

**Council of Governors
Public Meeting – Tuesday 22 October 2019**

For a meeting to be held at 2.15pm in the Lecture Theatre, 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 11 July 2019	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – NHS Improvement Film - Culture	JB	To receive & note	√
6.	Chairman’s Report	SM	To note	verbal
7.	Chief Executive’s Report	MM	To receive & note	√
	Corporate			
8.	Public Trust Board Minutes – June & July 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.	Exclusion of Members of the Public from the Part II Meeting			
15.	Date, Time and Venue of Next Meeting Thursday 16 January 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby Thursday 23 April 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby Thursday 16 July, 2020 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby Thursday 15 October 2020, in the Lecture Theatre, Trust Headquarters, Willerby			



Agenda Item: 2

Title & Date of Meeting:	Council of Governors Public Meeting –22 October 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"> • Involved with National Institute for Health Research (NIHR), Alzheimer's Society and Age UK
	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
	East Riding of Yorkshire Council	<ul style="list-style-type: none"> • Vacant
	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
	Scott Young - Humberside Police	TBC

**Minutes of the Council of Governors Public Meeting held on
Thursday 11 July 2019 in the Conference Room, Trust Headquarters**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Andy Barber, Appointed Governor, Smile Foundation
Eric Bennett, Hull Public Governor
Stephen Christian, Service User and Carer 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
Ros Jump, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Suzanne Milan, Hull Public Governor
Mike Oxtoby, Service User/Carer Public Governor
Fiona Sanders, East Riding Public Governor

In Attendance: Peter Baren, Non Executive Director
Mike Smith, Non Executive Director
Francis Patton, Non Executive Director
Pete Beckwith, Deputy Director of Finance
Hilary Gledhill, Director of Nursing
Steve McGowan, Director of Human Resources & Diversity
Lynn Parkinson, Chief Operating Officer
Katie Colrein, Membership Officer
Jenny Jones, Trust Secretary
Paul Hewitson, Director Deloitte (for item 35/19)

Apologies: Paula Bee, Non Executive Director
Mike Cooke, Non Executive Director
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Huw Jones, East Riding Public Governor/ Lead Governor
Jacquie White, Appointed Governor, University of Hull
John Byrne, Medical Director

Governors were reminded that car parking charges come into effect from 1 August 2019. Any changes to car registrations that have already been provided to be notified to the Membership Officer as soon as possible.

32/19 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.



33/19 **Minutes of the Meeting held on 9 April 2019**

The minutes of the meeting held on 9 April 2019 were agreed as a correct record.

34/19 **Matters Arising and Actions Log**

The action log was reviewed and noted.

29/19 Governor/Director Visits Update

Mr Oxtoby asked for an update on progress with this matter. The Chair explained that a date has been arranged for those identified to meet to take this forward. Once discussed that group will facilitate a discussion at a Governor Development session.

35/19 **Presentation on the 2018/19 Audit**

Mr Hewitson, Director Deloitte attended to present the annual report to Governors on the Accounts and Annual Report and the Quality Report. He explained that the accounts and annual report is a look back over the last year and tests are undertaken to ensure that the content is not misleading.

The Quality Report is about the quality of Trust services. The content of the report is very prescriptive with what must be included and presented. Three indicators are selected, two are mandated and the third was selected by Governors. An unmodified opinion was given which meant that nothing bad was found which is a good result and puts the Trust in a small group of other organisations who also achieved this.

The annual report was a good first draft when reviewed initially and again this was something that is not always achieved by all organisations. Two controls findings were raised during the audit concerning the fixed asset reconciliation and the need for a review of IT assets held on the fixed asset register with a nil net book value. None of these required a change to the audit approach. With the forthcoming implementation of IFRS 16 Leases, it was highlighted that the Trust needed to complete its work as soon as possible.

Consistency checking is undertaken as part of the Quality Report audit. Three indicators were tested Early Intervention in Psychosis, Inappropriate Out of Area Placements and Clinical Supervision. Some errors were found in documentation for Early Intervention in Psychosis (EIP). For the inappropriate out of area placements indicator, some cases were found that had not been counted correctly. However the population was so small that this issue was resolved. A public opinion is not given on the Clinical Supervision indicator, had this been a public indicator a qualified opinion would have been given. The issue was that when samples were tested there was insufficient evidence to support the evidence. A recommendation was made to have a consistent approach to capturing and generating this information. Ms Jump asked if there was any assurance that this would not happen in other areas. Mr Hewitson said that in the audit only areas specified were reviewed so he was unable to give assurance that this was not an issue in other areas. Mr Baren who chairs the Audit Committee explained that the internal audit process picks this up and two or three indicators in the performance report for areas where extra assurance is needed.

Resolved: The presentation and verbal updates were noted.

36/19 **Chair's Report**

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

- An update on the Non Executive Director recruitment
- Continues to meet with external partners and stakeholders including the Chair and Chief Executive of MIND, Chair of East Riding Clinical Commissioning Group and the Chair of NAViGO.
- Attendance at the Humber Coast and Vale Partnership (HCV) event where there was an opportunity to influence the HCV long term plan.

- Visits to different teams
- Attendance at the first Medical Education Awards
- The Chief Executive successfully completed her 12 hour long car wash – Well Done Michele.

Resolved: The verbal update was noted

37/19 **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:-

- The third annual Research Conference was well received with over 170 delegates attending. Planning for next years has already commenced.
- The Trust continues to work closely with the Developing Primary Care Networks across our whole geographical patch and good links are developing.
- Key focus areas which concentrate on our Patients and Staff being at the very heart of all that we do were noted:-
 - 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.
 - Health and wellbeing was a disappointing respond in the staff survey and are being developed in response to this.
- A visit by the Minister for Suicide Prevention was held today.

Ms Jump asked about the buying and selling of annual leave referred to in the report and whether this would be monitored to prevent staff burn out. She was informed that this was limited to one week and subject to a successful appraisal.

Mrs Gorman asked about the Bank Investigator role that was mentioned in the Director of Workforce & Organisational Development update. Mr McGowan explained that when staff are under investigation it is difficult to complete them in a timely manner. Some are complete fairly quickly, but if it is a complex case they often take longer. A team of investigators has been trained to specifically take on this role and each case will have clear terms of reference for the investigation including timeframes for completion.

Staff Governors are involved in the Proud programme and a new Health and Wellbeing Engagement Group is being established with Jack Hudson and Anne Gorman being members.

Resolved: The report and verbal updates were noted.

38/19 **Public Trust Board Minutes**

The minutes of the public Board meetings for March, April and May 2019 were provided for information.

Resolved: The minutes were noted.

39/19 **Performance Update**

This report provided the Council of Governors with an update on key performance indicators as at the end of May 2019. The report was presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.

The majority of indicators were within normal variation, the exceptions being waiting times with 52 week waits decreasing marginally in May, but remaining outside normal variation with 157 patients waiting (*excluding ASD*), 152 of which relate to Child and Adolescent Mental Health Services (CAMHS).

The Use of Resources score reflected the financial position and has reduced from a 1 to 3. This is in relation to how the Budget Reduction Schemes (BRS) are profiled in the financial plan as it is assumed that most of the schemes will come to fruition at the end of the year.

Ms Jump was concerned about pressure ulcers and asked what action is being taken to reduce the number. Mrs Gledhill explained that new national guidance has been published and incidents are not all related to in patients but also in the community. A bespoke group looks at every incident. Pressure ulcers is a Trust zero event so there is a big focus and the organisation has three tissue viability nurses to advise on incidents. Ms Jump said the information provided reassurance that incidents were dealt with appropriately. The Chief Executive said the Trust was fortunate to have resources of tissue viability nurses within the organisation to offer education, training and support.

Resolved: The report and verbal updates were noted.

40/19

Finance Report

The report provided the Council of Governors with a summary of financial performance for the 3 month period March 2019 to May 2019. Of particular note were:

- 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.

It was queried how the sustainability funding would be spent. Mr Beckwith explained that there is a change in the way that capital can be used and some limitations put into place which will impact on all Trusts including Foundation Trusts. Some of the funding will be spent on the capital programme and estate and when the constraints are lifted the funding will be available to use. Mr Patton, who chairs the Finance and Investment Committee said that the Trust had done well to ear this additional funding. The Chair agreed, extending her thanks to everyone in the organisation for this achievement.

At the last Council meeting an update was provided that the Trust had not agreed with the control total suggested by NHS Improvement. Since then, the Trust managed to secure additional funding through negotiation and submitted a financial plan for 2019/20 to meet a control total to secure the sustainability funding. The 2019/20 plan forecasts a deficit of £310k has now been submitted.

Mr Duggleby asked how much is put aside for the research programme. The Chief Executive explained that as a Trust research is supported with a budget. However most of the research is through external funding and applications for research grants.

Mr McCourt asked if any pressures have been identified as a result of Brexit. Mr Beckwith said a small contingency has been allowed however he suggested that there would likely be pressure on the health care system and supplies as a result of Brexit so a system wide approach will be required. Trusts have not been allowed to stockpile anything in relation to Brexit and if there are any real issues the Government will need to step in.

Resolved: The report was noted.

41/19 **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 Jones had provided a detailed report from the Governor meeting he chairs. Mr Patton reported that there had been good attendance at the meeting and at this meeting there was a focus on quality. A different focus will be applied for each meeting.

Ms Jump had chaired the Appointments, Terms and Conditions Committee and explained that the focus and outcome of the meeting had been reported in the part II Council meeting already held.

Resolved: The report and verbal updates were noted.

42/19 **Responses to Governor Questions**

There were no current or outstanding Governor questions or issues.

Mr Oxtoby asked about Hawthorne Court and how plans were progressing. Mrs Parkinson explained that we are at the implementation stage of the process and financial discussions have taken place with East Riding Clinical Commissioning Group (CCG). The arrangements for the first cohort of 12 patients to be repatriated are under way.

Issues with the Mental Health Response Service are still being reported. Mr Enderby gave an example of a colleague who was waiting on hold for 1 hour and 45 minutes. The issue has been reported through Datix. Mrs Parkinson said the situation is being closely monitored as the number of calls has increased exponentially and many of these calls are not urgent. A decision has been made to change the clinical model as this position is unsustainable. Health colleagues are advised to use the referral numbers on the phone list.

Agreement has been reached with partners, internally for more investment and work with the third sector to help with the non urgent calls. This is a tried and tested approach which works and will be in place by the end of July. Mr Oxtoby asked who makes the decision on what calls are deemed to be urgent or not. Mrs Parkinson said that the person calling will be asked to determine whether it is a crisis or not. All calls will go through to the Single Point of Access team who will determine which calls go to the crisis team. It will be a clinician who will make the decision. The staff that will be receiving the calls are skilled and trained and have support mechanisms in place. Mr Oxtoby welcomed the changes, but was concerned about people in crisis in the early hours as this is when most calls are received. Mrs Parkinson clarified that work has shown that most calls are received before midnight. Mrs Parkinson was happy to discuss any further queries outside the meeting.

Mr Christian asked why the current system was put into place a few years ago when it was now clear that it would not work. Mrs Parkinson explained that at the time activity was lower than it is now so it was appropriate then. She reported that the Trust's position is not unique as other organisations are experiencing the same issues due to increased demand. Mr Christian asked if the high demand in this area meant that the issues are more complex. The Chief Executive said it was not necessarily the case. Other blue light services are also seeing an increase in demand which could be due to loneliness, resilience in the community, primary care and GPs. There are limited resources available, but SPA is the first point of contact for most of these things and it is difficult and does clog up the front line. Partnership working is key to taking this forward, but there are no quick solutions. The Chief Executive said that the crisis pathway has changed at least four times and detailed measures have been done of the service before any changes were made. She said there may come a time when the Trust has to say to commissioners that a service can no longer be provided within the funding, but to try to prevent this the model is being reviewed and work with partners is being pursued. Demand for the service has to be kept under review to ensure that the Trust is able to manage it.

Mr Enderby asked if there were sufficient staff to cover the service changes. Mrs Parkinson said the staffing has been an issue previously, but is currently stable. The service and its population are being looked as need to sustain any changes, but cannot do these in isolation they have to be done as part of the system with a collective solution, Productive conversations have taken place across the system including at the Crisis Care Concordat meeting which is chaired by Mrs Parkinson. The Chief Executive acknowledged that the service is not functioning as it should and there are cases where people are on the telephone for long periods of time, hence the changes that have taken place. The clinicians continue to work had on a day to day basis and this situation is difficult for them. Mr Christian said he was aware of specific cases where there were issues. Mrs Parkinson asked for these to be shared with her so she could review them.

Mrs Milan was unsure how the system worked, but asked if there was somewhere besides A&E where people could present if they were going into crisis and have a face to face assessment. The Chief Executive said that people tend to go through the Emergency Department or primary care. There is also the crisis pad.

Resolved: The report and verbal updates were noted.

43/19

Any Other Business

Social Values Report

The Trust launched its Social Values report on 5 July. This will be circulated to Governors.

Health Stars

Clare Woodard, Head of Fundraising is leaving the Trust. Work is underway to recruit to the post. On behalf of the Council, the Chair wished Clare well in her new role.

44/19

Date and Time of Next Meeting

Tuesday 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 July 2019 meeting and update report on earlier actions due for delivery in October 2019						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
11.7.19		No actions identified				
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	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
9.4.19	24/19(b)	Chief Executive's Report	Details of dementia diagnosis performance to be provided to Mr Duggleby	Chief Executive/Chief Operating Officer	July 2019	Action is being progressed
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 has met to take this forward. Discussion to take place at the November Development Day
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: 5

Title & Date of Meeting:	Council of Governors Public Meeting - 22 October 2019			
Title of Report:	Patient Story – NHS Improvement Film - Culture			
Author:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement Name: Lorna Barratt Title: Senior Patient and Carer Experience and Engagement Co-ordinator			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To inform the Council of Governors on the film produced on behalf of NHS Improvement, to showcase how we have developed our approach to integrating quality improvement and patient experience.			
Key Issues within the report:	The key messages of the story are: <ul style="list-style-type: none"> • To highlight the positive impact of involvement in Trust activities for our patients, service users and carers • To highlight how the development of the co-produced Patient and Carer Experience Strategy has given the direction and focus for the work achieved by the team and champions • To highlight the opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country • To highlight the importance of champions and their role in fully embedding the Patient and Carer Experience agenda within teams • The films were launched at an event on 13 September in Leeds in September. 			

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 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	

NHS Improvement Film – “Culture”

1. Introduction

The purpose of the film is to inform Governors of the film produced on behalf of NHS Improvement, to showcase how we have developed our approach to integrating quality improvement and patient experience.

Five short films have been produced of which we are showing film 1: “Culture” at the meeting. The films include:

- Film 1: Culture
- Film 2A: Leadership
- Film 2B: Leadership
- Film 3: Using Patient Experience Data
- Our top tips

2. Attendance at the Meeting

In attendance will be Mandy Dawley (Head of Patient and Carer Experience and Engagement) and Lorna Barratt (Senior Patient and Carer Experience and Engagement Co-ordinator).

3. Key Messages

The key messages of the story are:

- To highlight the positive impact of involvement in Trust activities for our patients, service users and carers
- To highlight how the development of the co-produced Patient and Carer Experience Strategy has given the direction and focus for the work achieved by the team and champions
- To highlight the opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country
- To highlight the importance of champions and their role in fully embedding the Patient and Carer Experience agenda within teams
- The films were launched at an event on 13 September in Leeds in September.

Agenda Item: 7

Title & Date of Meeting:	Council of Governors Public Meeting – 22 October 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 Visits

I have undertaken several clinical visits this month across a broad spectrum of services, it is great to go and work in practice and understand the challenges our staff face. Thanks go to all the staff who I have worked with during the month.

1.2 Charging Regulations for the NHS

There is a legal obligation on NHS Trusts to establish whether a person receiving care and treatment in our services is an overseas visitor to whom charges apply, by virtue of the Charging Regulations for the NHS. In order to comply with our legal duty, the Trust has developed an Overseas Visitor Charges Regulations Policy for which the Chief Operating Officer is the Executive Lead. It is important to note that where in the view of the attending clinician, a patient requires immediately necessary or urgent treatment, that treatment will be provided regardless of the ability of the patient to pay.

Consultation has been carried out on our policy and approved by EMT and is presented for ratification later on the agenda. It has been agreed that the policy will be piloted in East Hull CMHT.

1.3 External Governance Review

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every 3 years on a 'comply or explain' basis. An external governance review was commissioned in late 2016 with the final report received in May 2017. The action plan to address the recommendations was delivered on time and confirmed to the Board in September 2017.

A number of improvements have been introduced and embedded since that time including;

- The Trust Board reviewed its effectiveness for 2017/18 at its Board development and timeout sessions in March and June 2018.
- In May 2019 a review of committee effectiveness for 2018/19 was reported to the Board which provided assurance that the work of its sub-committees were effective and the committees well managed and working to their terms of reference.
- In January and February 2019 a CQC well led inspection was undertaken and the Trust was rated 'Good'. The recommendations arising from the report are being addressed.

Given the internal and external reviews - most importantly the full well led inspection undertaken by the CQC and the rating of Good, it is proposed to postpone an external governance review on an 'explain' basis. The guidance states *'In keeping with the Single Oversight Framework we use to identify the level of support providers need, we are providing extra flexibility based on individual circumstances. This means we can agree longer timeframes for review (up to a maximum of five years) where risks seem lower...'*

Given the improvements that have been embedded since the external review in 2017 and the CQC review in 2019 where the Trust was rated Good, an external governance review will be commissioned and undertaken within a five year period.

The Board approved that we would explain and note progress on this issue.

1.4 Occupational Health

Congratulations go to the occupational health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation. This accreditation demonstrates good practice across all areas of occupational health very well done. More detail is contained in the Director of Workforce update.

1.5 Research

At the end of Aug 2019 the Trust had recruited over 800 people into National Institute for Health Research (NIHR) Portfolio studies, already exceeding our annual target of 660. Humber is currently the highest recruiting of the 22 trusts in Yorkshire and Humber for dementia research, fifth for research overall and top across the seven mental health/community trusts. The research team have linked in with a community group aiming to make Market Weighton a 'Dementia Friendly' town, including promoting dementia research opportunities and the national 'Join Dementia Research' register. Two of the community members leading on this are people that have participated in research with us and, partly as a result of that involvement, decided they would like to do more in their community to help improve the lives of others living with dementia. The next 'Living with dementia' Recovery and Wellbeing College workshop, facilitated by Wendy Mitchell and Cathryn Hart, will take place in Market Weighton on 22 November to tie in with this initiative.

1.6 Mental Health – Children and Young Peoples' Pilot

The Partnership has been successful in its application to become a pilot site for a new approach to commissioning mental health services for children and young people that it is hoped will enable partners to deliver more integrated services for our local populations. The current legal jurisdictions of CCGs, Local Authorities and NHS England place restrictions on moving resources/budgets around different parts of the health and care system, which can be a barrier to implementing joined up care for our local populations.

Through the Mental Health Partnership Board, partner organisations will pilot a whole pathway approach to commissioning children and young peoples' mental health services across the Humber, Coast and Vale region. The pilot will test integrated mental health commissioning for children and young people, overseeing a single pathway and total children and young peoples' mental health budget to enable us to provide better, more joined up care

1.7 Health Service Journal Awards

I am delighted to confirm that we have been shortlisted for Four HSJ awards:

- Mental Health Provider of the Year
- Acute Sector Innovation of the Year: Frequent Attenders Service Hull
- Connecting Services and Information Award: Frequent Attenders Service, Hull
- Patient Safety Award: Frequent Attenders Service Hull

Also Humber, Coast and Vale Mental Health Partnership have also been nominated for Humber Coast System Leadership Initiative of the Year, in which the Trust plays a large part.

2. Around the Region

2.1 Clinical Commissioning Groups (CCGs)

Each of three North Yorkshire Clinical Commissioning Groups' (CCGs) Governing Bodies agreed to implement a single management team across the organisations. The CCG has been led by a single Accountable Officer since December 2018 and now have a full leadership team in place operating across the three CCGs. A merger is the natural next step to help them collectively achieve the benefits of a single, aligned, strategic organisation, consistent with the national aspirations for CCGs as described in the NHS Long Term Plan.

In May the proposed merger was announced of the three North Yorkshire CCGs (NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG). Since that time further developing of the proposal with communities, members,

staff and wider partners has taken place. The aim is to submit a formal merger application to NHS England/Improvement by 30 September and, if accepted, to begin operating as the North Yorkshire Clinical Commissioning Group from 1 April 2020.

3 National News

3.1 NHS Provider Regulation Review

Key points of the recent NHS Provider Regulation Review published this month included:-

- The results of this year's survey reflect the fact that the sector is in a period of transition as new regulatory and oversight frameworks are developed which support system working, and as NHS England and NHS Improvement align their activities.
- Trust leaders are optimistic that the new national structure will be more efficient and better placed to support system leadership through providing a more joined up perspective. However, the findings indicate that, under the new joint working arrangements with NHS Improvement, there will be a need for NHS England to rapidly develop and demonstrate its understanding of the provider sector. Trust leaders also see opportunity for the national NHS leadership to use this juncture to reset the culture towards one of improvement support and to focus on shared culture, values and behaviours.
- It is encouraging that most trusts reported a sense of stability in the level of regulatory burden over the last 12 months. This is in contrast to each of the previous four years in which we have run this annual survey when the majority of trusts have said that the burden had increased. There has also been an improvement in the proportion of trusts who agree that reporting requirements are proportionate to the level of risk they manage.
- However, trust leaders' experiences of the regulatory framework reflect a mixed picture. While there are promising indications of improvement in some areas, in other respects providers' experiences have worsened over the last year. This year, fewer respondents said that the overall regulatory framework of the NHS is working well than in previous years, and there has been no increase in the proportion of trusts who believe the regulatory framework offers value for money.
- Trusts continue to feel the tension between the current institutionally-focused regulatory model and policy ambitions to develop methods of oversight for local systems. They feel that the move to greater system working and system-level oversight risks blurring existing lines of accountability and placing additional regulatory burden on providers.
- Nonetheless, trust leaders are optimistic that it is possible to develop new models of oversight to hold systems to account for the collective performance of their component organisations. However, respondents also pointed out that without legislative change, systems will remain fundamentally voluntary arrangements and questions will persist as to how whole systems can be held accountable.
- Trusts continue to tell us that NHS Improvement's approach is generally one of performance management rather than of support, despite the national focus on becoming an improvement support agency
- Trusts that took part in Care Quality Commission (CQC) local system reviews found them valuable. However, trusts' hopes for CQC's revised regulatory approach for organisations have not yet been realised

3.2 NHS Oversight Framework for 2019/20

NHS England and NHS Improvement (NHSE/I) have published the new NHS Oversight Framework for 2019/20. It outlines the joint approach the two organisations will take to oversee organisational performance and identify where providers and commissioners may need support. The NHS Oversight Framework has replaced the NHS single oversight framework (SOF) for providers and improvement and assessment framework (IAF) for clinical commissioning groups (CCGs).

Alongside the NHS Oversight Framework NHSE/I have published a document outlining the provider oversight approach in detail and a document setting out the metrics used to monitor and assess provider performance.

Key points

- NHSE/I are aligning their operating models to support system working. 2019/20 will be a transitional year, with NHSE/I regional teams coming together to support local systems. The existing statutory roles and responsibilities of NHSE/I in relation to providers and commissioners remain unchanged. However these roles and responsibilities will be carried out by working with and through system leaders where possible.
- Four metrics have been added to the set used to identify issues at providers. These are based on the annual NHS Staff Survey and cover bullying and harassment, teamwork and inclusivity. This aspect will be developed over the course of 2019/20, and will include exploring metrics beyond the staff survey. Those organisations that most need it will begin to receive support via NHSE/I's culture and leadership programme.
- Regional directors (RDs) and their teams will lead on system oversight, working closely with organisations and systems and drawing on the expertise and advice of national colleagues.
- In line with the move to greater autonomy for better performing local systems, oversight arrangements will reflect both the performance and relative maturity of ICSs. In 2019/20 it will be for regional teams to determine the level of oversight that best meets their assurance needs.
- The specific dataset for 2019/20 set out in the Oversight Framework broadly reflects existing provider and commissioner oversight and assessment priorities. They are split by their alignment to priority areas in the NHS long term plan. Where appropriate these will be aggregated across system level and are likely to be complemented by purpose-built system metrics.
- Regional teams will use data from these metrics as well as local information and insight to identify where commissioners and providers may need support.
- From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system

3.3 The role and remuneration of chairs and non-executive directors in NHS trusts and foundation trusts

In September NHSE/I published 3 new documents in relation to non-executive director and chair remuneration and appraisal:

1. A new remuneration structure for provider chairs and non-executive directors
2. A development framework for provider chairs
3. An appraisal framework for provider chairs

A paper will be presented to the next Governor Appointment Terms and Conditions Group to outline the implications of the revised remuneration structure and development framework.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Humber Traumatic Stress Service (HTSS)

HTSS is a well-established specialist team that forms part of the wider Complex Interventions Service (CIS), along with the Personality Disorder Service and Specialist Psychotherapy Service (SPS).

The service comprises of Clinical Psychologists, an Advanced Occupational therapist, and an administrator. It provides a service to adults aged 18 upwards experiencing Post Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD). The PTSD presentation is usually chronic and as a result of multiple traumas. In Hull the service is provided to adults 18

upwards who are registered with a Hull GP. In East Riding the service is provided to military veterans only who are registered with an East Riding GP and presenting with service related PTSD symptoms.

The service offers:

- Individual therapy using NICE recommended treatments such as Cognitive Behaviour Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) therapy, Compassion Focused therapy, psychotherapy and occupational therapy
- Group treatment, focusing on resilience, stabilisation, compassion focused techniques, and yoga
- Consultation to teams to support /provide advice in working with traumatised clients

The plan is to widen the scope of the service:

- To offer training / workshops to the wider Trust on topics such as: What is PTSD? / Stabilisation and Grounding techniques / Compassion Fatigue which we will facilitate staff in feeling more confident and skilled working with clients who have experienced trauma.
- To develop a more holistic approach to working with trauma, which recognises the mind-body link demonstrated in recent research that has found yoga to be as effective as medication in managing trauma symptoms.
- To support staff, especially in the East Riding where access to PTSD treatment is limited due to commissioning, in accessing treatment, for example through identified staff being training in EMDR and supervised by a member of our team.

A significant number of clients accessing mental health services have experienced trauma of some kind during their lifetime, and this service has an important role to play in supporting staff with this.

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

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

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

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

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

Recent Work:

National MAPPA guidance has been refined again very recently and this means that our protocol

will need to be updated with the minor changes. This is in progress. The protocol was completely revised last year to make it more user friendly and ensure that all of the paperwork related to MAPPA referral and monitoring of offenders was easily available to our staff.

There have been recent new directives regarding the storage of information re MAPPA offenders and these have been shared across the organisation to ensure that we are meeting information governance standards. A particular concern was the electronic storage of clinical minutes since they contain so much third party and sensitive information. These are now marked with a line recommended by information governance colleagues explaining the need for redaction of some information in the light of a subject access request.

Clinical staff continue to attend MAPPA level 2 and 3 meetings as required. There are a small number of cases managed at level 3 which sometimes require the support of senior operational managers as they require the commitment of significant resources. These cases may also attract media interest. Everyone at the meetings needs to be at the level of authority to commit resources on the day, rather than checking later, so it is better if the operational manager or the Single Point of Access for the service area (SPOC) is in attendance with the member of staff holding the case.

On the issue of SPOCs, the ending of a recent secondment left a gap. This has opened up the opportunity to review the SPOCs for the different service areas. Operational managers are currently considering who is best placed to carry out this role but all tasks required have been adequately covered in the meantime.

To assist the new SPOCs in understanding the role a task and finish meeting will be set up. This will allow discussion of all of the MAPPA related tasks. Within this meeting it will also be possible to review attendance at all MAPPA related forums:

The Strategic Management Board (SMB) is a meeting of Executive level members from Duty to Cooperate agencies. Sometimes this is a development event and presentations are expected re updates from agencies on particular topics. Otherwise it reviews the statistics from the Performance and Quality Assurance meeting (PQA) and any updates to MAPPA guidance. It also addresses any non-attendance at MAPPA offender meetings from duty to cooperate organisations. It occurs 3 times a year.

PQA is the performance and quality assurance meeting and the forum for collating and discussing the statistics regarding compliance with MAPPA and reviewing cases which may require a Serious Case Review. It is held 3 times a year. There is also discussion of changes to policy and changes to processes in the wider system. This is a non-Exec meeting and can be attended by any of the SPOCs.

The Criminal Justice Board brings together senior leaders from across the Criminal Justice System. The Board promotes a joined-up collaborative approach driving forward work to address challenges facing the system, as well as maintaining oversight of the criminal justice process. The Board works to set cross-system priorities and ensure these are understood and implemented. This is an Exec level meeting. The Humberside Board meets three times a year.

There are several subgroups on topics such as reducing reoffending. These are for staff working in the field and their projects then report into the CJB. They might consider issues such as the link between mental health and offending and review services available in the local area and how local statistics benchmark on particular issues. There is a new review of the use of section 136.

It is essential that we inform MAPPA of any changes in our access pathways and help them to be knowledgeable how to refer offenders to our services. Keeping in touch with the MAPPA coordinator and developing this relationship means that we can also hear about any changes to

processes and requirements from them. An example would be the recent improvements in telephone access for crisis and rapid response.

Response to National consultations- we need to ensure that we say something on issues which affect us as a service and respond to these as they arise. There is a current active consultation regarding how Level one cases are managed. A response has been made to this.

We are required to submit a couple of articles annually for the MAPPA annual report. These are generally good news stories about services recently developed or a successful case study. This year's article will be about the Forensic Outreach and Liaison (FoLS) service.

The staff training and basic MAPPA awareness programme has recently been refreshed so that we can train all staff who require it in the basics of the MAPPA process and introduce them to the people who they can link with for a more detailed knowledge as needed. Police colleagues delivered the training. A large number of staff went through it and the feedback was very good. This needs to be secured on an annual basis.

When the worst happens and an offender commits a serious further offence there is a Serious Case Review and we have one active at the moment. All agencies need to review their input with the individual.

The Information sharing agreement which supports this work needs to be reviewed and signed on an annual basis. It was recently reviewed and signed on behalf of the organisation.

Coordination is the key to successful delivery of our responsibilities to the MAPPA system and the Task and Finish group will ensure that although there is a Chair leading this, responsibilities are more widely shared than they have been recently.

4.2 Director of Nursing

4.2.1 Sexual Safety Update

The Sexual Safety Collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS Improvement (NHSI), in partnership with the Care Quality Commission (CQC), in response to a request made by the Secretary of State following the CQC report on [Sexual Safety on Mental Health Wards](#). The collaborative aims to meet a number of objectives:

1. Produce a set of standards around sexual safety during the mental health and learning disability inpatient pathways (including a strategy to measure and support quality improvement)
2. Run a national quality improvement (QI) collaborative to support inpatient mental health teams in every mental health trust in England to use QI to improve sexual safety on their wards.
3. Produce a library of resources, building on best practice to support the work of mental health trusts to improve sexual safety.

The Trust submitted applications to join the collaborative. PICU and Avondale have been accepted on to the programme. Successful acceptance onto the programme provides the Trust with the opportunity to:

- Join a national quality improvement collaborative to improve sexual safety within inpatient mental health settings
- Attend a national learning session in London every 2 months

- Collect data within our participating unit/ward (using the measurement tools provided) to help us understand whether sexual safety is improving
- Test out changes within our participating unit/ward

We have submitted details of our project teams and how the initiative will be supported organisationally. The offer from the programme team has confirmed the following:

- Each ward will be allocated a Quality Improvement Coach who will support the ward throughout the programme, both face-to-face and virtually
- Access to resources and tools
- Access to both improvement expertise, subject matter expertise and experts by experience in order to help you tackle this topic, through the course of the programme duration
- Opportunities to learn from over 50 other teams across the country tackling the topic

This is a really exciting opportunity for our teams to enhance the ongoing work we have been undertaking in respect of sexual safety whilst developing our QI expertise and capacity.

4.2.2 CAMHS Recruitment Update

Due to supply chain issues in relation to the doors and windows we have been informed by Houltons of an ongoing delay in handing the building over. Discussions are taking place to establish a confirmed opening date with best current estimation that this will be mid-November. An open day will be arranged in the week preceding the official opening date.

Recruitment to the new unit is progressing well, with a preferred candidate identified for the post of locum consultant psychiatrist. We also have interest in the speciality doctor post which is being taken forward via a visit to the service this week. 5 additional band 6 posts have also been appointed to. A number of staff started on the 2nd September and have commenced an intensive training programme in preparation for the unit opening. Further positive discussions have taken place with NHSE around expectations in relation to the eating disorder pathway and this has enabled us to commission a comprehensive training package for the staff working closely with colleagues in paediatrics to ensure clinical competencies are validated.

4.2.3 Patient Safety Strategy 2019-22

The Trust approach to continuously improving patient safety was approved at the July board meeting. We formally launched our strategy on 17 September to coincide with the first world patient safety day. The Lecture Theatre at Trust Headquarters was used and the event raised the profile of patient safety across the Trust with a focus on raising awareness and knowledge across our workforce to drive forward the culture that is needed to maximise safety. This will be the first educational event of many in relation to patient safety to support the cultural change needed to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

4.2.4 Professional Strategy Launch

The Professional Strategy which describes the strategic approach to developing our clinical workforce aligned to the trust overarching strategy was approved by the Workforce Committee in July.

The strategy focuses on four priority areas for improvement in relation to ; Promoting Professional Identity and Professional Collaboration, Strengthening Professional Leadership, Shaping New Models and Pathways and Developing Career Pathways.

Staff have been made aware of the strategy via the Trust usual communication routes ie Mid-Day Mail and weekly Global and will also be showcased at our Annual Members Meeting on September 12th with two formal launch events during September; one in the Lecture Theatre and one in Malton. The Strategy will also be presented to the University of Hull Strategic meeting.

The Professional Forum is responsible for the work programmes to take the strategic objectives forward with reporting of progress to the Executive management Team, the Workforce Committee and the Quality Committee as appropriate.

4.3 Medical Director

4.3.1 Training for Health Inequalities Conference

The Trust will be hosting a 'Training for Health Inequalities ' conference on November 15th . This is part of a Royal College of General practice and Health Education England initiative to encourage GP's to consider career options in areas of highest held needs. It's hoped that 60-70 Gp's and trainees will attend from across the region

4.3.2 Carer and Patient Experience Framework

NHSI formally launched its Carer and Patient experience framework in September using the work which has been done in Humber as a national exemplar. The 3 videos which have been produced around our work have now been made public ally available and Mandy Dawley has been asked to support the national work as part of a NHSI steering group.

4.3.3 Medical Conference

The Trust will be hosting its inaugural Medical conference on October 16th with a theme of clinical excellence and innovation. Professor Wendy Burn, president of the Royal College of Psychiatrists is the Key note speaker.

4.4 Director of Workforce and Organisational Development Update

4.4.1 Immigration Rules

The Home Office has announced some changes to the immigration rules which includes acceptance of the Occupational English Test (OET) for Tier 2 (General) visa applications.

From 1 October 2019, overseas individuals can use their OET certificate for both their professional registration and to obtain their visa.

4.4.2 Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) will reduce their fees for basic, standard and enhanced DBS checks from 1 October.

Fees for basic and standard checks will be reduced from £25 and £26 respectively to £23, while an enhanced check will drop from £44 to £40. The annual fee for the DBS update service will remain the same (£13).

The Trust currently passes the cost of DBS checks on to staff.

4.4.3 Developing our Bank

A closed facebook group has been set up for our bank staff and managers that require bank staff support. Administered from the Flexible Workforce Team, the purpose is to better engage with our valued bank staff and share information regarding shifts, training etc. as immediately as possible. Initial feedback has been positive and work will continue to develop the group.

4.4.4 Occupational Health (OH) Service

The Trust OH service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation.

The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines. The report also stated:-

The helpfulness and co-operation of the whole OH team during the site visit was appreciated by the assessors. We found the service very responsive to requests for information both during the remote assessment period and at the visit. They were very well prepared and had most outstanding items clearly marked and available for the assessors to view during the visit. This, along with the interviews with OH practitioners, counsellor, occupational physician and administrative staff, demonstrated that there is a strong, cohesive and effective team with excellent leadership from the OH Manager and support from the Administration Officer.

5 Communications Update

Media

- 14 stories were posted on the Trust's external website between 27 August and 14 October 2019.
- Positive media highlights include:
 - > Falls Awareness Event – Healthtrainers (BBC Radio Humberside and Yorkshire Coast Radio)
 - > Healthtrainers provide NHS Health checks across East Riding of Yorkshire (That's TV Humber)
 - > Specialist Tokophobia Support (Hull This Is News and Viking FM)
 - > Healthtrainers Smoke Free Generation Event (ITV Calendar News and Beverley FM)

Digital

- The most visited pages (after the homepage) include:

PAGE	VIEWS
Contact Us	3,264
Services: MHRS	2,344
Children's Language Resources	2,128
Services	1,995
Paediatrics SLT	1,990

- Supporting recruitment by creating targeted social media campaigns. Specially designed Facebook advert for GP Vacancies lead to over 1,140 interactions with the job adverts.
- Our digital channels continue to see growth - Facebook 2,274 followers (+104), Instagram 489 followers (+31), Twitter 4,653 followers (+70 from last report)
- The September Chief Executive video blog received 118 views on YouTube.

Publications

- Distributed the latest edition of Humber People magazine to over 8,000 members.
- Issued key internal communications publications including; Humber and Proud, Board Talk and Team Talk including introduction of new sections including 'Did You Know' feature to reinforce key messages.
- Design support for Staff Charter and Behavioural Framework – working with the Organisation Development team to launch these key documents to our teams.
- Design support for Proud programme to reinforce how we support staff at work.

Events

- Delivered a 'Mental Health Fair' (19th September) as part of MP Emma Hardy's 'Big Conversation' events. Footfall at the event was good for this new event and feedback was positive from Emma and those in attendance.
- Worked with local NHS partners on the delivery of the Health Expo (10th October). Co-ordinated Humber attendance (10 stands) and supported event delivery. Event of this key event will be shared in next report.
- Supported the delivery of World Patient Safety Day activity (17 September).
- Working with the Medical Education Team to support delivery of the Clinical Innovation Conference (16th October).
- Continuing work to deliver Annual Staff Awards (17 October) including creation of video content, event organisation and management. £5,000 of sponsorship has been raised by the team to support the event which is the highest ever level of support. New sponsors for 2019 include D3 Office Group, The One Point and NRS Healthcare.

Campaign support

Key campaigns over this period included:

- World Mental Health day (10th October) – led Trust activity to mark awareness day. Activation packs created and delivered to all Trust sites to encourage them to get involved in day. Activity from Trust social media reached over 15,000 and activity using the campaign hashtag #humbercalm had over 116,000 impressions.
- Staff flu vaccination – working with occupation health and medical teams with a focus on improving rates amongst GP practices and nursing staff.
- Staff survey - working with the HR team to improve completion rates

6 Health Stars Update

6.1 Chief Executive (CEO) Staff Engagement Fund

The CEO Staff Engagement Fund has been accessed by several services recently, including CAMHS, Speech and Language and Clinical Systems. 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 the outcomes are unclear we have stressed the CEO Staff Engagement fund is to enhance staff experiences and environments and is not to be used as a "top up" to department budgets.

6.2 Impact Appeal

Appeal income as at 14/10/19 including pledges/pending: £297,397.22

This had been a great month for the Impact Appeal as we have £26,000 more than last month. This is due to the £5,000 from Persimmon Homes and a further £15,000 from MADL along with fundraising from the Devils Kitchen which took place on 10th October.

It was excellent to attend the Persimmon Homes Gala Dinner in York on 8th October. Health Stars and the Impact Appeal where the Yorkshire Winners in the Health Category which meant we received the £5,000. Further money would've come from winning one of three national prizes in Health of £20,000, £50,000 and £100,000.

MADL (Making a Difference Locally) is Nisa's charity who we've been lucky to receive support from in the past have decided to award the Impact Appeal with a further £15,000.

Devils Kitchen took place between 360 Accountants and Smile Foundation. 360 accountants did have different opponents who dropped out last minute, hence Smile Foundation stepping in and

the invites you all received. Despite it being very last minute the event was a success with its Hull Fair Themed Menu and Smile Foundation where the evenings winners by just 0.4 of a point.

6.3 Recruitment

We went out to advert for the Health Stars Fundraising Manager Role and shortlisted down to three candidates for interview. Of the three we chose a preferred candidate who has met with Pete Beckwith briefly. This person has accepted the role and we are looking at a start date towards the end of October. Once the formalities are complete we will communicate more information about the person.

Caroline Stephenson is currently supporting Health Stars three days a week on Circle of Wishes and general administration. She is employed on a temporary basis until the end of December. Her original contract was due to finish at the end of October and this has been extended.

6.4 World Mental Health Day

We really enjoyed working with Comms to launch the Find Your Calm campaign for World Mental Health Day. We saw strong engagement on social media with lots of people creating the butterflies and engagement at the Health Expo event. We do not know what was raised through the day yet.

6.5 Circle of Wishes

The Circle of wishes scheme is continuing to grow significantly, we have over 500 wishes.

6.6 Social Media

Health Stars social media profile allows us to reach a much wider audience. With updates on events, wishes granted and general fundraising awareness, we have had some very positive engagement over the past few weeks. With the continued support of Trust Communications Team we are constantly increasing our followers, likes and comments. We have increased following by over 20% so far this year and it is still growing strongly.

6.7 Pennies From Heaven Scheme

The Pennies from Heaven Scheme had been relaunched in June with Health Stars being the new beneficiary. In the first 3 months, it has generated £518.55 from employees. We have over 250 staff involved already with plans to grow these over the next few staff events. We haven't had September/ October payments in yet to give an update, this will be done next month.

6.8 Health Stars Health Lottery

Our charity health lottery has been running since July 2017 and had generated £8610.25 to date, the next payment is due in mid-October. This money goes straight into our Health Stars Big Thank you fund and has been used on wishes like garden furniture for inpatient units, bereavement brochures and cards, patient transfer baggage, dining with dignity courses and other service enhancing requests.

**Michele Moran,
Chief Executive
October 2019**

Agenda Item: 8

Title & Date of Meeting:	Council of Governors Public Meeting – 22 October 2019			
Title of Report:	Public Trust Board Minutes – June & July 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 June and July 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 26 June 2019 in The Mulgrave Day Room,
Whitby Hospital YO21 1DP

Present:

- Mrs Sharon Mays, Chair
- Mrs Michele Moran, Chief Executive
- Mr Peter Baren, Non-Executive Director
- Prof Mike Cooke, Non Executive Director
- Mr Francis Patton, Non Executive Director
- Mr Mike Smith, Non Executive Director
- Mr Peter Beckwith, Director of Finance
- Dr John Byrne, Medical Director
- 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 Tracy Flanagan, Deputy Director of Nursing
- Mrs Jenny Jones, Trust Secretary
- Ms Amy Smith, Communications Officer
- Joe, Service User (for item 111/19)
- Sharon Parsons, Heart Failure Specialist Nurse (for item 111/19)
- Doff Pollard, Public Governor
- 2 Members of the Public

Apologies:

- Ms Paula Bee, Non-Executive Director
- Mrs Hilary Gledhill, Director of Nursing

108/19 **Declarations of Interest**
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 declare their interests and remove themselves from the meeting for that item.

109/19 **Minutes of the Meeting held on 22 May 2019**
The minutes of the meeting held on 22 May 2019 were agreed as a correct record.

110/19 **Matters Arising and Actions Log**
The actions list was discussed and the following update provided:-

103/19 Annual Safety Report
It was agreed that this item would be amended on the workplan and the action closed.

111/19 **Patient Story – Joe’s Story**
Joe’s story was an account of his experience of receiving services from the Heart Failure Specialist Nurse at Whitby Community Hospital and the benefit that this has on his health. Joe explained that he has had heart problems since 2007. The treatment and technology he has now allows him to monitor his condition. If he has a problem he is able to contact the Heart Failure nurse or hospital who can monitor his stats.

Sharon was one of the first heart nurses funded by the British Heart Foundation in the local community. After the first year, audits proved that the team had made significant savings by keeping people out of hospital and the funding was made substantive. Joe said that he appreciated all the treatment and help he received, but acknowledged that without Sharon he

would not have been able to have been treated in the community. He recognised the financial pressures the NHS is facing, but felt that investment in local communities made savings by keeping people out of hospital.

When asked if there was anything that was needed to help the Heart Failure nurses in their roles, Sharon explained that sometimes there is isolation due to the size of the geographical areas. They also provide other assistance to patients in terms of their physical and mental health and signpost to other services where possible. If any issues arise that cannot be dealt with, the patient is referred back to the GP. In terms of staff wellbeing, Sharon has previously had articles published, but has not had the opportunity in recent years due to work pressures. She hoped that she would be able to undertake this more in the near future. Mrs Parkinson suggested discussing these further with Sharon to see what assistance could be provided through Operational Services.

Dr Byrne asked how technology had helped Joe to manage his condition over the years and the impact this had made. Joe explained that having the defibrillator and a home monitor allowed him to transfer the date to the hospital easily. If he felt there was a problem he contacted the hospital and they would see his status. He felt that being in a rural area, technology had reduced travel for appointments and helped limit hospital admissions.

The Chair thanked Joe and Sharon for attending to share the story.

112/19

Chair's Report

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

- Following interviews for a Non Executive Director on 21 June, a candidate has been offered the post, subject to Council of Governors approval and the necessary checks being carried out. The interview process was robust and included a stakeholder group with Governors and patients, meeting with Board members and the interview.
- Separate meetings with the new Chair and Chief Executive of Mind. Six monthly joint meetings with the Chief Executive will be arranged.
- Meeting with the new Chair of East Riding of Yorkshire Clinical Commissioning Group
- Attendance at a partnership event attended by Stephen Eames. There was an opportunity to influence the content of the Sustainable Transformation Partnership (STP) Plan.
- A meeting with the Chair of NAVIGO
- Attendance at the annual carers conference hosted by East Riding of Yorkshire Council in conjunction with East Riding carers
- Meetings with the Lead Governor and Staff Governors.
- An update on the Board Quality Improvement (QI) Project where work is progressing on the Board's project following meetings with the QI team.
- Presentation of awards at the first Medical Education awards for which Mr Baren was a judge. Well done to Dr Stella Morris and the team for arranging this event.
- The Chief Executive's longest day challenge was held recently with the Chief Executive washing cars for 12 hours to raise money for the Staff Engagement fund.
- A new Chair, Alan Lockwood has been appointed at Rotherham, Doncaster and South Humber NHS Foundation Trust
- A Dying Matters event is being held in Whitby today which the Chair will be joining after the Board meeting.

Resolved: The verbal update was noted.

113/19

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:-

Developing Primary Care Networks

The model offered has been well received. Streamlined communications are being used to focus on key themes through vodcasts and messages. Monday's Mid Day Mail communication has been replaced with EMT Headlines which is published on a Tuesday morning to share items that have been discussed at the Executive Management Team (EMT). Positive feedback has been received from staff on this change.

Update Teleconferences

Weekly teleconferences are being held with Stephen Eames to update Chief Executives on current issues.

Whitby

Close working continues with commissioners regarding a clinically sustainable model. Several options have been suggested and discussions with the Clinical Commissioning Group (CCG) are progressing. Professor Cooke asked if every effort could be made to encourage the CCG to make a decision as the current accommodation is inappropriate for modern health care. The Chief Executive explained that every effort is being made to reach a resolution and find a sustainable clinical and financial model that provides the best outcome for everyone involved.

Suicide Prevention Bid

Mr Patton said this achievement was a positive outcome for the organisation. Integrated work is also going through the system to make it more cohesive. The funding is for the system, but the Trust is the lead for some of this work in raising the profile of suicide prevention particularly in men.

Quality Improvement (QI) Event

Mr Patton asked how this event had been received. Dr Byrne reported that it went well and was attended by patients and carers with Townend Court and Older Peoples Mental Health Services running teaching sessions which is part of the QI strategy.

New Appraisal Process

Mr Baren noted the change to the process from next year to introduce a timescale for all appraisals to be completed during April to June and asked if this was realistic. Mr McGowan explained that this type of approach has been successful in other organisations and the Executive Team believed it to be deliverable. He acknowledged that the quality of appraisals is of concern which could be addressed once the initial appraisals have been completed. Mr Patton has experience of using this type of approach with the first year being used to embed the new process and the second year to improve the quality. This system has been in place for a few years and the overall compliance target annually is over 95%.

Change of Restraint Training Provider

Mr Baren asked if the change of provider would mean any changes to the internal team who provided the training. He was informed that the suggestion to change the provider had come from the internal team. The training itself can be migrated across so that people already trained will not have to redo it until they are due for an update. There is potential for income generation too. The current provider has restrictions on how the training can be delivered whereas the new provider allows training to be provided outside the organisation which could be to residential homes and other people who require restraint training.

Car Parking Policy

The policy has been approved by the Executive Management Team and was ratified by the Board.

Resolved: The report and verbal updates were noted. The car parking policy was ratified by the Board.

114/19 **Publications and Highlights Report**

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

Mr Smith asked if the Care Quality Commission Review of the Code of Conduct for Mental Health Act could be included in the next report and also for it to go to the Mental Health Legislation Committee's next meeting. Dr Byrne confirmed this report has already been submitted for inclusion and is on the agenda for the next Mental Health Legislation Committee meeting. It was suggested that a briefing be prepared for the Board to show the work that is already taking place.

Resolved: The report was noted

A Board briefing will be prepared on the Review of the Mental Health Act Code of Conduct

Action JB

115/19 **Performance Report**

The report provided the Trust Board with an update on key performance indicators as at the end of May 2019. The report uses statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format. The majority of indicators are within normal variation, the exceptions being waiting times where 52 week waits have decreased marginally in May, but remain outside normal variation with 157 patients waiting (excluding ASD), 152 of which relate to Child and Adolescent Mental Health Services (CAMHS).

Mrs Parkinson explained that a marginal improvement was seen in the waiting list over the last month. However new initiatives are coming on stream including extra resources over the summer period. It is expected with the new initiatives that the trajectory will be revised. The Chief Executive explained that continual risk assessing of the waiting lists is undertaken and many discussions held over the last few weeks. She felt it would be helpful to have a more detailed report at the September meeting to work through work plans and revise the trajectory

Concern was expressed around clinical supervision compliance where there were variances in the figures provided. Mrs Flanagan agreed that the figures were concerning, explaining that there are some challenges within individual teams which are being addressed. In relation to the nil returns, it was reported that these have been submitted for May and the issue is being dealt with to ensure it does not happen again. Regular meetings are being held with the teams, looking at the patterns of sickness, ensuring plans are in place and that staff have received the right training. This is an area of focus for the Executive Management Team (EMT) who agree that an 80% compliance target is not high enough and needs increasing. Professor Cooke welcomed the approach that is being taken. He said that in some cases group supervision has proven to be successful as well as individual supervision which is something that could be considered.

Mr Baren noted that despite low occupancy at Townend Court, clinical supervision was still at a low which he would not have expected to see given the patient to staff ratio. Mrs Flanagan reported that this has been addressed with the team and plans are in place working with the clinical lead and charge nurse to improve the position.

Resolved: The report and verbal updates were noted

A detailed report on the waiting lists to be available for the September Board meeting **Action**

LP

116/19 **Finance Report 2019/20 Month 2**

Mr Beckwith presented the report on the financial position at month 2 which was based on a resubmitted control total compliant plan. The report has been discussed at the Finance and Investment Committee. An operational deficit position of £0.069m was recorded to the 31st May 2019. Expenditure for clinical services and corporate services was reported to be lower

than budget.

The cash balance at the end of May 2019 was £14.187m, which included £1.275m of Local Health Care Record Exemplar (LHCRE) and £1.794m of Child and Adolescent Mental Health Services (CAMHS) capital funding.

Resolved: The report was noted.

117/19 **Quality Committee Assurance Report & 3 April 2019 Minutes**

The report provided the Board with an update of discussions held at the Committee on 2 May. The minutes of the meeting held on 3 April were included for information. The report has previously been reviewed at the May 2019 part II meeting to accompany the Quality Accounts item which was discussed at that meeting.

The meeting held on 3 April was busy with many items discussed. A suggestion has been made that the response to the Care Quality Commission (CQC) actions be submitted to the August meeting for the Committee to review. Mrs Hughes confirmed that the Quality and Regulations Group had met and reported that all actions are on track and the report has been added to the August agenda.

Resolved: The report was noted.

The Care Quality Commission (CQC) actions to be submitted to the August meeting for the Committee to review. Action HG

118/19 **Finance and Investment Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting on 19 June 2019. Mr Patton reported that at the meeting discussions were held around the Budget Reduction Strategy which is slightly behind plan, but is easier to review as it is now split into divisions, the control total and Cost Improvement Programme (CIP) and the Digital Delivery report.

Resolved: The report and verbal updates were noted.

119/19 **Workforce and Organisational Development Committee Assurance Report and 20 March 2019 Minutes**

An executive summary of discussions held at the 24 May 2019 meeting and a summary of key points was presented. The minutes of the meeting held on 20 March were presented for noting. Items discussed included:-

- the excellent progress made on apprenticeships.
- the recruitment issues within Child and Adolescent Mental Health Services (CAMHS).
- the increased focus on the PROUD programme.
- signing off of the Equality, Diversity and Inclusion Annual Report 2018/19. The Committee discussed the timing of the report, as some items had already been published on the website prior to discussion at the Committee. This will be rectified for next year.
- the Workforce & Organisational Development committee review of strategic goal 5 on the Board Assurance Framework (BAF). Changes were suggested which will be taken forward.

Professor Cooke raised the inpatient Child and Adolescent Mental Health specialist recruitment plan as an update had been provided at the meeting. He felt this was critical to the success of the development and important for the Committee to know that actions are on track to be achieved. The Chief Executive suggested it would be helpful for the Board to receive an update at the next meeting on the building, staff profile, risks and any other areas that may cause the Board concern.

Mr Patton reported that it was a good second meeting overall with the format evolving. The attendance of members of Mr McGowan's team at the meeting was helpful and well received.

Resolved: The report was noted.

An update on the Child and Adolescent Mental Health Services Development (CAMHS) to be provided at the next meeting Action HG

120/19 **Any Other Business**
Thank You

It was the last meeting for Ms Smith from the Communications team as she leaves the organisation at the end of the month. The Chair and Chief Executive thanked Ms Smith on behalf of the Board for all her work and enthusiasm during her time with the organisation.

121/19 **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.

122/19 **Date and Time of Next Meeting**

Wednesday 31 July, 9.30am in Conference Room, Trust Headquarters

Signed Date
Chair

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 31 July 2019 in 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
 - Mr Adam Dennis, Communications Officer
 - Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 126/19)
 - Lorna Barratt, Senior Patient and Carer Experience and Engagement Co-ordinator (for item 126/19)
 - Mr John Duncan, Equality & Diversity Lead (for item 138/19)
 - Ms Rachel Kirby, Communications Manager
 - A Member of the Public
- Apologies:** None

The Chair welcomed the Communications Manager and Communications Officer to their first Board meeting since joining the Trust.

- 123/19 **Declarations of Interest**
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 declare their interests and remove themselves from the meeting for that item.
- 124/19 **Minutes of the Meeting held on 26 June 2019**
The minutes of the meeting held on 26 June 2019 were agreed as a correct record.
- 125/19 **Matters Arising and Actions Log**
The actions list was discussed. Professor Cooke was delighted that the Council of Governors had approved extensions to terms of office for the Chair and Mr Baren since the last meeting.
- 126/19 **Patient Story – NHS Improvement Film – Culture**
The Head of Patient and Carer Experience and Engagement, Mrs Dawley and Senior Patient and Carer Experience and Engagement Co-Ordinator, Mrs Barratt attended to present one of the films that the Trust has been involved with. Mrs Dawley explained that following a visit to the Trust by NHS Improvement, the Trust was chosen to be a national exemplar for patient and carer experience for the films that were being produced.

The films' focus were very specific and five short films have been produced. The films include:

- Film 1: Culture
- Film 2A: Leadership
- Film 2B: Leadership
- Film 3: Using Patient Experience Data
- Our top tips

The films are embargoed for external use until the official launch, the dates of which are still to be confirmed, but expected early September.

Board members were played the first film, Culture, which they felt portrayed the work of the Trust. Professor Cooke commented that with patient and carer experience, the Trust has come a long way in a short space of time due to the transformational approach that has been taken.

The Chief Executive said the film was inspirational and that the team should be proud of this work. The Chair looked forward to seeing the rest of the films in due course. She commented that the work that the team are doing is excellent, noting that the staff champions group is well attended. The Chief Executive suggested that the films are shared with Humber Coast and Vale partners through the communications route and for them to be sent to specific leaders around the patch.

The Board congratulated Mrs Dawley and Mrs Barratt for their work and involvement in the films and thanked for coming to the meeting.

127/19

Chair's Report

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

- This meeting was Ms Bee's last Board before she leaves the Trust at the end of August. On behalf of the Board, the Chair thanked Ms Bee for everything she has done during her time with the organisation.
- The Council of Governors approved the appointment of a new Non Executive Director. Checks are still progressing on this appointment, but it is expected he will start on 1 September. As already mentioned, extensions to the terms of office for the Chair and Mr Baren, were also approved by the Council of Governors.
- Attendance with the Director of Finance at NHS Hull Annual General Meeting (AGM)
- Meetings with stakeholders including Councillor Gwen Lunn and Julia Weldon, Director of Public Health.
- Holding a meeting with Paul Spence, Chief Executive of Brain Recovery. Further links with this charity are being explored by the Chief Operating Officer.
- Meetings with both public and staff Governors were held. Staff Governors are involved with the organisational development work led by the Organisational Development Manager.
- Visits to Mill View and presentation of certificates to children who have successfully completed a stammer course through the Speech and Language Team.
- Quarterly staff awards event held for long service, retirees and employees of the month.
- Attended the launch of the Social Values report which was a well attended event. Well done to Dr Byrne and his team!

Resolved: The verbal update was noted.

128/19

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:-

Future Focussed Finance Level 1 Award – The Finance team have been accredited for the Future Focussed Finance Level 1 Award for quality financial services. Congratulations to the team. Mr Beckwith reported that this is a self assessment approach and the team is the only NHS Trust in the Humber Coast and Vale area to receive this accreditation.

Health Education England Annual Awards – the Chief Executive was asked to be a judge for the Health Education England Annual Awards. There were a number of applications and it was an honour to be asked to be involved.

NHS Improvement (NHSI) Films

The NHSI films that our patient and careers took part in have been published in draft form. They feature really interesting and excellent work from Mandy Dawley, Head of Patient and Carer Experience & Engagement and the team. These videos will be shared with the Board when fully approved by NHSI. The videos will then be distributed to all NHS organisations by NHSI/E

NHS Graduate Trainees Application - Humber has been successful in our application for NHS graduates trainees. The Trust has been awarded a Graduate Management trainee starting from September 2019 and they will be with us for up to 2 years (working in STP office and Humber ops). Thank you to the Transformation Programme Director for leading this. Professor Cooke was pleased to see this achievement which is good for the organisation.

Hull Health and Wellbeing Board – The Chief Executive has been asked to represent the Hull and East Riding providers on Hull's Health and Well-being Board. A positive step for providers and developing services together,

NHS England Ratings - NHS Hull Clinical Commissioning Group (CCG) has maintained its outstanding status, whilst East Riding CCG has maintained its good rating.

Car Parking – Charges for car parking come into force on the Trust Headquarters site on 1 August.

Flu Campaign – the flu situation in Australia's is being monitored as cases are being seen earlier in the season and increasing numbers. Across the patch figures have not improved and a whole system approach is needed for this year's campaign.

Community Rehabilitation and Recovery Service - Professor Cooke referred to the update provided on the community rehabilitation and recovery service asking how we get more from the well defined things that are being done to maximise the benefit for service users and the community. Mrs Parkinson, Chief Operating Officer, explained that it starts with the specific changes to the rehabilitation pathway in mental health services at which time the Trust will be in a position to start repatriating some of the out of area service users in long term placements. The intensive community element of this is being considered, but will include peer support workers, volunteers and how they connect with social prescribing, health trainers and the whole physical health agenda. A workshop is taking place shortly to help shape this work. Professor Cooke noted the importance of metrics and measures to aid intensive treatment and offered his support, if required to help take this forward.

Mr Patton asked what the arrangements are between 8pm and 8am for the service. Mrs Parkinson explained that usual out of hours processes would be followed. For any individuals requiring regular out of hours support an assessment and review of their care plan would be undertaken to identify appropriate assistance which would then be put in place.

Student Nurse Placements - The successful bid for student nurses was noted. Mrs Gledhill, Director of Nursing, reported that 33 nurses for this area had been secured. The Trust's

complement will be working across the organisation including within the Nursing Directorate.

Proud Update – Professor Cooke noted the finalisation of the three cohorts and asked how staff who were not involved in these cohorts would be able to access the course in the future as he estimated there were approx. 200 staff leaders who perhaps would benefit from attending. Mr McGowan, Director of Workforce & Organisational Development, agreed that these staff needed to be given the opportunity to participate. He explained that until March 2020 there is unlimited support from the Institute of Organisational development, but a solution will need to be identified after that time to continue the programme.

Brexit – Mr Baren asked if there was any update on progress. The Chief Executive said that from a Sustainable Transformation Partnership (STP) perspective, feedback from each organisation is being received. The Director of Finance, Mr Beckwith reported that work is ongoing in the background. Concern is mostly around the M62/M18 traffic flow if there are any issues with the ports. Operation Wellington has been running and an action plan in production which will go through the Executive Management Team (EMT). Any further update will be included in the August Board pack that will be circulated in the absence of a meeting.

Medical Conference – Mr Patton asked how planning is progressing. Dr Byrne explained that discussions are continuing, but he was hopeful that the Trust would be able to host the conference at which between 50 & 70 GPs could attend.

Mr Smith asked if GPs were able to work in specialist areas. Dr Byrne confirmed they can if they have an area of interest for example mental health, but did not want this to be their only area of work.

Resolved: The report and verbal updates were noted.

129/19

Publications and Highlights Report

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

Professor Cooke referred to the Long Term Plan Implementation Framework publication explaining that this could help discussions at a future Board Development session around the STP context. Mr Beckwith explained that the Long Term Plan fits in with the work that the Strategy Manager has presented at the Leadership Forum. Sessions have been arranged over the next few weeks which any Board member is welcome to attend. A draft is planned to the Board in September and the final document at the October Board.

The Chief Executive commented that the Long Term Plan is not changing. There is a plethora of implementations of the plan and two pieces of work internally and from a provider view for mental health are being progressed through the operations business plan. The STP Mental Health Partnership is also looking at this and a paper will be submitted to a future Partnership Board meeting. A series of nine webinars for provider Chief Executives and leaders have also been arranged in the coming weeks.

The NHS Patient Safety Strategy publication was another area of particular interest in the report. Mrs Gledhill, Director of Nursing, reported that the Trust's strategy is on the agenda for today's meeting and has been aligned to the national strategy. The Trust's strategy meets the requirements of the national strategy and has been produced with user and carer involvement. It will also be discussed at the Quality Committee at the next meeting. Mrs Hughes, Interim Head of Corporate Affairs informed the Board that the first World Patient Safety Day is taking place on 17 September and the Communications Team is working with the Nursing Directorate to take this forward.

Resolved: The report and verbal updates were noted

Performance Report

Mr Beckwith presented the report which informed the Trust Board of the current levels of performance as at the end of June 2019. He explained that the majority of indicators are within normal variation except for waiting times. The Trust is currently segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Smith referred to the Learning from Mortality reviews data noting an increase in Scarborough and Ryedale figures. He also felt that the bar graph on the outcome of death reviews was not clear and the blank graph for Learning Disability death reviews was not helpful. Neither of which gave sufficient assurance to him. Dr Byrne will review the graphs outside of the meeting. He explained that there is a time delay with some of the data which comes from the national leader programme and this is outside the Trust's control. In terms of the increase in mortality figures for Scarborough and Ryedale, he explained that in community services it is not uncommon to have a high number, however reporting of unexpected and expected deaths is now taking place. Previously reporting of expected deaths was not done which will account for some increase in the figures. He assured Mr Smith that each incident is discussed through the daily huddle group and by the Clinical Risk Management Group. A level of assumption is made going back to last year's data to give assurance that there has not been a real rise in numbers. However Dr Byrne assured the Board that every death is reviewed in detail and a report produced. Mr Smith said the explanation provided gave him the assurance he required. Dr Byrne suggested that for the next meeting he provide an update on the validity of assumptions made to provide further assurance.

The Chair asked if a zero could be included in the mortality data rather than leaving it blank as it is a public document.

Professor Cooke asked about the trajectory for waiting times with the additional funding. Mrs Parkinson explained that for Children's, core Child and Adolescent Mental Health Services (CAMHS), Attention Deficit Hyperactivity Disorder (ADHD) and Autism and update will be provided in the report the Board requested for the September meeting. The Chief Executive asked that the report clarifies which is core CAMHS and which is ADHD. She also suggested that complaints about the service and recruitment on additional staff be included. It will also include any interventions to reduce the waiting times. The Trust is working hard with commissioners to progress this matter and some new initiatives are coming into place over the summer. The Chief Executive explained that positive discussions with all commissioners especially in Hull are working together and a piece of work is being undertaken which will be completed by the end of summer and will involve non statutory and voluntary sectors.

From a STP Mental Health Partnership perspective, the Chief Executive of Care Plus has been asked to chair a group looking at Autism and ADHD across the Humber Coast and Vale area to see what can be done across the system.

Mr Patton noted the change with community paediatricians no longer doing assessments and asked if this was done elsewhere. Mrs Parkinson confirmed it was and was seen as positive best practice which the Trust had followed.

Mr Smith referred to Care Programme Approach (CPA) Seven Day Follow Ups congratulation the team on having no breaches in June. He noted that follow ups were done within three days of discharge asking if there was a target for this and if so whether it was being achieved. He was informed that the national target is seven days, but the Trust had adopted a three day approach which is not mandated, but is good practice. Mr Smith said that whilst visiting Mill View he saw there was acceptance of the three day target, but that the reasons for doing so were not particularly communicated and he felt this would be useful for staff.

Clinical supervision per hour per day was included on the dashboard and Mr Baren asked if it was possible to add a tick or a cross to show whether this was within or outwith of

expectations. He also noted that Ouse Ward was an outlier in a few areas and that clinical supervision for Malton was low compliance. Mrs Gledhill said she would discuss with the performance team what could be done around the dashboard. In terms of Ouse Ward a Band 7 nurse, two Band 6 nurses and a Band 5 nurse have been recruited and agency staff have been secured. Clinical supervision at the end of June was 88%. The Chief Executive was pleased to hear the update on recruitment. She recognised that sickness levels continue to be a concern and suggested that other teams who have similar staffing issues, but are still maintaining a reasonable sickness level be contacted to see if there is any best practice that can be shared with the Ouse team. She suggested that the leadership be looked at by the service managers.

In terms of Malton, Mrs Gledhill explained that there is a new manager and a clinical supervision structure is now in place so improvement should be seen.

The Chair commented that occupancy rates are low at Townend Court, but this is not reflected in the staffing. The hours per patient suggested that a high level of supervision is required.

Resolved: The report and verbal updates were noted

Dr Byrne to provide an update on the validity of assumptions made to provider further assurance. Action JB

The addition of thresholds to show whether this was within or outwith of expectations within the care hours per patient day indicator to be explored Action HG

A zero to be included in the mortality data rather than leaving it blank in future reports Action JB

131/19

Finance Report

The report covered the financial position for the Trust as at the 30th June 2019 (Month 3) and provided assurance regarding financial performance, key financial targets and objectives. Of particular note were:

- An operational deficit position of £0.089m was recorded to the 30th June 2019.
- Expenditure for clinical and corporate services was lower than budget
- A Budget Reduction Strategy (BRS) Provision of £1.100m has been included in the reported position.
- The cash balance at the end of June 2019 was £12.054m and included £0.763m of Local Health Care Record Exemplar (LHCRE) and £1.644m of Child and Adolescent Mental Health Services (CAMHS) capital funding.
- Capital Spend as at the end of June was £3.551m.
- Agency expenditure to date remains within the Trust's Agency Ceiling

Professor Cooke noted the reduction in specialist income. He was informed this was due predominantly to the package of care provided for a patient in the Humber Centre. This was discussed at the Finance Committee and Mrs Parkinson provided a verbal update to the Board. She explained that work is taking place with commissioners regarding a package of care for an individual.

The Chair referred to table 1 in the report asking if the Trust income should be red as it was slightly below plan. Mr Beckwith confirmed this was correct. The Chair asked for some additional narrative to be included on lines where there had been significant movement

Resolved: The report was noted.

Additional narrative to be included on lines where there had been significant movement Action PBec

132/19

Finance and Investment Committee Assurance Report

Mr Patton presented an executive summary of discussions held at the meeting on 24 July 2019.

Mr Patton reported there had been a long discussion about primary care and its continued overspend position. A recovery plan will be submitted to the August meeting.

Positive achievement against the Better Payment Code of Practice was also noted. The Committee received the refreshed Digital Plan which was good, but it was felt that more work was needed to demonstrate other work that is being done.

The Capital Estates Strategy update was presented. Discussion around gaps in control and assurance took place when the Board Assurance Framework was presented and comments made will be taken forward.

A discussion around vacancies from a financial perspective took place including what the cost would be if all posts were filled up to the vacancy factor and if there were no sickness. The results of this work will be reported into the Workforce and Organisational Development Committee.

Mr Smith commented that financially driven models would go through this Committee and asked where non financial quality impacts were discussed. It was confirmed that these would go through the Quality Committee.

Resolved: The report and verbal updates were noted.

133/19

Workforce and Organisational Development Committee Assurance Report

The report provided an executive summary of discussions held at the meeting held on 24th July 2019 and a summary of key points for the Board to note including:-

Mr Patton reported that a good discussion was held around vacancies and whether the Trust was recruiting at the right levels. A new exit questionnaire and process is in place, but it was felt that incentives offered by other organisations was one of the key reasons for people leaving.

The Committee reviewed the Framework of Quality Assurance for responsible Officers and Revalidation Annex D, Annual Report and Statement of Compliance and recommended sign off by the Chief Executive.

The Committee supported and signed off the Professional strategy noting the need to expand this to other disciplines and also reviewed the Safer Staffing Report

Professor Cooke said there were good discussions at the meeting and that the insight report is evolving. Sickness has remained around the same levels for some months and discussions were held on what new actions could be done to improve this and what opportunities could be realised with a reduction.

Resolved: The report was noted.

134/19

Charitable Funds Committee Assurance Report and 14 May 2019 Minutes

The report included details of the meeting held on 10 July 2019 and the minutes of 14 May provided for information.

Ms Bee reported that the Pennies from Heaven scheme has been relaunched. At the next Board meeting a paper of the movement of restricted funds and legal documentation will be provided.

The Chair informed the Board that Professor Cooke will be taking over the chairing of the meeting.

Resolved: The report and minutes were noted.

Research & Development Report

The Assistant Director of Research & Development, Ms Hart, presented the report which provided the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, to trial new interventions and enhance quality.

Ms Hart reported that the Trust is exceeding its annual target for National Institute of Health Research (NIHR) portfolio studies and for quarter 1 was the highest recruiter of 22 trusts in Yorkshire and Humber for Dementia research and fifth for overall research. The third annual conference was held which was a success.

Wendy Mitchell, Trust Patient Research Ambassador received honorary doctorates from the University of Hull and University of Bradford.

Mr Baren noted the work taking place with MAC Clinical Research Ltd. Ms Hart explained that they are a reputable and ethical research organisation who work with many other organisations. Any costs incurred for the Market Weighton studies will be reimbursed. This study gives people an opportunity to get involved in new treatment studies for conditions such as diabetes, dementia and menopause which are registered with the MHRA.

Board members supported the use of the infograms. Professor Cooke suggested that including how many staff were involved in research would be helpful. He asked if there are any opportunities around the Integrated Care Services (ICS)/Integrated Care Partnership (ICS). The Chief Executive chairs the Clinical Research Network (CRN) and there are links with the Academic Health Science Network (AHSN), however stronger alliances are needed to allow to improve this position. It is hoped this can be done through an Innovation Hub which will include quality improvement and other things. The Chief Executive thanked Ms Hart for all that she does to promote and support research.

Ms Bee suggested that there may be opportunities through Charitable Funds for work to support quality. Ms Hart will keep this in mind as all research income comes from the CRN to support NIHR studies. Staff are able to apply for research funding and the team works with them to pursue the opportunities.

Resolved: The report was noted

Safer Staffing 6 Monthly Report

The report outlined the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. Mrs Gledhill informed the Board that the report has also been presented to the Workforce and Organisational Development Committee.

Of particular note was the benchmarking data which shows a positive picture for the Trust in relation to Care Hours per Patient Day where overall the Trust is above the regional and national average.

The report will be discussed at the Quality Committee. Professor Cooke felt that the Deputy Director involvement meant there was real ward to Board connections and he looked forward to the development of the report going forward. He felt there are some issues and opportunities to engage ward and team leaders in this work. Mrs Gledhill explained that the dashboard is discussed at the regular band 7 meeting, herself and Mrs Parkinson hold which is also an opportunity to share good practice.

Mr Smith was pleased to see that Section 17 leave being included in the report. He asked if

this detail could go into the Mental Health Legislation quarterly report.

Resolved: The report was noted

137/19

Patient Safety Strategy

The Patient Safety Strategy has been developed through extensive consultation across the organisation and as a result has been through a number of iterations.

Six priorities have been identified aligned to the overall Trust strategy which also align with the national patient safety strategy in order to deliver the key aspects of the national strategy – insight, involvement and improvement.

The strategy has been to the Quality and Patient Safety Group and also an initial draft to the Quality Committee. It is planned to use 17 September World Patient Safety Day to launch the strategy.

The strategy does not change culture within the organisation; education and training events are planned to help take it forward to maximise patient safety in the Trust and also help to change the culture.

Professor Cooke said the Quality Committee commended the approach and felt it was a good opportunity to raise awareness.

It was suggested that in the introduction a point be included to reflect that the Trust is a high reporting no harm organisation. It was agreed to add this into the document.

Ms Bee commented that individuals may not feel safe in an environment intended to keep them safe and it may be necessary to allow them to take their own risks to keep everyone safe. In asking people if they feel safe in their environment there will be different responses. If patients are asked about quality again different responses may be received. Mrs Gledhill said that the National Patient Safety Strategy mentions this point for partners and carers and a key role is a job description which is seen as a formal way of taking it forward. She recognised that the Trust does need to consider this and there will be some challenges in rolling it out. Staff champions will be identified who can help educate and advise colleagues.

Dr Byrne drew the Board's attention to point 5 of the key issues on the front sheet (*Deference to expertise: under-standing where the expertise is in the organisation and ensuring that decisions about how to deal with problems are made by those experts*) suggesting this could be a subject for a Board Development session as something that can be developed as a Board and organisation an understanding of this and ask is this way we do things on a day to day basis and allowing changes to be made and take the principles to places where higher levels of engagement are seen as a result.

The Chair highlighted an omission of wording on page 6 which will be amended. The Chief Executive thanked Mrs Gledhill and her team for producing the document.

Resolved: Subject to correction of the error identified and inclusion of the point around high reporting no harm, the Board approved the Strategy.

138/19

Equality, Diversity and Inclusion Annual Report 2018/19

The report reflected on Equality, Diversity and Inclusion (EDI) advances and accomplishments in relation to both patients/service users/carers and staff for the period 2018/19. In addition, the report is fundamental in order to foster positive relationships and enhance the provision and delivery of the Equality, Diversity and Inclusion agenda for all staff, service users and patients, particularly those identifying as having a protected characteristic.

The report defined how the Trust engages with and responds to patients/service users/carers

as well as staff in order to shape the EDI agenda, as well as ensuring the strategy is designed to support the delivery of the Trust vision and values. The strategy places emphasis on the Patient and Carer Experience Strategy 2018/2023 and how this acts as a framework to shape the EDI agenda for patients and carers, using this as a platform to develop meaningful and reasonable objectives for the coming year.

Mr Duncan, Equality and Diversity lead attended for this item. He was asked by Professor Cooke what his view, as a newer member of staff was of the organisation in regards to equality and diversity and in particular sector rates for ethnicity. Mr Duncan said there are both advantages and disadvantages to being a new member of staff. It was helpful for him to use the report to gain a view of what has happened with the Trust over the last year. He explained that for instance in terms of disability only 4% of staff declared that they have a disability whereas the staff survey quotes 21%. Apart from correlating the figures he would like to balance and influence staff to encourage them to identify any disability to ensure appropriate adjustments are being made.

Mr Smith commented that the LGBT sample numbers were very low. For example 31% of LGBT staff don't feel that the organisation takes positive action on health and well-being. He felt that if one responder felt no positive action was taken then they probably felt it was not worth reporting.

Mr Duncan said all of these areas will be picked up in an action plan. Discussions have taken place in the Workforce Committee and an EDI workforce group has been established that will have representation from care groups and champions who will work across the organisation. Stonewall is an LGBT charity which the Trust has signed up to. It is proven that the LGBT community are disadvantaged with health care.

Dr Byrne referred to the nine protected characteristics and what this means in terms of ethnic minorities. In the last 18 months two reports have been presented to the Mental Health Legislation Committee looking at this data. There is positive assurance and monitoring in terms of mental health and minority groups.

It was commented that the Board is predominantly white British. Mr McGowan assured the Board that in the last Board recruitment process all attempts were made to encourage people from an ethnicity group to apply if they met the criteria. Methods to advertise the post that have not been used before were pursued.

Mr Baren referred to the Inclusive Trust Activities Poster suggesting that the addition of "being a Governor" would add to it.

The Chair clarified if anything would be coming to the Board in relation to section 4.3 WDES. It was confirmed this would go to the Workforce Committee and then to Board and was a new reporting area.

It was noted that under 7.3 reference was made to an attached report which was not provided.

Resolved: The Annual Report was approved subject to the changes identified in relation to addition of being a Governor and section 7.3

139/19

Board Assurance Framework

The report provides the Board with the Quarter 1 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. Changes made since quarter four were highlighted in the report.

The Chair noted that strategic goal 1 did not make reference to quality improvement and asked if this should be included. Dr Byrne said it is worth keeping in mind for the future.

Mr Baren commented on the three red risks linked to Child and Adolescent Mental Health Services (CAMHS) in strategic goal 3. Mr Sims explained that these are included in the Trust wide Risk Register and further consideration can be given to where they sit within this document. Executive Management Team (EMT) will review again when the document is discussed. The CAMHS project risk register is also being discussed at the next Audit Committee meeting.

The Chair asked why the gaps in control referred to East Riding rather than being both East Riding and Hull. The Chief Executive confirmed it is a gap, but there is a differing level of information available, but some level of detail from Hull.

Introduction of a yellow assurance rating has been made for strategic goal 4 as it was felt that some scoring mechanism was needed for between amber and green.

Mr Baren referred to the risks associated with the "Build state of the art care facilities" objective in strategic goal 5. He suggested EMT may want to review the rating given as the project nears finalisation.

In terms of strategic goal 6, the Chief Executive felt it was difficult to know where the assurance comes from for these objectives and how it can be demonstrated. Work is ongoing but it is how this is promoted and embedded within the organisation.

Resolved:

EMT to review the risks associated with the new build in strategic goal 5 Action MM

140/19

Risk Register

The report provided the Board with an update of Trust-wide risk register 15+ risks and detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks). There are currently 11 risks held on the Trust-wide Risk Register an increase from 5 in the previous quarter. Details of the changes in risks were included in the report.

Resolved: The report was noted

141/19

Council of Governors Meeting Minutes 9 April 2019

The minutes of the meeting held on 9 April were presented for information.

Resolved: The minutes were noted

142/19

**Any Other Business
Banners**

The Chief Executive informed the Board that banners advertising our Care Quality Commission rating are being displayed around Trust sites.

143/19

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.

144/19

Date and Time of Next Meeting

Wednesday 25 September, 9.30am venue to be confirmed

Signed Date
Chair

Agenda Item 9

Title & Date of Meeting:	Council of Governors – 22 nd October 2019			
Title of Report:	Performance Report – August 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 inform the Council of Governors on the current levels of performance as at the end of August 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:			
	<p>The majority of indicators are within normal variation, the exceptions being waiting times and cash in bank for which a detailed narrative has been provided in the body of the report.</p> <p>Other areas to note for which commentary has been provided</p> <ul style="list-style-type: none"> - Clinical Supervision - CPA 12 month reviews - Friends and Family Test <p>The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.</p>			

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



Agenda Item 9

		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	



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:
Aug-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:

Aug 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.
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What are SPCs?	<p>Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve:</p> <p>S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.</p> <p>SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.</p>
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Strategic Goal 1	Innovating Quality and Patient Safety	Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	Strategic Goal 6	Promoting people, communities and social values

Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts
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Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	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:

Aug 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)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

Indicator Title

Description/Rationale

Mandatory Training

A percentage compliance based on an overall target of 85% for all mandatory and statutory courses

Executive Lead
Steve McGowan

KPI Type

WL 5

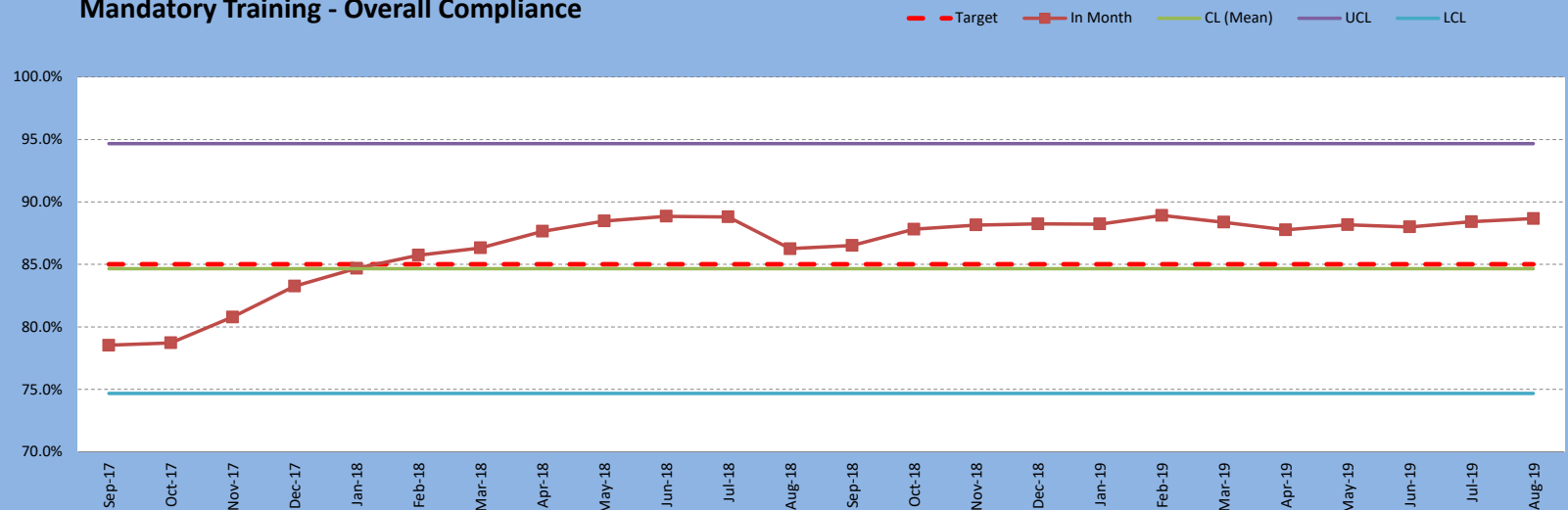
Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 88.7%

Mandatory Training - Overall Compliance



Exception Reporting and Operational Commentary

Performance remains above target. Managers continue to receive information of staff that have not completed their training so that they may take the necessary action. All managers now have access to ESR supervisor self service so can review performance via the dashboard.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 91.6%, Moving and Handling 83.6%, ILS 82.2% and MHA 84.9%). With two reds (PATS 73.4% and BLS 76.3%).

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

Indicator Title

Description/Rationale

Vacancies (WTE)

Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.

Executive Lead
Steve McGowan

KPI Type

WL 2 VAC

Narrative

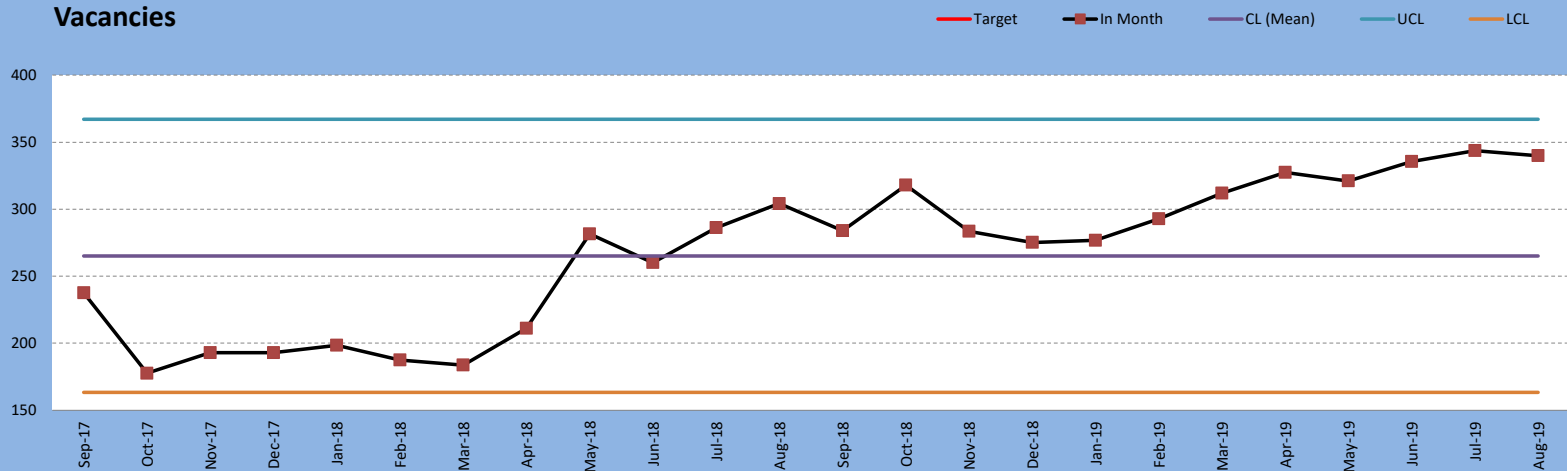
within control limits

Target: TBC

Amber: TBC

Current month
stands at
340.0

Vacancies



Exception Reporting and Operational Commentary

The Trust has high levels of vacancies in qualified nursing (120 FTE vacancies, 14.96% of establishment) Consultant roles (10.6 FTE vacancies, 23.45% of establishment), and Occupational Therapists (13.2 FTE vacancies 16.73% of establishment). Operational Delivery Group are formulating plans to address this.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/08/19
 Corporate 53.61 WTE (12.2%)
 Mental Health Services Care Group 123.6 WTE (16.1%)
 Primary Care, Community, Children's and LD Services 145.57 WTE (15.7%)
 Specialist Services 16.21 WTE (7.3%)
 Total 339.99 WTE (14.4%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

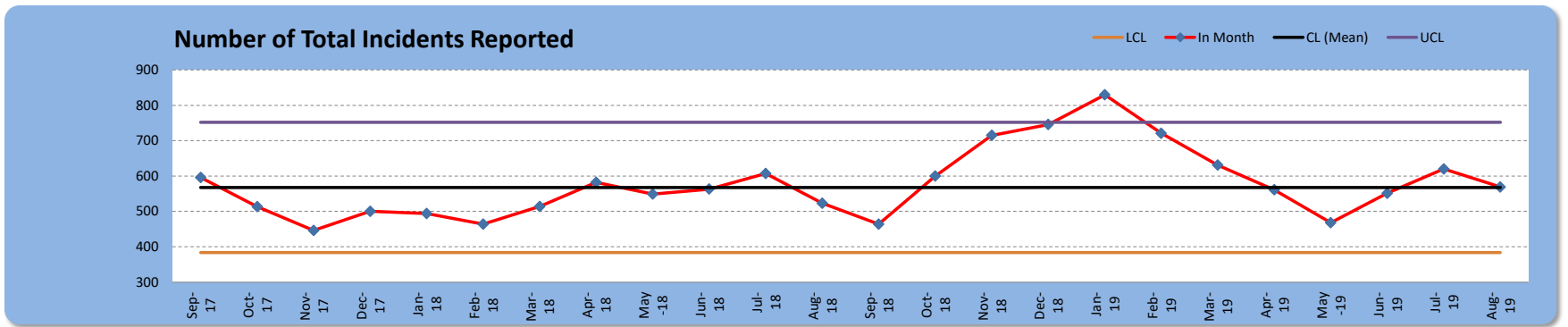
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix	Hilary Gledhill	IQ 6

Narrative

Within Control Limits

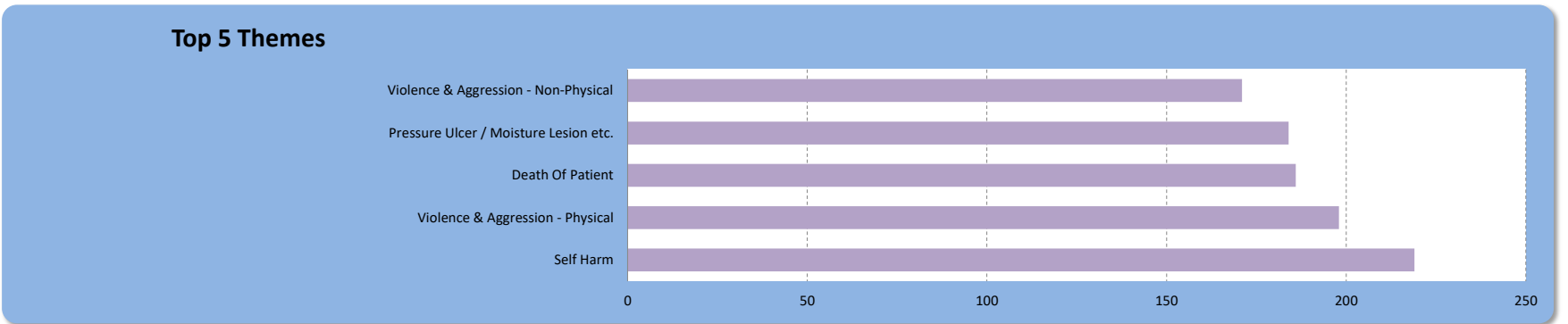
UCL: 752
LCL: 384

Current month stands at 569



Top 5 Themes

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



Exception Reporting and Operational Commentary

Incident reporting rates across the Trust decreased for August 2019, but remained in line with the average reporting rates when compared to the previous two reporting years. For August 2019, 96% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Self-Harm' and of those incidents, 98% resulted in no harm or low harm, with 2% resulting in moderate harm. This continues the reporting trends seen year-to-date, with 'Self-Harm' being the highest reported category of incidents for the current financial year (April 2019 to August 2019), 'Violence and Aggression – Physical' the next highest reported and 'Death of Patient' (inclusive of expected deaths) being the third highest reported incident category. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust. All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

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: **Aug 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

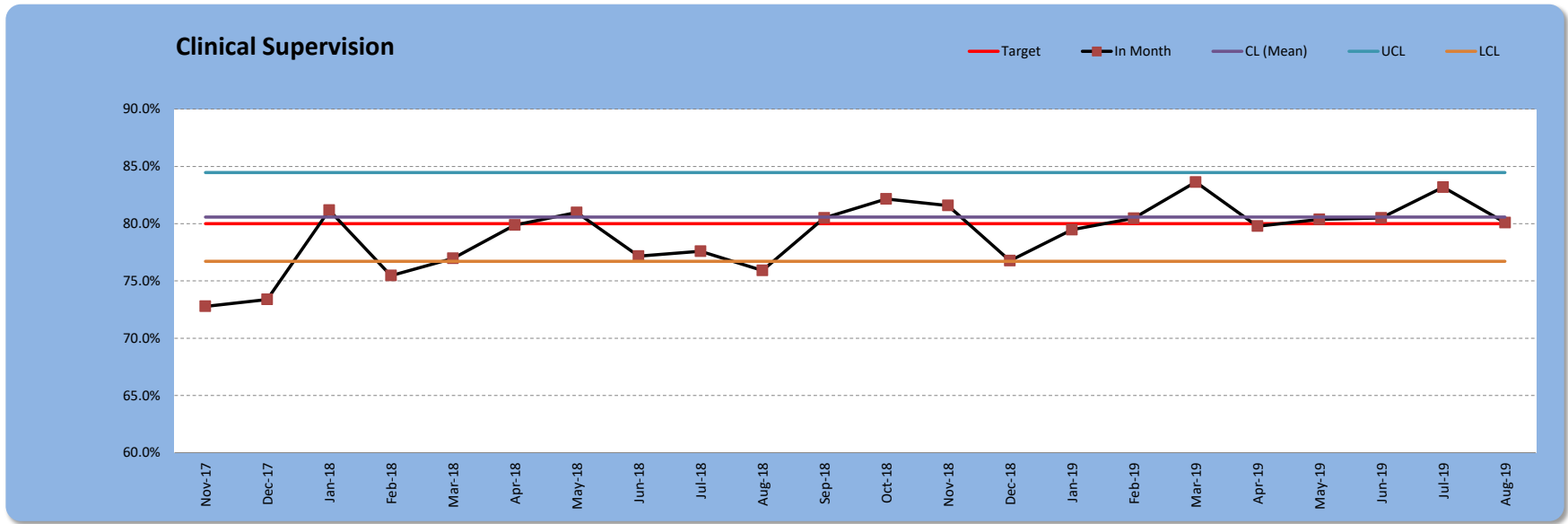
KPI Type
WL 9a

Narrative

Performance above target.

Target: 80%
Amber: 75%

Current month stands at 80.1%



Exception Reporting and Operational Commentary

There has been a slight dip in supervision compliance for August although it is still just above target. This may be due to increased levels of Annual Leave as a similar dip in compliance is noted for August 2018. There were 24 nil returns for August compared to 15 in July. Supervision compliance is available and discussed at team level for all the inpatient teams through safer staffing reporting and new dashboards are being developed for the community teams.

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:	Jul-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 (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-19
Adult MH	Avondale	Adult MH Assessment	28.8	67%	13.92	21.5%	2.1%	2.1%	73%	77%	86%	115%	0	2	0	0	90.0%	91.9%	100.0%	85.0%	96.8%	5.4%	4.2	1	2
	New Bridges	Adult MH Treatment (M)	39.8	97%	8.66	10.5%	0.3%	0.3%	77%	95%	84%	109%	3	4	0	0	94.7%	98.8%	86.7%	100.0%	97.7%	6.1%	1.0	2	2
	Westlands	Adult MH Treatment (F)	35.6	102%	8.33	29.2%	5.4%	5.4%	70%	98%	89%	111%	1	9	0	0	34.8%	92.6%	100.0%	95.0%	84.6%	17.3%	2.0	4	4
	Mill View Court	Adult MH Treatment	28.8	101%	7.78	20.5%	0.4%	0.4%	88%	97%	94%	103%	0	4	0	0	71.4%	94.8%	90.9%	82.4%	100.0%	6.0%	3.0	4	4
	Hawthorne Court	Adult MH Rehabilitation	23.8	63%	9.84	35.7%	0.0%	0.0%	74%	86%	100%	103%	0	2	0	0	86.2%	93.2%	70.0%	100.0%	85.2%	7.6%	1.4	5	3
OP MH	PICU	Adult MH Acute Intensive	23.1	53%	21.10	38.6%	2.1%	2.1%	67%	136%	77%	123%	0	4	0	0	No Ret	89.6%	100.0%	91.7%	88.5%	7.4%	6.0	1	3
	Maister Lodge	Older People Dementia Treatment	36.2	86%	13.62	10.3%	1.3%	1.3%	59%	118%	100%	105%	0	0	0	0	100.0%	87.8%	100.0%	96.3%	100.0%	1.8%	1.6	1	1
Specialist	Mill View Lodge	Older People Treatment	24.8	98%	12.52	12.5%	0.8%	0.8%	90%	85%	100%	118%	0	0	0	0	72.7%	96.7%	100.0%	100.0%	100.0%	4.4%	0.8	3	2
	Darley	Forensic Low Secure	23.3	100%	11.73	16.8%	0.0%	0.0%	78%	86%	100%	100%	0	0	0	4	95.7%	95.6%	100.0%	87.5%	78.3%	10.1%	3.5	1	1
	Derwent	Forensic Low Secure	28.5	88%	23.30	45.4%	0.0%	0.0%	69%	102%	103%	107%	0	3	0	0	75.9%	88.0%	88.9%	91.3%	66.7%	11.6%	4.4	2	4
	Ouse	Forensic Low Secure	26.2	93%	8.07	20.9%	6.3%	6.3%	79%	84%	100%	123%	1	2	0	12	100.0%	92.8%	88.9%	84.2%	72.4%	14.2%	0.6	5	2
	Swale	Personality Disorder Medium Secure	28.5	62%	15.71	35.6%	0.0%	0.0%	66%	107%	103%	155%	0	1	0	0	100.0%	94.5%	100.0%	90.0%	77.4%	3.9%	4.0	0	1
	Ullswater	Learning Disability Medium Secure	26.2	58%	19.80	39.4%	0.0%	0.0%	76%	120%	99%	89%	0	0	0	5	100.0%	94.3%	100.0%	94.4%	96.0%	9.3%	1.0	1	1
ID	Townend Court	Learning Disability	37.7	12%	84.06	19.2%	0.0%	0.0%	44%	85%	50%	79%	0	1	0	0	78.4%	88.2%	76.9%	76.9%	84.6%	6.6%	5.7	3	4
	Granville Court	Learning Disability Nursing Treatment	39.3	Not Avail	n/a	36.5%	0.0%	0.0%	102%	89%	100%	113%	0	0	0	n/a	95.7%	88.7%	100.0%	73.5%	86.0%	6.2%	1.0	2	1
CH	Whitby Hospital	Physical Health Community Hospital	33.3	93%	6.76	0.0%	0.0%	0.0%	91%	107%	103%	98%	1	0	0	n/a	89.5%	85.9%	68.4%	89.5%	71.1%	10.1%	-1.0	1	2
	Malton Hospital	Physical Health Community Hospital	29.1	77%	7.61	Not on eRoster	Not on eRoster	Not on eRoster	85%	91%	110%	82%	0	0	0	n/a	70.6%	80.1%	68.8%	86.4%	63.2%	7.2%	3.5	2	3

Exception Reporting and Operational Commentary

Reported CHPPD has now been benchmarked against the national averages and rag rated accordingly (with the exception of the community wards which we are unable to benchmark accurately). Slips trips and falls data has been included for the community and older adult wards. Only one unit is RAG rated red for July based on unfavourable CHPPD (MVC) this appears to relate to high bed occupancy for the month (above 100%). Townend continues to show low registered nurse fill rates but their low bed occupancy means that they are showing high CHPPD. Generally the majority of wards are showing a stable or improved position in relation to bank and agency use- the exceptions being Westlands; MVC; Hawthorne Court and PICU in Adult Mental Health and Ouse in Specialist. The biggest areas of challenge remain registered nurse fill rates (only 2 teams achieving target) and sickness (only 3 teams achieving target). The performance against supervision and PADRs also requires attention in some areas. Westlands have been experiencing significant challenges around sickness levels and vacancies. The DoN has met with the senior team to look at what support and contingencies can be provided to address these issues. HR support is being provided in those areas with the highest sickness to ensure robust sickness management processes are in place. Cancelled leave on Ouse relates to 6 patients and in the majority of instances was due to the patient declining leave.

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

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

Registered Nurse Vacancy Rates

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%	13.90%	13.40%	12.50%								

Slips Trips and Falls

Unit/Hospital	Apr	May	Jun	Jul
Maister Lodge	0	0	0	0
Mill View Lodge	1	3	1	2
Malton District Hospital	0	1	0	0
Whitby District Hospital	1	3	10	4

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 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

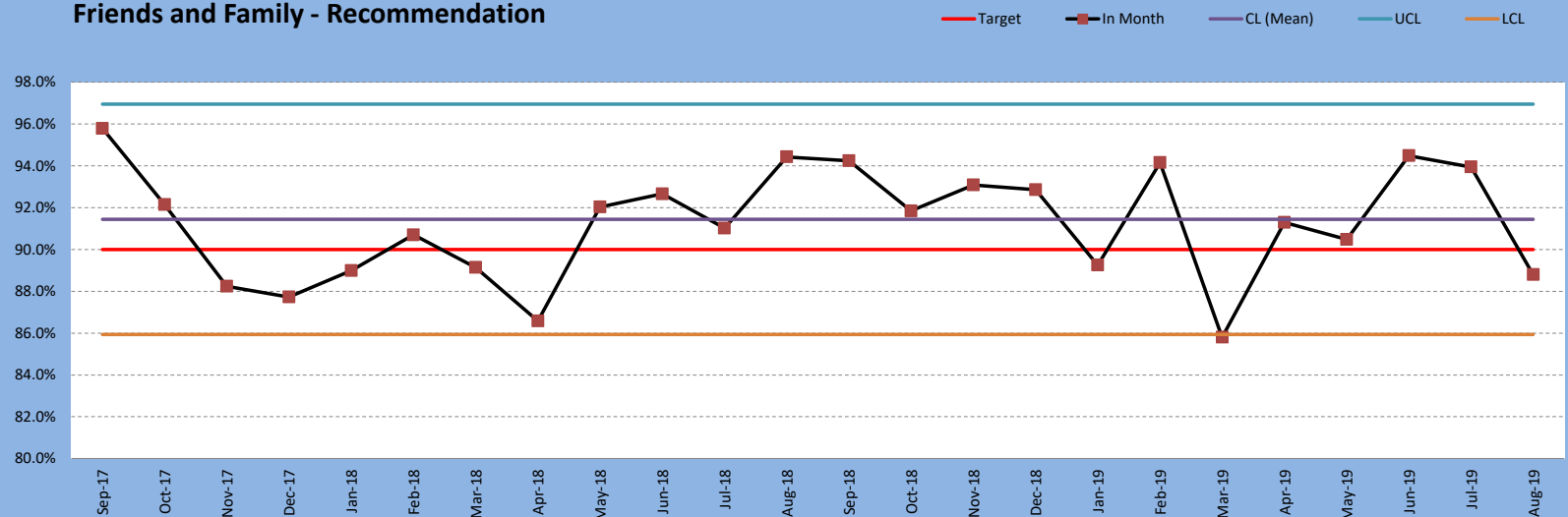
In below target by 0.5%

Target: 90%

Amber: 80%

Current month
stands at
88.8%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

The FFT recommendation score has dipped below the target figure of 90% by 1.2%.

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and will replace all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: "Overall, how was your experience of our service?" The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know" Changes will come into effect from 1st April 2020.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. From Aug-19, MJog data is now included for the two Hull GP's.

The number of Friends & Family returns received for Aug-19 is 616.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

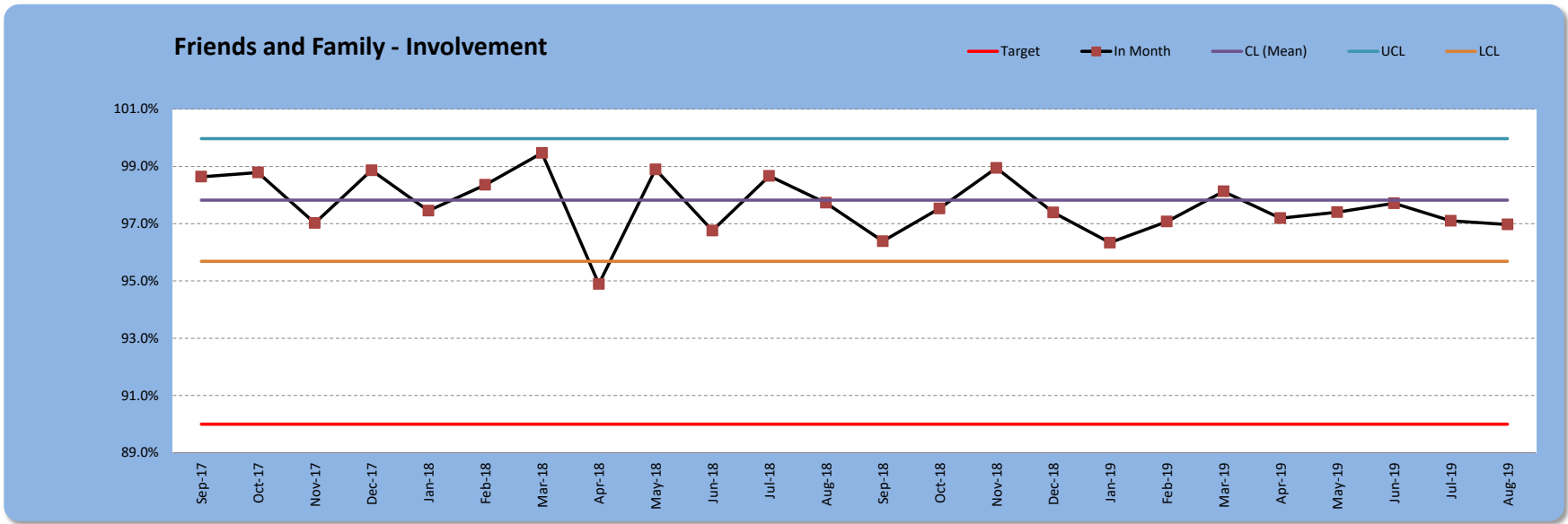
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.0%



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 current month score of 97.0%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	98.7%
Patients Overall FFT Information	98.4%

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: **Aug 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

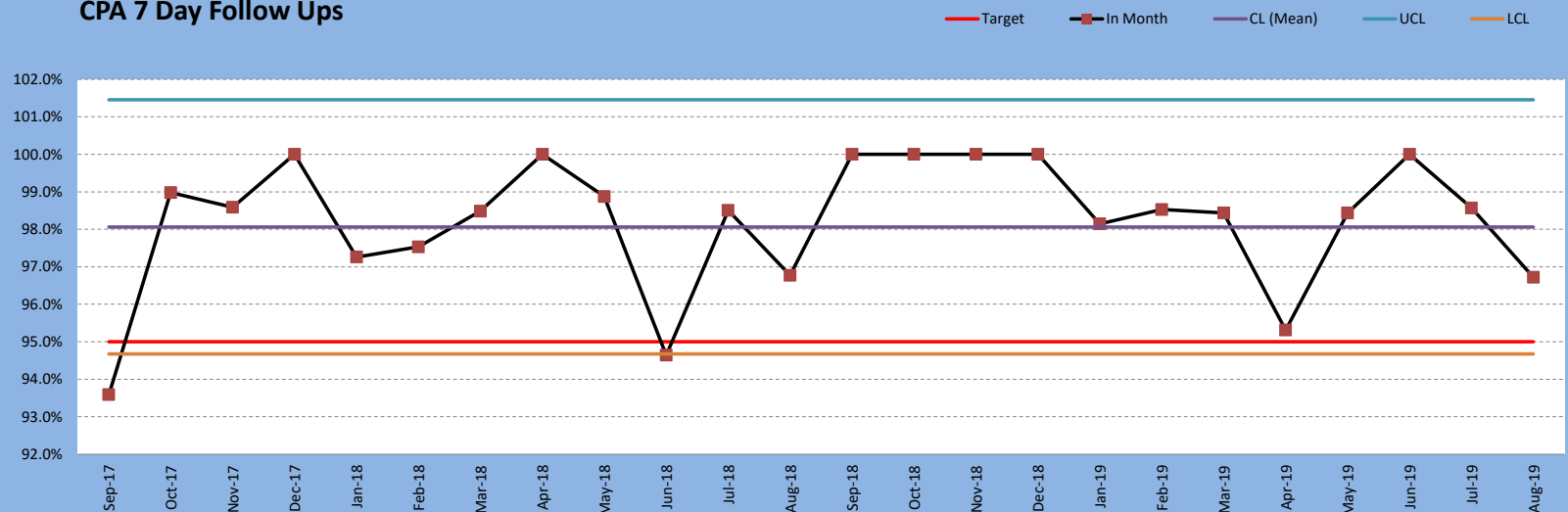
2 breaches, but remains above target

Target: 95%

Amber: 85%

Current month stands at 96.7%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There were two breaches in August whereby the patient was unable to be contacted despite attempts to do so. Subsequently one of the cases was followed up, unfortunately the other breach was not able to be followed up despite various attempts.

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

85.1% of follow ups achieved within 3 days.

Timescales of Completion
No of Discharges
Patients Seen
BREACHES

Aug	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
61	53	6	0	0
59	86.9%	9.8%	0.0%	0.0%
2				

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

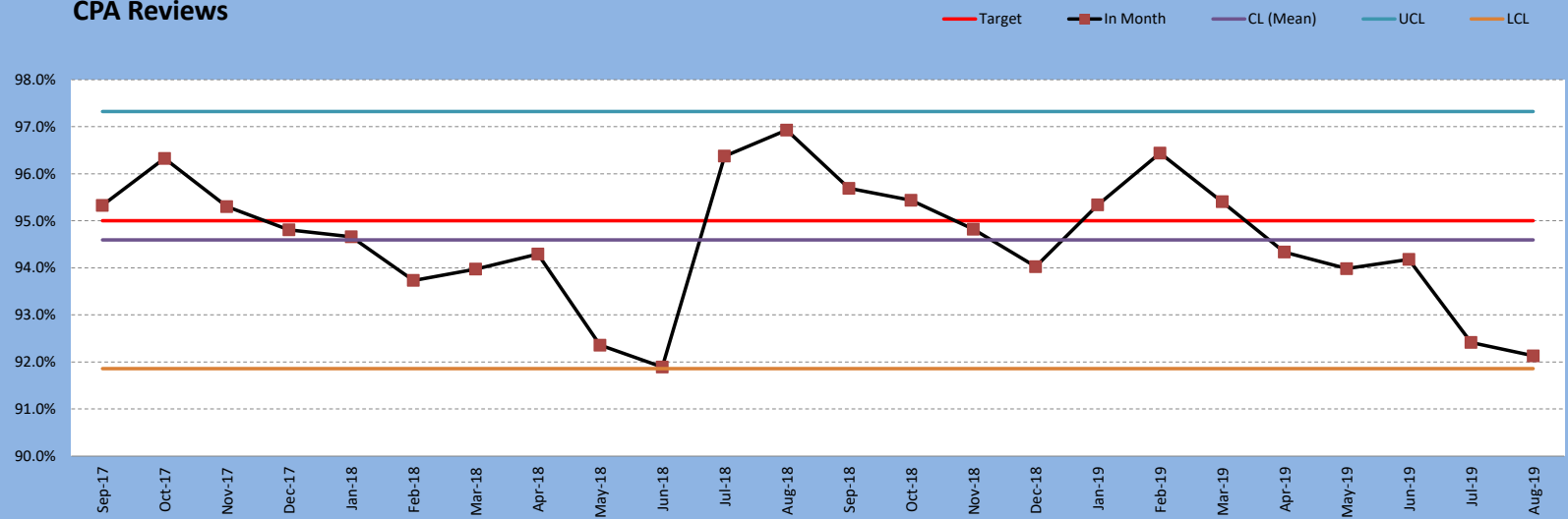
Performance below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 92.1%

CPA Reviews



Exception Reporting and Operational Commentary

The CPA compliance is below target for Aug-19 but within control limits. The Care Groups continue to focus on ensuring this standard is met. CPA reviews are monitored within the Care Group and where required, improvement trajectories and remedial plans are put into place within service areas which provide greater oversight and ability to support teams with required improvement. Hull West and Hull East CMHT's have improvement trajectories to be compliant by the end of September 2019. Hull West have improved this month but more focus on Hull East is taking place. Other specific actions include regular provision of individuals, reports detailing levels of CPA compliance being provided to the Team Leader and Clinical Lead, who through supervision will address areas of reduced compliance with protected time and increased administrative support.

Where a failure to complete a review within 12 months does occur the Clinical Care Group Director maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure given that performance has not improved this month

Business Intelligence

Teams with overdue reviews <85%	August	On CPA	Reviewed
Hull West Community Mental Health Team	83.0%	306	254
Westlands Inpatient Team	75.0%	4	3
Personality Disorder Team	72.7%	11	8
Forensic Outreach and Liaison Service	66.7%	3	2
Specialist Psychotherapy Services	66.7%	3	2
Mental Health Response Service Home Based Treatment	60.0%	5	3
Hull CTLD	57.1%	7	4
Adults in Hull for ADHD assessment	0.0%	1	0
Mental Health Response Service	0.0%	2	0
Learning Disability Liaison Service	0.0%	1	0
Adults in Hull for ADHD assessment	0.0%	1	0
Total	92.1%	2376	2189

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

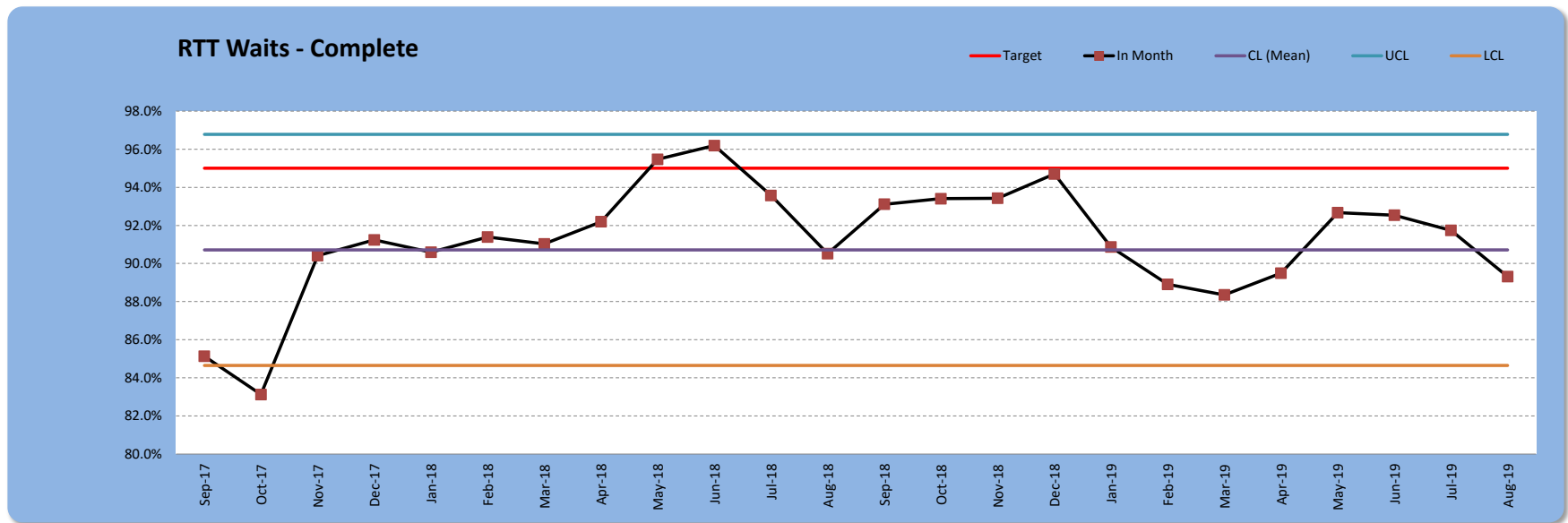
Narrative

Below the mean and slight reduction on previous month

Target: 95%

Amber: 85%

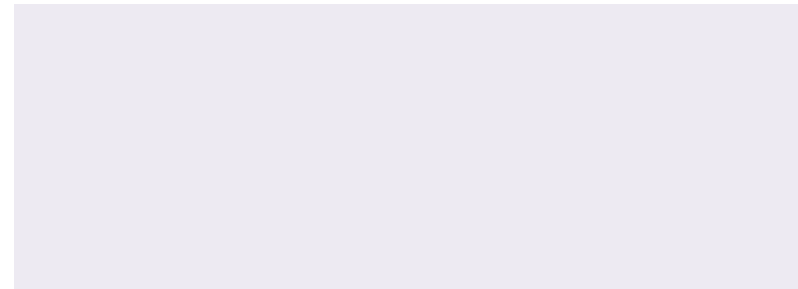
Current month stands at 89.3%



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: **Aug 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

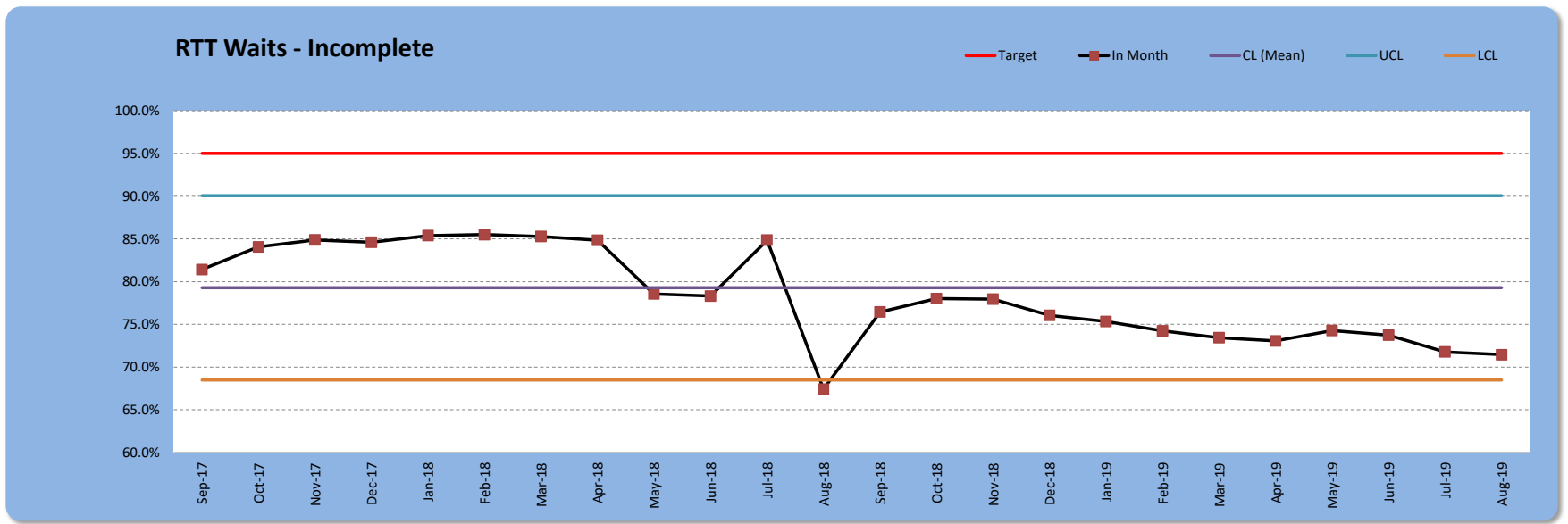
Narrative

slight improvement from previous month

Target: 95%

Amber: 85%

Current month stands at 71.5%



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: **Aug 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

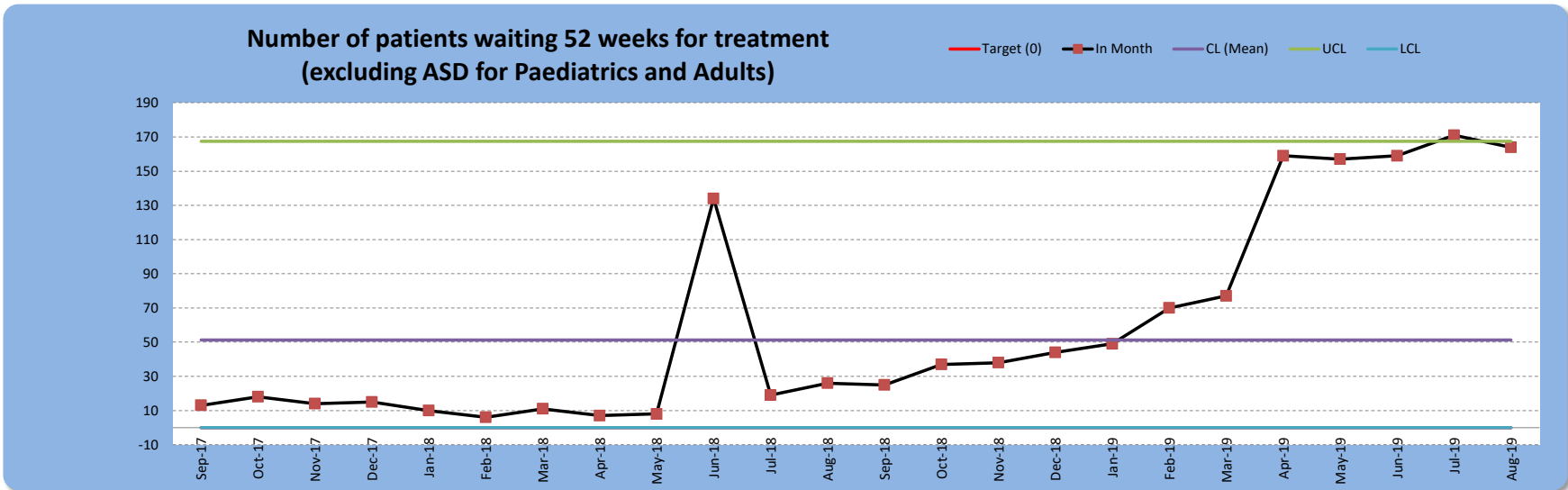
KPI Type
OP 22x

Narrative

Reduction on previous month

Target: 0
Amber: 0

Current month stands at 164



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.

Narrative on the above can be found in more detail on the Adult ASD and Paediatric ASD charts.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

151 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: **Aug 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

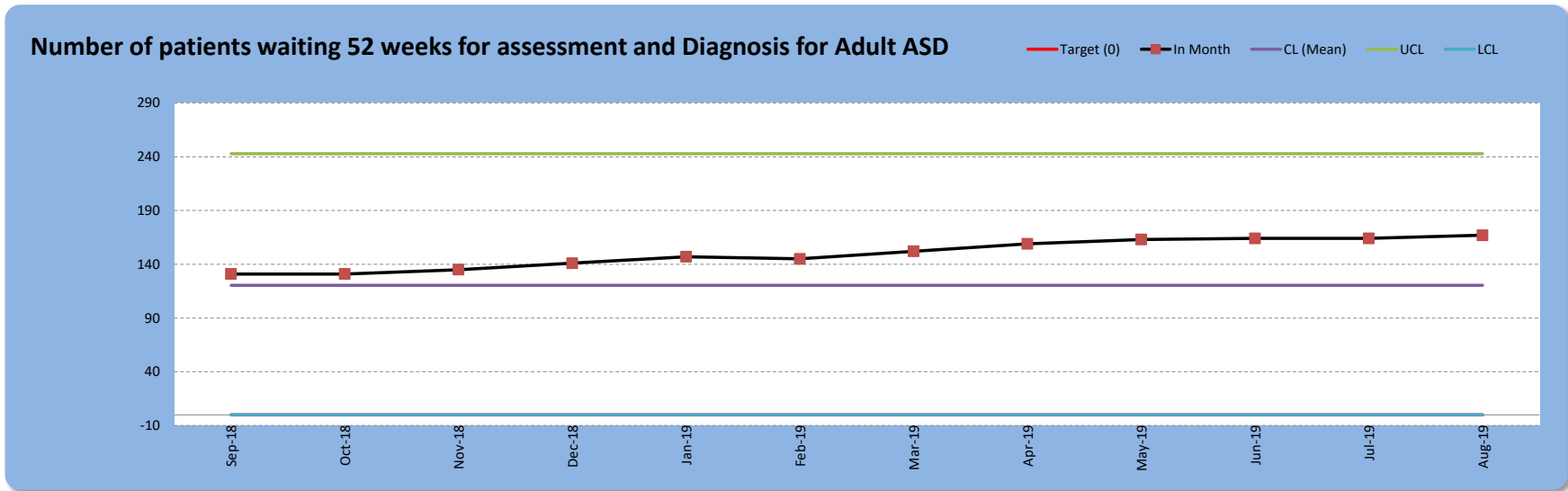
OP 22u

Narrative

Increase of 3 when compared on the previous reporting period.

Target: 0
Amber: 0

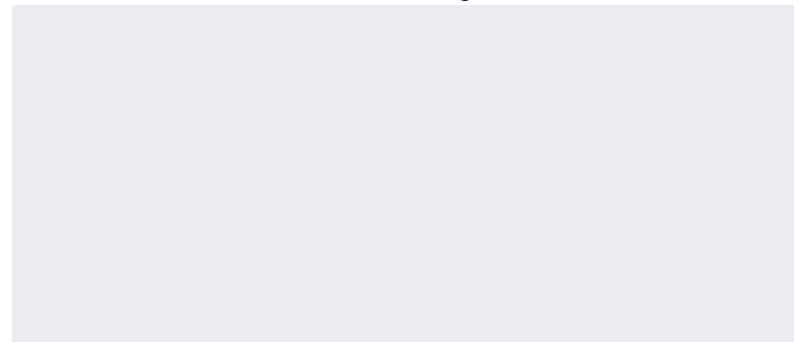
Current month stands at 167



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 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. The ATRs for the additional capacity have been processed and we are appointing staff to these posts.

Business Intelligence



PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2019**

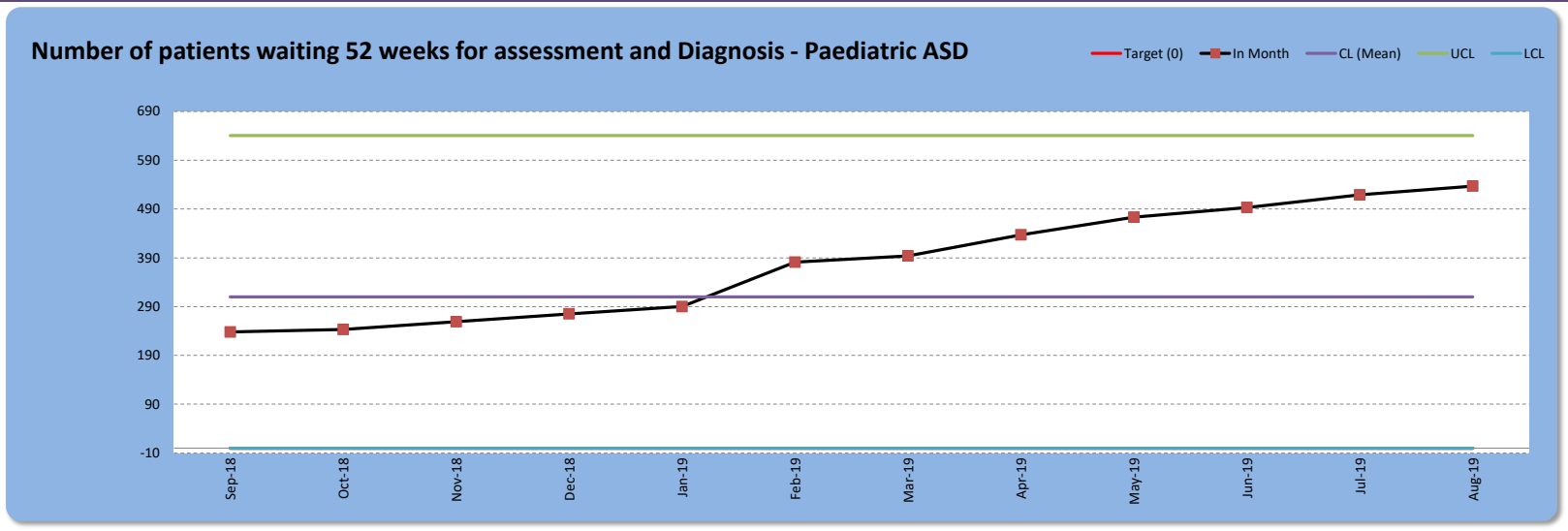
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

Narrative

Increase of 18 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 537



Exception Reporting and Operational Commentary

Hull:
Hull autism waiting list overall has started to reduce however those waiting over 52 weeks continues to rise. This is due to CCG request to prioritise pre school children, 16 and over school leavers, LAC and those in contact with the the criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks.

East Riding:
All ERY posts are now recruited to, we are awaiting start dates.

Business Intelligence

[Empty Business Intelligence section]

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2019**

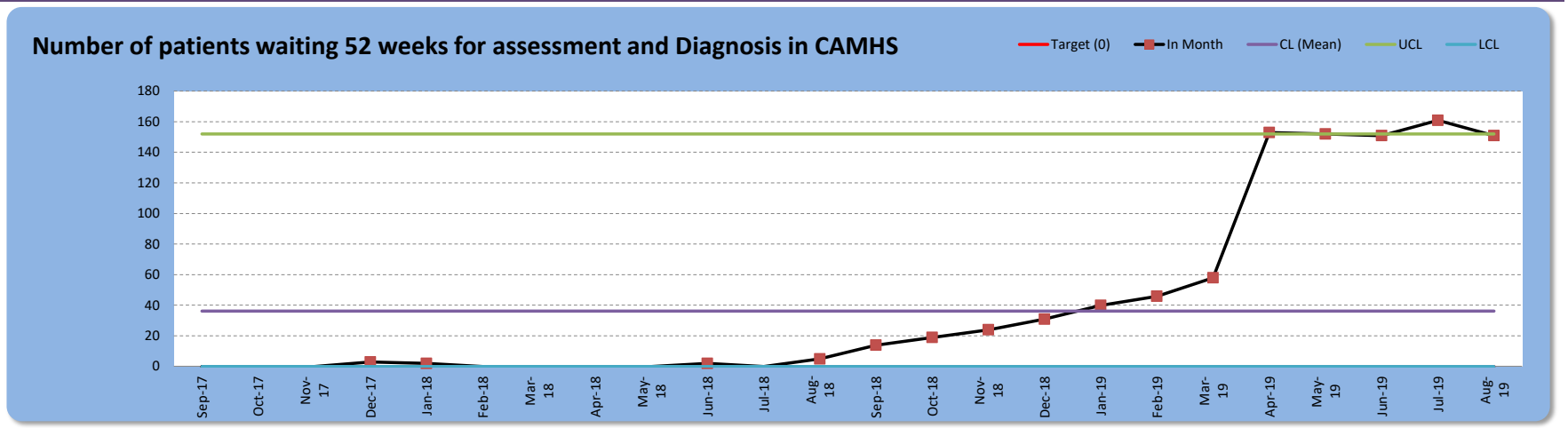
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 10 since last month

Target: 0
Amber: 0

Current month stands at 151



Exception Reporting and Operational Commentary

Hull: The number of referrals into Contact Point continues to be high, over 300 per month; all of which need to be triaged and processed. roughly one third are accepted at Core CAMHS. The additional two thirds 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; e provide a significant amount of group work into this pathway to increase capacity; we are 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; and temporary bank staff are being used as part of a waiting list initiative, as is an Agency CBT therapist. Measures already in place include: 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 MH referrals for young people with Autism, although there continues to be a number of young people with Autism that need individual work; and we 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. Commissioners have also agreed to fund additional contact point capacity via Mind.

East Riding: All ERY children waiting over 52 weeks are ADHD cases that transferred from CHCP. We are currently agreeing a business case with ERY commissioners and meetings are continually in progress.

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 in Hull 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 in Hull. 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: **Aug 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

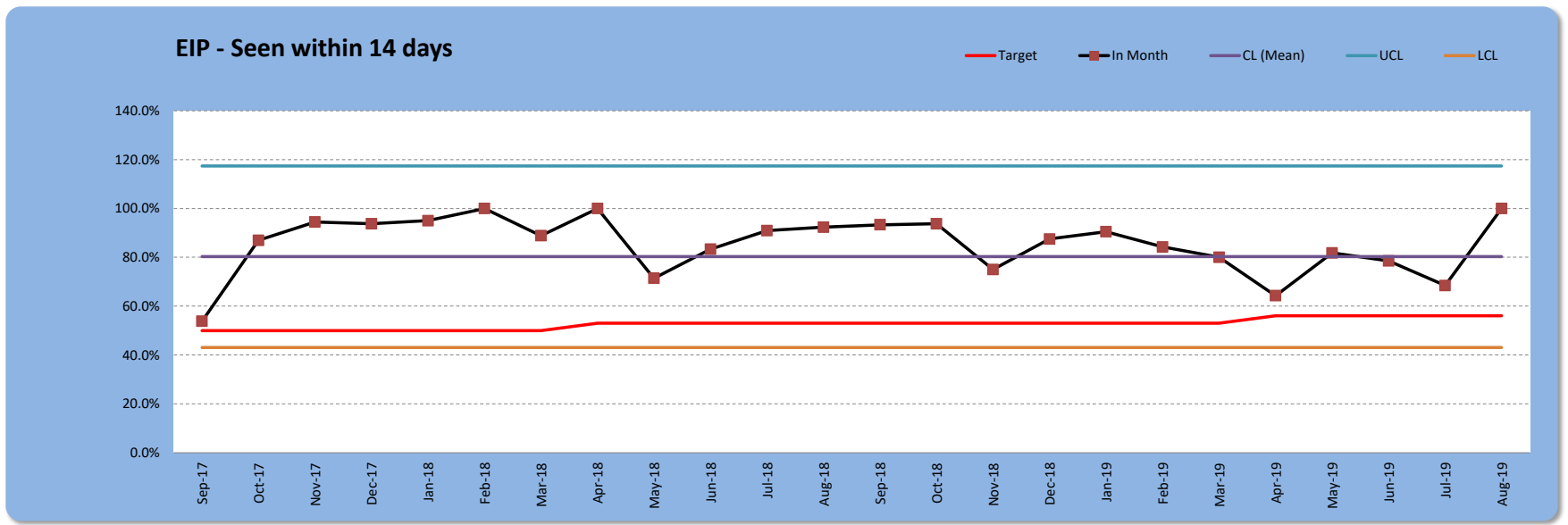
Narrative

Target achieved

Target: 56%

Amber: 51%

Current month stands at 100.0%



Exception Reporting and Operational Commentary

The service continues to meet 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.

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: **Aug 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

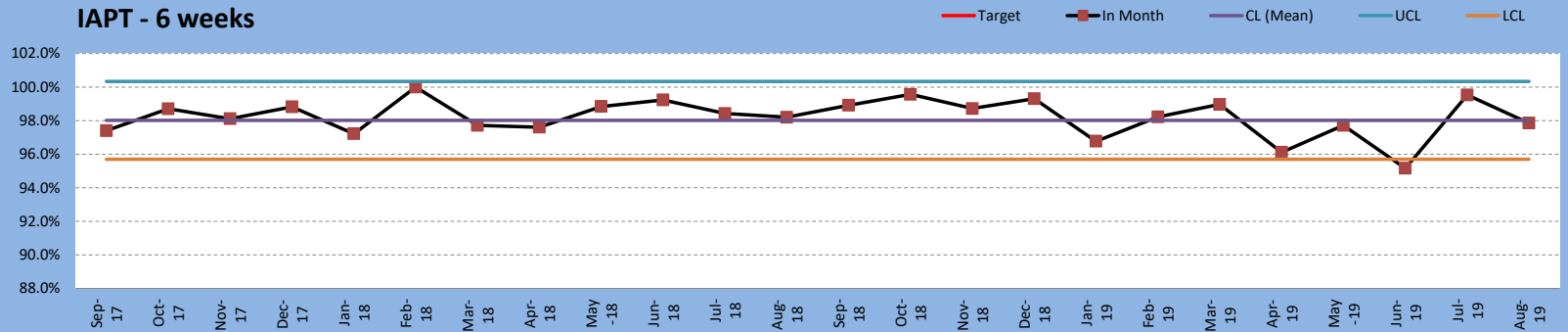
Target: 75%

Amber: 70%

Current month

97.8%

IAPT - 6 weeks



Narrative

Target Achieved

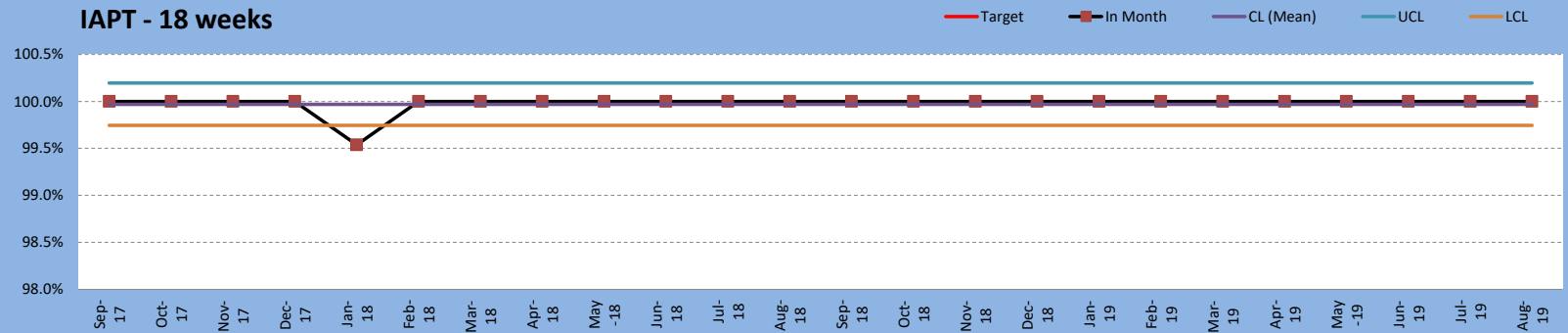
Target: 95%

Amber: 85%

Current month

100.0%

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: **Aug 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

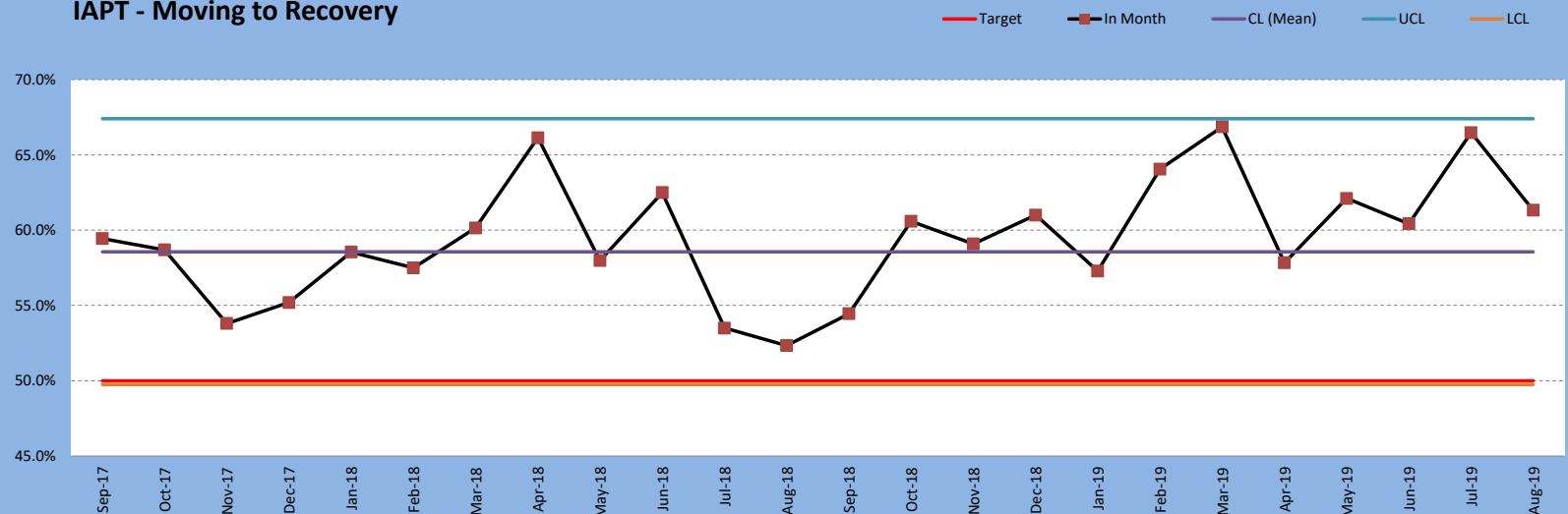
Narrative

Target Achieved

Target: 50%
Amber: 45%

Current month stands at 61.3%

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: **Aug 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Under 18 Admissions

Number of patients aged 17 and under who were admitted to an adult ward

ST 1

Narrative

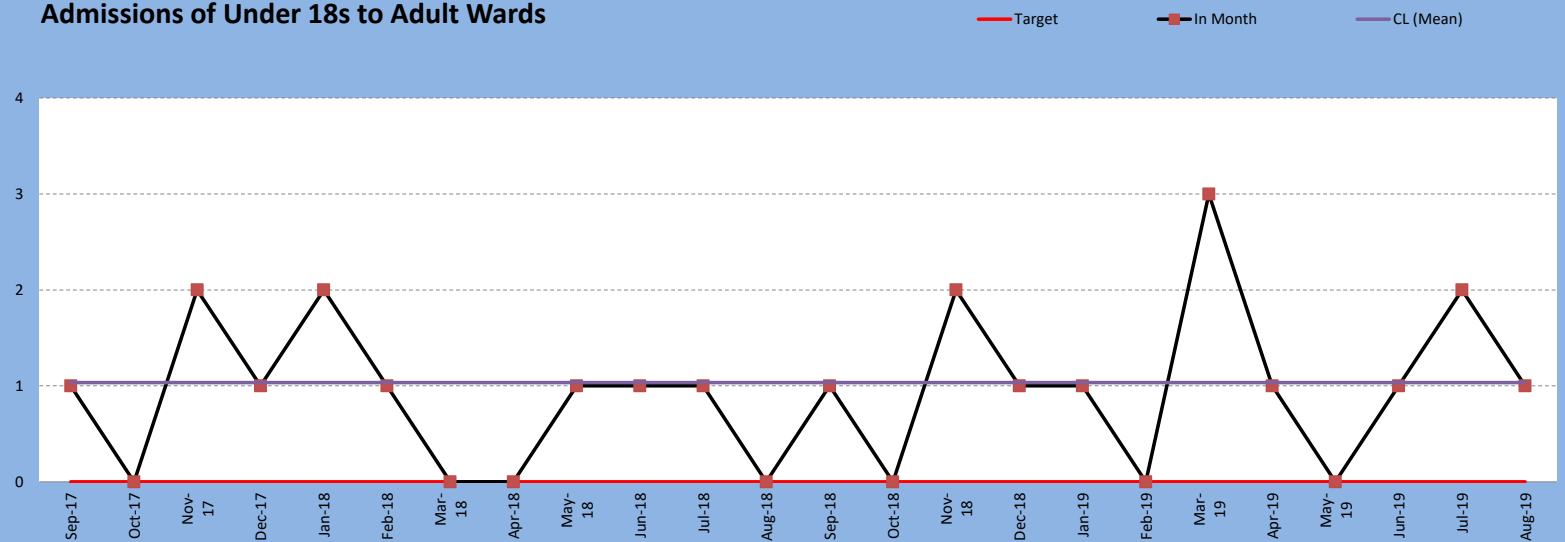
One admission

Target: 0

Amber: 1

Current month stands at
1

Admissions of Under 18s to Adult Wards



Exception Reporting and Operational Commentary

There were one admission in August to Westlands. CAMHS bed not available at the time admission required, decision was to admit to Westlands. Patient was aged 15 at the point of admission.

Business Intelligence

Current Year Summary

Year	Age 16/17	Under 16	Total
2019/20	2	2	4

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 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

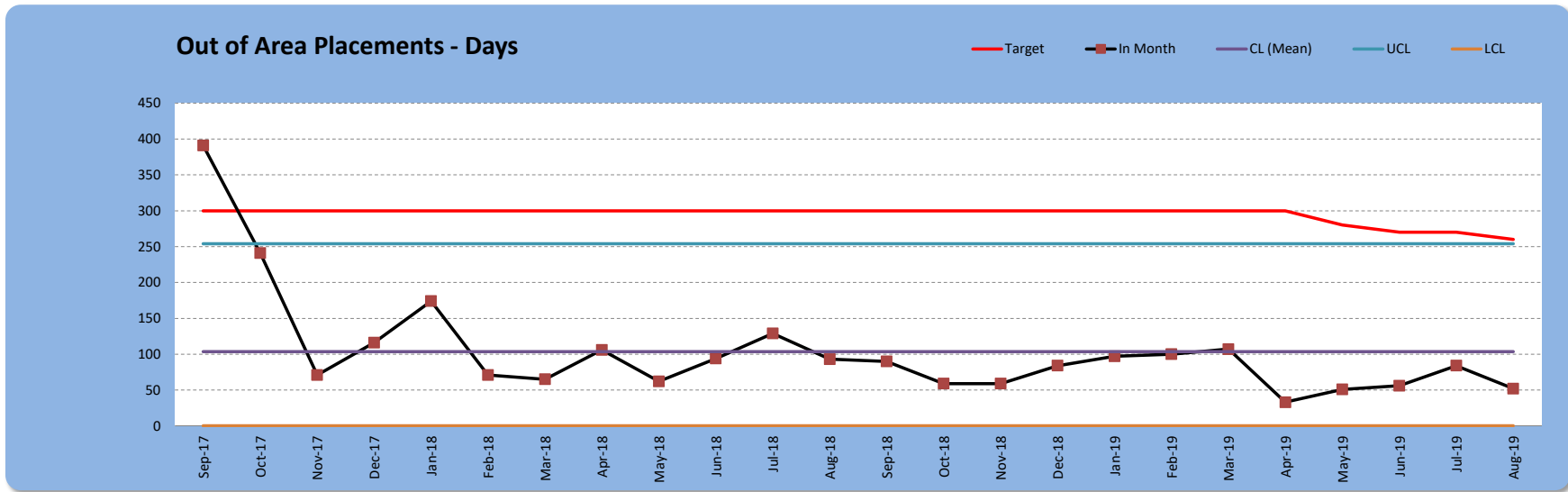
KPI Type
ST 4b

Narrative

Slight increase but well within target

Target: 260
Amber:

Current month stands at 52



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. Work has been undertaken 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 out of area within month **5**

Unavailability of bed	5	Adult	16
Safeguarding	31	OP	5
Offending restrictions	0	PICU	31
Staff member/family/friend	15		
Patient choice	0		
Admitted away from home	1		

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 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

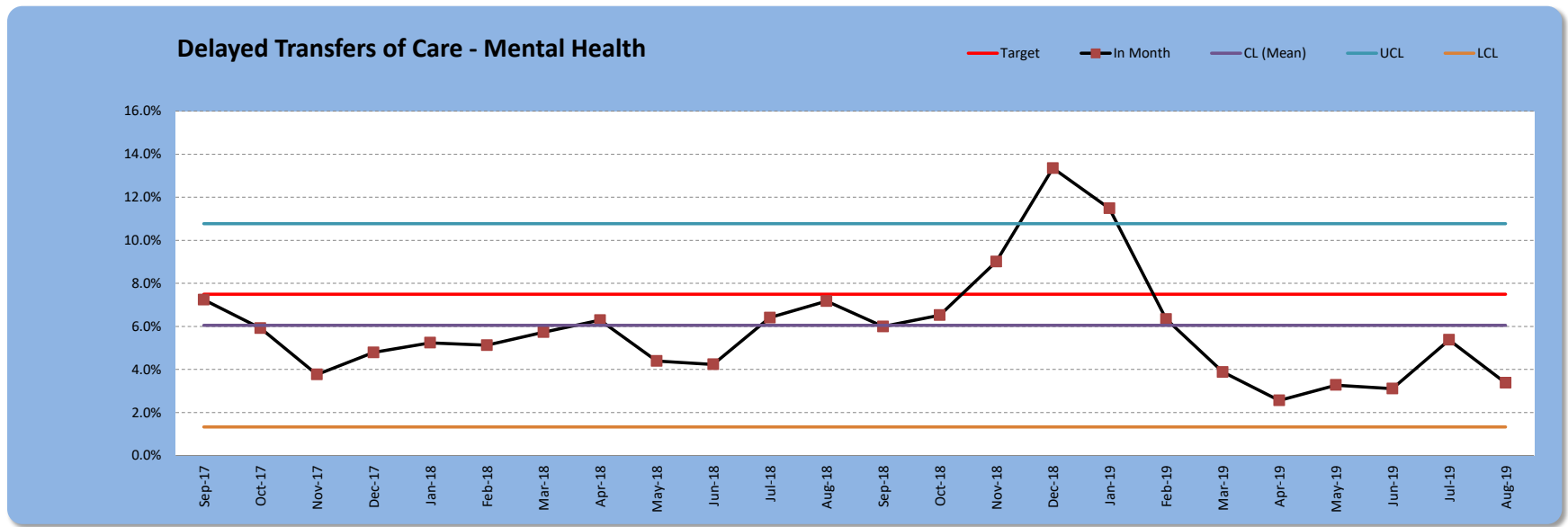
Narrative

remains well within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.4%



Exception Reporting and Operational Commentary

Remains 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. Delays continue to be monitored through our system escalation processes with the elected Local Authorities.

Business Intelligence

There were 137 delayed days in mental health during August. This is a reduction on the previous month. Four patients in Older People's and eight patients in Adult services. Top three reasons:

Awaiting residential home placement or availability	61
Awaiting public funding	32
Disputes	13

No delays in Learning Disabilities and 10.6% in Community Hospitals.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2019**

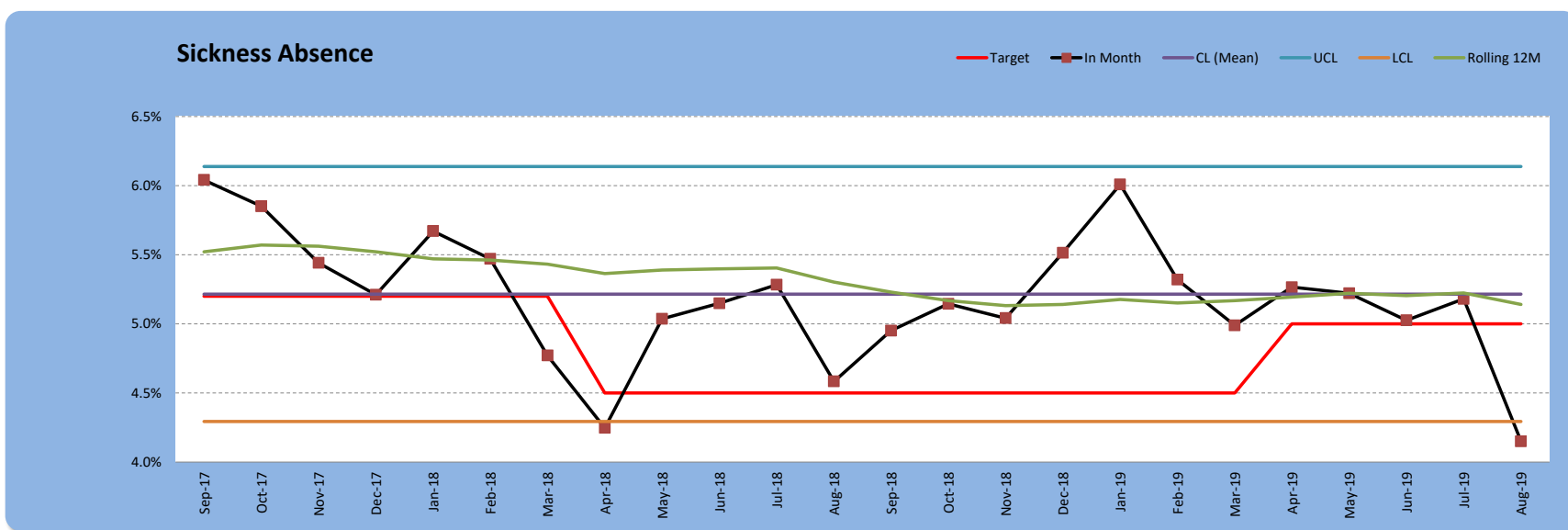
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

Jul Refresh 5.1%



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 which is being reviewed. The PROUD programme, launched in January, 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 - Jul	Jul %	Rolling 12m	WTE
5.1%			
Rolling 12m			
5.2%			
WTE			
2348.63			

Care Group Split Below	Jul %	Rolling 12m	WTE
Specialist Services	8.11%	8.22%	220.94
Mental Health Services	6.07%	5.63%	587.00
Older Peoples MH	5.73%	5.54%	177.56
Community Services	6.00%	5.00%	338.21
Children's and LD	3.97%	4.80%	480.96
Corporate Split Below	Jul %	Rolling 12m	WTE
Medical	1.89%	6.04%	28.53
Human Resources	4.99%	4.34%	52.32
Finance	2.18%	3.19%	105.16
Nursing and Quality	4.32%	5.71%	37.13
General Practices	1.76%	2.25%	105.19
Chief Executive	0.00%	7.85%	13.20
Chief Operating Officer	4.30%	3.73%	202.43

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 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

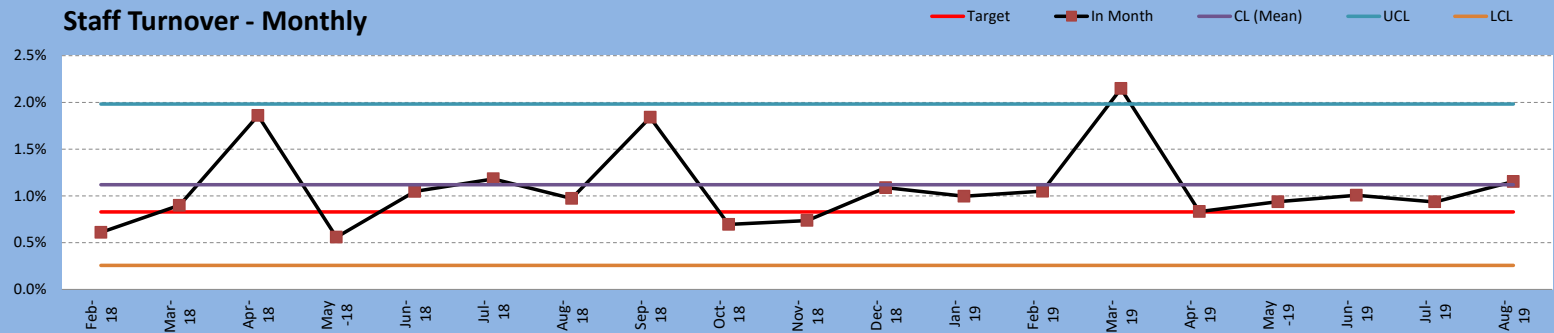
Exceeds Target

Target: 0.83%

Amber: 0.70%

Current month stands at 1.2%

Staff Turnover - Monthly



Narrative

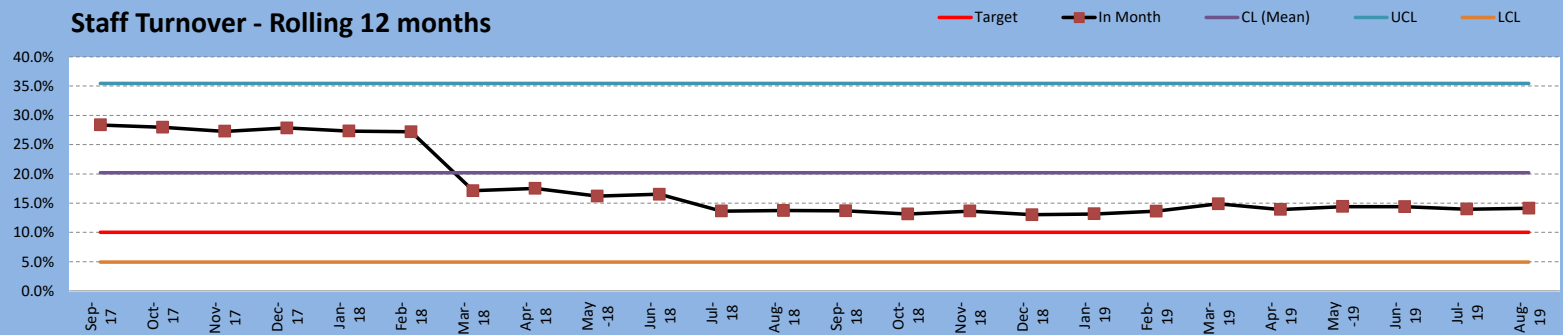
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 14.1%

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 from the retention plan agreed last year, is actively trying to recruit to vacant posts within the Trust, and is encouraging retire and return where possible.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	39
Voluntary Resignations	71
Work Life Balance	28
End of Contract	5
Other	3
Total	146

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2019**

Indicator Title

Description/Rationale

KPI Type

Staff Appraisals

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

Executive Lead
Steve McGowan

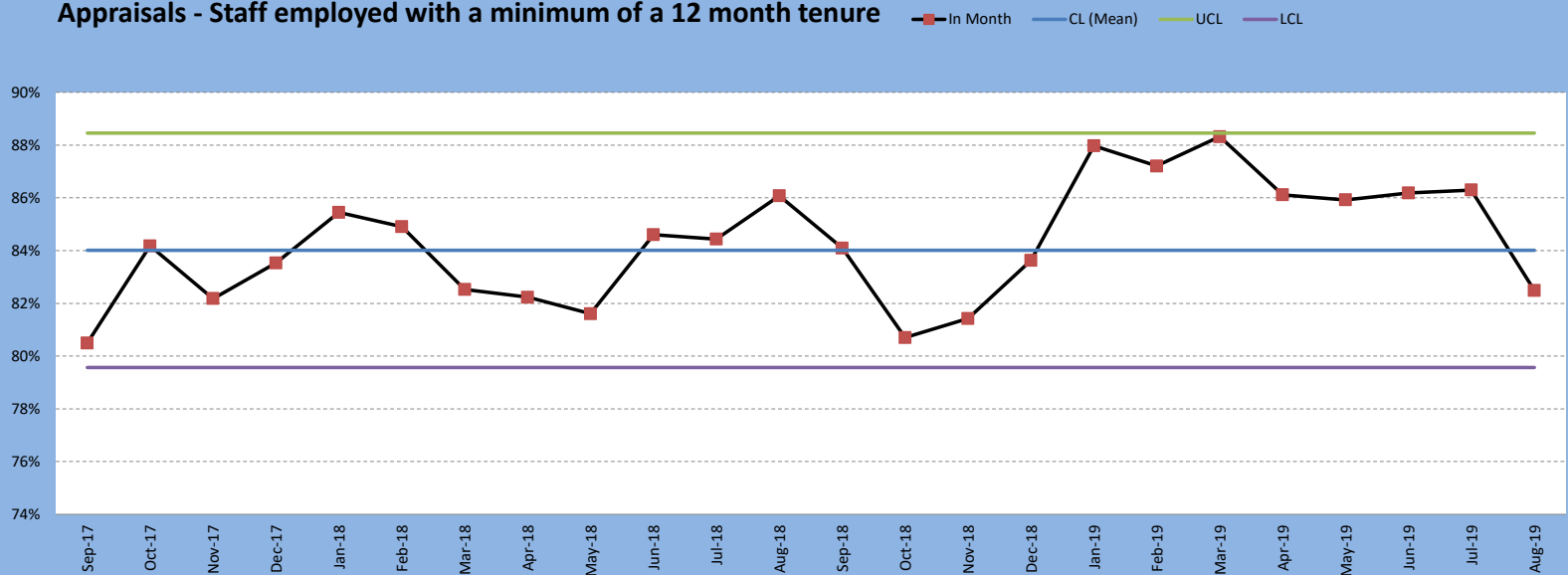
WL 4 (ii)

Narrative

in month target achieved

Current month stands at 82.5%

Appraisals - 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. A new Appraisal process was agreed at EMT on 3rd June and this will see a three month appraisal 'window' put in place from April 2020.

Business Intelligence

Care Group and Corporate Splits Below

CG Reporting	Aug-19
Mental Health	86.3%
Corporate	82.3%
PCCHLD	79.7%
Specialist	82.2%

Chief Operating Officer	90.9%
Chief Exec	78.6%
Finance	85.1%
Medical	89.6%
Nursing and Quality	71.0%
Human Resources	94.9%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 2019**

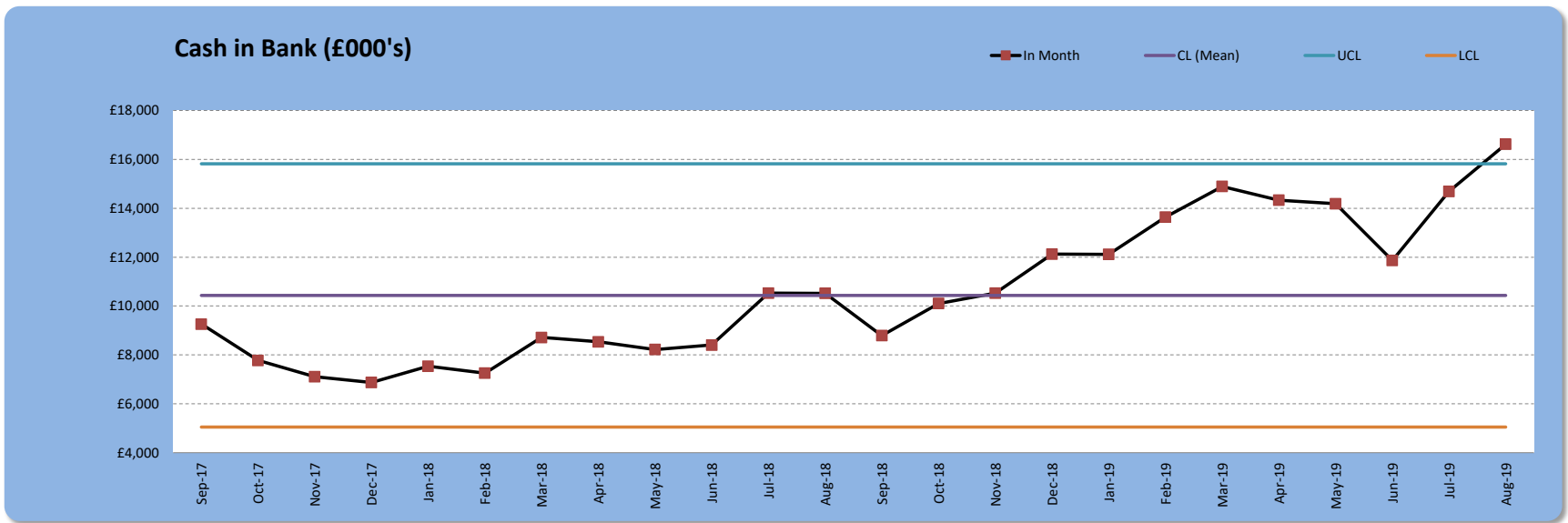
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

Narrative

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

Target:
Amber:

Current month stands at £16,621 ,000



Exception Reporting and Operational Commentary

As at the end of August 2019 the Trust cash balance was £16.621m.

The cash balance includes central funding for the CAMHS and LCHRE projects where there are timing difference between receipt and expenditure, the underlying balance in the Trusts Government Banking Service Account was £13.852m.

Business Intelligence

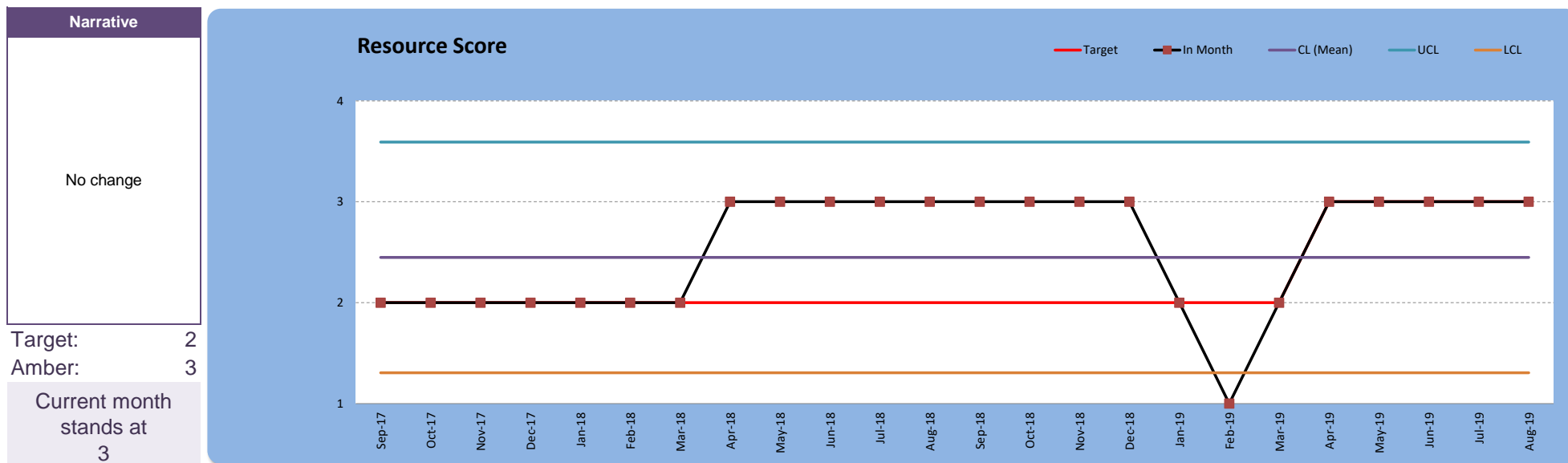
The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	Peter Beckwith	F 2b



Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score in July August is a 3, this is consistent with previous months and the Trusts NHSI Plan Submission.

The profiled plan moves 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: **Aug 2019**

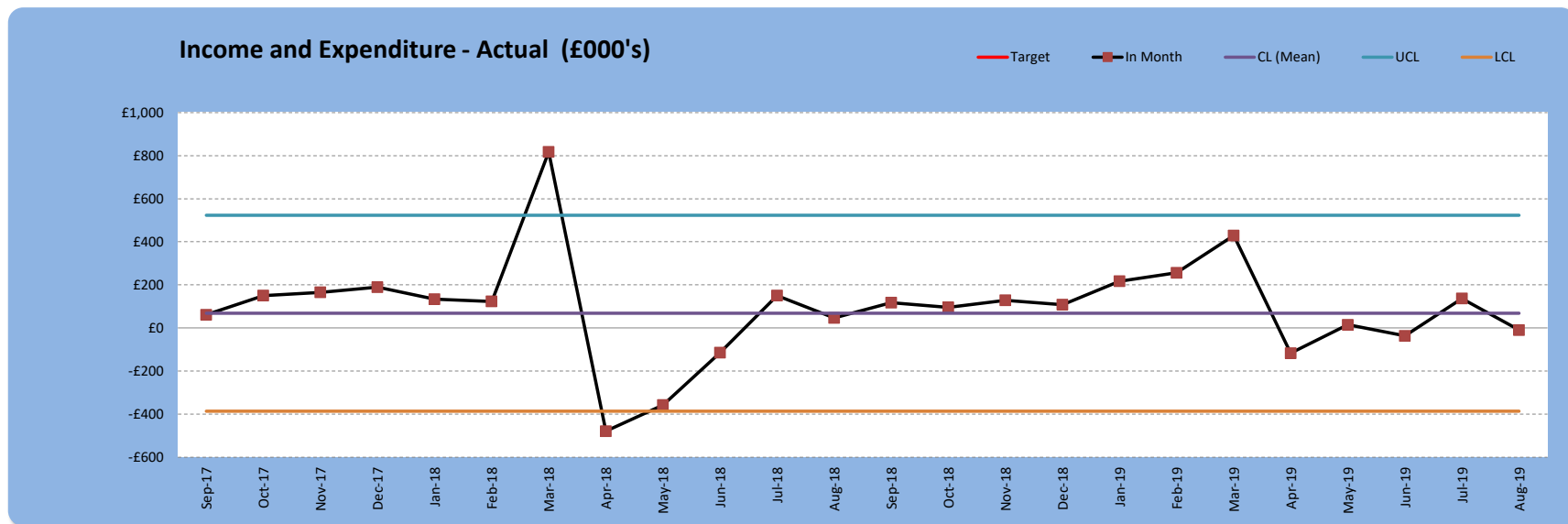
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

Narrative

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

Target:
Amber:

Current month stands at -£10 ,000



Exception Reporting and Operational Commentary

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

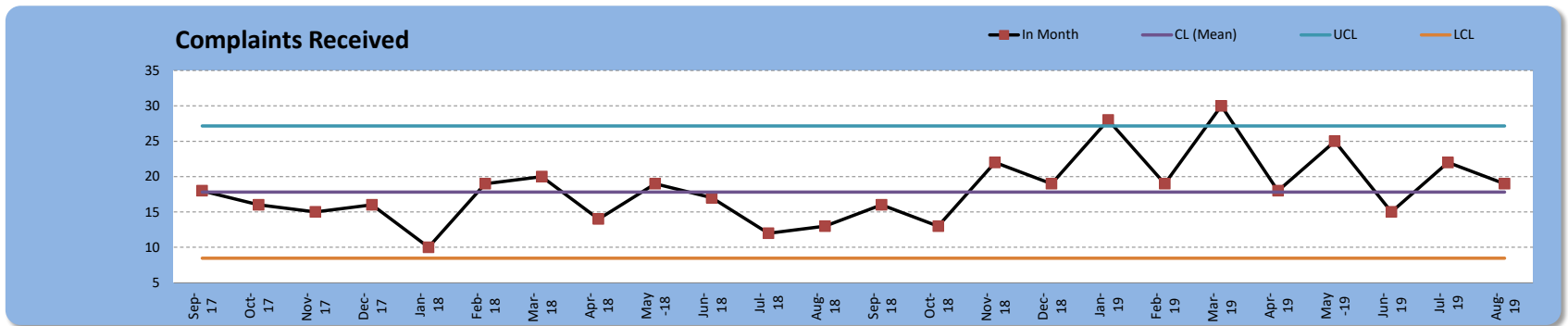
For the period ending: **Aug 2019**

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

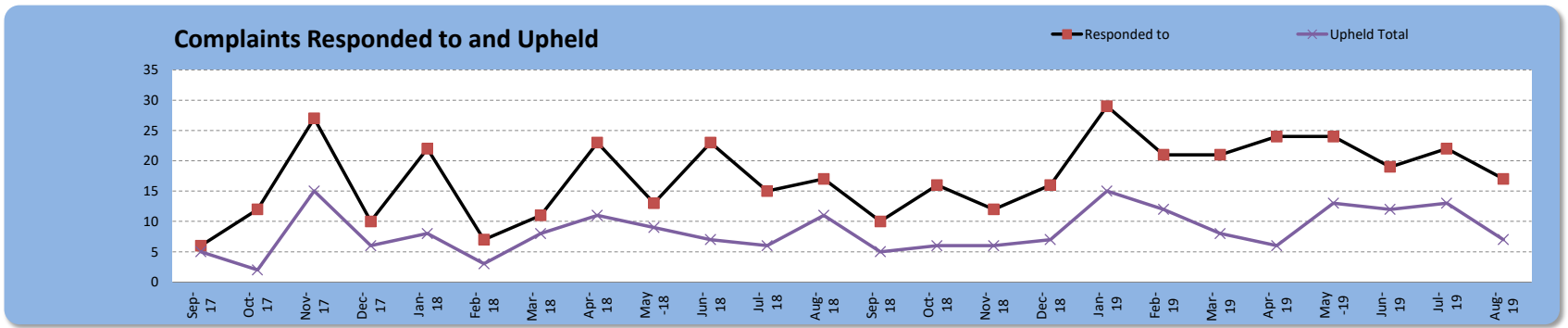
Current month stands at 19



Narrative

51 upheld YTD 48.1%

Current month upheld stands at 7



Exception Reporting and Operational Commentary

The Trust responded to 16 complaints in the month of August 2019. Of the 16 complaints, 9 complaints were not upheld (56.2%) and 7 complaints were partly or fully upheld (43.8%). The top theme for complaints responded to (year to date) continues to be patient care with 21 complaints followed by appointments with 19 complaints.

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

Patient care	21
Appointments	19
Communications	18
Values and behaviours (staff)	10
Clinical treatment	7

All Complaints responded to YTD 101



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of HR and Diversity: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 18/09/2019



Agenda Item: 10

Title & Date of Meeting:	Council of Governors – 22 nd October 2019		
Title of Report:	Finance Update Report (August 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:	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2019 to August 2019.		
	This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.		
Key Issues within the report:	<ul style="list-style-type: none"> For 2019/20 the Trust has a control total to deliver a £0.350m deficit. As at the end of August 2019, the Trust had recorded an operational surplus of £0.072m. The Cash Balance at the end of August 2019 was £16.621m. 		

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 (August 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 2019/20

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

Table 2: Reported I&E Position 2019/20

	June 2019 £000	July 2019 £000	August 2019 £000
Trust Income	26,078	34,761	43,432
<i>Less: Expenditure</i>	25,160	33,384	41,744
EBITDA	918	1,377	1,688
Finance Items	1,261	1,673	2,085
Sustainability Funding (Income)	(202)	(292)	(382)
Operational Surplus/(Deficit)	(141)	(4)	(15)
Exclude: Donated Asset Depn	(52)	(69)	(87)
Net Position Surplus/(Deficit)	(89)	65	72
EBITDA	3.5%	4.0%	3.9%
Deficit (-%)/Surplus %	-0.3%	0.2%	0.2%

The Trust reported a year to date operational surplus of £0.072m 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 which has now been received.

The reported position to August is inclusive of £0.382m 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 5 was ahead of the profiled NHSI plan and a BRS contingency has been included in the reported 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 August 2019 is shown at appendix A.,



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

Table 3: Key Variance at August 2019

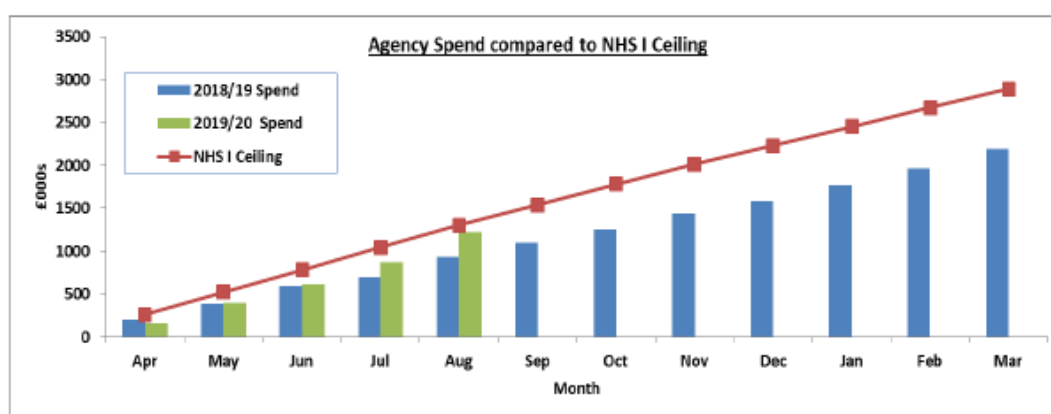
Primary Care, Community, Children's and Disabilities.	<p>Year to date net expenditure of £15.114m represents a underspend against budget of £0.402m.</p> <p>The main budget pressures are within the General Practice and Learning Disabilities departments. These pressures are mitigated by pay related underspends within Children's and Community services.</p>
Specialist.	<p>An overspend of £0.231m was recorded YTD for Specialist Services, relating to expected income being lower than planned. A financial recovery plan has been prepared and is being monitored.</p>
Mental Health	<p>An underspend of £0.347m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.</p>
Corporate	<p>The overall Corporate Services expenditure was £0.726m underspent year to date.</p>

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 August 2019 was £16.621m, cash balances across the reporting period are summarised below:

Table 4: Cash Balances

	June 2019 £000	July 2019 £000	August 2019 £000
Government Banking Service	11,868	14,547	16,386
Nat West	152	110	206
Petty Cash	34	34	29
Net Position	12,054	14,691	16,621

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 £13m.

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 August 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	8,704	8,671	(33)	43,520	43,432	(88)
Net Expenditure							
Clinical Services							
Primary Care, Community, Childrens & Learning Disability	37,249	3,097	2,992	105	15,516	15,114	402
Mental Health Services	34,873	2,893	2,790	103	14,495	14,148	347
Specialist Services	8,249	658	723	(65)	3,465	3,695	(231)
	80,371	6,647	6,505	143	33,475	32,957	518
Corporate Services							
Chief Executive	1,879	154	156	(2)	804	775	28
Chief Operating Officer	3,748	468	462	6	2,236	2,203	32
Finance	8,934	761	686	75	3,678	3,380	299
HR	2,740	233	213	19	1,144	1,030	113
Director of Nursing	1,805	150	159	(10)	759	742	17
Medical	1,726	143	156	(13)	724	756	(32)
Finance Technical items (including Reserves)	(82)	34	22	12	168	(100)	269
	20,770	1,941	1,855	86	9,513	8,786	726
Total Net Expenditure	101,141	8,588	8,360	229	42,988	41,743	1,245
EBITDA	3,307	116	312	196	532	1,689	1,157
Depreciation	2,745	229	211	18	1,144	1,078	65
Interest	148	12	8	4	61	40	21
PDC Dividends Payable	2,112	176	176	(0)	880	880	(0)
PSF Funding	(1,343)	(90)	(90)	-	(382)	(382)	-
Operational Position	(354)	(212)	7	174	(1,171)	72	1,070
BRS	-	95	275	(180)	652	1,775	(1,123)
Operating Total	(354)	(307)	(268)	38	(1,823)	(1,703)	120
Excluded from Control Total							
Donated Depreciation	216	18	17	1	90	87	3
Ledger Position	(570)	(325)	(285)	39	(1,913)	(1,790)	123
EBITDA %	3.2%	1.3%	3.6%		1.2%	3.9%	
Surplus %	-0.3%	-2.4%	0.1%		-2.7%	0.2%	



Agenda Item: 11

Title & Date of Meeting:	Council of Governors Public Meeting – 22 October 2019			
Title of Report:	Governor Groups Feedback and Governor Activity			
Authors:	Huw Jones Chair of Finance, Audit, Strategy and Quality Governor Group			
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

1. The third meeting of the group was held on 9th October 2019. The agenda for this meeting was designed to have a focus on finance and audit.
2. The group thanked the finance team for the ongoing reporting of the finance position and the staff teams for their commitment to achieving financial balance.
3. Sharon Mays and Huw Jones have had a discussion on the arrangements for Governor Group oversight of the work undertaken by the Human Resources Committee of the Foundation Trust.

It is a fairly recently convened committee and it has not had a link to a Governor group as yet. The work of the Committee is of high interest to governors. Sharon and Huw discussed a range of options including forming a separate group, working with the Appointments Group as well as adding to the agenda of this group.

Although there were concerns as to putting all key Committee reporting arrangements to this Governor Group it was not felt appropriate to link the HR Committee to the work of the Governor Appointments Group as that group had a very discrete statutory function. The establishment of a separate Governor Group would add to the burden of meetings and so by default the conclusion is that there is a trial of the HR Committee linking to this group meeting.

Previously it had been envisaged that the agenda for the Governor Group would be split so that Finance and Audit would work to a specific business cycle within the Group at M6 reports and approaching year end with Quality featuring in the Summer and Spring. Strategy issues would mainly feature in the summer and again in a Development session in the early Spring.

The addition of the HR Committee work to the reporting cycle needs to provide a “fit” with other agenda topics. It is well recognised that quality and HR are closely related topics with high staff satisfaction a predictor of better quality.

IT IS RECOMMENDED THAT:

- i. From the December meeting of the Governor Group the Board Assurance Reports of the HR Committee are added to the agenda
 - ii. The Terms of Reference for the Group are amended to reflect the extended scope of the meeting
 - iii. The arrangement is reviewed in 12 months
4. The next meeting of the Group is on 18th December 2019 at 13:00 with the focus (subject to this meeting) being Quality and HR. Would Governors please note that whilst a core group of attendees is ideal the meeting is not restricted to a set number of Governors.

Huw LI. Jones

Discussion took place at the meeting around the appointment of new external auditors. It is a legal requirement of the 2006 NHS Act that NHS Foundation Trusts (FTs) must have an external auditor in place at all times. External audit are in important part of the accountability



structure, reporting to governors they will provide independent opinion on the Trust's accounts and quality report.

For this reason, the Council of Governors approves the appointment of the External Auditor.

The previous External Auditors resigned their position on 21 August as they have been appointed as a Consultant on the Yorkshire and Humber Shared Record system which would have led to a conflict of interest as the Trust act as Finance Lead for this project. The Trust has run a further completion procurement exercise utilising the North of England Commercial Procurement Collaborative (NOECPC) framework. One bid has been received and assessed as compliant, with a presentation given to the Trust.

Appointments, Terms and Conditions Committee

No meeting held

Governor Activity

Details of Governor activity submitted since the last meeting (11 July 2019) 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 – 11 September 2019

Public Governor Meetings – 16 July 2019 and 10 September 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...**Sam Grey**.....

Month ...**September**.....

Governor Visits
Service Area Interests Activity
Regional Governor Meetings
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc Attended AMM Staff Governor meeting Development Day
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 **July to Sept 2019**.....

Governor Visits

16th July 19 Visit to Whitby Hospital
24th Sept 19 Visit to Hawthorn Court

Service Area Interests Activity

14th August 19 Humber Strategy Session at HQ

Regional Governor Meetings

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

11th July 19 Governor Meeting HQ
10th Sept 19 Governor meeting HQ

Other

3rd Sept 19 Humber coast & Vale Health care event Bishop Burton



Caring, Learning and Growing



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 June - September 2019

Governor Visits
Service Area Interests Activity 9/7/19 – Proud workshop (12:30 – 13:00)
Regional Governor Meetings 12/9/19 – AMM - (13:45 – 14:30)
Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc 5/6/19 – Staff governor meeting (13:00 – 15:00) 18/6/19 – Governor Development Session (09:00 – 12:00) 21/6/19 – NED Interviews (08:30 – 12:00) 25/6/19 – Finance and Audit Group – (09:30 – 11:30) 11/7/19 – COG (14:00 – 15:00) 17/7/19 – Staff governor group (09:30 – 11:20) 10/9/19 – Governor Development Session (09:00 – 12:00) 11/9/19 – Staff governor meeting (13:00 – 15:00)
Other



Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 22 October 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:	To provide an update to the Council of Governors on questions/responses raised by Governors			
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

Date of Meeting/Query	Minute No	Agenda Item (title)	Action/Question	Lead (initials)	Timescale	Update Report
17.7.19 – raised by Craig Enderby, Staff Governor	N/A	N/A	What action is being taken from the findings of Clinical Supervision from the Deloitte report; to help standardise the process, ‘using a stable process in a consistent manner over a period of time, that relevant information, as specific in the methodology, is included in the calculation’.	Hilary Gledhill		For clarity in terms of what Deloitte audited they randomly chose a small number of teams and reported inconsistency with the way teams recorded, collated and saved the information. Some teams were able to provide an auditable trail of supervision recording and submission of their data whilst others could not provide the level of information required. The Practice Note went out reminding all staff to record and retain evidence of their supervision- this is always something I review when I visit teams. As we stated going forward we are looking to start recording supervision on ESR which will make it easier to record with the information being easily retrievable for submitting and for audit purposes. This function should be available within the next 2 months (by end of October 2019) Update - the work to put Clinical Supervision onto ESR has been delayed as



						the person who will lead on this work is having to put training allocations onto ESR. This has delayed the clinical supervision work until January. Because of this the Director of Nursing is requesting an audit to check staff are keeping a record of supervision until we can capture on ESR.
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Diary Dates

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

Thursday 16 January 2020	Thursday 23 April 2020	Thursday 16 July 2020	Thursday 15 October 2020	
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Council of Governors Development Dates 2019/20 – all take place in the Conference Room, Trust Headquarters at 9.00am – 12.00

12 November 2019	11 February 2020	28 April 2020	16 June 2020	8 September 2020	10 November 2020	
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Public Board Meeting Dates 2019/20 all starting at 9.30am

30 October 2019 - Conference Room, Trust Headquarters	27 November 2019 - Conference Room, Trust Headquarters	29 January 2020 - Conference Room, Trust Headquarters	26 February 2020 - Conference Room, Trust Headquarters	25 March 2020 – venue to be confirmed	29 April 2020 - Conference Room, Trust Headquarters	20 May - Conference Room, Trust Headquarters
24 June 2020 - Conference Room, Trust Headquarters	29 July 2020 – venue to be confirmed	30 September - Conference Room, Trust Headquarters	28 October 2020 – venue to be confirm	25 November 2020 - Conference Room, Trust Headquarters		