

**Council of Governors
Public Meeting – Thursday 11 July 2019**

For a meeting to be held at 2.30pm in the Conference Room, Trust Headquarters

		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 9 April 2019	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	2018/19 Audit - Presentation from the External Auditors – Paul Hewitson from Deloitte in attendance	PBec	To note	verbal
6.	Chair's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – March, April & May 2019	SM	To receive & note	√
	Performance & Delivery			
9.	Performance Update	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Governor Issues			
11.	Governor Groups Feedback & Activity	All	To receive & approve	√
12.	Responses to Governor Questions	All	To receive & note	√
13.	Any Other Business			
14.	Date, Time and Venue of Next Meeting Tuesday 22 October 2019, 2.00pm in the Lecture Theatre, Trust Headquarters			



Agenda Item: 2

Title & Date of Meeting:	Council of Governors Public Meeting –11 July 2019		
Title of Report:	Declarations of Interest		
Author:	Name: Jenny Jones Title: Trust Secretary		
Recommendation	To approve		To note
	To discuss		To ratify
	For information		To endorse
	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations.		
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations		
Key Issues within the report:	Any declarations made by Governors are included on the publicly available register.		

Monitoring and assurance framework summary:

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			
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
	Robert Hunt	<ul style="list-style-type: none"> • Member of the Labour Party • Member of MIND • Chair of the Patient Participation Group of North Point Practice
	Suzanne Milan	<ul style="list-style-type: none"> • TBC
	Vacant	
Elected – East Riding Public	John Cunnington	<ul style="list-style-type: none"> • None
	Christopher Duggleby	<ul style="list-style-type: none"> • None
	Huw Jones	<ul style="list-style-type: none"> • Director of Maldaba – provider to LD Services at Trust • Owner of Innov8 Consulting Ltd provider of health care consulting services to predominantly technology companies and cardiac services • Governor of Oakfield School, Hull
	Ros Jump	<ul style="list-style-type: none"> • Councillor -East Riding of Yorkshire Council (Cottingham North), Cottingham Parish Council • Governor Westfield Primary School, Cottingham • Governor Dunswell Primary School, Dunswell • Trustee Dunswell Village Institute, Dunswell • Consultancy work for Eden & Partnership
	Sam Muzaffar	<ul style="list-style-type: none"> • Councillor, Elloughton-cum Brough Town Council • Director of a Limited Company providing General / Performance management Consultancy.
	Fiona Sanders	<ul style="list-style-type: none"> • TBC
Elected – Wider Yorkshire & Humber Public	Vacant	
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Whitby Health Engagement Network representative for Hambleton, Richmond and Whitby Clinical Commissioning Group • Charity Trustee of Registered Charities and Ltd Co by guarantee Rural Arts Cleveland Ironside Mining Museum Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial

		Museum and Skinningrove Bonfire Committee, Whitley Community Transport
Service User and Carer	Mike Oxtoby	None
	Stephen Christian	<ul style="list-style-type: none"> Bank Porter and Volunteer for the Trust
Elected - Staff	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
Appointed	Gwen Lunn (Hull City Council)	TBC
	Cllr Elaine Aird (East Riding of Yorkshire Council)	<ul style="list-style-type: none"> Councillor of East Riding of Yorkshire Council Member of Beverley Town Council Member of the Conservative Association Trustee/member of Beverley Consolidated Charities Member of Beverley and North Holderness Drainage Board
	Jacqui White Hull University	<ul style="list-style-type: none"> I am Associate Dean Education of the Faculty of Health Sciences and employed by the University of Hull who I represent as a partner Governor. 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.
	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
	Vacant - Humberside Police	

**Minutes of the Council of Governors Public Meeting held on
Tuesday 9 April 2019 in the Lecture Theatre, Trust Headquarters**

Present:

- Sharon Mays, Chair
- Michele Moran, Chief Executive
- Elaine Aird, Appointed Governor, East Riding of Yorkshire Council
- Andy Barber, Appointed Governor, Smile Foundation
- Eric Bennett, Hull Public Governor
- John Cunnington, East Riding Public Governor
- Mandy Dawley, Staff Governor
- Christopher Duggleby, East Riding Public Governor
- Craig Enderby, Staff Governor
- Anne Gorman, Staff Governor
- Jack Hudson, Staff Governor
- Robert Hunt, Hull Public Governor
- Huw Jones, East Riding Public Governor/ Lead Governor
- Ros Jump, East Riding Public Governor
- Gwen Lunn, Appointed Governor, Hull City Council
- Sam Muzaffar, East Riding Public Governor
- Mike Oxtoby, Service User/Carer Public Governor
- Doff Pollard, Whitby Public Governor
- Fiona Sanders, East Riding Public Governor
- Jacque White, Appointed Governor, University of Hull

In Attendance:

- Peter Baren, Non Executive Director
- Paula Bee, Non Executive Director
- Mike Cooke, Non Executive Director
- Mike Smith, Non Executive Director
- Francis Patton, Non Executive Director
- Pete Beckwith, Deputy Director of Finance
- Steve McGowan, Director of Human Resources & Diversity
- John Byrne, Medical Director
- Katie Colrein, Membership Officer
- Jenny Jones, Trust Secretary
- Gavin Hamilton (for item 22/19)

Apologies:

- Stephen Christian, Service User and Carer Governor
- Paul McCourt, Appointed Governor, Humberside Fire & Rescue
- Suzanne Milan, Hull Public Governor
- Hilary Gledhill, Director of Nursing
- Lynn Parkinson, Chief Operating Officer

19/19 **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.

20/19 **Minutes of the Meeting held on 17 January 2019**
The minutes of the meeting held on 17 January 2019 were agreed as a correct record.



21/19 **Matters Arising and Actions Log**
The action log was reviewed and noted.

22/19 **Gavin's Story**
Gavin attended the meeting to relate to the Council of Governors his story of living with clinical depression, attempted suicide, affective psychosis and the road to recovery including the journey through Counselling and Community Mental Health Services.

He shared his story and experiences with Governors. After hearing the story, Governors thanked Gavin and commented that he was brave to share his story. Gavin said he wanted to share his story to help encourage others to speak out.

Mrs Dawley thanked Gavin for attending a recent event with her in Birmingham where Gavin shared his story with a large audience.

The Chair thanked Gavin for attending and sharing his experiences.

23/19 **Chair's Report**
The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Non Executive Director (NED) – Paula Bee will be stepping down from her role later in the year as she has been offered a national role which is linked to her full time Chief Executive role with Age UK. The Trust will be sorry to lose Paula, but wishes her well in her new role. Recruitment for a replacement will take place in the coming months.
- Lead Governor – Mr Huw Jones was elected as Lead Governor for the next year. Congratulations to Huw.
- Operating Plan Session – a session was held on 5 March which was well attended by Governors. For next year a session will be built into a Governor Development session. Thank you to all who attended.
- Learning the Lessons – Governors have been invited to a Learning the Lessons event on 1 May 2019. This is an opportunity to learn more about the work that is undertaken. Anyone wishing to attend please contact the Membership Officer.
- Visits to services and teams, including the Humber Centre and Psychiatric Intensive Care Unit (PICU).
- Meetings have been held with partners and stakeholders to review the progress of work taking place in Hull and East Riding and how relationships have improved over time.

Resolved: The verbal update was noted

24/19 **Chief Executive's Report**
The Chief Executive presented her report which gave an update on the local, regional and national issues. Of particular note were:-

Perinatal Visit – the Trust was visited by the national NHS England perinatal team in March, as Humber is the lead provider across the Sustainable Transformation Partnership (STP). The team were impressed with how much impact we're making on the ground hearing as they did from some of our service users.

Filming - The Patient and Carer Team have been asked by NHS Improvement (NHSI) to work with them on producing a film in relation to the patient feedback dashboard. This will be free to the Trust and will be used by all NHS trusts.

Successful Bid - Humber has been successful in our bid for wave two monies for our work in suicide prevention which is great news. More positive work by the Mental Health Partnership.

Director Portfolio Changes - In February 2019, Director portfolios were reviewed to ensure they remain appropriate. The changes took effect from 1st April 2019.

Long Term Plan – a detailed update was provided as part of the report following a request at the last meeting. Two key focusses are around Community Services and Mental Health Services. The implications of the plan are still being worked through. Ms Jump noted that at a recent meeting with East Riding, reference had been made to the Integrated Care System (ICS) and she asked if this was the new name for the STP. The Chief Executive explained that the STP terminology has been replaced with ICS however it is the same groups of people and the same work as done under the STP name. There are six ICPs in the area, Hull & East Riding, North East Lincs, North Lincs, Scarborough and York and are supported by six PLACEs in the Humber Coast and Vale patch.

Mr Jones asked how much should be invested in the ICS by and whether this is happening. The Chief Executive explained that discussions are still being held around this. The Clinical Commissioning Group (CCG) is meeting the Mental Health Investment Standard, but not in the ways that are expected.

Visionary Event – an event was held recently where eight priorities have been agreed. Two new priorities for Eating Disorders and the management of it and Autism and ADHD have also been selected.

Chief Executive NHS Improvement – Ian Dalton, Chief Executive has stood down with Simon Stevens taking up the role. The new structure for the merged NHS Improvement and NHS England is nearing completion.

Care Quality Commission (CQC) – the report is due with the Trust in the next few weeks.

Car Parking – a 12 week consultation has started around car parking on the Trust Headquarters site. This is in response to staff concerns about not being able to park due to illegally parked vehicles and spaces taken up by non Trust people. A Number Plate Recognition system will be introduced but parking will remain free for staff and Governors. Warnings will be issued to vehicles that are illegally parked prior to action being taken. Staff side representatives have been involved in the process.

Proud Programme – this was launched recently and has allowed teams to do activities including an Escape Room.

Ms Jump referred to a recent article in the local media which had stated that this area had the highest suicide rates in the country asking if this was accurate. Professor Cooke explained that this issue had been recently discussed at the Quality Committee. There had been 22 cases in the last 19 years. A paper had been produced based on incidents of suicides from the Coroner's Court. Four development recommendations were made. Work is also taking place with local politicians around suicide prevention for the Humber Bridge. From the work undertaken the Quality Committee was assured of the actions being taken. It was noted that nationally there has been a reduction in suicide rates. The Chief Executive confirmed that discussions are taking place around suicide prevention in relation to the Humber Bridge and the Minister with the lead for this area is attending a meeting this month with representatives of the Trust and a local MP.

Dr Byrne explained that at a strategic level work is ongoing. The Trust has a suicide prevention strategy and national data is being reviewed. Professor Nav Kapoor visited the Trust last year to discuss the work taking place. Recent data does not suggest that the Trust is an outlier for suicide incidents in terms of rates of suicide to the number of patients on case

load. However it was recognised that this did not help those who are left behind, families, carers and friends. Mr Oxtoby asked if work is done with the Samaritans. He was informed that the Trust works with Mind and Humber Care, but does also have some links into the Samaritans and could be pursued further. Work also takes place with sport and men's clubs. Mr Barber said there are also opportunities to apply for funding which may be appropriate and he will look into this.

Dr White said the University is working on a Mental Health Strategy as well as linking in with the CCG and Let's Talk. She was pleased to see that the Partnership Boards are talking about environments as well as services. A bid will be made to the Officer of Students to support this work. The Chief Executive felt it would be useful to link this work into the Mental Health Partnership Board. Dr White will send the Chief Executive more information.

Mrs Gorman referred to the training that Jo Kent, Suicide Prevention Lead is encouraging people to undertake. It was felt that this training link is something that can be shared with others. It takes 20 minutes to complete and will be sent to Governors.

Mr Cunnington commented that the Annual Staff Awards is planned for 17 October. He felt that Governors should attend the event as it is an opportunity to celebrate staff achievements, but was concerned that the date clashed with the October Council meeting. The Awards is an evening event and so does not clash with the Council meeting.

Mr Duggleby asked whether improvement has been made with diagnosis for dementia in Scarborough and Ryedale during the last year as it had been low. The information was not available at the meeting, but will be provided outside of the meeting. Mr Duggleby asked if there were any specific reasons for the low level of performance. It was suggested that issues with primary care had impacted on performance and work is ongoing to address this.

Mrs Pollard asked about the time frames for progress with Whitby Hospital. The Chief Executive responded that feedback is still awaited from commissioners on the clinical models. Mrs Pollard referred to suggestions that following Grenfell hospitals should have sprinkler systems and asked how this could be factored into the redevelopment. Mr Beckwith explained that the redevelopment is an NHS Property Services scheme and it would be for them to progress. Mrs Pollard noted that the Trust's Fire Officer was in attendance and asked this was something the Trust could influence. Mr Dent, explained that although he liaised with other Fire Officers, it was not something he could influence as it was out of the Trust's jurisdiction. He pointed out that sprinklers were not compulsory for certain areas. The Chief Executive pointed out that the Firecode guidelines would need to be followed.

Resolved: The report and verbal updates were noted.

Link to the training to be circulated to Governors Action JJ

Details of dementia diagnosis performance to be provided to Mr Duggleby Action MM

Post Meeting Note

The October Council of Governors meeting date has previously been rearranged to 22 October so there is no clash.

25/19 **Public Trust Board Minutes**

The minutes of the public Board meetings for November 2018, January and February 2019 were provided for information.

Resolved: The minutes were noted.

26/19 **Performance Update**

The report provided an update on Board approved key performance indicators as at the end of February 2019. Of particular note was that 52 week waits have increased further in February. Currently there are 70 patients waiting (excluding ASD) which is an increase from last month of 21.

Mr Jones referred to waiting times asking what is being done to address the problems. The Chief Executive explained that actions are being taken to reduce the waiting times. Autism and ADHD are issues for the STP and a project group is being established to see how this can be managed better across the patch.

For Child and Adolescent Mental Health Services (CAMHS) early work with schools and colleges is being progressed, however the increase is due to the rise in demand. Both of these issues were discussed at a recent Board to Board meeting with NHS Hull Clinical Commissioning Group (CCG).

The Quality Committee looks at the detail of the waiting lists to ensure that people are not left isolated whilst on the waiting list. Professor Cooke explained that the Quality Committee undertook a deep dive recently and was impressed with the level of contact with people on the waiting list.

Mrs Sanders asked if it was possible to have some training on the information in the report. It was felt this would be useful for all Governors to demonstrate the use of Statistical Process Charts (SPC). It was suggested this be arranged as part of a Governor Development session

Mr Hudson referred to the safer staffing dashboard and the impact of staffing on clinical activity. Comments have been made that there are more staff available during the day than at night and is something the Patient's Forum in the Humber Centre has been concerned about. Mrs Flanagan, reported that new guidance has been published by the National Quality Board which is focussed on team involvement to determine staffing levels. Mrs Flanagan will be visiting teams to progress this work which patients and staff can participate in. She explained that during the day there is usually more staff due to the availability of Allied Health Professionals (AHPs). If any patients or staff would like to take part in the work they are welcome Mr Hudson will liaise with Mrs Flanagan.

Mrs Gorman referred to recruitment and that the lack of promotion and career opportunities was stated as a reason for leaving. She queries whether the cost of the work that is being done for recruitment has been compared to the cost of giving promotion to staff. She wondered if it would be more cost effective to offer promotion opportunities especially if recruitment actions were unsuccessful. It was explained that the Proud programme includes this and looks into whether there are any opportunities. Mr McGowan said that the recruitment fair work is undertaken to try to attract people to the posts that are hard to recruit to. Mr Barber pointed out that in some cases it may be appropriate to let people leave the organisation and if they had received promotion within the NHS this should be celebrated.

Resolved: The report was noted.

Training on the performance report and SPCs to be arranged for a Governor Development Session Action PBec

26/19

Finance Report

The report covered the period December 2018 to February 2019. Of particular note were:

- The Trust reported an operational surplus of £0.357m to the end of February 2019.
- The Trust has a Control Total to deliver a £1.151m Surplus by the end of the financial year.
- The Cash Balance at the end of February 2019 was £13.641m.
- Agency Costs continue to remain within the ceiling set by NHS Improvement and represent a reduction on previous years expenditure.
- Capital expenditure at the end February 2019 was £5.667m.
- The current Use of Resource Score for the Trust is 1

Mr Patton said the finance team should be congratulated on the financial position which had

significantly improved over the last 12 months. Mr Jones agreed commenting that the Finance and Audit Governor Group had seen improvement over the course of the year. He felt congratulations should be extended to front line staff too who will have made changes to help with the financial position. The Governor Group recognised the work that has been undertaken to reach this position. Mr Jones also pointed out that the Budget Reduction Strategy (BRS) target is £3 million and perhaps staff needed the detail of how this will be achieved.

Mr Oxtoby commented on the key variances and asked about the number of consultant vacancies. The Chief Executive explained that the Trust is meeting its ceiling target for agency costs. There are 9.3 consultant psychiatrist vacancies. Mrs Gorman asked if there were any opportunities within the STP to help with the vacancies. The Chief Executive said that the Trust has had success in bringing people into the organisation. There is also the Refer a Friend scheme which has recently been launched. Generally it was felt that a more positive picture of the NHS was needed to promote vacancies.

Resolved: The report was noted.

27/19 **Governor Groups Feedback and Activity**

The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included.

Mr Muzaffar reported that Non Executive Director appraisals will take place in the coming weeks and Governors will be asked to comment on the performance of the Non Executive Directors. He asked that when the request is made that Governors take the time to respond.

Mr Jones informed Governors that the Finance and Audit Governor Group now incorporates Strategy and Quality. It gives Governors the opportunity to gain assurance that the work of the Quality Committee and other work being undertaken to ensure that quality is delivered within the organisation. The Governor Group will be identifying specific areas to focus on at each meeting. A recommendation was made and supported by the Council to use the 2020 January Governor Development session to discuss the Operating Plan.

Resolved: The report and verbal updates were noted.

28/19 **Responses to Governor Questions**

There were no current or outstanding Governor questions or issues.

Resolved: The report was noted.

29/19 **Governor/Director Visits Update**

The current visit programme was provided for information. Feedback has been received about the purpose of the visits and the Chair suggested that a Governor Development session be held with a view to a Governor, a Non Executive Director and an Executive Director to lead the session. The intention is for everyone involved in the visits to get the most out of it.

Mrs Pollard asked how feedback should be provided and whether it should be written or in another format. The Chair explained that visits should not be treated as inspections and therefore written reports were not required. Staff feedback is that they receive a number of visits from different sources which can impact on patient care if the unit has high occupancy or activity levels.

Resolved: The report was noted.

A Governor Development session will be arranged led by a Governor, Non Executive Director and an Executive Director to find the best way of facilitating visits. Action SM

30/19 **Any Other Business**

No other business was raised.

31/19

Date and Time of Next Meeting

Thursday 11 July 2019, 2.00pm in the Lecture Theatre, Trust Headquarters

Thursday 22 October 2019, 2.00pm in the Lecture Theatre, Trust Headquarters

Signed..... Date

Chair

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

Summary of actions from April 2019 meeting and update report on earlier actions due for delivery in July 2019

Rows greyed out indicate action closed and update provided here

Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
9.4.19	24/19(a)	Chief Executive's Report	Link to the training to be circulated to Governors	Trust Secretary	June 2019	Link e mailed 11.6.19
9.4.19	24/19(b)	Chief Executive's Report	Details of dementia diagnosis performance to be provided to Mr Duggleby	Chief Executive	July 2019	Action is being progressed
9.4.19	26/19	Performance Update	Training on the performance report and SPCs to be arranged for a Governor Development Session	Director of Finance	June 2019	Session included on the 18 June Development Day agenda
9.4.19	29/19	Governor/Director Visits Update	A Governor Development session will be arranged led by a Governor, Non Executive Director and an Executive Director to find the best way of facilitating visits.	Chair	June 2019	Group is being established to take this forward. Discussion to take place at a future Development Day
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
12.10.17	37/17	Chief Executive's Report	A draft will be produced of branding changes and shared with Staff Governors	MM	April 2018	Branding deferred. Will be reviewed at a later date. New branding has been in place for over 12 months, the Chief Executive suggested that this be

						removed from the action log and if required can be picked up by exception
--	--	--	--	--	--	---

A copy of the full action log recording actions reported back to the Committee and confirmed as completed/closed is available from the Trust Secretary



Agenda Item: 7

Title & Date of Meeting:	Council of Governors Public Meeting- 11 July 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	✓	To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:	Identified within the report			

Monitoring and assurance framework summary:

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



Chief Executive's Report

1. Around the Trust

1.1 Third Annual Research Conference

Our third annual Research conference was well received with over 170 delegates attending. Planning for next years has already commenced.

1.2 Developing Primary Care Networks

We continue to work closely with the Developing Primary Care Networks across our whole geographical patch and are developing good links.

1.3 Areas of Focus

The Executive team have set out to staff our key focus areas which concentrate on our Patients and Staff being at the very heart of all that we do:

- Proud Programme – Investing in You, Valuing you
- Recruitment and Retention
- Developing our Leaders
- Our Health and Wellbeing
- Being better today than we were yesterday, everyday – our QI and quality improvement journey.

The Executive team have also started a headlines briefing following our weekly Executive meeting, which has replaced Monday's Midday Mail, I have received positive feedback to date from staff across the organisation.

1.4 National Suicide Prevention Alliance

We have now officially signed up to be part of the National Suicide Prevention Alliance, I have also included Humber or Humber Coast and Vale, as part of the Alliance. This adds to our Zero Tolerance membership work.

1.5 Bid

I am pleased to confirm formally that Humber has been successful with our wave 2 bid for Suicide Prevention and we have been will £356,000 to support our proposal.

1.6 Chief Executive Car Wash Challenge

This year's challenge, held on 20 June, saw the Chief Executive washing almost 60 cars in 12 hours with the help of the Voluntary Services Team. Nearly £3,000 was raised in total from the car wash, raffle and cake stall which will go towards the Staff Engagement wishes and supporting Volunteer Services groups and activities.

2. Around the Region

2.1 North Yorkshire's Clinical Commissioning Groups

North Yorkshire's three clinical commissioning groups (CCGs) have agreed to follow the NHS England process towards a formal merger. The decision was taken during a meeting in public of the Governing Bodies which represent NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG and NHS Scarborough and Ryedale CCG, meeting as a 'Committee in Common'.

A detailed formal proposal will be submitted to NHS England by 30 September and should it be approved, the three CCGs will begin operating as a single, statutory organisation.

2.2 NHS Hull Clinical Commissioning Group Appointment

NHS Hull Clinical Commissioning Group (CCG) have a new appointment, Sarah Lovell, is the new Director of Collaborative Acute Commissioning for the Humber Clinical Commissioning Groups (NHS Hull, NHS East Riding of Yorkshire, NHS North Lincolnshire and NHS North East Lincolnshire).

2.3 Hull University Teaching Hospitals NHS Trust Appointment

Hull University Teaching Hospitals NHS Trust have appointed Dr Makani Purva as their new Chief Medical Officer.

2.4 Birthday Honours

The Queen's honoured list locally included Ray Gray OBE who is a Unison representative was honoured for his work to Search and Rescue in the UK and Abroad. Professor Stephen Eames was awarded a CBE. I have acknowledged both achievements.

3 National News

3.1 Chief Medical Officer

A consultant and public health professor will be England's next chief medical officer. Chris Whitty, who has been the Department of Health and Social Care's (DHSC) chief scientific adviser since 2016, will take over from Professor Dame Sally Davies when she steps down in October. Professor Whitty, who was appointed following an open recruitment competition, is also an acute medicine and infectious diseases consultant at University College London Hospitals Foundation Trust

3.2 NHS England and NHS Improvement Appointment

NHS England and NHS Improvement have appointed to their national Chief Operating Officer, (effectively the deputy Chief Executive of the NHS) post. Amanda Pritchard, currently Guy's and St Thomas' Foundation Trust Chief Executive, will take up the role. The seven new regional directors of NHS England and Improvement are expected to report to Ms Pritchard in the new role.

3.3 Care Quality Commission (CQC)

The Care Quality Commission CQC have reported that in the last year, 23% of locations that were previously rated good, had deteriorated to requires improvement or inadequate.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Community Mental Health Team Redesign

We have been undertaking work over recent months to review and redesign our community mental health teams. As part of this work we have reviewed how these teams work with the wider system, particularly the third sector and the local authorities. We have S75 partnership agreements in place with both Hull Council and East Riding of Yorkshire Council, these have been under review with work now in place to take them forward in the context of wider system change.

A national programme of work has also been undertaken and as we have taken forward our work we have connected with the national team in order that we could ensure that our local approach was aligned with the national direction of travel. The national work has set out some key principles:

- a radical change in the approach towards the delivery of community, mental health care across both primary and secondary care, social care, voluntary care sector, public health and communities.
- Integration of community based services into a network of health and social care services for adults and older adults, from less complex to complex needs.
- Primary care being enabled to provide a broader range of services in the community that integrate primary, community, social and acute care services and that bring together physical and mental health care.

- Organised at the local community level for a population of around 30,000 – 50,000 people (approximately 5 to 12 GP surgeries) where most people will receive treatment.
- Linked closely with wider community services (populations typically of 150,000 to 200,000) that focus on more complex needs where services are provided by specialist multidisciplinary mental health teams.
- An expectation of integrated place based systems of care.

As a consequence of both the local work already started and the recent publication of the national direction of travel we have worked with our partners, including the CCG's to develop a proposed model that will address these key principles. This will:

- Provide an integrated approach between primary care networks (PCN's) and specialist mental health provision.
- Link multidisciplinary teams and PCN's, promoting and supporting mental health wellbeing, access to psychological therapies, and coordination of holistic person centred support.
- Clear pathways for PCN's, primary care mental health, specialist mental health and crisis provision.
- Be focussed on recovery and wellbeing, connected to the voluntary sector, social prescribing, health training and other local community provision.

Wave 1 pilot national transformation funding has recently been announced. STP (sustainability and transformation plan) areas have been asked to identify suitable wave 1 pilot sites in their areas. Due to the work that was already underway Humber Coast and Vale STP are supporting that a bid go forward from Humber based on Hull and East Riding of Yorkshire. If successful the funding will potentially be up to £4 million pump priming for two years – 2019/20 and 2020/21.

4.2 Director of Nursing

4.2.1 Care Quality Commission- Regulation Breaches

The information in respect of the 13 must do regulation breaches has been returned to the CQC on the due date of June 7th. Many of the actions are complete. An action plan has been produced to enable the Trust to monitor progress against the actions. This is currently with leads for timescales and updates and will be presented to the Executive Management Team (EMT) in June and the Quality Committee in July who will provide a report to the Trust board in July regarding progress made against the breaches to date.

A similar process is underway for the 26 should do actions in relation to an action plan being developed to aid monitoring of progress at a trust wide level with an expectation that specific actions should be included in the Quality Improvement Plans for each Care Group. Once produced this action plan will be submitted to EMT and the Quality Committee for monitoring and assurance purposes.

4.2.2 Coventry University Based at Scarborough Campus Gain NMC Approval for Nursing Degree

On the 4th June 2019, Coventry University received NMC approval to deliver nursing degree programmes across all four fields of nursing including both direct entry and apprenticeship routes. The NMC gave a number of commendations on the proposed programmes including student support, user engagement and partnership working.

The University has also had their nurse associate programme approved with a planned intake of December 2019. The Trust has been approached by our health care partners from North Yorkshire to establish a partnership agreement along the lines of the one we already have with our local partners in the Hull area. This will enable us to continue to build networks and relationships and offer a wider choice of local placement opportunities to any of our staff who are successful with getting on the programme.

What this potentially means for the Trust

More locally trained nurses to recruit from, more options for our staff based in that area to access further development without the need to travel to York or Hull.

An opportunity to recruit trainee nurse associates from that area onto the December programme being delivered in Scarborough.

4.2.3 Ward Based Learning Event at Townend Court

Following the Panorama exposé at Whorlton Hall hospital the team at Townend Court (the Trust learning disability unit) will be dedicating the next ward based learning day on 28 June to reviewing, discussing and reflecting on the issues that have been raised in the programme.

Due to the high level of interest the event has expanded into a multiagency workshop including commissioners and the Local Authority. Representatives from the Trust safeguarding team and freedom to speak up will also be in attendance.

4.2.4 Mental Health Optimal Staffing Tool (MHOST) Safer Staffing Validated Tool

The Shelford Group who produce safer staffing tools have recently announced that the Mental Health Optimal Staffing Tool (MHOST) is now available to mental health organisations. The MHOST is part of the suite of safer staffing care tools developed and managed by the Shelford Group in partnership with Imperial College London and the NHS Chief Nursing Officer for England. The MHOST is an easy-to-use, multidisciplinary and evidence based tool that enables ward based clinicians in mental health settings to assess patient acuity and dependency and convert acuity and dependency data to ensure that ward establishments reflect patient needs.

The Trust has recently obtained the licence to use the tool and will be rolling it out across our mental health in patient services with some guidance or use.

4.2.5 East Riding Safeguarding Adults Board

East Riding Safeguarding Adults Board has recently publicised their strategy for 2019/22. Safeguarding representatives from the Trust and the Director of Nursing were involved in the development of the strategy which presents the Board vision as follows:

Our vision is for the East Riding of Yorkshire to be a place where adults at risk of harm are able to live an independent life free from harm where:

- abuse is not tolerated
- everyone works together to prevent abuse
- services respond effectively when abuse is suspected or happens

The strategic objectives are

1. Ensure the voice of the service user is heard in the Board, its partners and sub-groups
2. Improve communication, by increasing a range of accessible information for service users and the public about adult safeguarding
3. Use data more intelligently to improve safeguarding outcomes across the East Riding
4. To increase the prevention of abuse across the wider focus of the health and wellbeing agenda
5. Take a “think family” approach to safeguarding in which we will engage and empower more adults to be involved in all discussions and actions which are about them and their families
6. Work together to make sure adult safeguarding standards keep adults safe and minimise risk of harm
7. Demonstrate assurance that outcomes from any learning (including Safeguarding Adults Reviews) improves safeguarding effectiveness in the East Riding

8. Demonstrate assurance that emerging cross-cutting themes that may have an impact on adult safeguarding are responded to and fully addressed.
9. Ensure adults who do not have a voice themselves are represented and have appropriate support and the means to express their views.

The Trust approach to safeguarding aligns to the East Riding SAB. We will be working in partnership with the Board in the delivery of these objectives.

4.3 Medical Director

4.3.1 E-Prescribing and Medication (EPMA)

The E-Prescribing and Medication (EPMA) rollout has successfully completed phase 1 in the Humber Centre. There have been minimal disruptions and we are working closely with the supplier to use the 'lessons learnt' to improve the offering in phase 2. The Humber Centre itself has commented favourably on the smooth transition.

4.3.2 Video Conferencing

Hull York Medical School and the Medical directorate are exploring how we can use their established video conferencing facilities to deliver our teaching across the Trust. This has been used successfully in the acute setting and there is now the acceptance that teaching in a community setting is the obvious next step. They are exploring how they can reallocate their current resources to enable us to trial this teaching approach in the near future. This technology would be available for all professional groups to use.

4.4 Director of Workforce and Organisational Development Update

4.4.1 Buying and Selling Annual Leave

The Trust launched a buying and selling annual leave scheme in June. Giving flexibility to staff to either buy more leave or sell some of their entitlement. This initiative will provide staff with greater flexibility to manage their work life balance and give manager's greater flexibility to manage their establishments and rotas. It is anticipated this will help with staff retention and engagement.

4.4.2 New Appraisal Process

A new Appraisal process was agreed in June, with the major change being that from 2020, a new appraisal window will be in operation. All appraisals across the Trust will be expected to be undertaken during April, May and June each year. The new process will be launched at the Leadership Forum in July.

4.4.3 NHS Providers - 2018/19 Remuneration Survey Briefing & Benchmarking Dashboards

The survey, which represented 74% of NHS Providers, was released last month. It includes an overview of the pay arrangements and structures in place for executive directors, chairs and non-executive directors for 2018/19, and provides insight into the key trends observed over the last few years.

The findings highlighted a sector that is characterised by high staff turnover, with a quarter of executive directors, and one in five chairs, having occupied their posts for less than one year. The findings reflect key changes in the expectations of NHS provider leaders, with a third of chief executives spending more than 20% of their time supporting sustainability and transformation partnership (STP) work programmes.

The findings point towards an increase in pay for both executive director and non-executive directors over the last few years, however there is some variation between trusts. Recent policy developments such as the earn-back guidance for very senior managers, whereby an element of pay is placed at risk dependent on performance, are not being applied consistently across all trusts.

4.4.4 Bank Investigator Role

Five people have been selected to go on the Trust bank to carry out employment investigations as and when they occur. This initiative will help speed up the investigation process and help bring matters to a conclusion in a timely manner. 19% of staff using the Trust counselling service in 2018/19 stated ongoing investigations was a reason for using the service.

4.4.5 Change of Restraint Training Provider

The Trust is in the process of moving from MAPA[®] to De-escalation, Management and Intervention (DMI) Training. Working together with Midlands Partnership NHS Foundation Trust (MPFT), it will allow the Trust to income generate from this training and potentially role it out to carers. Neither of these options is available with MAPA. MPFT transitioned from MAPA to the DMI model in February 2013, they currently have a 92% compliance rate.

4.5 Director of Finance Update

4.5.1 Whitby Development Update

The Trust are continuing to work with Hambleton Richmondshire and Whitby Clinical Commissioning Group (CCG) on a sustainable model of service provision for Whitby, which provides for the cost of the new build post refurbishment.

A number of options have been put forward to the CCG who have yet to confirm the services they wish to commission within the resource envelope available.

5 Communications Update

External

15 stories were posted on the Trust's website between 8 May and 28 June 2019. They included:

- "Don't gamble with your life by smoking."
- How have we done? Read the latest Family and Friends Test results...
- Men's Health Week
- CAMHS naming competition
- Dementia Action Week 2019: "All it takes is a conversation to see we're still us"
- East Riding strikes gold with Baby Friendly Initiative Award
- Medical Director Blog: 25 years and counting
- Compliment of the Month: May 2019
- We're recruiting for a Non-Executive Director
- Mental Health Awareness Week 13-19 May 2019
- Humber Teaching NHS Foundation Trust maintains "Good" rating from CQC
- Local NHS Health Trainers promote Mental Health Awareness Week
- East Riding welcomes national speakers to celebrated national research conference
- Chat Health messaging service launches
- Trust CEO taking on colossal car wash challenge for local NHS Charity

- Between 14 June and 1 July 2019, the Communications team dealt with 4 enquiries from local and national media.
- The communications team have continued to support the CAMHS build and Impact Appeal with the charity recently launching the naming competition for the new unit.
- The team continue to work with partners system wide with Health Expo planning.
- The team attended the launch of the new Chat Health messaging app which will be used by the Trust's ISPHN team.
- Work continues on the Social Values Report with the team lending design, copywriting and event organising support.
- The team continue to join the Redesigning Mental Health Inpatient Services project meetings and have been involved in Hull Pride meetings.
- The team have set up a Facebook Group for the Flexible Working Team to communicate with bank staff.
- The team provided live Twitter coverage for the Research and Development Conference and Medical Education Awards.
- The team have helped create a communications plan for the Quality Improvement Programme.
- On Facebook we now have 2,022 followers and our Trust Instagram has 436 followers.
- We have 4,514 followers on Twitter as of 11 July 2019.

Internal

- Prepared and issued the twentieth edition of *Humber Voice*,
 - the 25th edition of *Board Talk* and
 - the 26th edition of *Team Talk*;
- Filmed and issued a CQC special edition video blog from the Chief Executive;
- Managed the Communications and Contact Us inboxes
- Supported:
 - Alternative Delivery Vehicle (WOS) project group
 - The HR team by designing posters and graphics for the Buying and Selling Annual Leave Scheme. We are also supporting the launch of the new Appraisal Policy by creating intranet pages and designing supporting graphics.
 - The R&D team by replacing the I Am Research logo with the new Be Part of Research logo on our GP websites
- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.

- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff on how to manage their intranet pages.
- Helped to prepare the Annual Report and Accounts for Board sign-off. Following Board approval, the Internal Communications Officer prepared the Annual Report and Accounts to be laid before parliament as per the Department of Health and Social Care's guidelines.
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby.

7 Health Stars Update

7.1 Chief Executive Staff Engagement Fund

June 20th – Chief Executive Longest Day Challenge – We have corporate sponsors for “The CEO's Longest Carwash”. Working with volunteer services and Health Stars Michele washed some 60 cars during a 12 hour period to raise as much money as possible to help develop the staff engagement fund.

The Chief Executive Staff Engagement Fund has been accessed by several services recently. Staff are encouraged to submit their wishes via the Health Stars website. They need to identify the benefit their wish will have on their team as well as the end benefit to patients and service users. Wishes have been very varied and those granted include team building sessions and group activities outside work. Most wishes fit the criteria and we have been able to grant them, however in some cases where outcomes are unclear we have stressed the Chief Executive Staff Engagement fund is to enhance staff experiences and environments and is not to be used as a “top up” to department budgets.

7.2 Impact Appeal

Appeal income as at 11/6/19 including pledges/pending: £271,395.74.

Making A Difference Locally (MADL) held a full awareness/fundraising event week in May and raised £8000 for the Impact Appeal. Clare Woodard will be attending their Head office in Scunthorpe with Paul Warwick to talk about the unit and the charity.

ResQ are still fully committed to the Impact Appeal and have organised a football match on 6th July at Dean Park. It will once again be 50% Impact and 50% Bradley Lowry Foundation. There will be plenty more info to follow.

“Name the Unit” competition is underway and we are receiving suggestions via Facebook and Twitter – These will be collated and put forward for a panel to choose the winning name.

7.3 NHS Day – 5th July 2019

5th July 2019 is national NHS day. Building on the success of the NHS 70th Birthday party it is hoped that NHS Day will become an annual event, which could potentially rival the super successful Macmillan Coffee Morning.

Our main event will be held in the new refurbished Café at Trust HQ, where there will be cakes, craft stalls and food available.

7.4 Golf Day

The first ever Health Stars Golf day will take place on Friday 6th September at Ganstead Park. The

cost is £25 per player and includes a game of golf, pie and peas and a presentation with some great prizes. Teams of 4 wanted – ALL WELCOME

7.5 Circle of Wishes

The Circle of wishes scheme has grown significantly over the past 6 months, with 450 wishes submitted to date.

7.6 Social Media

Health Stars social media profile allows us to reach a much wider audience. We have has some very positive engagement over the past few weeks and with the continued support of Trust Communications Team we constantly increasing our followers, likes and comments.

7.7 Pennies From Heaven Scheme

The Pennies from Heaven Scheme has been relaunched from 1st June and Health Stars is the new beneficiary.

7.8 New Café Trust Headquarters

The new Café project at Trust HQ is well underway and working closely with Estate teams we have supported the redecoration of the area, taken delivery of new furniture, and a TV has been installed to improve the environment for staff, visitors and service users.

**Michele Moran,
Chief Executive July 2019**

Agenda Item: 8

Title & Date of Meeting:	Council of Governors Public Meeting – 11 July 2019			
Title of Report:	Public Trust Board Minutes – March, April & May 2019			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The public minutes of the Trust Board meetings held in March, April and May 2019 are presented for information.			
Key Issues within the report:	Identified in the minutes			

Monitoring and assurance framework summary:

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



Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 27 March 2019 in the Lecture Theatre,
Trust Headquarters, Willerby

- Present:**
- Mrs Sharon Mays, Chair
 - Mrs Michele Moran, Chief Executive
 - Mr Peter Baren, Non-Executive Director
 - Ms Paula Bee, Non-Executive Director
 - Prof Mike Cooke, Non Executive Director
 - Mr Francis Patton, 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
 - Mr Steve McGowan, Director of Human Resources
 - Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:**
- Mrs Michelle Hughes, Interim Head of Corporate Affairs
 - Mrs Jenny Jones, Trust Secretary
 - Ms Amy Smith, Communications Officer
 - Ms Joanne Bone, Clinical Nurse Lead accompanied by Lenny & Paul (for item 49/19)
 - Mr Christopher Duggleby, Public Governor
 - Ms Ros Jump, Public Governor
 - Mrs Alison Flack, Transformation Programme Director Mental Health Humber Coast & Vale (for items 56/19 & 57/19)
 - Mr Oliver Sims, Corporate Risk Manager (for item 58/19)
 - Dr Jamie Richardson, Specialist Trainee Doctor (observing)
- Apologies:** None
- 46/19 **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 other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.
- 47/19 **Minutes of the Meeting held on 27 February 2019**
The minutes of the meeting held on 27 February 2019 were agreed as a correct record with the following amendments:-
- 29/19 Chair’s Report**
The Chair clarified that she has not yet met with Nick Smith, but will no doubt do so in the future.
- 39/19 Six Month Review of Safer Staffing In-patient Units**
The third sentence of the third paragraph should read “He highlighted the **ratio** of registered nurses.....”
- 40/19 Performance Report**
In terms of Care Programme Approach follow up referred to in the 5th paragraph, it was clarified that the 83.3% compliance was for follow up within three days.

48/19 **Matters Arising and Actions Log**
The actions list was discussed and Board

33/19 Mental Health Legislation Committee Assurance Report

Mr Smith asked for an update on the Mental Health Legislation Committee Assurance. Mrs Parkinson explained that the intention is to change the chair of the Mental Health (operational) Steering Group to the Clinical Director when the restructure of Operations is completed. A post holder has not yet been identified, but the actions that are needed to support the Committee have been shared.

49/19 **Patient Story – Always Events, Improving Experiences of Care**

The story provided the Board with information about Always Events, a new way of working with patients at Townend Court Learning Disability Assessment and Treatment Unit to improve experiences of care.

Joanne Bone (Clinical Nurse Lead), Paul and Lenny (Patient and Carer Experience Champion and patient) attended to present to the Board, their story of using Always Events where co-production is key to ensuring the needs of patients and carers are met and that what matters to them is addressed where possible.

Following the visual presentation of the work that has been done, it was asked if there is any enough support given to the team. Ms Bone said that significant support was given by the Manager Mrs Bailey and also the Care Group. The methodology for the work is what the team already do which is different to other services. Accessible information was already available. Mrs Parkinson commented that the co-creation and co-production process is one that other services can learn from and be shared.

The Board thanked Lenny, Joanne and Paul for attending and sharing the work

50/19 **Chair's Report**

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

- A session with Governors on the Operating Plan
- At a recent Staff Governors meeting, it was agreed for Staff Governors to meet up with the new Organisational Development lead
- A visit to the Humber Centre as part of the Director visibility programme
- Attendance an East Riding Place Partnership Leaders event with the Chief Operating Officer to review progress and achievements. This was followed by the Health and Wellbeing Board meeting.

Resolved: The verbal update was noted.

51/19 **Chief Executive's Report**

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

Director Portfolio Changes - These were reviewed in February 2019 to ensure they remain appropriate and were agreed by EMT. The changes will take effect from 1st April 2019. Professor Cooke was pleased to see that Recovery has moved to the Chief Operating Officer and would like to have a discussion about how this will be taken forward outside the meeting. The Chief Executive welcomed this and a meeting with the Chief Operating Officer and the Chief Executive will be arranged. The Chief Executive confirmed she will retain the executive overall lead for strategy.

Brexit Update - The Brexit Project Team continues to meet to ensure the trust is prepared for a no-deal Brexit, in the event this occurs. The Team have already considered and reviewed the operational readiness guidance as well as considering risk scenarios based on the latest guidance available.

Mental Health Partnership - Work is ongoing to finalise the assurance of Clinical Commissioning Group (CCG) Mental Health plans in relation to the Five Year Forward View. The plans will come to the Board after they have been approved by the Mental Health Partnership.

Visioning Event - The event was held for all Chief Executives in the Mental Health Partnership to plan and focus on our collaboration and collective priorities for the coming year; this will form the operational plan and workstreams. Perinatal and secure models of care being the main priorities.

Proud Launch - The launch of Proud is this week. A vote is currently taking place to agree the logo.

Professor Cooke referred to the recruitment for the new posts for the Child and Adolescent Mental Health Services (CAMHS) unit. He recognised this is a challenge not just for that service but for the whole organisation and asked how this was progressing. Mrs Gledhill reported that a Clinical Psychologist has been recruited and is due to start on 1 April and interviews for the Clinical Lead post have been held. There has been interest in the Consultant Psychiatrist post, but no candidates have yet come forward. Adverts for Bands 5 and 6 posts received a good uptake with candidates for the Band 6 posts predominantly external areas. Four internal applicants have applied for the Band 5 posts from across the inpatient units. A number of students have also applied who will be encouraged to look at other vacancies there are if they are unsuccessful. Social media is being used to advertise the posts and the training plan is in place and will be aligned to the new staff to ensure that they have the right skills from day one. Professor Cooke felt that this was the biggest challenge for the organisation presently as it is a service that has posts that are hard to recruit to.

Ms Bee commented that some requests for Charitable Funds for equipment for the CAMHS service had been received by the Charitable Funds Committee recently. It was unclear who the requests were coming from the Steering Group.

A launch event at Hull University of ICAR (International Clinical Applied Research) was attended by Professor Cooke recently. This was a good event which mentioned the Primary Care Academy and reference was also made to the Trust's work by Professor Julie Jomeen from Hull University.

Mr Baren asked if there is a communications plan prepared in readiness for the Care Quality Commission (CQC) report. The Chief Executive said the Trust should receive the draft report for factual accuracy shortly. Until the report is received it is difficult to pre-empt an action plan, although a draft communication plan has been prepared.

Resolved: The report was noted

A meeting to discuss Recovery will be arranged Action MM/LP/MC

52/19

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. Relevant reports will be discussed at appropriate Sub Committees.

Resolved: The report was noted

53/19

Finance and Investment Committee Assurance Report

An executive summary of discussions held at the meeting held on 20 March 2019 and a summary of key points for the Board to note was presented. The Terms of reference were

presented to the Board for approval. Discussions at the meeting included:-

- the delivery of the cumulative operational financial plan in month eleven with an improved position on month ten.
- the external financial position.
- the sign off of the updated five year Estates Strategy.
- an update on the Governance of the Yorkshire & Humber Local Health Care Record Exemplar project
- the committee received and reviewed the Board Assurance Framework (BAF) and key risks appertaining to Finance and Investment.

An increase in the number of debtors was noted which was due to the timing. Primary Care and Specialist divisions are performing better than Mental Health and Corporate. However overall the Trust is performing better than its peers both regionally and nationally. The Estates Strategy was discussed and a report on the Local Health Care Record Exemplar (LHCRE) was received by the Committee. A second report on the Trust's element of this has been requested for the next meeting.

Mr Beckwith informed the Board that the surplus position is the first time this has been reported this financial year meaning the Use of Resources score is 1.

Professor Cooke asked if the Estates Strategy will be coming to the Board. Mr Patton explained that only minor changes were made and the Committee's view was that Board did not need to see the Strategy. Professor Cooke felt that the Board did need to see the Strategy and he had concerns about the Mental Health Campus.

In terms of the Mental Health Campus, Professor Cooke asked when this will be coming to the Board. He was informed that the outline business case will come to the Board in July with the full outline business case in September/October.

Professor Cooke was concerned about the trajectory and that the Trust has a mixed estate. He also felt that system work could see some changes in the estate. The Chief Executive said that work is ongoing especially in the East Riding to look at some of the Trust's buildings. As a system some streamlining is likely although this work has yet to be done. The Chair acknowledged the comments made about the Estates Strategy and suggested that the updated tracked changes document be circulated to the Board.

Resolved: The report was noted.

The updated tracked changes Estates Strategy to be circulated to the Board. Action PBec

54/19

Workforce and Organisational Development Committee Assurance Report

This report provided an executive summary of discussions held at the inaugural meeting of the Committee on 20th March 2019. It was noted that as it was the first meeting the committee acknowledges that there will be a bedding in period where the Committee will evolve before settling on its final format.

Mr Patton reported that the first meeting was positive and the agenda and assurance report are work in progress. The Terms of Reference previously approved by the Board will be reviewed in six months. A presentation was given on the Self Service Electronic Service record (ESR) Dashboard and the Insight report and staff survey reports discussed.

Mr Smith queried the number of vacancies and the number of vacant posts identified in the report. Mr Beckwith explained that this has been identified as an issue which is being worked through with himself and the Director of Human Resources. It is an issue with the coding in the ledger and there will always be an element of over establishment due to people covering vacancies. The work has started and already some reduction has been seen in the numbers. Mr Patton explained that a detailed establishment table was provided at the meeting.

Ms Bee asked about the Freedom to Speak Up work and whether there is staff involvement in the redesign, shaping and changes. Mr McGowan reported that this has been included in the workplan for regular updates. Co-design of work carries over with Proud with 23 managers who want to be part of the work. This also fits in with the Quality Improvement Work. An update has been provided to the Executive Management Team as work is taking place in the background. A staff workshop is also planned by the Organisational and Development Manager. The Chief Executive confirmed this is part of the Sub Group structure to monitor the work.

Resolved: The report and verbal updates were noted.

55/19 **Trust Board Sub Committee Chairs**

The Chair presented the report which gave details of Board Sub Committee Chairs. This will be provided annually and has been added to the work plan.

Resolved: The report was noted.

56/19 **Operating Plan 2019/20**

In line with the NHS/NHSI Joint planning guidance for 2019/20, organisations have to submit a refreshed operational plan building on the submissions made in 2018/19 together with a revised financial and workforce plan submission.

A draft operational plan with the supporting detailed financial and workforce plans has been submitted to NHSI in line with the national timetable and feedback received which has been incorporated into the final version. The operational plan identifies the key priorities for 2019/20 and how they link with the Trust's strategic goals and provides detail on the Trust's financial and workforce plans for 2019/20.

Mrs Flack explained that the plan has been discussed by Governors and also at the Trust's Consultation and Negotiation Committee (TCNC). Discussion is still ongoing with contract negotiations. Mr Beckwith explained that for the financial plan, assumption has been made that the Trust will receive £700k Mental Health Investment Standards funding.

Professor Cooke asked for the acronyms to be put explained throughout the document. In his view the document did not state what the organisation actually does for example around the Budget Reduction Strategy, the work the Quality Committee has done over the year, differential Cost Improvement Programme Schemes (CIPs) and knowing more about what the differential is and the impact of this. He felt the supporting strategies should be appended and links made to the Long Term Plan and to the Child and Adolescent Mental Health Services (CAMHS) development. Generally he felt it needed inflating to promote the organisation more.

The Chief Executive thanked Mrs Flack for collating the information from the report. She acknowledged the comments made, but noted that the document content is prescriptive which made it difficult to show case the organisation and make the content more dynamic. As an organisation, we do not promote our successes as we should and we should emphasise this more. It would be helpful to include a glossary and the acronyms issue will be addressed. Last year a plan on a page was produced and this will be repeated this year which will provide an opportunity to make it more dynamic.

Professor Cooke suggested it would be helpful next year to see versions of the document in February/March. At the last meeting when the report was discussed, a request was made to include a 4th priority around physical health, Mrs Gledhill confirmed the information has been provided and Mrs Flack will add into the report. Dr Byrne commented that the document is technical making it a challenge to know what to include, however he agreed that the work around CAMHS and quality development that is taking place should be included together with the social values report and impact.

Professor Cooke suggested there should be a suite of documents that provided information on the organisation, the strategic element and the communication theme.

Mr Patton suggested that the references to the Operational Management structure needed aligning on page 18 to make them consistent. He noted that of the strategies listed on page 22 some were out of date and the detail needed reviewing. He also felt it would be appropriate to include details on the Quality Improvement work that is taking place with the Board and Governors.

Mr Baren asked if the pay award figure could be amended to include an average figure. The Chair noted that in the documents produced by the organisation eg annual report, quality account, there is a discrepancy on the number of staff and the number of sites. She suggested that this be reviewed so that the same detail is being used in all reports.

Resolved: The Board approved the Operating Plan 2019/20.

Plan on a page to come to the April meeting Action AF

Workplans to be updated to include a six monthly review of the Operational Plan for the Board and Governors Action AF/JJ

57/19

Freedom to Speak Up Vision and Strategy 2019- 2022

The Freedom to Speak Up Vision and Strategy has been developed using guidance from the National Guardian's Office (NGO), the NHSI self assessment tool and other examples of good practice. The Trust Board have completed the NHSI self-assessment tool on two occasions and will review again in June 2019.

The Strategy has been discussed with staff and a session held with Staff Governors. Overall feedback is that staff welcome it but wanted something simple and easy to understand.

Resolved: The vision and strategy was approved by the Board

58/19

Performance Report

An update on Board approved key performance indicators as at the end of February 2019 was presented. Of particular note was that 52 week waits have increased further in February. Currently there are 70 patients waiting (excluding ASD) which is an increase from last month of 21. Mrs Parkinson explained that it related to Hull Child and Adolescent Mental Health Services (CAMHS) across the specialised care services that are provided and paediatric autism spectrum diagnosis service which has contributed to the increase in waiting times through an increase in demand. There has been additional investment in both areas through recurrent and non recurrent investment, but the demand continues to increase.

Some investment for the autism spectrum diagnosis service has been received in October 2018 for additional post. However these are hard to fill posts and recruitment has been slow. It is hoped this can be addressed through a Sustainable Transformation Partnership (STP) approach to help with the workforce issue going forward. The service has continued to ensure that it maximises the impact of the investment and have been as flexible as they can whilst recruitment into these posts is finalised. New national guidance has been published around autism spectrum diagnosis which enables registered nurses to undertake diagnosis and the new guidance is being implemented.

Caseload numbers for autism spectrum diagnosis have significantly increased over the year which is being managed, but there are knock on consequences. In core CAMHS there has been an increase in the demand for ADHD, changes came in last year where paediatricians undertaking diagnosis provided by community services transferred to the Trust and it took time for the adjustments to embed. A significant increase is being seen in the number of referrals that come through a central point. A high number of patients are being clinical triaged, assessed then sign posted to other services which is an inefficient use of resources.

Mr Baren referred to the quality dashboard and the sickness level of Humber Centre wards and how this is impacting on patient care. Mrs Gledhill reported that she has visited the wards and the next report should show some improvement as some long term sickness has ended and established bank staff have been used to cover gaps. From her discussions and visit there did not appear to be any detriment to the quality of care to the patient. The Chief Executive suggested that the Quality Committee has a deep dive into the actions being taken for areas of high sickness in the Humber Centre as there have been a number of concerns. It was suggested this could also overlap with the Workforce Committee. Agreement needs to be reached which Committee should undertake the deep dive.

Discussion took place on the issues to be raised at the Board to Board meeting with NHS Hull Clinical Commissioning Group (CCG). These included areas such as core CAMHS and how a system wide approach could help if the Trust, commissioners and Local Authorities worked together to give young people a better service. The potential children's trailblazer site and SMASH programme extended to all schools were seen as key points. Professor Cooke suggested establishing a standard waiting time could be useful. The Chief Executive agreed, stating that if commissioners work with the organisation to share the care and have a shared care model would be good.

Dr Byrne asked about GPs and educating them on the changes in the system not just in Hull and whether this needed to be considered. Work is taking place with clinicians around ASD and whether referrals should only come through education rather than primary care. The NHS Providers survey showed that the main issue with Mental Health Trusts is the rise in demand for CAMHS services. Public Health was seen as another area for discussion and that net year expect to spend more per ratio on children and young people based on the growing demand.

Ms Bee said that non clinical referrals need a non clinical solution. For example loneliness is a high profile, but is not something that should be treated through a clinical perspective and should be signposted elsewhere.

Speech and Language Therapy (SALT) and Mental Health Response Service (MHRS) were other areas identified for discussion. In relation to MHRS, the issue is about getting through by telephone to the service. Both urgent and non urgent calls are taken by the service often resulting in the urgent calls not being able to get through. The model was reviewed last year, but due to the increase in demand, is no longer sustainable. A significant number of referrals result in people being signposted elsewhere once they have been triaged. However this is an ineffective use of resources and people need to be referred to the right place first time. Work is being undertaken to look at having a separate consultant and a liaison in primary care to get mental health needs met in the right way. A proposal is being drafted for the Executive Management Team to consider.

Resolved: The report was noted.

A deep dive into the actions being taken for areas of high sickness in the Humber Centre to be undertaken. Agreement to be reached which Committee should undertake the deep dive.

Action HG/SMcG

59/19

Finance Report

The report which provided an update of the financial position of the Trust at month eleven. Of particular note were:-

- A surplus position of £0.357m was recorded to the 28th February 2019.
- Expenditure for clinical services was lower than budgeted by £0.296m year to date
- The cash balance in the period was £13.641m.
- On the SOFP, the net current asset position increased by £3.545m to £12.829m, due to an increase in cash and a decrease in Trade Creditors.
- £5.667m Year to date Capital expenditure, relating to IT (£1.582m) and Estates

(£4.085m). This includes £3.147m relating to the CAMHS project.

- On the NHS Improvement (NHSI) return the use of resources metric is 1

Resolved: The report was noted

60/19

Board Assurance Framework (BAF)

The report provided the Board with the Quarter 3 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. Each of the Board Assurance Framework sections has been reviewed by its assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

The Chair thanked Mr Sims for his report. She pointed out that the overall assurance overview needed updating for the Developing an Effective and Empowered Workforce goal. Mr Sims explained that this would be done for the next report.

Resolved: The report was noted.

61/19

Risk Register

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2018. Two risks have been reduced and removed from the Trust-wide risk register since last reviewed at the November Board Meeting.

Mr Baren referred to the 147 risks currently held across the Trust's Care Group and Directorate risk registers. He asked if this included risks that are held on project risk registers. Mr Sims said that it did not, however this could be included on the plan for next year. Professor Cooke asked if there could be a project risk scoring 25 that the Board would be unaware of. The Chief Executive explained that from next financial year all project risks will appear on directorate risk registers and not have a separate register. The Executive Management Team will also see all risks scoring 9 – 12 on a regular basis.

Resolved: The report was noted

62/19

Any Other Business

No other business was raised.

63/19

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.

64/19

Date and Time of Next Meeting

Wednesday 24 April 2019, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

Signed Date
Chair

Trust Board Meeting – Public Meeting

Minutes of the Trust Board Meeting held on Wednesday 24 April 2019 in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

Present: Mrs Sharon Mays, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non-Executive Director
Ms Paula Bee, Non-Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Mrs Hilary Gledhill, Director of Nursing
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
Dr Kwame Fofie, Consultant Psychiatrist
Mrs Jenny Jones, Trust Secretary
Ms Amy Smith, Communications Officer
Tom Nicklin, Patient and Carer Experience Champion, (for item 71/19)
Charlotte Watson, Support Time and Recovery Worker (for item 71/19)
Mrs Alison Flack, Transformation Programme Director Mental Health Humber Coast & Vale (for items 78/19 & 79/19)
Huw Jones, Public Governor
2 Members of the Public

Apologies: Dr John Byrne, Medical Director

65/19 **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 other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

66/19 **Minutes of the Meeting held on 27 March 2019**
The minutes of the meeting held on 27 March 2019 were agreed as a correct record with the following amendments:-

51/19 Chief Executive's Report

It was noted that the fifth paragraph, fifth sentence on page 3 should read "A number of students have also applied who will be encouraged to look at other vacancies in the Trust if they are unsuccessful".

54/19 Workforce and Organisational Development Committee Assurance Report

The first sentence of the third paragraph was amended to read "Mr Smith queried the number of vacancies and the number of **over established posts** in the report".

70/19 **Matters Arising and Actions Log**
The actions list was discussed and Board

Patient Story – Tom’s Story

Tom attended the meeting to tell his story of a journey through admission to our inpatient facilities, PSYPHER and the benefit of being involved in co-production work with the Trust.

Tom is involved in volunteering with the organisation and coaches the PSYPHER football team. He explained that during his journey he realised that many young men, in particular, were unable to talk about their illness and for many, it was a sense of failure and a distinct lack of purpose. He is helping others to try to overcome this.

Mr Smith asked if by helping in this way it was of therapeutic value to Tom’s own well being and recovery. Tom said that in some ways it did, but it was more the ways that he is able to help other young men who may be struggling with their illness. Through sport some normality is provided which he acknowledged may not be for everyone, but it helps some. The Chief Executive explained that pro-active work is taking place with a local sports club and Tom’s coaching work would be an ideal link into this.

Professor Cook thanked Tom for his inspiration and for telling his story. He asked what Tom’s plans for the future were. Tom would like to work in the NHS helping others. He felt that had it not been for the human contact and engagement with the PSYPHER team he would not be in the position he was today. He felt that mental health teams often struggle with red tape and the paper work which prevents them from engaging with clients.

Dr Fofie pointed out that evidence suggests that there is a lack of engagement with young men and the co-production and writing of care plans is key. Tom agreed that co-production is key although not all individuals may want or be able to do this.

Mr Patton asked about the snowflake generation and asked Tom his thoughts on early engagement with schools. Tom explained that through members of his family he is aware that mental health is discussed in schools, but delivery is by a teacher rather than a qualified professional. He felt that if this was delivered by someone who has lived experience of issues, the reality and what it feels like to have an illness would be better understood.

Peer support workers employed by the Trust, are roles that could be used to help in inpatient units and the community and this is being taken forward by the Workforce Director and Chief Operating Officer. Tom supported this as he felt they would be a great asset to the NHS.

The Chair thanked Tom for sharing his story with the Board.

Chair’s Report

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

- Visit to the Psychiatric Intensive Care Unit (PICU) as part of the Governor and Board, Knowledge and Engagement visit programme.
- Supporting the Speech and Language Therapists with their first Continuous Professional Development (CPD) event.
- A meeting with Cllr Lunn who is a partner Governor. Some actions were agreed and a meeting with the Director of Public Health and the Chief Executive is being arranged to discuss these matters.
- Attendance at the visit with Sean Duggan, NHS Confederation Chief Executive
- A meeting took place with the chair of Help for Health to discuss the Impact Appeal.
- The process for the recruitment of a new Non Executive Director has started with the Human Resources department providing support.

Resolved: The verbal update was noted.

Chief Executive's Report

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

Health Service Journal Patient Safety Awards – The Trust has been shortlisted again this year in the Health Service Journal Patient Safety awards this time in the governance category for our work on Patient safety huddles.

Unicef Baby Friendly Initiative Gold Award - The Integrated Specialist Public Health Nursing Service (ISPHNS) and the East Riding of Yorkshire Council Children's Centres had their joint assessment for the Unicef Baby Friendly Initiative (BFI) Gold Award during the month. The team were invited to be assessed as the ISPHNS had successfully retained Level 3 on three occasions. The team are the first recipients nationally of a joint Gold Award for Unicef BFI; the assessment has to be ratified by the Unicef Committee.

Director of Workforce and Organisational Development - Steve McGowan has a new title which is Director of Workforce and Organisational Development. This new title is more reflective of the organisation and the developing Proud programme

Health Service Journal Summit – the Chief Executive attended the HSJ summit which also looked at the advances being made with digital technology.

Health Stars – the Impact Appeal continues to gain momentum. The Director of Finance is running a half marathon in June to raise money for the Chief Executive's staff engagement fund which is being accessed by staff for activities.

NHS Confederation - Chief Executive, Sean Duggan visited the Trust and was impressed with services and staff.

Mr Smith asked about the Health Service Journal frequent attenders award and the outcome of this. The Chief Executive will provide an update outside of the meeting.

Professor Cooke felt it was good recognition for patient safety for the organisation in the patient safety awards. He asked about the reduction in out of area placements which was significant and a good achievement for local people who benefit from this service, but wondered whether this would have an effect on waiting times and demand. In terms of the Strategy refresh update, Professor Cooke asked about Board involvement and how this would be done. Mr Beckwith explained that a timetable is in production which will include a workshop involving Non Executive Directors and Governors. The Chief Executive said this will also be picked up at a Board Development session and include the previous strategy work and the outputs from the Think Tank meetings.

Following the Board to Board meeting last month, Professor Cooke asked for an update on the GP access issue in relation to telephone contact with the Mental Health Response Service that was raised. Mrs Parkinson reported that work has been ongoing to resolve the issue. It has become apparent that the system of using the main telephone line for urgent and non urgent referrals is not working. The proposal to change this has the support of both Clinical Commissioning Groups (CCGs) and it will be implemented by the end of June. Dr Fofie said that other contact options such as e mail have also been suggested alongside the telephone calls. A simplified electronic referral form has been finalised which will also help. Professor Cooke was pleased that the issue raised by GPs was being taken forward.

The Chair suggested that an update be provided on all of the actions that have been taken will be included in the next Chief Executive's report.

Ms Bee attended a NHS England Long Term Planning meeting and highlighted that there was no representation from the Integrated Care Services from this patch. She suggested this

might be worthy of further consideration for future attendance within the system.

Ms Bee reflected on a comment made in the patient story where it was said about the red tape and that people had to input on Lorenzo rather than engaging with clients. She said that engagement with staff is co-designed and often when people are stressed they will go to uniform tasks. She felt that only by changing ways of working staff wellbeing and more engagement with patients would be possible and this should link in with the Proud work. Mr McGowan said this is part of the aim of Proud. There is a significant amount of data from the staff survey that shows a need to focus on the health and wellbeing agenda. The patient focus is in the quality work and how services redesign can be done to help staff.

Mr Patton commented on the increase in the Apprenticeship Levy transfer to 25% and looked forward to the presentation at the Workforce and Organisational Development Committee. He felt the new role of Dr Yorke was an interesting concept.

On behalf of the Board, the Chair thanked Dr Lucy Williamson and Dr Reena Roy for their contribution to the roles of the Guardian of Safe Working and Associate Director of Clinical Studies.

Resolved: The report was noted

An update be provided on all of the actions that have been taken with the Mental Health Response Service will be included in the next Chief Executive's report Action LP

74/19 **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

75/19 **Quality Committee Assurance Report & 6 February 2019 Minutes**

The report provided an executive summary of the discussions at the Quality Committee meeting held on 3 April 2019 with a summary of key issues for the Board to note. Professor Cooke reported that a presentation had been received on learning the lessons from deaths by suicide which was well received. Four recommendations were proposed and supported by the Committee. The Patient Safety Strategy will be presented at the May meeting with the Quality Account. The Risk Register was reviewed to look at aligning it around the Budget Reduction Strategy Quality Impact Assessments with the expectation that the Risk Register will show quality issues coming through and any concerns. The Quality Impact Assessment report will be presented to the Executive Team prior to submission to the Quality Committee.

A presentation on the clinical model for the Child and Adolescent Mental Health Services (CAMHS) model was received at the meeting.

The Committee reviewed its effectiveness with the report being presented with other reviews to the May Part II Board. The approved minutes of the meeting held on 6 February 2019 were presented for information.

Mrs Gledhill added that the learning the lessons from deaths by suicide presentation set the scene and was a look back at action plans and how they are embedded into practice with a low recurrence of themes.

Mr Smith asked about the lead in time for the CAMHS development in terms of skilled staff and whether any funding resources would be required. He was informed that the unit will not open to admissions immediately as time has been built into the plan for staff training which has been supported by NHS England. There will be an incremental opening of the unit.

Resolved: The assurance report and verbal updates were noted.

76/19

Finance and Investment Committee Assurance Report

An executive summary of discussions held at the meeting held on 17 April 2019 and a summary of key points for the Board to note was presented.

The Committee noted that the Humber Coast and Vale Sustainable Transformation Partnership (STP) finished the financial year in 2018/19 with a deficit of £104m. The Trust's financial performance at year end of an operational surplus of £0.803m was recognised by the Committee and the finance team congratulated on this achievement. The Primary Care, Specialist and Human Resources were commended by the Committee for their financial management in achieving their targets. In comparison with last year, the Trust has performed better in relation to generating a surplus and for the cash position. However the Budget Reduction Strategy target was not achieved.

Assurance reports were received on the governance and accounting process for the Yorkshire and Humber Local Health Care Record Exemplar (LHCRE), from the Digital Delivery Group and Capital and Estates Group. The Committee also reviewed the annual Trust's Estates Strategy.

Mr Smith commented on the Budget Reduction Strategy and that the trajectory for recurrent savings is not good. He recognised this is a snapshot at a point in time, but felt some assurance is needed on the actions to improve this trajectory. Mr Beckwith explained that all schemes delivered this year totalled £5million which was a significant achievement. There is a shortfall which is partly attributed to the pause of the Wholly Owned Subsidiary which was offset by non recurrent funding. The schemes that were not achieved have been built into the plan for 2019/20 and if progress continues to be made they could be achieved.

Dr Fofie commented that the financial year end position was positive. The Chief Executive agreed and the message will be communicated further to staff. The Chair supported this and added her congratulations to the team, staff and Executives as it was a big task to achieve and a lot of hard work has been done to realise the result.

Resolved: The report and verbal updates were noted.

77/19

Charitable Funds Committee Assurance Report & 17 January 2019 Minutes

The report included discussions held at the meeting held on 25 March 2019 and the minutes of the meeting held on 17 January were presented.

Ms Bee reported that she is pleased with the way that the Committee reporting has improved over recent months and the progress that has been made with incorporating the charity into the overall Trust. There have been some delays with the Whitby and Child and Adolescent Mental Health Services campaigns, but the staff engagement fund is being accessed and is contributing to the Proud campaign.

The Committee Effectiveness review was discussed and will be presented to the May Part II meeting as a full suite of Sub Committee Effectiveness Reviews.

Resolved: The report and verbal updates were noted.

78/19

Trust Strategy Update

Mrs Flack, Transformation Programme Director Mental Health Humber Coast & Vale attended the meeting to provide an update on progress on the Trust Strategy and the plans to refresh this during 2019/20. The report showed the progress that has been made against the 6 key strategic objectives, particularly around patient safety and quality. Plans for how this work will be taken forward based on changes at a national level were included in the report.

Recently there has been a new Director lead for the Trust Strategy and the Operational Plan and also the appointment of a new Strategy Manager. The Executive Lead still remains as the Chief Executive.

The draft Trust's operational plan on a page was included for the Trust board to review and provide comment on. The next update will be provided in September 2019.

Professor Cooke felt that significant progress has been made and the momentum needs to continue. He suggested adding on page 20 the values of partnership and about growing services on page 13 and how there will be synergy between the two. The Chair agreed with his comments and that strategic growth and how we follow up on this should be included. Mr Patton identified that there was no reference to the Workforce and Organisational Development Committee under the appropriate strategic goal. He also felt that under the maximising an efficient and sustainable organisation goal, reference should be made to the Budget Reduction Strategy, Estates strategy and the good job that has been done by the team.

The Chair said more has been achieved that was in the report and this was an opportunity to demonstrate this. She noted that page 12 referred to sickness rates and Personal Development Review (PADRs) figures that needed reviewing. Mr McGowan said there is a time lag with the use of Statistical Process Charts (SPC) and will review sickness and PADRs rates based on the most recent performance report.

Ms Bee noted there was no reference to the work of the Charitable Funds Committee in the update.

As this was a draft any further comments on areas that may have been missed were asked to be submitted to Claire Strawbridge, the new Strategy Manager.

The draft plan on a page was discussed. Professor Cooke felt there was a lot on the page. He asked what was meant by "Organisational Support" and whether the NHS Long Term Plan and Proud were included in this. In terms of the hexagon shapes he felt that in the middle should be patients, service users and carers and Proud rather than the NHS Plan. He recognised there is a lot in the plan, but felt more Trust things could be included. Mr Patton felt there was insufficient detail on partnerships and being a system leader.

It was suggested and agreed by the Board to include last year's achievements on the other side of the plan on a page. When this has been done, the document will be recirculated to the Board.

The Chief Executive thanked Mrs Flack and the team for their hard work in producing the documents.

Resolved: The strategy update was noted. The plan on a page to be revised taking into account comments received. On the reverse, last year's achievements to be added. Document to be recirculated to the Board when completed **Action PBec**

79/19

Freedom to Speak Up Vision and Strategy 2019- 2022

The report provides the Trust Board with an update of the activity taking place and the number of people contacting the Guardians. The Trust now has an approved Speak Up Vision and Strategy (2019) which was approved by the Trust Board in March 2019. The report also provided an update on the recent work programme and further work taking place.

There continues to be sharing of information and close working between the Guardian, the National Guardian's Office and the Regional Network. The Trust is hosting the Regional Network meeting In June 2019. The learning from staff speaking up and how this will continue to be developed. Plans are in place to gather feedback from staff raising concerns.

Mr Baren confirmed that as Senior Independent Director, he meets regularly with the Guardian and Deputy Guardian to go through cases and provide oversight and assurance. It was suggested that this should be included in future reports.

Mr Patton asked about the national packages and about details of the regional leads. He was informed that these roles are still being appointed to presently. Additional support was identified and the leads will focus on the development of the Freedom to Speak Up role across primary care, but will still be a point of contact for the Trust. Details of the roles will be confirmed in the next report.

Discussion to take place outside of the meeting around the regional event in June with the Chair, Chief Executive and Mrs Flack. Details will be circulated to the Board, anyone interested in attending the event to contact Mrs Flack.

Resolved: The report was noted.

Future reports to include the involvement of the Senior Independent Director in overseeing cases. Action AF

Details of the regional event to be circulated to the Board Action AF

80/19

Performance Report

An update on Board approved key performance indicators as at the end of March 2019 was presented. Of particular note were:-

- Waiting times – 52 week waits have increased further in March. Currently 70 patients waiting (excluding ASD).
- One 7 day follow up breach.
- Three admissions of patients aged under 18 to adult wards.

Professor Cooke noted a reduction in the Friends and Family Test scores and felt this should have been highlighted in the exception report as it was outside the accepted trajectory. The Chief Executive agreed with his point and noted that the rates have dipped which could be in relation to the HPV vaccination. The Chief Executive does monitor the number of complaints that are received and there has not been a recent increase. The position is being monitored.

Maister Lodge was shown at 101% bed occupancy and clinical supervision had reduced to 44% which was noted by Mr Baren. The bed occupancy was due to the use of a leave bed which was an appropriate use. Mrs Parkinson confirmed that there is a high occupancy level at Maister Lodge due to the demand for acute beds. Work is taking place to review the dementia pathway. Out of area placements for mental health has significantly improved, but there is work to do for Older Peoples services.

Staff turnover had increased and Mr Baren asked if the reasons were known for this. Mr McGowan said data showed that this was due to people leaving for a variety of reasons. As an exercise, contact will be made with everyone who has left within the month to confirm their reasons for leaving. He informed the Board that some neighbouring organisations are enticing Trust staff with incentives to join their organisations.

Dr Fofie noted the position with waiting times and Autism Spectrum Diagnosis (ASD). Mrs Parkinson said she was disappointed that the core CAMHS and ASD diagnosis figures had increased again this month. The Board is very much aware of the position and it is mainly in Hull. Work is being done to reduce this but the increase in demand continues. Improvement work continues with both Clinical Commissioning Groups (CCGs) and the local authority. A further meeting with Hull CCG is planned as the actions that have been taken are not robust enough as referral rates continue to increase and it is often found when assessing an Individual they do not require ongoing support and treatment suggesting that more needs to be done with the pathway. It was confirmed that the contract is block funded however some additional non recurrent funding has been received. The issue is to make it sustainable going forward and work is taking place with commissioners, local authorities and the voluntary sector.

From a strategic point of view it is an area that the Sustainable Transformation Partnership

(STP) mental health partnership will be looking at to see if there is anything that can be done in the system as it is an issue across the STP. In some schools the SMASH programme is having an impact, but this is not across all schools.

Mr Patton commented that on the quality dashboard, there were eight red and one amber areas for sickness levels. He asked what the reasons were for this. Mr McGowan said these are across different groups of staff and was based on 500 staff out of 2,500. The Chief Executive suggested that the Workforce and Organisational Development Committee review in detail sickness and turnover which will include both short and long term sickness.

The Chair raised the issue of bed occupancy noting an increase in Westlands and Newbridges inpatient units. Mrs Parkinson explained that this was the view from the SPC chart, but bed occupancy remains low across the Trust. It was noted that PICU out of area beds remained a challenge. Bed occupancy on PICU has been reduced to a maximum of ten beds due to the acuity of clients and it has been appropriate to use out of area beds. These cases are rare but there is a clear rationale for when it does happen. Mrs Parkinson said she will include more narrative within the next report of the actions taken.

Resolved: The report was noted.

The Workforce and Organisational Development Committee to review in detail sickness and turnover which will include both short and long term sickness Action SMcG

81/19

Finance Report

The report which provided an update of the financial position of the Trust at month eleven. Of particular note were:-

- An operational surplus position of £0.592m was recorded to the 31st March 2019. The Trust delivered a surplus of £0.803m at year end, compared to the agreed NHS Improvement target of £0.801m
- Expenditure for clinical services was lower than budgeted by £0.296m year to date
- The cash balance at the end of March 2019 was £14.896m, this included £2.154m of Local Health Care Record Exemplar (LHCRE) and £1.518m of Child and Adolescent Mental Health Services (CAMHS) capital funding.
- Capital Spend as at the end of March was £9.911m, mainly related to the CAMHS unit, the LHCRE project, IT hardware and Backlog Maintenance

The Chair asked about the local government pension scheme referred to in the report. She was informed that this was an evaluation in pensions in relation to Section 75 partnership and Granville Court which is charged to the income and expenditure position and falls below the control total line.

Resolved: The report was noted

82/19

Report on the Use of the Trust Seal

In line with Standing Orders this report details the use of the Trust Seal. Over the period 1 April 2018 – 31 March 2019, the Trust Seal has been used twice in relation to the Princes Medical Centre

Resolved: The report was noted.

83/19

Emergency Planning Preparedness & Resilience (EPRR) Annual Report

The annual report provided the Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2018 to 31st March 2019. The report also provided an overview of EPRR activities and sets out EPRR priorities for 2019/20.

Mrs Parkinson explained there has been a level of activity over the year including the hospital

waste issue. Nationally the bar has been raised and any actions required following the self assessment have been included in the action plan. The Head of Corporate Affairs confirmed that in relation to the 3 trust wide plans due for update, the communications plan had been completed and noted the EPRR group were driving the development and updates of all team plans.

Mr Smith is the Non Executive Director linked to Emergency Planning and it was noted there was no mention of his role or involvement in the report and he had not seen it before submission to the Board. He suggested that he meet with Mrs Parkinson to review the governance arrangements.

Resolved: The report was noted

84/19

Any Other Business

No other business was raised.

85/19

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.

86/19

Date and Time of Next Meeting

Wednesday 22 May 2019, 9.30am in the Conference Room, Trust Headquarters

Signed Date

Chair

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 22 May 2019 in the Conference Room,
Trust Headquarters

Present:

- Mrs Sharon Mays, Chair
- Mrs Michele Moran, Chief Executive
- Mr Peter Baren, Non-Executive Director
- Ms Paula Bee, Non-Executive Director
- Prof Mike Cooke, Non Executive Director
- Mr Francis Patton, 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
- 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 Laura Sheriff, Care Quality Commission (CQC)
- Ms Amy Smith, Communications Officer
- Ms Claudia Myler, Clinical Psychologist (for item 90/19)
- Kirsty, Service User (for item 90/19)
- Kirsty, Carer, (for item 90/19)
- Mr Oliver Sims, Corporate Risk Manager (for item 101/19)

Apologies: None

87/19 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 other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

Dr Byrne reported that he has recently been appointed as Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE) which will be added to his declaration.

88/19 Minutes of the Meeting held on 24 April 2019

The minutes of the meeting held on 24 April 2019 were agreed as a correct record.

89/19 Matters Arising and Actions Log

The actions list was discussed and the following update provided:-

51/19 Chief Executive's Report

A meeting was held with the Chief Executive, Professor Cooke and Mrs Parkinson to discuss the Recovery College. Mrs Parkinson reported that the Recovery College continues to work well and there is now a real opportunity to take forward areas such as social prescribing, health trainers and peer support type roles to link together and also offer a complete approach to recovery. A Trust wide workshop is planned for later in the year to explore and launch this.

Ms Bee suggested that the Charitable Funds may be able to make a contribution to the work of the Recovery College and help shape this going forward. It was confirmed that the lead for Charitable Funds is already involved in the work. Further updates will be included in future

Chief Executive's reports.

90/19

Patient Story – Kirsty's Poem

Kirsty attended the meeting to share her story and journey with the General Liaison Psychiatry Team through the method of poem. Kirsty was accompanied by Claudia Myler (Clinical Psychologist) and her carer.

Kirsty read her poem "Therapy" and explained that she had written it as it allowed her to express the way she was feeling and her anxiety about joining the group. She was asked if there was anything that she felt could have been done differently when she first attended the group. Kirsty said it was hard going into a room with others and not knowing what was going to happen. She felt it would have been better to meet with service staff beforehand to explain what would happen in the group and the type of topics that would be discussed. Mrs Parkinson informed her that the Trust is introducing peer support workers who will be people who can share their experiences with service users and be able to support people who are going through what they have experienced. Ms Myler informed the Board that a trainee psychology has been undertaking some research based on feedback to determine what could be done better which will be into an information leaflet for service users.

Kirsty was asked if she would allow her poem to be used in Trust publications such as Humber People magazine and agreed to share it with the Trust.

The Chair thanked Kirsty for attending and sharing her journey with the Board.

91/19

Chair's Report

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

- Visits to Mill View Lodge, Avondale and to the new Child and Adolescent Mental Health Services (CAMHS) development.
- Attendance at the Leadership Forum which was extremely well attended with the group influencing its own agenda
- Attendance at the successful 3rd Annual Research Conference
- Meetings with Governors
- Hosting (with the Chief Executive) the Quarterly staff awards event held for long service and retirees
- Attending a Freedom to Speak Up quarterly meeting with the team and the Chief Executive to discuss the work that is ongoing
- Attendance at a meeting with Vanessa Walker who is a member of the Hull University Teaching Hospital Board and also a Trustee of MIND

The recruitment process for a new Non Executive Director is underway and is being promoted in various areas including social media. Interviews will take place on 21 June 2019.

Resolved: The verbal update was noted.

92/19

Chief Executive's Report

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

Humberside Police

The Chief Executive spent a day working alongside Humberside Police experiencing the work of the community neighbourhood teams and also with their first response patrol. This experience helped to identify integrated ways of working better within the community and part of the day was spent in a first responder patrol car which has helped take forward

discussions around the mental health aspects of policing. Potential opportunities for working together have been identified including piloting joint working within the patrol car setting.

Visits

Time was spent with the staff at the Humber Centre as well as Psychiatric Intensive Care Unit (PICU) and Maister Lodge. Staffing demands remain the key challenge.

Easter Competition Winners

The Chief Executive thanked everyone who entered the competition and also the Trust Board members who donated the prizes. The winners of the Easter competition were:-

- 1st Place – PICU (submitted by Hayley Vaughan, Rikki Day & Gemma Cheetham)
- 2nd Place – Maister Lodge (submitted by Rielle Dency)
- 3rd Place – Mill View Court (submitted by Derek Peat)

Congratulations to all winners who have received their prizes.

Hull Yorkshire's Maritime City Project

The Council is moving forward significantly with plans for the Hull: Yorkshire's Maritime City project (<https://maritimehull.co.uk/>) which includes the complete refurbishment of the Maritime Museum and adjacent Town Dock Chambers, the renovation and permanent display of our two historic vessels (the Arctic Corsair and the Spurn Lightship) and the development of the historic North End Dry Dock on the River Hull. The Chief Executive informed the Board that the Trust has supported the project.

Research Conference

170 delegates attended the conference which was chaired by Professor Cooke. Dr Byrne reported that feedback from the event is being collated, but early indications show it is very positive.

Chief Executive Challenge

This year the Chief Executive will be holding a 12 hour longest car wash event taking place on 20 June 2019 with all money raised going to the Staff Engagement fund.

Hull Place

Local meetings continue to take place. The Maritime work is interesting and is linking into the Hull Place work.

East Riding Place Board

Chaired by the Chief Executive the Big Healthy Link Up meeting focused upon the annual review and operational plan for the forthcoming year. Of the 99 actions identified previously, these have been reduced to four/five strategic targets including physical and mental health.

Sustainable Transformation Programme (STP)/ Integrated Care Service (ICS)

The operational plan has not yet been agreed. A review of progress in relation to Humber acute care and Scarborough and Ryedale services is being undertaken

Veterans Aware

Dr Byrne explained the Trust is part of the Veterans Alliance which provides an opportunity to improve the quality of care given to veterans and families of veterans in Trust services. It is also an opportunity to support our staff who are veterans or have family members who are veterans. Reservists are included in this work and a Veterans Breakfast event will be held in the near future. The date will be circulated to Board members when finalised.

Zero Events

Mrs Gledhill explained that Zero Events have started to become embedded in the organisation, however there are some areas where policy is not being followed. There is a renewed emphasis on the work to comply with national policy and Trust policy which will

come from the bottom up. In terms of the existing Zero Events, inpatient suicide results in a serious investigation, Absent Without Leave (AWOL)/Secure services goes through Mental Health Legislation and 7 Day Follow Up is monitored through the Performance Report.

Professor Cooke was concerned there are a high number of Zero Events with eight Zero Events and three that are monitored via different routes. He was concerned that areas covered by mainstream reporting may not be seen as a priority. The Chief Executive explained that when this was introduced time was needed for the process to embed in the organisation. Focus is provided where a priority is identified.

Mr Baren commented on the large number of falls identified in the quality dashboard and queried whether further investment is needed in this area. He also asked how it was known that Trust policy is being followed in relation to falls reporting. He was informed that all falls incidents are investigated, however not all result in a serious investigation being undertaken due to the level of harm or other factors. When the Datix report is received all aspects are considered and a briefing is produced for every incident.

Professor Cooke referred to the progress made with Lorenzo e prescribing asking if this was on track. Dr Byrne explained that the Humber Centre will go live as the first phase at the beginning of June and once embedded it will be rolled out to Scarborough and Ryedale services. It was noted that the Trust is one of 13 exemplar sites and is ahead of other organisations in terms of going paperless. Dr Byrne was happy to discuss the timescales of the roll out outside the meeting.

In response to Professor Cooke's query about key themes in the annual Equality and Diversity report, Mr McGowan reported that for those people who identified themselves as non heterosexual, some of the scores were more negative and work is needed to shape this work in the next 12 months. Positive scores around Black and Ethnic Minorities were reported. Dr Byrne added that from a patient perspective originally 120 actions were identified as part of a five year strategy and 60 of these remain, but some positive improvement is being seen around the protected characteristics. It was noted that the report will be going to the Workforce and Organisational Development Committee and an update will be provided to the Board through the assurance report.

The inpatient Search Policy and the Policy for the Use of Seclusion or Long Term Segregation including Restrictive Intervention Procedure highlighted in the report were ratified by the Board.

Resolved: The report was noted
The inpatient Search Policy and the Policy for the Use of Seclusion or Long Term Segregation including Restrictive Intervention Procedure were ratified by the Board.

93/19

Publications and Highlights Report

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

Professor Cooke noted the scale of challenge for the workforce in relation to item 6 in the report and something the Board needs to get behind this year.

In terms of the System Working in an Uncertain World item, Mr Baren noted this is something the Board needs to consider in the coming months to be prepared for 2021. The Chief Executive agreed explaining that once the Operational Plan for the system is finalised it will help design the Integrated Care Services. It was suggested that part of the October Strategy meeting be used to look at the wider picture.

Resolved: The report was noted
A session to be arranged for the October Part III Strategy meeting to look at the wider picture and implications of system working **Action MM**

Care Quality Commission (CQC) Inspection Report

The CQC Inspection report published on 14th May 2019 was presented to the Board. Of particular note were:-

- The Trust retained its overall rating of 'Good'
- Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive.
- Acute wards for adults of working age and psychiatric intensive care units improved from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led.
- The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.
- The Trust was assessed as 'requires improvement' for safety and this will continue to be an area of focus for improvement.
- The CQC noted the rating of 'requires improvement' for community services for adults had brought the overall rating for community down to 'requires improvement' but acknowledged we had taken on additional services since the last inspection - this will be an area of focus as we integrate further the new community services we acquired.

The Chief Executive thanked staff and Board members for their contribution in helping the Trust retain its overall score of "Good". Thirteen actions were identified in the report and responses to these will be submitted by 7 June 2019. However work is in progress and plans are in place to address the actions, some of which have already been completed. The Chief Executive said it was disappointing to receive a "requires improvement" rating for community services, but work is underway to address the issues raised. A piece of work is also underway in relation to the Humber Centre to address some issues.

The work of the Quality Committee was recognised by the Chief Executive for providing the assurance process whilst acknowledging there is still more work to do. Professor Cooke thanked the Executive Team for their leadership and Non Executive Director colleagues for their input and support. He felt that the approach taken in relation to quality, quality assurance and the links to innovation and research were well received by the Care Quality Commission (CQC).

Mr Patton suggested that staff training and engagement which was highlighted in the report, be discussed by the Workforce and Organisational Development Committee. Mr Baren noted that there was a long list of items in the Well Led section and he particularly highlighted the good work on the Board Assurance Framework and the management of risks. It was suggested by Ms Bee that discussion take place with Health Stars around ways that it can be included to help add value for staff.

The Chair thanked everyone involved for the work they have done which had resulted in a good report for the organisation.

Resolved: The report was noted.

Performance Report

The report provided the Trust Board with an update on key performance indicators as at the end of April 2019. The Executive Management Team (EMT) has reviewed indicators and targets for 2019/20 resulting in three indicators being retired from the report. However, these indicators Healthcare Acquired Infections, Budget Reduction Strategy and Staff Cost v Plan will continue to be reported to the Quality Committee and the Finance and Investment Committee

The majority of indicators are within normal variation, but key areas of performance were:-

- The number of vacancies in the Trust has increased.

- Referral to Treatment for incomplete pathways has fallen in month, performance for completed pathways was 89.5% - both indicators are below target performance (95%)
- Waiting times – 52 week waits have increased further in April. Currently 159 patients waiting (excluding ASD), 153 relate to Child and Adolescent Mental Health Services (CAMHS).
- Care Programme Approach (CPA) Reviews has dropped below target (95%) and is reporting at 94.3%
- There has been one admission of a patient aged under 18 to an adult ward
- The Trust's cash position remains strong at £14.335m.

Mrs Parkinson provided an update about the waiting lists. She recognised that in recent months there has been an increase in the number of people on the waiting lists predominantly for children and young people, core CAMHS, Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Diagnosis (ASD). This month circa 17 young people were transferred to City Health Care Partnership (CHCP) as part of a contract change and there has been an increase in the number of incomplete treatment episodes. CAMHS continued to see a high level of referrals primarily relating to the Hull service. A workshop was held across the system recently and some additional actions agreed; further investment will be provided, changes agreed to the access point to the CAMHS service to try and address the issue of sign posting young people to more appropriate services and working with MIND at an early stage. These changes are expected to have an impact on the position going forward. Dedicated staff resource will be identified to implement the actions and some clinical changes in the CAMHS service will also be made.

Professor Cooke suggested that the Workforce and Organisation Development Committee focus on vacancies and sickness which is still above 5%. Mr McGowan confirmed that this is a better position than 12 months ago and a further update will be provided to the Workforce and Organisation Development Committee at its meeting later this week with an update to the Board being included in the assurance report. Mr Baren also suggested looking at both short term and long term sickness that are due to stress. He was informed that the report going to the Committee looks at this on a month by month basis.

The Use of Resources score changed from a 1 to 3 in the month which was highlighted by Professor Cooke. It was confirmed by Mr Beckwith that this change is in line with the Board approved financial plan and is due to the income and expenditure and capital services position. It was suggested that future reports include the explanation for any change as it is a public document. The Chief Executive agreed that the plan had been signed off with this level of change within it. She also reported that NHS Improvement have no financial concerns with the Trust.

The Chair asked about Older People's out of area placements as it is high. Mrs Parkinson explained this has improved from previous months and work is underway with both Local Authorities to improve the package of care for people who are discharged into residential care. The Chief Executive said the East Riding Health and Wellbeing Board is also looking at the care home position.

Resolved: The report and verbal updates were noted

96/19

Finance Report

Mr Beckwith explained that a full month one position had been provided to the Board and of particular note were:-

- A deficit position of £0.417m was recorded to the 30 April 2019.
- Expenditure for clinical services was lower than budgeted by £0.158m.
- Expenditure for Corporate Services was £0.175m lower than budget.
- A Budget Reduction Strategy (BRS) Risk Provision of £0.300m was included in the reported position.
- The cash balance at the end of April 2019 was £14.335m, and included £2.110m of

Local Health Care Record Exemplar (LHCRE) and £0.988m of CAMHS capital funding.

- Capital spend as at the end of April was £0.158m.

There was a requirement for all trusts to resubmit their financial plans by 15 May. The Trust's plan was submitted following discussion with NHS Improvement, funding of £400k was agreed allowing the Trust to submit a control total compliant plan which included £1.3 million of sustainability funding and an allocation of £400k.

Mr Smith noted that the Trust is an outlier in a positive way for agency usage. He suggested that this was a good time to look at consultant vacancies to see if there are any other savings opportunities. The Chair thanked the finance team for providing a full month one report at a time when they are busy with year end.

Resolved: The report was noted.

97/19

Mental Health Legislation Committee Assurance Report

The paper provided an executive summary of discussions held at the meeting held on 9 May 2019 and a summary of key issues for the Board to note. Mr Smith highlighted to the Board the issue with Approved Mental Health Practitioners (AMPHs) employment. He explained that terms and conditions under Agenda for Change and the Local Authority are different which impacts on the ability to attract into posts.

There have been many exceptional breaches of the Mental Health Act (MHA), but no trends have been identified through the investigation and learning undertaken. Section 5.4 nurses holding power is used infrequently and when it is used Mr Smith suggested this could be due to a lapse and may not be used properly. Dr Byrne said some of the lapses could be due to paperwork issues and perhaps a lack of knowledge by the person and work is underway to review this. The CQC report will be presented to Consultants at their meeting next week which will be used as an opportunity to remind them of their role in this. The Mental Health team is well led by Mrs Nolan and the team has a regular presence on wards to provide support and training to teams. They also provide the corporate link into services and the work they do on a daily basis is appreciated.

The Chief Executive thanked everyone for their work in this area as previously this level of assurance would not have been provided and it was positive to hear that any incidents are reviewed and no trends have been identified in relation to any breaches of the Act.

Resolved: The report was noted.

98/19

Finance and Investment Committee Assurance Report

A summary of discussions held at the meeting on 16 May 2019 and a summary of key points for the Board to note was presented by Mr Patton. It was recognised that some points had already been raised under the finance report item, but other areas to note were:-

- the month one financial performance and BRS delivery.
- the committee's recommendation of the annual health and safety report.
- the committee's annual effectiveness review.

Mr Patton reported that there is a strong cash position and the debtors and creditors position is progressing. The Committee received the Annual Health and Safety report which was detailed and thorough and recommended to the Board for approval. Updates were also provided on the Clinical Negligence Scheme for Trusts (CNST), Mutually Agreed Resignation Scheme (MARs) and Digital Delivery Group. The Board Assurance framework was discussed and suggestions made on future improvements. The Committee effectiveness review was discussed and approved.

Resolved: The report and verbal updates were noted.

99/19

Audit Committee Assurance Report

The report provided an executive summary of discussions held at the meeting held on 14 May 2019 and a summary of key issues for the Board to note including:-

- Internal Audit Progress Report
- Internal Audit Annual Plan 19/20
- Internal Audit Annual Report
- Counter Fraud Progress Report
- External Audit Update
- Committee Effectiveness Review and review of Terms of Reference
- Tender Waiver Update
- Board Assurance Framework
- Risk Register – Board and deep dive Primary Care, Community, Children’s and LD (PCCLD) and Mental Health care group
- Losses and Special Payments Annual Report
- Declarations of Gifts, Hospitality and Sponsorship Annual Report
- Review of the Standards of Business Conduct and Managing Conflicts of Interest for NHS Staff Policy

Mr Baren reported that the one internal audit report was awarded limited assurance for an establishment visit. Further assurance was received after the meeting that all of the medium risks had been completed. It was suggested that some risks on the Risk Register were shared with the Mental Health Legislation Committee in terms of the Mental Health Act and this will be taken forward. The report included the internal audit plan for 19/20 which is extensive, but showed the areas that will be audited.

Mr Beckwith explained that in terms of patients’ property an internal programme of checks will also be in place through the Finance team who will visit units to gain further assurance that the procedures are being followed. The outcomes of the visits will be reported to the Operational Delivery Group and then to the Audit Committee.

The Chair felt it was helpful to have the annual audit plan included so the Board could see the areas that are covered.

Resolved: The report was noted.

100/19

Charitable Funds Committee Assurance Report & 25 March 2019 Minutes

The report included details of the meeting held on 14 May 2019 and the minutes of the meeting on 25 March were presented for information. Ms Bee drew the Board’s attention to the following areas:-

- Revised the reporting framework to clearly see objectives years 1 to 3 ensuring that year 2 reflects accurately the activities already undertaking and those that need to be on target for year 3
- Noted as a Committee the increased use of Charitable Funds across all fund zones and appeals. Recognition that if we are to maintain such a high level of activity we will have to be proactive in fundraising to maintain levels of fundraising in order to meet future demands.
- Willerby Hill site Café refurbishment Health Stars has worked closely with Trust Estates Team and the Working group to design a delivery model liaising with external partners. New facility due to open 5th July
- A comprehensive exercise undertaken to scrutinise the legacy information held by the Trust.
- Staff engagement fund is continuing to gain momentum and Michele Moran, Chief Executive is planning the Longest Car Wash on 20 June to help raise funds for staff benefits.

- The Pennies from Heaven scheme will be re-launched to existing and new staff from 1st June. The scheme will change the benefitting charity from Macmillan Cancer Care to Health Stars.
- The Impact Appeal has gone from strength for strength. The current fundraising total is almost £260,000 with high profile supporters such as Viking FM and NISA convenient stores actively fundraising.

The Committee is working well and is still on a journey. The Chair noted the reference in the minutes to the Eon Visual Media and asked what the Board's involvement was. The Chief Executive said further information is awaited, but is in relation to having snippets of videos that can be used for promotion. Another action in the minutes was in relation to the small charities legacy campaign to come to the May Board. Ms Bee will clarify any action required.

Resolved: The report.

Clarification to be sought around action for the Board around the small charities legacy campaign Action PBee

101/19

Board Assurance Framework

The report provided details of the Quarter 4 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. The report demonstrated progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 3 2018/19.

Each of the Board Assurance Framework sections has been reviewed by its assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

Changes to the Board Assurance Framework from Quarter 3 2018-19 to Quarter 3 2018-19 included:-

Strategic Goal 5 – Maximising an efficient and sustainable organisation

- Risks **FII206** (If the Trust cannot achieve its Budget Reduction Strategy for 2018-19, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm)
- **FII204** (Inability to achieve the NHS Improvement Use of Resources Score for 2018/19 which may result in reputational harm for the Trust and significant reduction in financial independence) have been removed from this section of the Board Assurance Framework following the closure of the risks in Quarter 4 2018-19.

Mr Sims reported that the overall assurance rates have not changes, but strategic goal 5 has changed to a green rating due to agreement of the control total. A number of finance risks were closed a the year end and the longer term financially sustainable risks reviewed and two new risks identified which are progressing through the Finance and Investment Committee and the Executive Management Team (EMT).

All risks are discussed at the appropriate Sub Committees and reviewed regularly by the EMT.

Mr Smith suggested that Strategic Goal 5 ratings may need reviewing as it seemed to show that the risk was increasing, but it was actually decreasing. Mr Sims will review this so that it is clear. The Chief Executive thanked Mr Sims for his work in this area commenting that it was good to see the BAF being used as a live document by the Committees.

Resolved: The report was noted.

102/19

Risk Register

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2019. Three risks are currently on the Trust Wide register and relate to the longer term financial position, nursing and consultant staff vacancies and inability to retain appropriately qualified workforce. Agreement has been reached to split the nursing and consultant staff vacancies risk into two separate risks which will be reflected in future reports.

Overall the number of risks reduced from 147 to 142 over the quarter. The Care Quality Commission (CQC) report made reference to risk assessments and once this work has been completed any changes to the Risk Register will be made.

Professor Cooke noted the changes to last year in the Trust Wide risks commenting that there were now only two on workforce and one on finance. He suggested that given the recent CQC report that safety risks be considered. He also felt there were a number of risks sitting at 12 or 9 that needed monitoring by EMT. The Chief Executive confirmed regular discussions take place at EMT and this will be an area of focus.

The Chief Executive commented that an area of future focus will be around the embedded nature of the Risk Registers which needs to start at the front line and consideration needed how this assurance is provided to the Board. Mr Sims said this will be included in the annual action plan which will be going to EMT for approval. Another area for focus is the consistency of risk scoring which varies significantly.

The Chair asked when the risk appetite session with the Board will take place this year. Mr Sims explained that the Risk Strategy will be updated which will then provide the areas of focus for the Board to consider and a date will be agreed.

Resolved: The report and verbal updates were noted

103/19

Annual Safety Report

The annual report provided a combined analysis of the Trust's Health and Fire Safety activity during 2018-19, outlining key developments and work that has been undertaken during the reporting period. It has been previously discussed by the Finance and Investment Committee who recommended approval to the Board. Ten Reporting of Industrial and Dangerous Diseases Occurrences Regulation (RIDDOR) incidents were recorded over the year, including six relating to incidents of violence and aggression. Unwanted fire alarm signals increased by 13 from last year; a programme of visits to units is in place and management and staff reminded of the need to be vigilant.

Professor Cooke suggested the title of this report could be misleading as it covered specific non clinical areas. He also pointed out that it had been reviewed by the Finance and Investment Committee, but there were wider aspects than purely financial. Following discussion it was agreed to rename the report the Annual Fire and Health and Safety Report. The Chief Executive suggested that in the future the Annual Health and Safety report only, should be shared with the Quality and Workforce Committees to discuss the relevant areas. This will be put into place for next year.

Resolved: The report was noted.

The renamed Annual Fire and Health and Safety report to be shared with the Finance and Investment, Quality and Workforce Committees going forward Action PBec

104/19

Annual Declarations Report

To provide the 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 and to provide assurance that the views of Governors have been taken into consideration

Mr Beckwith pointed out that with Child and Adolescent Mental Health Services development,

next year's declaration will need to include this as part of the Commissioner Requested Services.

Professor Cooke suggested including the points that NHS Improvement have no concerns about the Trust and G7 should now reflect that a positive CQC report has been received. It was agreed to add these to the report.

Mrs Hughes reported that the completion dates are correct and it will be published on the website but this year there is no requirement for Trusts to submit this to NHS Improvement as a selection of Trusts will be chosen by them to sample reports.

The Chair had some minor comments which she will share outside of the meeting.

Resolved: The Board approved the annual declarations, and agreed that it has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. That the Trust has complied with required governance standards and objectives and 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.

105/19 **Any Other Business**
No other business was raised.

106/19 **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.

107/19 **Date and Time of Next Meeting**
Wednesday 26 June 2019, 9.30am in The Mulgrave Day Room, Whitby Hospital, Spring Hill, Whitby YO21 1DP

Signed Date
Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors – 11 July 2019		
Title of Report:	Performance Report – May 2019		
Author:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To note
	To discuss		To ratify
	For information		To endorse
	The Council of Governors are asked to note the report.		
Purpose of Paper:	This purpose of this report is to provide the Council of Governors with an update on key performance indicators as at the end of May 2019.		
	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.		
Key Issues within the report:	Exception reporting and commentary is provided for each of the reported indicators:		
	The majority of indicators are within normal variation, the exceptions being:		
	Waiting times – 52 week have decreased marginally in May, but remains outside normal variation with 157 patients waiting (<i>excluding ASD</i>), 152 of which relate to CAMHS.		
	Full detailed explanations are included in the exception report.		

Monitoring and assurance framework summary:

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



Financial Year
2019-20

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:
May-19

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: **May 2019**

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	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
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	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven 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:

May 2019

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
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 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

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

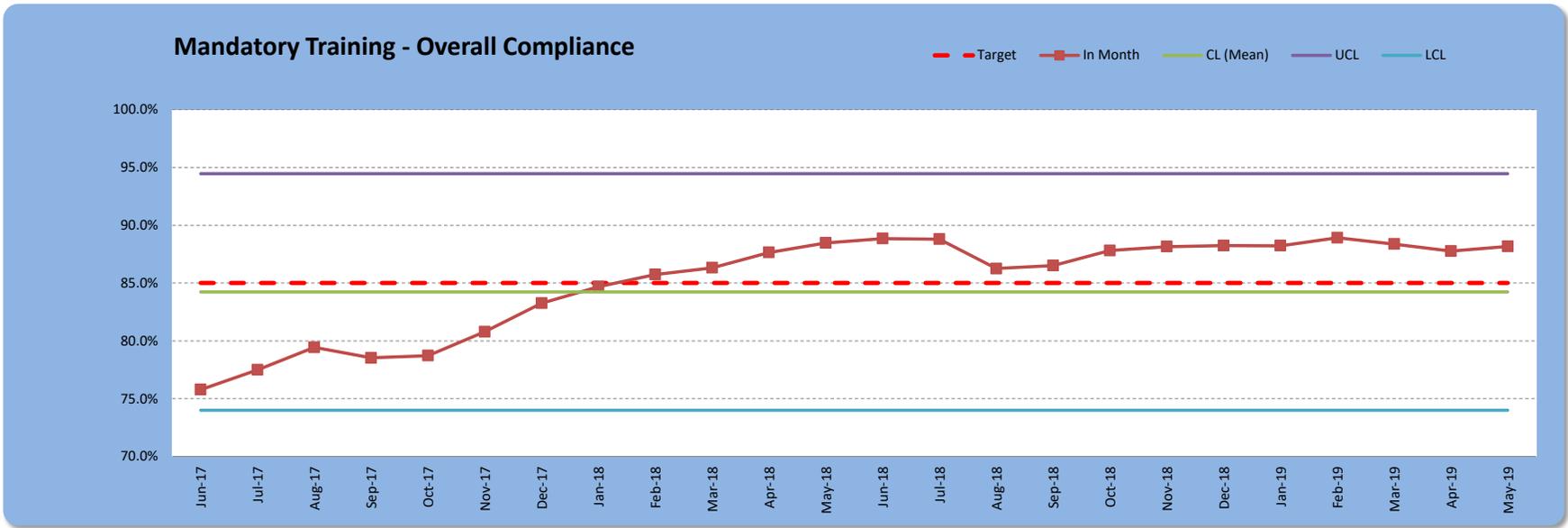
KPI Type
WL 5

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 88.2%



Exception Reporting and Operational Commentary

Performance remains above target. Managers continue to receive information on a fortnightly basis of staff that have not completed their training so that they may take the necessary action. Those managers on ESR supervisor self service can also review performance via the dashboard. Performance is discussed at Operational Delivery Group and EMT.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 92.1%, Moving and Handling 82.9%, BLS 77.7 % and ILS 80%). With one red (PATS 70.3%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

Indicator Title	Description/Rationale	Executive Lead
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Steve McGowan

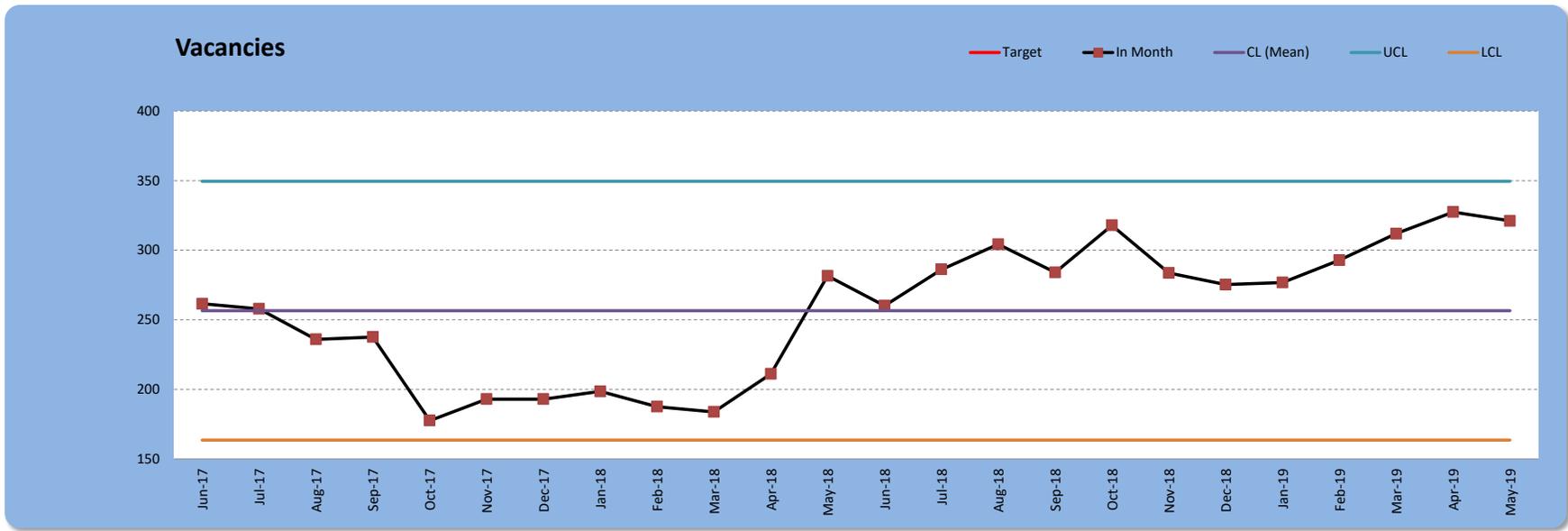
KPI Type
WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC

Current month stands at 321.1



Exception Reporting and Operational Commentary

The trust has high levels of vacancies with qualified nursing (108.98 vacancies, 12.99% of establishment), 20.83 medical roles (20.83 vacancies, 23.84% of establishment), and Occupational Therapists (15.45 vacancies 19.88% of establishment). At the time of writing 50 roles are currently out to advert on NHS jobs covering 54.39 FTE. 81 people from outside the Trust have been offered a job and are currently in pre employment screening or notice periods. Care Groups are currently looking at overseas recruitment of Nurses and a head-hunter has been engaged to help source medical roles.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/05/19

- Corporate 59.27 WTE (11.80%)
- Mental Health Services Care Group 120.74 WTE (13.64%)
- Primary Care, Community, Children's and LD Services 116.59 WTE (11.41%)
- Specialist Services 24.55 WTE (10.36%)
- Total 321.15 WTE (12.14%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

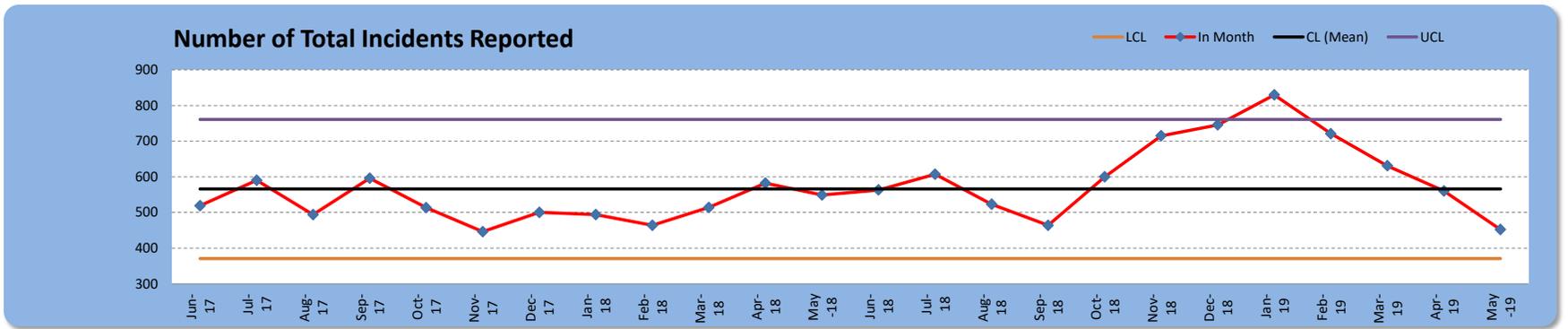
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix	Hilary Gledhill	IQ 6

Narrative

Within Control Limits

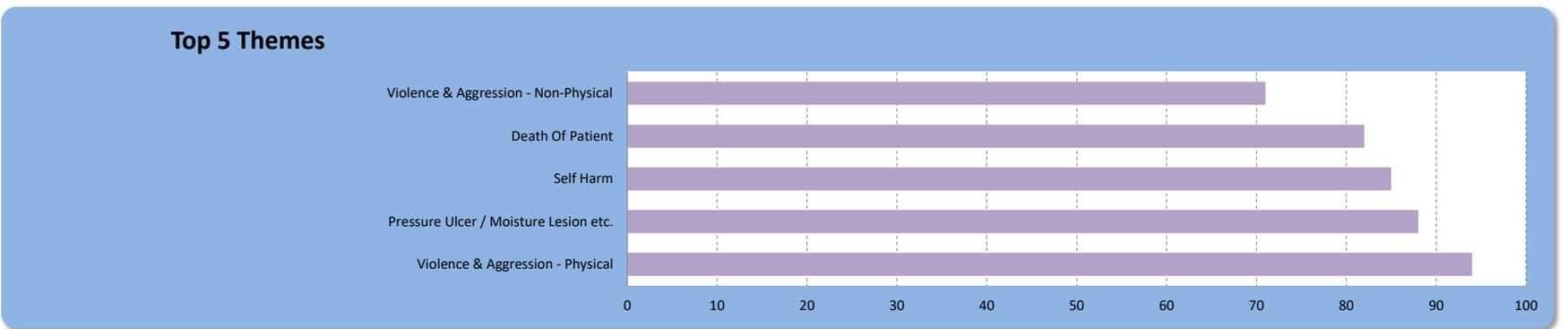
UCL: 761
LCL: 371

Current month stands at 452



Top 5 Themes

Top five themes of incidents reported in the current financial year (Year to Date)



Exception Reporting and Operational Commentary

The level of incident reporting has seen a fall going from a peak of 830 incidents in January 2019 (driven by self harm incidents) to 452 incidents in May 2019. 94.7% of the incidents resulted in no harm or low harm. Violence & Aggression - Physical has replaced self-harm as the highest reported category of incidents for the current financial year (April 2019 to May 2019), self-harm and pressure ulcers are the joint 2nd highest reported categories. Of the self-harm incidents 68 resulted in no harm or low harm, 6 in moderate harm and 1 in severe harm. 58 pressure ulcers resulted in no harm or low harm and 17 resulted in moderate harm. The national reporting of pressure ulcers is currently changing so that in future the severity will be in relation to the severity of the pressure ulcer and not the level of harm caused by the Trust.

Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits.

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

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

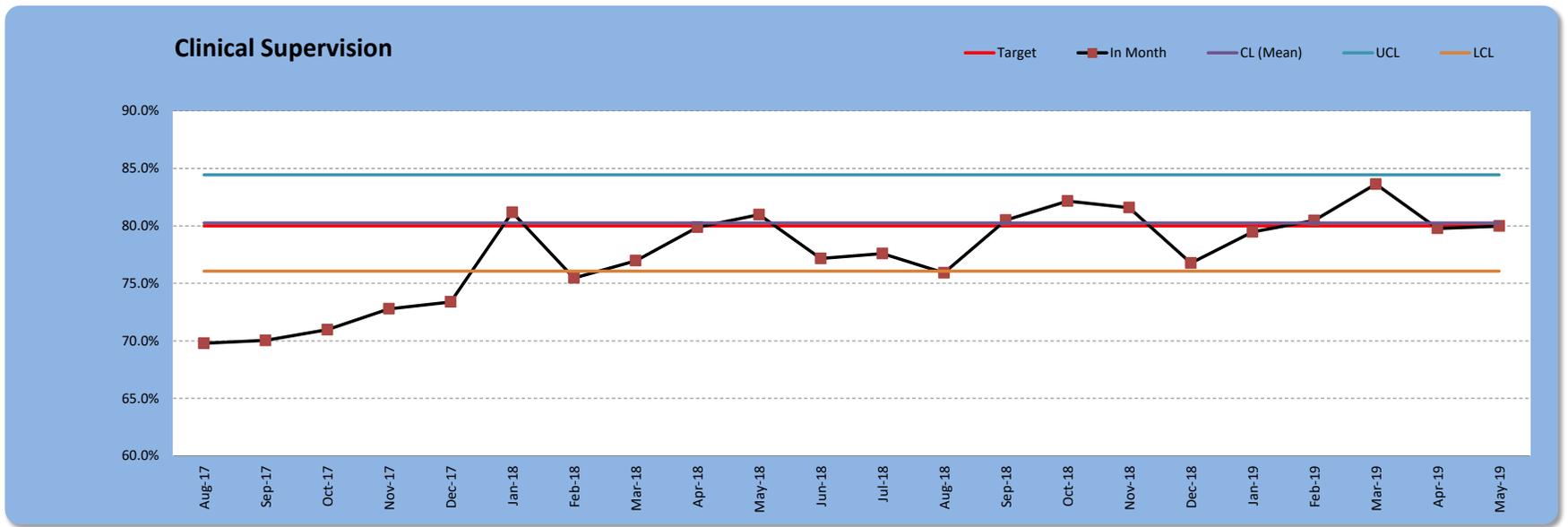
KPI Type
WL 9a

Narrative

Performance below target.

Target: 80%
Amber: 75%

Current month stands at 80.0%



Exception Reporting and Operational Commentary

Continued improvement following a slight dip in April. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting.

Following external audit as part of the Quality Accounts audit staff have been reminded to record and maintain records of supervision. Supervision reporting into ESR to be prioritised.

Business Intelligence

Teams who do not provide a return are being actively managed by the Care Group.

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2019-20
Reporting Month:	Apr-19

Speciality	Units				Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Mar-19	Apr-19
Adult MH	Avondale	Adult MH Assessment	26.8	50%	20.52	18.3%	↑	1.4%	↓	72%	92%	91%	124%	0	0	0	0	83.3%	88.9%	100.0%	73.7%	93.3%	0.7%	6.2	1	1
	New Bridges	Adult MH Treatment (M)	38.8	91%	8.83	15.1%	↑	0.5%	↑	86%	98%	97%	101%	0	0	0	0	No Ret	98.5%	100.0%	91.7%	88.6%	8.3%	1.0	2	2
	Westlands	Adult MH Treatment (F)	35.6	89%	9.07	23.7%	↑	0.6%	↓	76%	98%	85%	110%	0	12	0	0	87.5%	90.1%	93.3%	85.0%	97.4%	9.3%	3.0	2	1
	Mill View Court	Adult MH Treatment	28.8	84%	9.86	23.6%	↓	0.0%	→	91%	96%	99%	100%	0	0	0	0	62.1%	95.1%	90.9%	94.1%	93.3%	4.9%	3.0	1	1
	Hawthorne Court	Adult MH Rehabilitation	27.4	39%	14.69	19.6%	↑	0.8%	↓	73%	77%	97%	117%	0	1	0	0	69.2%	89.1%	88.9%	94.7%	60.0%	7.1%	0.0	3	4
	PICU	Adult MH Acute Intensive	25.1	45%	21.11	31.2%	↓	1.8%	↑	77%	122%	85%	107%	0	0	0	0	100.0%	88.3%	93.3%	84.6%	78.6%	3.1%	5.0	0	0
OP MH	Maister Lodge	Older People Dementia Treatment	36.2	84%	15.55	20.1%	↑	0.6%	↓	56%	142%	100%	116%	0	9	0	0	97.5%	84.7%	81.8%	89.3%	94.7%	1.2%	2.6	2	1
	Mill View Lodge	Older People Treatment	24.2	93%	13.63	8.8%	↑	0.0%	→	88%	80%	110%	95%	0	0	0	0	63.6%	96.1%	92.9%	92.3%	96.6%	9.0%	1.0	1	3
Specialist	Darley	Forensic Low Secure	21.0	100%	11.15	18.2%	↑	0.0%	→	64%	89%	97%	95%	0	1	0	0	95.0%	92.4%	100.0%	75.0%	91.7%	6.9%	3.5	3	2
	Derwent	Forensic Low Secure	25.5	83%	23.25	48.6%	↓	0.0%	→	84%	97%	97%	99%	0	6	0	0	46.4%	86.1%	60.0%	94.7%	75.9%	16.1%	2.4	4	3
	Ouse	Forensic Low Secure	24.5	79%	8.31	18.2%	↓	0.0%	→	57%	78%	97%	97%	1	0	0	0	82.6%	92.2%	88.9%	83.3%	48.1%	17.7%	0.6	5	3
	Swale	Personality Disorder Medium Secure	26.9	53%	19.15	49.7%	↑	0.0%	↑	84%	109%	103%	163%	0	0	0	0	95.7%	94.1%	100.0%	86.7%	96.2%	7.4%	2.0	1	1
	Ullswater	Learning Disability Medium Secure	25.6	80%	16.26	41.2%	↑	0.0%	→	68%	125%	97%	101%	0	0	0	0	91.7%	90.9%	87.5%	83.3%	92.9%	15.5%	3.0	2	2
LD	Townend Court	Learning Disability	39.2	11%	115.99	18.7%	↑	0.0%	→	47%	78%	50%	105%	0	6	0	0	38.2%	93.3%	85.7%	100.0%	84.6%	9.5%	2.6	3	4
	Granville Court	Learning Disability Nursing Treatment	37.4	Not Avail	0.00	35.0%	↑	0.0%	↑	97%	93%	100%	110%	0	0	0	0	90.9%	90.7%	100.0%	83.9%	77.6%	8.1%	1.0	2	1
CH	Whitby Hospital	Physical Health Community Hospital	32.5	87%	7.11	0.0%	↑	0.0%	→	83%	113%	100%	98%	0	0	0	n/a	87.9%	89.0%	82.4%	73.7%	84.2%	13.0%	-0.2	1	1
	Malton Hospital	Physical Health Community Hospital	29.5	95%	6.79	Not on eRoster	→	Not on eRoster	→	80%	105%	100%	100%	0	0	0	n/a	No Ret	78.7%	73.3%	86.4%	63.2%	2.4%	4.2	1	3

Exception Reporting and Operational Commentary

Low registered nurse fill rates on Hawthorn Court and Townend Court are offset by their low bed occupancy- as evidenced by higher CHPPD rates. Darley and Ouse have both had a recent safer staffing review which has confirmed that these are often the areas that have staff moved if clinical activity is high in other areas which will partially account for their fill rates. Additional actions are in place to support the number of vacancies in the Humber centre including the short term use of agency staff. High levels of sickness persist in the Humber Centre and a detailed review and action plan to address this was taken to the Workforce and OD Committee in May. Townend Court and Hawthorn Court have both seen a significant reduction in bed occupancy associated with service reconfiguration and this is contributing to some uncertainty and attrition from the staff teams and an associated dip in supervision and PADR compliance. Malton have a new leadership team in place and are being supported to ensure engagement and reporting with supervision and PADR processes

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

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%											

Slips Trips and Falls

Unit/Hospital	Apr
Maister Lodge	3
Mill View Lodge	1
Malton District Hospital	0
Whitby District Hospital	1

Malton Sickness % is provided from ESR as they are not on Health Roster
Page 8 of 32

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Executive Lead
John Byrne

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

FFT %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 91.3%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

The FFT recommendation score continues to remain above the target figure of 90%.

NHS England is reviewing the 'recommend' question. It is anticipated that a revised question will be developed and ready to circulate during 2019/20.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number surveys completed for school vaccinations which is likely to have impacted on feedback received.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

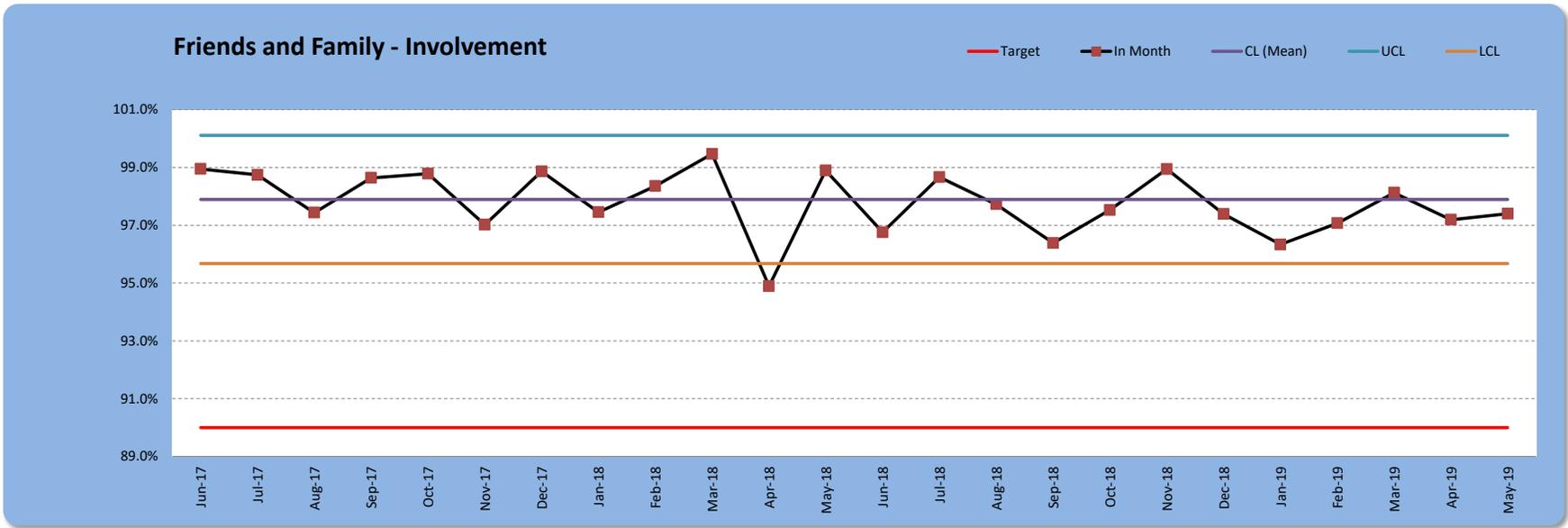
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.4%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score of 97.4%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	98.8%
Patients Overall FFT Information	97.1%

The short survey does not include Core Questions. GP Practices use the short survey so are not included in the above results.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

CPA 7 Day Follow Ups

This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge

OP 12

Narrative

Within target

Target: 95%

Amber: 85%

Current month stands at 98.4%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There was one breach in May. Patient disengaged and was reported missing. Has been located but refused to provide address details. Family members have received liaison contact.

This indicator is monitored on a daily basis. Directors and operational managers are advised of potential breaches and a timeliness report is updated each day for review and action by teams.

Business Intelligence

76.6% of follow ups achieved within 3 days.

Timescales of Completion
No of Discharges
Patients Seen
BREACHES

May	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
64	49	9	5	0
63	76.6%	14.1%	7.8%	0.0%
1				

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Care Programme Reviews

This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months

Executive Lead
Lynn Parkinson

KPI Type

OP 7

Narrative

Performance below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 94.0%

CPA Reviews



Exception Reporting and Operational Commentary

The CPA compliance is below target for May-19 but within control limits. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occur the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks.

Business Intelligence

Currently weekly exception reporting is produced to support teams in identifying the overdue and required soon cases. The CPA reviews target was achieved this month.

Top 5 Teams with overdue reviews	May
Mental Health Response Service Home Based Treatment	50%
Newbridges Acute In-Patient Team	67%
Personality Disorder Team	82%
Hull CTLD	83%
Specialist Psychotherapy Services	83%

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

Below the mean but an improvement on the previous reporting period.

Target: 95%
Amber: 85%

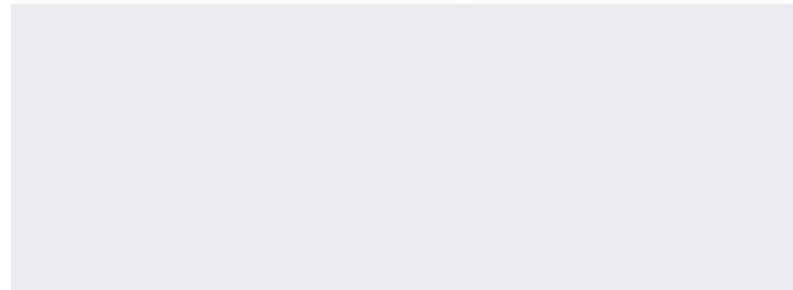
Current month stands at 92.7%



Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Performance and Risk Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Services have an active working Standard Operation Procedures (SOP) in line with the Trusts Waiting List and Waiting Times Policy to manage the referral and waiting list process which sets out that patients are to be contacted regularly whilst they are on a waiting list to mitigate the risks. All teams are encouraged to review their waiting lists at least weekly and resolve any data quality issues which may exist within their clinical system. If a patients need becomes more urgent than the expectation is that their appointment is expedited and they are seen more quickly in line with their presenting need.

Business Intelligence



PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title	Description/Rationale	Executive Lead
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Based on patients who have been assessed and continue to wait more than 18 weeks for treatment	Lynn Parkinson

KPI Type

OP 21

Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 74.3%



Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Delivery Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient.

Business Intelligence

The drop in performance in Aug-18 relates to data issue following the transfer of existing caseload when Scarborough & Ryedale transferred to the Trust.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

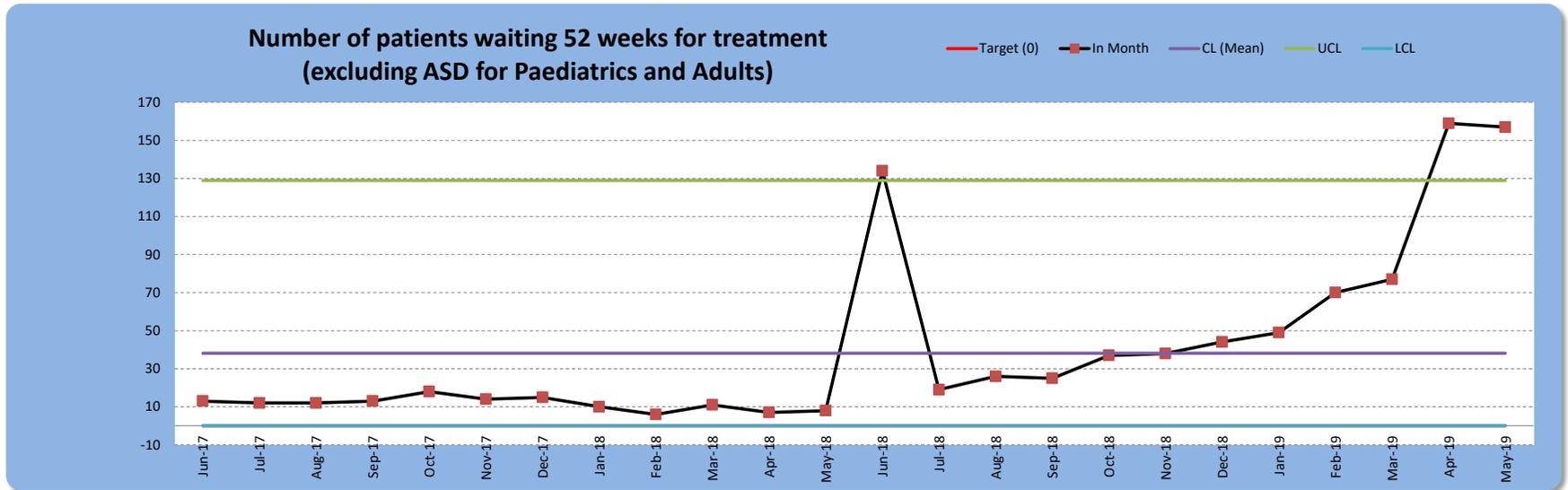
OP 22x

Narrative

Increase of 82 since last month

Target: 0
Amber: 0

Current month stands at 157



Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHS has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks.

Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in, most of these patients are waiting for ADHD assessments and anxiety assessment/treatment. Additional posts have and are being recruitment to which will ensure that there is increased capacity to meet commissioned service requirements. In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully aware of the position and they are assured of our progress and transparency, however we are continuing to work with them closely due to the position not yet recovering. We have a further 155k non recurrent monies from commissioners which we will use to sub contract to bring early capacity to the ADHD and anxiety pathways where the waits are over 52 weeks.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

The ASD waiting list information is included in the following two slides.

152 of the >52 weeks waits relate to CAMHS. See additional SPC for further information.

The increased position in Apr-19 was a result of cases transferred from another provider for ADHD.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

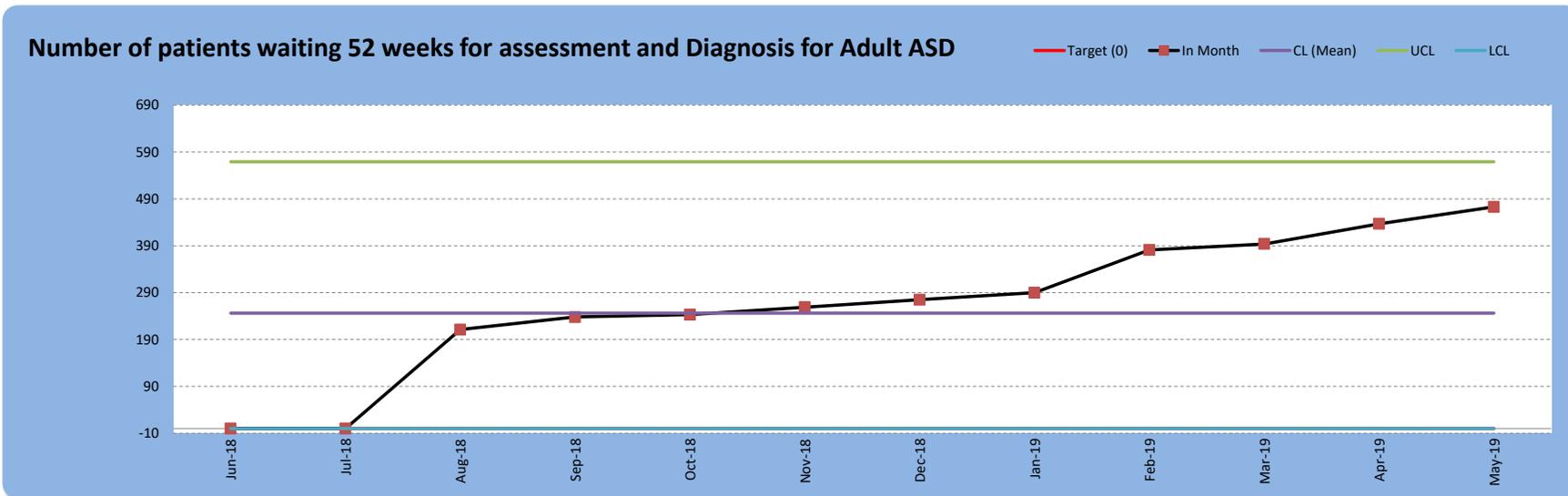
OP 22s

Narrative

Increase of 36 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 473



Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The Care Group has developed a business case which has been considered and approved by the Operational Delivery Group. The additional capacity that was expected to be in place from March 2019 (secondments), however, it has not been possible to release the staff for this yet. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times.

Business Intelligence

SPC charts have now been introduced

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

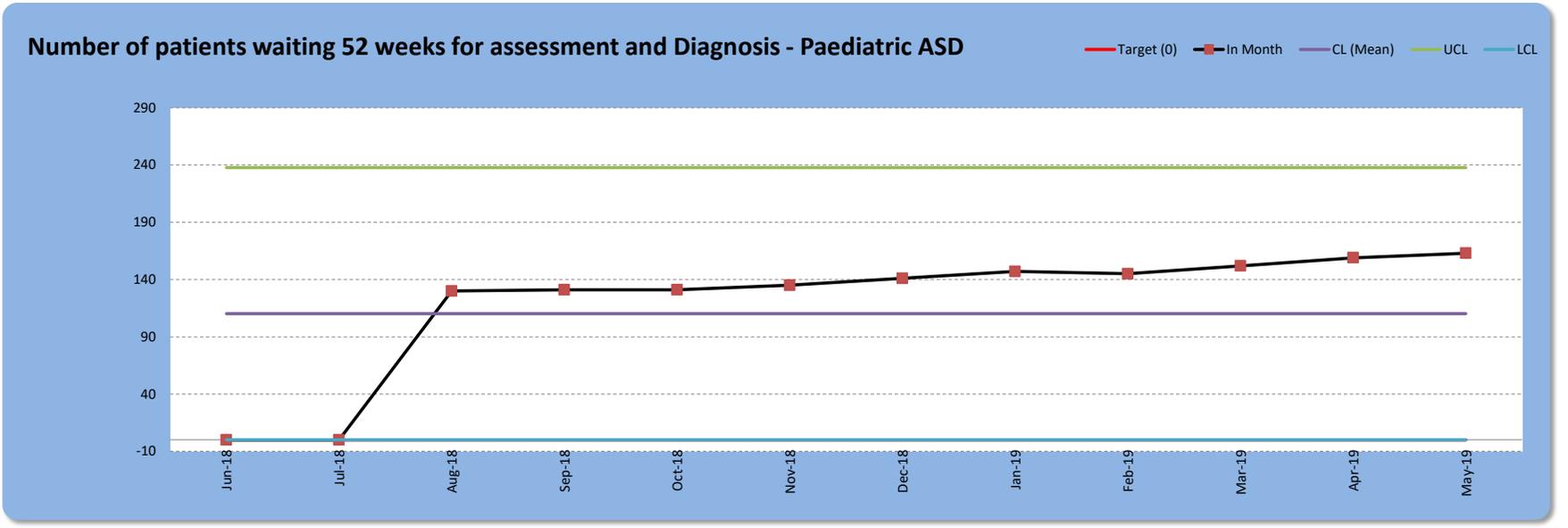
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

Narrative

Increase of 4 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 163



Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. Referrals into the service continue to be high. Historically referrals for children's ASD for the Hull service were significantly over the commissioned activity. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018. Recruitment began ahead of October 2018 – this is progressing well with partial service delivery having commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners are taking place to assess compliance with the trajectory and that is monitored.

Staff are now coming into post; in addition we have secured an agency member of staff who is DOS and ADAiR (Autism Diagnosis Training) to support decrease in the waiting times. In addition the skill mix for the diagnosis pathway has been reviewed and has expanded in line with NICE guidance to include nurses.

Discussions have taken place with commissioners about referrers and the plan is to cease GP referrals and accept referrals from SENCO's. This is a development that the CCG are leading on. This will mean that referrals will arrive at Contact Point with a much more comprehensive set of information, cutting down on our assessment time.

Discussions with Commissioners has also taken place regarding securing some on line assessments via HELIOS (a on line support package which has proved successful in the East Riding). To do this the procurement and contractual processes have been progressed and an additional 125 (75 Hull, 50 ERY) assessments have been commissioned. This should begin to show a reduction in the waiting list whilst new staff come into post.

Business Intelligence

SPC charts have now been introduced

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

52 Week Waits - CAMHS

Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks

Executive Lead
Lynn Parkinson

KPI Type

OP 22j

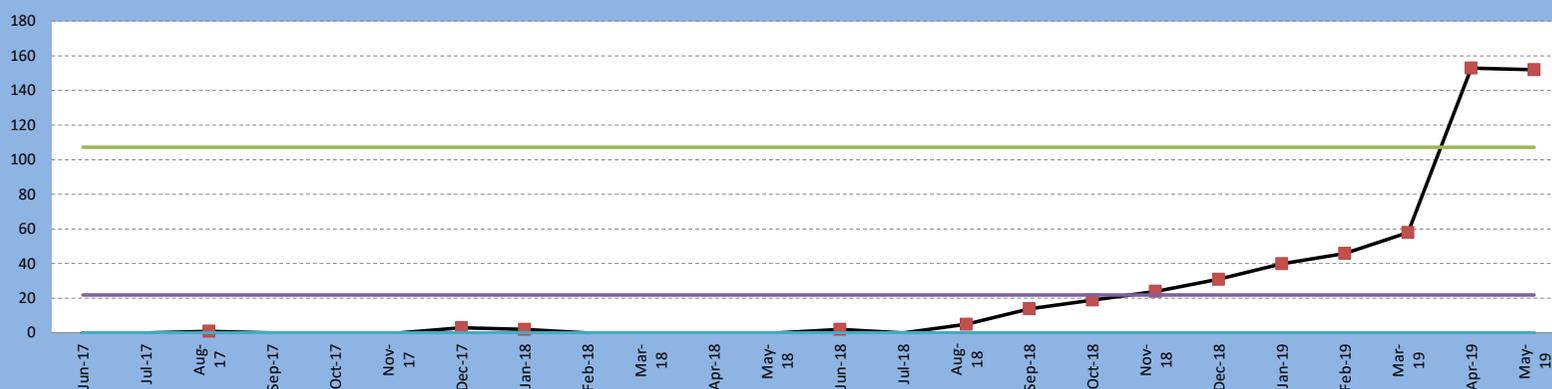
Narrative

Decrease of one since last month

Target: 0
Amber: 0

Current month stands at 152

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



Exception Reporting and Operational Commentary

The number of referrals into Contact Point continue to be high, over 300 per month; all of which need to be triaged and processed. The number that is accepted at Core CAMHS is around one third. These are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list.

We have a robust waiting time reduction plan in place and as part of this:

- We continue to refer to Mind for CPWP or counselling input as part of HTFT's sub contract and the counselling service commissioned by the local authority and HeadStart.
- We provide a significant amount of group work into this pathway to increase capacity,
- We are also a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions.
- Temporary bank staff are being used as part of a waiting list initiative as is an Agency CBT therapist

Measures already in place:

- CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals
- Anxiety and Autism Groups continue to run to manage the high level of Autism referrals although there continues to be a number of young people with Autism that need individual work
- Continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under).

Further discussions have taken place with the commissioners and a sub-contract has been placed with Helios for additional CBT for those on the anxiety pathway over 52 weeks.

In Hull, commissioners have agreed to fund additional contact point capacity via Mind.

Business Intelligence

New referrals for ADHD have now stabilised at a higher rate following the change in Community Paediatricians no longer providing ADHD assessments. Performance waiting lists will see high numbers of referrals but operationally every referral over 18 weeks will have had some form of assessment. It is not until the young person is either assessed by a Consultant Psychiatrist following this comprehensive assessment or assessed as not requiring a Specialist Assessment and is referred on that they are deemed not waiting on performance reports. This is therefore a long assessment process.

The referral rate for Trauma has been growing. Due to the nature of Trauma work there is usually a high level of multi-agency working prior to individual interventions taking place. The waits on performance reports in the past have appeared longer due to this level of preparatory and consultation work. HTFT's activity recording has been changed so this activity can be recorded as intervention.

The 6 session family systemic intervention is working well for the DSH client group. For those young people who are emotionally dysregulated and where systemic practice is not found useful we are exploring models of working with this complex client group and how we link into adult services for transition. Consultation is offered at Contact Point is offered to ensure agencies are provided with advice and early support, referrals requiring face to face intervention are then prioritised on the Trauma pathway.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

KPI Type
OP 9

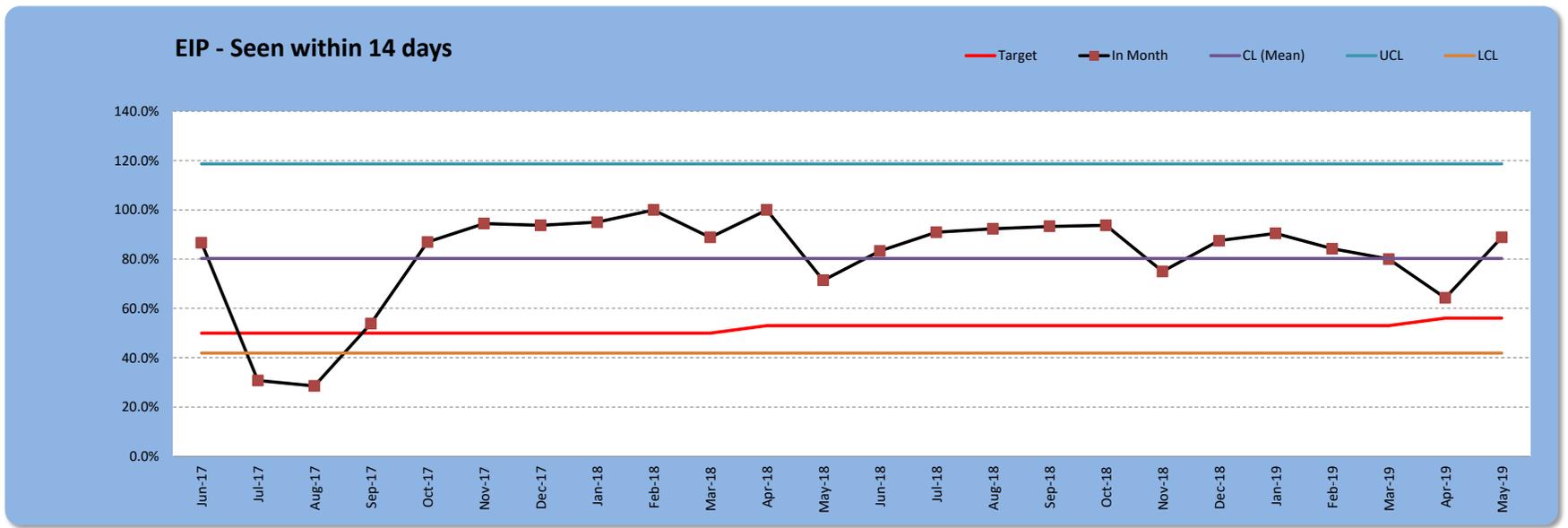
Narrative

Target achieved

Target: 56%

Amber: 51%

Current month stands at 88.9%



Exception Reporting and Operational Commentary

The service has met and exceeded the standard for the month. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand.

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. The target increased to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral

Executive Lead
Lynn Parkinson

KPI Type

OP 10a

Narrative

Target achieved

Target: 75%

Amber: 70%

Current month

97.7%

Narrative

Target Achieved

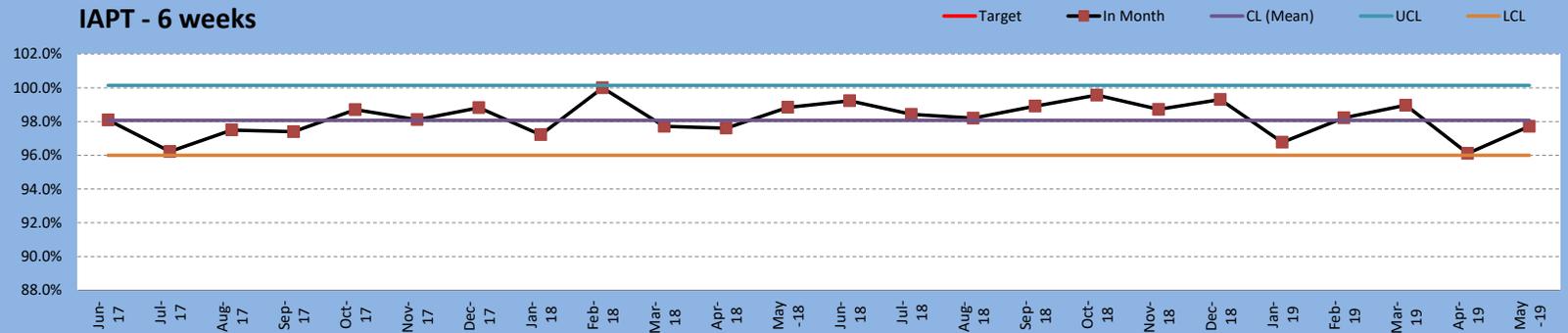
Target: 95%

Amber: 85%

Current month

100.0%

IAPT - 6 weeks



IAPT - 18 weeks



Exception Reporting and Operational Commentary

The service has met and exceeded the standard in the month to see new referrals 6 and 18 weeks. Rates of referrals vary significantly from month to month and the service continues to work to ensure that it has the capacity match the variation in demand.

Business Intelligence

Please note, patients who DNA (Did not Attend) either first and/or second appointment will have their waiting time clock reset (NHSE guidance).

NHS Digital do not factor resetting of waiting times clocks into their published data - so the results will vary.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention

Executive Lead
Lynn Parkinson

KPI Type

OP 11

Narrative

Target Achieved

Target: 50%
Amber: 45%

Current month stands at 62.1%

IAPT - Moving to Recovery



Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in the month and remains within the control limits set.

Business Intelligence

Performance continues to exceed the national target of 50% and performance remains within the control limits.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

Indicator Title	Description/Rationale	Executive Lead
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	Lynn Parkinson

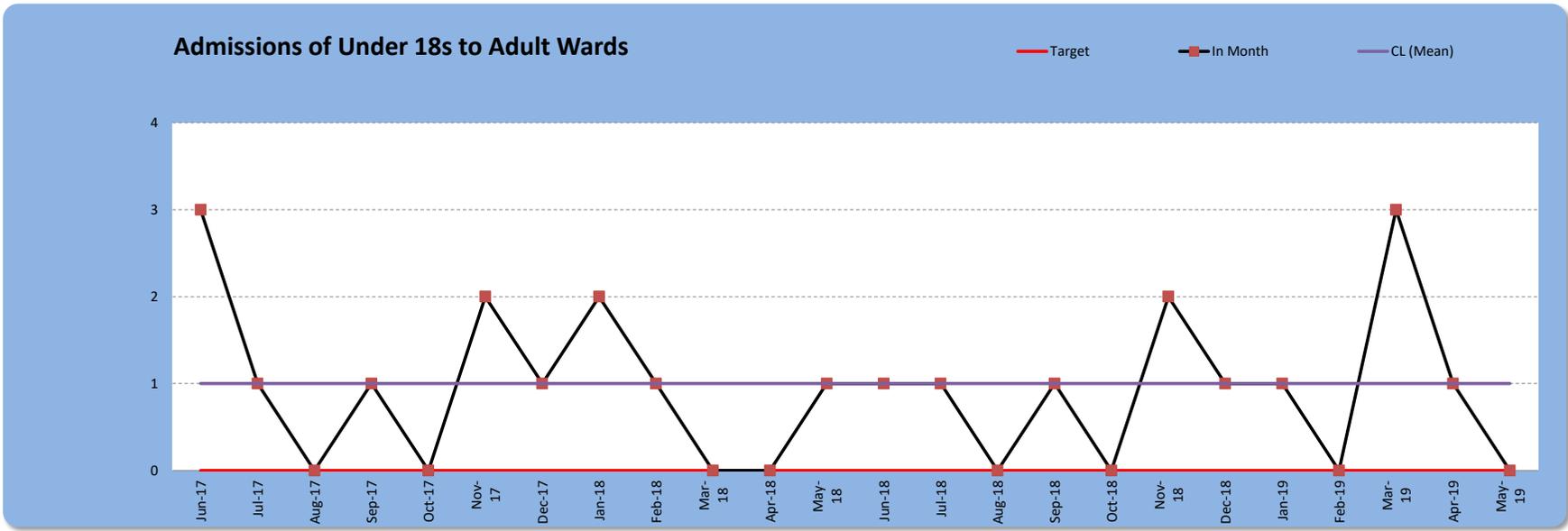
KPI Type
ST 1

Narrative

One admission

Target: 0
Amber: 1

Current month stands at 0



Exception Reporting and Operational Commentary

There were no admissions in May.

Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	10	1	11

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

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

KPI Type
ST 4b

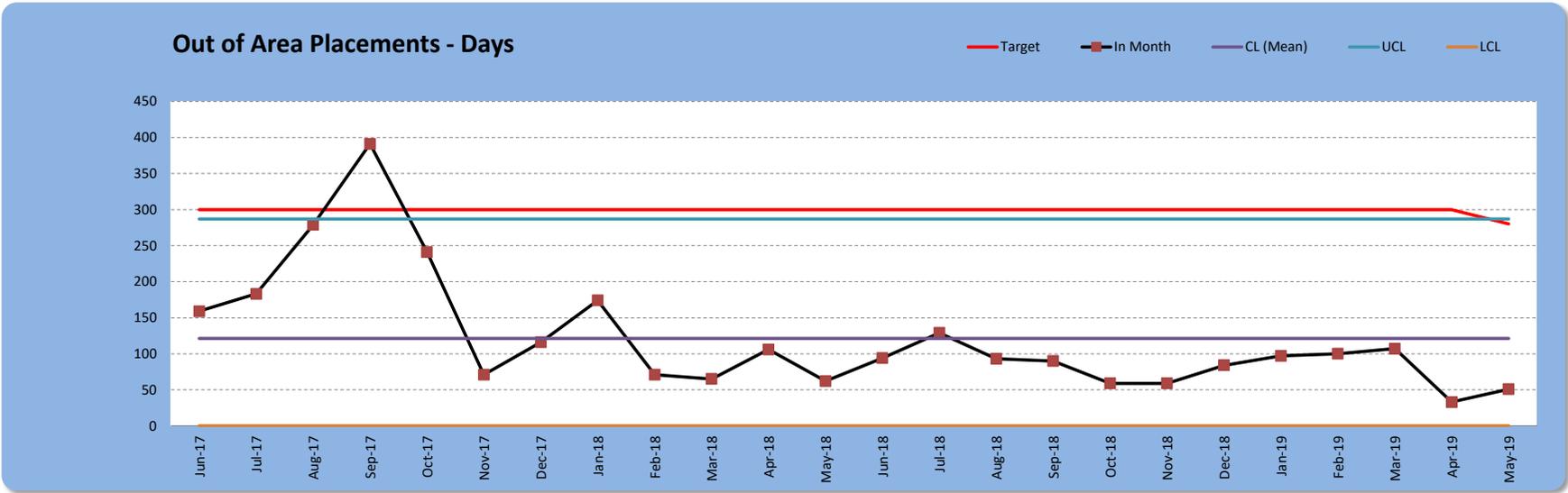
Narrative

Target Achieved

Target: 280

Amber:

Current month stands at 51



Exception Reporting and Operational Commentary

A rigorous approach to bed management continues to be applied to ensure that out of area placements are avoided. Performance in relation to out of area placements for acute mental health beds continues to demonstrate sustained improvement for mental health beds. However, out of area placement for PICU beds continues to be a pressure. Capacity continues to be impacted by delayed transfers of care to specialist services. Work is underway to review our PICU model and agreement has been reached with commissioners to reduce capacity to 10 beds. Opportunity is being considered within the STP programme to improve flow through these beds.

Split of Speciality and Reasons in current month

Patients in OoA beds in month:

Unavailability of bed	9	Adult	43
Safeguarding	0	OP	8
Offending restrictions	0	PICU	0
Staff member/family/friend	42		
Patient choice	0		
Admitted away from home	0		

This indicator was reviewed as part of the Quality Accounts audit process. Final outcomes and recommendations are yet to be received.

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

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

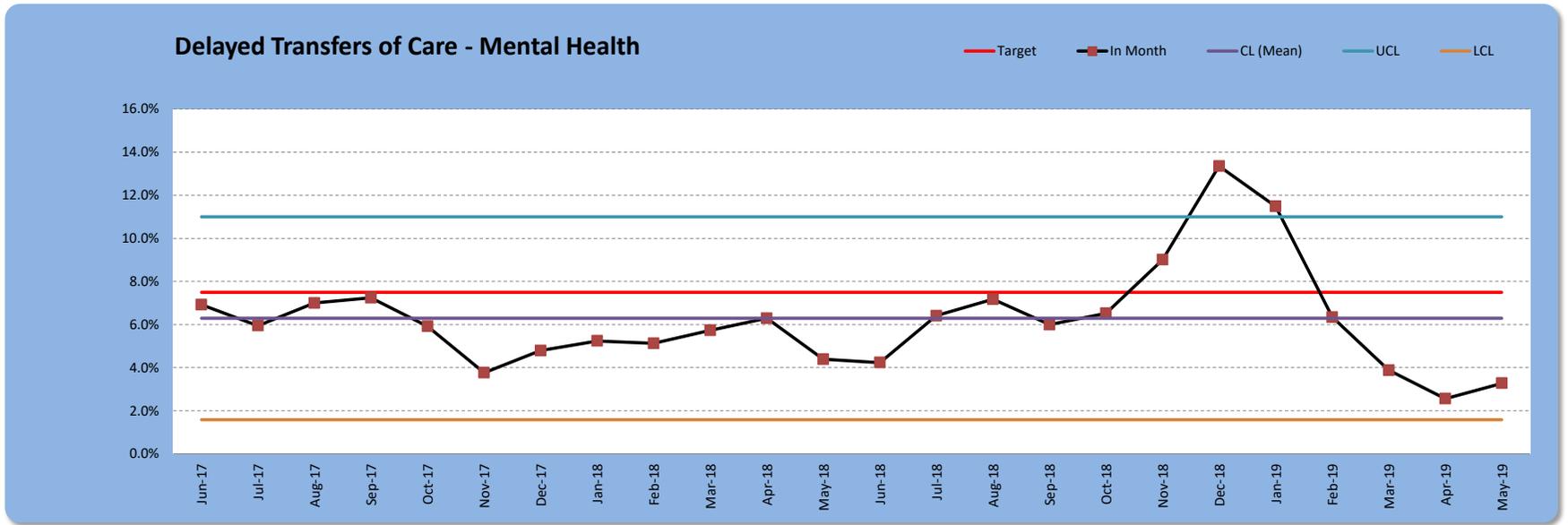
Narrative

Reduced significantly and within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.3%



Exception Reporting and Operational Commentary

Delayed transfers of care for mental health beds remain within the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Systems are in place to escalate delays to system partners where that is appropriate. Ongoing partnership with Local Authorities continues to be developed. Whilst the position has improved in March, delays continue to be monitored through our system escalation processes with the elected Local Authorities.

Business Intelligence

There were 132 delayed days in mental health during May. A slight increase on the previous month. Two patients in Older People's, 7 patients in Adult services and 1 in Specialist. The top three reasons are:

Awaiting residential home placement or availability	83
Awaiting care package in own home	28
Awaiting care coordinator allocation	14

No delays in Learning Disabilities and 6.2% in Community Hospitals.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Sickness Absence

Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data

Executive Lead
Steve McGowan

KPI Type

WL 1

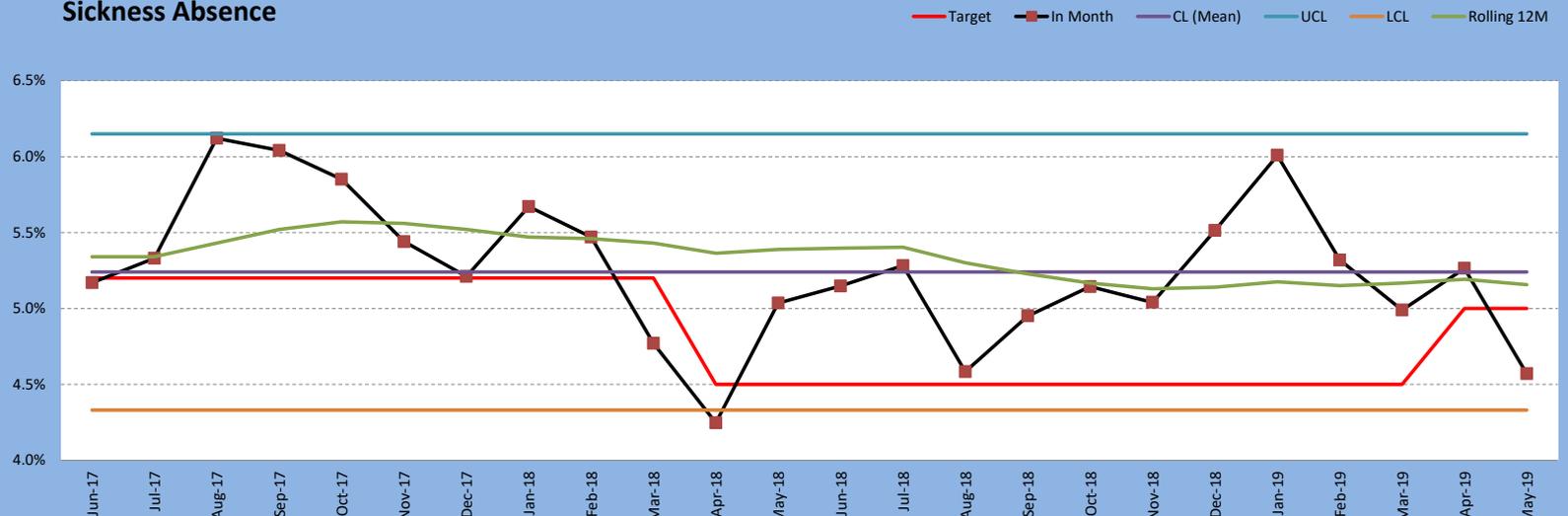
Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

Apr Refresh
5.2%

Sickness Absence



Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence. The PROUD programme launched in January and this includes various initiatives to help develop managers to be better leaders. The trust recently launched a buying and selling annual leave scheme to give staff greater flexibility and help better manage work life balance. National median sickness figure for comparable trusts as 5.08%.

Business Intelligence (previous month)

Trustwide - Apr
5.2%
Rolling 12m
5.2%
WTE
2318.58

Care Group Split Below	Apr %	Rolling 12m	WTE
Specialist Services	9.50%	8.47%	214.95
Mental Health Services	5.44%	5.70%	596.68
Older Peoples MH	4.96%	5.46%	174.25
Community Services	5.80%	4.83%	335.62
Children's and LD	4.40%	4.78%	471.21

Corporate Split Below	Apr %	Rolling 12m	WTE
Medical	6.68%	6.39%	30.09
Human Resources	4.94%	4.70%	56.14
Finance	1.77%	2.97%	105.27
Nursing and Quality	5.34%	5.11%	32.13
General Practices	1.24%	2.63%	85.84
Chief Executive	1.63%	7.82%	15.44
Chief Operating Officer	4.69%	3.50%	200.94

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

Indicator Title

Description/Rationale

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

Executive Lead
Steve McGowan

WL 3 TOM

Narrative

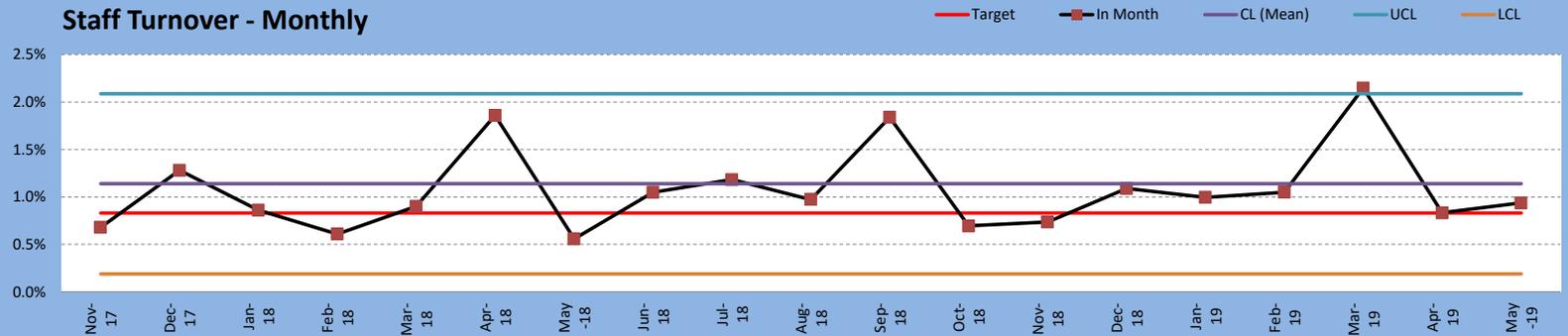
Exceeds Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.9%

Staff Turnover - Monthly



Narrative

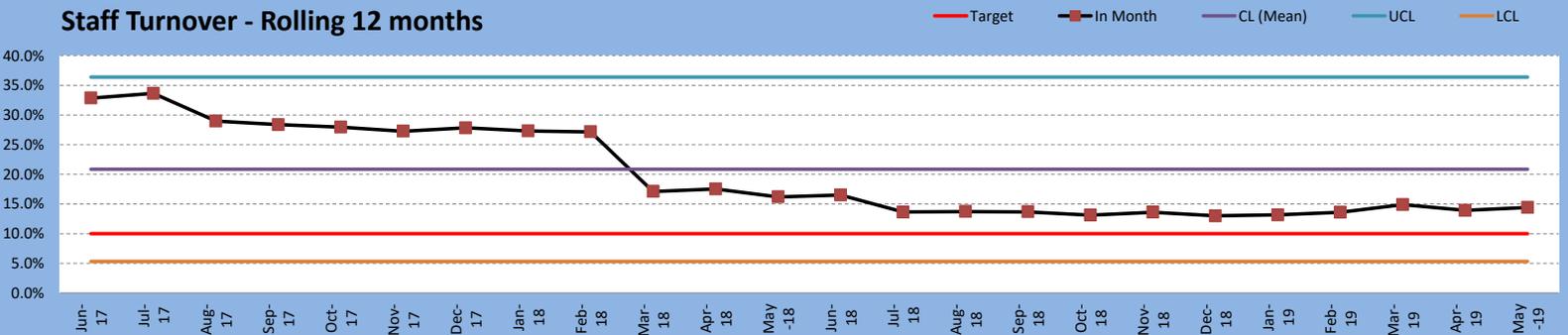
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 14.4%

Staff Turnover - Rolling 12 months



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures from June 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	10
Voluntary Resignations	11
Work Life Balance	0
End of Contract	1
Other	0
Total	22

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Performance and Development Reviews

Percentage of staff who have received a PADR within the last 12 months (excludes staff on maternity)

Executive Lead
Steve McGowan

KPI Type

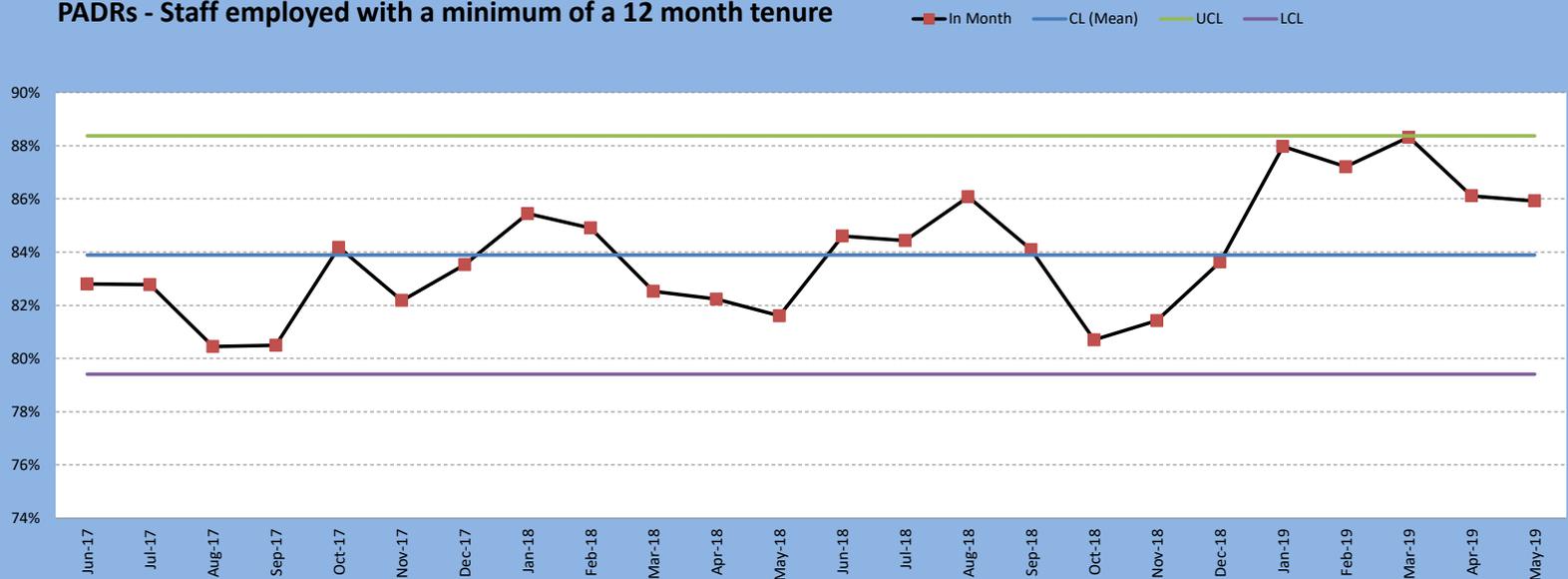
WL 4 (ii)

Narrative

in month target achieved

Current month stands at 85.9%

PADRs - Staff employed with a minimum of a 12 month tenure



Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Operational Delivery Group and discussed at quarterly Leadership Forums. ESR supervisor self service roll out commenced on 1st December, with full roll out due for completion at the end of June 2019. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. A new Appraisal process was agreed at EMT on 3rd June and this see a three month appraisal 'window' put in place from April 2020.

Business Intelligence

Care Group and Corporate Splits Below

CG Reporting	May-19
Mental Health	90.1%
Corporate	83.9%
PCCHLD	85.0%
Specialist	79.5%

Chief Exec	72.7%
Chief Operating Officer	78.8%
Finance	90.9%
Human Resources	88.9%
Medical	78.8%
Nursing and Quality	97.1%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

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

KPI Type

F 2a

Narrative

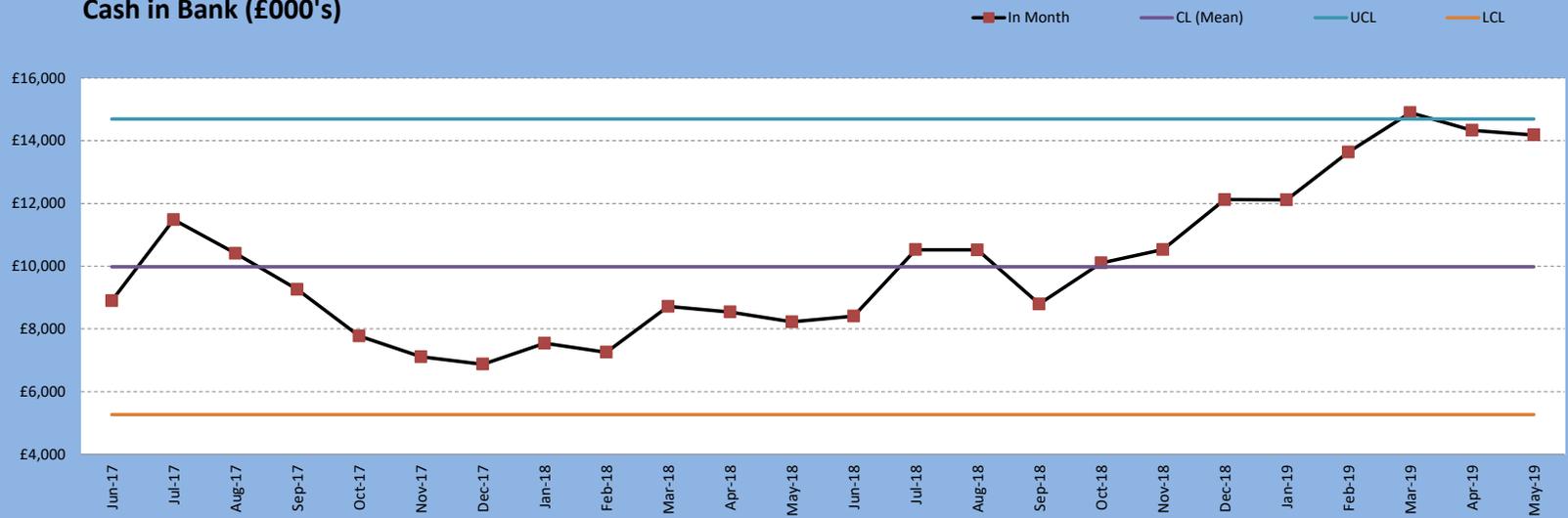
The Trust has not target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £14,187,000

Cash in Bank (£000's)



Exception Reporting and Operational Commentary

As at the end of May 2019 the Trust cash balance was £14.187m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £11.118m.

Business Intelligence

The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

Indicator Title	Description/Rationale	Executive Lead
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	Peter Beckwith

KPI Type
F 2b

Narrative

Use of Resources Score for April 2019 is a 3.

Target: 2
Amber: 3

Current month stands at 3



Exception Reporting and Operational Commentary

The 2019/20 assessment is now based on the recently resubmitted NHS I plan.

The Trust's Use of Resources score in May 2019 is a 3, this is consistent with the April 2019 assessment and is consistent with the Trust NHSI Plan Submission.

The May 2019 score is reflective of the profiling of the plan and the timing of efficiency savings. The profiled plan returns the Trust to a Use of Resource score of 2 by the end of the financial year.

Business Intelligence

The 'Use of Resource' framework assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

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

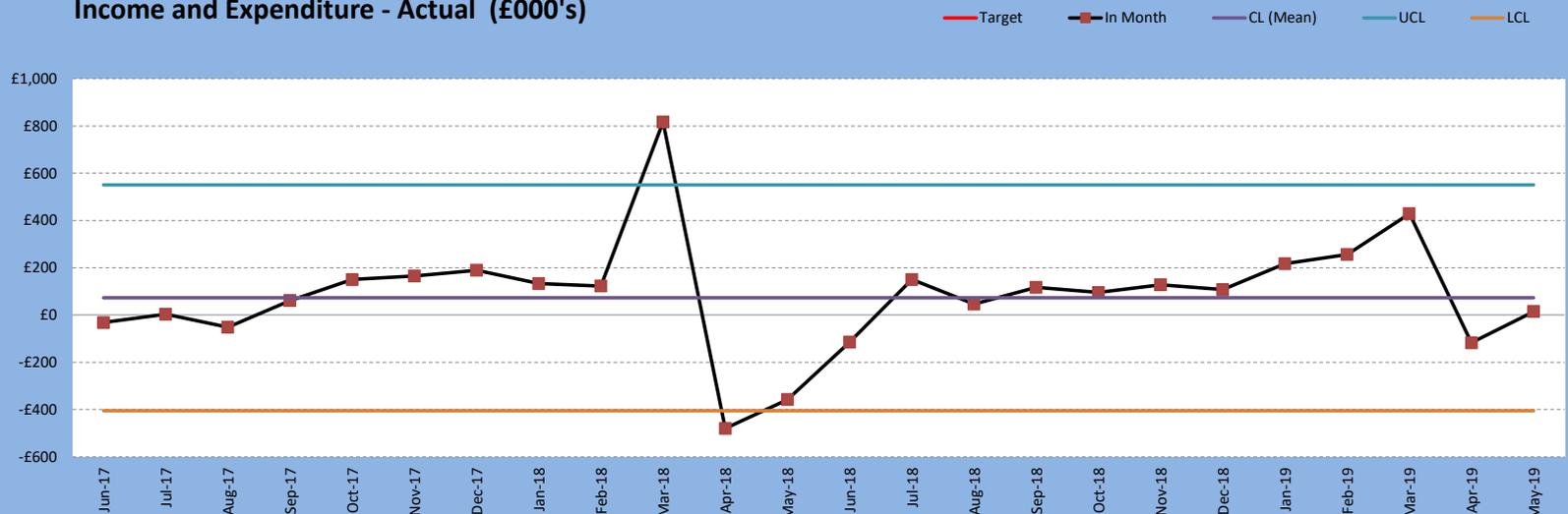
The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:

Amber:

Current month stands at £15 ,000

Income and Expenditure - Actual (£000's)



Exception Reporting and Operational Commentary

The Trust reported a year to date deficit of £0.103m (excluding BRS contingency).

The submitted financial plan for the Trust is a £0.350m deficit (excluding donated asset depreciation), which is consistent with the NHSI control total target.

Business Intelligence

The figures above represent the monthly financial position, and report the difference between income received in month and expenditure incurred in month.

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

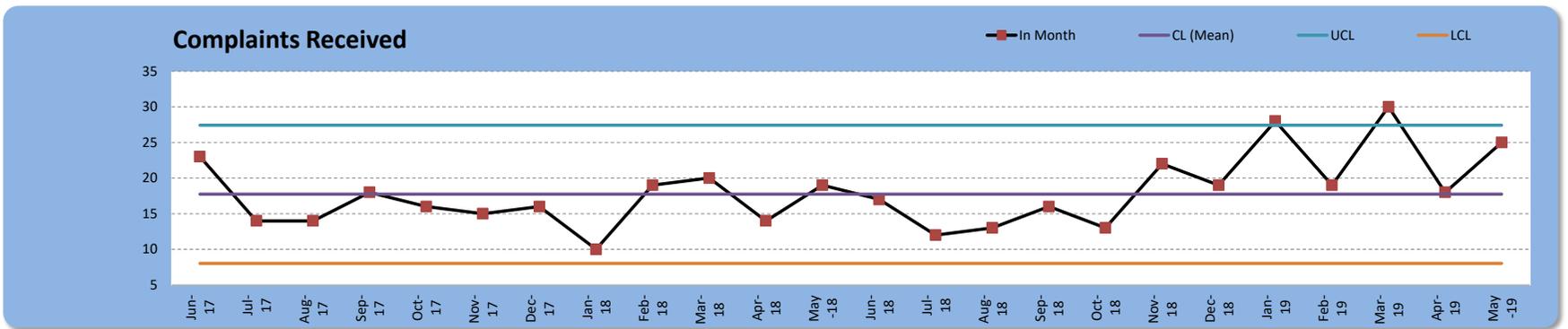
For the period ending: **May 2019**

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

Narrative

within tolerance

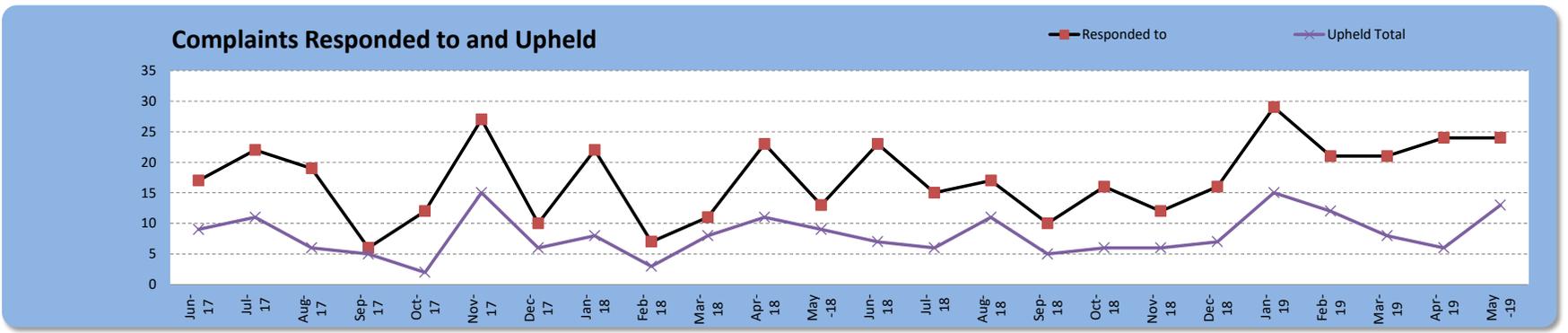
Current month stands at 25



Narrative

19 upheld YTD 39.6%

Current month upheld stands at 13



Exception Reporting and Operational Commentary

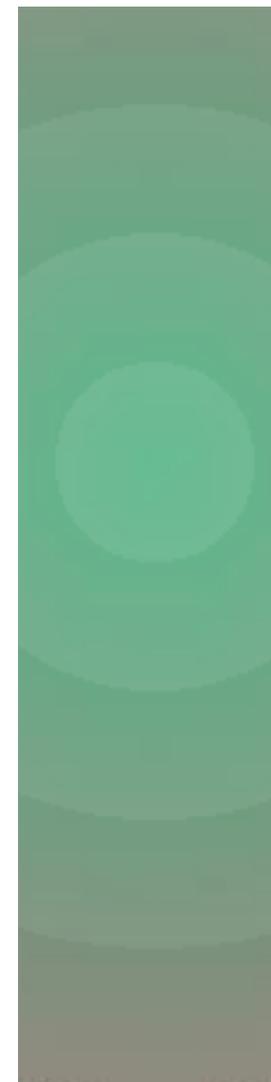
The Trust responded to 24 complaints in the month of May 2019. Of the 24 complaints, 11 complaints were not upheld (45.8%) and 13 complaints were partly or fully upheld (54.2%). The top theme for complaints responded to (year to date) continues to be patient care with 11 complaints.

The Trust received 40 compliments during the same month.

Top 5 Themes of All Complaints Responded to - Year to Date

Patient care	11
Communications	9
Appointments	7
Admissions and Discharge	5
Clinical treatment	4

All Complaints responded to YTD 48



Executive Team:

Chief Executive: Michele Moran
Chairman: Sharon Mays
(Interim) Chief Operating Officer: Lynn Parkinson
Director of Finance: Peter Beckwith
Director of Human Resources: Steve McGowan
Medical Director: John Byrne
Director of Nursing and Quality: Hilary Gledhill

Issue Date: 17/06/2019

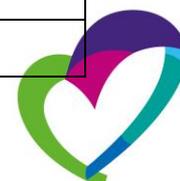


Agenda Item: 10

Title & Date of Meeting:	Council of Governors – 11 th July 2019		
Title of Report:	Finance Update Report (May 2019)		
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 March 2019 to May 2019.</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"> • The Trust ended the 2018/19 financial year with a surplus of £0.803m, consistent with its NHSI Target. • Delivery of the revised target has earned the Trust a £1.8m sustainability bonus payment. • For 2019/20 the Trust has a control total to deliver a £0.350m deficit. • As at the end of May 2019, the Trust had recorded a deficit of £0.068m against its control total. • The Cash Balance at the end of May 2019 was £14.187m. 		

Monitoring and assurance framework summary:

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



Council of Governors Finance Update Report (May 2019)

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 March 2019 to May 2019

2. Performance 2018/19

The table below summarises the reported income and expenditure position for the Trust to the end of 2018/19 (*reported figures are cumulative*), information for February has been included for comparative purposes.

Table 1: Reported I&E Position 2018/19

	February 2019 £000	March 2019 £000
Income	114,895	126,542
<i>Less: Expenditure</i>	<i>111,528</i>	<i>122,486</i>
EBITDA	3,367	4,056
Finance Items	4,982	5,476
Sustainability Funding (Income)	(1,778)	(2,012)
Operational Surplus/(Deficit)	163	592
Exclude: Donated Asset Depn	(194)	(211)
Net Position Surplus/(Deficit)	357	803
EBITDA	2.9%	3.2%
Deficit (-%)/Surplus %	0.3%	0.6%

As at the end of the financial year 2018/19 the Trust reported a year to date surplus of £0.803m (after donated asset depreciation has been excluded). The position achieved was consistent with the revised target agreed with NHSI improvement.

The reported position above is inclusive of 12 months Provider Sustainability Funding of £2.012m.

Figures report excluded year end 'technical' adjustments for Local Government pension scheme valuations, impairment and donated asset depreciation, all of which do not count against the Trusts Control total.

As the Trust achieved its received target it was eligible to receive bonus sustainability funding, this has now been announced as £1.8m and has been included in the final accounts.

The Trusts annual accounts includes the £1.8m bonus mentioned above and £3.9m of impairment charges following the revaluation of the Trust's capital estate. As a



result of these year end technical accounting adjustments a deficit of £1.787m was reported in the Trust's annual accounts.

The Trust final use of resources score for 2018/19 was a 1 (the highest score possible) following the receipt of bonus sustainability funding.

3. Performance 2019/20

The table below summarises the reported income and expenditure position for the Trust to the end of May 2019 (*reported figures are cumulative*).

Table 2: Reported I&E Position 2019/20

	April 2019 £000	May 2019 £000
Income	8,892	17,369
<i>Less: Expenditure</i>	8,589	16,766
EBITDA	303	603
Finance Items	420	840
Sustainability Funding (Income)	-	(134)
Operational Surplus/(Deficit)	(117)	(103)
Exclude: Donated Asset Depn	(17)	(35)
Net Position Surplus/(Deficit)	(100)	(68)
EBITDA	3.4%	3.5%
Deficit (-%)/Surplus %	-1.1%	-0.4%

The Trust reported a year to date operational deficit of £0.068m to the end of May 2019 (after donated asset depreciation has been excluded).

The Trust resubmitted its financial plan in May 2019, the Trust has a control total for 2019/20 to deliver a £0.350m deficit, the plan assumes £0.400m of allocation funding in relation to the Local Authority Pay Award.

The reported position to May is inclusive of £0.134m of sustainability funding, this is cash funding and will be paid quarterly now the Trust has submitted a control total compliant plan.

The position at Month 2 was ahead of the profiled NHSI plan and a BRS contingency has been included in the month 2 position to recognise the prudent approach taken to profiling of the financial plan.

A more detailed summary of the income and expenditure position as at the end of May 2019 is shown at appendix A.,



A summary of the key variances is summarised in the table below

Table 3: Key Variance at May 2019

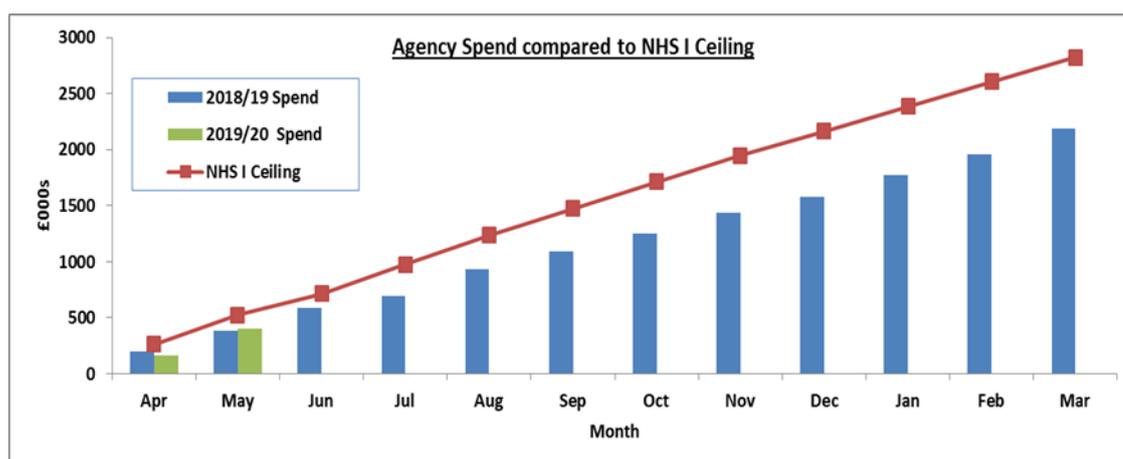
Children's, Learning Disabilities, Community Services and Primary Care	Year to date net expenditure of £6.229m represents a minor overspend against budget of £0.012m. The main budget pressures are within the General Practice and Learning Disabilities departments. These pressures are mitigated by pay related underspends within Children's and Community services.
Specialist.	An overspend of £0.008m was recorded YTD for Specialist Services, relating to expected income being lower than planned.
Mental Health	An underspend of £0.048m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.
Corporate	The overall Corporate Services expenditure was £0.550m underspent year to date.

4. Agency costs

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.881m.

Agency spend is monitored monthly, and a year on year comparison is summarised below:

Table 4: Agency Spend compared prior year



5. Cash

The cash balance at 31st May 2019 was £14.187m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	March 2019 £000	April 2019 £000	May 2019 £000
Government Banking Service	14,729	14,242	13,909
Nat West	132	55	259
Petty Cash	35	38	19
Net Position	14,896	14,335	14,187

The cash balance is bolstered by funding for the CAMHS Capital Build and IT projects the Trust is hosting, the underlying cash position is circa £11m.

6. Recommendations

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



2019/20 Income and Expenditure Summary (As at 31st May 2019)

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Trust Income	104,448	8,688	8,477	(112)	17,408	17,388	(20)
Net Expenditure							
Clinical Services							
Childrens, Learning Disability & Primary Care	37,331	2,979	3,019	(40)	6,217	6,229	(12)
Specialist Services	8,249	692	767	(75)	1,427	1,435	(8)
Adult Mental Health Services	34,955	2,870	2,840	30	5,857	5,809	48
	80,635	6,640	6,828	(86)	13,601	13,472	29
Corporate Services							
Chief Executive	1,845	156	148	8	309	296	12
Chief Operating Officer	3,748	466	443	23	901	864	37
Finance	9,001	805	737	68	1,480	1,337	143
HR	2,737	221	217	4	455	418	37
Director of Nursing	1,775	147	147	0	302	301	1
Medical	1,726	143	140	3	295	297	(2)
Finance Technical Items (Including Reserves)	(228)	10	(230)	290	101	(220)	321
	20,808	1,847	1,661	388	3,843	3,284	660
Total Net Expenditure	101,141	8,487	8,177	310	17,346	16,788	678
EBITDA	3,307	102	301	200	83	603	638
Depreciation	2,745	229	219	10	457	438	19
Interest	148	12	8	5	25	15	9
PDC Dividends Payable	2,112	176	176	(0)	352	352	(0)
PSF Funding	(1,343)	(134)	(134)	-	(134)	(134)	-
Operational Position	(364)	(181)	33	186	(837)	(89)	611
BRB Contingency	-	233	450	(217)	190	750	(560)
Operating Total	(364)	(414)	(417)	(3)	(827)	(819)	8
Excluded from Control Total							
Donated Depreciation	216	18	17	1	36	35	1
Ledger Position	(670)	(432)	(434)	(2)	(863)	(863)	0
EBITDA %	3.2%	1.2%	3.6%		0.4%	3.6%	
Surplus %	-0.3%	-2.1%	0.4%		-3.7%	-0.4%	



Agenda Item: 11

Title & Date of Meeting:	Council of Governors Public Meeting – 11 July 2019			
Title of Report:	Governor Groups Feedback and Governor Activity			
Authors:	Huw Jones Chair of Finance, Audit, Strategy and Quality Governor Group Ros Jump, Appointments, Terms and Conditions Governor Committee			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on meetings held and Governor activity.			
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Feedback from Governor Groups and Governor Activity

FINANCE, QUALITY, AUDIT AND STRATEGY GOVERNOR GROUP MEETING 25TH JUNE 2019

1. This was the second meeting of the group. The agenda for this meeting was designed to have a focus on quality with updates from finance, strategy and audit. The group spent a whole hour on quality with Prof Mike Cooke and Dr Caroline Johnson presenting.
2. It was good to have 7 governors attending the session with a cross section of constituencies present.
3. Comments from Sharon Mays and Michelle Hughes on an early draft of the Terms of Reference for the group had been received and a revised set of documents discussed at the meeting. A change was proposed by Francis Patton and all agreed to the suggestion. Subject to the formal approval process the Group agreed to the new Terms of Reference.
4. The group received Board Reports on Finance from Peter Beckwith and the associated Assurance Reports from Francis Patton. The focus of the reports to the group prioritised:
 - a. Achievement of an £800k surplus at the end of 2018/19 financial year. This is in line with expectation and an excellent result
 - b. The surplus achieved meant that the FT was in line with the control total agreed with NHS E. Due to the majority of other NHS organisations in the STP area not achieving control total targets Humber Teaching NHS FT was rewarded with an additional bonus payment.
 - c. There is increased confidence in delivering the budget reduction strategy (BRS) targets for the 2019/20 financial year. The schemes have been developed and assessed more rigorously than in previous years. The overall BRS target this year has a significantly lower requirement on front line services than in previous years due to the good financial performance in 2018/19.
 - d. Following detailed negotiation between the FT and NHS E the control total for 2019/20 has been agreed.
 - e. Financial reports have been made available for M1 and M2 of 2019/20 and discussed by the Finance Committee.

The Governor Group thanked the Finance Dept and the Committee for the rigour through the year and their contribution to the successful financial performance in 2018/19.

5. The Assurance Report had been circulated to the Group however no major issues were raised.
6. Strategy issues were presented to the group by Victoria Scarborough and Claire Strawbridge. The key elements of the discussion were:
 - a. A renewed effort to bring SMART objectives in to plans
 - b. A clearer read through between supporting plans and the overall strategy
 - c. There will be fewer key documents
 - d. Better communication of the strategy to front line staff and more co-production of strategy and supporting plans
 - e. Overall accountability remains with Chief Executive, but day-to-day responsibility now is through Peter Beckwith.
 - f. There will be a light touch review of the strategy in 2019/20 to incorporate the Long-Term Plan. NEDs to be involved in driving the strategy forward sooner rather than later.
 - g. Timetable for Governor involvement in development.

The Governor group thanked Claire and Victoria and looked forward to being involved in the drawing together of the plans and strategy work in coming months.



There was a request for a more detailed discussion on patient and carer input to the planning process and Mandy Dawley will be invited to a future group to discuss this key element that has been so well developed over recent years.

7. Mike Cooke introduced the group to the background of the Quality Committee and gave an overview of its work to date. The Group discussed the issues of safety and responding to issues raised by the CQC. Caroline Johnson told the group about the work she had led to establish daily discussions on incidents and improvement work.

Caroline talked in depth on the subject of quality improvement. The group heard about how the approach was leading to the improvement work being a part of the culture of the organisation and how this was welcomed.

Mike took the Group through his Assurance Report and the approved minutes of the last Quality Committee. He highlighted that the approach of the Committee is:

- Seeking assurance
- Holding to account
- Detailed scrutiny of work
- Development
- Quality improvement and
- Learning from events

The group raised 3 current quality issues:

- CAMHS – the waiting time position was unsatisfactory however Mike told the group that the position seems to have stabilised and that there would be a discussion at the Board meeting the day after the Group met. On CAMHS Mike updated the group on the wider CAMHS issues surrounding the capital development – the group thanked Mike for the update and looked forward to being invited to look around at a date in the future.
 - Autism waiting times – the group were updated as these were still a concern however significant work has been ongoing to steady and then improve the position. There had been close working with the third sector and commissioners
 - Lorenzo – there was a discussion about the CQC report stating that there were issues concerning the Lorenzo clinical information system. The group was told that there is work being done to examine the issue and that the mobilization of the e-prescribing system has been very effective.
8. The next meeting of the group is on 9th October at 13:00

Huw Ll. Jones

Appointments, Terms and Conditions Committee – 2 July 2019

A verbal update will be provided at the meeting

Governor Activity

Details of Governor activity submitted since the last meeting is included with this report. Governors are asked to submit their activity records, which will help them feedback to members.

The following meetings have taken place since the last Council of Governors meeting:-

Staff Governor Meeting – 5 June 2019

Public Governor Meeting – 8 May 2019



Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name.....Ros Jump..... Month.....March 2019.....

Governor Visits

Service Area Interests Activity

Regional Governor Meetings

Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc

Finance & Strategy 25th March 2019

Humber NHS Public Board Meeting 27th March 2019

Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name.....Ros Jump..... Month.....February 2019.....

Governor Visits
Maister Lodge 18 th February 2019
Service Area Interests Activity
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc
Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name.....Ros Jump..... Month.....January 2019.....

Governor Visits
Townend Court 16 th January 2019
Service Area Interests Activity
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc
Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name Huw Jones Month June 2019

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Other 4/6 Meeting with Chair of FT 6/6 Meeting re AMM 21/6 NED Interviews 25/6 Governor Group

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name **Huw Jones** Month **May 2019**

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Other 8/5 Public Governor Meeting 9/5 Meeting with Sharon Mays 9/5 Meeting with Sharon Mays/Anne Gorman

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name Huw Jones Month April 2019

Governor Visits
Service Area Interests Activity
Regional Governor Meetings 4/4/19 Leeds, NHS Providers Conf.
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc 9/4 CoG 9/4 Meeting with Dr Byrne re QI 24/4 Board, Driffield 25/4 Cathering Hunter re QI 30/4 Governor Development
Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name ; Anne Gorman Months January – May 2019

Governor Visits**Service Area Interests Activity**

13/3/19 – Health and Wellbeing Group (14:00 – 16:00)

29/3/19 – PROUD workshop 09:00 – 11:00

9/4/19 – Proud discussion with KM and staff governors – 12:30 – 13:30

13/5/19 – PROUD leadership workshop (11:00 – 13:00)

Regional Governor Meetings

4/4/19 – NHS Providers Regional Governor event Leeds – (09:00 – 15:30)

15/5/19 – Humber Research conference (09:00 – 16:00)

Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc

8/1/19 – Finance and Audit Group (12:00 – 14:00)

12/2/19 – Governor Development Session (09:00 – 12:00)

17/1/19 – COG and Quality Accounts discussion (12:00 – 16:00)

25/3/19 – Finance and Audit Group (12:00 – 13:30)

9/4/19 – COG (14:00 – 15:45)

30/4/19 – Governor Development session

9/5/19 – Meeting with Sharon and Huw – follow-up on Leeds event and engagement discussion

Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name...Eric Bennett.....

Month APRIL – JUNE 19.....

Governor Visits

25th April 10 Granville Court Hornsea

Service Area Interests Activity

21st June 19 NED Appointment meeting

25th June 19 Finance & strategy group meeting

Regional Governor Meetings**Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc**

30th April Governor development meeting

18th June Governor development meeting

Other

Governor's Activity Report

Please can you complete a summary of any Governor activity? This will assist us in providing evidence on how our Governors are fulfilling their responsibilities.

Name **ERIC BENNETT**.....Month **Jan - 4th April 2019**

Governor In-patient Visits

19th Feb Maister Lodge visit - 3rd April Malton Hospital visit

Service Area Interests Activity

Regional Governor Meetings

Governor meetings – i.e Appointment & Terms and Conditions Committee, Finance and Audit, PEAT inspections, membership recruitment events etc

22 nd Jan 19	Governors meeting	12 th Feb 19	Governors Development Meeting
5 th March 19	Public governors Meeting	25 th March 19	Finance Group meeting
27 th March 19	Board Meeting	4 th April 19	Appointments meeting

Other

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 11 July 2019			
Title of Report:	Responses to Governor Questions			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	There are no current open Governor questions that have been raised. The report includes key meeting dates.			
Key Issues within the report:	Contained within the report			

Monitoring and assurance framework summary:

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



Response to Governor's questions and requests for information

There are no current or outstanding queries from Governors.

Diary Dates

Council of Governors Meeting Dates 2019/20, all start at 2.00pm in the Lecture Theatre, Trust Headquarters

Tuesday 22 October 2019	Thursday 16 January 2020	Thursday 23 April 2020	Thursday 16 July 2020	Thursday 15 October 2020
-------------------------	--------------------------	------------------------	-----------------------	--------------------------

Council of Governors Development Dates 2019/20 – all take place in the Conference Room, Trust Headquarters at 9.00am – 12.00

10 September 2019	12 November 2019	11 February 2020	28 April 2020	16 June 2020	8 September 2020	10 November 2020
-------------------	------------------	------------------	---------------	--------------	------------------	------------------

Public Board Meeting Dates 2019 all starting at 9.30am

31 July 2019 - Conference Room, Trust Headquarters	25 September 2019 - venue tbc	30 October 2019 - Conference Room, Trust Headquarters	27 November 2019 - venue tbc
--	-------------------------------	---	------------------------------

