference and is helping to improve things for others.

Mrs Parkinson, asked Joan that of all the work she is involved with, what the most important improvement would be in her opinion. Joan's view was that it would be to improve the links with GPs as it had taken some time for the GP to receive responses in the first instance. She hears this time and time again in meetings. GPs are generic and specialist support and advice is needed. Mrs Parkinson will ensure this view is fed into the work.

Mr Royles noted the way that meetings have been done virtually due to Covid 19. He asked if there was anything more that Joan felt could be done to involve her in her husband's care. Joan explained that a friend of hers has been through a similar experience and is involved with Maister Lodge. The work that Jo and the team have done during Covid 19 has been marvellous to ensure that contact is maintained. She felt that going forward it would be a plea to the Government to support carers seeing their loved ones and to be able to hold their hands.

The Chief Executive thanked Joan for her story and will take forward the issue of GPs with the Humber Coast and Vale (HCV) and may come to Joan for her assistance in the future around co-production work. She asked if there is anything else that Joan thought could be done to help carers and their families. Joan said that feedback from the groups she is involved with is about

organisations and boards working together as there is still evidence that organisations work individually. She felt that if there was better working together good ideas and improvements could be made quicker. On behalf of the Board the Chair thanked Jo and the team at Maister for the incredible work they are doing and for being at the forefront of the work around visiting to try to help patients and carers.

205/20 **Chair's Report**

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

- Attending the Remembrance Service virtually. Thanks to Reverend Eve Rose and the Patient Carer Engagement Team for arranging this.
- Presenting the Board Quality Improvement project during Quality Improvement week. It was good to hear the enthusiasm and feedback from all involved
- Attended and closed the virtual two half days of the Research Conference. Congratulations to Cathryn Hart and the team for organising the events.
- Joined the launch of the online Recovery College platform
- Attended Humber Coast and Vale Chair's meetings
- Met with Cllr Gwen Lunn
- Attended the Yorkshire and Humber Chair's meeting which focused on proposed legislative changes for the NHS
- Held virtual meetings with Governors
- The Governor Development session was well attended and focussed on voluntary services, Health Stars, Trust branding and winter planning.

Resolved: The verbal updates were noted.

206/20 **Chief Executive's Report**

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

Portfolios

An annual review of Directors portfolios has been undertaken and the following changes have been agreed:

- Charitable Funds Committee - Steve McGowan will be the Executive lead.
- Remuneration and Nomination Committee - Steve McGowan will be the Executive lead
- Commissioning Committee – the Executive lead will be Pete Beckwith and the Non - Executive Director Lead is Peter Baren
- Estates will transfer back to Pete Beckwith, with Medical Staffing transferring to Workforce. Exact details are being worked through.
- Brexit Senior Responsible Officer (SRO) transfers to Steve McGowan.
- Mental Health Legislation has moved to John Byrne

Miranda House – PICU Refurbishment

The refurbishment of the inpatient estate at Miranda House forms part of the Trust's planned capital programme for 2020/21 and a wider programme for the

planned refurbishment programme for mental health inpatient facilities. As a consequence of the urgency of the need to bring the bedrooms back into use the Trust has utilised the Strategic Partnership Agreement (with Citycare), this will enable the immediate works to be progressed whilst work with operational leads is progressed to develop a phased programme for the wider ward refurbishment with works undertaken within a live PICU environment. It is envisaged that works will be completed by the end of the financial year.

Lateral Flow Testing

The Trust is one of the first 34 NHS trusts (1 of 2 mental health trusts) to roll out Lateral Flow Testing to staff. The Chief Executive thanked the Medical Director and the team for the roll out of this programme. The program is supported by a comprehensive communications program including webinars, dedicated webpage are for managers and participating colleagues. In addition we have also been supporting our system partners and the national Mental Health Trust network by sharing our resources and learning.

Team Meetings

The Chief Executive continues to dial into virtual team meetings. Morale is improving although staff are tired and understandably there are dips in staff resilience. We are looking to develop more tools for staff in support.

Staff Thank You Gift

Health Stars face masks are being distributed during the month as another thank you to staff. Plans are in place for a Christmas thank you and we will be delivering Christmas hampers to all inpatient units.

Humber Coast and Vale (HCV) International Conference

The HCV international conference will be held on the 27th November with key note speakers being Claire Murdoch, Ray James, Nav Kapur and Alistair Campbell. Mr Patton asked if this is being recorded as he is unable to attend. He was informed that it was the intention to record the event.

System

There is lots of work taking place in the system including work in developing the two geographical patches in Humber and North Yorkshire. Work on the collaborative is also taking place for mental health, the acute sector and community sector. Revised legislation is due out in the new year.

Communications

Mrs Hughes highlighted that in the Communications update, statistics showed that 89% of Covid communications are being read by staff and that the use of Poppulo has helped to provide further assurance these key messages are being read. The Humberbelievable recruitment campaign is maintaining its impact with a 35% increase in new visitors to the site. The team has promoted awareness events and work created by the team has been shared with partners across the patch increasing the reach of our work brand and quality. The Chair recognised that the team continues to do fantastic work.

Professor Cooke thanked the Chief Executive for an informative report and for the way that the Executive team has responded to the pandemic particularly in Hull. He also thanked Mr McGowan for circulating the retirement booklet showing options available in a clear way.

In relation to the Community Mental Health Team (CMHT) Transformation programme, Professor Cooke asked for an update on the 86 staff that had been recruited and whether there had been any impact on existing staffing as a result. Mrs Parkinson reported that the transformation programme is a significant programme of work across adult and older people's services. All of the non-registered workforce have been recruited and there are a significant number of these posts for Peer Support Workers and the Health and Wellbeing coaching. There are challenges around some of the posts and there has been a focus on these through the Humbelievable campaign. As a result of the skill mixing, a significant impact on existing staffing is not being seen and more are being recruited to mainstream CMHTS.

Professor Cooke was concerned that the research hub and recovery college space in the mental health inpatient redesign may be lost as there was no mention of these in the update provided. Mrs Parkinson clarified that research and recovery hubs are part of the plans for the inpatient redesign programme and are included in the outline business case which has been circulated to the Executive Management Team (EMT). The strategic case will be shared with Professor Cooke outside the meeting.

Mr Patton commented that the report was excellent and good to see especially in light of the current situation. He suggested that the recruitment around the young people service be discussed at the next Workforce & Organisational Development Committee

The Civic Award for the Reverend Eve Rose was noted and was the success of the Research conference. Dr Byrne to confirm if the psychologist CPD event could be observed by Board members.

Mr Smith congratulated staff on the testing and for the Humber High Potential Development Scheme (HHPDS) that covered bands 2-7. He was concerned about the flu vaccination uptake and asked for further assurance that this would increase. The Chief Executive explained there are specific other pressures on the flu target, however year on year the Trust increases its uptake. This year the timescale has been expedited to a couple of weeks which has caused additional pressure. There are more peer vaccinators this year than previously across the geographical patch. The latest figure was confirmed as 49.7% uptake and all front line staff have been offered the vaccine. Video's, communications and an animation has been used to promote it. Mr Patton is the flu champion and a call was held with the peer vaccinators recently to emphasise the importance of the campaign. There is also the incentive of a day's leave if all mandatory training, appraisal and having the flu vaccine are undertaken. Nursing and clinical staff are being contacted by the relevant Directors to encourage them to have the flu vaccine.

Mr Baren asked about Brexit and if there were senior staff in place through a chain of command in case anything unforeseen happens up to the end of the year. The Chief Executive confirmed that the overall Brexit planning guidance has been reviewed. The main areas of concern were seen to be the A63 and people coming off the docks, however this is no longer thought to be as much of an issue as first thought. Mr Beckwith has gained assurance from the information shared on national calls. There are freight routes identified and plans around medical supplies with a message that it is business as usual and not to stockpile goods. This is covered at Gold Command meetings and is

continually reviewed by the Emergency Planning team.

Mr McGowan provided an update on the staff survey which closes at 12 noon on 27 November. He reported that currently 40% of staff have completed the survey and it is hoped there are still some more submissions.

Policies

The following policies were ratified by the Board:-

- Multi-agency policy and procedure for conveying a patient to hospital under the Mental Health Act 1983
- Inpatient Leave Policy
- Physical Restraint Policy
- S136
- Travel and Expenses Policy

The Chief Executive thanked the Executive team for the work they are doing in these challenging times.

Resolved: The report was noted and ratified the policies identified in the report Mental Health Inpatient Redesign strategic case to be shared with Professor Cooke outside the meeting **Action LP**

207/20 **Publications and Highlights Report**

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

Resolved: The report was noted.

208/20 **Performance Report**

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

Commentary was included in the report for those indicators that have fallen outside of the normal variation range which included:

- Friends and Family Test (FFT) – Involvement
- 52 Week Waiting Times
- Early Intervention in Psychosis (EIP) (14 Days)

Details of trajectories for waiting times were also included in the report

Mr Beckwith explained that cash is now within normal variation, but cautioned that when the money given to the Trust during the pandemic is reclaimed the cash position will fall outside of variation.

Mr Baren noted the high bed occupancy asking what will happen if demand continues to increase. The Chief Executive reported that some additional funding has been announced. At the moment there is a contract with other providers to assist with bed capacity. Mrs Parkinson explained that close working with other local mental health providers is taking place due to pressures for beds. A super surge plan is in development to understand the pressures across these providers in the Integrated Care Service (ICS). There is a position

of mutual aid across local providers and recognition nationally that mental health pressure for beds will exceed capacity and the independent sector will need to provide some support. The Trust was in this position a few weeks ago due to the outbreaks of Covid 19 on the inpatient units. As a result of this occupancy is declining and when inpatient units start to reopen there will be some capacity available. NAVIGO is assisting with older people's beds where required.

Mr Smith asked about the Friends and Family test relating to the question around patients feeling involved in their care detailed in the report. He asked if this related to people not being involved in the patient's care. Dr Byrne will look into this and respond outside the meeting to Mr Smith. Dr Byrne explained this is from GP and inpatient data. Inpatient data is difficult to clarify at the moment due to Covid 19 and infection control requirements. However some validation of the data is taking place and some people feel they are getting a good service. The Chief Executive felt it would be helpful for the Quality Committee to look at this in more detail to provide some assurance. Professor Cooke supported the proposal. Dr Byrne explained that regular reports are provided to the Quality Committee which looks at Friends and Family data and includes feedback from doctors and he was happy to discuss about what further information is required outside of the meeting.

Mr Royles referred to the waiting time trajectories included as part of the report, however he did not understand the status of the data and where it had come from. He suggested this also be discussed further at the Quality Committee meeting in December. Mrs Parkinson said the intention is to bring further information to the Quality Committee meeting which will identify action plans for each of the service areas and will include the sensitivities information. It was agreed that the report would also be shared with other Non-Executive Directors who do not attend the Quality Committee.

The Chair noted the high sickness rates on the quality dashboard asking if it was Covid 19 related. Mrs Gledhill explained that for PICU it was Covid 19 related. Assurance was given that all sickness is being managed appropriately. The Chair also noted that the number of physical violence and aggression incidents on PICU had increased significantly. It was explained that this was due to activity with an acutely unwell individual who is no longer on the unit.

**Resolved: The report and verbal updates were noted
Dr Byrne to respond to Mr Smith outside the meeting regarding his query around the Friends and Family Test Action JB
Quality Committee to review the Friends and Family data to provide assurance to the Board Action JB
Waiting lists information report that is going to the Quality Committee to be shared with all Non-Executive Directors Action LP**

209/20

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 October 2020. The Board was informed that the Trust is operating in the new financial regime and a Covid 19 allocation has been received for the rest of the year. A break even operational position was recorded to 31st October 2020 and within the reported position is year to date Covid expenditure of £9.545m. The cash balance at the end of October was £27.802m, which is inclusive of an additional block payment of £9.8m.

Mr Smith asked about the unfunded enhanced packages of care. He was informed that the organisation cannot invoice commissioners for enhanced packages of care when on a block contract and this related to an existing package of care from last year. This will be picked up for next year when things return to normal.

Resolved: The report was noted.

210/20 **Charitable Funds Committee Assurance Report & 22 September 2020 Minutes**

Professor Cooke presented the report which included details of the meeting held on 3 November. The minutes of the meeting held on 22 September 2020 were provided for information.

Professor Cooke reported that the Committee accepted the Audit Committee's recommendation around the authorisation limit of anything over £100k needing Corporate Trustee approval.

The Committee was keen to keep the Whitby appeal mobilised and also looked at Bridlington and the potential around the campus reprovision. Christmas plans for patients and staff were also discussed around circles of wishes and grants.

Resolved: The report and minutes were noted

211/20 **Mental Health Legislation Committee Assurance Report**

The assurance report for the meeting held on 5 November 2020 was presented by Mr Smith.

He reported good representation at the meeting from East Riding, Hull and two trainee doctors.

Resolved: The Board noted the report and verbal updates

212/20 **Workforce & Organisational Development Committee Assurance Report & 16 September 2020 Minutes**

Mr Royles presented the assurance report from the meeting held on 21 November 2020. The minutes of the meeting held on 16 September were provided for information. The Committee escalated a control risk to the Board as detailed in the report. Overall it was a positive meeting which also looked at work around the staff survey and the positive outcomes and work that people are doing.

The insight report has been revised and the Committee felt that the content gave assurance. Recruitment and retention work that is ongoing was reviewed and it was noted that positive progress is being taken forward. The risk around Health and Wellbeing for staff was escalated to the Board. This was not because the Committee felt that the organisation was not doing enough but more of an opportunity to look at the work that has been going on through Covid and the impact on staff due to the length of time which is longer than was first anticipated. The Committee wanted to recognise the consequences of this and the medium and longer term impact for staff and the demands on senior managers with the flu campaign, lateral flow testing, risk assessments and potential Covid 19 vaccinations.

Professor Cooke noted that concern was raised for this particular risk which is scored at 16 with a target risk of 4. A debate took place at the meeting around the score where it was felt that it was scored correctly given the pressures. The Chair, Chief Executive and Mr McGowan will discuss this risk outside of the meeting.

Resolved: The report and minutes were noted.

Discussion to take place with the Chair, Chief Executive and Mr McGowan around the control risk escalated by the Committee Action SM/MM/SMcG

213/20 **Audit Committee Assurance Report**

The report from the 2 November 2020 Audit Committee meeting was presented by Mr Baren. A good level of internal follow ups were completed which was a significant improvement compared to 18 months ago. He congratulated the team on this achievement.

The Head of Legal Services, Mrs Davies attended to present the Information Governance Annual Report which was well received.

This was the first meeting for Audit Yorkshire with five members of the team actively involved in the meeting. They covered their own items on the agenda but also contributed to other areas of the meeting. It was agreed that an effectiveness session would be arranged and facilitated by Audit Yorkshire in March/April time.

Mr Beckwith thanked Mrs Davies for attending the meeting and also Mr Omand for the work he has done with the Operational Delivery Group around audit recommendations.

Resolved: The report was noted.

214/20 **Community Mental Health Service User Survey Presentation**

Dr Byrne introduced the item explaining that usually this is shared with the Board in January, but as the embargo was lifted yesterday it was important to share the results as early as possible. Ms Bradley, Senior Business Consultant from Quality Health attended the Board meeting to present the findings from the published Mental Health Community Service User Survey 2020 report.

In 2020 the Trust scored above the highest 80% threshold for 19 questions and the remaining questions scored in the mid-range. No questions scored in the below the lowest 20% threshold.

Ms Bradley gave a presentation to the Board showing the areas that had improved since the last survey. She explained that the survey was conducted between February and June 2020. Changes from the previous year's survey included one question being removed and an alternative question added. After going through the presentation, the Board was updated on the work being done in the Trust. Mrs Dawley explained that close working is taking place with the mental health planned and unplanned Divisions and a workshop was held in September to review the results and determine how improvements could be made. There was agreement from the working group to continue with the existing action plan and take this work forward to prepare for the 2021 survey.

Mr Patton congratulated everyone involved for the significant improvement.

Professor Cooke asked if any celebration of the outcome was planned with staff. Mrs Dawley said there are plans to mark the recognition which she will share with the Board when they are finalised.

The Chief Executive thanked Mrs Dawley, Dr Byrne, the team and the Divisions for the fantastic survey results which showed the benefits of linking the work to quality improvement. The survey has improved year on year and it is important to recognise this achievement. The Chief Executive suggested that recognition is linked into the existing reward programme and asked that Mrs Dawley discuss this further with her.

The Board thanked Ms Bradley for joining the meeting to share the results of the survey.

Resolved: The presentation was noted by the Board.

215/20

Covid 19 Update

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

Mrs Parkinson reported that following the current national lockdown, the NHS increased its alert level to 4. This was to reflect the pressures around infection rates which continue to rise especially in Hull. An increase in sickness absence is being seen and pressures are rising on mental health in patient areas. Out of area beds have had to be utilised. An increase has been seen with the number of Covid 19 positive inpatients and as a consequence the cohort unit has been moved from Hawthorne Court to Mill View to manage staffing pressures.

Lateral flow testing is underway with the Trust being an early implementer which is being rolled out to all staff. Staff are tired but continue to step up.

Mrs Gledhill referred to the 12 outbreaks the Trust has had. An outbreak is defined as two or more people with the same infection in the same place at the same time. The situations are being managed well and the units will be reopening in the near future with a renewed focus on the use of personal protective equipment.

Dr Byrne reported that lateral flow testing is being well received and has been rolled out to patient facing staff first. Webinars on how to use the tests have been screened and positive feedback has been received. A web based approach is being taken for reporting and information is easily accessible on the intranet. Staff are asked to report both positive and negative results via the on line form. Dr Byrne explained that the test is for asymptomatic staff, anyone who is showing symptoms must have the pillar test. As a result of the lateral flow test, some staff may need to isolate if they have a positive result, however the benefit is that there may be less outbreaks.

In terms of the vaccine, there is a lot of media information available including who will receive it first. The Trust will follow the guidelines that will be set out when the vaccine is available.

Mr Patton suggested that the risk around staff be considered to see whether the score needed to be increased as people become stressed and anxious. He also

asked about GP practices and whether any had been closed as a result of staff shortages. Mrs Parkinson reported that all practices have remained open and none have closed as a result of Covid 19.

Mr Baren commented that the graph in the report showed a surge in a short space of time for Scarborough and Ryedale and also Whitby. He asked if there are any issues as a consequence for the community hospital. Mrs Parkinson said that the organisation does not have all of the data but it is covered by the Local Resilience Forum (LRF) meetings. There have been localised spikes and an increase in infection rates seen in care homes. Services have had to respond to this and Mrs Parkinson was pleased to say that they have been flexible and agile in this response. The Chair asked for any relevant issues around these areas to be included in the next report.

The Chief Executive attends the Gold meeting for North Yorkshire and York and any issues are fed into the twice weekly Trust Gold meetings. Hull is seeing issues with high infection rates and it is expected will come out of lockdown in a higher tier. The resilience hub for the ICS is being expedited and being led by Tees Esk and Wear Valley. It was noted that the remit of the Nightingale hospitals is still being discussed and no decision has been made about their use.

Resolved: The report was noted

216/20

Freedom to Speak Up Report

Mrs Flack attended to present an update on progress and activities that took place across the Trust during Freedom to Speak Up Month in October 2020.

The National Guardian's Office launched a training package which is being rolled out to all new staff through induction. Discussions will take place with the Executive Management Team (EMT) in January around the best way to roll this out to all other staff.

October was National Speak Up Month with lots of activities taking place across the organisation including attending the Senior Leadership Forum and a staff governor meeting.

A reduction has been seen in the number of speak up cases during July and September however these are now starting to increase. The main areas of the cases are in children's and young people and the mental health response team. Some human resources cases are being seen which are being sign posted to the relevant team. Cases have also been raised around Covid 19 working arrangements.

Mr Baren informed the Board that he and the Chair hold regular meetings with the Guardian and work has continued to progress whilst there has been remote working. He thanked Mrs Flack and the team for continuing with this work.

Mrs Gledhill referred to the report and was concerned that Datix forms may not be completed when issues are raised around issues of patient safety and quality. She was assured that when concerns are raised by individuals they are asked to complete a Datix so that any issues are recorded on the system. Mrs Parkinson has been involved in two cases recently which she has shared with Mrs Gledhill as they were around clinical safety and Datix reports have been completed.

The Chief Executive thanked the Chair and Mr Baren for their helpful and supportive contribution at the meetings.

Resolved: The Board noted the report.

217/20

Board Assurance Framework (BAF)

The report provides the Trust Board with the Q3 2019/20 version of the Board Assurance Framework (BAF). The following ratings were noted:-

- **Strategic Goal 1 – Innovating quality and patient safety** - Overall rating maintained at Yellow for Quarter 3 2020/21.
- **Strategic Goal 2 – Enhancing prevention, wellbeing and recovery** - Overall rating maintained at Amber for Quarter 3 2020/21. Risks identified through the Trust's COVID-19 business continuity arrangements are aligned to this section of the BAF and the assurance rating is reflective of the continued impact of COVID-19 on Trust services.
- **Strategic Goal 3 – Fostering integration, partnerships and alliances** - Overall rating maintained at Green for Quarter 3 2020/21.
- **Strategic Goal 4 – Developing an effective and empowered workforce** - Overall rating maintained at Yellow for Quarter 3 2020/21. Risks identified through the Trust's COVID-19 business continuity arrangements are aligned to this section of the BAF.
- **Strategic Goal 5 – Maximising an efficient and sustainable organisation** - Overall rating maintained at Yellow for Quarter 3 2020/21.
- **Strategic Goal 6 – Promoting people, communities and social values** - Overall rating maintained at Green for Quarter 3 2020/21.

Mr Baren informed the Board that there had been a good discussion at the Audit Committee meeting around the BAF. Mr Patton commented that he had raised at the Workforce Committee about strategic goal 4 and whether the rating needed to be reviewed. Mr McGowan was confident that with the work in place that the score was right, but will review and reflect on the discussions that were held at the Workforce meeting and take an update back to their next meeting.

Resolved: The report was noted

218/20

Risk Register

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

In line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The COVID-19 risk register is subject to review by both Silver command operational and tactical meetings and is received weekly by Gold Command for Executive review. There are currently 9 risks held on the Trust-wide Risk Register.

Professor Cooke noted the discussions that were held at the Workforce Committee around staff fatigue. This has also come up in other items discussed at the meeting and he wondered if there is any more that can be done. The Chief Executive reported that the organisation continues to support staff. She

dials into team meetings on a regular basis and morale is high but staff are tired and the position is being monitored closely. The resilience hub will provide additional support for staff. Risk assessments are being regularly reviewed to see if the situation changes. Mrs Parkinson gave assurance at the Workforce Committee that work continues to support staff and daily conversations are held to keep updated on the pressures. Staff have the tools to access Shiny Minds and other self help information and they are encouraged to use these. Mr McGowan agreed there is a lot of support in place for staff through various routes should they choose to access it.

Following discussion it was agreed to leave the risk register score as it was. When it is next reviewed all of the points raised will be taken into account.

Resolved: The Board noted the report

219/20 **Charitable Funds Annual Accounts**

The unaudited Charitable funds accounts were provided to the Board. The accounts were reviewed and recommended for approval (subject to minor amendments in relation to future plans (Page 3) which have now been incorporated) by the Charitable Funds Committee on 22 September 2020.

Mr Smith commented about the language used and that it should be the Corporate Trustees approving the accounts not the Board. Mrs Hughes explained that section 4 of the Standing Orders does highlight that it is the Corporate Trustee and will share the relevant section with Mr Smith via email.

The Chair asked about the level of debtors and what this referred to. Mr Beckwith did not have the detail to hand and will share the information with the Chair outside of the meeting. Mr Baren suggested it was to do with the Child and Adolescent Mental Health Services (CAMHS).

The Chair related to the employment of three staff querying whether this should reflect that they were employed by Smile. Mr Beckwith confirmed this is correct and will amend the document. The Chair also asked for reference to be added to Paula Bee, previously a Non-Executive Director with the Trust.

Resolved: The Board as Corporate Trustees of the Charitable Funds, approved the Charitable Funds accounts subject to the inclusion of Ms Bee's name and the correction regarding the employees Information on debtors to be shared with the Chair **Action PBec**

220/20 **Ethics Advisory Group Action Log**

An update was provided for the Board on the perspectives of the Ethics Advisory Group with regard to a request from Gold to review our policies and procedures with regard to visiting and leave arrangement in light of escalating levels of the virus and new government public health advice with regard to a tiered response.

Resolved: The report was noted.

221/20 **Review of Standing Order Scheme of Delegation and Standing Financial Instructions**

Mrs Hughes explained that the the document has been reviewed this month and

three amendments have been proposed relating to:

- Authorisation limits for charitable funds have been updated so that any expenditure above £25k is reported to Trust Board as part of the assurance report.
- For Charitable Fund schemes over £100k to be taken to Board for approval
- A new category to be added to single tender waivers to reflect the emergence of lead provider/strategic commissioning arrangements.

Following discussion of the previous agenda item, the wording in relation to Trust Board acting as Corporate Trustee will be updated

Resolved: The Board approved the amendments to the Standing Order Scheme of Delegation and Standing Financial Instructions as outlined.

222/20 **Items for Escalation**

No items were raised

223/20 **Any Other Business**

No other business was raised.

224/20 **Exclusion of Members of the Public from the Part II Meeting**

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

225/20 **Date and Time of Next Meeting**

Wednesday 27 January 2021, 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting

Minutes of the virtual Public Trust Board Meeting held on Wednesday 27 January 2021 by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Ms Loren Hakeney, Communications Officer
Kati, Peer Support worker (for item 04/21)
Ms Charlotte Watson, Associate Practitioner, PSYPHER. (for item 04/21)
Mrs Debbie Davis, Lead Nurse Infection Prevention & Control (for item 15/21)
Ms Cathryn Hart, Associate Director Research & Development (for item 16/21)
Mr Oliver Sims, Corporate Risk Manager (for item 17/21)

Apologies: None

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

01/21 **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.

02/21 **Minutes of the Meeting held 25 November 2020**

The minutes of the meeting held on 25 November 2020 were agreed as a correct record

03/21 **Matters Arising and Actions Log**

The actions list was discussed and noted.

It was noted that the Equality Delivery Scheme Self Assessment would come to the February meeting.

04/21 **Patient Story - From Patient to Peer Support Worker**

Kati's and Charlotte joined the meeting to share Kati's journey of being in the Trust inpatient services to becoming employed by the Trust as a Peer Support Worker.

Kati came to the UK two years ago. Prior to this she had her own business and trained as a wellbeing coach. Following her father's illness, she became unwell and had trouble sleeping. After a psychotic episode Kati was detained under the Mental Health Act and admitted into Miranda House. During this time staff listened to her and she received excellent care. Some time later an admission to Westlands followed as Kati continued to struggle, again she received good care, but felt that some staff did not listen to her.

Kati began working with PSYPHER and saw a care co-ordinator who helped her through her illness. As she progressed Kati became better and after six months was back to her usual self. Last year she was encouraged to apply for a Peer Support Worker role within the Trust and was successful. She feels this is her way of giving back and saying thank you to the people who helped her. As she has lived through the experience she can also help other patients by letting them know that you can recover. The Peer Support Work role is a new role and still developing, however Kati felt that a proactive approach helps her to get the best from it including talking to other patients.

Board members thanked Kati for her inspirational story and for sharing it with them. Mr Patton asked if there was anything the Board could do to support her and others in the Peer Support Worker role. She felt that a message to staff to listen to people would help. As the role is in its infancy, Mrs Parkinson asked if there was anything else that could have been done in the initial period of coming into the role that would help. Kati said that she has a good supervisor, but other colleagues may not be in the same situation. She also felt that as she took a proactive approach and kept herself busy had helped her, but did feel that some more guidance would be helpful.

Professor Cooke asked how long a gap she felt was needed between being ill and being well enough to be employed. Kati explained that everyone is different and that she is aware of her limitations and emotions. She has therapy, support from her husband and from her supervisor which helps her.

Mrs Gledhill asked Kati if she would be willing to share her story with the newly qualified nurses as part of their training to better help them understand about listening. Kati said she would be honoured to support this.

Peer Support Workers are roles that the organisation has strived for and the Chief Executive said it is important to ensure that people in these roles continue to get support. The experiences that Kati had seen on the inpatient units will be used to help in developing and engaging staff. Kati found that staff had been surprised about the detail that she shared when she spoke with patients and that staff sometimes were not comfortable with this. She felt that if the Board could

help to get the message out that this was how Peer Support Workers could help others it would be helpful.

It was agreed that Mrs Parkinson and Mrs Gledhill will take this forward and raise with the services and it will be communicated through the communication messages and Mr McGowan suggested it could also be raised at the Leadership Forum that is taking place shortly.

The Chair thanked Kati and Charlotte for joining the meeting.

05/21

Chair's Report

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

- Vaccination Centre – the Chair has been impressed with volunteers, staff and the leadership of Dr Byrne and Dr Chong in the successful role out of the programme
- Attendance at the Scarborough and Whitby Patient Carer Forum
- In her role as Staff Health and Wellbeing Guardian, the Chair attended the Staff Health and Wellbeing meeting where issues such as rest places for staff, planning priorities for next year and how to make a difference to staff health and wellbeing were discussed. The first national Wellbeing Guardian event takes place on 28 January. Mr Royles has agreed to be the Deputy Wellbeing Guardian.
- Lead Governor – Mr Sam Muzaffar has been elected as the Lead Governor from 1 February 2021. The Chair thanked Mr Huw Jones for the time and effort he has put into the role which he has held for the last two years.
- Governor elections - newly elected Governors start with the Trust on 1 February 2021
- External meetings – the Chair continues to attend regional, national and Humber Coast and Vale (HCV) meetings and events. Partner meetings with Terry Moran, Chair of HUTH and NLAG and Jason Stamp, Chief Executive of North Bank Forum have also been held.

Resolved: The verbal updates were noted.

06/21

Chief Executive's Report

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

- Christmas and New Year - The Chief Executive thanked staff for their continued support especially over the festive period.
- The Chief Executive continues to be "visible" joining team meetings and hosting Meet Michele sessions
- Vaccination Centre – videos have been shared with local MPs.
- Market Weighton Practice won the Clinical Improvement: Chronic Conditions Category of the General Practice Awards 2020 – congratulations and well done to the team!
- Care Quality Commission (CQC) - The CQC reviewed our well - led Key Lines of Enquiry on 26th January 2021. The remarkable achievements over the last four years were shared with input from staff. The virtual meeting is part of the new way of working which is out for consultation.

The team were fantastic demonstrating the amount of evidence, examples and what they have done over the last year including the awards that have been won and quality improvement. There was a focus on safeguarding and despite the pandemic restrictions, units have been visited to ensure there is understanding and appropriate use of personal protective equipment (ppe) and checking of long term segregation. The Executive Directors were impressed with the work that teams have done during the current challenging time.

- Priorities for 2021 have been identified and will be shaped around our continuing journey.
- Flu – vaccinations continue to be offered to staff who require it and the target for this year's campaign is higher than last year's.
- Branding Launch – the new branding has been launched. The timing of this was considered, but there has been a high level of staff involvement and engagement it was decided to launch. All the work has been done in house by the Communications Team. Mrs Hughes reported that on the day of the launch 77% of staff viewed the information and the section asking 'why did we need a new visual identity' received 1500 likes.

Mrs Hughes also drew attention to;

- the Patient Information Portal work with the students of Hull University attracted 40 stakeholders to a workshop to progress options for the new online platform to provide patient information online.
- A survey on our vaccination Programme showed impressive results that 86% found the webinars informative, 99% found the communications helpful, 99% found the process easy to follow and 100% found the instructions and information clear.
- Integrated Care System (ICS) – a response to the consultation document has been provided. Legislation is expected in September/October and it is hoped to go live in shadow form with a system approach. It will be similar to what there is now with two geographical care partnerships and linking in with Place. Running alongside the Provider Collaboratives for community, acute sector and mental health and learning disabilities. The Chief Executive is leading a piece of work to look at horizontal integration infrastructure.

Professor Cooke commented that this was a fantastic report during a tough time and there is some innovative projects going on. He was delighted to hear that the CQC meeting had appeared to go well and hoped that feedback from them would be progressed. Mr Patton agreed with Professor Cooke's comments adding that he was looking forward to seeing the Recovery Strategy and supported the Allied Health Professional approach that is being taken. With regards to workforce, the Workforce and Organisational Development Committee discussed the initiative and how to support it in terms of leadership and development and potential links to the charity going forward.

Mr Baren asked about Maister Lodge capital funding asking if this funding had to be spent quickly. Mr Beckwith explained this related to monies for six additional beds and its part of the ongoing conversations as part of the contracting discussions. Two successful bids were noted in terms of Maister Lodge and IT funding for Lorenzo request and results which will be a good move for clinical

staff using it. The Finance and Investment Committee will look at capital expenditure at its next meeting.

The policies for Supporting Transgender Patients and Prescribing for General Practice Policy were ratified.

Resolved: The report was noted and ratified the policies identified in the report

07/21 **Publications and Highlights Report**

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

Mr Smith referred to the Reforming the Mental Health Act White Paper which will be discussed at the Mental Health Legislation Committee at its February meeting. The paper is a response to the many issues raised in Sir Simon Wessely's 2018 report, including increased access to Tribunals and the Second Opinion Approved Doctor (SOAD) system. The role of Associate Hospital Managers will also be considered as the initial review was very clear that they would become more akin to 'hospital visitors' and the power of discharge would be removed. As this is a delegated function of the Board, the Chief Executive gave assurance that the Board will be kept updated. An organisational response is being collated and the Chief Executive asked for any comments from the Committee be feedback to Mrs Hughes. The Chair asked that a final version of the response is circulated for information.

Resolved: The report was noted.
Committee comments to be fed back for inclusion in the organisation's response
Action MS/JB
Final version of the response to be circulated to Board members Action MH

08/21 **Performance Report**

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of December 2020. Indicators that have fallen outside of the normal variation range included Early Intervention in Psychosis (EIP) (14 Days) and 52 Week Waiting Times.

The cash in the bank position had improved as the claim for September Covid reimbursement had been settled. Confirmation has been received that no block payment will be made in March to recover the additional month's funding that was provided at the start of the pandemic.

Mrs Parkinson provided an update on waiting times explaining that improvement was not seen in the December data which was a consequence of the second wave of Covid 19. Services have tried hard operationally to maintain all services, but due to high sickness absence some staff from community services were deployed to inpatient areas to ensure they were safely staffed. These actions impacted on the waiting lists. Staff working in Child and Adolescent Mental Health Services (CAMHS) autism were reduced and required to work in core CAMHS.

Demand continues to rise during this period and figures from mid January have shown that these figures have started to reduce and heading back towards the planned trajectories that have been shared with the Board previously. Work is also taking place with an external consultant to focus on supporting demand and

capacity analysis work and this is due to be finished at the end of the month. The outcome of this work will help to capture the picture that sits behind the trajectories and provide more analysis on where we need to go next to optimise staffing resources to address the waiting lists. The work will also help to plan for any impact on surge planning for Covid 19.

Mr Royles acknowledged that an enormous amount of work has been done on waiting list. As Non Executive Directors (NEDs) it is their role to support and challenge to ensure the right things are being done in these areas. He recognised the ambition to address these issues but felt that nationally there should be further support and deployment of change around the system to deal with waiting lists that mental health services and CAMHS are facing. The Chief Executive agreed with these comments, stating that this is raised during conversations that are held and will continue to be raised at all levels. She felt that the organisation needs to keep articulating how it is improving this position. The £500m coming into mental health services should come through the children and young people's services. Mr Beckwith added that this money has been pledged for mental health and is expected to flow from April in the block calculations.

Mr Patton appreciated the update on waiting lists. He also noted the improvement in the Friends and Family test figures over the last few months. Referral to Treatment (RTT) on completed pathways was looking good, however he queried why incomplete pathways target was so high. Mr Beckwith confirmed this was a national target, but he would confirm this outside of the meeting. The Chief Executive suggested looking at the statistical process charts (spc) and link it to the national target.

The good position on mandatory training was noted by Mr Baren. He commented that on the dashboard, the sickness rates varied across the inpatient units, but PICU was very high and on clinical hours per day per patient Pine View and Ouse Ward had dipped. Mrs Gledhill has asked for these areas to be reviewed as when triangulating the data it did not make sense.

The Chair commented that slips, trips and falls had increased at Whitby. Mrs Gledhill reported that all incidents are reviewed and any concerns are escalated. An update to be provided to Board members outside the meeting around the slips, trips and falls incidents at Whitby.

Dr Byrne referred to mortality data noting there had been an increase related to the second wave of the pandemic. The increase is due to a rise in community service deaths in Scarborough and Ryedale where every death is captured. The rise is in relation to Older People services related to Covid 19. No issues are reported in inpatient settings. He explained that previously a six monthly report had been submitted to the Board that included more detail and suggested that a similar report come to the Board in five or six months when all of the data will be available. It was agreed that the report would go to the Quality Committee prior to coming to the Board.

Resolved: The report and verbal updates were noted
Statistical Process Chart for Referral to Treatment to be linked to the national target **Action PBec**

Update to be provided to Board members outside the meeting around the slips, trips and falls incidents at Whitby **Action HG**

Mortality report to go to the Quality Committee then to a future Board meeting

Action JB

09/21

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 December 2020 with the main points being:-

- A break even operational position was recorded to the 31 December 2020
- Within the reported position is year to date covid expenditure of £11.292m
- Cash balance at the end of December was £32.680m, which is inclusive of an additional Block payment of £9.8m.

Mr Baren asked if future reports could include detail of the agency cap spend so the Board could see the comparison against the NHSI ceiling. It was agreed this would be added into the report.

The Chair asked for an update on the mental health underspend detailed in the report. Mrs Parkinson explained that recruitment is standing at 70% of 86 wte posts across the Community Mental Health Teams (CMHT) transformation programme which runs across 12 Primary Care Networks (PCNs). Recruitment to all non registered posts is complete. Recruitment of the registered workforce has been challenging and there is expectation that by the end of March there will be sufficient numbers recruited to complete the roll out.

The Chair asked about the Mental Health Partnership Office Overspend. Mr Beckwith will respond to this query outside the meeting.

Resolved: The report was noted.
Agency cap spend information to be included in future reports Action PBec
Mental Health Partnership Office overspend detail to be circulated outside of the meeting Action PBec

10/21

Quality Committee Assurance Report & 7 October 2020 Minutes

Mr Smith presented the report to the Board and the minutes from the October meeting. He explained that it was a positive meeting and showcased the great work that is taking place. He was impressed with the Pharmacy presentation and the true multi-disciplinary team approach pharmacy technicians are taking on wards that affect patient care including the patient understanding their medication which is important.

Inspire Unit was discussed and the quality does not stop for Covid 19 and progress continues to be made.

The Quality Committee will consider any feedback from the Care Quality Commission (CQC) meeting when it is available.

Resolved: The report and minutes were noted

11/21

Workforce & Organisational Development Committee Assurance Report & 18 November 2020 Minutes

The report provided an executive summary of discussions held at the meeting held on 20 January 2021. Mr Royles thanked Miss Norton for her assistance in finalising the the assurance report within a tight timescale. The chair and deputy

chair of the Trust's LGBTQ staff network group were welcomed as observers to the meeting. Updates were received on Health and wellbeing, equality and diversity and staff vaccinations.

Each Division shared the work they have been doing with representatives attending the meeting. An update was also received on the Proud programme .

The Chief Executive commented that this Committee is the newest of the structure and the links with the Quality Committee and workforce are well established. It was good to see areas that are being discussed across the Committees.

The minutes of the meeting held on 18 November were provided for information

Resolved: The report and minutes were noted.

12/21 **Charitable Funds Committee Assurance Report & 3 November 2020 Minutes**

Professor Cooke presented the report following the meeting on 19 January 2021. The minutes of the meeting held on 3 November were provided for information.

The Charities support and proactive approach to staff was recognised in helping to improve staff morale. Work is planned with the BAME network and the Whitby appeal has been launched for £200k

It was noted that the quality of governance for the Committee has improved thanks to the work of the Committee and Smile.

Resolved: The report and minutes were noted.

13/21 **Six-month Review of Safer Staffing – Inpatient units (April 2020-September 2020)**

The report presented the outcomes of the review of safer staffing requirements across the Trust's in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'.

The report covered the period April 2020- September 2020 and gave a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. Mrs Gledhill was pleased with the positive report which has also been discussed at the Workforce and Organisational Development Committee. The Pharmacy team is working with units and occupational therapists, Allied Health Professionals (AHPs) will be added into the dashboard in the future.

Mr Baren commented on the incidents relating to staff of no harm asking if there was harm how this would be reported. He was informed that this would be recorded in the reportable log due to confidentiality issues.

In relation to vacancies that are currently on PICU, following successful recruitment and some skill mixing to create a band 4 for a newly registered nurse associate there is one B5 RMN which is currently vacant which the unit is hopeful one of the 3rd year students on their final placements will take up and the nurse associate role will hopefully be filled by one of the new Nurse Associates when they qualify in March.

Resolved: The report was ratified by the Board.

14/21

Covid 19 Update

Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. It also included an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach being taken to address the requirements of phase 3 and 4 recovery planning

The impact of the second wave in October/November saw infections rates increase with Hull recording the highest rate in England for a while. Infection rates have now reduced, but remain a problem in some areas and a surge continues to be seen in North Yorkshire around Scarborough and Ryedale. Operational pressures were high during this period and sickness absence rose to 10% which was the highest level so far. Business Continuity Plans continue to be reviewed.

Staff continue to be amazing with their flexibility and commitment. Focus remains on staff health and wellbeing as they are fatigued and tired.

The roll out of the lateral flow testing was completed and staff take up of this has been high. Dr Byrne reported that 23,500 reports have been received from 2300 staff. Comparison with other organisations in the region shows the Trust to be at the top with these results. 41 asymptomatic positive results were identified.

The Vaccination centre is up and running and figures show that:-

6,300 people have been vaccinated including 4,700 health and social care staff, Trust staff and staff from other NHS organisations and Clinical Commissioning Groups.

1,600 patients from the Harthill Practice have also been vaccinated for JCVI and over 80s. 2,451 Trust staff have been vaccinated equating to 77% of staff. Thanks were extended to the Human Resources Director at York for support in vaccinating colleagues in Scarborough and Ryedale.

A return on the investment of the very low temperature freezer is being seen. The focus is on supporting bank colleagues and working with BAME colleagues to increase the uptake. 1-2% of staff have opted out who are predominantly female and work is underway to understand this more. No untoward incidents have been recorded in the Lecture Theatre.

In terms of the second dose, guidelines suggest this should be at 11 or 12 weeks which the Trust is following. If this changes, a review will be undertaken. Spare vaccine has been used for inpatients with approx. 40-50% receiving the first dose. Additional security precautions are in place to protect the valuable vaccination. Dr Byrne thanked the corporate staff and clinical areas that have helped to make the programme a success. The work of Dr Chong and Ms Jenkinson, the Deputy Chief Operating Officer has been invaluable in the roll out of the programme.

Mr Royles acknowledged the comments made by staff in that they felt valued to receive the vaccination at an early stage. The Chief Executive said that staff health and wellbeing continues to be a focus for the organisation. In conjunction with the acute sector work is underway around long Covid to see how this can be developed for staff. In terms of learning disability patients, she has written to the Licencing Committee to ask if consideration can be given to this cohort of people being vaccinated.

The Chair thanked the Executives for their part in the programme which has been a huge amount of work.

Resolved: The report was noted

15/21

Infection Prevention and Control Board Assurance Framework

Mrs Davies joined the meeting to present the report which provided a summary of compliance against additional actions that have been incorporated within the revised Infection Prevention and Control Board Assurance Framework Document published on October 2020 (version 1.4)

A review of the additional lines of enquiry has been completed by the Infection Control Team. Compliance is noted to have been observed in a large majority of the areas outlined within the report however it is acknowledged that an immense amount of personal effort and commitment is needed by staff to continue to maintain this position.

Mrs Davis explained that the document is evolving since it was produced. Work has already been completed in each of the inpatient units and there is a clear plan and action plan within these areas. The main are of issued is around ventilation which can be difficult to mitigate in inpatient areas. However work has started to improve all of the required areas.

Mr Patton noted this was an excellent piece of work that gave good assurance. He explained to the Board that the staff at risk groups and risk assessment screening was discussed at the last Workforce Committee meeting and assurance given.

Dr Byrne said the team has provided significant support around the vaccination centre too. He asked if Mrs Davies about her thoughts on Lateral Flow Testing in the organisation and if it helped with infection control. Mrs Davies said that in her view Lateral Flow Testing should replace the PCR testing as it does pick up the infection and it is being looked at nationally. The test had helped to identify staff with asymptomatic symptoms which had helped to prevent outbreaks.

Professor Cooke thanked Mrs Davies and the team for their contribution to the Covid 19 response. The Quality Committee had discussed the document and Professor Cooke offered the Committee's assistance if it was required in the future.

In relation to risk assessments, Mr Baren asked if these had started to be reviewed for staff that had had the Covid 19 vaccination. From an Occupational Health perspective Mrs Davies said there was no good evidence nationally around the benefits of having the vaccination and the risk of transmission. She did not expect this would be available nationally until after the second dose had been given.

The Chief Executive thanked Mrs Davies and her team for all they have and continue to do. The acquired infection rates are so good due to staff diligence and the support, responsive and proactive approach from the Infection Control team. This was echoed by the Chair and other Board members.

Resolved: The Board noted the report.

16/21

Research & Development Report

The report provide the Board with assurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, including that relating to COVID-19, to trial new interventions and enhance quality.

Ms Hart explained that the annual recruitment target for studies has been doubled this year which will help with funding for the new financial year. Less studies have been running due to the pandemic, but the organisation is involved in Covid 19 studies. Research projects that were paused have now resumed and progress continues to be made with research with some adaptations. A regional accountability review was held with Sheffield Teaching Hospitals which was positive with good feedback and it was pleased with the growth and development that has been made.

Research funding continues to be received from the Department of Health and this has funded an Addictions Doctor to do research around telemedicine. Covid 19 studies are being participated in and for the World Health Organisation where details of positive cases are shared to give a national picture. Some staff are also part of the Covid 19 vaccine trials.

There has been increased collaboration with Hull University Teaching Hospital and with the Integrated Care Service moving forward. There has also been involvement with the BAME Yorkshire and Humber project. The team has also provided support to other areas of the Trust including emergency planning and the vaccination centre.

Different ways of working have been used to aid research including the virtual conference which was held over two half days.

Professor Cooke said he is proud of the programme under the leadership of Ms Hart, Dr Byrne and the Chief Executive. He has seen a change in studies into intervention studies getting involved and the proactivity of the team has been outstanding. It is important for the organisation to be involved in the Covid 19 research. He recognised that the conference arrangements were stressful but it was a coup to have the two national tsars and Tony Avery for applied research.

Mr Patton agreed the conference was a success. He said that feedback was that this is a preferred method of delivery and that perhaps a hybrid of virtual and in person could be used in the future as has been done by other companies. The Chief Executive said this could be looked at for the next conference. From her CRN chair perspective, she was pleased to see what organisations are doing to transform and diversify and seeing the shift in research coming into the community and primary care.

The Chair thanked Ms Hart for presenting her report.

Resolved: The report was noted

17/21

Risk Management Strategy 2021-2024

Mr Sims, Corporate Risk Manager, explained that the strategy has been developed to continue the improvements to risk management arrangements within the Trust, and sets out clear ambitions to further strengthen the maturity of its underlying processes and the culture within the organisation over the next three years. The main changes made were in relation to section 4 and there has been further alignment to the Trust's goals.

Professor Cooke thought this was a good piece of work. He noted there was an internal focus especially around ambitions 1-3 and wondered whether there should be consideration of the Provider Collaborative and the Integrated Care Service. He also suggested there should be something around Covid 19 as there were a number of policies that were reviewed quickly and some consideration for the future could be included. If the Care Quality Commission (CQC) identified anything around risk this should also be included. Mrs Gledhill thanked Professor Cooke for his observations and will discuss at the Executive Management Team (EMT) around the future landscape that could be included. The CQC did ask about risk management and the risk register and the command arrangements in place for Covid 19.

Mr Patton supported the comments made. He said there was the "hearts and mind" issue and how it is communicated better for example having a development and implementation session. Mrs Gledhill will make reference in the strategy to the Patient Safety Strategy and the collaboration picture. Mr Royles referred to mitigation post Covid 19 and managing the expectations. Mrs Gledhill said a dynamic risk management approach is taken and there are robust governance arrangements, but will look at where inclusion about ambitions can be done.

It was agreed to bring the revised strategy back to the February Board for ratification. It was also asked that the new branding be used.

Resolved: The Board noted the Risk Management Strategy which will come back to the February meeting for ratification when the revisions have been made

Action HG

18/21

EU Exit Update

Mr Beckwith presented the report which provided the Board with an update on the Trust's position following the EU exit.

Having left the EU with a deal including zero tariff on customs which was anticipated to have a 2/3 days delay. The Brexit Group will continue to meet until the end of April and will provide updates to the Board.

The Board's attention was drawn to a potential challenge in relation to Dutch/Holland hauliers who would not be able to progress unless they had a negative lateral flow test. Testing capacity has been put in place for north and south bank ports and no significant delays have been seen. Dr Byrne acknowledged that the UK had not seen as much disruption, but felt it might not be the same for other countries. In Northern Ireland full custom checks are

taking place and he personally felt there would be an issue for the UK in July when the full checks are introduced.

Mr Baren referred to EU nationals and how future recruitment may be affected. Mr McGowan explained that support is being given for existing staff and the same would be offered for any new recruits. Dr Byrne reported that at the moment there are no issues with medics however there was no guarantee this would be the case going forward. The risks are understood by the GMC and Health Education England and it is not necessarily in the Trust's gift to fix although the Trust does everything it can to mitigate against any risks.

The Chief Executive explained there is a big campaign around international recruitment which is running in conjunction with Tees, Esk and Wear Valley to encourage people into mental health posts. Some conversion of qualifications is required for some posts and the Trust supports these staff and any new EU staff. Details are provided to the Workforce and Organisational Development Committee and it was suggested that the Committee look to gain assurance.

Resolved: The report was noted

19/21

Annual Declarations 2020/21

The Trust is required to make annual declarations after the financial year end. The report provided the Trust Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations whilst ensuring that the views of Governors have been taken into consideration.

Mr Baren asked if there would be any changes needed due to the Provider Collaborative and being a commissioner as well as a provider. Mr Beckwith explained that no guidance has yet come out about commissioning and if there are any points they will be included.

The Chair had some observations which she will send to Mr Beckwith. The report will go to the Council of Governors meeting in April.

Resolved: The report was noted.

20/21

Council of Governors Meeting Minutes – 15 October 2020

The minutes from the meeting held on 15 October were presented for information.

Resolved: The minutes were noted

21/21

Items for Escalation

No items were raised

22/21

Any Other Business

No other business was raised.

23/21

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.

24/21

Date and Time of Next Meeting

Wednesday 24 February 2021, 9.30am by Microsoft Teams

Signed Date
Chair

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 24 February
2021 by Microsoft Teams

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

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Jean, (for item 28/21)
Mrs Mandy Dawley, Head of Patient and Carer Experience and
Engagement (for item 28/21)
Mr Oliver Sims, Corporate Risk Manager (for item 39/21)

Apologies: None

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

- 25/21 **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.
- 26/21 **Minutes of the Meeting held 27 January 2021**
The minutes of the meeting held on 27 January 2021 were agreed as a correct record
- 27/21 **Matters Arising and Actions Log**
The actions list was discussed and noted.
- 28/21 **Patient Story – My Involvement Journey**
Jean attended the meeting supported by Mrs Dawley to share her story with the Board. Jean is involved with the Trust through various routes including Research and Development and the Patient and Carer Engagement groups. Jean has recently been elected as a Service User and Carer Governor on the Council of Governors.

Jean's story began in 2006 when she retired due to medical issues. It was then she started to care with her sister for her father who had Dementia. Her father was admitted to a residential care home a few years later as his health deteriorated. Jean started to create a scrap book to help the home manage his care. Her father had a number of hospital admissions and sadly passed away in 2010.

Jean has continued to update the scrap book which helped with the healing process. Jean described to the Board what her working life had been like working with disengaged teenagers and teaching effective listening. Since retiring Jean has been involved as a City of Culture volunteer and in research studies with the University helping to identify 200 people in Hull and East Riding to take part in a careGivers Pro study.

Jean is heavily involved in many volunteering activities including being on stakeholder panels for interviews and more recently with the Covid 19 vaccination hub.

The Chief Executive thanked Jean for sharing her story. In terms of research she asked how the organisation could link in with the vast experience of people and families and communities into research with the Trust and other groups especially with regards to Dementia. Jean explained that engaging with people and the Patient and Carer forums is a good route. Webinars have also been hosted by people with Dementia including Wendy Mitchell who does work with the organisation.

Mrs Parkinson asked if there was anything that Jean thought more could be done within the organisation. Jean's view was that it is important to talk and listen to people and taking up opportunity to pursue this where possible. Jean is joining a community group North Bank Forum discussion as she freely admitted she loves to talk!

Dr Byrne thanked Jean for her support for the vaccination programme as the success of the programme would not have been possible without volunteers like her. Jean had featured in a video for the vaccination which had led to two other people coming forward as volunteers and being recognised by senior nurses.

The Chair thanked Jean for sharing her story with the Board. She acknowledged the contribution and time that Jean gives to the organisation which is very much appreciated.

29/21

Chair's Report

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

- Attending a Staff Health & Wellbeing Guardian event for an introduction to the role. National guidance is awaited on the role. Mr Royles has agreed to be the deputy Guardian
- Lots of work is going on in the system including consultation on the new legislation and potential changes to the system. The Chair has attended meetings of the Humber Advisory Board, the Chairs Advisory group which is looking at health inequalities and will be attending the East Riding Health and Wellbeing workshop tomorrow with the Chief Executive.

- The Chair continues to meet with external representatives including Cllr Gwen Lunn, Alison Barker and local Chairs, Tom Hunter and Terry Moran.
- The Chair annually attends the Sub Committee meetings of the Board and was pleased to see the strong links between the various Committees
- New Governors started with the Trust on 1 February 2021 and an introductory session was held. The Chief Executive hosted a Mental Health & Learning Disability and Autism session with Governors and a further session on Community services is taking place next month.

Resolved: The verbal updates were noted

30/21

Chief Executive's Report

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

- The annual Slavery and Human Trafficking Annual Policy Statement has been published and was included in the report.
- The Chief Executive has signed the annual fire statement and an update was provided to the Board on the work that has been undertaken. The Chief Executive extended her thanks to everyone in the organisation for all the work they do and continue to do.
- An update on the redesigning of the adult inpatient mental health services was provided. A national update is awaited on funding and what will be on the priority list.
- The Trust had a really positive meeting with the Care Quality Commission (CQC). No formal report is issued and the Chief Executive has raised this with the national and regional teams as it would be good practice to receive a formal report. The Chief Executive thanked everyone involved in the process for their work. The Trust could have deferred the meeting, but it was seen as a positive way to review the work that has been done over the last few years.

Mrs Gledhill reported that very positive feedback was received from the CQC on the 23 Key Lines of Enquiry (KLOE) including partnership working, safeguarding and inpatient and carers. There is still work to do to develop around equality and diversity and recognition given of the work that is ongoing. The CQC will, be using this style of reviews going forward to look at KLOEs where they cannot get information from other sources. It was a very positive and enjoyable meeting. Mrs Gledhill and Mrs Parkinson were impressed with the teams and staff and the work that they have been doing which is a credit to them especially during a pandemic.

- The report included detail of the work of the Academic Health Science Network which the Chief Executive thought would be of interest to the Board. She is working closely with the clinical representatives to see how links can be improved and an innovation hub developed within Humber Coast and Vale (HCV). Mr Patton asked if the tools available for IT are being used by the organisation. The Chief Executive explained that work is progressing to review the use of tools.
- Positive feedback has been received around the new branding for the organisation which has been designed by the Communications team.

The patient portal is showing positive benefits for the organisation and the development of the website and intranet continues. A video for the Whitby development has been circulated to Board members and it will be added to the website. It was good to see Mrs Pollard, the Whitby Governor in a starring role! The appeal through the Charitable Funds has started to raise funds to provide additional things for the service and its users.

Mrs Hughes reported that due to the fantastic amount of content for Mental Health Nurses Day which was on 21 February, the campaign has been extended for the rest of this week. The focal point is the intranet pages where staff can find profiles and a useful resource list including books and podcasts, research studies and professional practice notes.

Following the success of the updated website work is taking place to update the intranet platform which should be completed by the end of May.

- The CEO stated staff continue to provide excellent patient care however they are tired and are being encouraged to take their annual leave. An additional day's leave has been given to staff to be taken around staff member's birthdays.

Professor Cooke commented on the CQC meeting and the work that has taken place to continue the day to day work and also the extraordinary achievements whilst providing a response to Covid 19, an outstanding approach to infection control and the roll out of a vaccination programme. Well done to all involved!

In relation to community nursing in Scarborough, Professor Cooke was pleased to see the evolution of the service. This was supported by Mr Patton who was impressed with the work undertaken.

Professor Cooke commended the progress made with Medical Education that Dr Morris supported by Dr Byrne which has been fantastic and can be built on going forward.

Dr Byrne thanked everyone involved in the flu and Covid 19 vaccination programmes. At 76% the flu achievement is the highest that has been achieved and in half of the time and at a time of remote working. He thanked the peer vaccinators without whom the programmes could not have been done. Mr Royles commented that the organisation continues to operate whilst contributing to the wider system which is quite an achievement given that it has been done virtually and in addition to the challenges of Covid 19.

It was clarified that the White Ribbon campaign includes of all forms of abuse and recognised that 90% of abuse is by men.

The Board ratified the Blanket Restrictions and Immunisation and Vaccination Screening of Staff Policies.

Resolved: The report was noted and ratified the policies identified in the report

31/21 Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. The Board's attention was drawn to the Covid 19 recovery and resilience report, the details of which are being discussed by the Executive team.

Resolved: The report was noted.

32/21

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of January 2021. Indicators that have fallen outside of the normal variation range included Cash in the Bank, Incident Data, Out of Area Placements and 52 Week Waiting Times. A revised Safer Staffing dashboard was circulated as an error was identified in the violence and aggression incident data.

Mr Beckwith reported that the cash position has improved in the month due to capital drawn down and non recurrent funding. A dip will be expected in March due to the block income payment which will offset additional capital draw down.

Mrs Gledhill explained that concern was raised in relation to the number of PICU violence and aggression incidents as there was a considerable increase from 12 months ago by 75 incidents. Overall there have been 137 more incidents in inpatient units. Orion ward was not opened until December and accounted for 20 of the incidents. A piece of work has been commissioned to look at violence and aggression incidents including the numbers, level of harm, restraint use, Covid 19 related themes, and smoking. Professor Cooke noted there were a number of trends and he wondered if any were due to fatigue or tiredness.

Mrs Parkinson provided an update on waiting times for the Board. Referral to Treatment (RTT) for incomplete and complete figures are going in the right direction. Detailed work undertaken by the external consultants has been useful and identified areas to focus on based on what the data is suggesting. A key area of focus is understanding any new opportunities coming through and building on the work that needs to be done to align resources. Other services across the Integrated Care Services (ICS) patch who have done better with the Autism diagnosis pathway, have been contacted to see how they are managing to do this. A lot of areas have been using more virtual pathways and digital interventions. There is a growing evidence base for the use of technology and a plan going forward to use more digital opportunities to resolve the waiting times issue. The Deputy Chief Operating Office is working closely with these services to progress this work and there is confidence that the work undertaken will result in improvements in the coming months.

The Chief Executive said that from a system point of view children's and young people is an issue at a regional and national level and work is taking place with the system and local authorities across the patch. Some issues are around the tier 4 in patient and work is ongoing to look at how the £500m coming into mental health services in England can be used in this area. Mutual support is being provided to Tees, Esk and Wear Valley (TEWV) for Forensics and and this is being asked for children's and young people for a partnership approach to be used.

A surge in demand for core Child and Adolescent Mental Health Services (CAMHS) is being seen which a national picture, particularly for eating disorders

in the East Riding. Significant work is being undertaken with partners and some winter pressures funding is being used to establish a home treatment service which will off set some of the pressures around tier 4 beds.

It was noted that for Autism the process starts at the referral and stops at a diagnosis, however there is a lot of clinical contact between the two points. Work is taking place with commissioners and system partners and there is a suggestion that partners could take a role in keeping contact with patients enabling Trust staff to use their expertise to reach a diagnosis. An escalation process and safety measures would also be in place. Community Mental Health Teams (CMHT) waiting times of four weeks is nearly achieved. Board members thanked Mrs Parkinson for the update noting the work undertaken.

Mr Baren asked about Townend Court which was showing as 50% occupancy, but low figures for clinical supervision and mandatory training. Good rates for clinical hours per day per patient were also noted. Mrs Parkinson explained that the unit is seeing high levels of acuity from patients since before Christmas. The intensity of staff needed to manage the complexities is high at the moment. Secure services are supporting the unit and the delayed discharges have been escalated appropriately to specialist commissioners. The level of acuity is impacting on training however Mrs Parkinson will review to see if any other measures can be taken.

Mr Patton congratulated the Executive Team on the vacancies position and for the work done on the nursing establishment which is improving month on month. Mr McGowan commended the Nursing Directorate team around the work that has been done on nursing vacancies as there has been a real shift in the numbers. Twenty international nurses have also been recruited in the Trust for next year. The Chair asked about the differing figures in the dashboard and the registered nursing table. Mr Beckwith will provide confirmation, but felt that this was due to the dashboard relating to inpatient units and the other table was for all Trust services. A post meeting note will be included to confirm the position.

The Chair noted the high sickness levels on the dashboard. Mrs Gledhill said this was due to the impact of Covid 19 and staff having to isolate. However the figures are reducing. Mr Baren noted the time difference between the dashboard data and asked whether it would be possible to have a more up to date position in the report rather than being two months behind. The timelag was explained as being due to validation of the data, Mr Beckwith and Mrs Gledhill will review to consider if a more up to date position can be included in future reports with any appropriate cautionary note.

Post Meeting Note

There are 2 reasons that explain the difference between the reported nurse vacancies figures in the report

- 1 – We are looking at different time periods between the overall vacancies page and the safer staffing dashboard
- 2 – The Safer Staffing dashboard is only reporting nurse vacancies for inpatient services

Mr Patton noted that with RTT complete pathways were looking better than the incomplete referrals data. Mrs Parkinson said that the service did see suppressed demand and then a rise in the number of referrals for some of the

other services. In the second surge staff were redeployed from community services to support in patient services which impacted on some areas waiting lists. This has been an area of focus for the work the external consultants have been undertaking. The level of detail they have provided is helpful and looked at upskilling operational managers understanding of capacity and demand and what this means for their services. This work is being taken forward by the Deputy Chief Operating Officer.

Resolved: The report and verbal updates were noted
Post meeting note to be included in the minutes to explain the different data in the dashboard and registered nursing tables Action PBec
Review of the safer staffing dashboard to be undertaken with a view to including more up to date information in the report Action PBec/HG

33/21

Finance Report

Mr Beckwith presented the report which showed the financial position for the Trust as at 31 January 2021 with the main points being:-

- A break even operational position was recorded to the 31 January 2021
- Within the reported position is year to date covid expenditure of £12.130m
- Cash balance at the end of January was £35.801m, which is inclusive of an additional block payment of £9.8m.

Mr Smith referred to paragraph 2.4 and the financial technical issues. Mr Beckwith explained that this is a combination of the Budget Reduction Strategy (BRS) projects for major schemes and Covid 19 claims. Mr Smith suggested that as this was a public document that the wording could be amended.

Resolved: The report was noted.
Wording for financial technical items to be amended for future reports Action PBec

34/21

Finance & Investment Committee Assurance Report

The report following the meeting on 21 February was presented by Mr Patton. He drew out the following items for the Board's attention:-

- Detailed analysis of major scheme provided
- Planning advice – a good report was received and gave assurance on the plan.
- The key dates for the annual submissions were noted with the accounts due at the June Board meeting.

Mr Beckwith informed the Board that the Integrated Care Service (ICS) position has improved, but excluded personal protective equipment and track and trace costs which are funded separately.

Resolved: The report was noted noted

35/21

Mental Health Legislation Committee Assurance Report

Mr Smith reported that the Committee received two excellent presentations on the re-audit of seclusion medical reviews and assessing the use of section 136. The Mental Health Steering Group was reported to be working effectively under the current leadership. Other areas the Board's attention was drawn to were:-

- The Mental Health White paper where a piece of work has been undertaken to agree the methodology for reviewing the details of the Paper.
- Equality and diversity annual report was received and an acknowledgement that there is more work to be done
- Work that is being undertaken around Section 136 with the Police led by the Chief Executive was noted.

Dr Byrne thanked Mr Smith for his help in discussions of issues for the Steering Group allowing the Committee to look at other elements.

The Chief Executive thanked the Committee for the report. She asked for future reports that details of diversity and detention data be included for example in relation to some of the detail of how many people and ages, ethnicity and how it compares to a similar demography. Dr Byrne and Mr Smith will discuss and identify the timing for when this can be completed. Dr Byrne agreed with the information being shared wider as there is a large focus particularly around the diversity element.

Resolved: The report and minutes were noted.
Data around detention and diversity to be included in future reports. Timing to be discussed for when this can come to the Board via the assurance report
Action JB/MS

36/21

Audit Committee Assurance Report

Mr Baren presented the report from the February meeting. This was the second meeting attended by Audit Yorkshire the internal auditors who contributed well to the meeting. The 20/21 audit plan is behind and the completion date has been extended to 30 April which will still allow the sign off of the end of the year assurance report.

Excellent progress has been made on the 19/20 recommendations. Some timescales had been delayed and alternative dates suggested. Previously EMT had requested that no timescales were amended without their agreement and further discussion will take place around this.

It was disappointing not to see the 21/22 internal audit plan at the meeting. Agreement was reached that this will be circulated by the end of March to members.

External auditors, Mazars updated on the changes to the submission dates for this year. As a consequence the second May meeting has been changed to 22 June.

The Committee received reports on risk register including good representation from the Mental Health Division, the Board Assurance Framework, tender waivers and procurement. The Committee particularly noted the purchase of Docusign which is a more efficient way of signing off documents. An increase in the premium for the Clinical Negligence Scheme for Trusts (CNST) insurance was noted.

Mr Beckwith explained that this was a good meeting with good assurance provided. Internal audit are meeting with all Executives to discuss the internal

audit plan which will go to EMT in March. Dr Byrne found this process helpful to help bring quality to the focus of internal audit plan and how audits can be identified to be of the most help. Mr Royles asked if the internal audit plan would be shared with Committees. Mr Baren explained that had it been available it would have been shared with the Board through this report. It will be shared with Committees when it is available. Mr McGowan reported that it is on the agenda for the Workforce Committee's next meeting. The Chair felt a consistent approach across all of the Committees would be useful and asked Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened.

Resolved: The report was noted.

A consistent approach across all of the Committees to be taken. Mrs Hughes to liaise with Committee chairs and Executive leads to ensure this happened

Action MH

37/21

Commissioning Committee Assurance Report

Mr Baren, Mr Beckwith and the Chief Executive drew attention to their role as Chair and attendees respectively in HFTs Lead Provider Collaborative Commissioning Committee acting as a commissioner for Inpatient CAMHS, Adult Secure and Adult Eating Disorders services for any matter being discussed at this meeting.

This is the second meeting of the Committee. Financial due diligence has progressed but there is more work to be done to ensure the gap is filled. The Partnership Agreement is being drafted but the Committee has yet to see it.

The Chief Executive explained that nationally there is an expectation that go live will happen on 1 April 2021. Issues will need to be worked through at pace.

Mr Royles raised the issue of conflicts of interest given the scope of the roles and responsibilities and the organisations that may be affected by decision making. He asked when it would be appropriate for declarations to be made and excusing from items. Mr Beckwith said it is a good point and at the moment it is business as usual, but consideration did need to be given to this. The Chief Executive said that work has been undertaken and Mrs Hughes is on the committee for this reason. It is important that this is moved on cautiously from individual organisations point of view and from a relationship and partners view. These are being worked through as part of the Partnership agreement which is being produced in conjunction with Hill Dickinson. Mrs Hughes added that declarations are made and the chair and members are cognisant throughout the meeting of potential conflicts. This is an area that remains under consideration but that at the moment the only members of the Committee are the Trust representatives and any others attend to present their agenda items only. It is expected that the Partnership Agreement will be brought to the March Board meeting.

The Terms of Reference were discussed. It was confirmed that relevant checks have already been made with the Standing Financial Instructions. The Chair noted that this is the only Board Sub Committee that does not require a Non Executive Director to be quorate as the vice chair is currently the CEO. However, progressing the role of an associate non executive director is being considered as the Committee develops. This matter will be reviewed as things develop and progress. The Board approved the Terms of Reference.

Resolved: The report was noted. The Terms of Reference were approved by the Board.

38/21

Quality Committee Update

Professor Cooke provided a verbal update and summary of the meeting held on 10 February 2021. The assurance report will be provided to the March meeting. A presentation of the Autism Strategy was received and it was suggested that this should come to the Board. The strategy is around education, growing and understanding and a good piece of work that can be progressed. The Committee signed off seven actions from the action log and received the workplan for 21/22. Discussions also took place around the draft effectiveness review.

Reports were received on research and development, friends and family test, annual ligature report, risk register and the immunisation policy was approved.

Mr Smith was pleased that the Autism Strategy will be coming to the Board as it changed the narrative from Autism and understanding the aspects of neurodiversity which would help in future planning for everyone.

Resolved: The verbal update was noted
The Autism Strategy to come to the Board **Action HG**

39/21

Covid 19 Update

Mrs Parkinson presented the report which provided an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. It also included an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach being taken to address the requirements of phase 3 and 4 recovery planning

The frequency of Silver and Gold command meetings has reduced to weekly meetings, however Silver operations meetings are held three weekly. During January operational pressures remained high particularly in Scarborough and Ryedale community services related to high infection rates and Covid 19 related admissions and overall support to the system. Some pressures were seen in Primary Care in January as support was given to areas that required it. The organisation also responded to the national and regional pressures around Child and Adolescent Mental Health Services (CAMHS) and CAMHS tier 4 beds. Work is taking place across the Integrated Care System (ICS) to bring providers together to support these pressures across the system. The Trust is looking to open two PICU beds at Inspire Unit during March, introducing a home treatment element and working on eating disorder pathways.

During January there were no Covid 19 positive patients, however this has now increased to three patients as of today. Sickness rates during January and February have been really positive and there is a continued focus on staff health and wellbeing. Staff are tired and it is the highest risk on the Covid 19 related risk register.

Dr Byrne provided an update on the vaccination programme. Staff who chose not to take up the vaccination have been surveyed and reasons area around

fertility and side effects. The Trust continues to liaise with colleagues to ensure they have the latest updates from the vaccination centre. Good progress is being made with vaccinating BAME colleagues.

Mr McGowan raised the issue of recovery and how we transition through this to allow staff to recover and what the potential impact may be as a result of working in some areas. Going forward there could be increased sickness rates, impact on turnover rates and the organisation needs to do what it can and put mitigations in place. Mr Royles agreed with the comments made. There are many things in place to support staff and some staff have continued to work normally and others have seen huge changes during the pandemic.

Mr Baren referred to the lifting of restrictions noting that people may return to work or wish to take a holiday. He asked what the plans are for returning and what would happen if there are multiple annual leave requests for the same time. A corporate piece of work is underway regarding future working and requirements and staff continue to be supported as this. A cautious approach is being taken with regards to returning to offices as the figures are still high in this area. Some staff would like to continue working flexibly and may not want to come back into the office on a full time basis, but still want social contact. It has been suggested that the Trust HQ building could be changed into a wellbeing centre to allow flexible working to take place. Mr Beckwith explained that Trust HQ has been separated out from the Mental Health Inpatient redesign work and exercises are being run to determine the longer term vision for a future working model. When this is completed a proposal will be submitted to EMT in March for a final decision to be made in April.

In terms of annual leave, carry over of annual leave has been stricter as staff need to take time off. Staff would need to discuss with their line managers in the first instance and a different approach may be needed to accommodate requests. Discussions will take place with Executives which will be fed through EMT and the Workforce Committee.

Resolved: The report and updates were noted

40/21

Risk Management Strategy 2021-2024

Mr Sims attended the meeting to present the revised strategy following comments made at last month's meeting. He explained that all the comments made have been included in the Strategy and the key changes were outlined in the report and included changes to make stronger links with the patient safety strategy and ambitions.

Resolved: The Board ratified the Risk Management Strategy

41/21

Equality Delivery Scheme Self Assessment

The report was introduced by Mr McGowan which showed the work that has been done at a workforce level and also the patient carer element. The workforce Committee will be discussing this at its next meeting. Dr Byrne noted there is an element of repetition as this has been discussed at the Quality Committee and the Patient and Carer Experience forum. It captures what had been reported over the last few months.

The Chair asked if there will be an Equality Diversity & Inclusion event held virtually this year as the last one was well received. The Chief Executive said

there should be another event planned and will leave the Executive leads to take this forward.

Resolved: The Equality Delivery Scheme was approved
Executive leads to take forward and EDI event for this year **Action SMcG/JB**

42/21 **Mental Health Act White Paper 2021**

Launched by the Department of Health and Social Care in January 2021, the White Paper builds on the recommendations made by Sir Simon Wessely's Independent Review of the Mental Health Act in 2018 which set out what needed to change in both law and practice in order to deliver a modern mental health service that respects the patient's voice and empowers individuals to shape their own care and treatment.

Dr Byrne provided the update for information and highlighting the changes facing mental health over the next few years. Changes in the Act may help some of these, but may also increased the burdens of bureaucracy. Mrs Hughes confirmed that this had been shared via e mail to the Board. Task and finish groups have been set up via the Mental Health Legislation Committee (MHLIC) to work through the various elements of the paper and a draft report will go to EMT and a final draft will be circulated to the Board for comment before submission.

Resolved: The report was noted.

43/21 **Integration and Innovation: Working Together to Improve Health and Social Care for All – White Paper**

The Department of Health and Social Care formally published a White Paper on 11 February 2021 which aims to join up health and care services and embed lessons learned from the Covid-19 pandemic. The Paper sets out how action will support recovery by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health inequalities and the reforms build on the proposals in the NHS Long Term Plan. A Bill will be laid in Parliament when parliamentary time allows to carry the proposals into law.

The Chief Executive explained that the content of the report has been discussed in various forums previously and is intended to remove the bureaucracy from the system and having a co-terminous population. It will add a more statutory footing and remove GP commissioning into a more suitable place.

The paper contained a number of key government proposals. The timing of this is subject to Parliamentary business implementation next year. Legislation for the ICS identified five key recommendations which are set out in the paper.

Resolved: The minutes were noted

44/21 **Items for Escalation**

No items were raised

45/21 **Any Other Business**

No other business was raised.

46/21 **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.

47/21

Date and Time of Next Meeting

Wednesday 31 March 2021, 9.30am by Microsoft Teams

Signed Date
Chair

Agenda Item 10

Title & Date of Meeting:	Council of Governors Meeting, 15 th April 2021			
Title of Report:	Covid-19 Response – Summary Update March 2021			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency. The paper provides an update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning. Chief Operating Officer Amanda Pritchard and Julian Kelly, Chief Financial Officer from NHS England also wrote to Trusts on 23rd December 2020 setting out the operational priorities for winter and 2021/2022 and the report sets these out.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Report	✓
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, Covid- 19 vaccination, service changes and the approach we are taking to plan for phase 3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
✓	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce

✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			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	

Covid-19 Summary Update – March 2021

1. Introduction

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

In summary this letter required that the systems:

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

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

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

In responding to other emergency demand and managing winter pressures systems are asked to:

- Ensure those who do not meet the ‘reasons to reside’ criteria are discharged promptly. Maximising capacity over the coming weeks and months is essential to respond to seasonal pressures and asking all systems to improve performance on timely and safe discharge
- Complete the flu vaccination programme, including vaccinating staff against flu.

- Minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in localities, with the ability to book patients into the full range of local urgent care services, including urgent treatment centers, same day emergency care and specialty clinics as well as urgent community and mental health services.
- Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to emergency departments. Systems should also ensure sufficient arrangements are in place to avoid unnecessary conveyance to hospital, such as the provision of specialist advice, including from emergency departments, to paramedics as they are on scene.

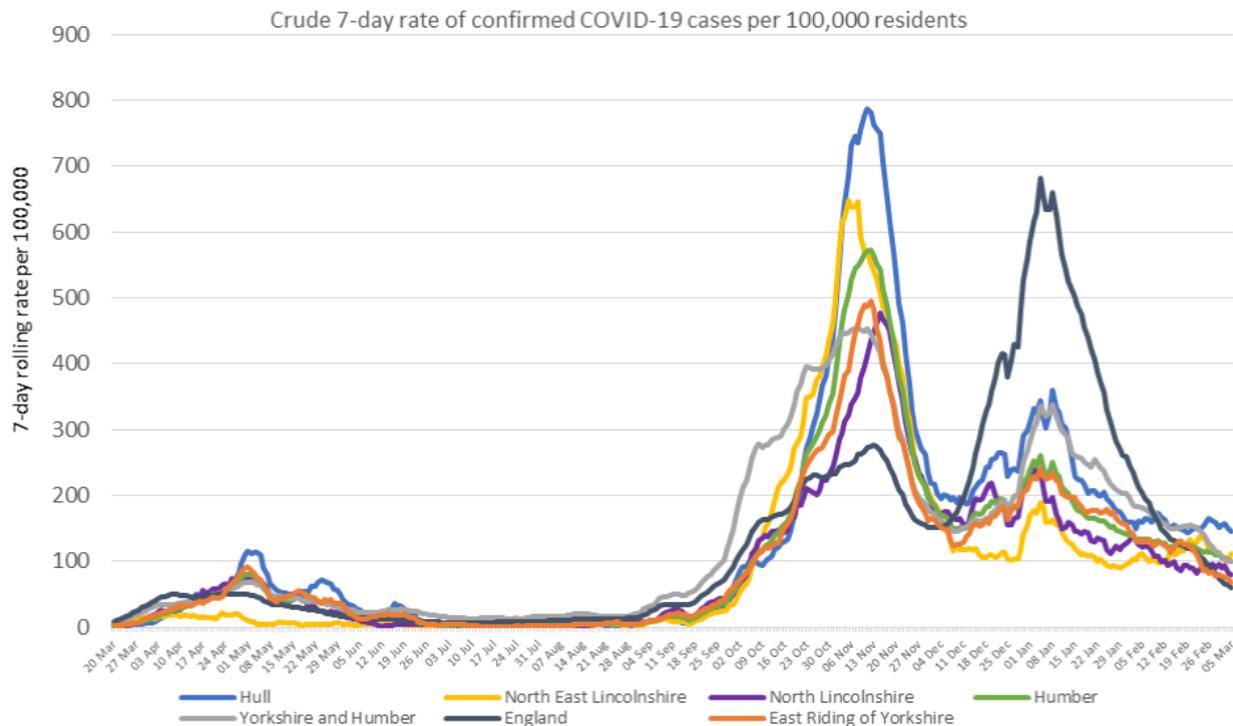
The Trusts response work has continued to focus in these areas.

As of the 10th February 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 (8 March – 14 March)	7 day rate per 100,000 for 7 days previous* (14 March)
East Riding of Yorkshire	253	74.2
Hull	443	170.5
North East Lincolnshire	244	152.9
North Lincolnshire	235	136.4
Yorkshire and Humber	6014	109.3
England	32638	58.0
Source: PHE Daily Briefing		
<i>*Test results are updated every day and so rates are liable to change.</i>		

For the same period the 7 day rate for 100,000 population for Scarborough is 32.0, for Ryedale is 31.0 and Hambleton is 47.0

As of 17th March 2021, there have been 1,299 hospital deaths due to COVID-19 across the Humber area. This includes 829 deaths registered by HUTH, 443 deaths registered by NLAG, 25 deaths registered by CHCP (East Riding Community Hospital) and 2 death registered by HTFT. York Teaching Hospitals NHS Trust recorded 581 deaths over the same period.



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

The NHS national incident level was raised back to Level 4 (highest level) on 5th November 2020 due to increased Covid demand on hospitals, this was downgraded to Level 3 on 25th March 2021 due to hospital admissions and the number of deaths reducing. The Trust continues to maintain business continuity and EPRR command arrangements. Through our Gold Command the remit of our command structure continues to include winter planning due to the interdependencies between our ongoing response to Covid-19 and winter pressures. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily. The frequency of our bronze and silver command sitrep meetings are kept under continual review.

Operational service pressures remained high in some areas in February and March with the highest pressure seen in unplanned care within the mental health division due to ongoing high demand, in our community services in Scarborough, Ryedale and Whitby due to high demand on the acute hospitals for both covid and non-covid related admissions and in our Children and Adolescent Mental Health services (CAMH's). Our community services in North Yorkshire continue to focus on supporting timely acute hospital discharges to alleviate the pressures on beds. Our primary care practices have also experienced a rise in pressure and activity due to undertaking covid vaccinations alongside their usual demand. This led to the Trust experiencing overall operational pressures escalation levels (OPEL) varying between 2 (moderate) and 3 (severe pressure) predominantly for periods during January however these pressures have reduced during early February.

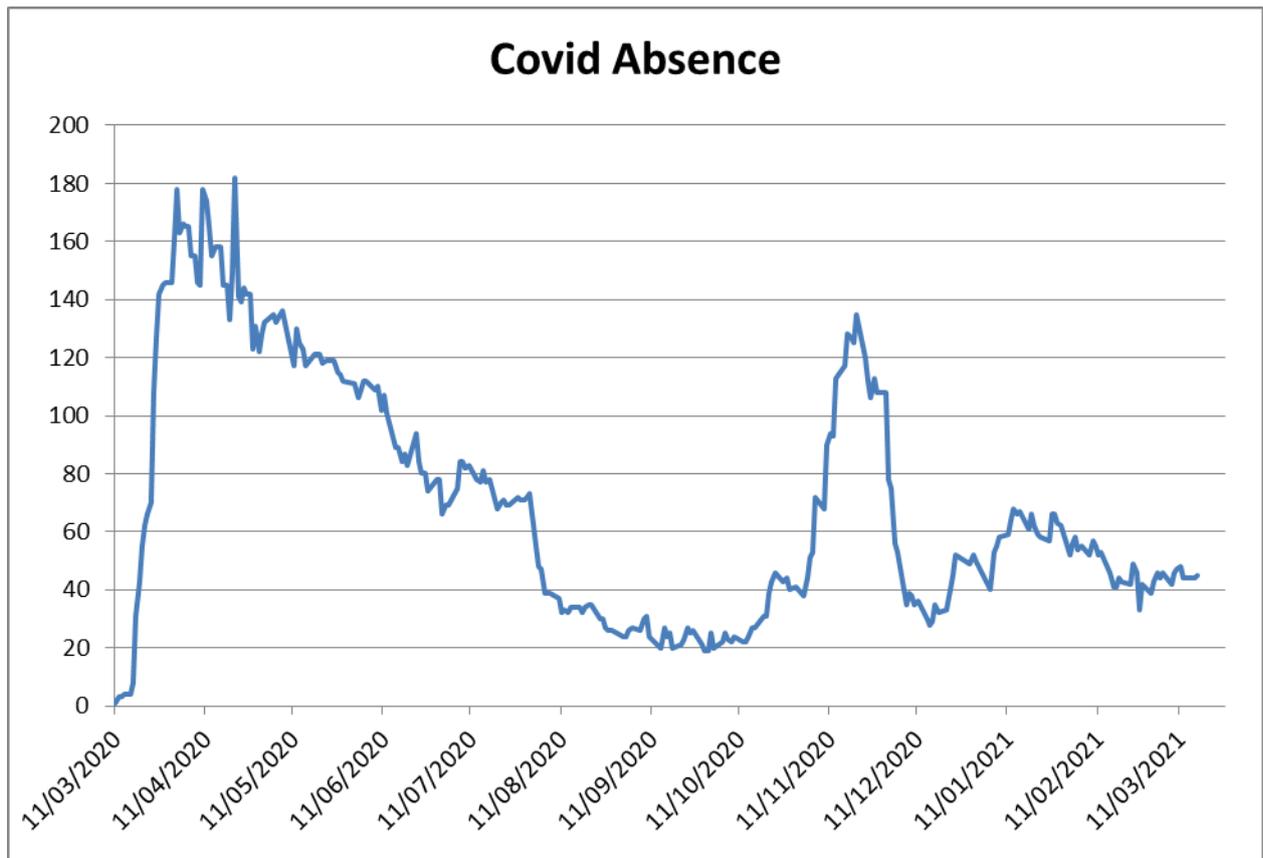
CAMH's services are experiencing increased demand for both community and inpatient services, this is in line with the nationally expected surge due to the direct impact of the pandemic on children, young people and their families. To address this rise in demand, capacity has been enhanced in the home treatment service in order to support timely

discharge from hospital and to avoid admission where possible. Work continues to focus on reducing waiting times in these services, particularly in relation to autism diagnosis. The community service in the East Riding of Yorkshire is experiencing significant increase in referrals relating to eating disorders and work is taking place to enhance this provision with the Clinical Commissioning Group (CCG). To support the pressure on CAMH's beds both locally and nationally our Inspire unit will open two PICU beds by the end of March with the remaining two beds opening as soon as possible after that. A specific plan of work is taking place within the Humber, Coast and Vale mental health programme to address these pressures in CAMH's services as high demand is expected to continue. Additional national funding has been allocated to address this area also, although this needs to be considered alongside the ongoing challenges to recruit the necessary workforce.

The capacity and demand modelling work which demonstrated our shortfall of older people's beds and led to short term measures being put in place remain. We continue to have a contingency plan through a mutual aid arrangement with Navigo to access additional beds when required. Work on a new capital scheme at Maister Lodge has commenced and will provide up to five new functional older peoples beds from early summer 2021. A new day treatment services is now operational and proving effective at avoiding admission for some older people. Our overall bed occupancy has remained above its usual level in February and March with the pressures especially high for mental health beds and our community beds at Malton and Whitby Hospitals, it has been between 70-80%, use of out of area mental health beds however did reduce in February. The overall number of available beds is reduced due to the need to provide isolation/cohort beds for covid symptomatic and positive patients and infection control requirements. To address this shortfall and ensure beds are available when required the Trust has block booked independent sector beds on a short term basis. The position is continuing to be monitored closely.

The number of patients who have tested positive for covid remained low during February and early March, currently we have one patient in our cohort facility at Mill View Court. As the number of covid positive patients has remained low for some weeks now and more patients are being vaccinated, the number of cohort beds is being reduced at Mill View Court with the ability to reinstate them should numbers rise. This therefore increases the number of non-covid beds available and will reduce further our reliance on out of area mental health beds.

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



During February and early March the position relating to sickness absence has remained stable, therefore business continuity plans have not needed to be enacted and all services have remained available.

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

The national restrictions (lockdown) that commenced on 5th November remain in place, therefore we continue to follow the national guidelines and the protocols that we had already prepared relating to:

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

On 22nd February 2021, the government published it's "COVID-19 Response - Spring 2021", setting out a four step roadmap out of the current lockdown for England. This began on 8th March with the return of children to school. Our arrangements in relation to the areas above are being reviewed and revised in line with ongoing national guidance.

We continue to monitor the rates of Covid infection across our geographical areas, particularly the prevalence of new variants of Covid-19.

3. Testing and Isolation Arrangements

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Mill View Court, our Covid-19 positive isolation cohort ward for our mental health and learning disability patients has been operational throughout February and early March. Numbers of covid positive patients have been low and if that position is maintained the number of beds will be reduced by the end of March, with the ability to step them up again if required. Isolation beds remain available on Darley ward at the Humber Centre but have not been required during February and early March. Due to the redevelopment work taking place at Whitby Hospital our ward there is not be required to manage patients who are Covid-19 positive whilst it has been decanted to a temporary ward. We have received confirmation from North Yorkshire and York Clinical Commissioning Group that they currently do not require Fitzwilliam Ward at Malton hospital to be a Covid-19 cohort ward. Our Covid-19 Rapid Response Team remains available to support any patients in mental health or learning disability beds with Covid-19.

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

Staff absence due to leave required to care for children with covid symptoms is very low. Schools re-opened on 8th March with twice weekly testing arrangements are in place for all secondary school pupils. It is possible that this might lead to an increase in parents needing to isolate due to asymptomatic children testing positive, any impact of this will be monitored through our daily sitrep reporting.

Lateral Flow (asymptomatic staff testing)

The Trust was chosen as an early adopter of the Lateral Flow Antigen Testing which detects the presence of the COVID-19 viral antigen from a swab sample and it is focussed on asymptomatic staff. The test is deemed 60-70% accurate in picking up a positive result. Evidence shows that 2.8% of staff are likely to be picked up as positive who are currently not showing symptoms. This is not a compulsory test and staff are not obliged to take part but, to date, there has been a great enthusiasm and take up of the kits. Full roll out across the Trust has now been completed with over 3000 boxes distributed. Our view is that deploying these tests is protecting our staff from further transmission of the virus and supporting our efforts to protect our patients. Over 2500 staff are submitting their results (which is mandatory under Public Health England requirements). Over 38000 tests have been reported since December with 53 positive results which have been followed up by PCR tests and normal Infection control procedures. This data is reported daily through the Gold/Silver daily sit rep. There is currently a very limited amount of accurate or regional benchmarking available, however we have been proactively using targeted communications to continue to encourage our colleagues to undertake the tests and report their results

4. Covid-19 Vaccine

The Trust established a project group at the end of November to prepare for the first phase distribution of the Pfizer Covid-19 vaccination. The Senior Responsible Officer for the project is the Trust Medical Director and he is supported by the Chief Pharmacist.

The Trust vaccination centre at Willerby Hill has continued to operate either as a Hospital Hub or a Primary Care Network Site (Harthill PCN). Over 12000 vaccines have now been

given to health and social care staff as well as patients in the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-6. The vaccine service has been adopted into the Trusts governance framework (clinical and corporate). All relevant clinical protocols (adapted from national frameworks) have been signed off through Quality and Patient Safety Group (QPAS). The CQC produced a template to support Hospital Hubs with regard to collating an approach to clinical governance, this has been completed by the Chief Pharmacist and reflects the requirements that were needed to go live as a Hospital Hub. This has been reviewed by QPAS and Gold command and gives a very good level of assurance.

Gold command retains oversight of completion of vaccines for our staff through the daily Gold/Silver sit rep report as well as updates from the SRO with regard to planning and operational issues. The operational management of the service is overseen by the SRO through twice weekly planning meetings. Currently work is taking place to commence 2nd dose appointments for the cohort of 12,000 people we vaccinated, this is expected now to begin in the week commencing 28th March 2021. The key requirement is ensuring that everyone gets immunised before the end of the 12th week with vaccine delivery being the key variable.

Over 80% of all Trust staff have now been immunised (all staff offered the opportunity over 4 weeks to come forward) with a consistently high uptake across all services and divisions. A key area of focus has been bank colleagues where uptake has been lower to date. Operational and professional leads are continuing to work with services to promote uptake. One of the challenges has been that where colleagues go to PCN sites (unlike Hospital Hubs) there is no IT national solution which automatically pulls that data into our system. In order to overcome this we have created a web based form which staff can fill in and it automatically prepopulates our data base. This is of crucial importance as it will enable us to make sure that those that get the 1st dose can be tracked for 2nd dose.

Feedback from over 500 staff (Qualitative and Quantitative) has been collated and reviewed by the vaccine team. It covers general communication, scheduling and experience. It's been overwhelmingly positive but where appropriate feedback has been incorporated into the Frequently Asked Questions (FAQ's) on our dedicated staff webpage. Vaccination of patients in our mental health and learning disability beds has been carried out in line with the JCVI priorities.

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

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment.

Our infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. All of this is predicated on the importance of maintaining the focus on our "back to basics" and "stop, think, socially distance" campaigns. There is recognition that staff have been following this guidance for several months now and that we need to continue to be vigilant and put supportive measures in place to maintain compliance such as ensuring that breaks are taken regularly.

6. Safe Working in our Environments

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

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

7. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at a command meeting each week to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further actions required to support service delivery at this time. Gold Command receives the full Covid-19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time. Currently there are no risks rated 15 or above on the risk register.

8. Staff Health and Wellbeing

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

Our staff have now experienced and worked through a second wave of the virus and are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders remain focussed on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. A continuing rise has been seen in numbers of referrals to our occupational health department for staff experiencing stress and anxiety. Staff continue to have daily access to our psychologists for support and the Trust continues enhance its offer of wellbeing resources via the "ShinyMind" app. A plan to introduce a Resilience Hub to support frontline was supported by the Humber Coast and Vale Integrated Care System and mobilisation of this service has now commenced, this will provide an increased offer of psychological and emotional wellbeing support for our staff.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing. Regular Covid-19 updates continue to be issued to all staff containing

guidance from the Trust and government along with relevant updates from our stakeholders. Frequent “Ask the Exec” sessions have been held and the last one took place on 25th February, these continue to be received well with around one hundred staff attending.

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

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

New shielding guidance was issued as part of the latest national lockdown restrictions, therefore we now have staff that are within the shielding group. Managers have reviewed the work arrangements and support needs for their staff to ensure that the appropriate amended arrangements are in place.

Support has been put in place for our staff who are experiencing long covid and this is being developed further. The executive management team have also recognised that as our response to covid stabilises and services recover, that staff are likely to experience further impact on their psychological wellbeing. As the emergency response phase subsides the impact of what staff have lived and worked through will be psychologically processed and symptoms of mental distress and trauma are likely to rise. The executive management team through Gold command have undertaken further work to develop a “Rest and Recovery” plan which will be implemented over the next 12 months, engagement with staff is taking place through a range of forums to ensure that it will meet their needs.

9. Covid-19 Clinical Advisory Group

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

- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.
- Considering the government “roadmap out of lockdown” and potential implications for our services.
- Reviewed arrangements for vaccinating our inpatients in line with JCVI priority groups.
- Continuing to review clinical pathways to ensure that use of digital technologies promotes inclusion and maintains recovery rates.

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

10. Phase 3 and 4 Planning - Recovery and Restore

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

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 24 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS planned for issue late April 2020	Letter to NHS / light touch planning guidance planned for issue late May 2020	Planning guidance planned for issue December 2020

Focus has continued to be on acute hospital trusts elective activity along with some national mental health pressures e.g. Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Central to this planning is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid-19 response requirements in this period. We have made submissions to NHSE/I to set out our expected activity across our services and related financial submission have been made too. Guidance was received by the Trust in late December relating to Phase 4 planning requirements and we continue to respond to this.

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

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress has been made to develop a Covid-19 resilience hub which is coordinating the emerging mental health demand and need, initially this is focussed on supporting frontline health and social care staff. Recently focus has been on ensuring that optimised plans are in place to address the increasing demand and national pressure on Children and Adolescent Mental Health Service (CAMHS) Tier 4 beds. Demands are very high and bed availability has been depleted due to Covid-19 safe working and infection control requirements. In response to this the Trust has committed to opening at least two of the new intensive care beds at Inspire our CAMHS Tier 4 unit by the end of March.

The Spending Review announced further funding for the NHS for 2021/22 in the New Year, once more is known about the progress of the pandemic and the impact of the vaccination programme, the government will consider what additional funding will be required to reflect Covid-19 cost pressures. In the meantime we along with our system partners are continuing to:

- Recover non-covid services, in a way that reduces variation in access and outcomes between different parts of the country.
- Strengthen delivery of local **People Plans**, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; designing new ways of working and delivering care; and ensuring staff are safe and can access support for their health and wellbeing.
- Address the **health inequalities** that covid has exposed. This will continue to be a priority into 2021/22, and systems will be expected to make and audit progress against eight urgent actions set out on 31 July as well as reduce variation in outcomes across the major clinical specialties and make progress on reducing inequalities for people with learning disabilities or serious mental illness, including ensuring access to high-quality health checks.
- Accelerate the planned expansion in **mental health** services through delivery of the Mental Health Investment Standard together with the additional funding provided in the SR for tackling the surge in mental health cases. This should include enhanced crisis response and continuing work to minimise out of area placements.
- Prioritise investment in **primary and community care**, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations. Systems should continue to focus on improving patient experience of access to general practice, increasing use of online consultations, and supporting the expansion of capacity that will enable GP appointments to increase by 50 million by 2023/24.
- Build on the development of effective partnership working at place and system level. Plans set out in the [Integrating Care](#) document.

These priorities need to be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021. We continue to make progress and enhance our use of digital tools and technology.

11. Conclusion

The Trust continues to manage effectively the impact of Covid-19 within its ongoing EPPR and command arrangements. The current ongoing phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the ongoing anticipated increase in demand. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains highly impressive and therefore we continue to demonstrate our appreciation for that.

Agenda Item 11

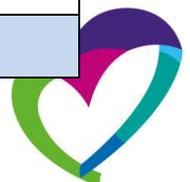
Title & Date of Meeting:	Council of Governors – 31 st March 2021			
Title of Report:	Performance Report - Month 11 (February)			
Author/s:	Name: Peter Beckwith/Lynn Parkinson Title: Director of Finance/Chief Operating Officer			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors on the current levels of performance as at the end of February 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
	Finance & Investment Committee		Executive Management Team	<input checked="" type="checkbox"/>
	Mental Health Legislation Committee		Operational Delivery Group	<input checked="" type="checkbox"/>
	Charitable Funds Committee		Other (please detail) Trust Board	<input checked="" type="checkbox"/>
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>Commentary is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Cash in Bank - cash in bank has increased in month to £43.8m, the position includes one month's additional block income (£10m), no block payment will be received in March.</p> <p>The position in February has increased following amendments to block values to reflect additional non recurrent funding that is flowing within the Humber Coast and Vale Mental Health Partnership.</p> <p>Waiting Times – A separate detailed report on waiting times is included at appendix B</p> <p>Safer Staffing Dashboard</p> <p>Sickness Levels - Towards the end of Q3 and into January the divisions reported an increase in staff sickness levels. During the month of November 2020, all Divisions' sickness levels were above the 5% threshold, however, this improved in January with only Adult Mental Health Unplanned and Community and Primary Care being slightly over the 5% target overall . Early indications from the latest data shows a continued improvement in all areas and it is expected that this will be reflected at ward level.</p>			



	<p><u>Newbridges</u> - have a number of areas of focus. Currently reporting 101% for OBD's, the division are maximising their bed usage due to ongoing bed pressures. This fast turnaround ward, will use beds whilst patients are on leave to maintain patient flow, however, this does affect the occupancy rate. This pressure is being addressed to increase bed capacity by releasing beds from the cohort ward, by creating a Covid patient pod which will meet covid patient demand whilst adding adult beds back into the system.</p> <p>The Safer Staffing Indicator for nights relates to RMN fill rate; they have had 4 X B4 Aspirant Nurses who are appropriately put into second qualified slots and counted in safe staffing numbers, however as they do not have professional registration, they can only fulfil a HCA shift. It makes the shift look heavy on HCA and light on RMN but the numbers are considered safe.</p> <p>Sickness levels have been high at 12.6% in this area and as such has impacted on the levels of clinical supervision and the ability to complete mandatory training. With the improvement of sickness levels the division are focussing on ensuring there is an improvement in mandatory training and clinical supervision performance.</p> <p><u>CHPPD Ouse and Pine View</u> - Both units are flagging red in terms of CHPPD. It must be noted that the RAG rating for CHPPD is a Trust performance rating based on national CHPPD at the start of the financial year. Although the service is saying the units are safely staffed and in line with the CHPPD of another Trust with similar units in terms of both size and patient care needs they are reviewing the staffing in April with the Deputy Director of Nursing utilising validated safer staffing tools. In addition they have recently changed the staffing model to incorporate the band 6 nurses on the rotas and we should see this effect in the February and March data. Further work has commenced to place AHPs on to the units, again these will be on the rosters and will impact positively on the CHPPD.</p>
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Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	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	Yes	If any action required is	N/A	Comment



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



Agenda Item 11 paper 2
Appendix B
RTT and Waiting Times

The report demonstrates that the number of patients receiving their treatment in less than 18ww continues to improve with performance increased by 1.3% in month to 68.1% against a 92% target.

In the first instance there are 2 key areas of focus in order to reduce the number of 52ww patients and over 18ww respectively, these are Paediatric ASD and Memory Assessment Services. The introduction of weekly performance meetings with senior members' of each team are taking place and this approach will roll out across all services to agree improvement plans and their ongoing monitoring.

Paediatric Autism Assessment and Diagnosis Waiting List Recovery

In recent years referrals to the service have increased significantly which appears to be in-line with national trends and feedback from local parents and carers indicates that their child will not meet the threshold for an Education, Health and Care Plan unless they have a diagnosis for autism. These pressures on the waiting list have been further compounded by the Covid 19 pandemic which has introduced limitations in completed valid assessments of children and younger people in their educational setting. Pre-Covid-19 an autism assessment was made up of a developmental history, a school observation when deemed clinically necessary, or for more complex cases, and the completion of an Autism Diagnostic Observation Schedule (ADOS), a standardised diagnostic test for Autism Spectrum Conditions. Since C-19 restrictions HTFT has begun to undertake the developmental history of the child or young person over Upstream, a video call system which has been IG approved to use with patients and links to the clinical record system. The need to look at and undertake assessments of autism in covid safe ways has created an opportunity to review how assessments are undertaken and look at innovative and alternative diagnostic tools such as the BOSA (Brief Observation of Symptoms of Autism) to speed up the process of information gathering.

Referral pathway into the service

The referral process was changed in June 2019 to allow SEN Coordinators, Speech and Language Therapists, Paediatricians, Educational Psychologists and Portage Workers to refer a young person. The referrals were triaged at this point by a specialist nurse to ensure that the young person was on the right pathway. Due to the high number of referrals this proved difficult to sustain and the service now reviews the referrals in a daily referral meeting. Establishing the referral meeting was a pilot with the ADHD pathway and was successful in identifying inappropriate referrals quickly and getting them re-directed. Autism referrals are now also routinely reviewed daily in this meeting which is attended by highly specialist members of the neurodevelopmental service. This ensures that received referrals are reviewed for other possible neurodevelopmental concerns and placed on the appropriate pathway/s or discharged and signposted to the most appropriate service to meet the young person's needs.

Current waiting list

As at March 2021 there were 1119 children and young people on the waiting list for autism assessment, 825 of which have waited more than one year.

The significance of the size of the waiting list and its potential impact on children and young people and their families is recognised and is being addressed as one of our highest priorities.

A Task Group comprising of senior members of HTFT, NHS Hull CCG and Hull City Council has also been established to be fully sighted on the approach that we are taking and to undertake collaborative work to provide support to families. The existing Information Sharing Agreement (ISA) has been refreshed so that the waiting list can be shared with Hull City Council to establish whether families are connected to local services or not and proactively offer support and signposting; parents frequently cite the positive impact of an empathetic telephone call and the family circumstances may have changed since the referral was made.

Reducing the Waiting List

A number of steps are being taken to accelerate the pace of assessments and reduce the period of waiting for families.

A revised clinical model has been put in place from 1 March 2021 which will improve productivity, early indications demonstrate a significant increase in Assessments completed in March 2021 which will be evident in future reports. This improvement is being modelled and will result in an improvement trajectory against which actual performance can be monitored. A recovery action plan is in place to address issues which are causing delays in the waiting list and to review the working practices of the service.

Continuation of sub-contracting to Healios who provide online assessments where it is clinically appropriate to do so. Healios have been commissioned previously and service user feedback is positive however their model is not suitable for more complex cases.

The pilot of the revised clinical model commenced in March 2021, which will result in an estimated 50 assessment being completed during March alone and this will continue. Patients are being assessed in chronological order to ensure the longest waiting patient assessments are completed first. The service is working with the BI team to develop a new trajectory for improvement based on this new model, which focuses, in the first instances on reducing/eradicating all patients waiting beyond 52ww and assessing what skill mix and capacity is required to expedite improvement for this cohort of patients.

Progress and oversight is monitored weekly at Service Performance meetings with senior staff members and led by the Deputy COO.

Memory Assessment Services

The impact of the Covid pandemic restricted the number of face to face assessments that could be delivered. To address this, the service reviewed the patient pathway and introduced a Triage to Assess model to improve the efficiency of the pathway. The approach has been agreed with Commissioners and the KPI adjusted to take account of the changes. These are detailed below.

Referral to Feedback within 16 weeks of Referral

KPI Description – Proportion of patients who receive an assessment, diagnosis and treatment within 16 weeks of receipt of referral into the Memory Service.

Denominator – The number of patient who receive feedback following receipt of an assessment and formulation contact

Numerator – of the denominator, how many received feedback within 16 weeks of receipt of referral

With the introduction of this improved Triage to Assess pathway; the introduction of telephone assessment as a first step and weekly oversight, the service are now achieving 93.1% performance against the 18ww RTT standard, and will drive this performance to the 16ww KPI over the coming months.

Financial Year
2020-21

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Feb-21

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Feb 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.

What are SPCs?
Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.
P – process, because we deliver our work through processes ie how we do things.
C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

Feb 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 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2021**

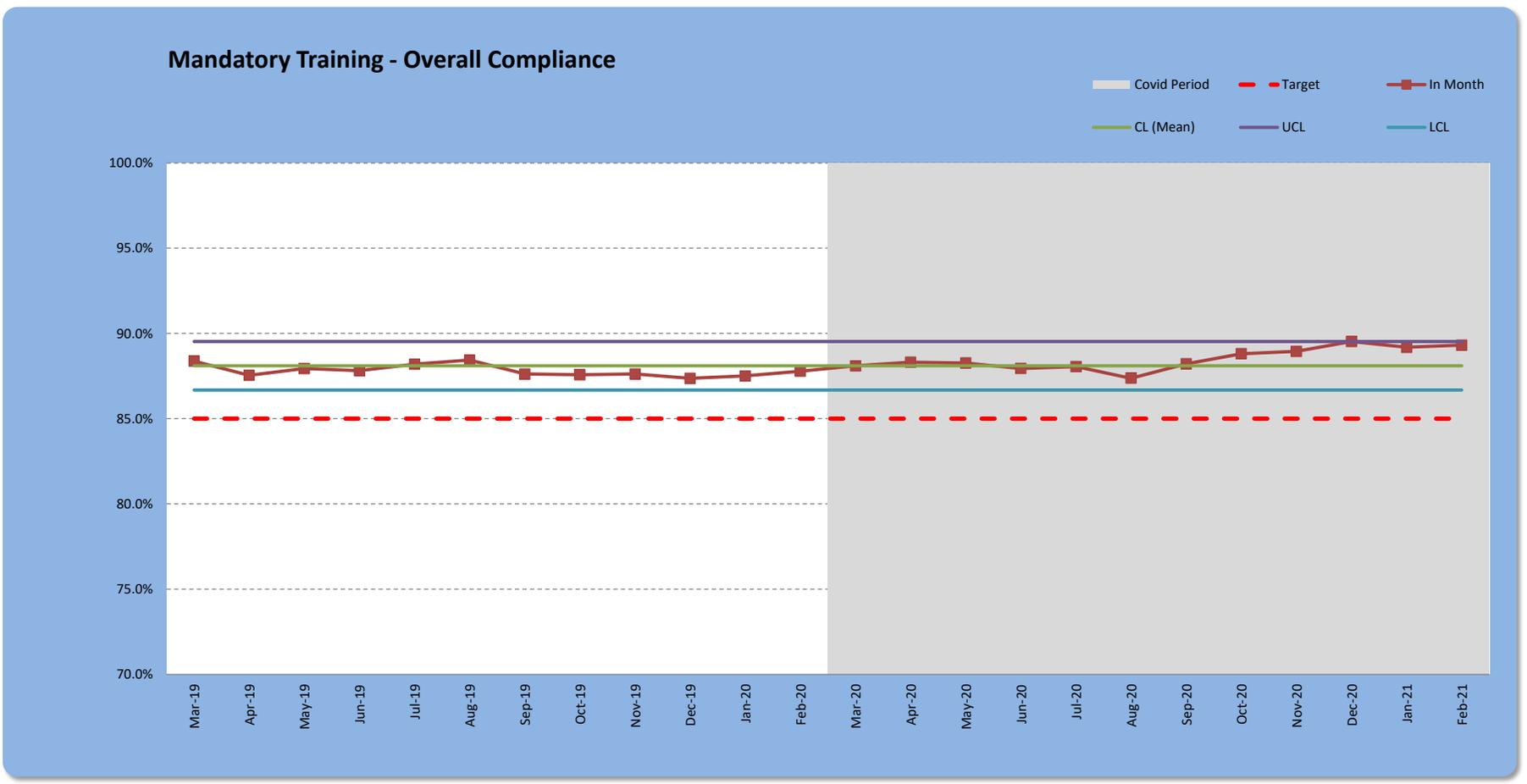
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above target, an increase of 0.13% when compared to January.

Target: 85%
 Amber: 75%
 Current month stands at 89.3%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending:

Feb 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

Narrative

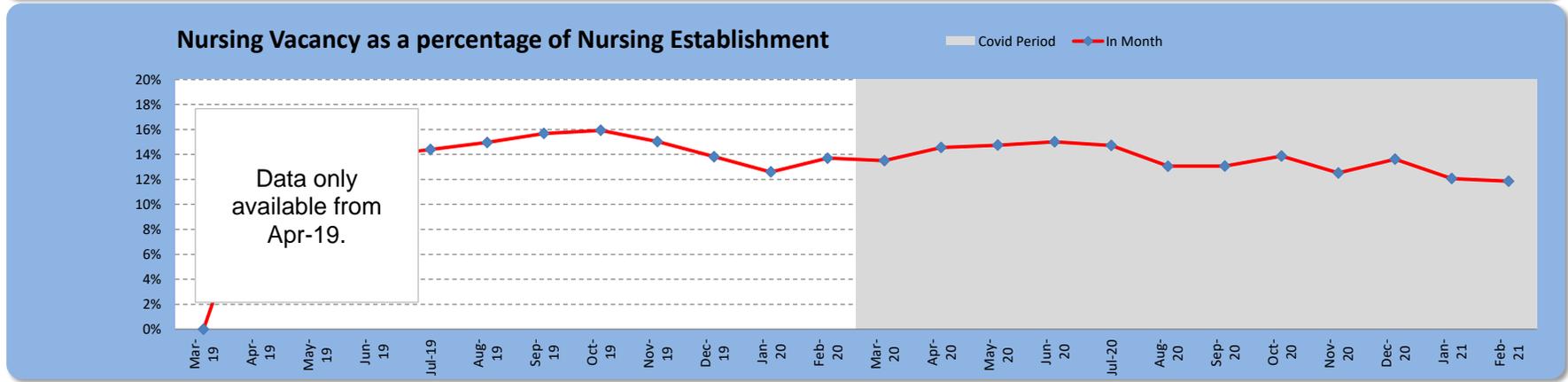
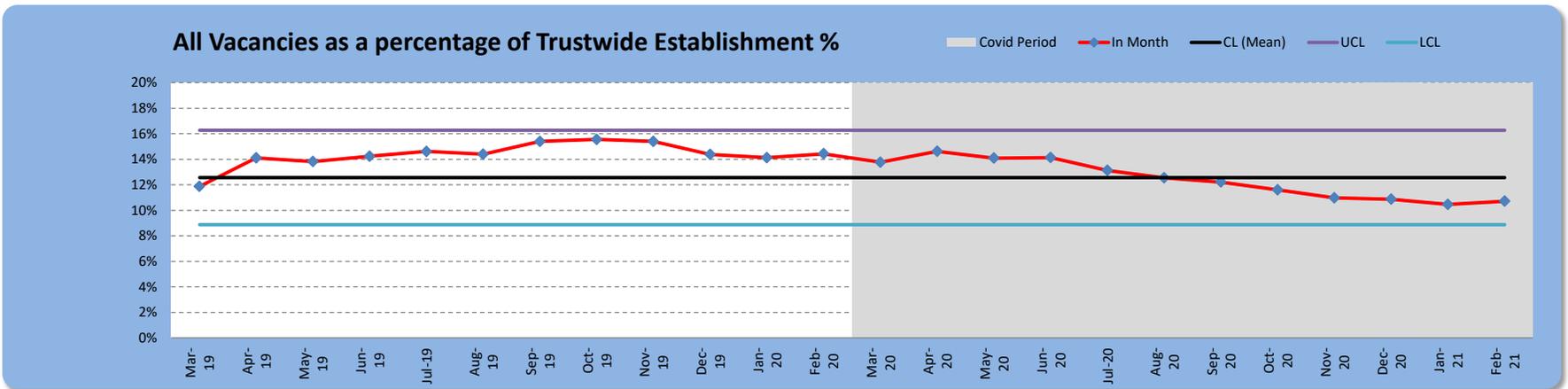
Vacancies increased by 0.3% when compared to the previous reporting period.

Nursing Vacancy rate has decreased by 0.2% on the previous month.

Breakdown for Month

	Trustwide	Nursing
Est	2961	847.3
Vac	309.6	102.3
	10.5%	12.1%

Current month stands at 10.7%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2021**

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

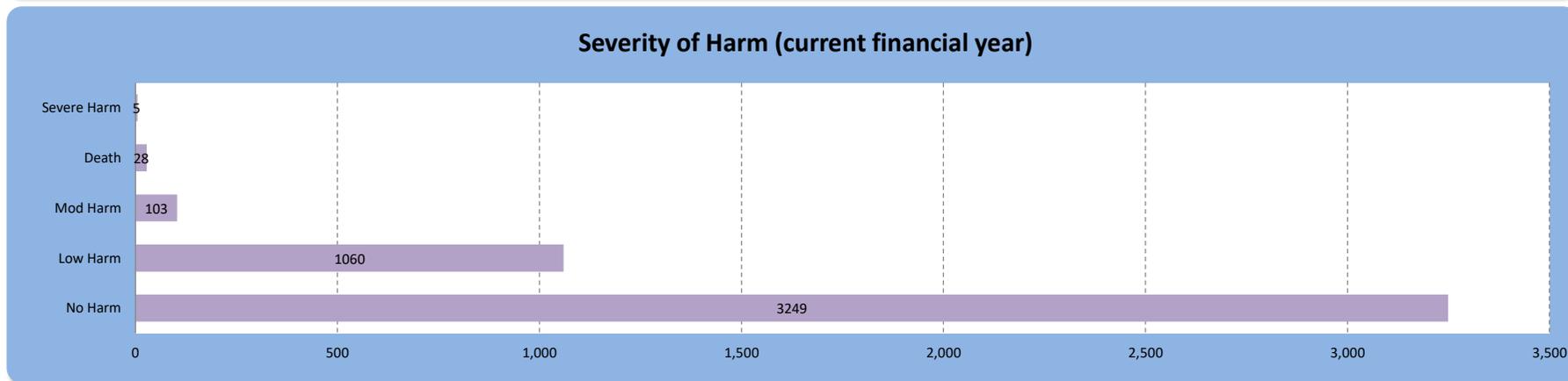
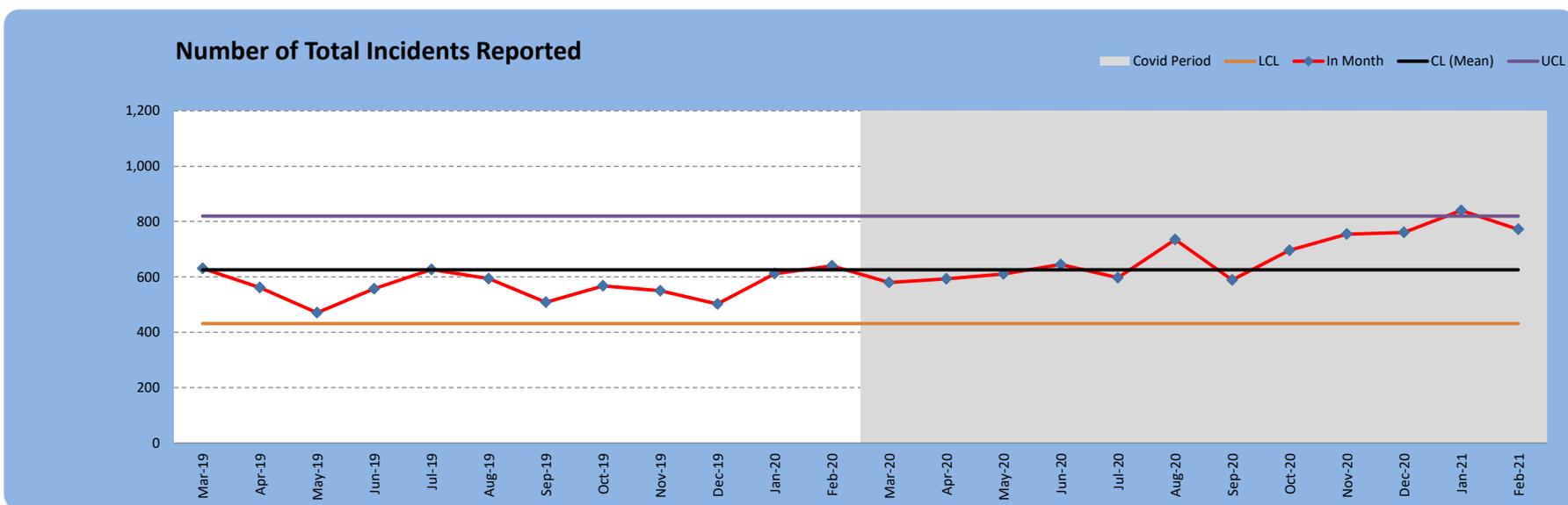
Narrative

Decrease of -68 when compared to the previous month

UCL: 820
LCL: 432

Current month stands at 772

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



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2021**

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

KPI Type
WL 9a

Narrative

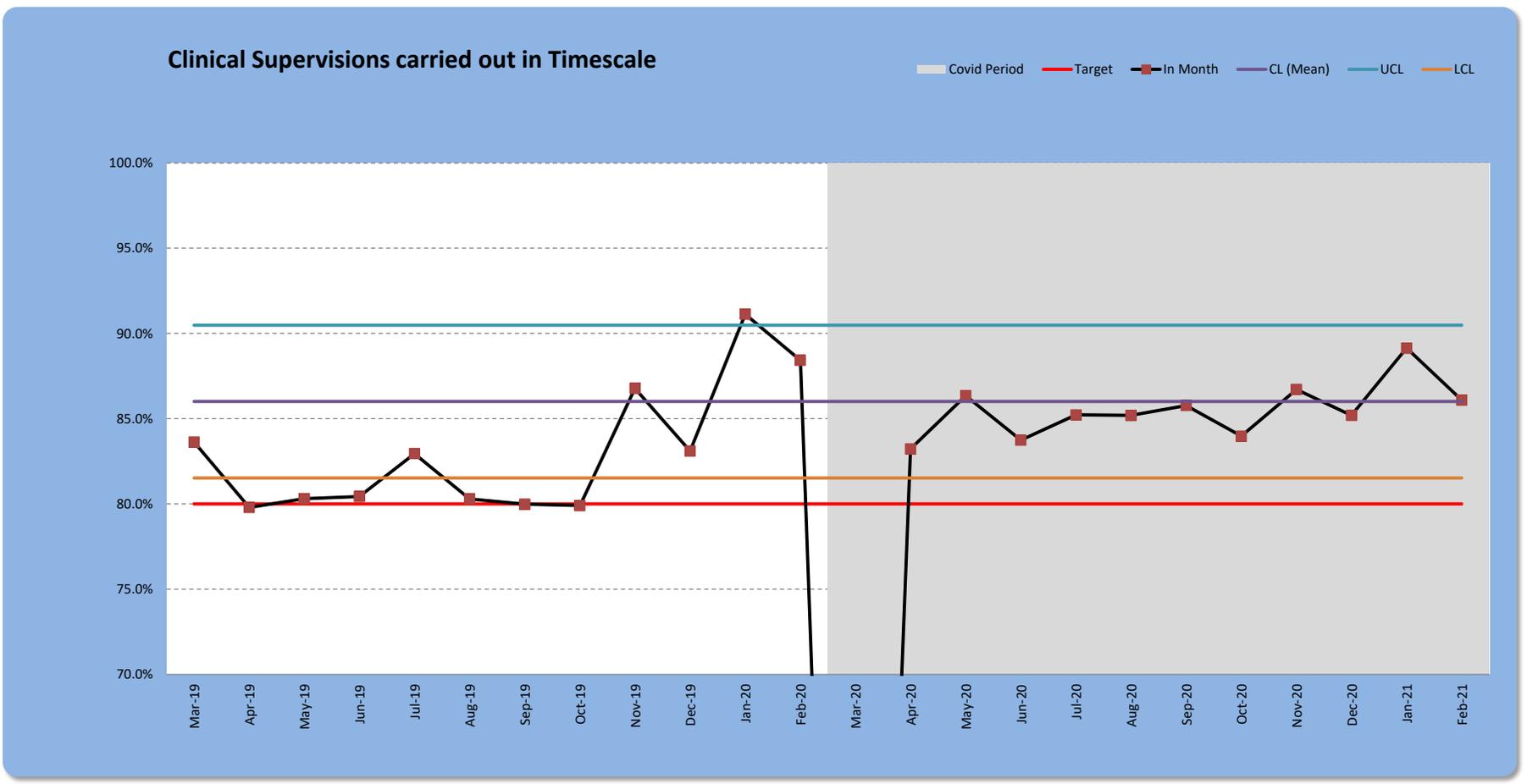
Performance has reduced in February by 3.0%

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

Target: 80%

Amber: 75%

Current month stands at 86.1%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2020-21
Reporting Month:	Jan-21



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals		
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-20	Jan-21
										Registered	Un Registered	Registered	Un Registered												
Adult MH	Avondale	Adult MH Assessment	37.6	80%	18.40	19.7%	↓	0.0%	→	83%	74%	100%	100%	0	22	2	0	94.3%	92.4%	100.0%	84.2%	6.1%	0.2	1	2
	New Bridges	Adult MH Treatment (M)	37.7	101%	8.87	23.7%	↓	8.2%	↓	84%	102%	74%	144%	5	32	1	0	78.9%	94.6%	63.6%	96.0%	12.6%	2.2	4	5
	Westlands	Adult MH Treatment (F)	38.4	94%	9.09	31.8%	↓	6.6%	↓	83%	100%	99%	128%	5	67	0	0	80.0%	88.3%	92.3%	85.2%	11.6%	1.0	2	2
	Mill View Court	Adult MH Treatment	37.0	12%	Millview Court continues to be used for COVID patients only. Therefore, we have excluded the ward from this section for this reporting period.									0	28	0	0	91.7%	93.7%	91.7%	81.3%	7.8%	4.8	1	1
	PICU	Adult MH Acute Intensive	35.9	86%	19.05	36.0%	↑	9.0%	↑	89%	93%	97%	101%	1	122	0	0	100.0%	84.1%	61.5%	90.0%	14.6%	4.0	2	2
OP MH	Maister Lodge	Older People Dementia	33.2	80%	19.32	21.3%	↑	0.0%	→	70%	104%	100%	119%	0	52	0	0	100.0%	90.9%	77.8%	80.8%	6.8%	3.0	2	2
	Mill View Lodge	Older People Treatment	24.5	99%	12.22	22.6%	↓	0.0%	→	90%	124%	113%	100%	0	12	2	0	100.0%	95.1%	85.7%	100.0%	7.0%	-0.1	2	2
Specialist	Pine View	Forensic Medium Secure	27.4	96%	7.64	12.9%	↓	0.0%	→	80%	86%	100%	101%	1	1	0	1	96.6%	96.4%	71.4%	85.7%	5.9%	3.0	2	2
	Derwent	Forensic Low Secure	24.9	82%	17.65	45.6%	↓	0.0%	→	101%	110%	100%	165%	3	14	0	0	95.7%	92.5%	100.0%	82.4%	7.5%	1.4	2	1
	Ouse	Forensic Low Secure	25.1	90%	7.45	13.6%	↓	0.0%	→	98%	82%	100%	100%	1	4	0	0	100.0%	98.3%	90.9%	94.1%	5.9%	0.0	1	2
	Swale	Personality Disorder Medium Secure	27.1	71%	12.00	40.8%	↓	0.0%	→	95%	86%	104%	127%	6	4	0	0	86.4%	87.7%	66.7%	80.0%	1.8%	0.2	0	0
	Ullswater	Learning Disability Medium Secure	34.2	72%	12.33	20.2%	↑	0.0%	→	74%	117%	101%	103%	0	8	1	0	100.0%	91.6%	66.7%	87.5%	10.5%	2.0	2	2
Child & LD	Townend Court	Learning Disability	38.4	57%	23.34	29.7%	↑	0.0%	→	63%	89%	101%	122%	1	56	0	0	82.4%	88.2%	60.0%	95.8%	8.5%	3.0	4	3
	Inspire	CAMHS	41.9	56%	26.27	13.3%	↓	0.0%	→	64%	89%	94%	93%	8	30	0	0	86.4%	90.1%	93.8%	85.2%	6.4%	5.0	0	2
	Granville Court	Learning Disability Nursing Treatment	56.1	Not Avail	n/a	33.6%	↓	0.0%	→	104%	72%	97%	97%	3	3	0	0	96.1%	89.5%	90.0%	53.8%	6.0%	1.0	2	3
CH	Whitby Hospital	Physical Health Community Hospital	46.1	88%	10.22	0.0%	→	0.0%	→	93%	90%	100%	100%	0	1	0	n/a	91.7%	93.6%	78.9%	84.2%	3.0%	0.6	0	0
	Malton Hospital	Physical Health Community Hospital	23.4	85%	9.66	Not on eRoster	→	Not on eRoster	→	99%	94%	100%	100%	1	5	1	n/a	95.7%	83.9%	70.0%	83.3%	5.5%	6.5	2	0

Exception Reporting and Operational Commentary

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

Millview Court currently has reduced bed occupancy due to the unit being used for COVID patients.

Please note, a reporting error was established in the Quality Indicator Section which resulted in a 41% increase in Violence & Aggression cases reported when compared to the previous months report. There were also changes required with the Staffing Incidents and Complaints upheld.

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.

In respect to the low CHPPD position for Pineview and Ouse wards, this is due to the patients on these wards being low acuity and therefore need less staffing than a normal ward/unit.

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

OBD RAG ratings for Safer Staffing for Specialist are: Less than 50% = Red and More than 50% = Green

Registered Nurse Vacancy Rates

Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
13.10%	13.90%	12.80%	12.64%	12.50%	9.60%	9.10%	11.20%	10.60%	10.60%	11.16%	TBC

Slips Trips and Falls

Rolling 3 months	Dec-20	Jan-21	Feb-21
Maister Lodge	2	4	5
Millview Lodge	2	3	4
Malton IPU	1	2	3
Whitby IPU	8	8	2

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 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 %

Narrative

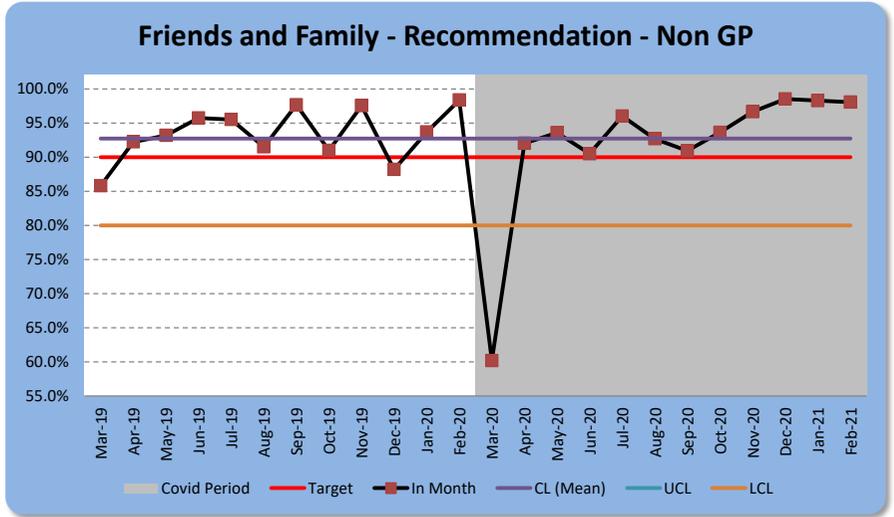
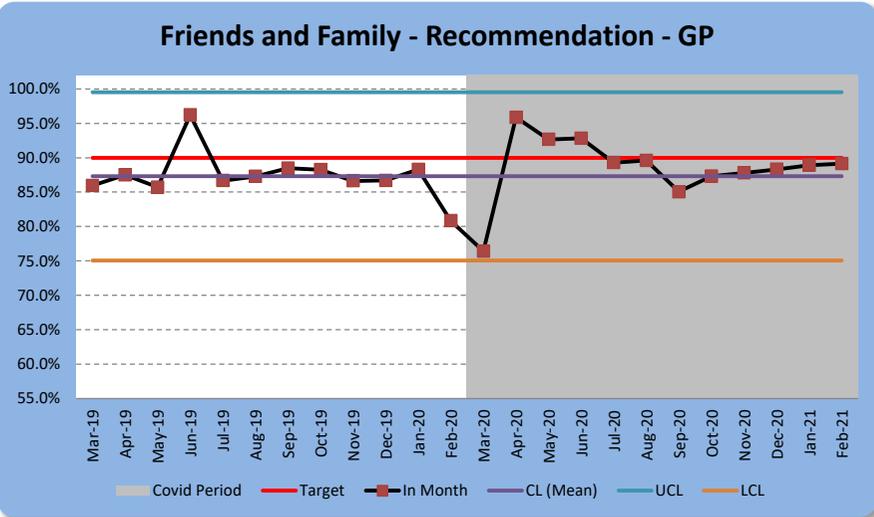
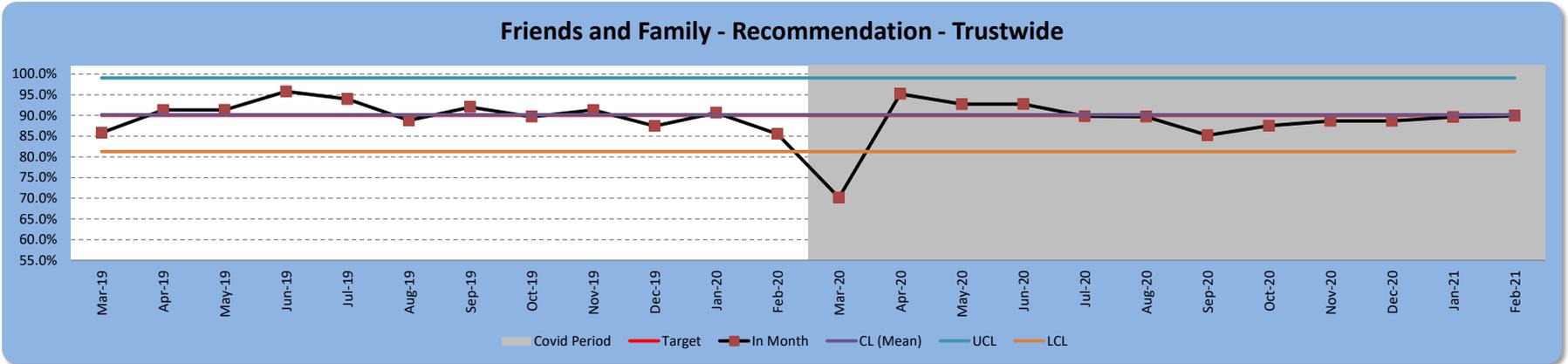
GP Recommendation is below target for Feb-21 at 89.1%

Non GP is above target at 98.1% for February which is a decrease of 0.2%.

Target: 90%

Amber: 80%

Current month stands at 89.9%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

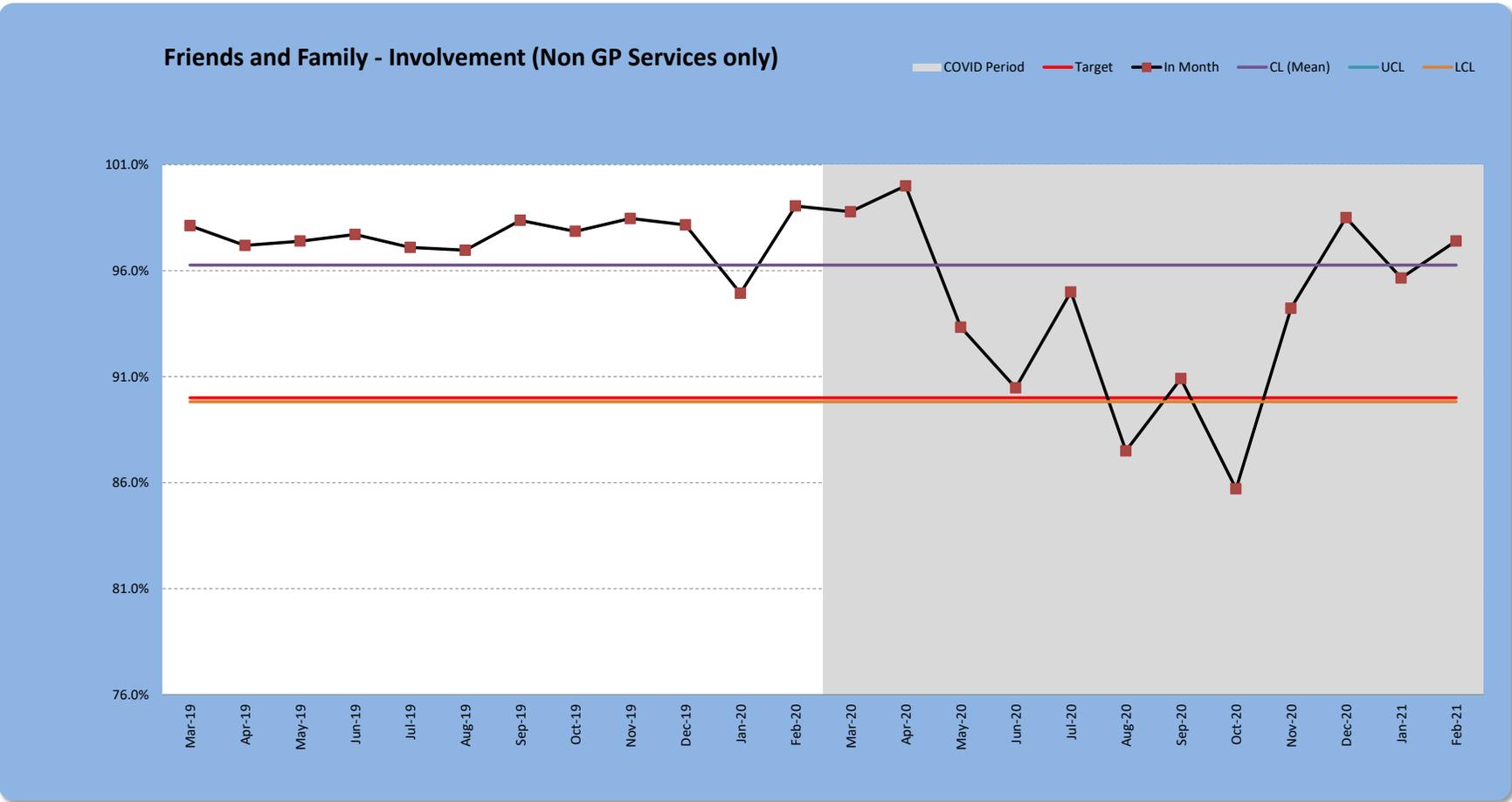
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	John Byrne	CA 3c %

Narrative

Performance has increased by 1.8% when compared to the previous month.

Target: 90%
Amber: 80%

Current month stands at 97.4%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

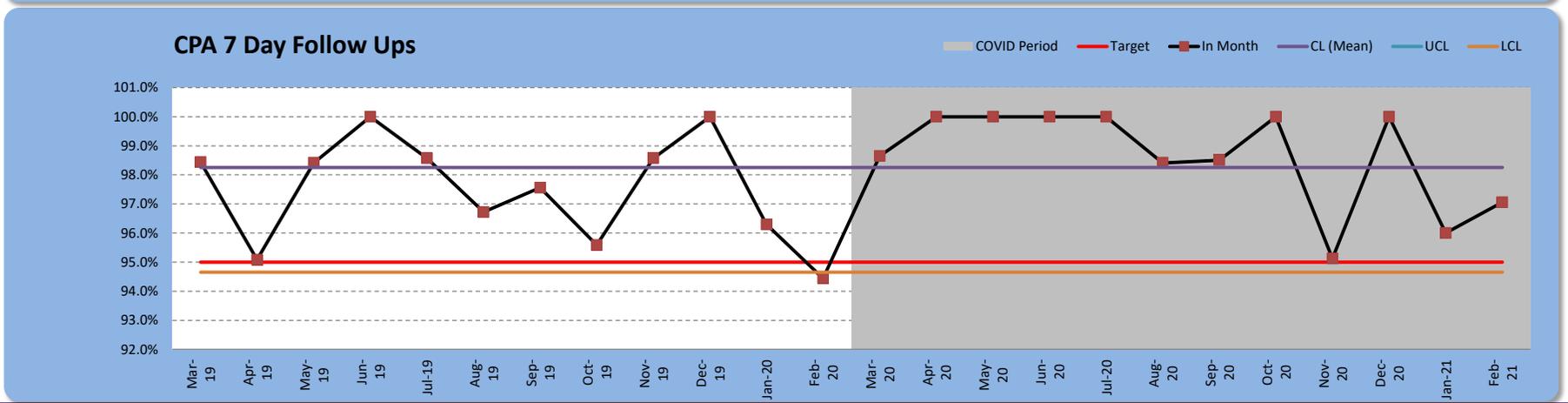
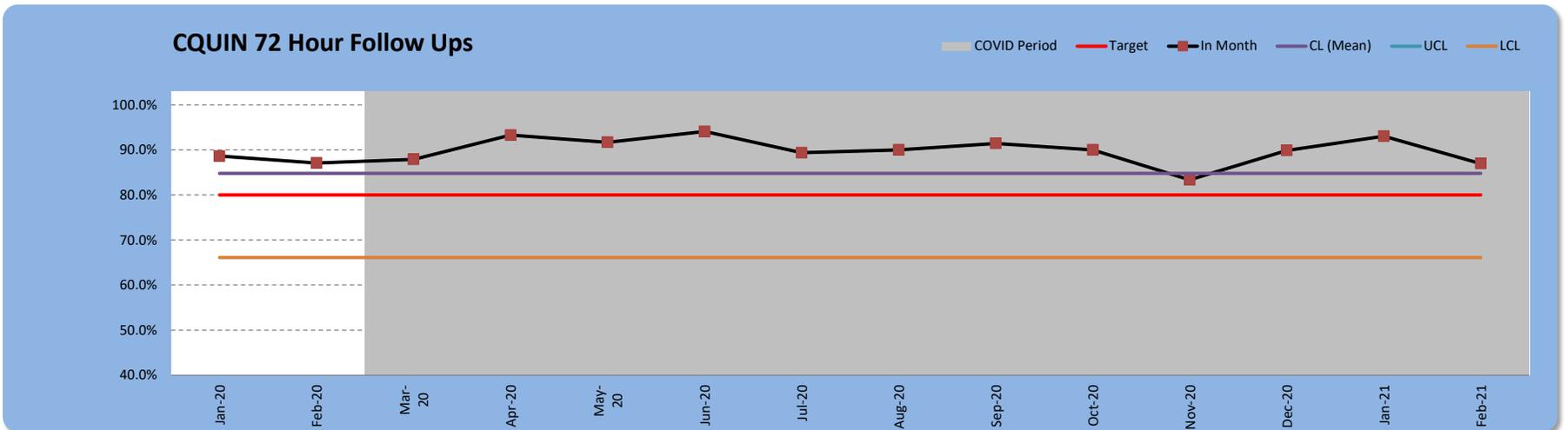
Indicator Title	Description/Rationale	Executive Lead
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson

KPI Type
OP 12

Narrative

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

Target: 80%
 Amber: 60%
 Current month stands at 87.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

KPI Type
OP 7

Narrative

Performance has increased by 0.3% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 96.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

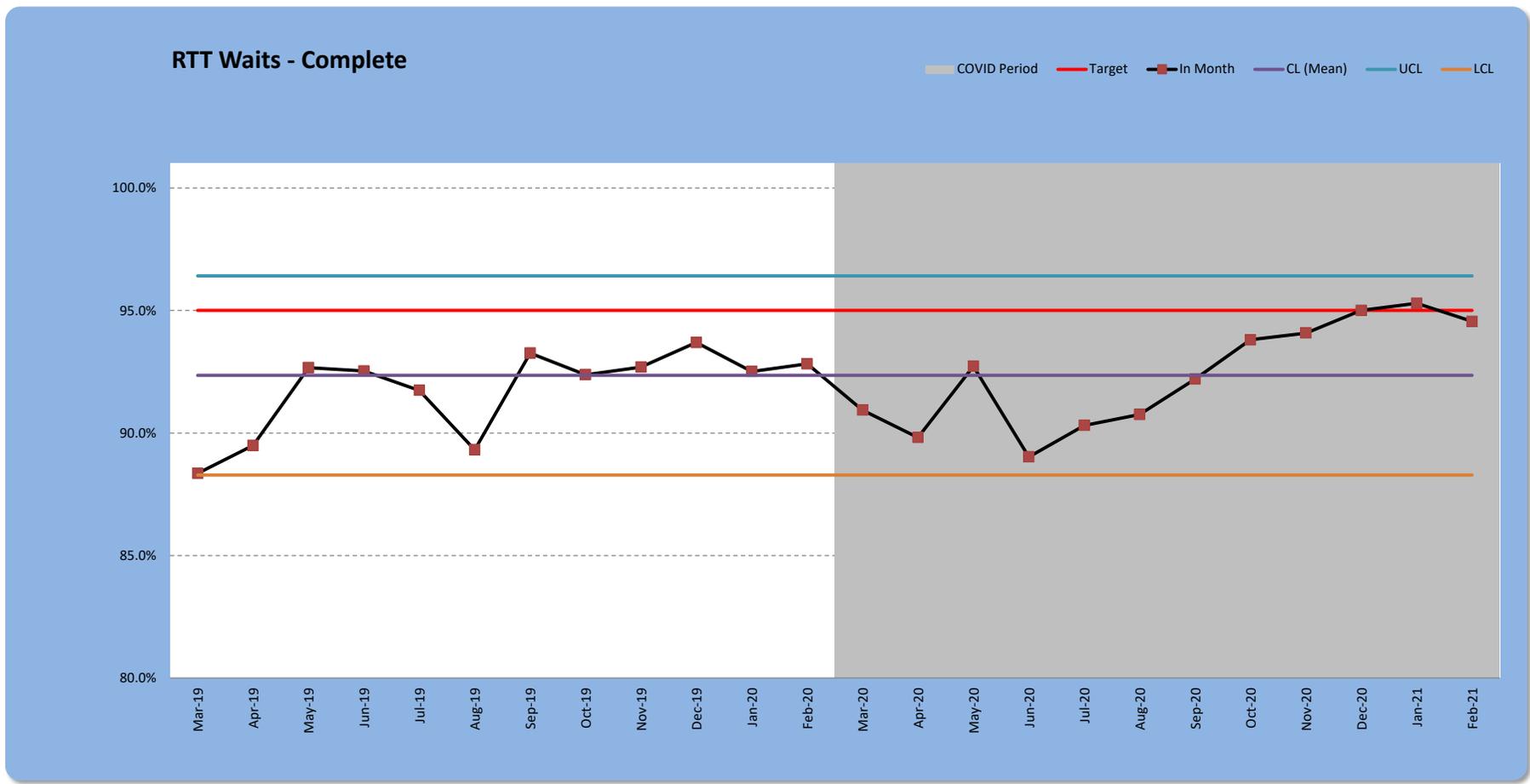
Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

Narrative

Decrease by 0.7% when compared to the previous month.

Target: 95%
 Amber: 85%
 Current month stands at 94.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

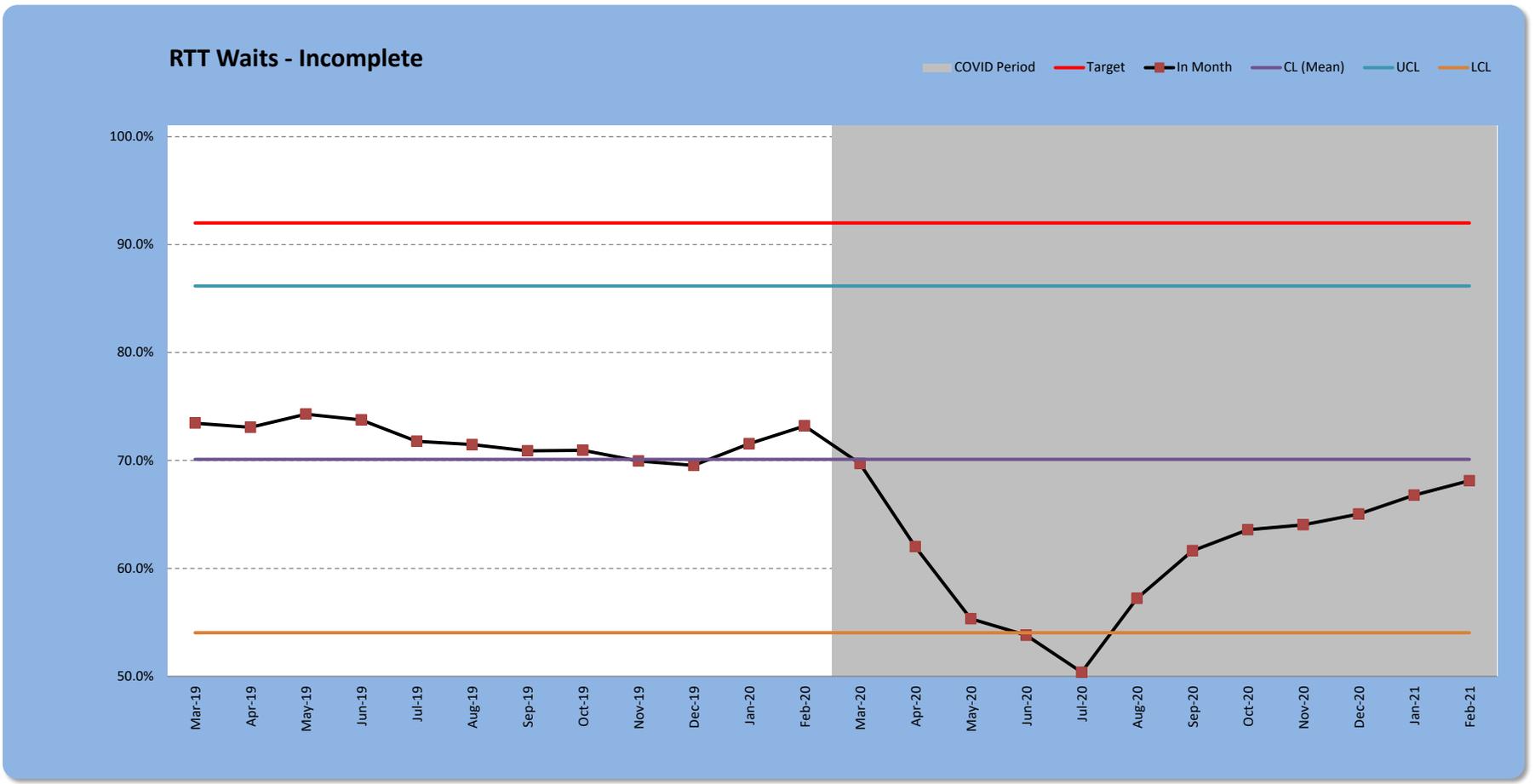
Indicator Title	Description/Rationale	Executive Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson

KPI Type
OP 21

Narrative

Performance has increased by 1.3% when compared to the previous month.

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



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

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

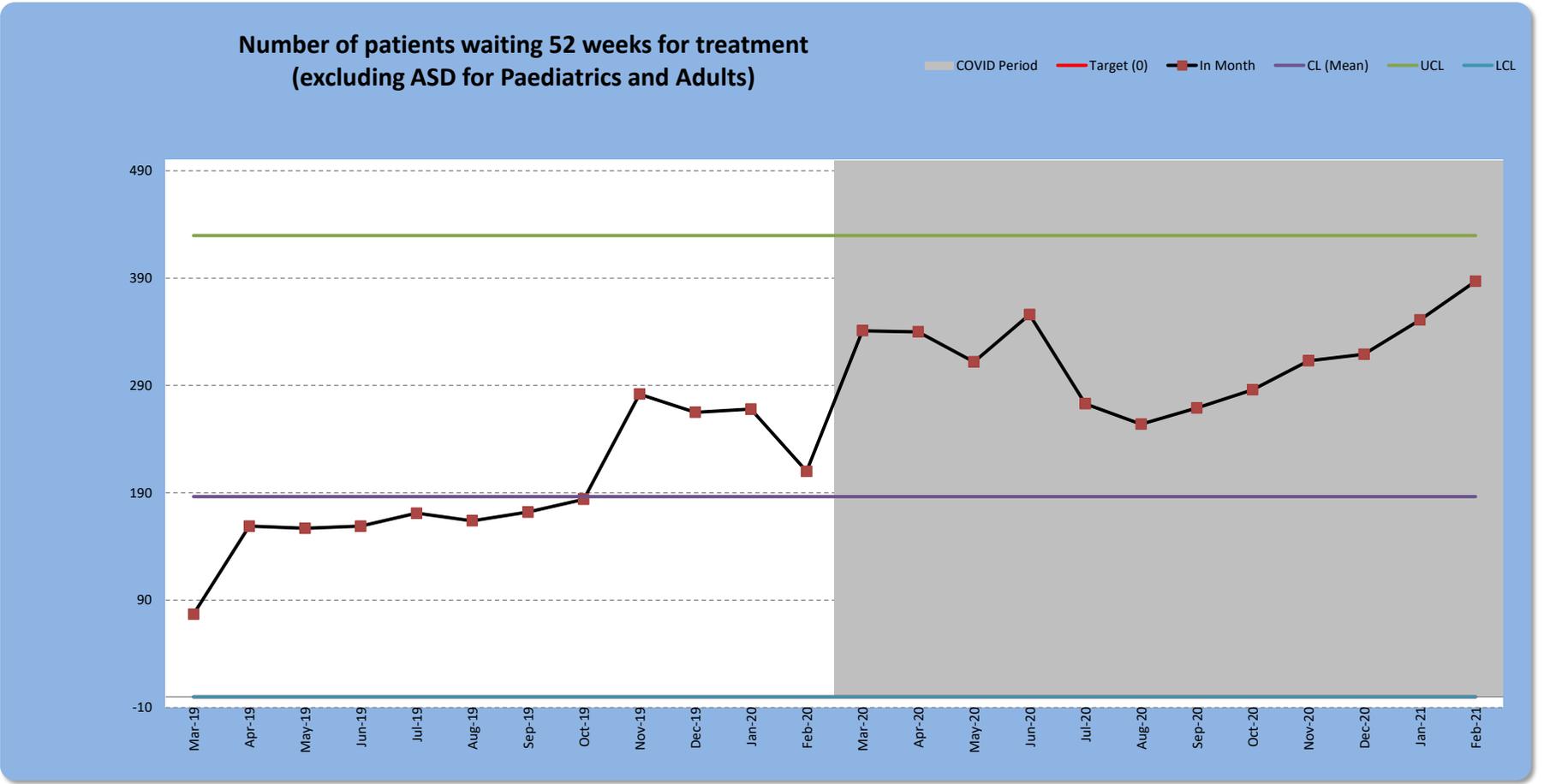
KPI Type
OP 22x

Narrative

Increase of 36 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 387



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

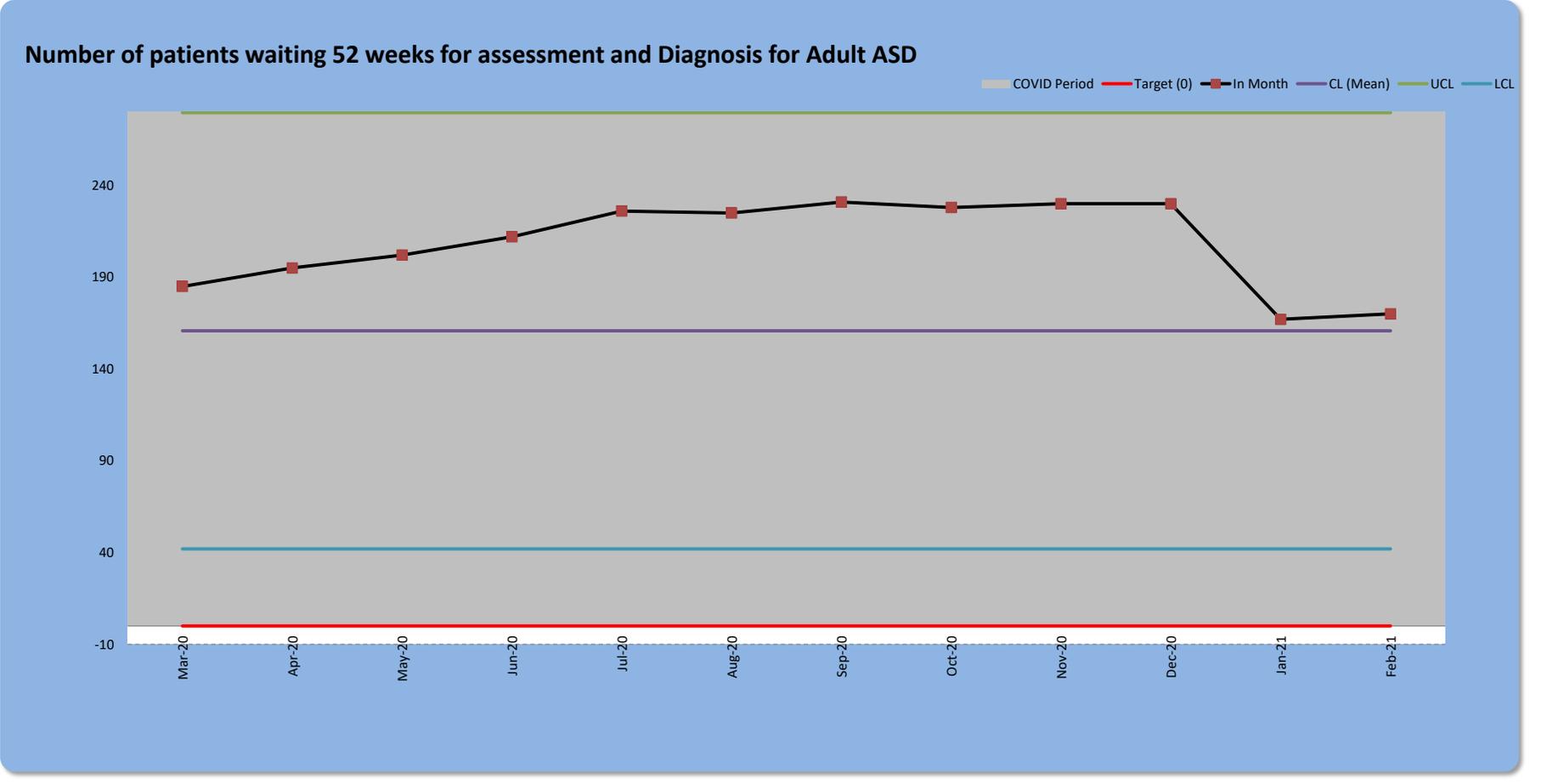
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increased by 3 when compared to the previous month.

Target: 0
 Amber: 0
 Current month stands at 170



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

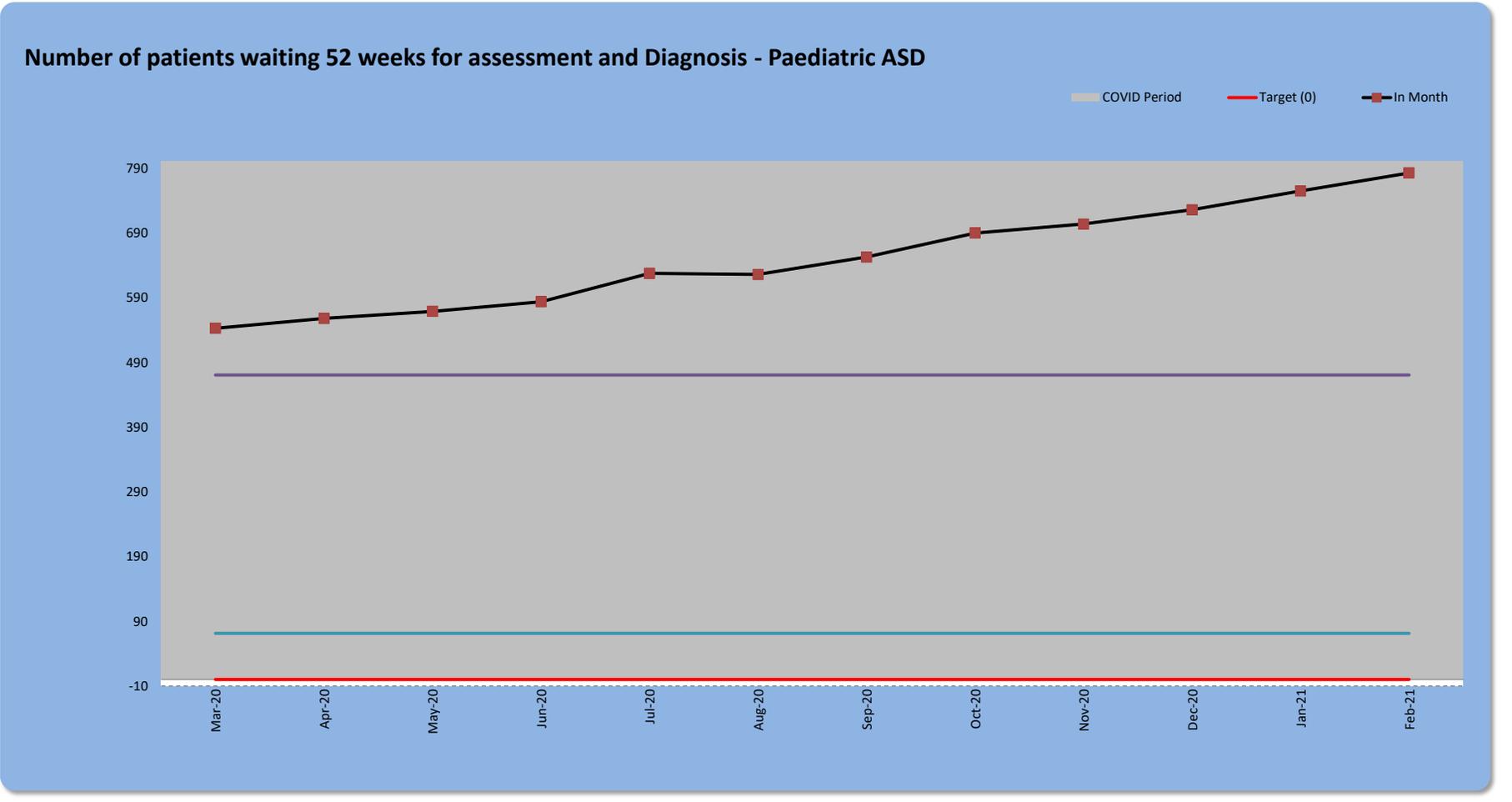
For the period ending: **Feb 2021**

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

Narrative

Increase of 28 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 783



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2021**

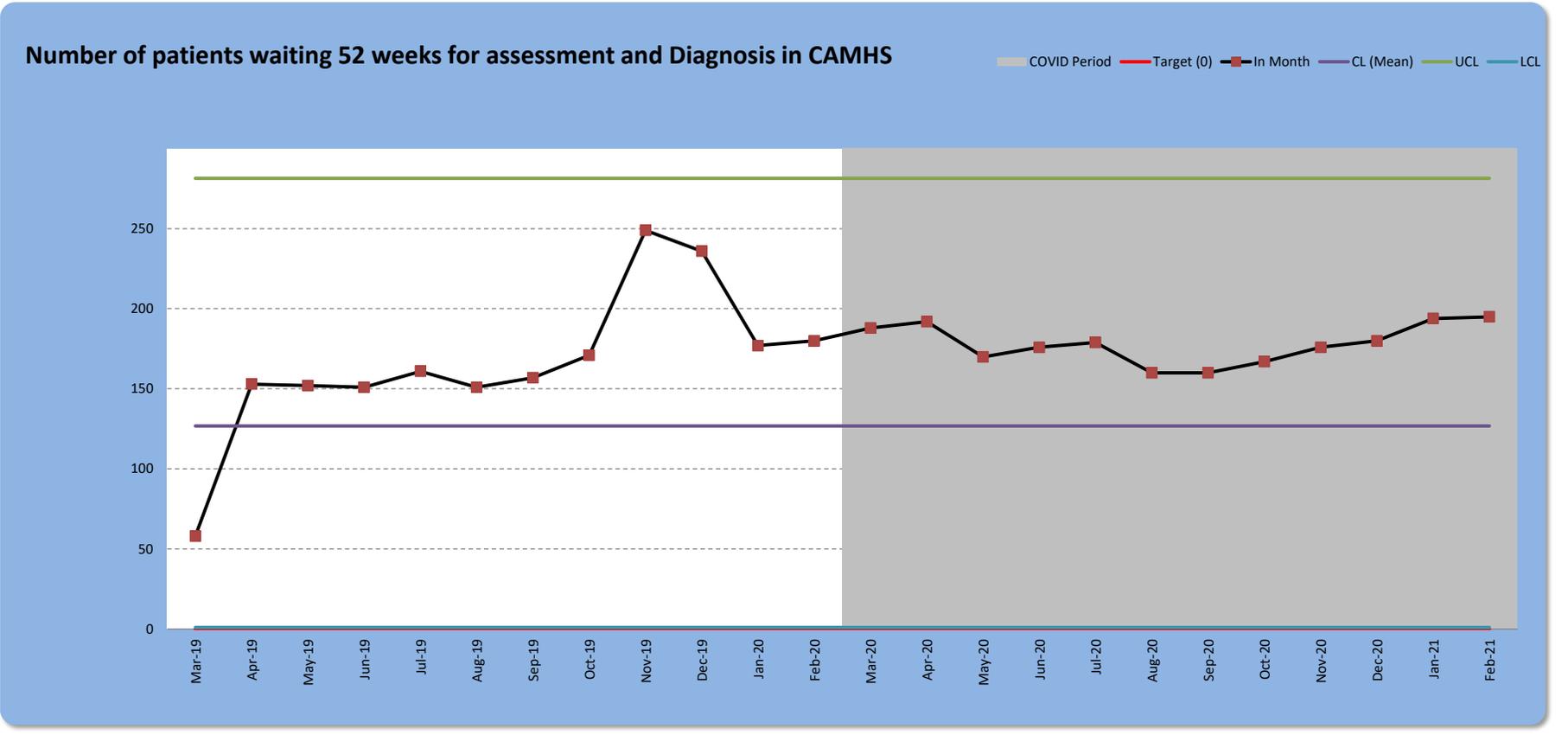
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increased by 1 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 195



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

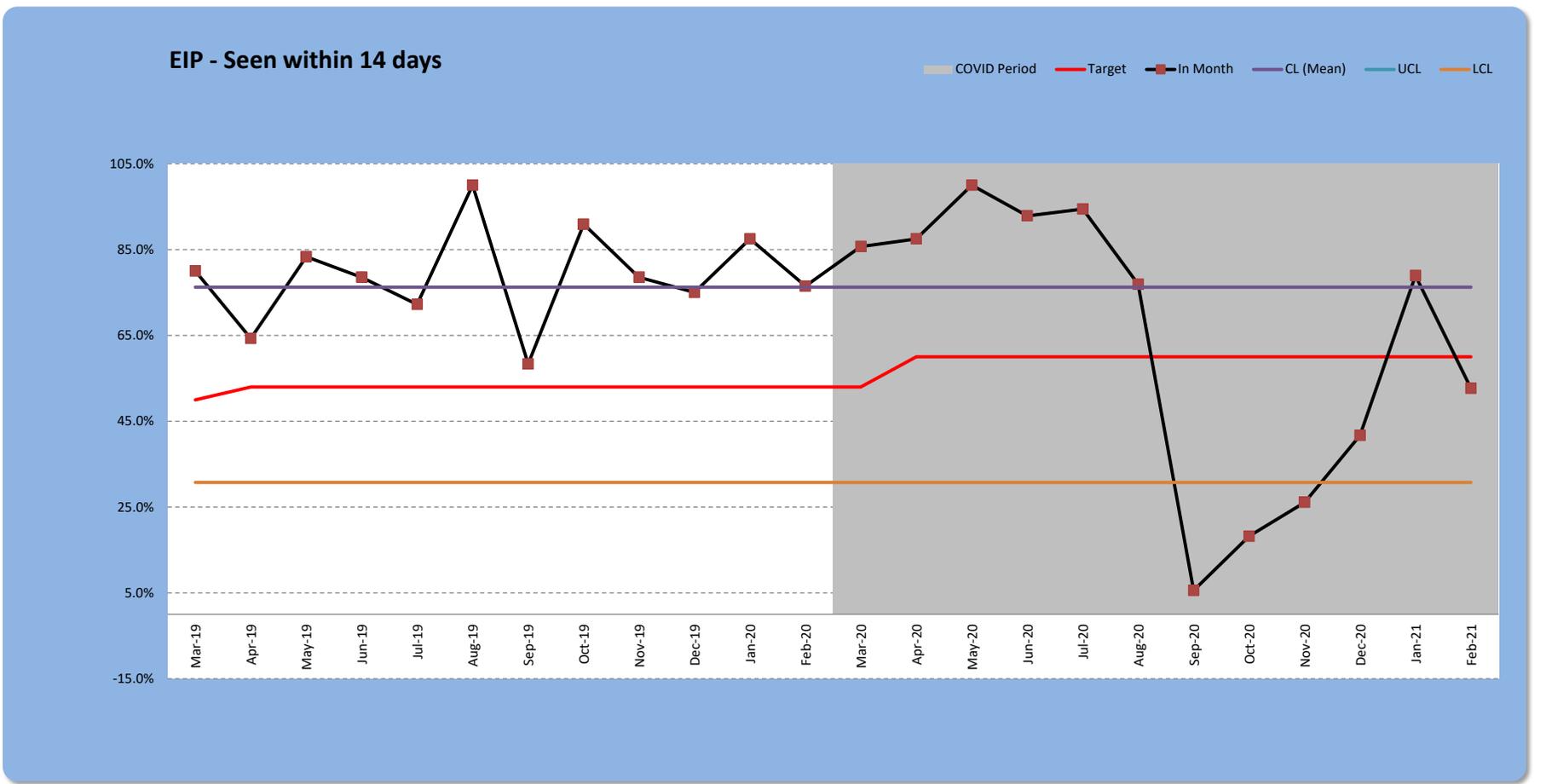
Narrative

Decreased by 26% when compared to the previous month and remains below target.

Target has increased to 60% in 2020/21.

Target: 60%
Amber: 55%

Current month stands at 52.6%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

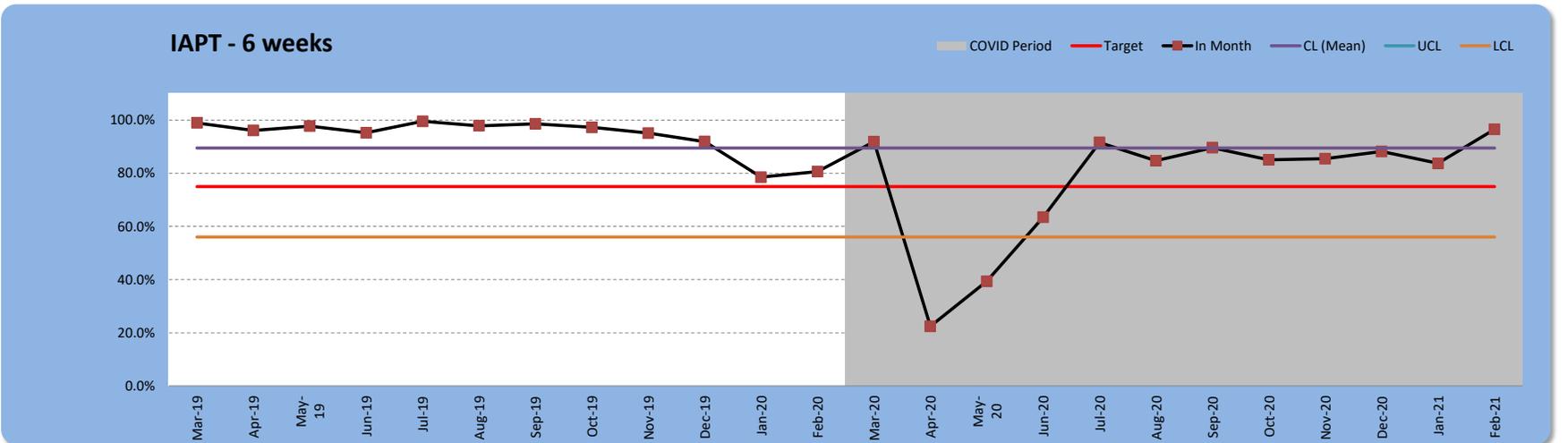
For the period ending: **Feb 2021**

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

Narrative

Performance has increased by 12.8% and remains above the target of 75%

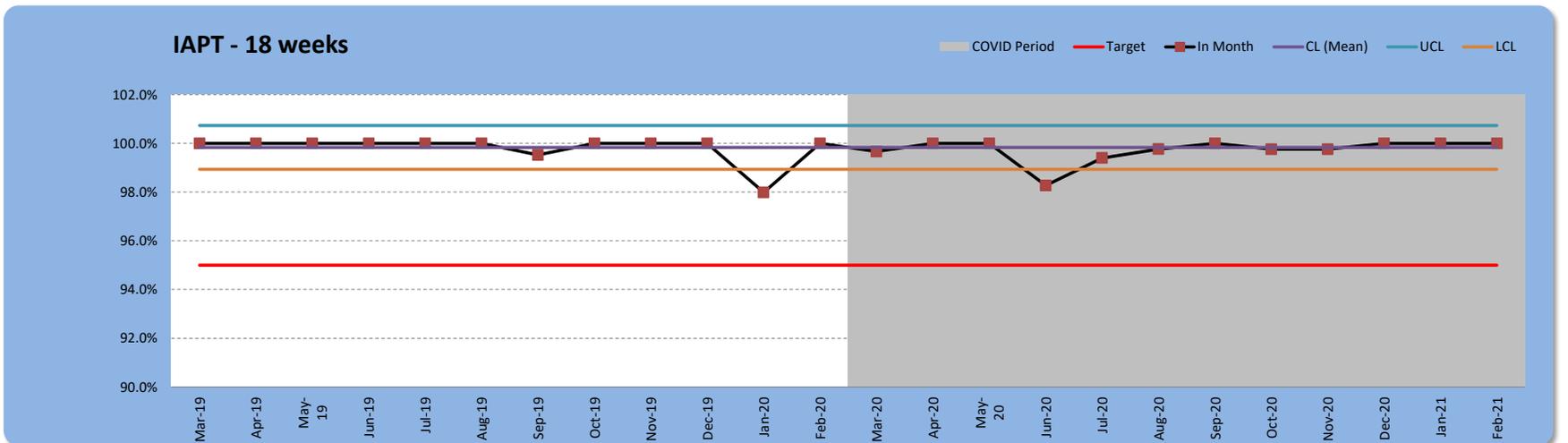
Target: 75%
 Amber: 70%
 Current month: 96.5%



Narrative

Performance stands at 100% for February and remains above target.

Target: 95%
 Amber: 85%
 Current month: 100.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

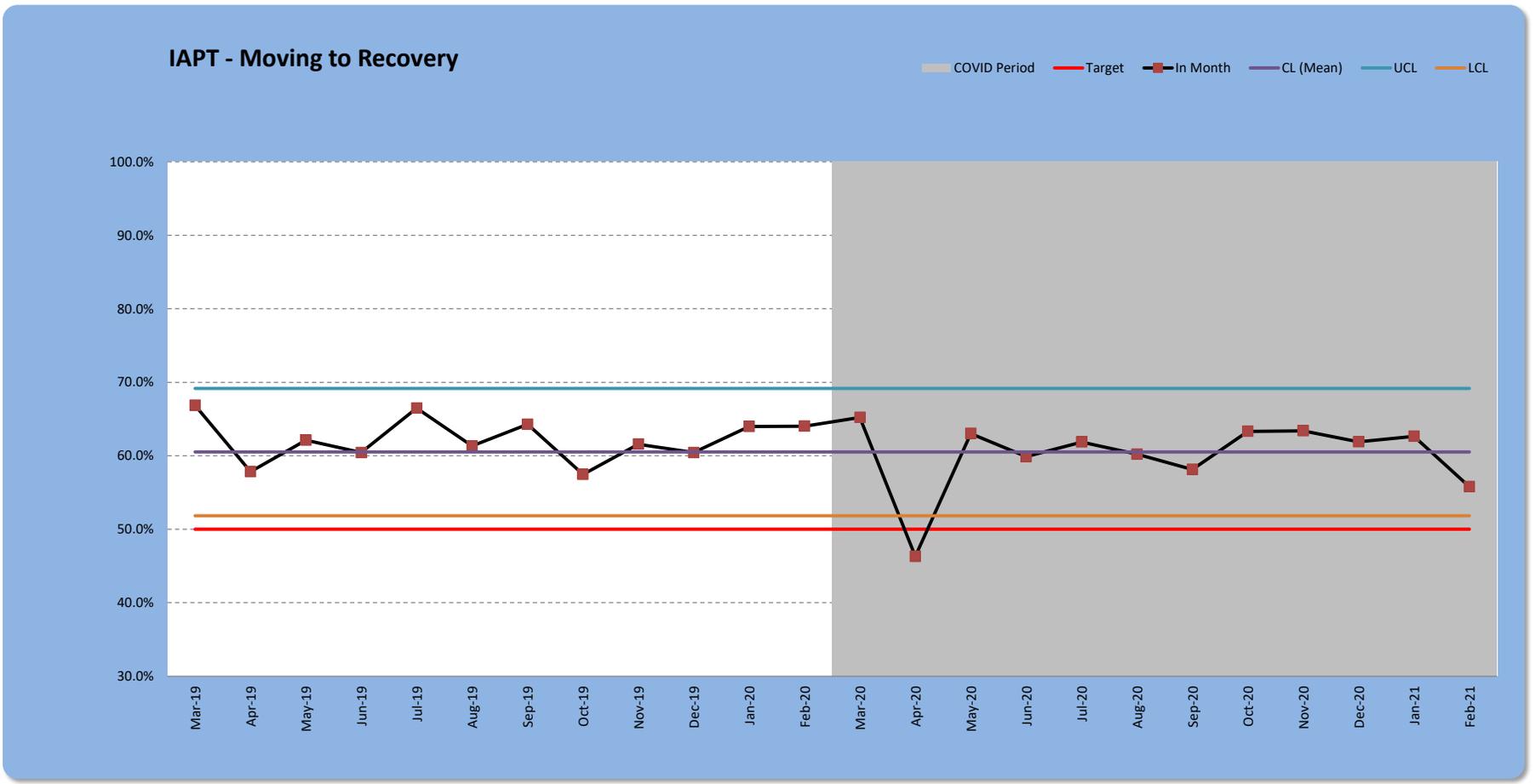
KPI Type
OP 11

Narrative

Performance has reduced by 6.9% but remains above the 50% target.

Target: 50%
Amber: 45%

Current month stands at 55.8%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2021**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

ST 4b

Out of Area Placements

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

Narrative

Out of area days has decreased by 272 days when compared to the previous month.

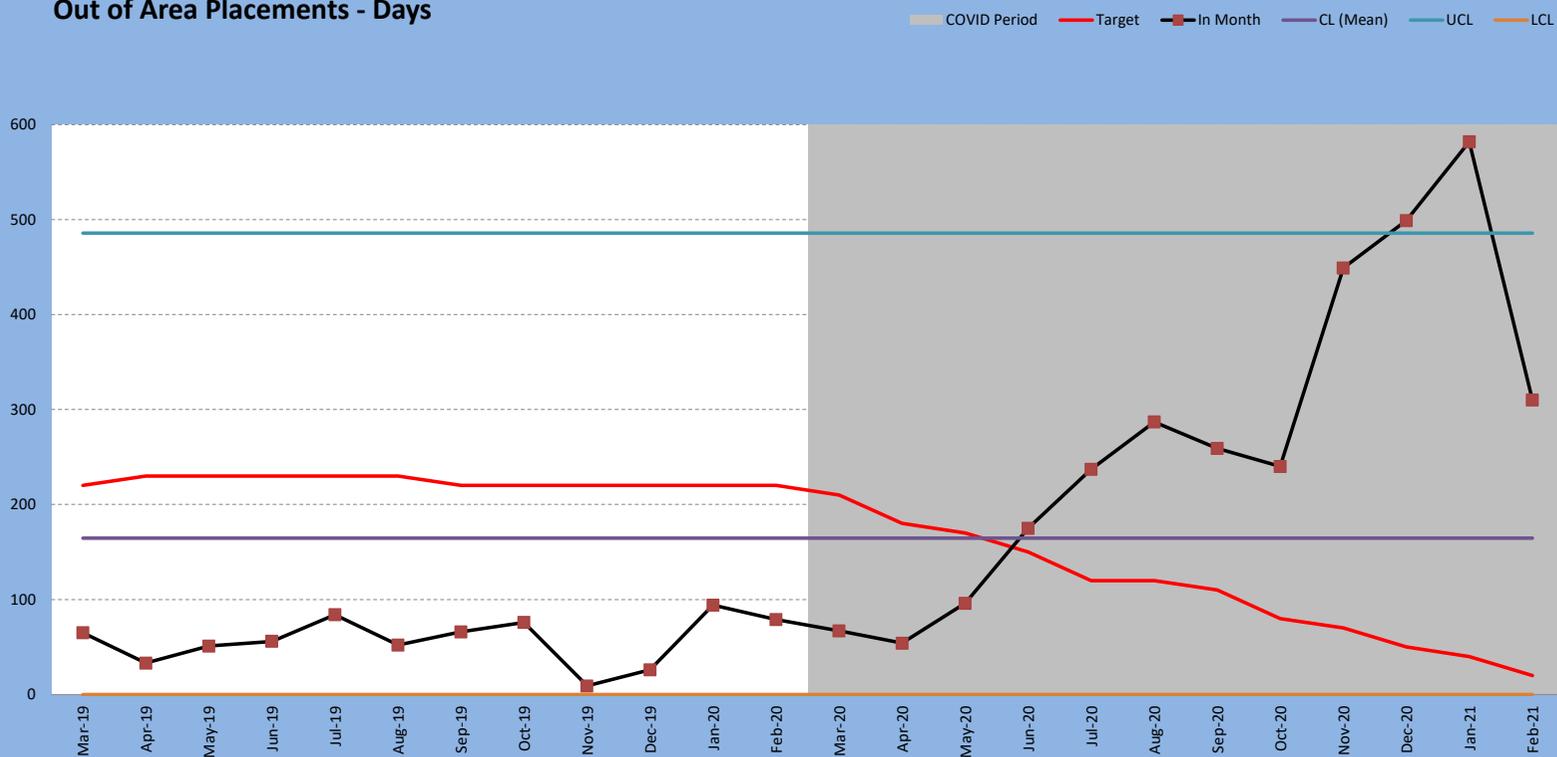
In recent times additional Beds have been purchased from NAVIGO and CYGNET but these remain within the data.

Target: 20

Amber:

Current month stands at 310

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2021**

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

KPI Type
OP 14

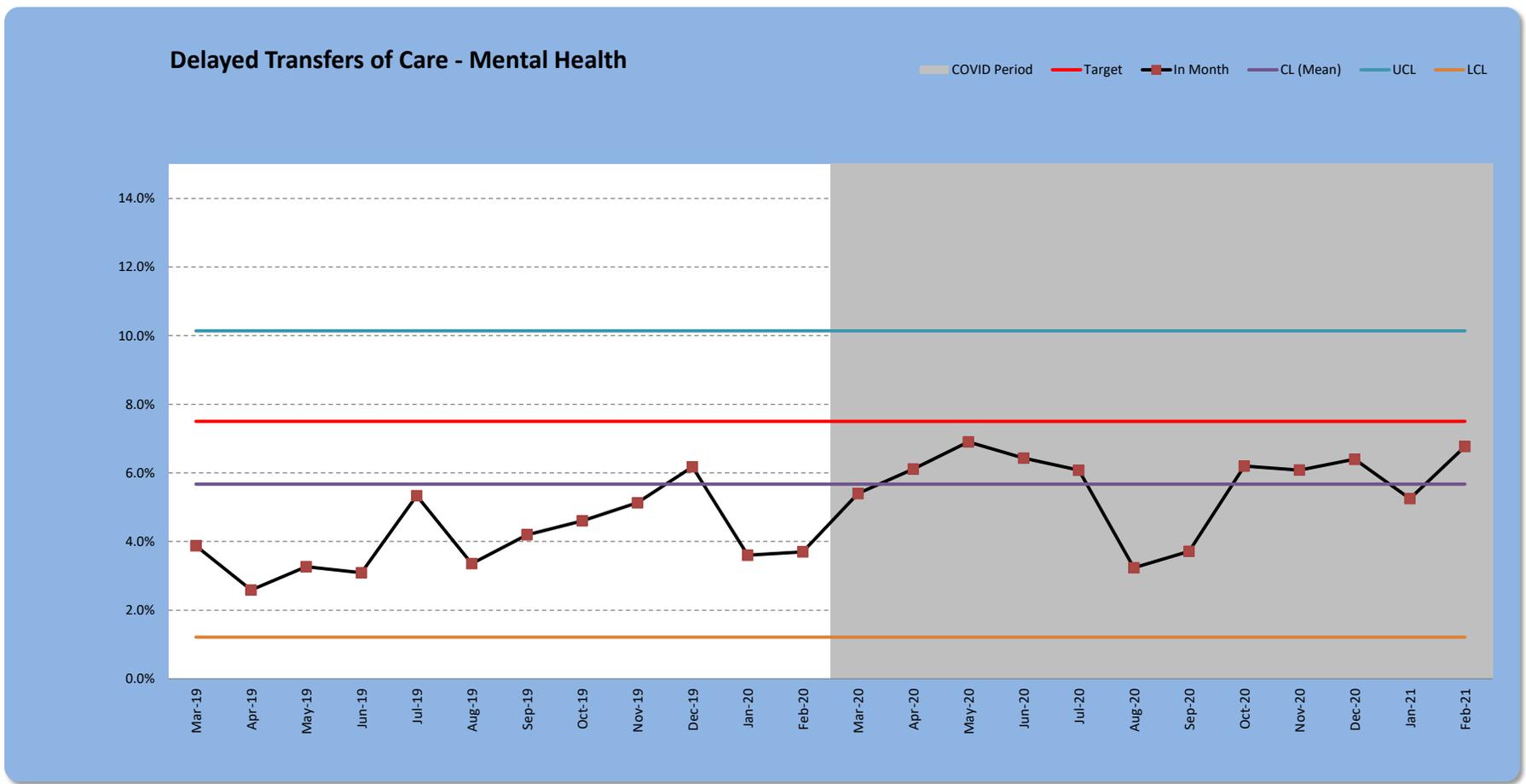
Narrative

Performance has increased (deterioration) by 1.5% compared against previous month and remains within target.

Low performance is Good.

Target: 7.5%
Amber: 7.0%

Current month stands at 6.8%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Feb 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

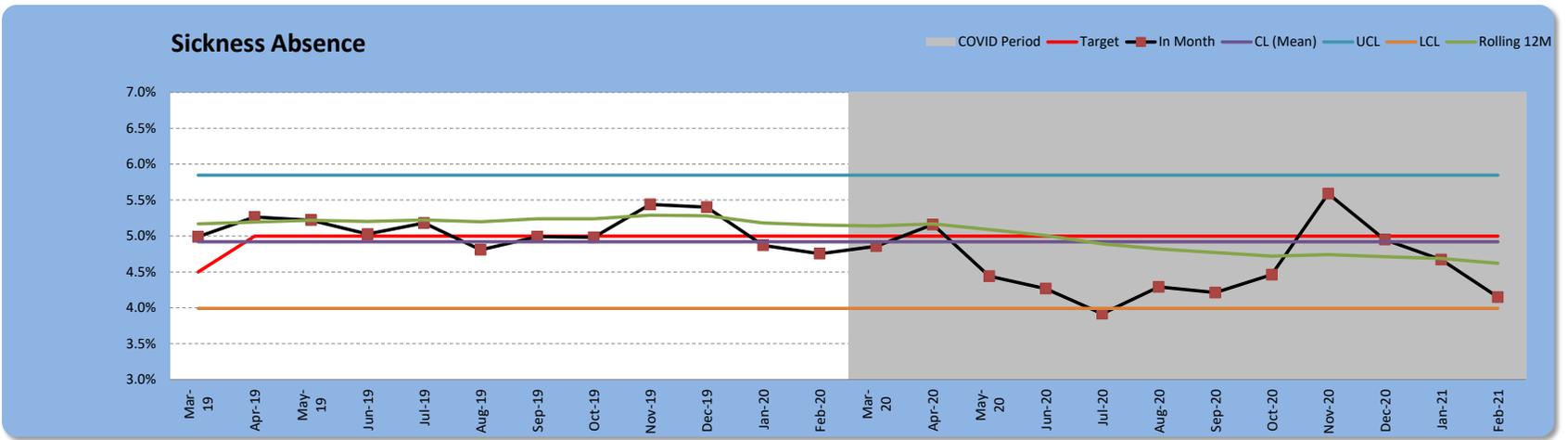
Narrative

Sickness/Absence Rate has decreased by 0.6% when compared to the previous month.

Feb-21 Rolling 12 month figure is within target reporting at 4.6%

Target: 5.0%
Amber: 5.2%

Current month
4.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2021**

KPI Type

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

Narrative

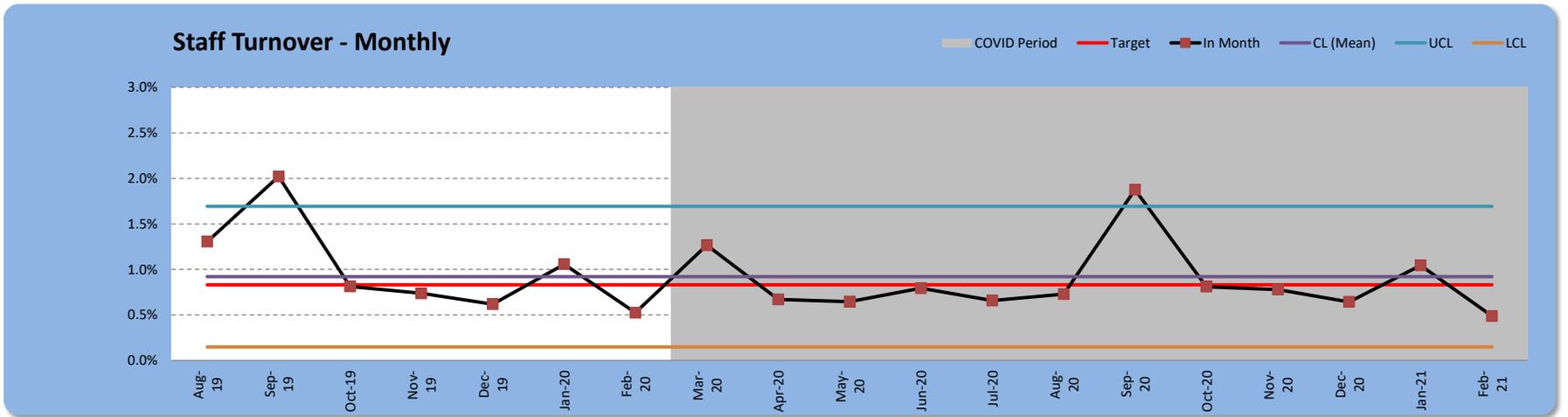
Staff Turnover has decreases by 0.6% in the reporting period.

Low Performance is good.

Target: 0.83%

Amber: 0.70%

Current month stands at 0.5%



Narrative

Exceeds Target.

Low Performance is Good.

Target: 10%

Amber: 9%

Current month stands at 10.5%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

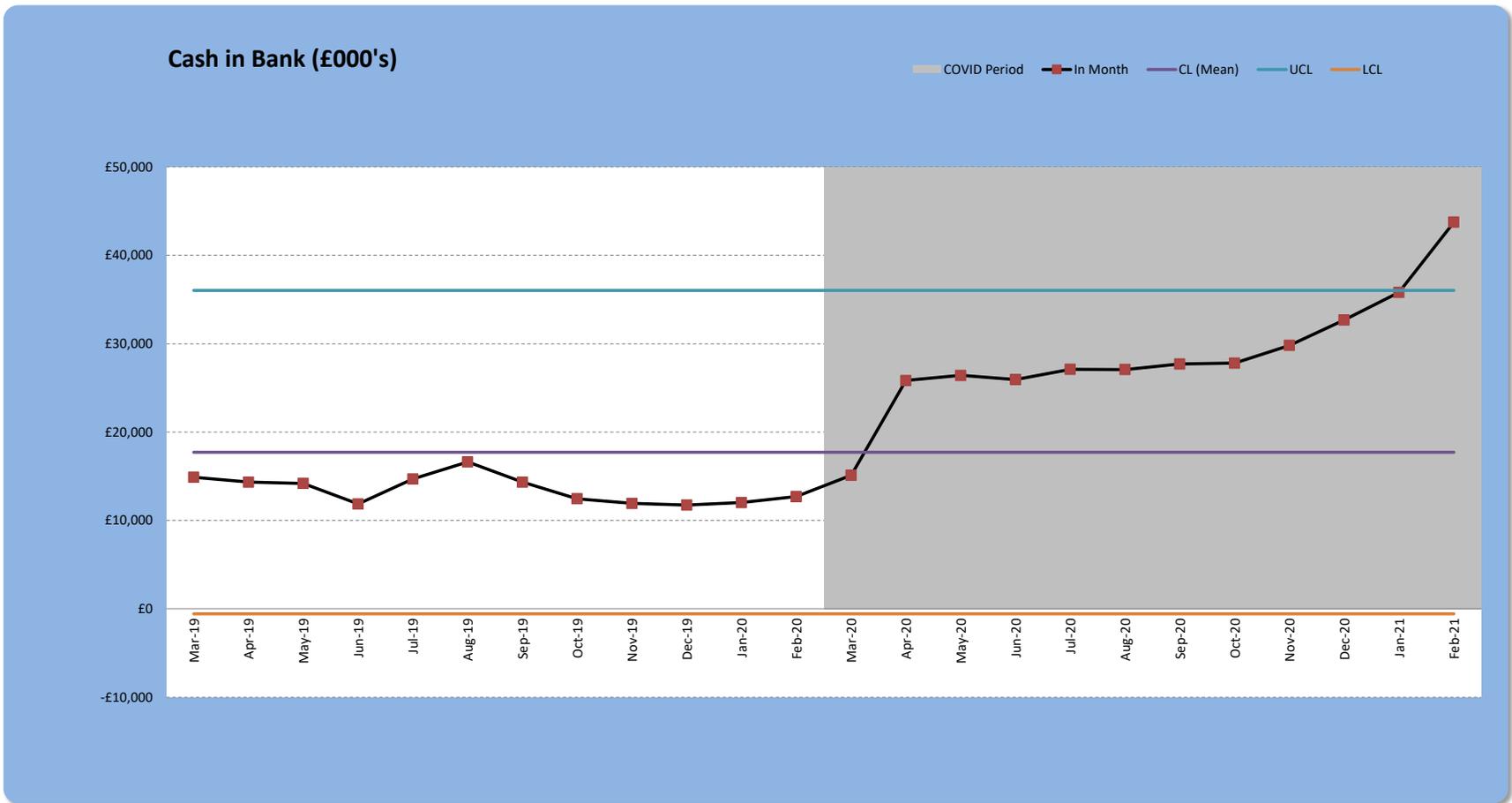
For the period ending: **Feb 2021**

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

Narrative

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

Current month stands at £43,753 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2021**

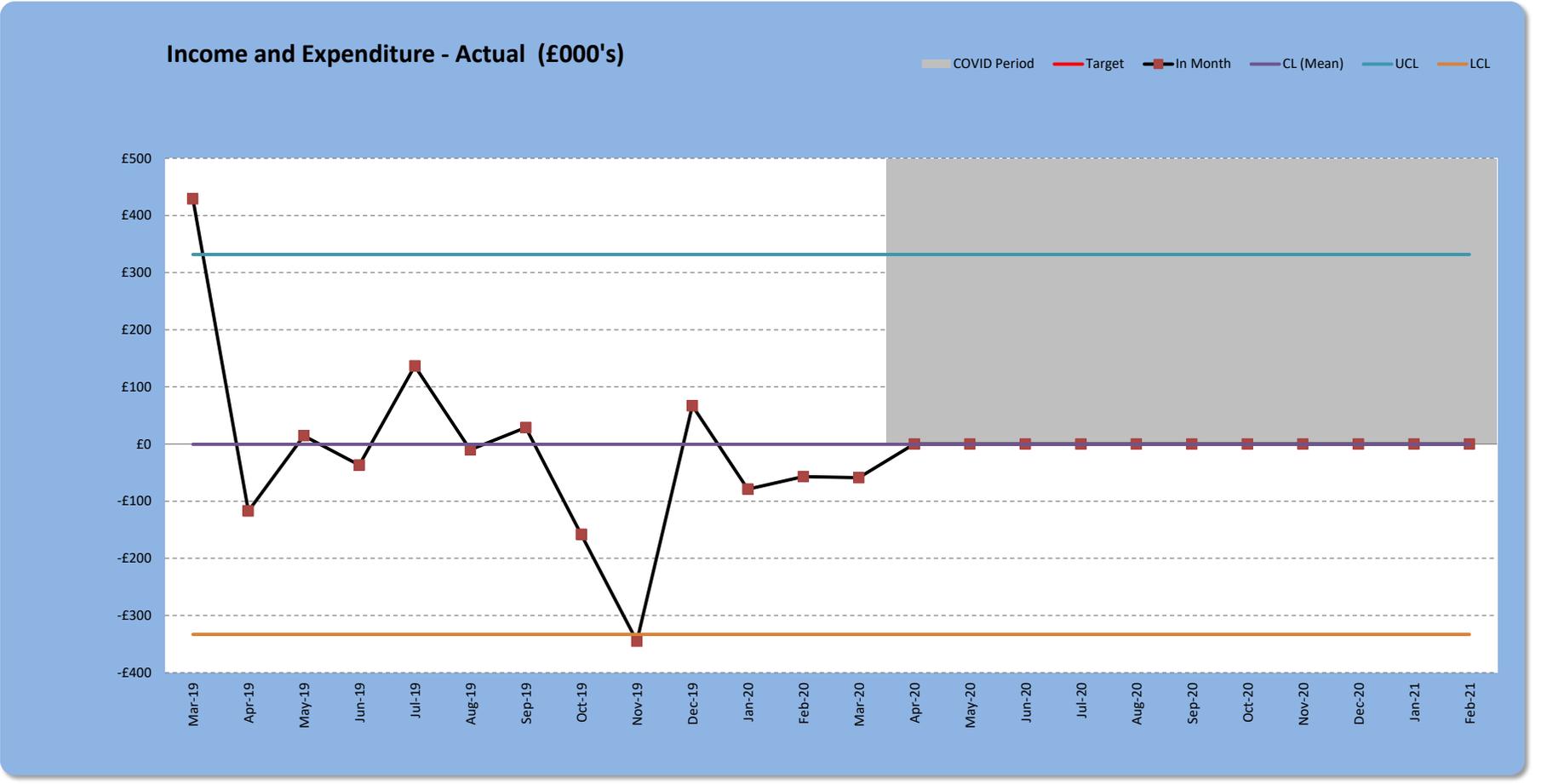
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

The Trust is at break even status

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



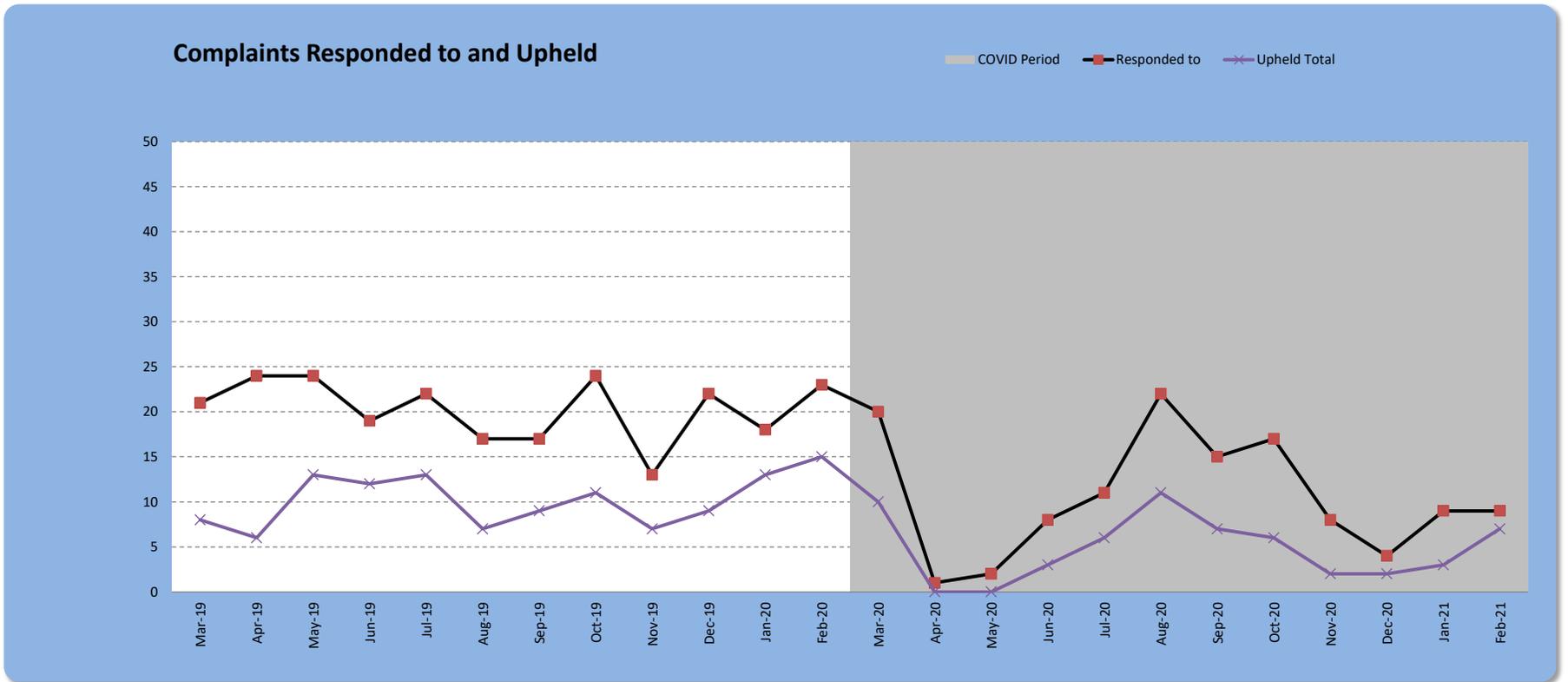
PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2021**

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

Narrative
Upheld Results
During the month, the following number of complaints was responded to 9
Of the number of complaints responded to in the month 7 were upheld which equates to 77.8%
YTD Upheld
50.0%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2021**

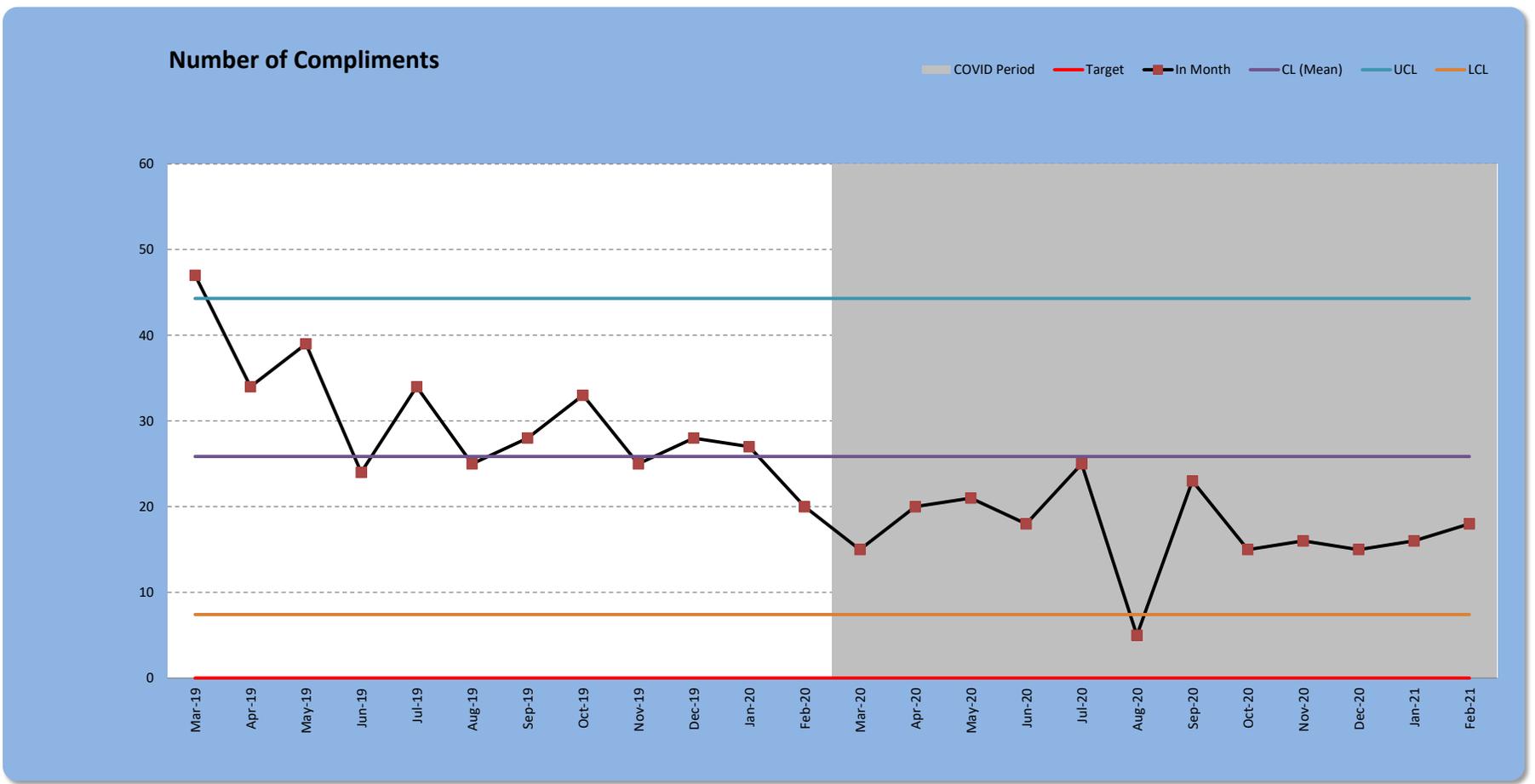
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

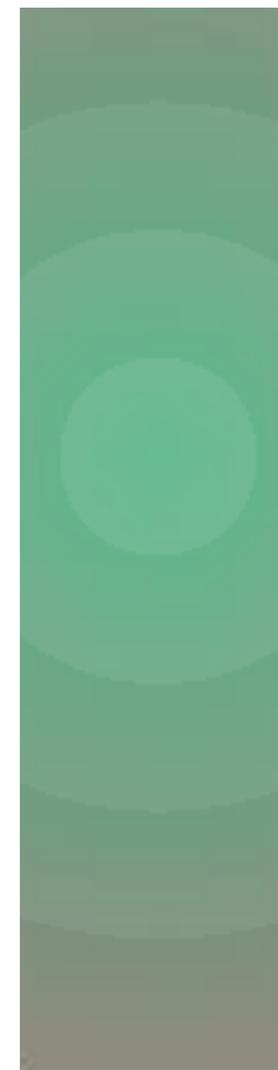
Narrative

18 compliments received in the month

Target: 0
Amber: 0

Current month stands at 18





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: 15/03/2021



Agenda Item 12

Title & Date of Meeting:	Council of Governors – 15 th April 2020			
Title of Report:	Finance Update Report (February 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 December 2020 to February 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"> • For 2020/21 normal contracting arrangements between NHS organisations have been ceased and the Trust is receiving a block income allocation. • As at the end of February 2021, the Trust had recorded a operational breakeven position. • Cost in relation to the COVID pandemic for Months 1 – 11 total £13.186m. • The Cash Balance at the end of February 2021 was £43.753m, which is inclusive of 1 months advance block income (circa £10m). 			

Monitoring and assurance framework summary:

Links to Strategic Goals				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any
Legal	√			To be advised of any
Compliance	√			future implications



Communication	√			reports as and when future implications by Lead Directors through Board required
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Council of Governors Finance Update Report (February 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 December 2020 to February 2021.

2. Performance 2020/21

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

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

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

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

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

Table 2: Reported I&E Position 2020/21

	December 2020 £000	January 2021 £000	February 2021 £000
Trust Income	102,517	114,254	128,976
<i>Less: Expenditure</i>	98,852	110,128	124,387
EBITDA	3,665	4,126	4,589
Finance Items	4,745	5,214	5,706
Sustainability Funding (Income)	(474)	(474)	(474)
Operational Surplus/(Deficit)	(606)	(614)	(643)
Exclude: Impairment	(554)	(554)	(578)
Exclude: Donated Asset Depn	(52)	(60)	(65)
Net Position Surplus/(Deficit)	-	-	-
EBITDA	3.6%	3.6%	3.6%
Deficit (-)/Surplus %	0.0%	0.0%	0.0%



The Trust reported a year to date break even position for February 2021, after £0.065m of donated asset depreciation and an impairment charge of £0.578m (which does not count against the Trust's Control Total), the Trust reported a deficit of £0.602m

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

2.1 Children's and Learning Disability

Year to date expenditure of £24.874m represents an underspend against budget of £0.188m

2.2 Community and Primary Care

Year to date expenditure of £27.773m represents a minor underspend against budget of £0.039m

2.3 Mental Health

An underspend of £0.456m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, have been offset by the underspend in Mental Health planned care from current vacancies.

2.4 Secure Services

An overspend of £0.119m was recorded YTD for Secure Services. The main reasons for this is the use of Agency Medical Staff, to which the Service are actively recruiting and an unfunded Enhanced Package of Care..

2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.803m overspent.

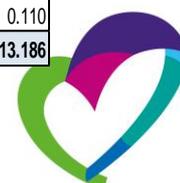
Within Finance Technical items are central covid costs, reserves and profiling adjustments, once these items are excluded the net reported position for corporate services is a £0.417m underspend. ..

3 COVID Expenditure

At the end of February 2021 the Trust recorded £13.186m of Covid related expenditure, details of which are summarised below. .

Table 3: COVID Claim analysis

COVID 19 Costs	April £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Total £m
Pay Costs	0.258	0.414	0.397	0.183	0.162	0.227	0.076	0.266	0.321	0.226	0.208	2.738
Non Pay Costs	0.281	0.302	0.201	0.302	0.436	3.193	0.136	0.323	0.312	0.242	0.455	6.183
Income Top Up	0.179	0.478	0.396	0.655	0.523	0.463	0.283	0.265	0.260	0.260	0.393	4.155
Vaccine Costs									0.046	0.064		0.110
Total Costs in Position	0.717	1.194	0.994	1.140	1.121	3.883	0.495	0.854	0.939	0.792	1.056	13.186



4. Cash

The cash balance at 28th February 2021 was £43.753m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	December 2020 £000	January 2021 £000	February 2021 £000
Government Banking Service	32,359	35,590	43,554
Nat West	273	162	150
Petty Cash	48	49	49
Net Position	32,680	35,801	43,753

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

6. Recommendations

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



2020/21 Income and Expenditure Summary (As at 28th February 2020)

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	125,699	13,524	13,238	(286)	115,357	115,046	(311)
Clinical Income	14,272	1,024	1,483	459	12,871	13,930	1,059
Total Income	139,971	14,548	14,722	173	128,228	128,976	748
Expenditure							
Clinical Services							
Children's & Learning Disability	27,935	2,402	2,455	(52)	25,062	24,874	188
Community & Primary Care	30,429	2,441	2,485	(45)	27,813	27,773	39
Mental Health	48,868	4,717	5,774	(1,057)	42,330	41,874	456
Secure Services	11,197	905	956	(51)	10,033	10,152	(119)
	116,219	10,464	11,669	(1,205)	105,238	104,674	564
Corporate Services							
Chief Executive	1,942	153	166	(13)	1,790	1,789	1
STP Office	2,392	1,806	1,488	320	2,128	1,966	171
Chief Operating Officer	6,919	624	534	90	6,385	6,388	(3)
Finance	13,463	1,112	1,209	(97)	11,245	11,300	(56)
HR	3,251	347	286	60	3,013	3,045	(33)
Director of Nursing	2,185	132	72	59	2,008	1,868	140
Medical	1,725	141	115	26	1,593	1,397	196
Finance Technical items (including Reserves)	(12,764)	(604)	(1,278)	674	(9,276)	(8,029)	(1,247)
	19,113	3,711	2,591	1,120	18,884	19,714	(830)
Total Expenditure	135,332	14,175	14,260	(84)	124,122	124,387	(266)
EBITDA	4,640	373	462	(89)	4,106	4,588	(482)
Depreciation	3,102	245	253	(7)	2,697	2,781	(84)
Interest	148	12	14	(2)	135	135	(0)
PDC Dividends Payable	2,341	195	195	0	2,146	2,146	0
PSF Funding	(961)	(79)	-	(79)	(872)	(474)	(398)
Operating Total	-	(0)	0	(0)	(0)	0	(0)
Excluded from Control Total							
Impairment	-	-	24	(24)	-	578	(578)
Donated Depreciation	220	18	5	13	202	65	136
Ledger Position	(220)	(19)	(29)	10	(202)	(643)	441
EBITDA %	3.7%	2.8%	3.5%		3.6%	4.0%	
Surplus %	0.0%	0.0%	0.0%		0.0%	0.0%	



Title & Date of Meeting:	Council of Governors – 15th April 2021			
Title of Report:	Annual Declarations 2020/21			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve		To receive & note	
	To discuss	<input checked="" type="checkbox"/>	To endorse	<input checked="" type="checkbox"/>
	<p>The Council of Governors are asked to discuss and endorse the following annual declarations, based on the evidence included in this report.:</p> <ul style="list-style-type: none"> • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives • The Trust has a reasonable expectation that required resources will be available to deliver designated services • That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role. 			
Governance: Please indicate which group or committee this paper has previously been presented to:	Name of group (please list all)	Date	Name of Group (<i>continued</i>)	Date
	Trust Board	Nov 19	Trust Board	Jan 21
	...			
			Other type of review (please detail)	
Purpose of Paper:	To provide the Council of Governors with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations ensuring that the views of Governors have been taken into consideration.			
Key Issues within the report:	<p>The Trust is required to make annual declarations after the financial year end.</p> <p>Details of declaration and comments/evidence are included within the report.</p>			



Monitoring and assurance framework summary:

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

**Council of Governors (April 2021)
Annual Declarations 2020/21**

1. Introduction and Purpose

This purpose of this paper is to provide the Council of Governors with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets these declarations.

3. NHS Licence Conditions

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

The Trust is required to make the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

In terms of commissioner requested services the Trust has not previously made this declaration however the CAMHS Tier 4 Contract requires this declaration to be made, and some services for the Hull and East Riding are now classed as Essential Services.

3.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The previous update to the Trust Board in November 2019 and the Council of Governors in January 2020 highlighted the evidence available to support the above declarations.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing
- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

3.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous board discussions.

3.3 Condition CoS7

As the Trust is now a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

4. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that requires the Trust to ensure governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions
- Council of Governor Meetings

5. Next Steps

The deadline for annual declarations has yet to be published, it is proposed that a final paper will be presented to the Trust Board alongside the annual report and accounts taking in the views of Governors

6. Recommendation

The Council of Governors are asked to discuss and endorse the following annual declarations, based on the evidence included in this report.:

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

Appendix A

Licence Conditions:

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> • The Trust complies with any Monitor/NHS Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors continues to meet in public (via MS Teams). • Agendas, minutes and papers are published on the Trust's website. • Monthly board meetings include updates on operational performance quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
G4. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> • Governors and Members of the Board of Directors are required to make an annual declarations to ensure that they continue to meet the Fit and Proper Persons Test.



Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors considered the Board Assurance Framework as part of the 2019/20 audit work programme; the outcome provided 'substantial' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement • The 2019/20 Annual Head of Internal Audit Opinion provided 'Good' Assurance • 2020/21 Opinion not yet known <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/Monitor if their registration is cancelled.	<ul style="list-style-type: none"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> • Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> • CRS are defined in the Trusts contracts with Clinical Commissioning Groups • The Trust makes a declaration under CoS7
Pricing conditions (P)		

Condition	Explanation	Comments
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS Improvement/Monitor.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> The Trust Board have signed off the process in relation to National Cost Collection (July 2020).
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> Contracting arrangements within the NHS have been suspend for 2020/21 All Trust contracts are agreed annually and are in line with the national tariff where applicable. The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> The Trust has positive working relationships with commissioners. The Trust adopted a new collaborative commissioning approach to contracting in 2018/19 2020/21 contracts with the commissioners were all but agreed, however the national response to COVID-19 suspended operational planning for 2020/21. Guidance for 2021/22 is still awaited at the time of writing this report
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

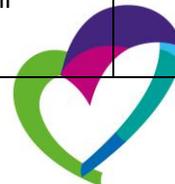
Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. A number of services provided are done so through partnership working with other local stakeholders.
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> The Current Contracts with commissioners requires agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> The Trust maintains a full capital asset register. Any disposals are reported/approved by the Trust Board

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2020. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> • The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has an approved operational plan • The Trust's final Financial Use of Resource score for 2020/21 was a 2 consistent with its approved NHSI Plan • The Trust has completed its annual accounts on a going concern basis • The Trust has an underlying bank balance of circa £20m <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> • The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement with a copy of its Board approved Annual Report and Accounts.

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> • If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> • The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</p>

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – November 2020 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report and Use of Resources Score
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and ‘ward to board’ reporting.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	External Audit Opinion on VFM (ISA260) Going Concern review Annual Governance Statement All Statutory requirements met Delivered Financial Targets in 2020/21 Use of Resource Score of 2 Trust plan agreed to its financial targets for 2020/21 (<i>prior to the suspension of operational planning</i>) Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board Annual Report and Accounts Annual Quality Report



	Statement	Sources of Evidence and Assurance
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives</p> <p>Patient Stories reported to Board</p> <p>Programme of Exec Visits (Virtual and Physical)</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p> <p>Staffing Figures reported to the board regularly.</p> <p>Trust Workforce Strategy</p> <p>Workforce included in Service Plans</p> <p>The Trust has established a Workforce Committee</p>

Agenda Item 14

Title & Date of Meeting:	Council of Governors Public Meeting – 15 April 2021			
Title of Report:	Engaging with Members Governor Group			
Author/s:	Doff Pollard, Chair of Engaging with Members Governor Group			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	<p>To present the Group's effectiveness review for 2020/2021 and updated Terms of Reference</p> <p>To provide the Council of Governors with an update on meetings held.</p>			
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	11/3
	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
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			

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

Engaging with Members Governor Group

1. Annual Effectiveness Review 2020/2021

A review of the Groups effectiveness was undertaken and agreed at the March meeting. The completed effectiveness review for the Council of Governors is attached. As part of the effectiveness review the Groups Terms of Reference were reviewed and attached for approval.

2. Feedback from Engaging with Members Governor Group meeting 11 March 2021

A summary of the issues discussed are provided below for information.

- Agreement of a new Chair – members supported the appointment of Doff Pollard as the new Governor Chair of the Group and thanked Ms Pollard for taking on this role.
- Considered the effectiveness of the group and prepared the Effectiveness review of 2020/21 for presentation to the CoG
- Reviewed the Group's Terms of Reference
- Received an overview of recent Government Legislation
- Discussed engagement undertaken by Governors since the last meeting, ways to engage with constituents and using the priorities identified as part of the 2020 survey
- Discussed how to engage with members in constituencies (during and when post covid) – this is a standing agenda item
- Discussed ways to enhance website links
- Preparation of the Report to the Council of Governors in April.

3. Recommendations

- a) To receive and discuss the effectiveness review
- b) To approve the Terms of Reference
- c) To note feedback from the Groups most receive meeting

Doff Pollard
Governor Chair, Engaging with Members Groups
29/3/21

Engaging with Members Governor Group

Annual Review of Committee Effectiveness and Terms of Reference 1st April 2020 to 31st March 2021

The purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust's members and the public.

1. Summary

The group was reformed in February 2020 where it was agreed what the focus of the group should be and to consolidate the work of previous discussions – this allowed the development of agendas and workplans for the year ahead.

The group has provided a dedicated focus for engagement, elections and membership. The restrictions in place due to covid throughout the year have prevented face to face interaction as a group and with members. However, the group has met over Microsoft Teams and governors have continued to engage in a variety of ways to gain assurance and reassurance through groups they sit on, patient experience meetings they attend, volunteering and/or befriending and receiving feedback in these ways to continue to fulfil their roles.

The Committee is chaired by a governor.

2. Delivery of functions

Functions within ToR <i>(extracted from ToR)</i>	Evidence to support delivery	Outstanding issues / action plan
<ul style="list-style-type: none"> • Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership. • Consider ways to develop an engaged Trust membership including representation from 	<p>Evidence within the action logs and/or minutes of the meetings.</p> <p>A summary list of achievements are also listed below.</p>	n/a

unrepresented groups		
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Evidence to support delivery:

- Agreed a Terms of Reference for the Group
- Prepared a work plan
- Developed a revised Members leaflet
- Developed a Poster
- Developed and delivered a Membership Survey
- Considered survey responses and incorporated into work of the group
- Updated the members section on the website and introduced a system to ensure it is kept live with Membership Officer informing communications of news and events to update
- Discussed how to engage with members in constituencies (during and when post covid) – regular agenda item
- Annual Members Meeting – received assurance on governor involvement and Lead Governor session and received an update after the meeting
- Contributed to election planning
- Discussed and clarified membership engagement support available to Governors through the Membership Office
- Considered a membership report broken down by characteristics – which confirmed that membership is representative of our local area

3. Attendance

The Group reconvened in February 2020.

During the 2020/21 year the group met on 4 occasions – 6th July, 12th August, 17th November 2020 and 11th March 2021.

A summary of attendance is attached as appendix 1.

Members:	No of meetings attended
<p>The membership of the Group shall consist of:</p> <ul style="list-style-type: none"> • Governors from all public and staff constituencies • Tim Durkin • Doff Pollard • Helena Spencer • Sam Muzaffar • Huw Jones • Fiona Sanders • Eric Bennett • Sue Cooper • One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Head of Patient Experience • Mandy Dawley • Anne Gorman • Sam Grey • Membership Officer 	<p>3/3</p> <p>3/3</p> <p>1/3</p> <p>2/3</p> <p>2/3</p> <p>2/3</p> <p>1/3</p> <p>1/1</p> <p>2/3</p> <p>2/3</p> <p>3/3</p> <p>2/3 as Staff Governor</p> <p>2/3</p> <p>1/3</p> <p>2/2</p> <p>3/3</p>

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

The membership is open to all elected governors which allows involvement and support of any elected governor. However, the group has developed a core membership of governors which is indicated in the table above.

In addition, membership of the Chair a Non-Executive Director and other Corporate roles provide support to this governor group.

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

No recommendations for change.

4. Quoracy

The quorum necessary for the transaction of formal business shall be 5 members which must include a minimum of 3 Governors.

- The Committee was quorate all occasions.

5. Reporting / Groups or Committees

Not applicable.

6. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

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

A workplan for 2020/21 was agreed

A workplan for the year 2021-2022 is to be developed at the Group meeting on 11 March 2021.

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

Yes.

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

The re-convened group commenced in February and action notes were taken. With effect from November minutes were taken by the Membership Secretary.

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

Yes.

7. Review of Terms of Reference

One change proposed to reflect the group make agreements/recommendations rather than decisions - highlighted in yellow below on ToR. The revised terms of reference are below at appendix 2 for review and approval by the CoG.

8. Workplan for 2021/22

Has a workplan for the year ahead, 2021/22 been prepared?

Yes [/] No []. An outline workplan has been agreed – this remains a working document to reflect additional items the group may agree

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

If any, please summarise in bullet point format below

Appendix 1

Attendance summary 2020-2021

Quorum	6 July'20	12 Aug'20	14 Nov '20	11 March'21
<p>5 members including:</p> <ul style="list-style-type: none"> • 3 Public Governors • 1 Staff Governor • Membership Officer • A Non-Executive Director or Head of Corporate Affairs or a Communications Representative • Head of Patient Experience Team <i>(NB this role is currently covered by a Staff Governor member - MD)</i> 	<p>attendance for July's meeting was not recorded</p>	<p>Tim Durkin Doff Pollard Helena Spencer</p> <p>Mandy Dawley Sam Grey</p> <p>Katie Colrein</p> <p>Adam Dennis Michelle Hughes</p>	<p>Sam Mustaffar Tim Durkin Huw Jones Fiona Sanders Doff Pollard</p> <p>Mandy Dawley Anne Gorman Sam Grey</p> <p>Katie Colrein</p> <p>Sharon Mays Adam Dennis Mike Smith</p>	<p>Doff Pollard, Sam Muzaffar Tim Durkin Eric Bennett Huw Jones Fiona Sanders Sue Cooper</p> <p>Katie Colrein</p> <p>Sharon Mays Adam Dennis Dean Royles Katie Colrein Michelle Hughes</p>

Engaging with Members Governor Group

Terms of Reference

Authority	The Engaging with Members Governor Working Group is established as a subgroup of the Council of Governors. The Group will make recommendations to the Councils of Governors on issues within its remit.
Role / Purpose	<p>The key purpose of the Group is to support the Council of Governors in fulfilling its duty to engage with the Trust's members and the public.</p> <p>The Group will:</p> <ul style="list-style-type: none"> • Provide a forum for discussion on membership and membership engagement. • Monitor how representative the Trust's membership is in order to reflect the interests of the population served by the Trust • Improve the level of effectiveness of member engagement • Determine and make recommendations to the Council of Governors as to how the Trust can best communicate with its members, service users, carers, staff and members of the public. • Identify and review Trust communications with members and the wider public systems and suggest how they may be improved to attract an engaged membership. • Consider ways to develop an engaged Trust membership including representation from unrepresented groups
Duties	<ul style="list-style-type: none"> • Propose actions to ensure the Council's fundamental aim in relation to engagement is met. • Develop the strategy for the Council of Governors to engage on behalf of the Trust with its members. • Ensure efficient mechanisms are identified and in place for Governors to gain member and public views and feed back to the Trust (for example: regular opportunities for members and the wider public to engage with Governors, link with service user and carer groups) • Ensure effective production of membership communications. • To review engagement methods and opportunities for public governors to

	<p>engage with members</p> <ul style="list-style-type: none"> • Receive and analyse reports from the Trust’s membership database in order to identify any under-represented groups and agree a strategy to address any areas identified. • Ensure a process is in place for Governors to be involved in developing and agreeing content for inclusion in Humber Voice publication to effectively communicate on the work of governors • To support the Council of Governors in their responsibilities to represent the constituency or the organisation elected or appointed to serve and contribute to the development of the membership of the Trust and represent the interests of members and the wider general public • To assist the Trust with the recruitment and engagement of members and the wider community. • To consider current materials available for new and potential members i.e. Trust Membership Form and Trust Membership Leaflet • To provide recommendations, feedback and reports where necessary on activities relating to communication and membership to the Chair of the Trust and to inform the Council of Governors of its activities • To provide a forum to prepare for the Annual Members Meeting and other key Governor events.
<p>Membership</p>	<p>Membership of the Engaging with Members Group shall consist of, but not be restricted to:-</p> <ul style="list-style-type: none"> • Governors from all public and staff constituencies • One Non-Executive Director or Chair of the Trust • Head of Corporate Affairs • Communications Representative • Head of Patient Experience • Membership Officer

Quorum	<p>The quorum necessary for the meeting to agree actions and make recommendations shall be 5 members with at least;</p> <ul style="list-style-type: none"> • 3 Public Governors • 1 Staff Governor • Head of Patient Experience Team • Membership Officer • A Non-Executive Director or Head of Corporate Affairs or a Communications Representative
Chair	<p>The Chair of the Committee shall be a Governor</p> <p>In the absence of the Group's Chair the remaining members shall elect a temporary chair for the meeting.</p>
Frequency	<p>A minimum of 2 meetings to be held per year.</p> <p>Additional meetings will be held as deemed necessary by the Group.</p>
Agenda and Papers	<p>Agenda and papers to be distributed a week prior to the meeting.</p>
Minutes and Reporting	<p>Minutes / Action notes will be taken of the meeting and provided to group members within 14 days of the meeting.</p> <p>The group will report to the Council of Governors</p>
Monitoring	<p>The Engaging with Members Group will review its Terms of Reference and purpose and objectives on an annual basis as a minimum.</p>
Agreed (by Group)	<p>11 March 2021</p>
Approved (by CoG)	<p>15 April 2021 tbc</p>
Review Date	<p>March/April 2022</p>

Agenda Item 14

Title & Date of Meeting:	Council of Governors Public Meeting – 15 April 2021			
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 Huw Jones Chair of Quality, Workforce and Mental Health Legislation Governor Group			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members	
	Finance, Audit, Strategy and Quality Governor Group			
	Trust Board			
			Other (please detail)	
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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

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

Feedback from Governor Groups

Appointments, Terms and Conditions Committee 23 February 2021

Having chosen the recruitment organisation to look for our possible Chair, there have recently been quite a lot of activities relating to this. At several meetings we went through the process of looking at the possible candidates and creating the long and the short lists for the interviews. Recently we went through the planned interview sessions, thoroughly debated the performances of the candidates and unanimously agreed on the candidate for our Chair. The Appointments, Terms & Conditions Committee will now put our recommendation to the Council of Governors in April for their approval and the position will then officially be confirmed to the chosen candidate.

The Appointments, T&C Committee also discussed the advisability of recruiting an Associate NED which would be a step up position for the suitable candidate for the position of NED when available. It was decided to have the same recruiting organisation to progress the recruitment the Associate NED and we expect to be able to recruit someone soon.

The Committee is working hard to provide the necessary support for the benefit of the Trust.

S A Muzaffar, Chair

Engaging with Members Group

1. Feedback from Engaging with Members Governor Group meeting 11 March 2021

A summary of the issues discussed are provided below for information.

- Agreement of a new Chair – members supported the appointment of Doff Pollard as the new Governor Chair of the Group and thanked Ms Pollard for taking on this role.
- Considered the effectiveness of the group and prepared the Effectiveness review of 2020/21 for presentation to the CoG
- Reviewed the Group's Terms of Reference
- Received an overview of recent Government Legislation
- Discussed engagement undertaken by Governors since the last meeting, ways to engage with constituents and using the priorities identified as part of the 2020 survey
- Discussed how to engage with members in constituencies (during and when post covid) – this is a standing agenda item
- Discussed ways to enhance website links
- Preparation of the Report to the Council of Governors in April.

2. Recommendations

- a) To note feedback from the Groups most recent meeting

Doff Pollard
Governor Chair, Engaging with Members Groups
29/3/21

Finance and Audit Group

The Governor Group on Finance and Audit met on 25th March 2021. The meeting heard about the financial position reported to the February Board meeting. Key targets are being achieved overall. Governors enquired about the corporate budget position, especially that relating to Workforce. There was a focussed discussion about the underspend in Mental Health services. Governors continue to feel the level of underspend is concerning against a background of waiting even with the challenge of employing new staff and the transformation of community mental health teams.

Performance of the finance team in dealing with debtors and payment of invoices within 30 days was commended. The overall improvements in financial performance are a result of good working by divisions and finance in partnership.

The Governors heard of the appointment of a new group of internal auditors and were assured to hear that early results were already showing improvement.

Audit performance is being maintained at a good standard and Governors were assured of the processes at the Audit Committee and how the Audit Committee continues to work with the other Committees to assure itself of processes of audit.

The Governors were very disappointed that the agenda item on financial reserves and the waiting time situation could not be held as Mr Beckwith had another commitment that meant the item was deferred to probably the next Governor Development meeting.

The financial picture for the next financial year is anticipated to be sound however the national planning guidance was due on the day following the meeting.

Huw Jones, Chair