

**Trust Board Meeting 30 October 2019**  
**Agenda - Public Meeting**

For a meeting to be held at 9.30am in the Conference Room, Trust Headquarters, Willerby HU10 6ED

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 25 September 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – Michael’s Story	JB	To receive & note	√
6.	Chair’s Report	SM	To note	verbal
7.	Chief Executive’s Report	MM	To note & ratify	√
8.	Publications and Highlights Report	MM	To receive & note	√
	<b>Performance &amp; Finance</b>			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	<b>Assurance Committee Reports</b>			
11.	Quality Committee Assurance Report	MC	To receive & note	√
12.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
	<b>Strategy</b>			
13.	Our Strategic Objectives: Refreshed for 2019 – 2022 – Claire Strawbridge, Strategy Manager attending	PBec	To receive & approve	√
	<b>Quality &amp; Clinical Governance</b>			
14.	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2019-20	LP	To receive & approve	√
15.	Guardian of Safe Working Annual Report – Jennifer Kuehnle, Guardian of Safe Working attending	JB	To receive & note	√
16.	Items for Escalation	All	To note	verbal
17.	<b>Any Other Business</b>			
18.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
19.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 27 November 2019, 9.30am in Conference Room, Trust Headquarters, Willerby HU10 6ED			



**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 30 October 2019			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. The declaration for Mr Peter Baren has been amended as his term of office as a Government appointed independent Director for British Wool Marketing Board ended 30 September 2019			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	Contained in the report			

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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



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

## Directors' Declaration of Interests

Name	Declaration of Interest
<b>Executive / Directors</b>	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> <li>• Non Executive Director, The National Skills Academy for Health</li> <li>• Appointed as a Trustee for the RSPCA Leeds and Wakefield branch</li> </ul>
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at the St Mary's Health and Social Care Academy</li> </ul>
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> <li>• Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions</li> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).</li> </ul>
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
<b>Non Executive Directors</b>	
Mrs Sharon Mays – Chairman (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee of Ready Steady Read</li> <li>• Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust</li> </ul>
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Senior Independent Director Beyond Housing Limited</li> <li>• Son is a doctor in Leeds hospitals</li> </ul>
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Trustee, Yorkshire Wildlife Trust</li> <li>• Chair of Yorkshire Wildlife Trust</li> <li>• Consultant Advisor, University of York</li> <li>• Advisor , National Institute for Health Research</li> <li>• Independent Executive Mentoring Coach</li> <li>• Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings</li> <li>• Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant</li> <li>• Chair, Cochrane Common Mental Disorders Expert Advisory Board</li> </ul>
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Owner MJS Business Consultancy Ltd</li> </ul>

	<ul style="list-style-type: none"> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> <li>• Non Executive Director for The Rotherham NHS Foundation Trust</li> </ul>
Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Chairman, The Cask Marque Trust</li> <li>• Treasurer, All Party Parliamentary Beer Group</li> <li>• Industry Advisor The BII (British Institute of Innkeeping)</li> <li>• Managing Director, Patton Consultancy</li> <li>• Non Executive Director and Chairman, SIBA, The Society of Independent Brewers</li> <li>• Director, Fleet Street Communications</li> <li>• Chairman, Barnsley Facilities Services Limited</li> <li>• Director, Over Promise and Under Deliver</li> <li>• Non Executive Director Barnsley NHS Foundation Trust</li> </ul>
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Director Inspiring Leaders Network</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Strategic Advisor Skills for Health</li> <li>• Associate for KPMG</li> </ul>

Item 3

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 25 September 2019 at Ryedale Community and Leisure Centre, Scarborough Road, Norton, North Yorkshire YO17 8EG**

**Present:** Mrs Sharon Mays, Chair  
Mrs Michele Moran, Chief Executive  
Mr Peter Baren, Non-Executive Director  
Prof Mike Cooke, Non Executive Director  
Mr Francis Patton, Non Executive Director  
Mr Dean Royles, Non-Executive Director  
Mr Mike Smith, Non Executive Director  
Mr Peter Beckwith, Director of Finance  
Dr John Byrne, Medical Director  
Mrs Hilary Gledhill, Director of Nursing  
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  
Mrs Mandy Dawley, Head of Patient & Carer Experience & Engagement (for items 148/19, 161/19, 162/19 & 163/19)  
Mr Gavin Hamilton, Journey Group member (for item 148/19)  
Mr Ian Graves, Journey Group member (for item 148/19)  
Mr Derek Raitt, Professional Lead for Occupational Therapy (for item 148/19)  
Mr Oliver Sims, Corporate Risk Manager (for items 165/19 & 166/19)  
Ms Hannah Schofield, Care Quality Commission

**Apologies:** None

The Chair welcomed Mr Royles, Non Executive Director to his first Board meeting

- 14519 **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.
- 146/19 **Minutes of the Meeting held on 31 July 2019**  
The minutes of the meeting held on 31 July 2019 were agreed as a correct record.
- 147/19 **Matters Arising and Actions Log**  
The actions list was discussed. No issues were raised
- 148/19 **Patient Story - Co-Production in the Development of the Peer Support Worker Role**  
Mr Raitt introduced Mr Hamilton and Mr Graves who are members of the Journey Group. He explained that the group was established to develop the Peer Support Worker role within the Trust and how this work was being taken forward. A job description and person specification for the role has been produced by the group in conjunction with Trust staff. Mr Hamilton and Mr Graves have experience of Trust services and have been involved in this work and bring their knowledge of services to the group.

The role is being developed in liaison with the University of Hull, however funding will be needed to support the training packages that will be required to support the roles. The role



will be in different environments and the workers will be able to support others by taking them out for a coffee or walking their dog and helping them in the ways that they need.

Mr Smith thanked them for attending and asked going forward, how Peer Support Workers may be supported in terms of associated costs for example any travel costs as some people may not have the means to pay for these. Mr Hamilton explained this would be through supervision. The Peer Support Worker role will be an employed role with the appropriate banding, supervision and appraisal process in place. It is hoped that this will be a role for people in the Recovery and Wellbeing pathway. Supervision will be through the Recovery College and Peer Support Workers will have an identified supervisor.

Professor Cooke welcomed the move, however in his experience, these type of roles can become isolated if they do not have status within the team. Supervision is key to success and the team will see the positive benefit the role can bring. Mrs Parkinson, Chief Operating Officer, agreed and is keen that this work is progressed. The role will start at either a band 2 or 3, but there is potential for the person to develop further and she is keen to see a career pathway developed. Mr Graves explained that the banding needed to be appropriate to allow people to carry out one to ones with others outside the clinical environment. The role is intended to work in all areas at different times of the day. If these meetings only took place on a clinical environment, as many people could not be seen and the Peer Support Workers would be able to be utilised to their full capacity if they were outside the clinical environment.

The Chief Executive said this is a positive role and wanted it to progress to be part of a career pathway. She would like a paper to go to the Executive Management Team (EMT) on the recruitment, what this will pathway will look like and how it needs to be taken forward at pace. An update will be included in a future Chief Executive's report following the discussion at EMT.

**Resolved:** The Board thanked Mr Raitt, Mr Graves and Mr Hamilton for attending to discuss the work.

**A report will be submitted to EMT regarding recruitment, career pathway and how the work can be taken forward. Action LP**

**Following discussion at EMT, an update will be included in a future Chief Executive's report Action MM**

149/19

### **Chair's Report**

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

- A quarterly staff awards event is taking place after today's Board meeting, to recognise long service which all Board members are welcome to stay for.
- The Annual Members Meeting was held recently. The Chair thanked everyone who attended and those who had been involved in the planning. She also thanked Jenny Tong, Tom Nicklin and other speakers who presented on the day. Mrs Hughes provided an update on feedback received from St Mary's College and details of the number of people who had watched the live feed and on the website after the event.
- Attendance at the launch of the NHS Improvement Patient & Carer Experience Films
- Holding a range of meetings including with the Chair and Chief Executive of City Care
- A meeting with the Suicide Prevention lead and Mrs Julie Hastings, a former Lead Governor who has been appointed as a lay member on York Clinical Commissioning Group (CCG)
- Meetings with Governors as groups and on an individual basis

**Resolved:** The verbal update was noted.

150/19

### **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:-

- Time has been spent with staff across a broad spectrum of services. They continue to deal with many challenges on a daily basis, but morale appears to be improving.
- Congratulations to the Occupational Health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation. Mr McGowan, Director of Workforce and Organisational Development explained that this was an excellent achievement. He was included in the thorough assessment process and the assessors were impressed with the support they had been given, what they had seen and work that is being done.
- The Trust has recruited over 800 people into National Institute for Health Research (NIHR) Portfolio studies, already exceeding our annual target of 660 which is an excellent achievement. Thanks were extended to Dr Byrne, Medical Director and his team.
- Work continues with the Provider Collaborative and a change in the landscape for the Sustainable Transformation partnership (STP).
- Changes have been made to the Oversight Framework which will be monitored by the Trust.
- The Trust has been shortlisted for Four Health Service Journal (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
  - 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.

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.

A number of improvements have been introduced and embedded since that time and given the internal and external reviews - most importantly the full well led inspection undertaken by the CQC and the rating of Good, it was proposed to postpone an external governance review on an 'explain' basis. The Board supported the proposal to postpone the review and noted that an external governance review will be commissioned and undertaken within a five year period.

It was noted that changes have been made to the Disclosure and Barring Scheme (DBS) checks. The Executive Management Team recently agreed that the cost of these checks should no longer be passed onto staff and that the Trust would pay for these going forward.

Professor Cooke commended the Chief Executive for the work she has done on the Provider Collaborative. With the recent nominations for HSJ awards and the launch of the NHSI films that the Trust was involved with, he felt these were areas the Trust should be celebrating recognition for as it was excellent work.

In terms of Traumatic Stress Service, Professor Cooke asked what is being done to support staff in the services with the issues they are dealing with. Mrs Parkinson explained that this had been included in the report to throw a spotlight on the services and the actions that have been taken to upskill staff and leadership and supervision is in place.

In response to Professor Cooke asking for an update on the Child and Adolescent Mental Health Services (CAMHS) build, Mrs Gledhill, Director of Nursing, explained that there are still issues with the doors and windows and it is likely to be November before the building is



handed over. However the delay has allowed additional time for training to take place to ensure that staff are ready for the first day. The Consultant Psychiatrist role is still to be appointed to following the withdrawal of an identified person. Mr Patton asked if any work had been undertaken on staff that have moved from other units to the new build to see if there has been or will be any impact. Mrs Gledhill explained that work is underway for this to see if any units that have lost one or more staff to the new build and to monitor any impact.

Mr Smith congratulated the Trust on achieving 100% attendance at Multi-Agency Public Protection Arrangements (MAPPA) meetings. He commented that the sub group is looking at a review of Section 136 of the Mental Health Act (MHA) and asked if this is something the Trust is reviewing. Dr Byrne said this is discussed as part of the Crisis Care Concordat meetings where there are links with the Police. Section 136 is a big issue and has been discussed at length in the Mental Health Legislation Committee, however there is no simple solution and it is a challenge faced by the Trust and Police colleagues. Mrs Parkinson confirmed that a review of Section 136 is a key element of the Crisis Care Concordat for Hull and East Riding

Mr Patton noted the Medical Conference that is taking place on 16 October. Dr Byrne said the Trust is also involved in supporting another event on 15 November. Both events will be held in the Lecture Theatre. The Communications team have been involved in promoting the Medical Conference which has been helpful to the team.

Policies for Infusions Therapies, Recognising the deteriorating patient and Overseas Visitor Charging Regulations were ratified by the Board.

**Resolved:** The report, verbal updates and ratified policies were noted. The Board supported the proposal to postpone the review and noted that an external governance review will be commissioned and undertaken within a five year period.

151/19

#### **Publications and Highlights Report**

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

Mr Baren commented that on the Time of Transition publication by NHS Providers that 8% of respondents felt the Care Quality Commission (CQC) regulatory system was value for money and 25% agreed that the benefits of their most recent inspections justified the cost.

**Resolved:** The report was noted

152/19

#### **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed current levels of performance as at the end of August 2019. The majority of indicators were within normal variation, the exceptions being waiting times and cash in bank. Commentary was provided for Clinical Supervision, Care Programme Approach (CPA) 12 month reviews and the Friends and Family Test.

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 Trust's approved Financial Plan.

Mr Baren made a general comment around the charts included in the report which tended to look back rather than look forward and he asked how recovery would be measured. Mrs Parkinson explained that more detail is included in the report later on the agenda, but reported that some areas are starting to show improvement. For all areas that need further work lots of activity is being undertaken. The intention is to review the trajectories in light of the work being done. The Chair thanked Mrs Parkinson for the update and asked for the narrative to be updated to reflect this.

Mr Baren thanked the team for including RAG ratings on clinical supervision. He noted that there was no RAG rating for Malton Hospital on the safer staffing dashboard. He also commented that from December 18 to the present there had been a 20% deterioration and wondered if this was something to be concerned about. Mr Beckwith will review the detail and include a post meeting note in the minutes. The Chief Executive said that other areas as the fill rate and vacancies level is slightly better than this time last year. She suggested some diagnosis of the data is required.

Mr Smith referred to the number of vacancies noticing that the trend line had increased at a high rate and that the narrative around plans being formulated to address it did not provide assurance. Mr McGowan explained that this had been discussed at the Workforce and Organisational (OD) Committee recently. EMT has discussed this at a recent Time Out and work is underway to look at trends, data and the national picture. A number of actions were agreed including the previously mentioned changes around DBS. A HR Summit is planned on 4 November and each Care Group will report back on their plans to deal with vacancies. Mr Patton explained that the focus of the Workforce & OD Committee is on vacancies and sickness.

Mr Royles commented on the use of agency which is currently at a high level. He assumed that of the 120 vacancies that other staff were covering some of these vacancies as they may wish to work in a more flexible way. The Chief Executive said the Trust bank of staff is used, but recognised there is more agency use at the moment due to some hot spots, but this was within the agency spending limit. Mr Patton said it was being well covered as the Finance and Investment, Quality and Workforce & OD Committees are focussing on it. Mr Royles said that other organisations have looked at the skill mix and use Allied Health Professionals (AHPs) differently which may be something to consider going forward.

Professor Cooke noted the change in the sickness absence figure and wondered if there was a specific reason for this as it had remained in a similar position for some time. Mr McGowan explained that from 1 October sickness is directly put onto the ESR system by staff. As the report covers the previous month's performance this is currently unvalidated data, but by the next report this will be validated. He advised that the figure in the report be taken with caution.

Mr Patton commented on the target for patients who have had a Care Programme Approach (CPA) review in the last 12 months. Mrs Parkinson explained that this is a requirement and there are variations within teams. All teams that are not achieving this have improvement trajectories in place. Mr Patton noted that improvement is seen when plans are put into place, but it seems that once the focus is reduced, the target drops again. The Chief Executive suggested that an update be included in her report next month to explain the actions that have been taken.

It was noted that Referral to Treatment (RTT) waiting times are on a slow downward trajectory. Mrs Parkinson will review outside the meeting and share an update with the Board.

The Friends and Family test scores have reduced significantly with no reason identified. Dr Byrne said it related to GP surgeries data and they have been asked for their views on the reasons for this. A post meeting note will be circulated to the Board to confirm the reasons and actions that will be taken.

**Resolved:** The report and verbal updates were noted

**A post meeting note to be included in the minutes regarding the level of deterioration in the safer staffing dashboard for Malton Hospital Action PBec**

**An update to be included in the Chief Executive's next report to explain the actions that have been taken relating to Care programme Approach (CPA) targets Action LP**

**Referral to Treatment (RTT) waiting times will be reviewed outside the meeting and an update provided with the Board. Action LP**

A post meeting note will be circulated to the Board to confirm the reasons and actions that will be taken in relation to the Friends and Family test scores **Action JB**

## **Post Meeting Note – Malton Hospital**

Narrative has been reviewed and updated for this month's report

153/19

### **Finance Report**

The report covered the financial position for the Trust as at the 31 August 2019 and provided assurance regarding financial performance, key financial targets and objectives. An operational surplus position of £0.072m was recorded in the period and the cash balance at was £16.621m, which included £1.348m of Local Health Care Record Exemplar (LHCRE) and £1.186m of Child and Adolescent Mental Health Services (CAMHS) capital funding. The underlying cash position is £14m.

Mr Royles commented on the cash position asking with Brexit if consideration would be given to paying small local suppliers before the usual payment date in case they were struggling. Mr Beckwith confirmed the Trust deals with local suppliers and aims to pay them within 30 days as the Trust's 90% achievement of the Better Payment Practice Code demonstrates. However the suggestion will be considered further.

Mr Smith asked if the underlying cash position could be included in future reports as it was a public document.

**Resolved:** The report was noted.

Underlying cash position to be included in future reports **Action PBec**

154/19

### **Quality Committee Assurance Report & 2 May 2019 Minutes**

Professor Cooke presented an executive summary of the discussions at the Quality Committee meeting held on 7 August 2019. The approved minutes of the meeting held on 2 May 2019 were presented for information.

Professor Cooke explained that concerns have been escalated around staff vacancies and the links to quality and safety will be monitored. Further discussions on addictions will take place at future meetings. Good assurance was received on the Child and Adolescent Mental Health (CAMHS) waiting lists and the CQC action plan. Different themes were seen through patient safety and workforce. The annual report for Safeguarding was approved by the Committee as there is no requirement for this to come to the Board.

The Chief Executive was pleased to see the really positive progress that is being made with clinical audit and thanked everyone involved with this work. The addictions service review will give links into the geographical patch are positive. Dr Byrne explained that there has been recent media interest around inappropriate prescribing of opiates and the Chief Pharmacist will be reviewing the Trust's use of this type of medication within the principles and focus on improvement at a local level. The outcome of the review will go to the Drugs and Therapeutics Committee.

Mr McGowan said in terms of workforce Mrs Parkinson is looking at support given to staff and some of the data coming through and what support staff need to access the services. This work is predominantly through the Staff and Wellbeing group.

**Resolved:** The report and minutes were noted.

155/19

### **Mental Health Legislation Committee Assurance Report**

An executive summary of discussions held at the meeting held on 8 August 2019 was presented by Mr Smith. It was a good meeting with the annual report being approved and the Liberty Protection Safeguards discussed. Concerns were raised around Section 136 and that focus is required on the Risk Register for the potential risks. Section 140 of the Mental

Health Act is a duty for Clinical Commissioning Groups (CCGs) to tell the public which hospital they should go to. However this is not complied with in most of the country and there is insufficient pressure on CCGs to comply.

Dr Byrne explained that Section 136 is crucial for the Trust. The Crisis Care Concordat has improved working and is trying to gain an understanding of the Police perspective and vice versa. The impact of some drug issues is being seen in Hull are being seen in services. Improved quality of Section 136 suites gives assurance that demand can be managed in a safe way.

**Resolved:** The report and verbal updates were noted.

156/19

#### **Finance and Investment Committee Assurance Report**

Mr Patton presented the reports which covered discussions held at the meetings in July and August 2019.

Discussions were held around cyber security and Mr Patton has agreed to be the Non Executive lead for cyber security. The October meeting will be the half yearly review and Board members were invited to attend. The Health and Safety updates were reviewed with no issues or concerns highlighted. From the August meeting the good work done on gas and electricity supplies was noted.

Mr Beckwith explained that control totals are expected to be received this week. High level modelling has been done and the early indications that the pay award will not be covered by the national tariff uplift and this will be a cost pressure. A report will be prepared for the next Committee meeting when the control total has been received to review the efficiency target.

Professor Cooke was pleased to see that the Trust is the preferred provider for the East Riding Improving Access to Psychological Therapies (IAPT).

In relation to the pension issue, Mr Royles asked if there are implications for consultants or whether anyone has reduced their amount of PAs as a result. There is close working with the BMA and Local Negotiating Committee (LNC) taking place and Dr Byrne reported that so far it does not seem to have caused any issues, but the situation is being monitored. At the Medical Staff Committee, the Chief Executive explained that any anxieties are trying to be alleviated around this issue. A Pensions seminar has been planned for 14 October for staff who are affected.

**Resolved:** The report and verbal updates were noted. Mr Patton has agreed to be the Non Executive lead for cyber security.

157/19

#### **Workforce and Organisational Development Committee Assurance Report**

Reports were presented from the meeting held on 18 September 2019. The minutes of the meeting held on 24 July were presented for information. Mr Patton reported that there was a clear focus at the meeting on sickness and vacancies. The Board Assurance Framework (BAF) was discussed and a change suggested for strategic goal 4 moving the rating from yellow to amber. The Guardian of Safeworking Annual report was also reviewed which will be presented at the next Board meeting.

The Chief Executive explained that for sickness this will be included in the accountability reviews that are taking place. The Executive Directors will provide assurance to the Committee at its next meeting,

**Resolved:** The report was noted.

158/19

#### **Audit Committee Assurance Report**

Mr Baren presented the report which provided an executive summary of discussions held at the meeting held on 13 August 2019. He explained that the external auditors, Deloitte have

resigned due to them providing services for the LHCRE project and no longer being able to provide an independent view to the organisation. The process is underway to appoint the new auditors, which is a Council of Governor appointment.

Scoring of risks on the Risk Register was discussed as there was some inconsistency. The Executive team were asked to review the risks and the scoring. The Information Governance annual report was received and approved subject to some minor amendments requested. It was confirmed there is no statutory requirement for this to come to the Board. Significant improvement was seen with internal audit report actions following the process put into place by the Executives.

**Resolved:** The report was noted

159/19

### **Charitable Funds Committee Assurance Report and 10 July 2019 Minutes**

Professor Cooke presented the assurance report from his first meeting as Committee Chair. He explained it was a good meeting and the introduction of an insight report had been helpful. An update on staffing of the team was provided by Mr Beckwith as there have been changes within the last few months. The Chief Executive has emphasised the need for sustainability within the Health Stars team for future recruitment.

For the benefit of Mr Royles it was clarified that the charity is a separate legal entity with a contract with HEY Smile Foundation. It operates under the Health Stars name and the Board are trustees.

It was noted that the Charitable Funds accounts will be submitted to the November Board to allow a meeting with 360 accountants to take place. A session on Health Stars will be arranged for the February 2020 part III meeting.

### **Change of Use of Existing Funds**

The Trust Board is the corporate trustee of the Trust's charitable funds, (Working name; Health Stars). The Board delegates responsibility to the Charitable Funds Committee to fulfil its objectives of improving patient, carer and employee experience, across the Trust services and the communities in which it serves.

A proposal to amend the designation of the charitable funds that are held for Bridlington, Driffield, Withernsea, Hornsea and Beverley was made which will enable the funds to be maximised for the community in which they were originally donated was presented to the Charitable Funds Committee. Legal advice has been provided by Rollits and has been followed.

The Chair pointed out some amendments that needed making to the declaration in relation to Trust name, date and the approving Board. With these amendments the Board approved the recommendation to change the use of existing charitable funds.

**Resolved:** The assurance report and minutes were noted.

**Subject to changes to the declaration, the Board approved the recommendation to change the use of existing charitable funds.**

160/19

### **Child and Adolescent Mental Health Services (CAMHS) Waiting List Update**

The report provided an update on progress with waiting lists associated with all CAMHS pathways in Hull and East Riding. The report identified key issues around;

- Different rates of referrals and service changes which have impacted on waiting times.
- The challenges and opportunities presented by significant increases in the workforce.
- Waiting times across all pathways but in particular autism and attention deficit hyperactivity disorder.

- How waiting lists are currently managed and further improvements that are being made to this process.
- The opportunities to provide more CAMHS services across both localities and make improved use of the specialist workforce required.

Mrs Parkinson explained that having waiting lists in these areas was not satisfactory however it replicated the national picture for CAMHS, Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). The clock does not stop on waiting times until a diagnosis has been reached. There is some demand for core CAMHS services and increased capacity has been put into the system which appears to be having an impact. For Autism and ADHD, a wider system approach through the Sustainability Transformation Programme (STP) is being looked at.

Mr Patton noted there were two systems of support for Headstart and asked what the solution is to avoid the confusion. Mrs Parkinson explained that the fragmented commissioning is the issue particularly in Hull and redesign work is taking place to bring this element of the service through. Operational changes have already been made. In terms of the five recommendations, it was reported that principally these are all in place.

The Chair said this was a useful report and it will be helpful when the trajectories and narrative are reviewed that are included in the performance report.

**Resolved:** The report was noted

161/19

#### **Patient & Carer Experience Annual Report**

The report was presented for ratification to the Trust Board by Mrs Dawley, Head of Patient & Carer Experience & Engagement. Details included:-

- Delivery of the first year's milestones within the Patient and Carer Experience Strategy 2018-2023.
- Two new Patient and Carer Experience forums commenced in Whitby & District and Scarborough & Ryedale.
- A Friends and Family Test (FFT) Live Data Dashboard was launched in April 2018 where all staff can view the results of FFT surveys in real time.

Mrs Dawley reported that patient carer experience forums have been introduced in all three areas of the Trust, Hull and East Riding, Whitby and district and Malton and Scarborough. The forums are getting good patient representation. Two patients have enrolled on the Quality Service Improvement and Redesign (QSIR) College programme and staff champions is going well in Hull and east Riding.

Mrs Gledhill felt this was an excellent report which demonstrated the breadth of the work being undertaken. She asked if links have been made into the CAMHS in patient team and was informed that this has been taken forward with the development of a Friends and Family survey and interest in identifying a staff champion expressed.

Dr Byrne highlighted that there is a five year strategy, but this cannot change the culture and there is a challenge with engaging some teams. The Chief Executive thanked Mrs Dawley and the team for all their work and suggested if there are any challenges with teams these should be escalated to EMT.

The Chair thought this was an excellent report with clear links to the strategic goals and demonstrated improvements by care groups.

**Resolved:** The report was ratified by the Board

162/19 **Healthwatch Key Themes from Annual Reports**

An overview of the key themes presented from the six Healthwatch annual reports 2018-19 in our geographical area was presented to the Board. Dr Byrne drew the Board's attention to the homelessness section as something which could be taken forward with GP surgeries.

Mrs Parkinson reported that a bid for monies by Hull CCG has been successful so there is funding available for physical and mental health. The Chief Executive had raised that there was no reference to mental health only physical health previously and has asked that before the money is allocated this is considered.

**Resolved:** The report was noted

163/19 **Friends and Family Test (FFT) Update**

The report provided an update on the NHS England and NHS Improvement guidance "*Using the Friends and Family Test to Improve Patient Experience*" published in September 2019. The new guidance will replace all previous implementation guidance for the patient focused Friends and Family Test (FFT) and will include a new standard question for all settings: "Overall, how was your experience of our service?".

Changes will come into effect from 1<sup>st</sup> April 2020. A FFT working group including patients, service users, carers and staff is being established to co-produce the Trust's new FFT survey form, systems and processes in line with the new published guidance. The survey forms will be reviewed so there are only two, one of which will be in accessible format. Professor Cooke asked if language could be considered when producing the accessibility form. The first workshop is scheduled for October 2019.

**Resolved:** The Board noted the report

164/19 **Infection Prevention Control Annual Report 2018/19**

The annual report for 2018/19 was presented to the Board by Mrs Gledhill following approval by the Quality Committee. Highlights of the report included:-

- Overall incidence of Healthcare Associated Infection remains low with annually agreed contractual thresholds for Clostridium difficile, MRSA and E.coli and MRSA bacteraemia cases achieved. Both cases of C. difficile have been peer reviewed and were determined to be unavoidable
- The contractually agreed MRSA screening compliance target of 95% for Hull and East Riding has been achieved.
- The Trust determined Infection Prevention and Control Mandatory Training compliance target of 85% has been achieved in all areas including Scarborough and Ryedale.
- The Water Safety Group (WSG) continues to take steps to improve water safety and governance. Despite all actions taken Legionella colonisation within Peeler House and Ouse Unit has remained a challenge.
- An overall improvement has been noted in the environmental audit results achieved in the inpatient units.

Mr Baren commented on the increased uptake of the flu vaccination asking if the campaign for this year will be starting soon. Mr McGowan hopes for a further increase in uptake this year and an increase in peer vaccinators. Dr Byrne felt the reward initiative had worked well and an increased communications campaign would help with this.

The Chair liked the format of the report which linked to the strategic goals and the inclusion of the patient and carer experience.

**Resolved:** The Board ratified the annual report.

165/19 **Board Assurance Framework**

The Quarter 2 2019/20 version of the Board Assurance Framework (BAF) was presented by

Mr Sims who gave a resume of the changes detailed in the report, that had been made since the last update to the Board.

**Resolved:** The report was noted

166/19 **Risk Register**

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any changes since the last report to the Board in July 2019. Eight risks are held on the Trust-wide Risk Register. Three risks previously held on the Trust-wide risk register have been reduced and removed from the Trust-wide risk register for local management within the relevant Care Group / Project Group. Mr Sims provided explanations for the changes to the Risk Register detailed in the report.

Professor Cooke thanked Mr Sims for his work on the document. He asked that for future reports when risks are de-escalated that their previous rating be included. Mr Baren asked about Brexit and whether there were any intentions to increase the risk score. This has been discussed at EMT and due to the mitigations in place it was felt that this should remain as a 12, but this will be monitored.

**Resolved:** The report was noted

167/19 **Any Other Business**

No other business was raised.

168/19 **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.

169/19 **Date and Time of Next Meeting**

Wednesday 30 October 2019, 9.30am in the Conference Room, Trust Headquarters

Signed ..... Date .....  
Chair



**Action Log:  
Actions Arising from Public Trust Board Meetings**

<b>Summary of actions from September 2019 Board meeting and update report on earlier actions due for delivery in October 2019</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
25.9.19	148/19(a)	Patient Story - Co-Production in the Development of the Peer Support Worker Role	A report will be submitted to EMT regarding recruitment, career pathway and how the work can be taken forward.	Chief Operating Officer	November 2019	On the agenda for the formal EMT in November
25.9.19	148/19(b)	Patient Story - Co-Production in the Development of the Peer Support Worker Role	Following discussion at EMT, an update will be included in a future Chief Executive's report.	Chief Executive	January 2020	Work is ongoing
25.9.19	152/19(a)	Performance Report	A post meeting note to be included in the minutes regarding the level of deterioration in the safer staffing dashboard for Malton Hospital.	Director of Finance	October 2019	Post meeting note included in the minutes
25.9.19	152/19(b)	Performance Report	An update to be included in the Chief Executive's next report to explain the actions that have been taken relating to Care programme Approach (CPA) targets.	Chief Operating Officer	October 2019	Complete within the CEO report
25.9.19	152/19(c)	Performance Report	Referral to Treatment (RTT) waiting times will be reviewed outside the meeting and an update provided with the Board.	Chief Operating Officer	October 2019	Complete e mail sent 21.10.19



25.9.19	152/19(d)	Performance Report	A post meeting note will be circulated to the Board to confirm the reasons and actions that will be taken in relation to the Friends and Family test scores	Medical Director	October 2019	Completed e mail sent 27.9.19
25.9.19	153/19	Finance Report	Underlying cash position to be included in future reports	Director of Finance	October 2019	Underlying cash highlighted within the executive summary
<b>Outstanding Actions arising from previous Board meetings for feedback to a later meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
31.10.18	203/18(a)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Updates on progress to be submitted to the Quality Committee and Executive Management Team meetings	Chief Operating Officer	February 2019	Complete – presented at the October Committee Meeting

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

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 30 October 2019			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> <li>Identified within the report</li> <li>Approve the Slavery and Human Trafficking Policy Statement (item 1.5)</li> </ul>			

**Monitoring and assurance framework summary:**

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



## Chief Executive's Report

### **1. Around the Trust**

#### **1.1 Annual Members Meeting (AMM)**

We have received fabulous feedback following this year's AMM, on behalf of the Board I would like to thank all those who took part and special thanks go to our keynote speaker Jenny Tong.

#### **1.2 Patient Safety and NHSI Patient Engagement Film Launch**

The launch of our patient safety and NHSI patient engagement videos took place during the month, demonstrating our commitment to patient safety and patient, carer and community engagement.

#### **1.3 Success in Budapest**

Congratulations to Lucy Roberts, our MSK Practitioner based at Market Weighton Practice. Lucy and her team won gold in Budapest, Hungary for the 2019 World Rowing Masters Regatta. Well done!

#### **1.4 Higher Training Places**

The Trust has been allocated 2 extra higher training places from next August. In addition 2 of Humber's foundation jobs have been 'ear marked' for the Foundation Fellowship. This is an initiative from Health Education England (HEE) to encourage high calibre foundation doctors into psychiatry. There are 40 of these posts in the country and Yorkshire and Humber have been allocated 4 of these posts (2 of which have come to Humber), which is really positive for our future doctors recruitment. Both of these initiatives are fantastic for the organisations post graduate training. We hope that all 4 places will be filled from August 2020, In addition I believe they also indicate HEE's confidence in the Trust as a training provider.

#### **1.5 Slavery and Human Trafficking Policy Statement**

Our web statement in relation to slavery and human trafficking policy statement has been updated and is presented below for approval:

Slavery and Human Trafficking Annual Policy Statement

*This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015*

#### **1. Organisational Structure**

The Trust provides a wide range of health and social care services across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire and provides specialist mental health services to people from across the UK. We became a foundation trust nine years ago.

We employ approximately 2,500 substantive staff who work from 79 of our properties and across 120 sites at locations throughout the East Riding, Hull and Whitby.

#### **2. Our Arrangements to prevent slavery and human trafficking**

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

#### **Policies**

Our commitment to ensure no modern slavery is reflected in a number of our policies and procedures including:

- Adults and Children Safeguarding policies - through these we address modern slavery issues with level three training and also provide e-learning as a stand-alone training module for

modern slavery.

- Raising Concerns and Freedom to Speak Up Policy - this policy reminds anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services that they are able to raise concerns - this includes agency workers, temporary workers, students, volunteers, sub-contractors and governors.

### Recruitment

We operate a robust recruitment policy, including conducting eligibility to work in the UK checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

### Procurement and Supply Chains

When procuring goods and services we apply NHS Terms and Conditions, a contract condition within the terms is compliance with the Modern Slavery Act 2015. All suppliers must comply with this as well as all relevant law and guidance and they are required to use good industry practice to ensure that there is no slavery or human trafficking in its supply chain. It is also a requirement that they should notify the Trust immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

## **2. Around the Region**

### **2.1 Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG)**

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) should move from the North East and North Cumbria Integrated Care System into the Humber, Coast and Vale Health and Care Partnership (HCV) in a move that is supported by NHS England/Improvement. North Yorkshire has a complex geography, with the three CCGs alone covering an area larger than the London NHS region and reconciling the flows of NHS patients with local authority boundaries has always been a challenging feature of the local landscape.

There have been considerable discussions with local stakeholders about developing strategic commissioning and as a result the three North Yorkshire CCGs have moved to shared management arrangements and plan to apply to merge into a single CCG from April 2020.

Moving the Hambleton, Richmondshire and Whitby CCG into the Humber, Coast and Vale Partnership means that a merged CCG would be a member of two, rather than three, ICSs. It also helps to promote greater alignment with North Yorkshire County Council, whilst still supporting a close relationship with the North East and North Cumbria ICS given patient flows to Middlesbrough.

### **2.2 East Riding Local Authority**

Kevin Hall Director of Children's Services has retired and Owen Rush has replaced Kevin in the role.

The Health and Wellbeing Board will be meeting across the patch during the year.

## **3 National News**

### **3.1 National Patient Safety Alerts**

The government plans to require all organisations that issue safety alerts to use a single agreed template overseen by the National Patient Safety Alerting Committee. The new national patient safety alerts will be sent to trusts, pharmacies, GP practices and mental health providers with some alerts targeted to specific sectors. Providers will be expected to have in place senior oversight to ensure action is taken on alerts and, under the new system, Care Quality Commission will be inspecting safety alerts and organisational responses. The Department of Health and Social

Care said the aim of the new system was to remove the current complexity and variation in safety alerts so that important messages are recognised a

### **3.2 Chair of the Mental Health Network Board**

Following to the recent nomination and election process seeking nominations to the vacant NHS Chair representative position on the Mental Health Network board, it has been confirmed that

- Peter Molyneux, Chair, Sussex Partnership NHS Foundation Trust will be joining the board in that role.

### **3.3 NHS Integrated Care Bill**

NHS England and NHS Improvement have published recommendations to the Government and Parliament for an NHS Integrated Care Bill.

The recommendations, which will be presented at the NHS England and NHS Improvement Board are the result of an extended engagement process and have been influenced by NHS staff, patients and local leaders.

The proposed changes in legislation are intended to speed the implementation of the NHS Long Term Plan and remove barriers that make it hard for NHS organisations to collaborate with each other and their many local partners.

#### **Key points:**

- The community and mental health framework sets out a new approach in which place-based and integrated mental health support, care and treatment for adults and older adults are situated and provided in the community.
- The framework places a renewed focus on people living in their communities with a range of long-term severe mental illnesses. It also places a focus on people whose needs are deemed too severe for improving access to psychological therapies (IAPT) services but not severe enough to access services in secondary care.
- These new models of care will span both core community provision and also dedicated services, where the evidence supports them, and they will be built around primary care networks (PCNs).
- The overall approach will be tested using targeted central transformation funding over the next two years. However, NHS England expects that, as a minimum, all local systems start by using the new CCG baseline funding starting from 2019/20 to expand community mental health teams (CMHTs) and align them with PCNs.
- In line with the clinically-led review of NHS access standards, four-week waiting times for adult and older adult CMHTs will be tested in 12 selected areas over the next two years as part of wider testing of these new models in 2019/20 and 2020/21, supported by over £70 million new funding.
- A key component of the framework is setting out a method for coordination of care that will replace the care programme approach (CPA). The new approach intends to enable high-quality, personalised care and support planning in line with the NHS England comprehensive model of personalised care.
- Staff currently working in secondary care community mental health services are the starting point for the workforce of these new models. However, to implement the joined-up approach the framework sets out, it is expected that these teams would “fully integrate” their working with other local services.

- The framework states that a specific community connector or social prescribing link worker may need to be created, or these functions carried out by existing staff, for example peer support workers or care coordinators.

## **4 Director's Updates**

### **4.1 Chief Operating Officer Update**

#### **4.1.1 Care Programme Approach (CPA) – Update on completion of reviews**

The Care Programme Approach (CPA) was introduced by the Department of Health (DoH) in 1990 as a means of ensuring the organisation and co-ordination of safe and effective care provision of mental health services in England. Its aim is to promote social inclusion and recovery and its main elements are predominantly engagement and coordination. The national policy was revised in March 2008 "*Refocusing the Care Programme Approach...*", and clearly outlines requirements for co-ordination of service user's care via a CPA or non CPA pathway. The statutory responsibilities given to NHS organisations and Local Authorities from the NHS and Community Care Act 1990 are integrated and exercised within the CPA process. Therefore, all mental health staff, regardless of professional background, have a duty to arrange and/or undertake a holistic assessment of a service user's health and social care needs. The principles of personalisation, choice and recovery underpin the integrated approach to CPA.

The Trust continues to work to ensure that CPA remains central to the safe and supportive delivery of care to service users and their carers/families/significant others. CPA is the overarching framework and is the basis for decision making with people about their plan of care.

CPA is care management in mental health and the principles of good care coordination include ensuring that reviews are coordinated avoiding duplication of review and purpose. If service users' care is delivered under the CPA framework they must have a multi-agency review at least once a year but these are likely to be needed more regularly. Practitioners should decide if reviews are needed more frequently and should arrange them accordingly. The Care Programme Approach applies to all service users who are accepted for Trust secondary mental health services if they have complex needs, or need input from several agencies or are considered to have a high level of risk. This approach should:

- ensure the physical and emotional safety and wellbeing of service users when assessing needs and planning the provision of care and support
- ensure that the patient's wishes and those of carers, family and others (where appropriate) are taken into account when planning support
- set out the roles and responsibilities of staff in ensuring adherence to the principles of the Care Programme Approach
- set requirements for recording, monitoring and reviewing the service user's care and support plan and any follow-up action

In order to support the requirement to carry out CPA effectively, the Trust continues to expect that the key performance indicator for those service users on CPA is that 95% or above have had a review within the last twelve months. Our Integrated Quality and Performance report has shown that this requirement has not been met since April this year. To address this a number of operational management and clinical leadership actions have been put in place, at the end of September compliance had improved to 94.5% and for the week commencing 21<sup>st</sup> October was at 95.2%. Actions that are in place and being monitored closely are:

- Weekly reports to all teams that show CPA reviews that have expired and those due to expire.
- Individual and team improvement trajectories and remedial actions plans in place for those that require it.
- Regular clinical supervision and caseload management focused on CPA reviews.

- Oversight of the improvement plans at Division level by the General Manager and Clinical Lead through their performance accountability mechanisms
- Oversight of compliance and improvement by the Chief Operating Officer on a weekly basis
- Practice and quality improvement activity to improve the effectiveness of the care plans.
- Utilisation of service user and carer feedback to teams to improve the experience of CPA.
- Reflective practice sessions focused on ensuring the skills, expertise and resources of the teams are fully utilized to provide the most effective care plans, focused on co-production and recovery.

It is critical that our clinical staff carry out CPA reviews in a timely way that places the service users needs at the heart of the plan. Whilst improvement has taken place recently, the attainment of 95% of CPA reviews taking place within 12 months now needs to be achieved consistently and maintained.

## **4.2 Director of Nursing**

### **4.2.1 CAMHS New Build- Update**

The Trust has been advised by the contractors that they are now working to a handover date of 29<sup>th</sup> November, the delay being due to issues in receiving the doors which are being despatched in batches of 13 twice a week. Commissioners are aware of the latest handover date , which with the 3 week period for a deep clean and CQC inspection for registration gives an actual opening date of 23<sup>rd</sup> December. Opening this close to Christmas is not an option therefore we are currently holding the contractor to the date initially agreed with the Trust Chief Executive of the 4th of November. Recruitment of a consultant psychiatrist is ongoing with a potential consultant visiting the site on October 21<sup>st</sup>.

### **4.2.2 CQC Regulation Breaches – Update**

As of October 2019 good progress has been made against the CQC 13 regulation breaches. Of the 82 actions that were identified to address the 13 breaches 67 are closed with the evidence received to support closure of 64 of the actions to date. All actions for Children Services and Learning Disability services are closed and evidence seen to support closure. All remaining actions are on track with the exception of two actions that have gone beyond the expected closure date as follows:

- Specialist Services, Regulation 18 – *The Trust must ensure there are sufficient skilled and competent staff to safely meet the needs of patients.* Due to a delay with obtaining the licence for the validated safer staffing for these services the completion date for the action related to reviewing the staffing establishment has been extended to 31st October 2019.
- Community and Primary Care, Regulation 17 – 1 action is overdue in respect of training for all staff regarding SystmOne care plan due to issues with capacity to release staff for training. The Clinical Systems Training team are developing training videos for SystmOne care plans to be ready for distribution to Operational Leads by Friday 11th October. Evidence that staff are using these will be noted. The clinical systems training team are working to get the training linked with ESR to that this can be evidenced via the ERS reporting.

Revised completion dates have been agreed by the Quality and Regulations Group.

The CQC plans are reviewed by the Quality and Regulation Group, the Quality and Patient Safety Group, the Executive Management Team and the Quality Committee.

### **Process for validating evidence for assurance**

Confirm and challenge meetings are scheduled with the Director of Nursing and Chief Operating Officer with the Clinical Leads/General Managers of the divisions to review the Must Do and



Should Do CQC action plans for their areas with progress. The meetings will focus on progress to date, reviewing the supporting evidence and any further assurances that may be required for specific actions. The meetings will also provide additional support for any areas that are particularly challenging.

#### **4.2.3 Improving The Health and Wellbeing of People in Hull who have Profound and Multiple Learning Disabilities**

In support of the Trust plans to develop better physical health care support for individuals with a profound and multiple learning disabilities we have recently been successful in securing the funding for a 2 year project to employ a physical health doctor within the adult learning disability services. The post was proposed and co-produced with families who care for individuals with profound and multiple disabilities and Hull CCG.

The purpose of the original business case submitted to Hull CCG was to develop a model of care for improving the health outcomes and quality of life of individuals with a Profound and Multiple Learning Disability (PMLD) living in Hull.

The priorities were co-produced with families and include the following 3 objectives:

1. Individual health support plan overseen by a specialist Doctor
2. Care delivered at home
3. Reduced admission to acute hospital care

The Doctor will be based within the learning Disability services and will work with the current Community Learning Disability services to provide the following actions:

- Establish a live PMLD register for adults within Hull
- Provide access to specialist medical support that is holistic and takes account of the discreet support and treatment needs of each individual.
- Ensure all individuals with a PMLD have clearly documented health information that can be quickly shared with others to help the delivery of appropriate care and support at all times
- Include a health action plan, postural management plan, moving and handling risk assessment and communication passport
- Ensure timely access to multi-disciplinary team of specialist therapists and nurses.
- Adopt a preventative model of care in relation to PMLD health needs
- Maximise communications between primary and secondary health care services
- Support the transition of clients with PMLD from children's services to adult services enabling continuity of health care service provision
- Increase knowledge and skill base of health care professionals and carers working with the PMLD population of Hull

The number of people with PMLD who would benefit from the proposed service is 102. This figure only includes adults there is further work required to identify the young people who will be transferring from children's services within the next 2 years.

The proposal has attracted national interest and has featured in the national press as a progressive move to close a gap in the inequalities in health care for individuals with a learning disability.

Hull CCG in partnership with HTFT NHS have submitted a bid for the whole project to be evaluated to Health Education England .We have been informed that the bid has been successful .The learning is expected to be shared nationally .The Minister for health is being briefed on the innovation .

### **4.3 Medical Director**

#### **4.3.1 Clinical Excellence and Innovation**

The Medical Directorate held its inaugural conference focussing on clinical excellence and

innovation on Wednesday 16<sup>th</sup> of October. Professor Wendy Burn, President of the Royal College of Psychiatrists was the key note speaker and focused on recruitment and retention in the mental health setting. The afternoon key note speaker was Paul Jennings, National Program director for the High Intensity Network. The agenda was otherwise led by our own senior clinicians covering areas such as addictions, perinatal mental Health and our HSJ nominated frequent attendee service. Feedback is currently being collated by the team, however informally the event was well received and the aspiration is to make this an annual event.

#### **4.3.2 Armistice Day Service**

The Trust, as part of its work program with regard to achieving veterans aware status will be holding an Armistice day service in Trust HQ led by the Trust's Chaplin Eve Rose. The event will be open to all staff and full details will be communicated shortly to all staff.

#### **4.3.3 Medical Directors Forum Seminar**

I attended the Medical Directors Forum seminar with Professor Stephen Powis, National Medical director for NHS England took place on 25<sup>th</sup> October. Prof. Powis was keen to engage with the forum and to hear more about the priorities and concerns of its members. We were also provided with an update on the national policy landscape including a perspective on the Long Term plan.

#### **4.3.4 Royal College of Psychiatrist Engagement Event**

The Royal College of Psychiatrist held an engagement event on World Mental Health day. Key themes were discussed including recruitment and retention in the NHS, In addition Simon Stevens, Chief executive of NHS England made his ambitions clear with regard to improving the estate of Mental Health providers in addition to repatriating work into the NHS from the private sector.

### **4.4 Director of Workforce and Organisational Development Update**

#### **4.4.1 Staff Survey**

The staff survey went live on 8<sup>th</sup> October. There has been a communications plan put in place to encourage completion and remind staff of what we have done as a result of previous survey results. At the time of writing (18<sup>th</sup> October) the Trust was at 14% completion.

#### **4.4.2 Flu Vaccinations**

Following national delays with delivery, the Trust finally took delivery of the flu vaccination on 17<sup>th</sup> October, commencing vaccinations immediately, starting with the Leadership Forum on 17<sup>th</sup>. There are numerous clinics across the Trust in coming weeks for staff to come along and have their vaccination. The Trust incentivizes take up by offering a day's annual leave if along with a vaccination, appraisal and statutory and mandatory training are up to date.

#### **4.4.3 Leadership Forum**

Following a consultation exercise the refreshed leadership Forum took place on 17<sup>th</sup> October. The Forum heard from an external speaker, Mike Jones, on vulnerability in leadership as well as having time on the recent Mental Health Community Survey results. For the first time, 'future leaders' nominated by Executive's attended the forum for development.

#### **4.4.4 Strategic Workforce Forum**

The Director of Workforce and OD attended the Forum on 15<sup>th</sup> and 16<sup>th</sup> October. Highlights included a presentation on the global health care challenge, a case study on staff engagement, and a presentation and workshop with NHSI's new Chief People Officer, Prerana Issar, on the People Plan.

### **5 Trust Policies**

No policies have been presented to sub committees of the Board for approval since the last report to Board in September that require ratification by Board.

## **6 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:

<b>PAGE</b>	<b>VIEWS</b>
<b>Contact Us</b>	3,264
<b>Services: MHRs</b>	2,344
<b>Children's Language Resources</b>	2,128
<b>Services</b>	1,995
<b>Paediatrics SLT</b>	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 (10<sup>th</sup> 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 (16<sup>th</sup> 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 (10<sup>th</sup> 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

## **7 Health Stars Update**

### **7.1 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.

### **7.2 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 10<sup>th</sup> October.

It was excellent to attend the Persimmon Homes Gala Dinner in York on 8<sup>th</sup> 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.

### **7.3 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.

### **7.4 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.

#### **7.5 Circle of Wishes**

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

#### **7.6 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.

#### **7.7 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.

#### **7.8 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:	Trust Board Public Meeting - 30 <sup>th</sup> October 2019			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	17/10
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ol style="list-style-type: none"> <li>I. State of Care The Annual Assessment of Health Care and Social Care in England</li> <li>II. Evaluation of the NHS Workforce Race Equality Standard (WRES)</li> <li>III. 'People' not 'beds' — changing the language we use in health and social care</li> <li>IV. Data on patient safety incident reporting and how we use incident reports to improve safety</li> <li>V. The role and remuneration of chairs and non-executive directors in NHS trusts and foundation trusts</li> </ol>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			



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

## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### 1. **State of Care The Annual Assessment of Health Care and Social Care in England** Care Quality Commission (CQC) 15<sup>th</sup> October 2019

State of Care is the CQC's annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

The CQC summary states; Most of the care that we see across England is good quality and, overall, the quality is improving slightly. But people do not always have good experiences of care and they have told us about the difficulties they face in trying to get care and support. Sometimes people don't get the care they need until it's too late and things have seriously worsened for them.

This struggle to access care can affect anyone. Too many people find it hard to even get appointments, but the lack of access is especially worrying when it affects people who are less able to speak up for themselves – such as children and young people with mental health problems or people with a learning disability. Too often, people must chase around different care services even to access basic support. In the worst cases, people end up in crisis or with the wrong kind of care. [Read the summary online and download the full report.](#)

**Lead: Chief Executive**

**This report will be discussed by the Quality Committee.**

### 2. **Evaluation of the NHS Workforce Race Equality Standard (WRES)** NHS England 20 September

This document is an interim report detailing the first six months of an evaluation of the WRES. This is an independent evaluation, conducted at the University of Sheffield, in conjunction with Lancaster University, with funding provided by NHS England. <https://www.england.nhs.uk/publication/evaluation-of-the-nhs-workforce-race-equality-standard-wres/>

**Lead: Director of Workforce & Organisational Development**

**This has been shared with the Trust ED&I workforce lead and will help shape future work on the WRES and our People Strategy.**

### 3. **'People' not 'beds' — changing the language we use in health and social care** NHS Improvement 9 October 2019

We are changing the language around Delayed Transfers of Care (DTOCs) across health and social care — encouraging organisations to refer to, and report on, people delayed within hospitals rather than the beds they occupy. By doing this, we hope to further highlight the harmful impact (such as deconditioning) that can result from prolonged hospital stays and delayed discharges.

**Lead: Executive Management Team**  
**Noted and will be followed through.**



#### **4. Data on patient safety incident reporting and how we use incident reports to improve safety** NHS Improvement 2 October 2019

We have published our latest bi-annual official statistics on patient safety incidents reported to the National Reporting and Learning System (NRLS) by each NHS trust between October 2018 and March 2019, and provide national patterns and trends on incident reporting between April 2018 and March 2019.

Tailored reports on individual reporting patterns for October 2018 to March 2019 are available via the NRLS explorer tool. These reports have been created to support you to analyse and improve your reporting culture.

We have also published our sixth patient safety review and response report, showing how we used incident reports to identify and address 'under-recognised' safety issues between October 2018 and March 2019.

**Lead: Director of Nursing**

**The Trust has received the bi-annual patient safety report from NHS Improvement summarising incident reporting data for October 2018 to March 2019 from the National Reporting and Learning System (NRLS).**

**The Trust remains in the top quartile of reporting organisations within the cluster which is positive. A significant improvement has been seen in terms of the Trust's timeliness of upload to the NRLS. When compared to the previous year's position, the Trust has improved from a 42 day average timescale for upload, to 6 days which is in line with NRLS best practice (7 day turnaround).**

**In terms of incident severity the Trust's reported incidents are in line with national averages with slightly less moderate and severe harm incidents, and slightly more low harm incidents. This is reflective of the Trust's incident themes and trends, and the work undertaken by the daily corporate huddle to appropriately categorise and grade incident prior to upload to the national system.**

**The report has been discussed at the Trust's Clinical Risk Management Group and an update on the benchmarking data provided in the summary was reported to the Quality Committee.**

#### **5. The role and remuneration of chairs and non-executive directors in NHS trusts and foundation trusts** NHS England and NHS Improvement 26 September 2019

One of the actions in the interim NHS People Plan published in June was to develop competency frameworks for senior NHS leadership roles to assist in the recruitment, development and appraisal of leaders. Many have been involved in the co-creation of the provider chair development and appraisal frameworks that are the beginning of this work. also for some time there has been a growing disparity between the remuneration of the chairs and non-executive directors of NHS trusts and those of NHS foundation trusts. It has recently been agreed to align remuneration for these two groups, by April 2022 and 3 documents have been published.

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 thirty-month period of phased alignment will begin this October, focusing first on establishing a standard level of remuneration for NEDs and addressing the most significant discrepancies across chair roles.

**Lead: Chairman / Director of Workforce & Organisational Development**

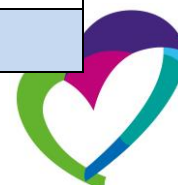
**The guidance will apply to newly appointed or re-appointed non executives directors and chairs. Foundation Trusts are expected to follow the guidance and a paper will be presented to the next Governor Appointments, Terms and Conditions Group.**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> October 2019			
Title of Report:	Performance Report - Month 6 (September)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of September 2019.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	x
	Mental Health Legislation Committee		Operational Delivery Group	x
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p><b>Exception reporting and commentary is provided for each of the reported indicators:</b></p> <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>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 <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting	Yes	If any action required is	N/A	Comment



this paper to Trust Board?		this detailed in the report?		
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



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:  
Sep-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: **Sep 2019**

<b>Purpose</b>	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.		
<b>What are SPCs?</b>	<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>		
<b>Strategic Goal 1</b>	Innovating Quality and Patient Safety	<b>Strategic Goal 4</b>	Developing an effective and empowered workforce
<b>Strategic Goal 2</b>	Enhancing prevention, wellbeing and recovery	<b>Strategic Goal 5</b>	Maximising an efficient and sustainable organisation
<b>Strategic Goal 3</b>	Fostering integration, partnership and alliances	<b>Strategic Goal 6</b>	Promoting people, communities and social values
<b>Key Indicators</b>	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts		
Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services	
Dashboard	Mortality	Learning from Mortality Reviews	
Goal 1	Incidents	Total number of incidents reported on Datix	
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses	
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded	
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends	
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care	
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital	
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months	

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Sep 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

# Quality Dashboard

Mortality Dashboard

Quarter 2

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

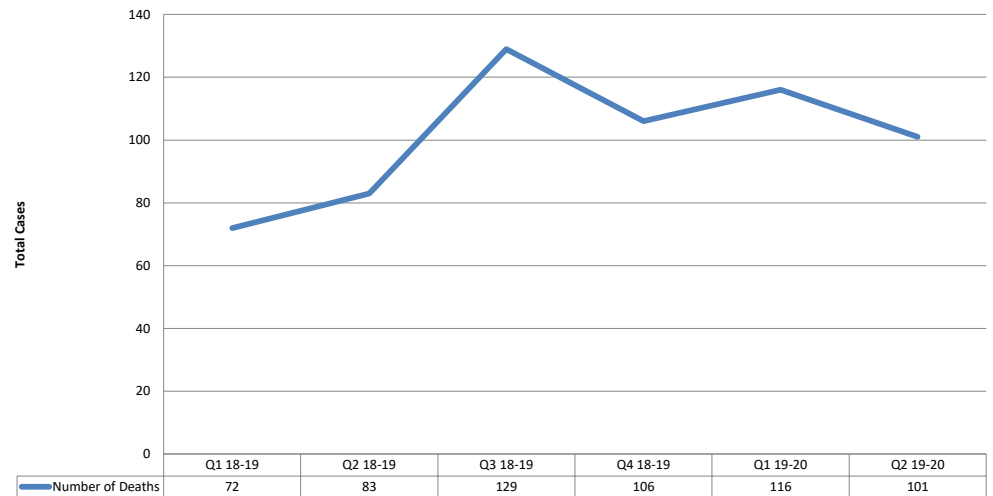
Total Number of Deaths and Deaths Reviewed  
(does not include patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2019/20	116	101			217
Total Number of Natural Deaths	103	91			194
Proportion of Natural Deaths	88.8%	90.1%			89.4%
Total Number of Deaths - Community Hospitals	27	28			55
Total Number of Deaths - MH Inpatients	0	1			1
Total Number of Deaths - LD Inpatients	0	1			1
Total Number of Deaths - Forensics Inpatients	0	0			0
Total Number of Deaths - All Community excl. MH	55	44			99
Total Number of Deaths - MH Community	38	28			66

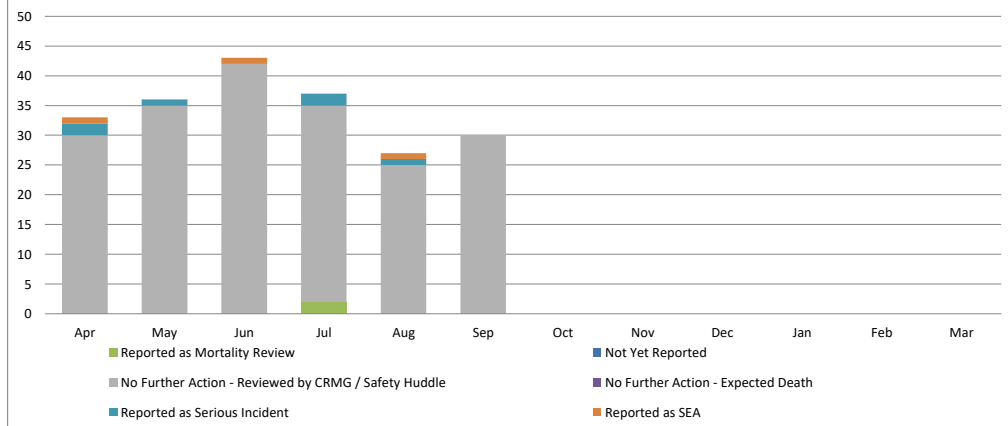
## Review Process

Reported as Mortality Review	0	2			2
No Further Action - Reviewed by CRMG / Safety Huddle	107	88			195
No Further Action - Expected Death	0	0			0
Reported as Serious Incident	3	3			6
Reported as SEA	2	1			3
	0	0			0
	0	0			0
<b>Total Deaths Reviewed</b>	<b>112</b>	<b>94</b>			<b>206</b>
Not Yet Reported	0	0			0
Awaiting Cause of Death	3	7			10

## Total Number of Deaths per annum



## Outcome of Death Reviews





# Quality Dashboard

Mortality Dashboard

Quarter 2

Description : Learning from Mortality Reviews

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Number of LD Deaths in Inpatients	0	1			1

Key Messages/Learnings:- Deaths/Mortality

The Trust's data over the last three quarters has remained consistent. The increases in Q2/3 noted at the last board has been reviewed and found to be in line with the addition of a new service (Scarborough and Rydale) which had not previously reported all cause mortality whilst with a different provider. We are satisfied that there is consistency in expectation and understand with regard to reporting of mortality across all of our services.

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2019**

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

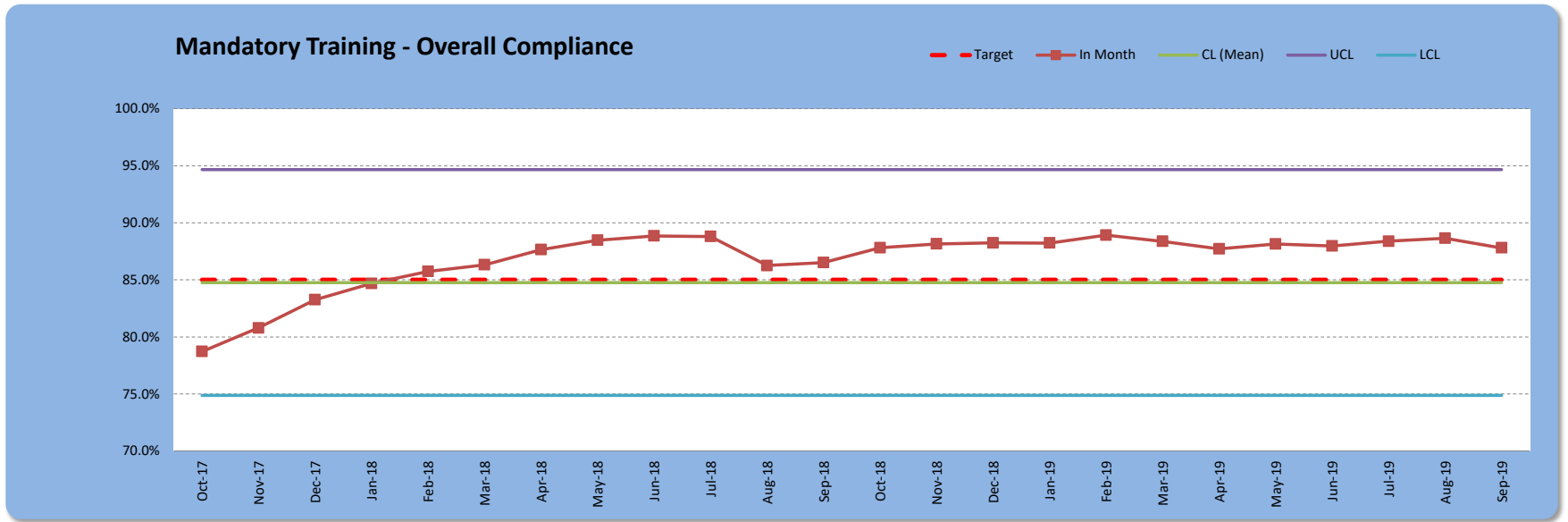
KPI Type
WL 5

**Narrative**

Above Target

Target: 85%  
Amber: 75%

Current month stands at 87.8%



### 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. More detailed information regarding those courses below target is provided to the Workforce and OD Committee.

### Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have five courses rated amber (IG 91.0%, MAPA 82.8%, Moving and Handling 84.7%, ILS 80.6% and MHA 84.0%). 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: **Sep 2019**

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

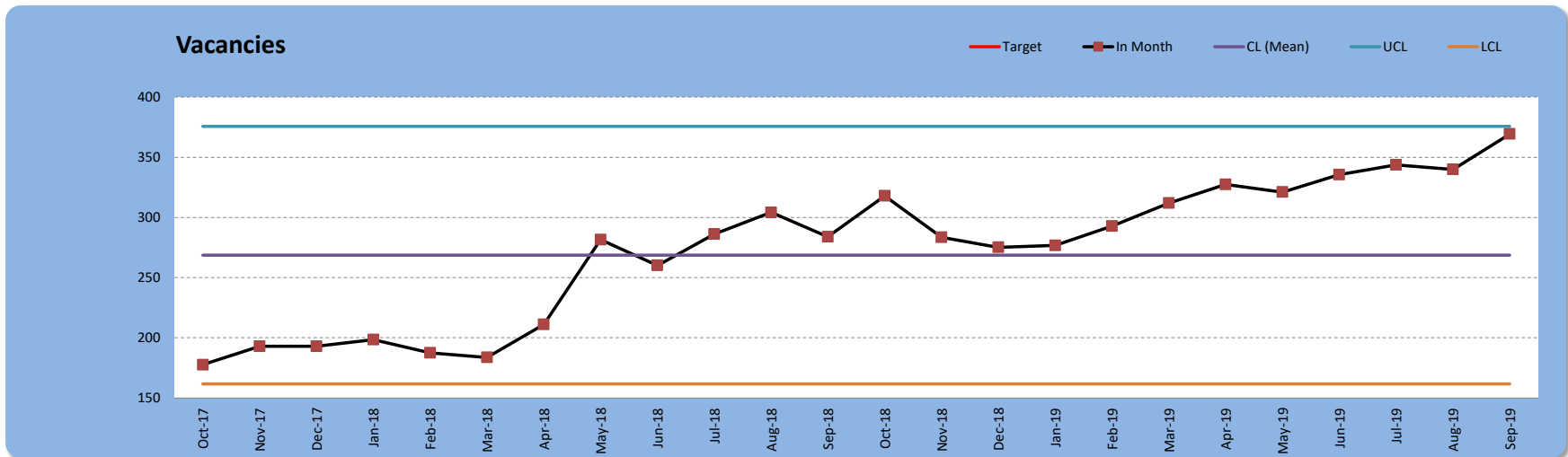
KPI Type

WL 2 VAC

**Narrative**

within control limits

Target: TBC  
Amber: TBC  
Current month stands at 369.4



### Exception Reporting and Operational Commentary

The highest levels of vacancies is for qualified nursing (127.9 FTE vacancies, 15.7% of establishment) Consultant roles (15.7 FTE vacancies, 23.9% of establishment). Operational Delivery Group are formulating plans to address this. The first 5 months of 2019 has seen an average time to recruit reduction of 33.84 days (117.88 compared to 84.04 in 2018).

Recruitment and Retention will be discussed at the workforce summit arranged for the 4th of November

### Breakdown of Vacancies per Care Group

Number of Vacancies as @ 30/09/19

- Corporate 63.8 WTE (12.6%)
- Mental Health Services Care Group 123.7 WTE (13.8%)
- Primary Care, Community, Children's and LD Services 158.5 WTE (14%)
- Specialist Services 23.4 WTE (9.8%)
- Total 369.4 WTE (13.34%)

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Sep 2019**

Indicator Title

Description/Rationale

Incidents

Total number of incidents reported on Datix

Executive Lead  
Hilary Gledhill

KPI Type

IQ 6

### Narrative

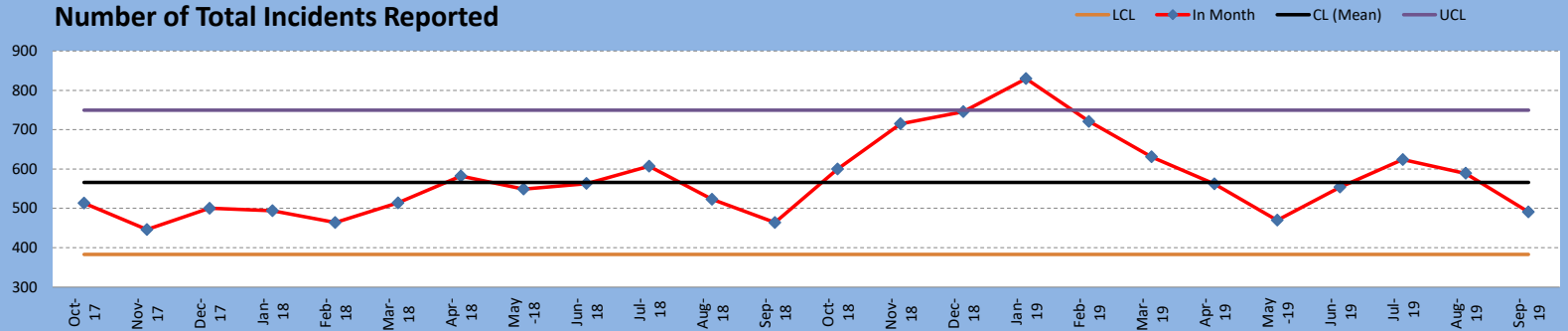
Within Control Limits

UCL: 749

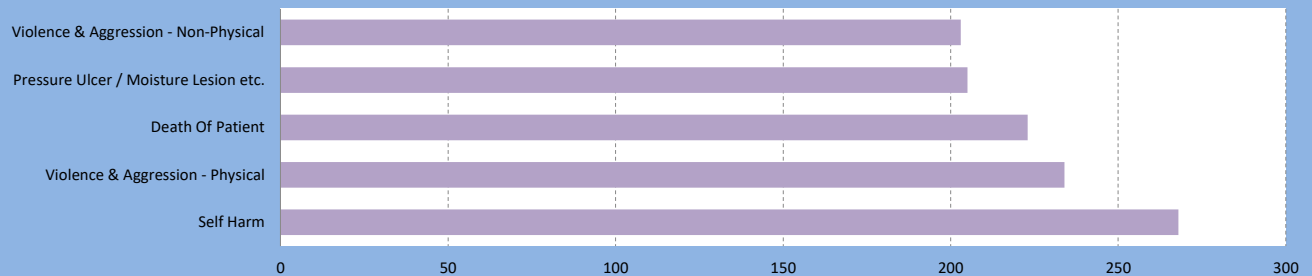
LCL: 383

Current month stands at 491

### Number of Total Incidents Reported



### 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 continued to reduce for September 2019 and dropped below the average reporting rate when compared to the previous two reporting years. For September 2019, 97.7% 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, 93.8% resulted in no harm or low harm, with 6.2% 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 September 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: **Sep 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

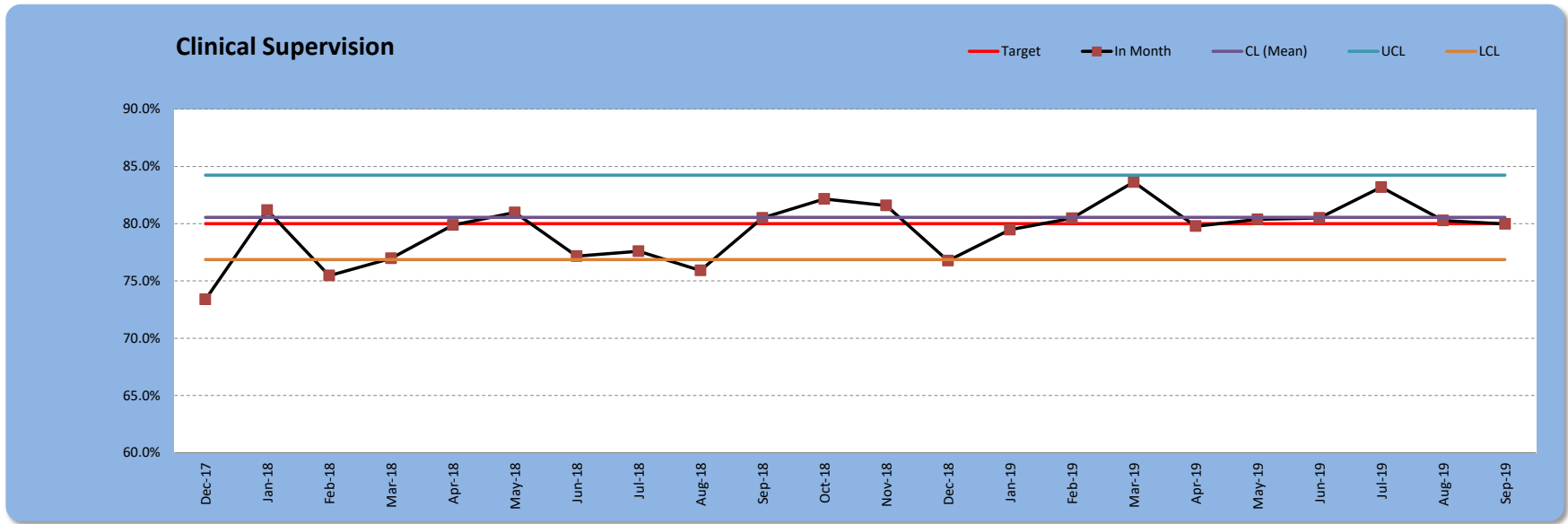
KPI Type
WL 9a

**Narrative**

Performance above target.

Target: 80%  
Amber: 75%

Current month stands at 80.0%



### Exception Reporting and Operational Commentary

There has been a slight decrease in September although the compliance target was met. There were 25 nil returns which are all being followed up by the senior managers. Supervision compliance is available and discussed at team level for all the inpatient teams through safer staffing reporting and new dashboards which include safer staffing compliance which are being developed and rolled out 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:	Aug-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)	Jul-19	Aug-19	
Adult MH	Avondale	Adult MH Assessment	28.8	60%	16.16	23.4%	↓	2.0%	↑	75%	72%	82%	121%	0	1	0	0	89.7%	91.6%	100.0%	90.0%	96.9%	7.2%	4.2	2	3	
	New Bridges	Adult MH Treatment (M)	38.4	89%	9.11	11.5%	↓	0.8%	↓	78%	91%	82%	117%	3	4	0	0	78.9%	97.9%	100.0%	96.0%	95.5%	6.2%	1.0	2	2	
	Westlands	Adult MH Treatment (F)	35.6	85%	8.83	28.5%	↓	5.1%	↑	67%	92%	93%	104%	1	13	0	0	87.5%	92.0%	93.3%	95.0%	89.7%	18.4%	2.0	4	2	
	Mill View Court	Adult MH Treatment	29.0	96%	8.01	22.0%	↓	1.0%	↓	79%	96%	84%	118%	0	0	0	0	79.3%	93.0%	90.9%	82.4%	86.7%	8.3%	2.8	4	3	
	Hawthorne Court	Adult MH Rehabilitation	23.8	44%	13.40	33.0%	↑	0.7%	↓	65%	81%	110%	97%	0	3	0	0	87.0%	92.4%	70.0%	100.0%	77.8%	11.3%	1.4	3	2	
OP MH	PICU	Adult MH Acute Intensive	24.1	46%	22.85	40.5%	↓	0.6%	↑	63%	132%	75%	123%	0	8	0	0	100.0%	87.8%	92.9%	84.6%	88.5%	9.0%	6.0	3	2	
	Maister Lodge	Older People Dementia Treatment	36.2	89%	13.06	15.0%	↓	0.0%	↑	58%	116%	110%	102%	0	9	0	0	100.0%	89.9%	100.0%	96.3%	100.0%	3.4%	1.6	1	1	
Specialist	Mill View Lodge	Older People Treatment	24.8	103%	12.58	14.8%	↓	0.4%	↑	80%	82%	100%	110%	0	1	0	0	60.9%	96.8%	92.3%	100.0%	86.2%	7.0%	0.8	2	3	
	Darley	Forensic Low Secure	23.3	100%	11.48	19.1%	↓	0.0%	→	65%	85%	100%	103%	0	1	0	5	100.0%	95.8%	100.0%	88.2%	87.5%	7.0%	3.0	1	2	
	Derwent	Forensic Low Secure	28.9	87%	19.38	47.4%	↓	0.0%	→	52%	89%	103%	85%	0	0	0	0	81.5%	90.0%	75.0%	91.3%	46.9%	13.4%	3.1	4	3	
	Ouse	Forensic Low Secure	23.9	93%	7.95	21.1%	↓	6.3%	↓	69%	88%	100%	127%	1	0	0	14	96.3%	90.9%	100.0%	78.9%	92.9%	10.5%	2.4	2	2	
	Swale	Personality Disorder Medium Secure	26.9	58%	15.48	36.8%	↑	0.0%	→	58%	97%	100%	143%	0	0	1	0	96.2%	95.0%	100.0%	89.5%	86.2%	10.4%	3.0	1	2	
LD	Ullswater	Learning Disability Medium Secure	26.2	65%	16.51	35.3%	↑	0.0%	→	65%	113%	101%	82%	0	0	0	5	100.0%	94.1%	90.0%	94.1%	92.9%	6.6%	1.0	1	2	
	Townend Court	Learning Disability	38.7	29%	41.78	30.8%	↓	0.0%	→	51%	95%	50%	117%	1	5	0	0	77.4%	86.8%	84.6%	92.0%	80.0%	6.0%	4.9	4	4	
CH	Granville Court	Learning Disability Nursing Treatment	39.3	Not Avail	n/a	36.0%	↓	0.0%	→	94%	86%	100%	105%	0	0	0	n/a	95.7%	90.6%	90.0%	73.5%	80.8%	3.5%	1.0	1	0	
	Whitby Hospital	Physical Health Community Hospital	33.3	100%	6.19	0.0%	→	0.0%	→	95%	100%	104%	97%	1	0	0	n/a	80.0%	86.3%	68.4%	89.5%	65.0%	8.3%	-1.0	2	2	
	Malton Hospital	Physical Health Community Hospital	30.1	96%	6.26	Not on eRoster	→	Not on eRoster	→	85%	89%	106%	84%	0	0	0	n/a	46.9%	78.8%	64.7%	86.4%	53.8%	5.8%	2.5	3	4	

### Exception Reporting and Operational Commentary

CHPPD- Ouse is flagging red this month with a CHPPD at 7.95% compared to 8.07 in previous months. Good compliance with quality indicators with the exception of sickness is however noted. Failed section 17 leave is also noted. Two members of staff on long term sickness have recently returned to work therefore CHPPD should show an improvement in the next report. The Clinical lead has been requested to review Ouse in terms of safer staffing and the impact on care delivery and to provide the Director of Nursing with some improvement actions. Millview Court and Westlands are both flagging amber however their CHPPD is slightly improved when compared to the previous month. Despite good fill rates for Whitby their CHPPD has slightly reduced this month as is also the case for Malton. Work is currently underway to review the establishments using a validated tool. It is however of note that there is no national benchmark for community hospitals in relation to CHPPD. Two units are flagging 4 (amber) in terms of failing quality indicators- Townend Court which is due in the main to low fill rates for registered nurses however bed occupancy is low at 29%; and Malton Hospital which has reasonable fill rates however it has high bed occupancy. It is noted a relatively new ward manager is in post. A supportive visit is to be undertaken by the nursing directorate. High levels of sickness across the inpatient units continue to be a concern with all being managed in line with Human Resources policies.

The YTD figure for Failed Leave for Ouse shows a total of 14. However, this has significantly reduced recently with only two cancelled in August.

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%	14.30%							

### Slips Trips and Falls

Unit/Hospital	Apr	May	Jun	Jul	Aug
Maister Lodge (206330)	3	4	1	2	4
Mill View Lodge (206332)	1	3	1	2	0
Malton District Hospital	0	0	0	0	0
Whitby District Hospital	1	3	10	4	3

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: **Sep 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

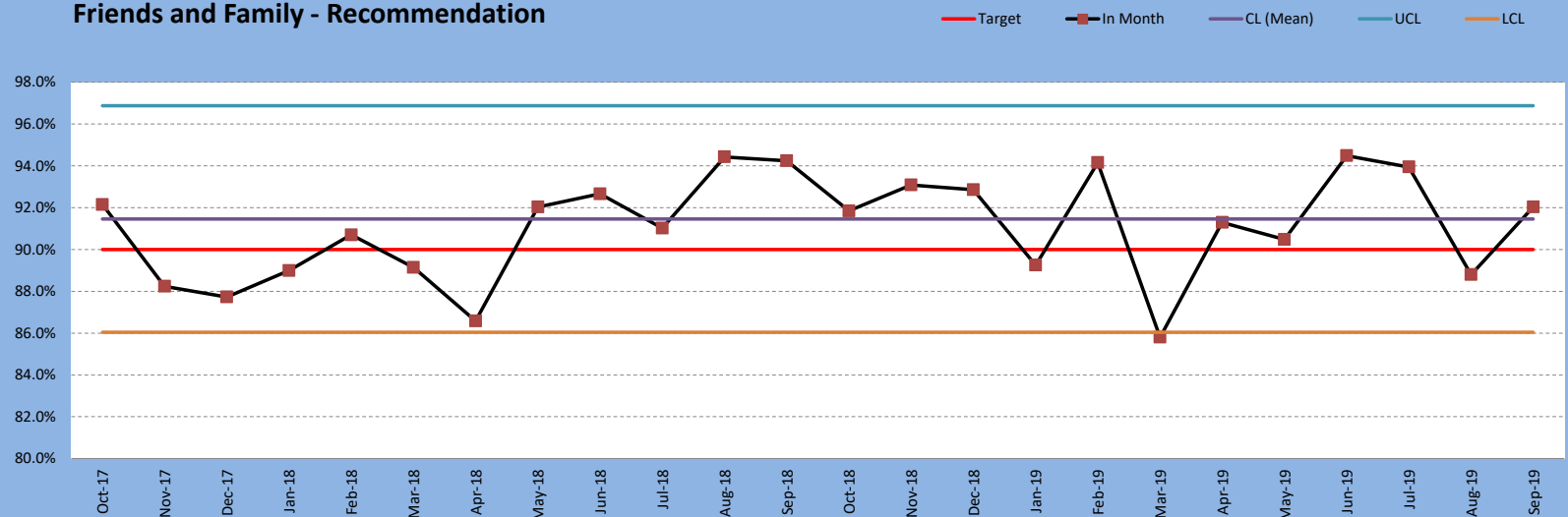
In below target by 0.5%

Target: 90%

Amber: 80%

Current month  
stands at  
92.0%

### Friends and Family - Recommendation



### Exception Reporting and Operational Commentary

The FFT recommendation score has increased and now above target at 92%

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. An initial workshop to commence co-produced changes for the Trust surveys will be held on 30th October with staff, patients, service users and carers.

### Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Mjog data is now included for the two Hull GP's.

The number of Friends & Family returns received for Sep is 666.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 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

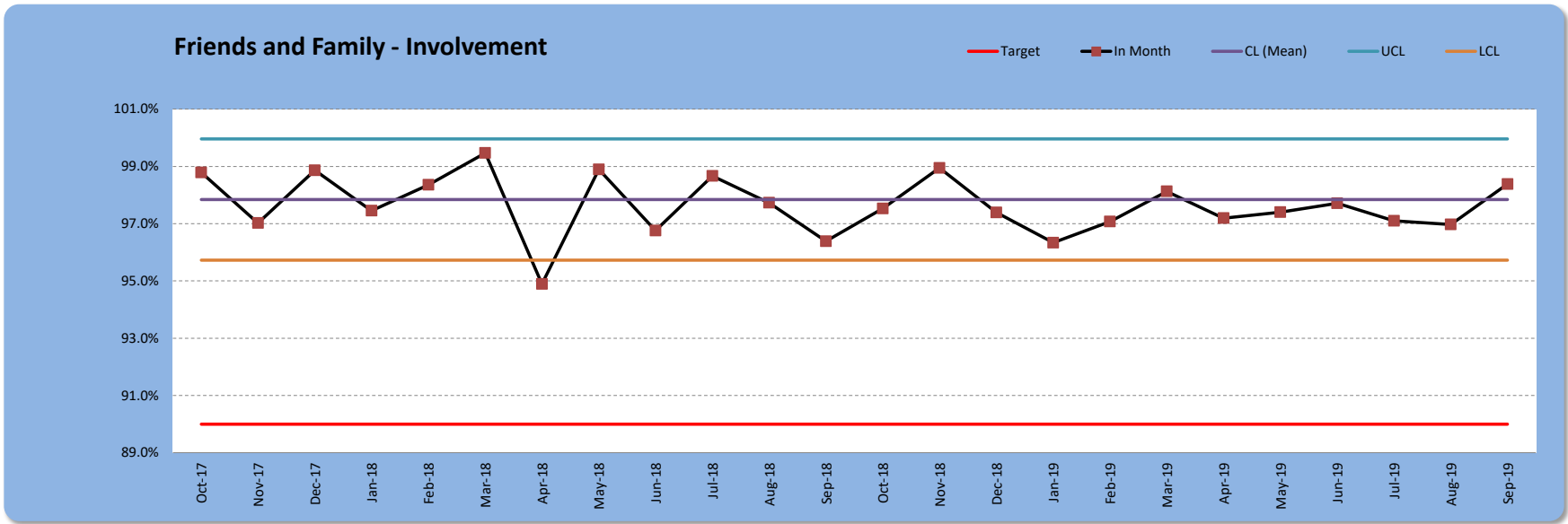
KPI Type
CA 3c %

**Narrative**

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 98.4%



### Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a current month score of 98.4%. 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: **Sep 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

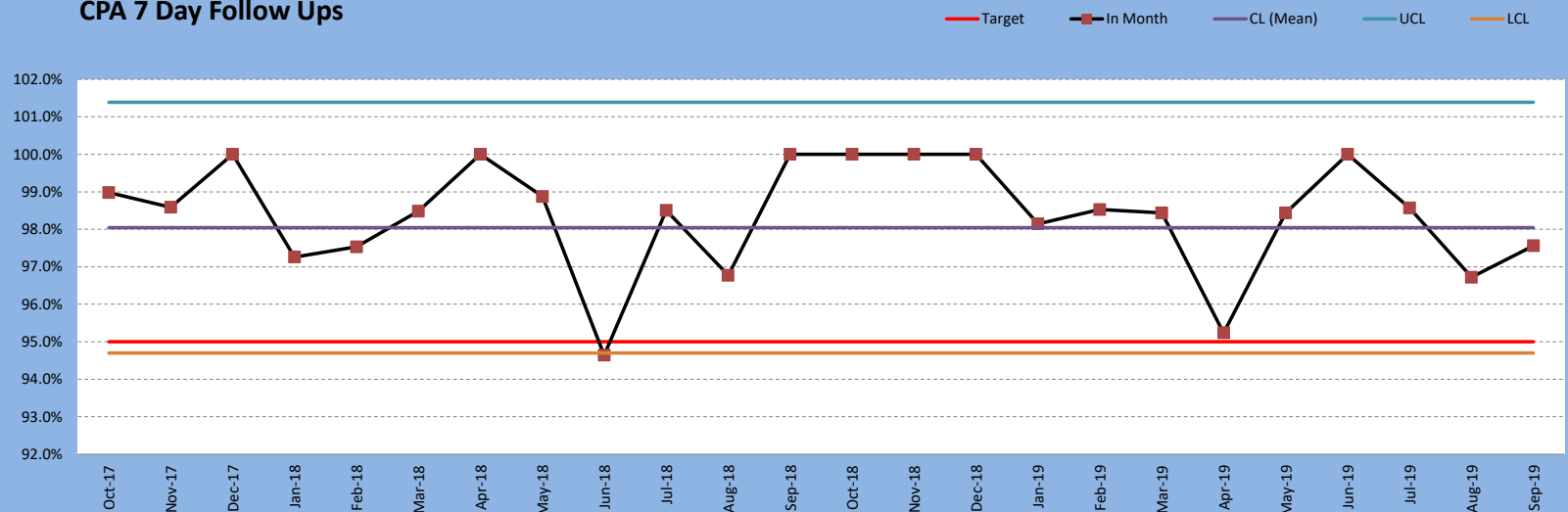
2 breaches, but remains above target

Target: 95%

Amber: 85%

Current month stands at 97.6%

### CPA 7 Day Follow Ups



### Exception Reporting and Operational Commentary

There were two breaches in September. One patient missed by the team but subsequently seen outside of timescale. One patient left no forwarding address or contact details and is still yet to be seen.

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

CQUIN - 76.4% of follow ups in scope achieved within 3 days which is a reduction on last month.

From October IBR we will be monitoring these follow ups more closely as part of the CQUIN. This will be shown here as a table with expected payment results.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 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

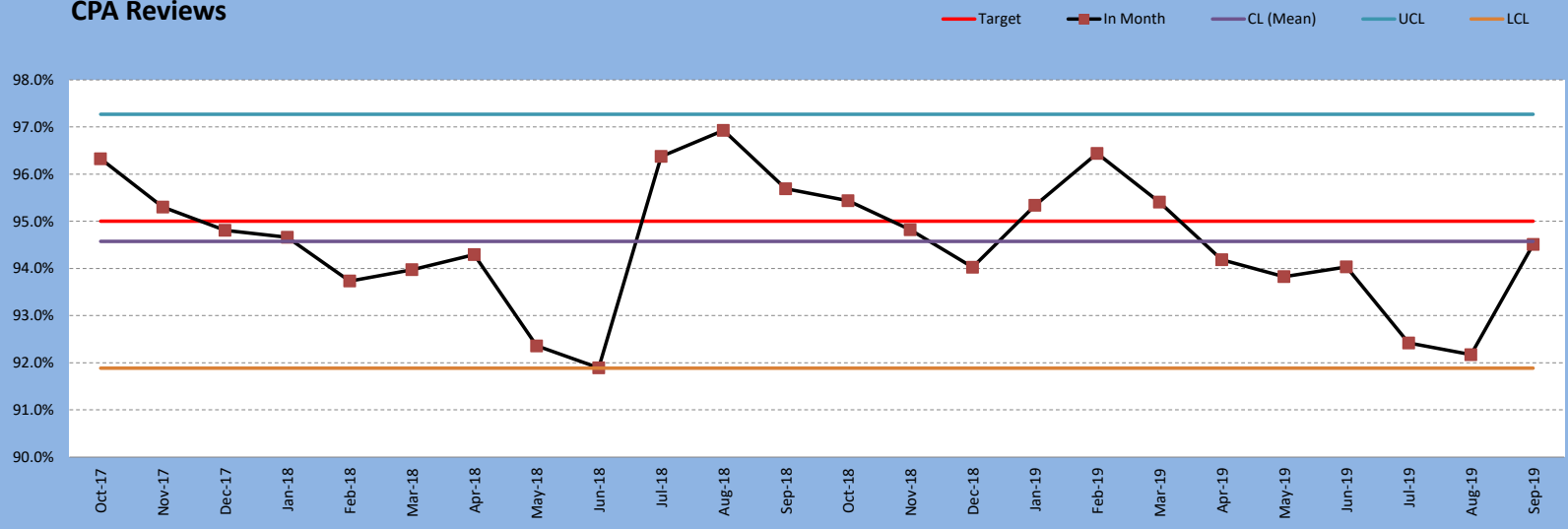
Performance increase, still below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 94.5%

### CPA Reviews



### Exception Reporting and Operational Commentary

The CPA compliance is below target for Aug-19 but has improved from last month and is within control limits. The division continues 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 East have improved this month but more focus on Hull West is taking place. Other specific actions include regular provision of individual 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 Division General Manager 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 whilst performance has improved this month it remains under the target.

### Business Intelligence

Teams with Fluctuating Compliance	Apr	May	Jun	Jul	Aug	Sep	Trend
Beverley Mental Health Team	95%	96%	92%	94%	97%	95%	
Bridlington and Driffield Mental Health Team	98%	99%	98%	94%	92%	94%	
Haltemprice Mental Health Team	94%	95%	94%	94%	92%	94%	
Holderness Mental Health Team	89%	89%	90%	89%	93%	90%	
Hull East Community Mental Health Team	88%	87%	86%	80%	86%	99%	
Hull West Community Mental Health Team	91%	89%	92%	87%	83%	90%	
Humber Memory Service	100%	100%	92%	93%	100%	78%	
Personality Disorder Team	91%	82%	92%	91%	73%	83%	
Recovery Support Team Early Interventions PSYPHER	97%	97%	96%	94%	88%	96%	
Specialist Psychotherapy Services	75%	83%	100%	100%	67%	67%	
Trustwide	94.2%	93.8%	94.0%	92.4%	92.2%	94.5%	

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 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

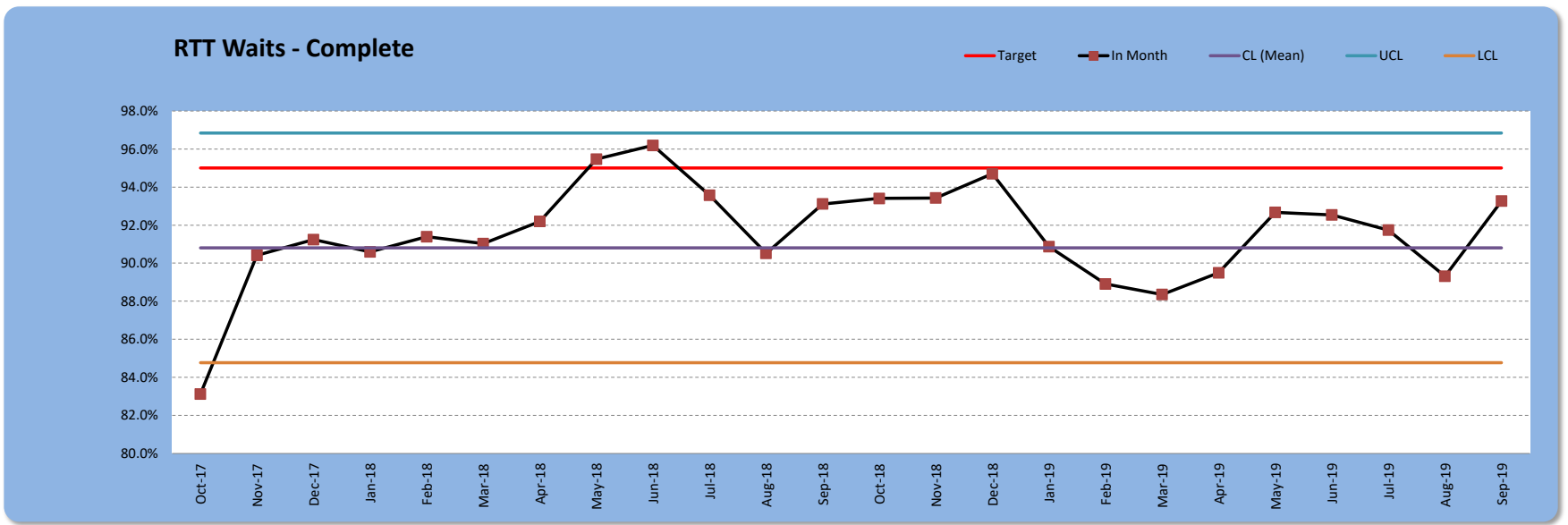
**Narrative**

Below the mean and slight reduction on previous month

Target: 95%

Amber: 85%

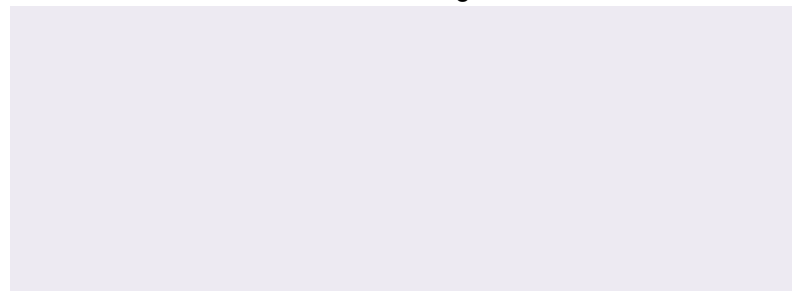
Current month stands at 93.3%



### 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: **Sep 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

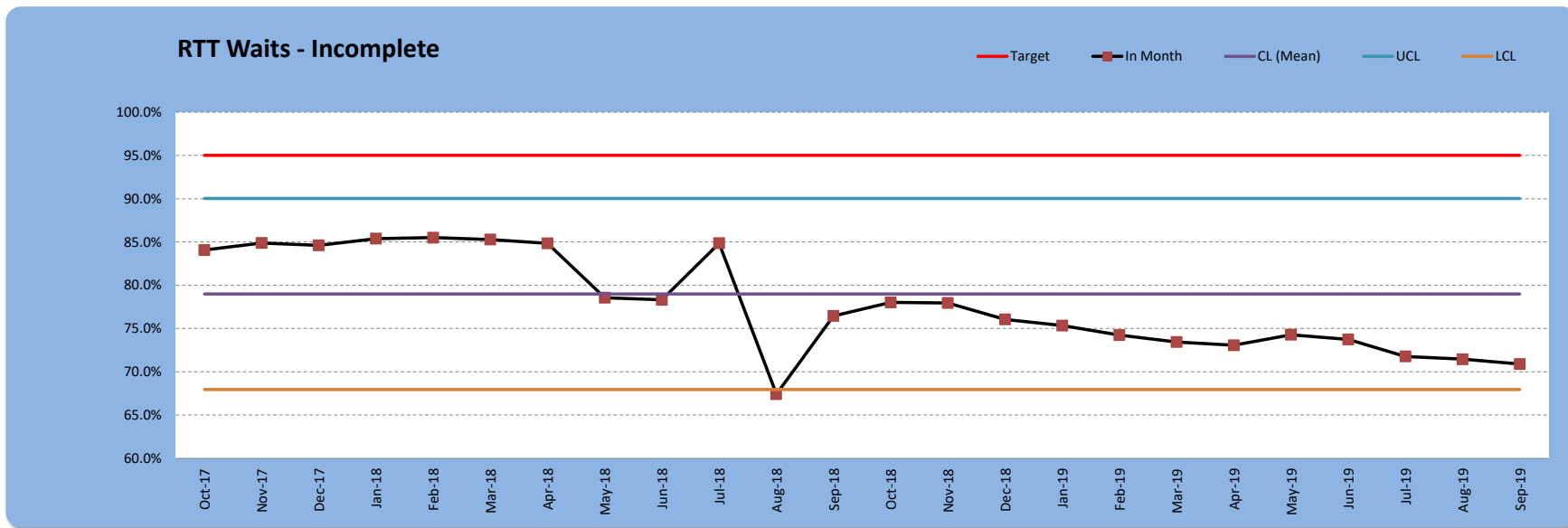
KPI Type
OP 21

**Narrative**

slight improvement from previous month

Target: 95%  
Amber: 85%

Current month stands at 70.9%



### 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

Over the past 3 months we have seen the patients waiting more than 52 weeks increase from 2251 to 2473 (+222).

The services which have made the largest increase are Scarborough & Ryedale (+193), Paediatric ASD (+172), Department of Psychological Medicine (+31) and Adult ASD (+25). Paediatric Therapies (-118) and CAMHS (-124) have made the biggest improvement with this indicator.

Scarborough & Ryedale position has increased since the introduction of Continuing Healthcare (+174) which we started in Apr-19. The currently list of 174 patients requires validating by the service before we can confirm its an accurate position. This will take place in October/November.

# PI RETURN FORM 2019-20

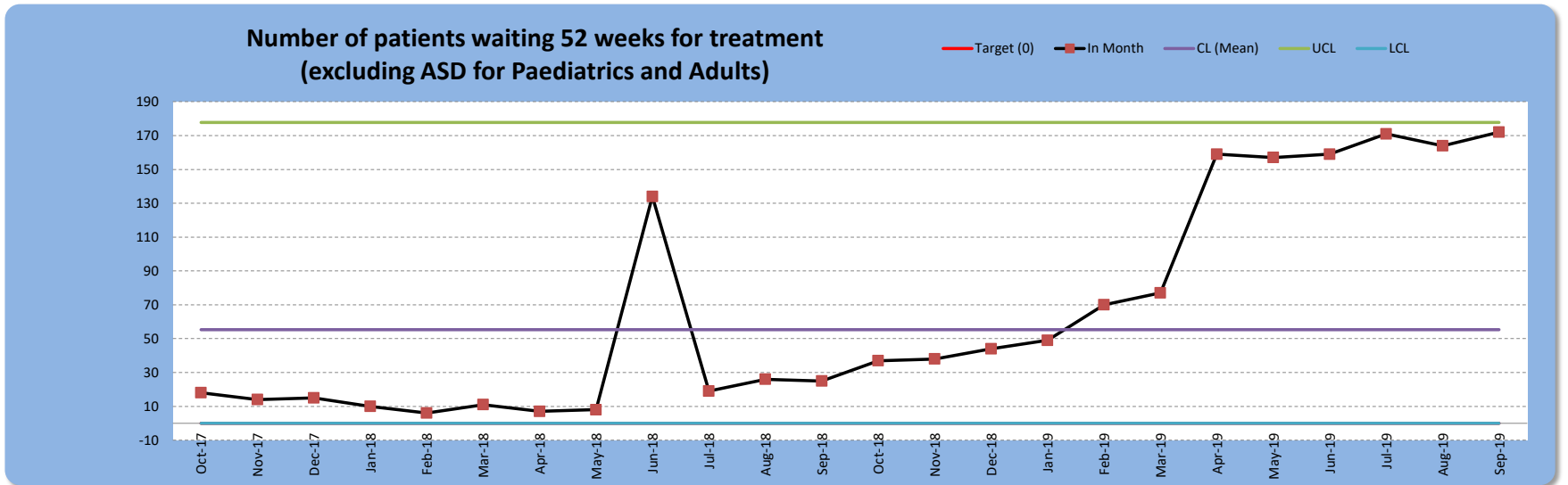
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 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	172



### 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.

A significant number of those over 52 week waits are on the ADHD pathway and are a consequence of the paediatric medical transfer from CHCP to HUTH. Additional capacity is being agreed with commissioners to manage this.

### 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: **Sep 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

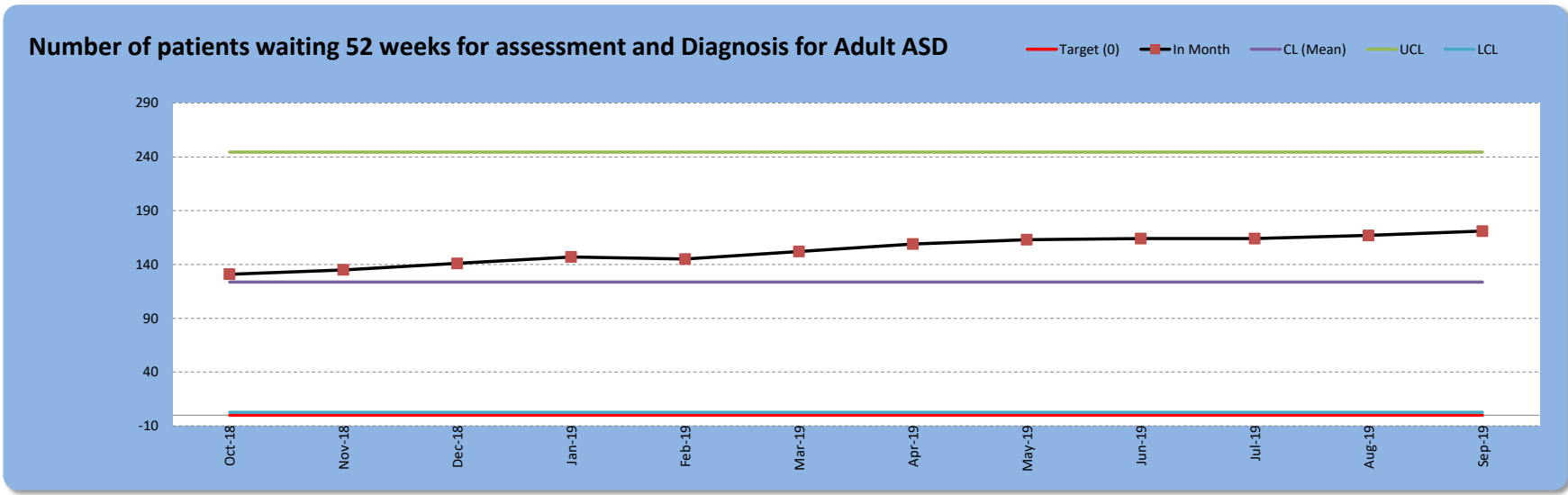
OP 22u

**Narrative**

Increase of 4 when compared on the previous reporting period.

Target: 0  
Amber: 0

Current month stands at 171



### 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 appointment process for additional staff has commenced and we expect this to positively impact upon the waiting list increase.

### Business Intelligence



# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2019**

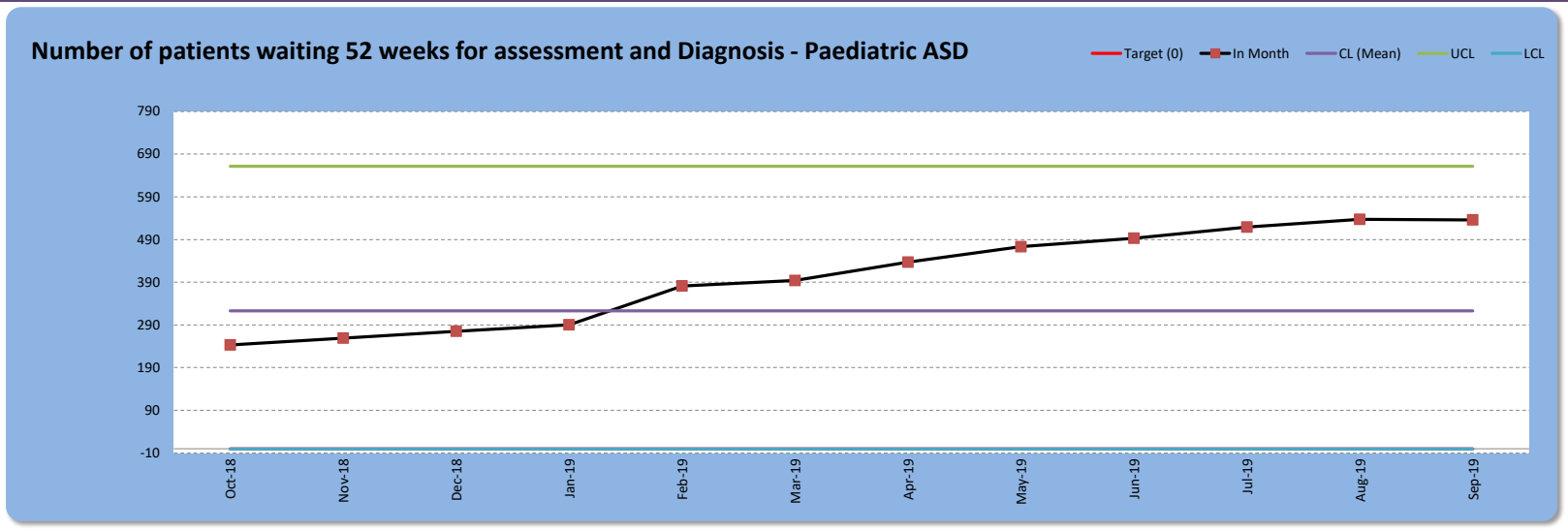
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

**Narrative**

Decrease of 1 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 536



### 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. The impact of this should become evident during the remainder of 2019-20.

**East Riding:**  
All ERY posts are now recruited to, we are awaiting start dates. The majority of the additional staff are now in post.

### Business Intelligence

Trajectories for Hull Autism and Hull Speech and Language Therapy can be viewed as Appendices 1 and 2 at the end of this document.

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Sep 2019**

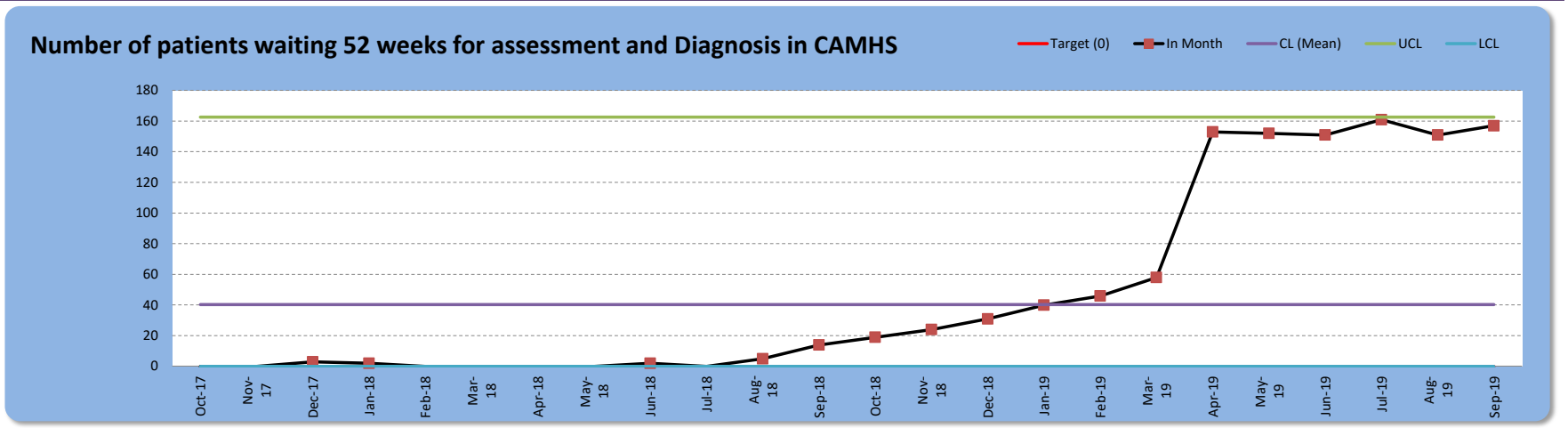
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

**Narrative**

Increase of 6 since last month

Target: 0  
Amber: 0

Current month stands at 157



### 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: **Sep 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

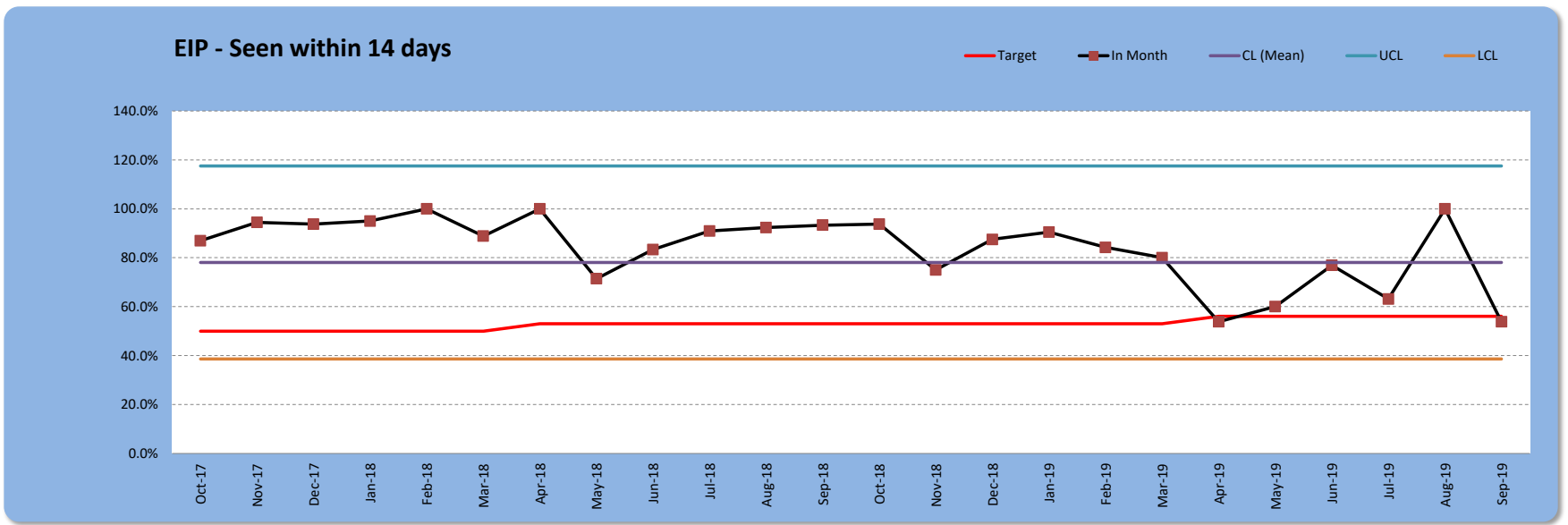
**Narrative**

Target achieved

Target: 56%

Amber: 51%

Current month stands at 53.8%



### Exception Reporting and Operational Commentary

Performance has dipped in September which is due to the university break over the summer and not having access to seeing patients in August. Instead these patients have been seen in September. Early indications that October performance has improved back to the normal levels.

### 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: **Sep 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

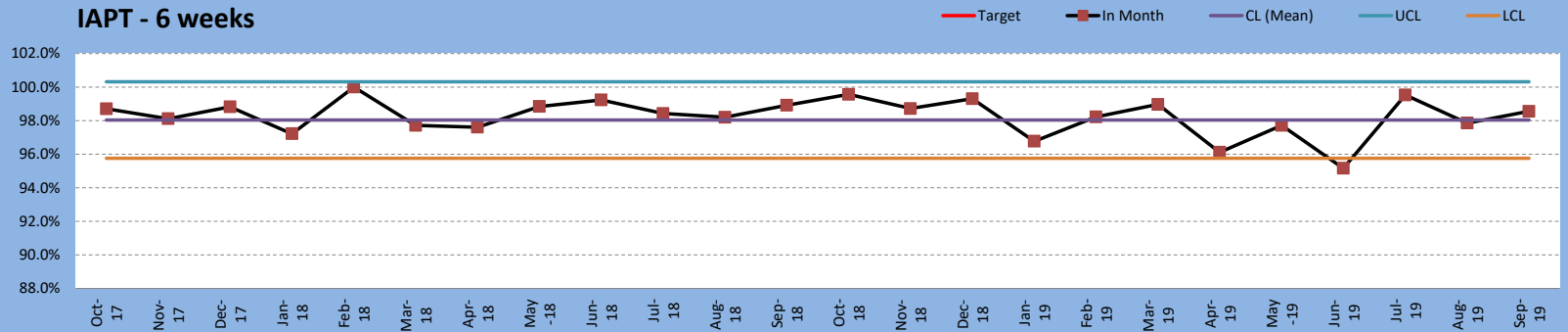
Target: 75%

Amber: 70%

Current month

98.6%

### IAPT - 6 weeks



### Narrative

Target Achieved

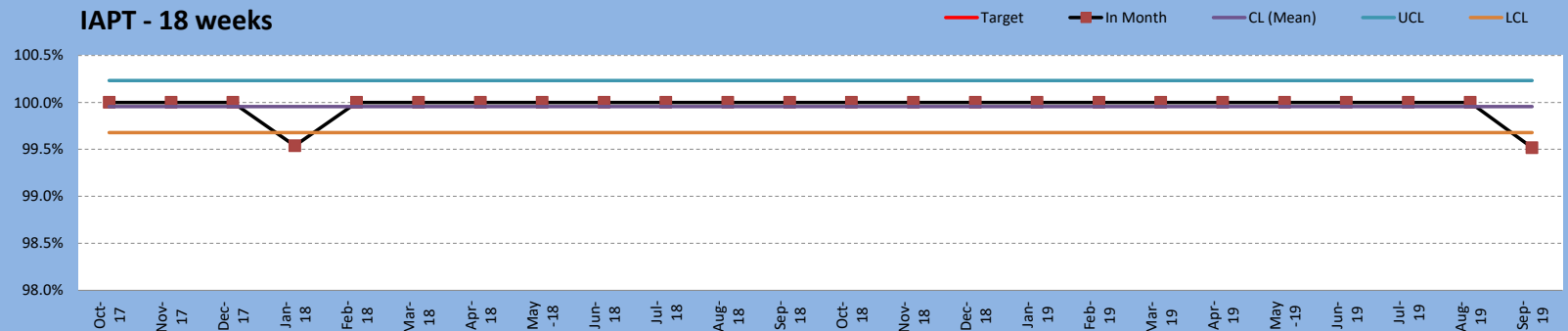
Target: 95%

Amber: 85%

Current month

99.5%

### 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: **Sep 2019**

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

KPI Type
OP 11

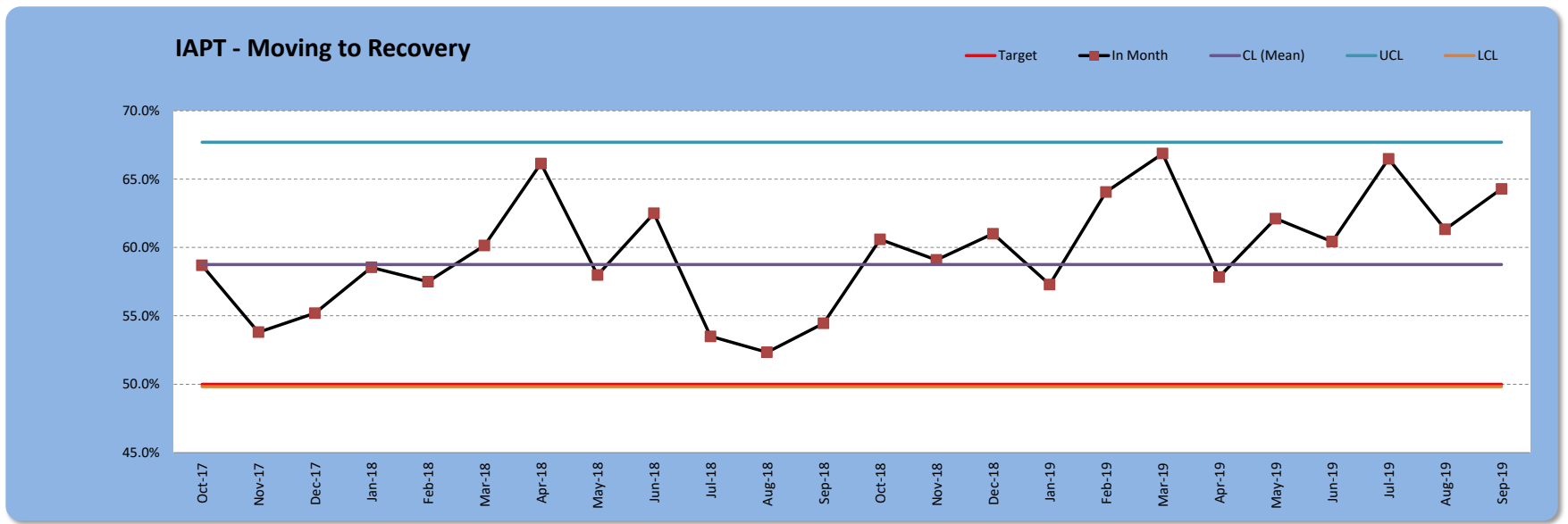
**Narrative**

**Target Achieved**

Target: 50%

Amber: 45%

Current month stands at 64.3%



### 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: **Sep 2019**

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

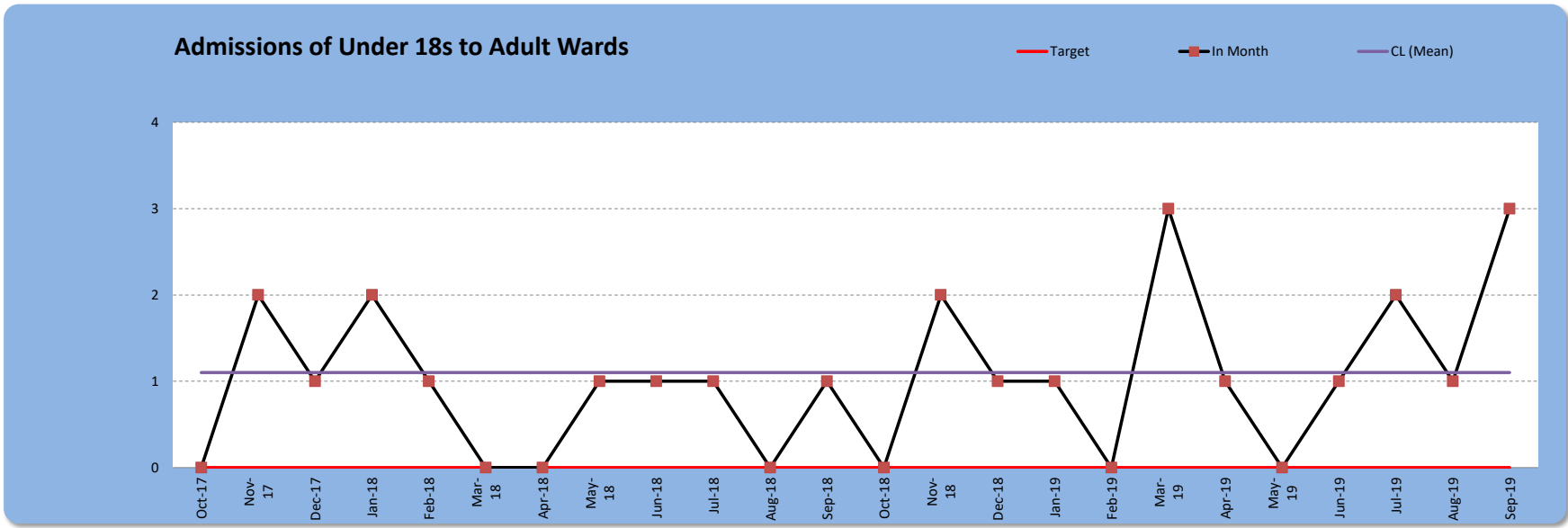
KPI Type
ST 1

**Narrative**

One admission

Target: 0  
Amber: 1

Current month stands at 3



### Exception Reporting and Operational Commentary

There were three admissions in September. All emergencies with no alternative CAMHS beds available. All now discharged to appropriate settings

### 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: **Sep 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

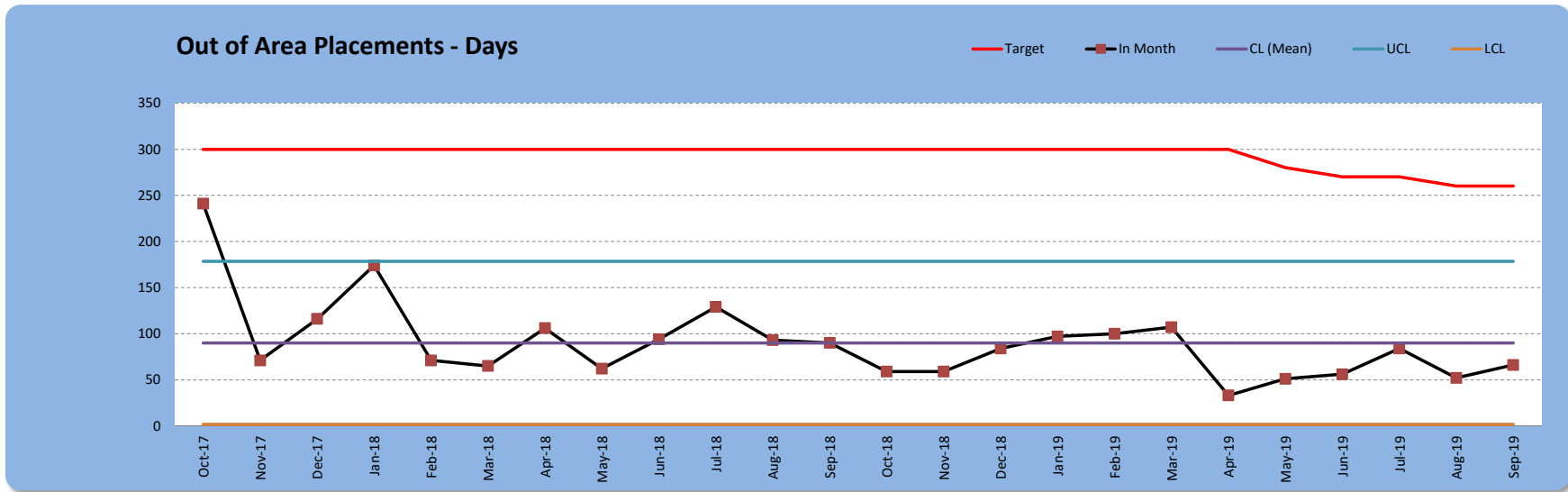
KPI Type
ST 4b

**Narrative**

Slight increase but well within target

Target: 260  
Amber:

Current month stands at 66



### 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	8	Adult	0
Safeguarding	58	OP	0
Offending restrictions	0	PICU	66
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	0		

# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Sep 2019**

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

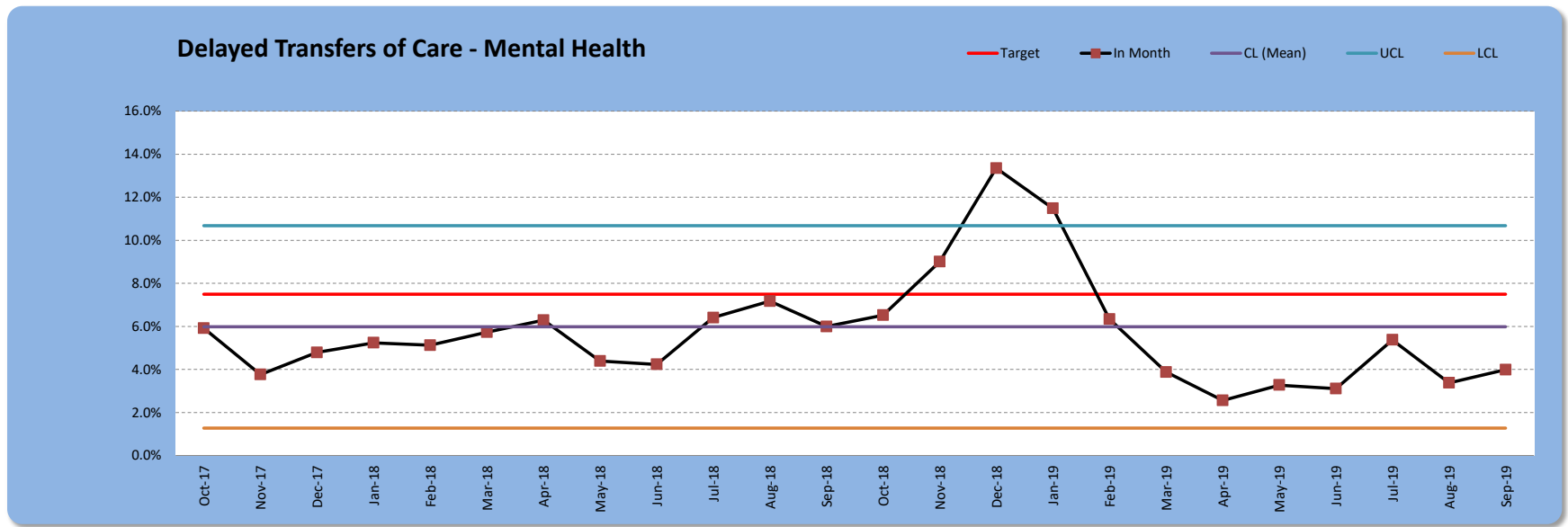
KPI Type
OP 14

**Narrative**

remains well within target

Target: 7.5%  
Amber: 7.0%

Current month stands at 4.0%



### 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. Ongoing partnership work with the Local Authorities has been improved with enhanced systems and processes in place to avoid and reduce delays, this has been strengthened specifically to help ensure that delays during the forthcoming winter are minimised. Delays continue to be monitored through our daily system escalation processes.

### Business Intelligence

There were 164 delayed days in mental health during September. This is a slight increase on the previous month. Two patients in Older People's and seven patients in Adult services. Top three reasons:

Awaiting residential home placement or availability	62
Disputes	47
Awaiting community equipment, telecare and/or adaptations	30

No delays in Learning Disabilities and 9.9% in Community Hospitals.

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Sep 2019**

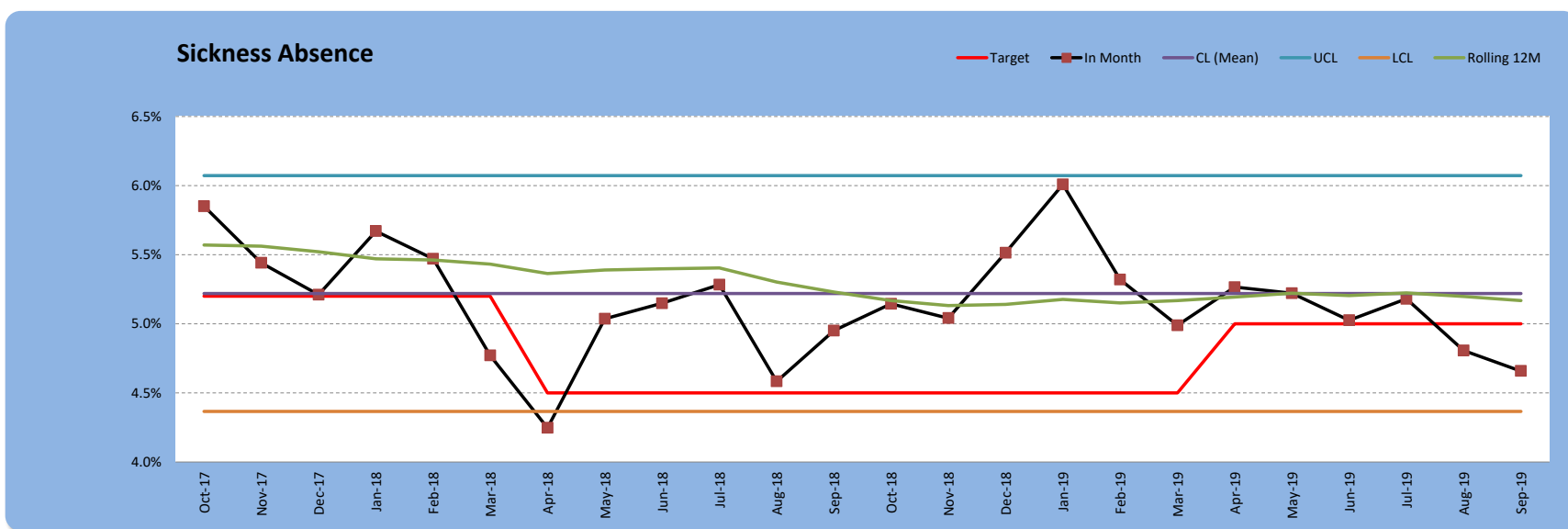
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

**Narrative**

In month target not achieved.

Target: 5.0%  
Amber: 5.2%

Aug Refresh 4.8%



### Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust and during August 41.43% of all sickness was stress, anxiety related. This is the fifth consecutive monthly increase in stress related sickness as a percentage of overall sickness. 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. National median sickness figure for comparable trusts as 5.08%. more detailed information regarding sickness is provided to Workforce and OD Committee.

### Business Intelligence (previous month)

Trustwide - Aug	Aug %	Rolling 12m	WTE
4.8%			
Rolling 12m			
5.2%			
WTE			
2344.82			

Care Group Split Below	Aug %	Rolling 12m	WTE
Specialist Services	7.57%	8.21%	217.15
Mental Health Services	5.87%	5.71%	582.42
Older Peoples MH	5.84%	5.47%	179.37
Community Services	5.05%	5.08%	338.69
Children's and LD	3.88%	4.81%	486.76
Corporate Split Below	Aug %	Rolling 12m	WTE
Medical	0.61%	5.39%	30.13
Human Resources	1.63%	4.16%	50.25
Finance	3.22%	3.32%	102.87
Nursing and Quality	3.85%	5.93%	38.13
General Practices	1.50%	2.11%	102.88
Chief Executive	0.00%	5.28%	17.44
Chief Operating Officer	4.15%	3.78%	198.74

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Sep 2019**

KPI Type

WL 3 TOM

Indicator Title

Description/Rationale

Executive Lead  
Steve McGowan

**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

Narrative

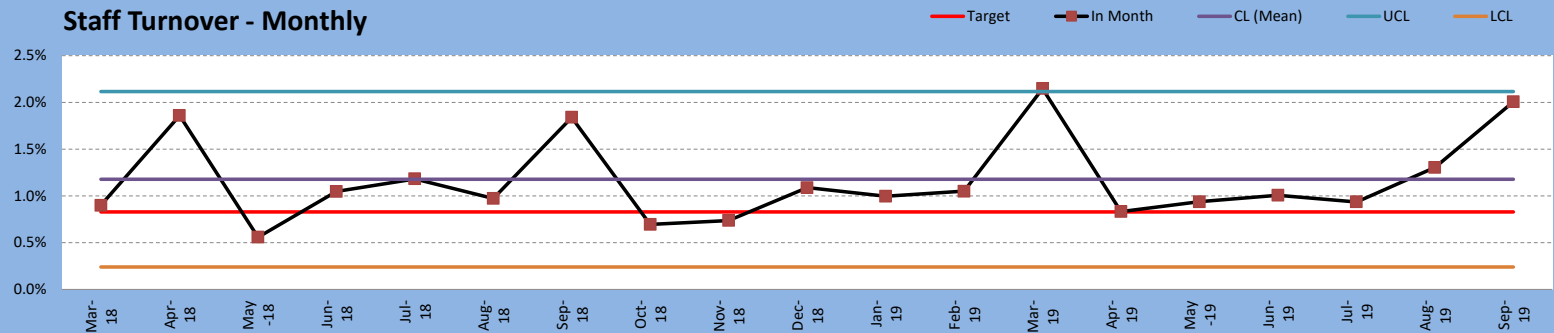
**Exceeds Target**

Target: 0.83%

Amber: 0.70%

Current month stands at 2.0%

**Staff Turnover - Monthly**



Narrative

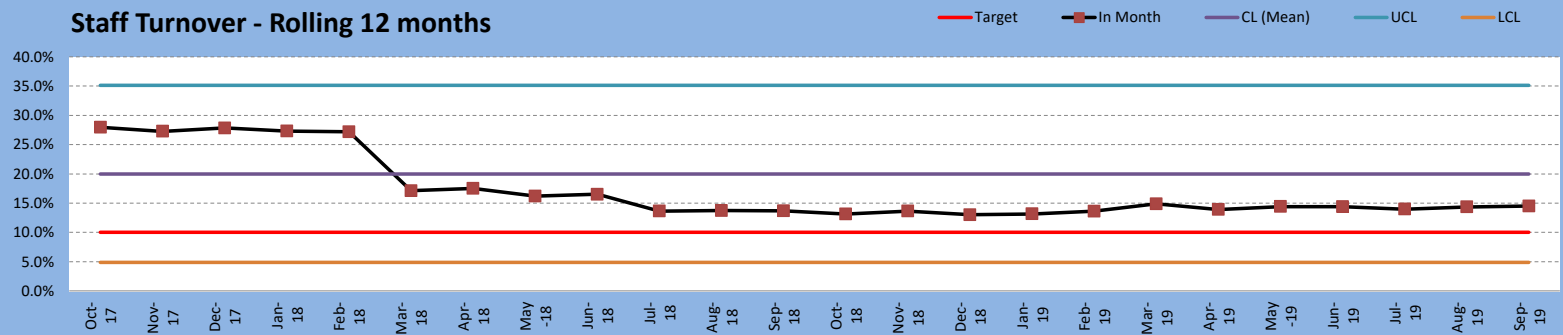
**Exceeds Target**

Target: 10%

Amber: 9%

Current month stands at 14.5%

**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 is actively trying to recruit to vacant posts within the Trust, and is encouraging retire and return where possible. A recruitment and retention summit has been set for 4th November.

### Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	55
Voluntary Resignations	92
Work Life Balance	33
End of Contract	6
Other	8
<b>Total</b>	<b>194</b>



# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Sep 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

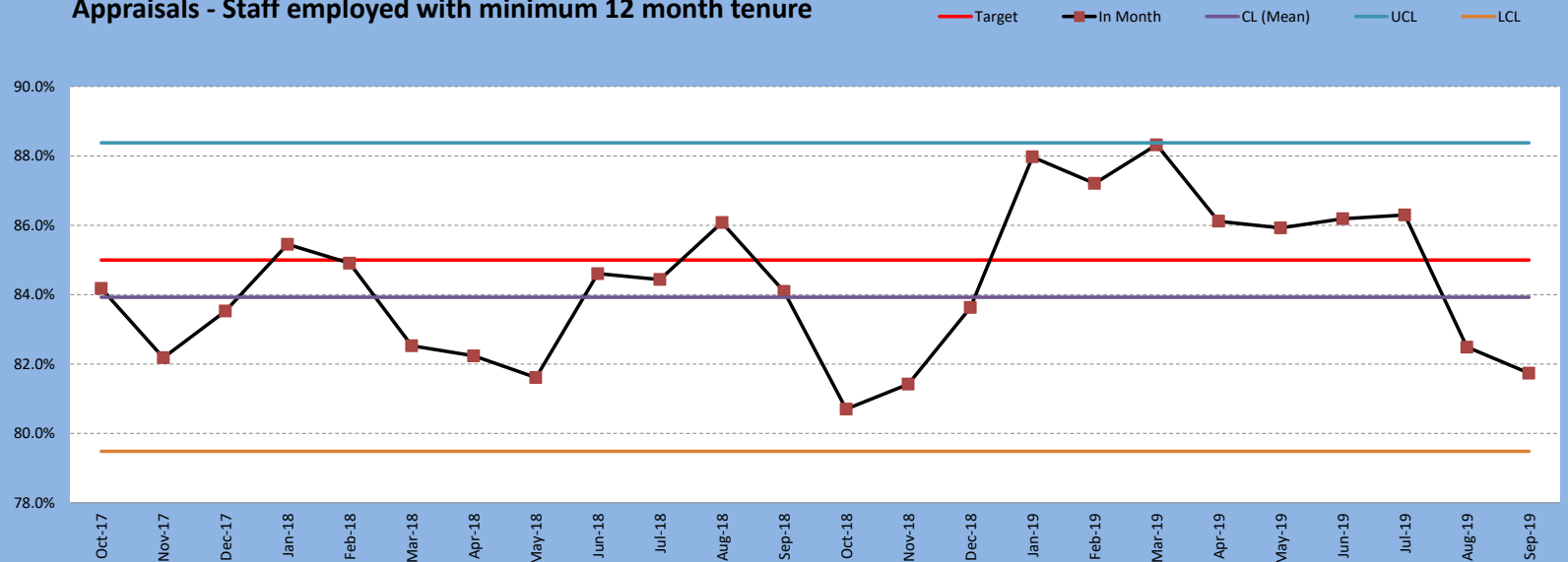
WL 4 (ii)

### Narrative

in month target not achieved

Current month stands at 81.7%

Appraisals - Staff employed with minimum 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.

Performance will be reviewed with all services as part of the forthcoming accountability reviews

### Business Intelligence

#### Care Group and Corporate Splits Below

CG Reporting	Sep-19
Mental Health	82.5%
Corporate	85.8%
PCCHLD	77.3%
Specialist	91.1%

Chief Operating Officer	84.6%
Finance	91.7%
Medical	92.9%
Nursing and Quality	83.9%
Human Resources	94.6%
Should match Cell B72	85.8%

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Sep 2019**

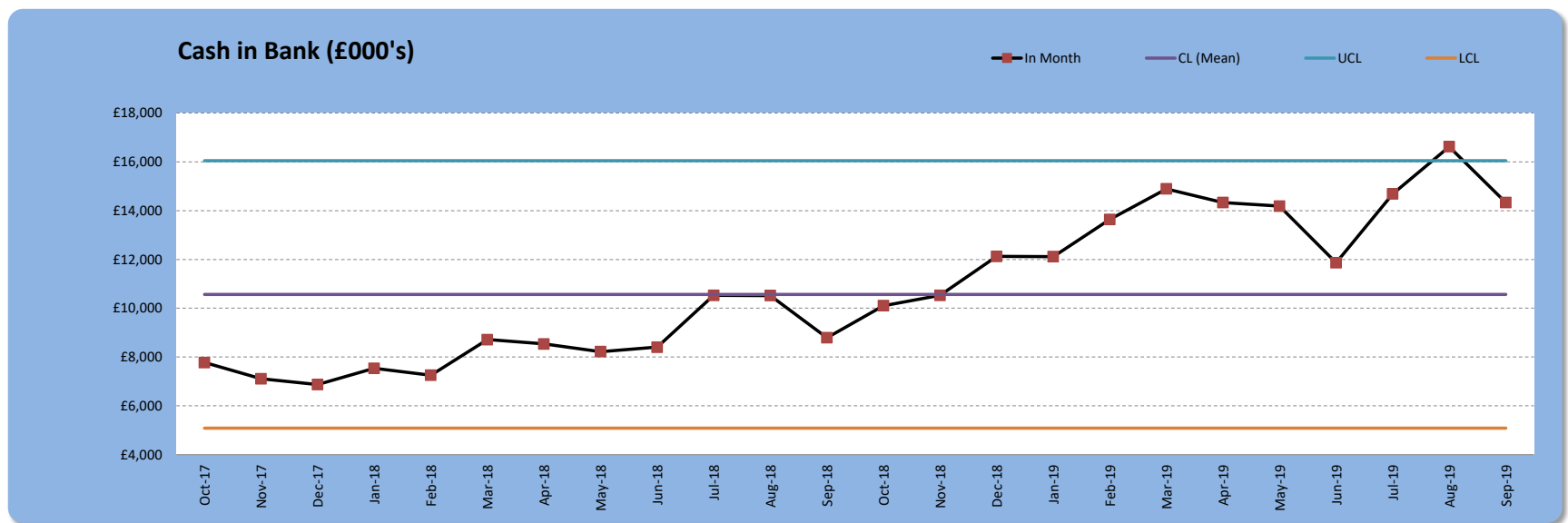
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

**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 £14,335 ,000



### Exception Reporting and Operational Commentary

As at the end of September 2019 the Trust cash balance was £14.335m.

The in month reduction relates to the 6 monthly payment of Public Dividend Capital (£1.242m) and Loan repayments (£0.204m).

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 £11.623m.

### Business Intelligence

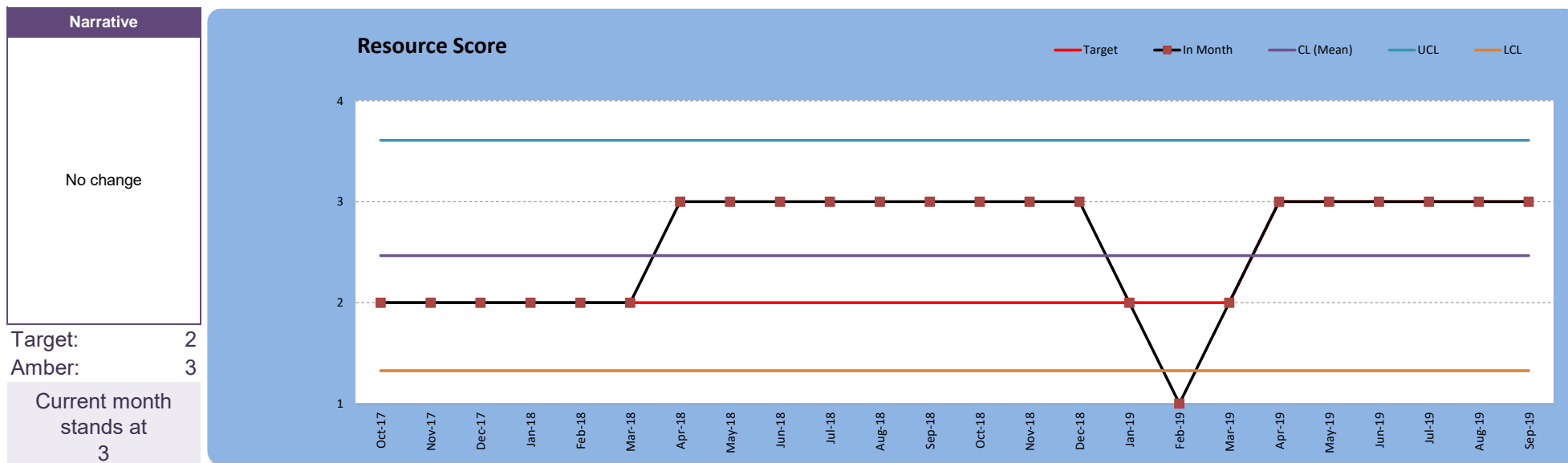
The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Sep 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 September 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: **Sep 2019**

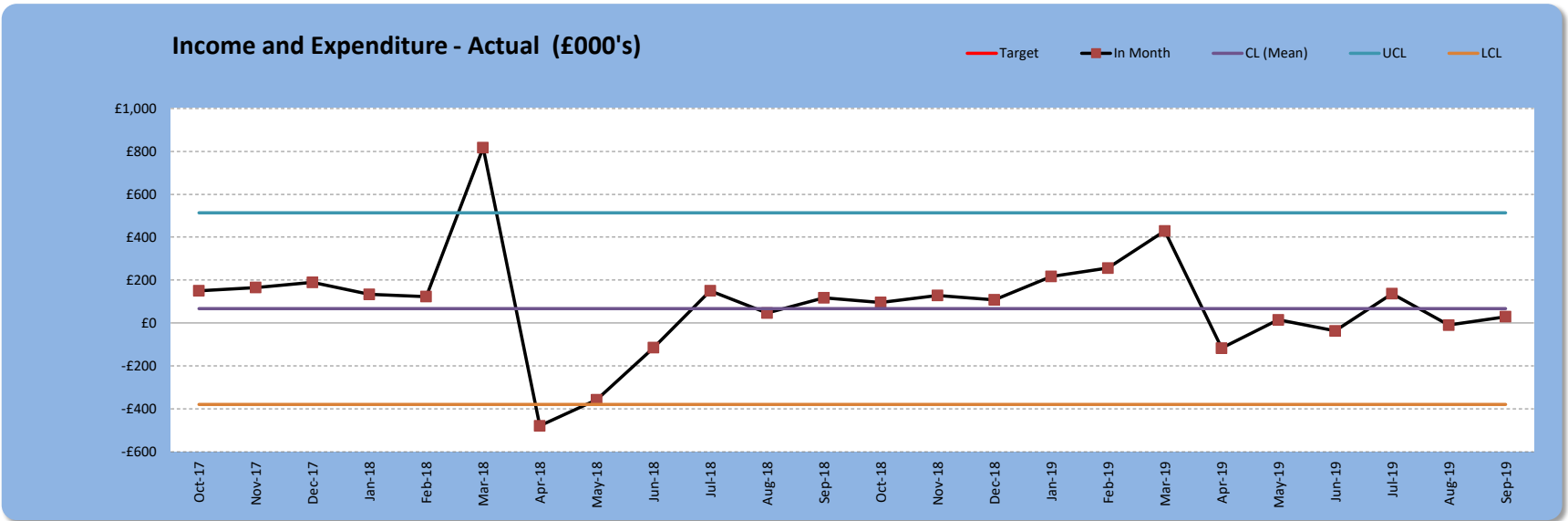
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

**Narrative**

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

Target:  
Amber:

Current month stands at £29,000



### 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

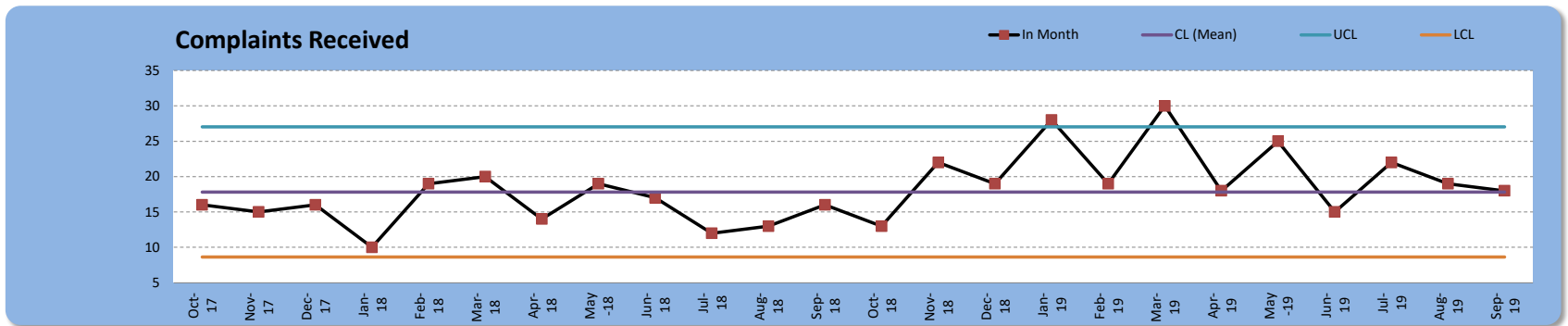
For the period ending: **Sep 2019**

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

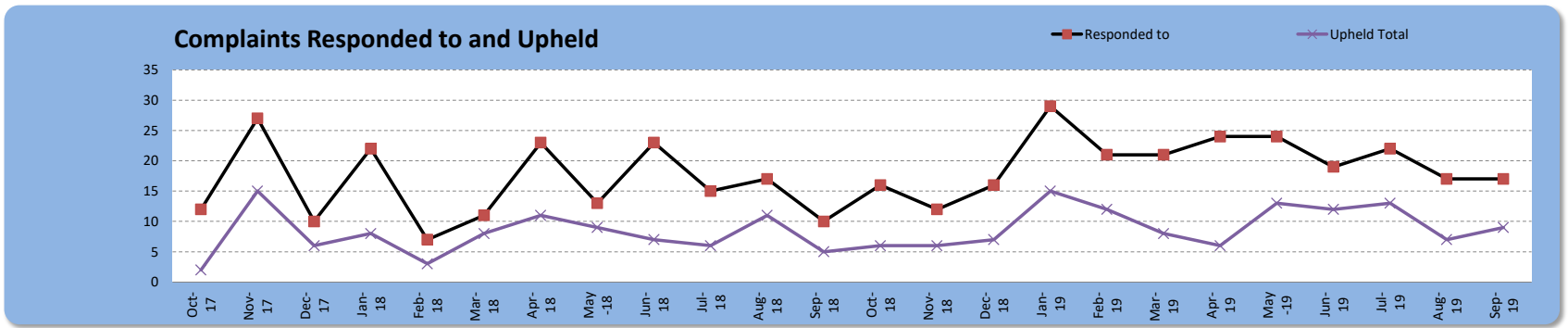
Current month stands at 18



**Narrative**

59 upheld YTD 48.4%

Current month upheld stands at 9



### Exception Reporting and Operational Commentary

The Trust responded to 17 complaints in the month of September 2019. Of the 17 complaints, 9 complaints were not upheld (52.9%) and 8 complaints were partly or fully upheld (47.1%). The top theme for complaints responded to (year to date) is appointments with 24 complaints followed by patient care with 23 complaints.

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

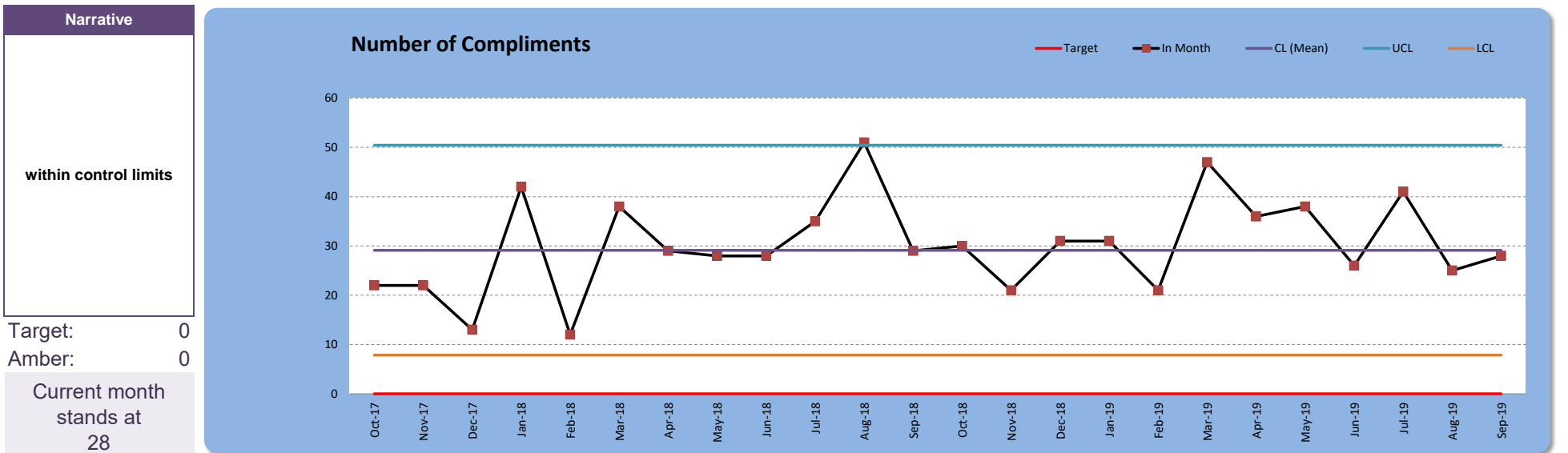
Appointments	24
Patient care	23
Communications	21
Values and behaviours (staff)	13
Clinical treatment	8
All Complaints responded to YTD 123	

# PI RETURN FORM 2019-20

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Sep 2019**

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



### Exception Reporting and Operational Commentary

The Complaints and PALS team are looking at additional ways for patients, service users and carers to log a compliment, e.g. on the Trust website.

### Business Intelligence

28 Compliments logged for September 2019



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 29/10/2019



**Agenda Item 10**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> October 2019			
Title of Report:	Finance Report 2019/20: Month 6 (September)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the financial position for the Trust as at the 30<sup>th</sup> September 2019 (Month 6).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	X	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> <li>• An operational surplus position of £0.118m was recorded to the 30<sup>th</sup> September 2019.</li> <li>• Expenditure for clinical services was lower than budgeted by £0.885m.</li> <li>• Expenditure for Corporate Services was £0.833m lower than budget.</li> <li>• A BRS Risk Provision of £2.150m was included in the reported position.</li> <li>• Cash balance at the end of September 2019 was £14.335m (Underlying Government Banking Service Cash position was £11.623m)</li> <li>• Capital Spend as at the end of September was £4.560m.</li> </ul>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
<input type="checkbox"/>	Innovating Quality and Patient Safety





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



## FINANCE REPORT – September 2019

### 1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30<sup>th</sup> September 2019 (Month 6). The report provides assurance regarding financial performance, key financial targets and objectives.

The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.

### 2. Income and Expenditure

2.1 The Trust reported a deficit of £2.032m, £0.165m favourable to the month 6 NHSI planned deficit of £2.197m. The reported position includes BRS allowance of £2.150m, therefore the operational position pre BRS is a £0.118m surplus.

After allowing for donated asset depreciation (£0.104m) the ledger position was a £2.136m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 30<sup>th</sup> September 2019 is shown in the summarised table below:

**Table 1: 2019/20 Income and Expenditure**

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Trust Income</b>	<b>106,844</b>	<b>9,162</b>	<b>9,077</b>	<b>(85)</b>	<b>52,682</b>	<b>52,509</b>	<b>(173)</b>
<b>Net Expenditure</b>							
<b>Clinical Services</b>							
Primary Care, Community, Childrens & Learning Disability	38,667	3,244	3,025	219	18,760	18,139	621
Mental Health Services	35,411	3,184	3,050	134	17,679	17,197	481
Specialist Services	8,249	722	709	13	4,186	4,404	(217)
	<b>82,328</b>	<b>7,149</b>	<b>6,783</b>	<b>366</b>	<b>40,625</b>	<b>39,740</b>	<b>885</b>
<b>Corporate Services</b>							
Chief Executive	1,879	154	164	(11)	957	940	18
Chief Operating Officer	3,826	468	456	12	2,703	2,659	44
Finance	8,981	778	725	53	4,456	4,104	352
HR	2,747	234	231	3	1,378	1,262	116
Director of Nursing	1,805	149	148	1	909	890	19
Medical	1,781	171	154	17	895	910	(15)
Finance Technical items (including Reserves)	13	34	2	32	202	(99)	301
	<b>21,031</b>	<b>1,987</b>	<b>1,880</b>	<b>107</b>	<b>11,499</b>	<b>10,666</b>	<b>833</b>
<b>Total Net Expenditure</b>	<b>103,359</b>	<b>9,136</b>	<b>8,663</b>	<b>473</b>	<b>52,124</b>	<b>50,406</b>	<b>1,718</b>
<b>EBITDA</b>	<b>3,485</b>	<b>26</b>	<b>414</b>	<b>388</b>	<b>558</b>	<b>2,102</b>	<b>1,544</b>
Depreciation	2,827	229	211	18	1,372	1,289	83
Interest	148	12	33	(21)	74	73	0
PDC Dividends Payable	2,208	176	214	(38)	1,056	1,094	(38)
PSF Funding	(1,343)	(89)	(90)	1	(471)	(472)	1
<b>Operational Position</b>	<b>(354)</b>	<b>(302)</b>	<b>46</b>	<b>427</b>	<b>(1,473)</b>	<b>118</b>	<b>1,498</b>
BRS	-	72	375	(303)	724	2,150	(1,426)
<b>Operating Total</b>	<b>(354)</b>	<b>(374)</b>	<b>(329)</b>	<b>45</b>	<b>(2,197)</b>	<b>(2,032)</b>	<b>165</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	216	18	17	1	108	104	4
<b>Ledger Position</b>	<b>(570)</b>	<b>(392)</b>	<b>(346)</b>	<b>45</b>	<b>(2,305)</b>	<b>(2,136)</b>	<b>169</b>
EBITDA %	3.3%	0.3%	4.6%		1.1%	4.0%	
Surplus %	-0.3%	-3.3%	0.5%		-2.8%	0.2%	



## **2.2 Trust Income**

Trust income year to date was £0.173m behind budget.

## **2.3 Net Expenditure**

Net expenditure for clinical services was lower than budgeted by £0.885m year to date.

## **2.4 Clinical Services Expenditure**

### **2.4.1 Primary Care, Community, Children's and Learning Disabilities**

Year to date net expenditure of £18.139m represents an underspend against budget of £0.621m.

The main budget pressures are within the General Practices and Learning Disabilities departments. These pressures are mitigated by pay related underspends within Children's and Community services due to vacancies.

### **2.4.2 Specialist**

An overspend of £0.217m was recorded YTD for Specialist Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness. A recovery plan is in place to reduce this overspend.

### **2.4.3 Mental Health**

An underspend of £0.481m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.

## **2.5 Corporate Services Expenditure**

The overall Corporate Services expenditure was £0.833m underspent year to date.

- The Chief Operating Officer directorate has a year to date underspend of £0.044m.
- Within the Finance directorate a year to date underspend of £0.352m is shown for month 6.

## **3. Statement of Financial Position**

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 30th September 2019. In month, the net current asset position decreased by £0.651m to £9.945m. This was related to an increase in aged creditors in month, relating to an outstanding CAMHS construction invoice for Geo Houlton & Sons £0.687m which was paid in October and a decrease in accruals relating to the PDC dividend.

The Accrued Liabilities figure includes Tax, NI and other payroll deductions, as well as accruals. Offsetting this other current assets which includes income accruals for PSF funding and CQUIN's.



### 3.1 Cash

As at the end of September the Trust held the following cash balances:

**Table 2: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	13,827
Nat West Commercial Account	479
Petty cash	29
<b>Total</b>	<b>14,335</b>

The GBS bank balance within the table above includes funding received from the Department of Health for both the CAMHS and LHCRE capital projects. The table below shows the composition of the funds within this bank account. The funding received has been netted off by the expenditure on the project so far.

**Table 3 – GBS Bank Balance**

<b>GBS Cash Balances</b>		<b>£000s</b>
<b>Underlying Bank Balance</b>		<b>11,623</b>
<b>CAMHS</b>		
Funding Received	7,750	
Capital Spend	(6,894)	
		856
<b>LHCRE</b>		
Funding Received	5,500	
Capital Spend	(4,152)	
		1,348
<b>Cash with GBS</b>		<b>13,827</b>

In month income of £10.925m was received compared to expenditure of £14.335m.

The main expenditure for the month was pay costs (including MARS), purchase ledger payments, PDC payment of £1.242m and loan repayments of £0.204m. The PDC and loan payments are half yearly instalments

### 3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £10.929m. Year to date capital expenditure of £4.560m comprises expenditure for IT (£0.798m), LHCRE (£1.288m), Property Maintenance (£0.336m) and CAMHS unit (£2.138m), as detailed in the table in Appendix 3.

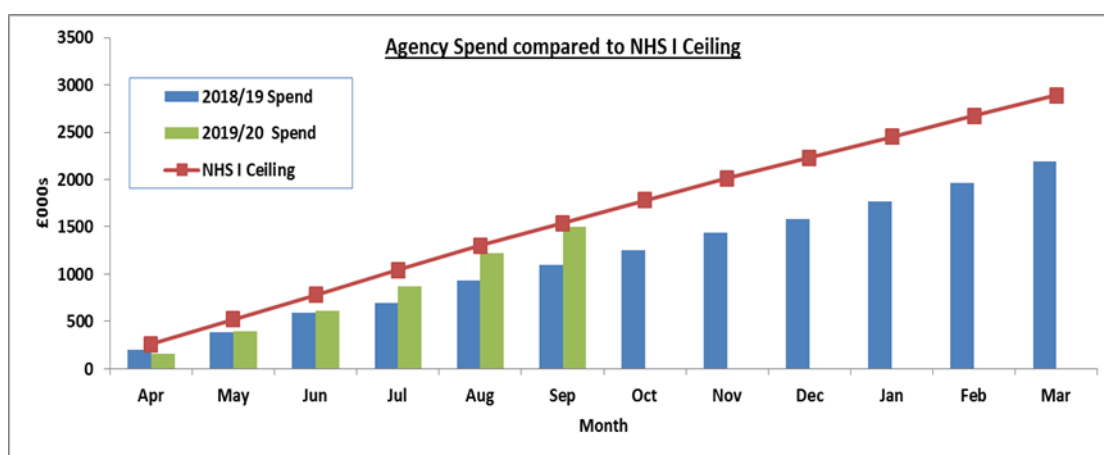


## 4. Staffing

### 4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for September was £0.269m, which is slightly above the ceiling of £0.260m for the month. The year to date spend for September is £1.494m, which is higher than the same period last year where the costs were £1.094m, as shown in the table below. Year to date spend remains below the ceiling, however if current levels of expenditure remains the ceiling will be breached by the end of the financial year.

**Table 3: Agency Spend**



## 5. Recommendations

The Board is asked to note the Finance report for September and comment accordingly.



Appendix 1  
Statement of Financial Position

	SEPT-19 £000	AUG-19 £000	Movement £000	COMMENTS
Property, Plant & Equipment	100,149	99,901	248	
Accumulated Depreciation	23,302	23,099	203	
<b>Net Property, Plant &amp; Equipment</b>	<b>76,847</b>	<b>76,803</b>	<b>44</b>	
Intangible Assets	6,506	6,383	123	
Intangible Assets Depreciation	1,726	1,702	24	
<b>Net Intangible Assets</b>	<b>4,781</b>	<b>4,681</b>	<b>99</b>	
<b>Total Non-Current Assets</b>	<b>81,628</b>	<b>81,484</b>	<b>143</b>	
Cash	14,335	16,621	(2,286)	Payment of PDC Dividend and Loan repayment
Trade Debtors	4,295	4,430	(135)	Receipt from CHCP
Inventory	150	150	(0)	
Non Current Asset Held for Sale	2,145	2,145	0	
Other Current Assets	4,925	3,326	1,599	PDC accrual reversal
<b>Current Assets</b>	<b>25,850</b>	<b>26,672</b>	<b>(822)</b>	
Trade Creditors	4,553	3,897	656	Houlton CAMHS invoice paid October
Accrued Liabilities	11,353	12,180	(827)	Reduction in Capital accrual for CAMHS equipment
<b>Current Liabilities</b>	<b>15,906</b>	<b>16,077</b>	<b>(171)</b>	
<b>Net Current Assets</b>	<b>9,945</b>	<b>10,595</b>	<b>(651)</b>	
Non-Current Payables	1,175	1,175	0	
Non-Current Borrowing	4,303	4,464	(161)	Loan repayment
<b>Long Term Liabilities</b>	<b>5,478</b>	<b>5,639</b>	<b>(161)</b>	
Revaluation Reserve	13,293	13,293	0	
PDC Reserve	58,585	58,585	(0)	
Retained Earnings incl. In Year	14,216	14,563	(347)	
<b>Total Taxpayers Equity</b>	<b>86,094</b>	<b>86,441</b>	<b>(347)</b>	
<b>Total Liabilities</b>	<b>107,478</b>	<b>108,156</b>	<b>(679)</b>	



**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> October 2019		
Title of Report:	Quality Committee Assurance Report		
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 9 October 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 7 August 2019 are presented for information</p>		
Governance:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) QC Assurance Report <input checked="" type="checkbox"/>
Key Issues within the report:	There were no issues to escalate to the Trust Board from the October Quality Committee		

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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



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

## Executive Summary - Assurance Report:

### Key Issues

The Key areas of note arising from the Quality Committee meeting held 9 October 2019 are as follows:

Dr Kwame Fofie, Consultant Psychiatrist and Paul Lumsdon, Deputy Chief Operating Officer were welcomed to the meeting as guests.

The minutes of the meeting held 7 August 2019 were agreed.

**National Patient Safety Strategy – Key Actions** The Committee received a presentation from the Director of Nursing regarding the National Patient Safety Strategy published in July 2019. The Committee welcomed the presentation and noted progress already made against some of the areas identified in the strategy and how the Trust’s Patient Safety Strategy aligns with the national strategy.

**Trust Patient Safety Strategy Implementation Plan** – The Committee noted the implementation plan and the progress made to date. The Committee recognised the need for the Trust to train staff to undertake debriefing and to provide a consistent support offer to staff who have been involved in and affected by incidents.

**Quality Insight Report** – The Committee noted the changes in the Friends and Family Test and the actions taken by the Trust to increase returns and improve responses in some areas. The work being undertaken with patients, families and carers to improve support following a serious incident was welcomed. The Committee received notification that the audit system is changing from the use of Perfect Ward to MyAssurance and the rationale for this change.

**CQC Action Plan: Must and Should Do – Progress Update**– The work completed to date with regards to the Must Do and Should Do actions was noted. It was noted that two must do actions were overdue however plans were in place to bring them on track. Confirm and challenge meetings with senior staff to review actions and evidence regarding closure led by the Director of Nursing and the Chief Operating Officer were noted.

**Community Mental Health Networks** –The Committee were pleased to be informed that following submission of a bid for Wave 1 funding for primary care mental health networks the Trust has secured funding of £4m over 2 years and look forward to seeing the growth and liaison that the piece of work will bring along with the better access for patients in receiving the right services at the right time.

**Quality Committee Risk register** – The number of risks and mitigation plans were noted along with the progress made in reducing risks.

**Quality Accounts Priorities update** – The Committee received assurance that the delivery of the three quality priorities agreed in the 2018/10 Quality Account is on schedule and were pleased to note the positive impacts are already being achieved. It was noted that the only current risk to delivery of the priorities relates to the development of the Patient Experience



dashboard and the current availability of resource within BI to develop this. A paper will be reviewed by the Digital Delivery group through which it is hoped to secure the required resources.

**Zero Events – 6 Month Position** – The Committee welcomed receiving this progress update and noted the zero events and the extensive quality improvement work that is ongoing acknowledging there is further work to be completed regarding mental health detentions and pressure ulcers.

**Sexual Safety Update** – The Committee were pleased to hear about the positive work being undertaken and welcomed receiving the article which has been written by Haley Jackson, Research Nurse for the Mental Health Practice Journal which will highlight the work completed to date within this area.

**East Riding Adult Mental Health & Dementia Strategy 2018-23** – It was agreed that this strategy was a product of a point in time, particularly with regards to the estates component. Lynn Parkinson will remain involved in the progression of the action plan.

**CAMHS in patient Unit – Project Update** – In view of the delay in finalising the building due to being able to obtain the doors the Committee noted the handover date provided by the contractor is now 29 November 2019. It was noted that work is continuing to bring this date forward. Staff training is ongoing and policies have been approved. The delay in opening is to be used productively with the staff team to ensure we have a culture demonstrating patient safety.

**Quality and Patient Safety Group Terms Of Reference** – The Committee approved the revised Quality and Patient Safety Group terms of reference and requested an annual assurance report is produced for the Quality Committee

The approved minutes from the August 2019 meeting are attached

**Quality Committee**  
**Minutes of the Quality Committee**  
**Held on Wednesday 7<sup>th</sup> August 2019, in the Boardroom, Trust Headquarters**

<b>Present</b>		
Mike Cooke	Non-Executive Director and meeting Chair	MC
Mike Smith	Non-Executive Director	MS
Paula Bee	Non-Executive Director	PB
Hilary Gledhill	Director of Nursing	HG
John Byrne	Medical Director	JB
Tracy Flanagan	Deputy Director of Nursing	TF
Nicki Sparling	Interim Assistant Director of Nursing, Patient Safety & Quality Assurance (From item 66-19 onwards)	NS
Mandy Dawley	Head of Patient, Carer Engagement and Experience	MD
Trish Bailey	Clinical Care Director (on behalf of Lynn Parkinson)	TB
Su Hutchcroft	Governance Co-ordinator (minutes )	SH
<b>Guests attending</b>		
John Powell	Medical Case Examiner and Employer Liaison Adviser (GMC)	JP

58/19	<p>MC welcomed John Powell to the meeting who was attending as a guest from the GMC. MC gave a background to the QC for his benefit, explaining the committee had been going for about 3 years, with three non-executive directors holding colleagues to account in providing assurance to the Board but also some chance for scrutiny and developmental discussions.</p> <p>MC welcomed Trish Bailey to the meeting who was deputising for LP.</p> <p><b>Apologies for Absence received</b>  Michele Moran, Chief Executive  Lynn Parkinson, Chief Operating Officer  Caroline Johnson, Assistant Director for Quality Governance &amp; Patient Safety  Oliver Sims, Corporate Risk Manager</p>
59/19	<p><b>Minutes of the last meeting – May 2019</b>  The minutes were approved with the following amendment.</p> <ul style="list-style-type: none"> <li>• 54/19 action was requested by MC not MS</li> </ul>
60/19	<p><b>Action log and matters arising</b>  The action log was noted as closed for all actions.</p>
61/19	<p><b>Film – How we are using Always Events to improve patient experience (NHS Improvement Film)</b> MD gave a background to the film being presented, explaining this was one of three films which has been produced for the national organisational based learning provider, commissioner and social care. The films are being launched in September, and will have a northern and southern launch. Today's film was leadership about the Learning Disability Services and the how the Trust quality improvement approach is doing well. MC noted the Board really enjoyed the film they had been shown.</p> <p>A discussion was then held and key points noted</p>

	<ul style="list-style-type: none"> <li>• The launch is being held on Friday 13<sup>th</sup> September 10.00am – 2.00pm in Leeds</li> <li>• Everyone felt this was a great product</li> <li>• MD is working with the new comms lead and has got in touch with NHS Improvement Comms lead and they are working together for the launch and will be approaching media and getting as much regional coverage as possible.</li> </ul> <p>MC thanks MD for the presentation, with a well done on always events, the process seems to work and it needs to be deploy everywhere to strengthen the Trust, MD noted work has also started at the Humber Centre.</p>
62/19	<p><b>Discussion Item</b></p> <ul style="list-style-type: none"> <li>• <b>Patient Safety - 'Better today than yesterday, everyday'</b></li> </ul> <p>HG explained the two documents have been put together to promote a discussion. In addition there is the National Patient Safety Strategy which JB and HG are working through and will bring back to the next Quality Committee with some key message and our proposed way forward against these.</p> <p>The Trusts Patient Safety Strategy was approved by the Trust Board last week and this is being launched on World Patient Safety Day on 17<sup>th</sup> September 2019.</p> <p>Key points to note from the discussion on both documents</p> <ul style="list-style-type: none"> <li>• <b>Annual Patient Safety Report 2018/19</b></li> </ul> <p>MS commented he really liked the report but noted a few issues which may require amending.</p> <ul style="list-style-type: none"> <li>- Page 5 of the report (section 1.5.1). feels it is missing a green 'good' on maintaining specialist community health services</li> <li>- Page 18, fantastic analysis of self-harming systems, great practice and creative service but feel it is worth highlighting where we have areas of good practice</li> <li>- Page 12, where we reference STOMP programme, this is not defined in the report</li> <li>- Page 13, pressure ulcers, states pressure ulcers reduced in line with national guidance and reporting requirements, but noted haven't got best practice patient care and feel need to zero in on best care</li> <li>- Page 19, there is a whole list of zero events, but unlike the rest of it, there are no figures or analysis to this, it was suggested these should be included next year.</li> </ul> <p>PB commented as noted at the Board meeting, she absolutely understands patient safety but patient safety is a perceptive subject as well as objective and for future reference feels the patient carer experience of patient safety needs to be included. TF felt this was a really valid point and we also need to think about staffs perception of safety as this has a significant impact on their behaviours and this is what is being done with the safer staffing work but it is about how we pull this in as well. It has been noted that there is a disconnect at times between what we perceive safer staffing levels and what staff feel is safe, so needs triangulating. HG felt this could be captured in next year's report.</p> <p>Felt safer staffing has a strong approach now with the reports TF is presenting and its now about ensuring we confirm we have this in right places and strengthened the insight we have got from this report.</p> <p>Page 5, section 1.5 MC asked if we are saying enough about CQC actions? It was felt this needs more narrative to close the loop.</p>

2.2. – MC noted this was a comment he had made at the Board meeting, we are high reporting 95% over being no or low harm and this is what we want to see, high reporting and as low harm as possible.

Page 8, Table 3 – the top five reported safety incidents, HG noted increase of self-harm came down to two specific patients and as soon as work done around this, numbers started to drop. The violence and aggression needs some more work and to start a discussion at CRMG to take this forward. The Pressure Ulcers have increased following the contract with Scarborough & Ryedale Services and it has been agreed to have a six monthly pressure ulcer report which gives more detail to look at the learning and the actions needed to be taken, as these staff have been working in a different way and used to reporting in a different manner.

Page 16, 2.5 – MC enquired if everyone was happy with narrative response for Serious Incidents and noted that he was very happy with the text and felt the CQC picked up with this.

There are changes to zero events and the committee noted and supported these. HG commented that she has requested a six monthly zero event paper which will go to QPaS then through to Quality Committee.

JB noted regarding Zero Events that we need to keep refreshing events or these can become stale, but there is the situation if we step one down and that event happens it can look as though we are disinterested. The example for this is patient suicide as these are rare events and we have done a huge amount of work but need to be clear that although we are stepping these down, as a Quality Committee, we are still focusing on these areas. HG noted that there was a clear message that went out with the new zero events that the focus was still on these others as well with actions taken systemised.

MD commented, as a result of SI in 2019, we have been asked to co-produce a protocol to support carers post serious incident and have a work shop booked for 27<sup>th</sup> August. Members of the Quality Committee were invited along if they wished to participate. There will be discussion groups for all areas of serious incidents eg physical health, mental health, children's, learning disabilities and will about signposting.

**The Quality Committee commended the report and noted the hard work which has gone into this.**

#### **Patient Safety Strategy 2019-2022**

MC noted this strategy went down well at the Trust Board and was endorsed, agreed and recommended.

HG noted this is our stance, aligned to the National Strategy, about creating the high reliability culture and improved reporting and learning. As already noted, the biggest area we need to focus on is the culture. The strategy links with behavioural framework and PROUD programme, enabling all the strategies to slot together and assist each of them to deliver. There has been some work done with MD on the patient safety partners.

This is a big piece of work for the Trust with challenges on staff capacity, staff capability, learning and closing the loop, but this should be helped with the recent

	<p>restructure of the care groups. The education and training can then be placed in and discussions have been held regarding master classes throughout the year on pieces of the strategy.</p> <p>It was felt the World Patient safety date (17 September 2019) is a great day to launch the academic master classes and work around upskilling the whole organisation and understanding some of the academic skills as well as having the practical skills. We have already had a patient safety session but may want to do this again at some stage but the main is people need to understand some of the concepts particularly around why things go wrong.</p> <p>Two amendments were noted  - Page 6, top paragraph, felt this should include the following words ....should be '<i>especially for</i>' our most vulnerable ....  - Page 10, top paragraph, should include the following word .....not normally cause a bad outcome '<i>but</i>' when the holes .....</p> <p>MC commented the report had been approved at Trust Board but it was worth making the amendments in the version being promoted.</p> <p>The Quality Committee welcome a second really good report on such a key issue for all of us. It was felt there was still quite a bit to do to get into the culture behaviours and the protected learning time and this will be rolled out, whilst reading across the latest National Patient strategy which we are aware of and have been watching.</p> <p><b>ACTION – to look at the National Patient Safety Strategy – October Quality Committee (HG)</b></p>
63/19	<p><b>Additions Service 'An Overview' – John Byrne</b>  JB briefed the meeting around wanting to start conversation after spending some time looking at SEAs, SIs and the Reportable Log presented to the Trust Board where patients had died following drug overdoses.</p> <p>Questions and thoughts from the presentation included:</p> <ul style="list-style-type: none"> <li>• It was felt this is a massive and not fully understood issue but is only the tip of iceberg. ER has done a review of prescribing issues around opiates but only looked at polyprescribing, and had alarming numbers.</li> <li>• Noted a spike around Fentanyl coming into the system last year and the unintentional overdose by users who would normally manage their opiate use safely, and how we could correct for this in the figures along the mortality reviews in association with our prescribing practices so all of the secondary indications of polyprescribing which we know is an issue.</li> <li>• Absolutely right to have curiosity and focus and this is a massive underlying issue and we have the resource to do something positive about this.</li> <li>• Discussed the age factor as there is the sense of feeling through CAMHS starting to getting 16/17 years old, current work does not involve CAMHS at moment.</li> <li>• MC noted the QC liked David Brackenbury presentation looking at 27 deaths over 18 months and enquired if there was chance to do this would it be helpful, to look at some of the cases we already know about. JB noted some deaths would already have been covered in the previous review, but could be that we look again at this review pull out information</li> </ul>

	<ul style="list-style-type: none"> <li>• MC noted the strengths of Simon Gilbody' research group at York is they have a mental health and addictions group and it may be useful to link for a stimulus and latest thinking elsewhere.</li> <li>• It was felt this area is one for STP, to try to understand it and get evidence</li> <li>• It was agreed others shared the same discomfort as JB around this issue</li> <li>• HG suggested it would be interesting in hearing what the coroner thinks around this issue</li> <li>• It was noted Tom Phillips did work around frequent attenders at A&amp;E and this is another resource that we could tap in to.</li> </ul> <p>MC felt this has created some stimulus and asked JB what he was planning to do next.</p> <p>JB felt he would look at the DB review again and would like the service to own some of the work and think about their own data and awareness and may not be sighted on data presented here. Going to go back and ask questions regarding what is going on with the STP work and also agree regarding the conversation with coroner, Tom Phillips and Soraya Mayet and see if everyone is seeing the same thing and if so look at how work with all commissioners. We are aware we cannot fix this in isolation but it is worth noting we have looked at the issue and noted this.</p> <p>The Quality Committee agreed with the emerging concerns and welcomed the spotlight on the subject.</p>
64/19	<p><b>Quality Insight Report</b> HG noted key highlights</p> <ul style="list-style-type: none"> <li>• 1.2 – NHS England monitoring contracts. NHS England has changed the way it monitors it contracts now and they did a safety visit last week to the Humber Centre, this being one of the first of a series of visits to secure services. The focus was safeguarding. A very thorough review, including all policies, assurances, how we do safeguarding and then observation was undertaken. HG reported the service got some excellent feedback, noting they could not find any gaps. They stated we have set bar for rest of the reviews</li> <li>• The Professional Strategy for Health and Social Care launch is 24 September 2019 and also 1<sup>st</sup> October 2019 at Malton</li> <li>• A new annual report from Resuscitation Officer was presented. The report shows the work completed since being in post which has allowed the Trust to reach the current position through leading with his expertise, knowledge and skills</li> <li>• Quality dashboard highlights on incidents, noted the peak on self-harm with the drop when issues were addressed. OS is currently completing a piece of work looking at the reason for the drop in March so we can understand and are sighted on this. Recognise this is an SPC chart and could be a natural fall. For updated feedback in the next report</li> <li>• Clinical supervision still green and constantly driving performance forward. Deloitte completed an audit of staff recording clinical audit and found a rather fragmented approach with no auditable approach to underpin figures. Policy has been refreshed and practice note sent to remind staff to record as per policy, hoping to launch using ESR this Autumn to record supervision so everyone recording in same way</li> <li>• 7 day follow up is showing 100% performance as well as our internal 3 day target, excellent at 76.6% for June 2019</li> </ul>

	<ul style="list-style-type: none"> <li>• Q1 Serious incident summary. This was noted and included details of the section 42, Greentrees incident. The review with NHS England last week gave us a good external assurance we are on the right track</li> <li>• Homicide (October 2018) An SI was completed and NHS England have now started their external review as per process. An in-depth report will be published around January 2020 we expect some recommendations and learning for the Trust within this.</li> </ul> <p>MS noted the wider aspect of Section 42 reports in reference to mental Health and the link to physical and environmental neglect in particular hoarding. HG confirmed community teams were aware of this and there is a Hoarding Policy being pulled together lead by the fire brigade, which we are also participating with. TF noted the Hull Safeguarding Adult Development Board is holding a development day led by an expert in hoarding from the university and the learning shared, so there is some interesting acknowledgement in system. HG confirmed our Trust safeguarding training is much wider than just physical neglect.</p> <p>MC thanked HG for the insight report, and noted he like idea of having serious incidents included to give increased awareness.</p>
65/19	<p><b>CAMHS Waiting list Assurance Report</b></p> <p>TB gave a background to the report, explaining this was a sense check, being able to pull the information into one place following the report written by David Brackenbury. It has given assurance by going through the process and confirmed there are strong procedures in place for managing long waiters and families are able to escalate where required.</p> <p>It was noted that referrals coming through are not all appropriate so time has been spent pre-screening the children that should be picked up through opportunities in schools or own homes. Have put in a lot of work including positive engagement with the CCG around the issue that the problems are too large for one organisation to deal with. It is Interesting to see across the patch that CAMHS is still seen as place for all children and not established as to what type of child should be referred which needs looking at further. In terms of autism, figures are getting higher particularly in Hull and there is a need to look at why numbers are increasing.</p> <p>MC noted it was a helpful report, showing the different issues with anxiety, ADHD and autism.</p> <p>TB noted there are some great groups running for those on the anxiety programme.</p> <p>The wait for autism's large numbers over 52 weeks was discussed noting this is not a sustainable situation. TB commented on the investment in autism team work which finishes at the end September. They will then sit down and work through the trajectory, and go back to the commissioners to discuss further. TB noted concern regarding those on the list age 17 etc. with the long wait in adult services. It was confirmed we are still in consultation with commissioners. TB explained following meeting some health visitors, it was felt the ADHD screening should be started at health visitor level, as they noted some young people have had to wait a number of years, and felt this is a system issue.</p> <p>PB enquired for those on the waiting list all this time, where do they go for support? TB confirmed there is external support from school and other groups</p>

	<p>that are active in Hull with voluntary services who give pre-diagnostic support but families are really keen to get diagnosis as this enables support in schools. TB confirmed we are proactively working with these voluntary organisations. A discussion was held regarding the need for parents to get a diagnosis and how we can start to influence this at system level to remove the bottle neck of waiters. TF commented regarding the good examples of SMASH programme that looks at working on individual levels. TB noted good progress but confirmed that families are driving for diagnosis as this can trigger additional resources as for some teenagers diagnosis is really important with support not given in school prior to this and the assessment triggers additional support.</p> <p>MC acknowledged that autism has the bulk of the issues and suggested the possibility of looking at areas who have tried to make progress with these issues, including those areas with more established early adult autism services, which makes a difference, and have done well on this, who have to think creatively about the issue.</p> <p>John Powell (GMC) commented for information, from one of his other roles, he sits on tribunals etc and have noted families claim they often feel they have to have diagnosis for benefit but what is more important to notice with diagnosis is evidence of behaviour and effect on family.</p> <p>MC thanked TB for the analysis, and acknowledged the situation and thanked both TB and David for the reports. TB confirmed that autism has improved with the additional investment to the team. MC wished the service good luck, noted we have to see services being more responsive which creates additional work. The committee noted position, are pleased with the investment in autism but and are concerned that ADHD issue growing and as yet resolved.</p>
66/19	<p><b>CQC Action plan / CQC update</b></p> <p>HG explained this was the first presentation of the 'Must Do' CQC regulation breaches at Quality Committee to provide assurance of where the plan is in terms of closing those actions off. The 'Should Do' Action plan will be presented at the next meeting and this will show the cross over with Must and Should do actions.</p> <p>The process includes the Quality and Regulation Group which works with Ops and Corporate services who are involved in these actions. The group meets monthly and reports to EMT. The action plans are also reported into QPaS and the Organisational Development Group (ODG) to ensure oversight. The Governance team pull evidence together and actions are not closed until the evidence received and reviewed.</p> <p>HG informed the Committee that we are also refreshing the Peer Review process through QRG and this will include checking any CQC actions have been completed, practices have changed and improvements are embedded in practice. The audit process is being reinvigorated with Perfect Ward and MyAssurance that we can use which are both audit package apps and will allow the CQC regulation breaches can be transferred over to the HealthAssure system for reporting. Both of the audit packages can tag the CQC KLOEs to give a view of the current CQC self-assessment compliance rating against the CQC regulations.</p> <p>MC noted the Board is placing the Quality Committee responsible to ensure the CQC actions are closed off.</p>



	<p>TB noted there are some challenges for Community Services in terms of training and new structures. HG explained following a meeting looking at SI's in community services it was noted there are a number of SI actions, SEA actions as well as CQC actions so a meeting has been arranged to theme all these actions and develop one overarching development plan to simplify and underpin the process. The Quality Committee agreed with this approach.</p> <p>The Quality Committee signed off the actions plan with progress made so far.</p> <p><b>ACTION – For the ‘Should do’ action plan to be presented to October’s Quality Committee along with an update on the Must Do actions</b></p>
67/19	<p><b>Clinical Audit 6 month report</b></p> <p>TF updated the Committee on work completed since the last report as follows.</p> <ul style="list-style-type: none"> <li>• Discussions have been held with all network leads, we are now seeing the quality of reporting to NCAR improving along with engagement and quality of discussions</li> <li>• Further focused work will be undertaken with community services following the CQC inspection, aligned to SI actions plans and this will be underpinned by the appointment of the Clinical Audit Facilitator which will give the additional capacity and clear focus allowing us to move from getting activity right to actually show a demonstrable impact in terms of improving patient safety and quality of care.</li> </ul> <p>It is recognised a significant amount of work has already been completed and there are now systems and processes in place to report and review at NCAR around the actions aligned to clinical audit activity and this will then build into compliance trajectories and eventually SPC charts, to really show the improvement in the cycle of re-audit as compliance against the key standards we are identifying.</p> <p>JB noted concern regarding the senior clinician’s capacity to actually undertake some audits when looking at the vacancy factor as we are asking the same people to do all the strategic external work, the leadership internally, and need to be mindful there is breaking point.</p> <p>TF agreed and commented that we have tried to look at where there is natural capacity for example medical trainees who are a fantastic resource but also there is resource in other professional groups in particular the preceptorship process and appraisal which we should factor in and aware this is a particular issue flagged around the primary care because the GP’s need someone to do the data extraction and the leg work to allow them to have the oversight, and hopefully the role of clinical audit facilitator will assist.</p> <p>HG noted that there is still work to do with capacity being the issue. Discussions have been held with the clinical leads as they are coming into post asking them to build the capacity to do this work into each division and the Clinical Audit Facilitator once appointed will work with these roles in the divisions. It was felt the Professional Forum needs to sighted on this report and use people there to support the work.</p> <p>The Quality Committee noted the continued development and the learning from the completed audit and agreed the Clinical Audit report of learning from NCAR to QPaS to be presented six monthly.</p>

	<p><b>ACTION –To take the report to the Professional Forum (TF)</b></p>
68/19	<p><b>Safer Staffing 6 month report</b>  MC noted a good report which is also presented to the Workforce Committee and the Trust Board. HG stated this is presented to Quality Committee to ensure oversight on report.</p> <p>TF highlighted the main key points</p> <ul style="list-style-type: none"> <li>• There are improvements both locally and benchmarking nationally</li> <li>• From the CQC report comments regarding AHP staff, need to be clear about our approach locally and be aware of the contradictions of using AHP and multidisciplinary working. This is been looked at.</li> <li>• Levels of harm, seeing low levels being reported with two incidents associated with Section 17 cancelled leave as well as responses to patient call bells at Whitby.</li> <li>• Looking at introducing a threshold for care hours per patient day to allow us to see trends and be able to pull the exceptions into report.</li> </ul> <p>TF noted as preparation for the report she completes a six month dashboard which goes out to all the charge nurses, and this can put context into understanding the data.</p> <p>MC noted the Board welcomed the report and feels this is a really good ward to board link. TF was thanked for the report, MC noted it was a really important areas as staffing is the NHS and we need to do all we can to develop and maintain and grow our staff.</p>
69/19	<p><b>Quality Committee Risk Register</b>  HG updated the meeting in Oliver Sims absence and noted the report now goes to QPaS for scrutiny which has enabled this to shape up and put the challenge back into system.</p> <p><b>Risk Register Key comments</b></p> <ul style="list-style-type: none"> <li>• MS noted the wording for the key controls on risk MH6 (page 1 of the Risk Register) needs amending with the risk rating reviewing. JB also noted seasonal spike which is common in 136 suites, and we had the summer spike in June. MS noted this and commented the trend line is increasing. MS suggested transferring the risk to MHL and will pick up as proper action in MHL.</li> </ul> <p><b>ACTION – To take the Sec 136 risk back to OS (HG).</b></p> <ul style="list-style-type: none"> <li>• MC noted the risk register has changed considerable and incorporates the project base risks around CAMHS and have service model but feel this has been an incomplete model so far</li> <li>• TB noted this was a significant risk as when interviewing for CAMHS crisis last week, it was noted there has been a number of staff lost to the inpatient unit and contact point. MC noted there is more risk on quality and this needs to be recognised and that we do all can to mitigate this.</li> </ul> <p>The Quality Committee noted the risk register, welcome it being refreshed, feels its dynamic and it is good that QPaS are seeing this regularly.</p> <p><b>Board Assurance Framework (BAF)</b>  MC noted the Board have already seen, and the Quality Committee are responsible for oversight on three risks in particular. It was confirmed the meeting</p>

	<p>was happy on the current ratings and assurances. It was noted the main issues were again staffing, and engagement.</p>
70/19	<p><b>HSAAPB Safeguarding Adults Review Final Report (SM)</b>  MC noted the Quality Committee has asked to see final report and thanked HG for sharing and reflecting on this.</p> <p>HG commented the report attached is not the final report. The version presented has been shared with relatives who have asked for some amendments mainly around the duty of candour and the Trust response and have requested a paragraph to be inserted into the report around this. HG confirmed she has seen this paragraph which basically states the Trust didn't perform duty of candour well and is critical of the Trust in this respect. HG commented she has responded to state that was of its time and duty of candour legislation was not actually out at that point and has sent apologies on behalf of the Trust, acknowledging with a change of executive team that the Trust is now in a different place. The rest of report is as it will be published, but HG could not confirm if this would be in full or a redacted report with just key points as this has been decided as yet but the feeling is this would be a redacted version, and HG asked the Quality Committee to focus on background and context of the very sad case, which affected more than just the Trust and the report includes the update of the Trust many years after the event.</p> <p>TF felt it was a really interesting observation that relationship with police continues to be a real challenge for mental health services at national level and the belief the police are dealing with more mental health issues than mental health services but is about the wider environmental issues and what we can do to really strengthen those relationships to avoid the system blindness and how we work as a system to really avoid the challenge of blaming each other, it was felt there is progress being made in this area and HG noted the joint training with police and shadowing from both sides. MS commented that from the report he got feeling of frustration rather than the feeling of blame.</p> <p>MC summarised that there has been some real learning taken on board and the Trust has moved a long way forward since report written, but very sad for SM and her family.</p>
71/19	<p><b>PACE Annual Report (including Complaints &amp; PALS)</b>  MD highlighted the key information</p> <ul style="list-style-type: none"> <li>• Have delivered the first years actions from the strategy</li> <li>• Introduced two new Patient and Carer Experience (PACE) forums (Whitby and Scarborough &amp; Ryedale)</li> <li>• The FFT Live data dashboard launched in April and continues to be successful in teams</li> <li>• Successful year with FFT scores</li> <li>• January saw the Trust enrol onto the Quality, service Improvement and Redesign (QSIR) collage programme with two patients supporting a team of six.</li> <li>• Significant growth seen in the Patient and Carers Experience Champions, with 89% of teams now having a champion but now working on the remainder of the teams</li> <li>• Formal complaints increase mainly from Primary Care and it is believed this will increase if we take more surgeries acquired</li> <li>• New timelines for complaints are now in use dependent on the complexity of</li> </ul>

	<p>the complaint</p> <ul style="list-style-type: none"> <li>• Had NHS Improvement shadow the team last October which led to being chosen for the film making.</li> </ul> <p>MS commented how he liked the annual report but also cover sheet which was excellent and honest. PB echoed the comments stating it was fabulous to see the progress and showed the journey travelled. It has shown the real opportunities to get in and make a difference.</p> <p>The Quality Committee commended the report and headlines and thanked MD for the work done.</p>
72/19	<p><b>Healthcare and Associated Infections Annual Report 2018/19</b></p> <p>HG noted this is a statutory report which goes to the board as part of our statutory requirements.</p> <p>Key points were noted</p> <ul style="list-style-type: none"> <li>• All indicators reporting good performance in terms of training and compliance</li> <li>• Positives around way the team are working with patients and carers</li> <li>• It was noted the team is 2.4equivalent but each year the annual report show the work done and how responsive the team is, and success in getting the other teams working together on IPC. MC noted lots of assurance flowing through the report and good feedback from staff when visiting around the area</li> <li>• Noted the added value with contribution to deteriorating patient work and the wider physical health leadership team we are trying to consolidate.</li> </ul> <p>The Quality Committee commended report to Board, with a good sustained level of excellence from this small very productive team.</p> <p><b>ACTION – The Annual report to be presented to the Trust Board as part of the statutory requirement</b></p>
73/19	<p><b>Safeguarding Annual Report 2018/19</b></p> <p>HG noted this is also a report which is presented to the Trust Board as part of statutory duty</p> <p>Key points highlighted</p> <ul style="list-style-type: none"> <li>• Really good progress year on year with training rates with three levels, including working with all services we have taken on and improving the base line training</li> <li>• Shows areas of Safeguarding covered and the team are experts across all fields and support staff with the highly complex areas</li> <li>• NS noted it was good to see the self-neglect training which links Section 42 and HG noted this was part of the key learning.</li> </ul> <p>The Quality Committee noted the progression and commended the report to the Trust Board and thanked the team for their contribution in this area.</p>
74/19	<p><b>Policies for Approval from QPaS</b></p> <p>HG explained the policies have been updated as described below</p> <ul style="list-style-type: none"> <li>• <b>Infusions Therapies Policy</b> Has been updated for the Scarborough services and put some controls to ensure safe practice.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Recognising the deteriorating patient Policy</b> Has been updated following the zero event work which highlighted the need to review the policy to cover the current gaps especially around the training for staff.</li> </ul> <p><b>Both policies were approved by Quality Committee</b></p>
75/19	<p><b>Internal Audit reports</b> None this month.</p>
76/19	<p><b>Quality and Patient Safety Group minutes</b> Minutes were noted and welcome.</p>
77/19	<p><b>Research &amp; Development Group minutes</b> Minutes were received and noted.</p>
78/19	<p><b>Drugs and Therapeutics Group minutes</b> Minutes were received and noted. JB noted for the minutes that the CQC Medications in Health and Adults is Social Care document in, which was noted at the Trust Board, has been to DTG and discussed at the June meeting.</p>
79/19	<p><b>Items arising from the meeting requiring communication, escalation or risk register consideration and any lessons learnt</b></p> <p>The Quality Committee noted it was good to have workforce committee but remains concerned of the theme of vacancies of staff and pressure. It was noted that staff have commented this is their biggest concern.</p>
	<p><b>Feedback from John Powell</b> JP noted it was interesting to watch and appears to be a very functional committee being clear on how to form a view and summarising almost like discussions groups rather than many committees he had known. It was clear when trying to work out problems the meeting always went back to the values of that it was trying to achieve to give clear implementing direction of progress you are trying to make.</p> <p>MC thanked JP for feedback and wished him good luck with his work through the GMC.</p>
80/19	<p><b>Date and time of next meeting</b> The next meeting will be held on Wednesday 9<sup>th</sup> October 2019, 9.30 – 12.30 in the Boardroom, Trust Headquarters.</p>

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting –30 October 2019			
Title of Report:	Finance and Investment Committee Assurance Report			
Author/s:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee			
Recommendation:	To approve		To receive & note	✓
	For information	✓	To ratify	
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 23rd October 2019 and a summary of key points for the Board to note.</p>			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	23.10.19	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> <li>• Notes the month six performance and focus on key areas including the Primary Care recovery plan.</li> <li>• Notes the forecast delivery of the NHS1 control total at yearend.</li> <li>• Notes the assurance received on the Digital Delivery plan, on the quarterly update of the Estates strategy and the comments on the Strategic objectives refresh.</li> </ul>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			



Quality Impact	√			To be advised of any future implications as and when required by the author
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

### Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board on the financial and investment performance of the Trust and raise any issues that it feels need escalating to the Board for further discussion.

A summary of the key areas discussed are that Month six performance showed that the Trust had achieved an operational surplus position of £0.118m which becomes a deficit of £2.032 when BRS is provided for. The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.089m at Month 6 with current forecast showing an outturn position of a £0.027m underachievement although some mitigating schemes have been identified

The committee reviewed Primary Care in detail particularly the recovery plan and the Governance around it and received good assurance on the ongoing management of the plan. The committee also reviewed the outturn forecast which shows that the Trust are still on plan to deliver the NHSi control total.

The committee received update reports on the Digital Delivery plan, Staff Capitalisation, the refreshed strategic objectives and the quarterly update on the 2019/20 Estates Strategy.

### Key Issues:

The key areas of note arising from the Committee meeting held on 23rd October were:

- In terms of the Insight report the key issues raised were:-
  - NHS England and NHS Improvement have released the quarter one financial figures for the provider and commissioner sectors. Some of the key headlines from the data are that the provider sector is forecasting a deficit of £279.8m, slightly ahead of the planned outturn of a £281.8m deficit, and if delivered this would be a significant improvement from the 2018-19 year-end deficit of £575m. In Q1 the provider sector was £805.8m in deficit after provider sustainability fund (PSF), financial recovery fund (FRF), and marginal rate emergency tariff (MRET) allocations. Across the NHS, including the commissioner aggregate position, the Q1 run rate is largely consistent with plan. The forecast overspend by the end of the year is expected to be £84m – against a planned breakeven. NHSE/I say this 0.1% variance is “due largely to technical reasons”. PSF, FRF and MRET allocations amounted to £421m in Q1. This is 95% of the total planned allocations for Q1 (A total of £2.7bn of PSF/FRF/MRET funding is available for 2019/20).
- In terms of the month six financial performance in month the Trust is showing an operational surplus position of £0.046m (£0.348m better than budget) and year to date an operational surplus position of £0.118m (£1.591m better than budget). After BRS provision has been included, the reported deficit for Month 6 was £0.329m (£0.045 better than budget) and year to date a £2.032m deficit (£0.165 better than budget). Year to Date staff costs of £52.478m are £0.876m lower than budget. Capital Spend as at Month 6 was

£4.561m, mainly related to the CAMHS and LHCRE projects.

The Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.621m, the Mental Health Division has a year to date underspend of £0.481m, the Specialist Division is showing a year to date overspend of £0.217m (however the in-month position for September was an underspend of £0.013m) and Corporate Divisions are showing an underspend of £0.833m at month 6.

In terms of cash the cash balance at the end of September 2019 was £14.335m (Underlying Government Banking Service Cash position was £11.623m), outstanding Trade Debtors totalled £4.295m at the end of the period (£4.026m August) and of Trade Creditors were £4.553m (£3.897m August). The Current Cashflow forecast is predicting a cash balance of £12.370m in the Government Banking Service account at the end of the financial year and performance against the better payment practice code for NHS and Non-NHS are currently 85.28% and 94.91% respectively.

- As mentioned at previous Boards the committee now receives a regular update on the Primary Care Recovery plan and this month heard about the strengthened governance processes now in place. Two weekly meetings are now being held with all of the practices present chaired by the Deputy DOF and these meetings make use of the trajectories from the recovery plan to create targets for each practice. There is now much greater focus on vacancies, annual leave management and sickness and some practices have now started buddying with other practices to provide cover and to minimise the use of locums. The committee commended this approach and looks forward to seeing the impact this has on performance.
- With this being the half year review the committee also looked at the forecast year-end outturn which will be reviewed monthly going forward. At present this shows income being £0.290m behind plan, expenditure £0.557m better than plan leading to an operational deficit of £0.288m (£0.066m better than plan) and an overall deficit of £0.354m at the end of the financial year which agrees to the NHSI control total.
- The committee received an update on BRS delivery which showed that the overall profiled year to date level of savings stands at £2.103m with achieved savings of £2.014m producing an underachievement of £0.089m at Month 6. The current Forecast outturn position shows a underachievement of £0.027m. Alternative savings to offset the forecast underachievement to close the £0.027m gap will be required. The position on the Major Schemes shows revised total savings of £2.642m giving a reduction in savings from the major schemes of £0.239m.
- The committee received the reviewed Digital Delivery update as it had asked for it to be looked at the previous meeting and were happy to endorse the new version which showed good progress on the 2019/20 plan with five of the deliverables being green which means that they will deliver in 2019/20 and four of the deliverables being amber but having recovery plans to deliver in 2019/20.
- The committee received a report that it had asked for on staff capitalisation analysing what had been capitalised and why. This showed that Staff costs have been included in capital projects under IAS 16 to the tune of £0.149m in Estates projects and £0.218m within the IT capital projects. The committee were happy with this approach but did flag the risk of this when some of these projects came to an end.
- The committee received the final version of the refreshed strategic objectives. This generated a lot of discussion around the fact that the "how will we know that we have achieved it?" section lacked clear measurable and timed outcomes (although it was felt that these would follow in the operational plans) and also questioned how this fitted in with the work to be undertaken at part three board on the Trust's future strategy. There was also discussion around the number of "strategies" within the business and whether there needed to be one overarching strategy with a number of supporting plans to deliver that strategy which can also be explored further at Board. All of that said the committee commended the hard work undertaken by Claire Strawbridge in putting this document together and endorsed it as a document for use with staff as an updated set of objectives.



- The committee received its quarterly update on progress against the 2019/20 Estates Strategy with the key headlines being:-
  - Disposals - Hallgate and Chestnuts will follow suit upon the completion of the Cottingham Clinic extension. To enable the vacation of Victoria House, alternative accommodation has been sourced for the Complex Intervention Service. A relocation proposal for the Department of Psychological Medicines is to be considered at the Estate Strategy and Capital Delivery Group on 28 November 2019. A review of the disposal strategy for Westend is currently being undertaken to maximise the benefit to the Trust. This will take place alongside the site being marketed with a preferred agent.
  - Children's Campus - the contract programme remains in delay, with a resultant handover date of 4 November 2019. Sectional completion of the Children's Centre in negotiation with the Main Contractor enabled training to commence from 16 September 2019.
  - Redesigning Mental Health Inpatient Services - Project teams and workstreams have been established to develop the OBC, utilising the Better Business Cases approach, in line with STP requirements. Citycare have been commissioned to assist the development of the OBC, including professional services associated with design development. The Clinical Model is being refined during October 2019, to inform the estate solution.
  - Forensic Services – Provider Collaborative - Whilst work continues to develop the Provider Collaborative approach for forensic services, contract negotiations have continued in respect of the reopening of Greentrees. As a consequence, a scheme is in process to recommission Greentrees in November 2019.
  - Primary Care - A Primary Care Improvement Grant has been awarded for the consolidation of Hallgate and Chestnuts practices at the Cottingham Clinic site. Planning Application submitted in July 2019, with approval delays expected in the region of four weeks from the original programme, with completion now anticipated in Q1 2020/21. Practice 2 (Bridlington Medical Centre) remains in development. The 3 practices were successful in a bid for monies to help resolve the building issues. The Trust continues to work with the Practices to reach a conclusion. The Lease and further Business Transfer Agreement will conclude once the estates compliance requirements are met.
  - NHS PS Estate - NHS Property Services' business case for the redevelopment of Whitby Hospital was approved subject to; clearing of debt and agreement to the Lease terms. Whilst the financial position has been agreed, agreement for lease and lease are now in an agreed format, subject to minor alterations.
  - Adult Mental Health Rehabilitation Services - Beech Ward forms part of the changing strategy for Adult Mental Health rehabilitation inpatient services. This will render Hawthorne Court surplus to requirements.
  - Driffield - A project is being developed to maximise the use of Alfred Bean Hospital. The first phase included the vacation of Four Winds by the CTLD in May 2019. An operational review of the Community CAMHS estate requirement for Hull and the East Riding is underway. This is consequently being considered in parallel with the future strategy for Alfred Bean and Market Place/Rivendell in Driffield together with the wider East Riding OPE.
  - Goole - Trust services have consolidated into Bartholomew House. With Children's Therapies vacating Goole Hospital and ISPHNS vacating Goole Health Centre in September 2019.
  - Bridlington - The development of the feasibility for Bridlington Hospital to become a Wellbeing Hub for the locality has received support via One Public Estate. This is to improve the utilisation of the hospital site. The Trust is also liaising with the ERYC to consider an alternative interim estate provision for Fieldhouse Surgery.
  - The committee received Chair's logs from the Capital and Estates Group which

generated discussion around the Governance of LHCRE and the future ownership of funding

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting - 30 <sup>th</sup> October 2019			
Title of Report:	Our Strategic Objectives: Refreshed for 2019 – 2022			
Author/s:	Claire Strawbridge, Strategy Manager			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	The Board is asked to approve this final version of the Trust Strategic Objectives: Refreshed for 2019 – 2022.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	23/10	Executive Management Team	18/9
	Mental Health Legislation Committee		Operational Delivery Group	17/9
	Charitable Funds Committee		Other (please detail) Trust Board	25/9
Key Issues within the report:	<p>The Trust Board reviewed the draft refreshed Strategic Objectives on 25<sup>th</sup> September 2019. The Document has since been reviewed by the Healthwatch Read Right Service. Feedback received was positive, stating that:</p> <p><i>“The document is well presented and looks appealing with use of appropriate images. The font is clear and easily readable. Information is consistent with the title of the document and for most parts is easy to follow.”</i></p> <p>A small number of recommendations were made in relation to minor typing and grammatical errors. Recommendations have been resolved within the document.</p>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			
Quality Impact	✓			



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	

# Our Strategic Objectives Refreshed for 2019 – 2022

*Caring, Learning and Growing  
together to deliver  
excellent health and social care*



## Introduction

Our Trust Strategy was developed in 2017; since its introduction staff have become familiar with, and developed an understanding of, our mission, vision, values and goals and how achievement of them applied to the work of their team.

January 2019 saw the release of the NHS Long Term Plan, which changes the landscape for health care systems and aims to make the NHS fit for the future.

The NHS Long Term Plan places greater focus on boosting out of hospital care and dissolving the historic divide between primary and community health services. It commits to greater investment in integrated primary and community care services, relieving the pressure on urgent and emergency care services.

Alongside this, Sustainability and Transformation Partnerships (STPs) will develop into Integrated Care Systems (ICS) across the country to focus on population health, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across the population.

Whilst we did not want to overhaul our strategy now that it has become better embedded and understood within the Trust, we recognised a need to review our strategic objectives so that we are prepared for the changing horizon of health and social care that will be brought about by the NHS Long Term Plan.

Our Mission, Vision, Values and Strategic Goals all remain unchanged from our original Trust Strategy.

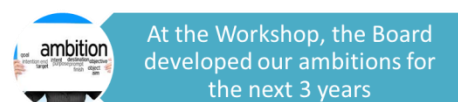
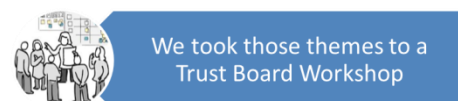
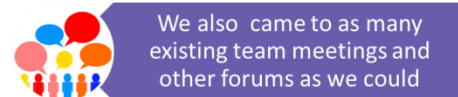
This document sets out our refreshed strategic objectives; **“What we will achieve together”** as **One Team** within Humber

**“How will we know when we’ve achieved it”** paints a picture of what success will look like as a result of us all working together to achieve our goals.

## Knowing our priorities

When identifying the objectives we should focus on across the coming three years, it was essential that our service users, patients, carers, families and partner organisations were able to voice their priorities and that their voice was heard by the Board, enabling them to balance our stakeholders’ needs with the need to achieve clinical, financial and operational sustainability.

We held eleven drop-in sessions where people could come and “Have their say” and sent out invitations to all our staff and 60 partner organisations. We also attended existing forums such as patient councils, Patient and Carer Experience and Co-Production forums.



## Mission

Humber Teaching NHS Foundation Trust – A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

## Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer.

## Values

### CARING

for people while ensuring they are always at the heart of everything we do.

### LEARNING

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

### GROWING

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

## 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.

	<b>Goal One: Innovating quality and patient safety</b>	
	<b>What we will achieve together</b>	<b>How will we know we've achieved it?</b>
	Embed the characteristics needed to be recognised as a High Reliability Organisation	<ul style="list-style-type: none"> <li>• Our Patient Safety Strategy will be embedded through all teams</li> <li>• Our Quality Improvement Approach will be embedded through all teams</li> <li>• All individual services will be rated as “Good” for patient safety by the CQC by 2020</li> </ul>
	Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	<ul style="list-style-type: none"> <li>• We will have reduced the number of patient safety incidents resulting in harm whilst maintaining high levels of reporting</li> <li>• Models of care in line with best practice within National Institute for Health and Care Excellence and national guidance which take account of local and national learning from incidents.</li> <li>• Established collaborative working with other agencies and organisations to share good practice and learning from patient safety incidents, Learning Disabilities Mortality Reviews.</li> </ul>
	Understanding of our local population’s health needs to inform service planning, design and transformation	<ul style="list-style-type: none"> <li>• We will understand our population health need and Public Health information</li> <li>• Working collaboratively with Humber Coast and Vale Sustainability and Transformation Partnership, linking with their population health approach</li> <li>• Early adoption of Local Health Care Record Exemplars and utilise relevant data to help inform the delivery of more effective services</li> </ul>
	Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service priorities	<ul style="list-style-type: none"> <li>• Increased number of clinical academics and professors linked with the Trust and Universities</li> <li>• Increased number of clinical trials underway, and increased number of our patients participating in them</li> <li>• Increased number of teams engaged in studies, particularly those that are in line with the service and service user needs</li> </ul>



 <b>Goal Two: Enhancing prevention, wellbeing and recovery</b>	
<b>What we will achieve together</b>	<b>How will we know we've achieved it?</b>
Work in partnership with our service users, carers and families to optimise their health and wellbeing.	<ul style="list-style-type: none"> <li>• Increase in the geographical area over which Social Prescribing is provided</li> <li>• Reduction in the proportion of our patients that experience a crisis or exacerbation of their condition</li> <li>• Increased number of high quality physical health checks for service users with Severe Mental Illness, Learning Disability and Autism with appropriate interventions and follow up care</li> </ul>
Optimise peoples recovery and build resilience for those affected by Long Term Conditions	<ul style="list-style-type: none"> <li>• A redefined and sustainable Recovery College that is valued through the system</li> <li>• Improved recovery rates for physical and mental health related issues</li> <li>• Tools embedded into all services that enable patients and service users to plan and measure their own recovery progress with their clinician</li> </ul>
Prevention and Making Every Contact Count will be at the core of our Strategy to optimise expertise for physical and mental health across our teams and the people they care for	<ul style="list-style-type: none"> <li>• A combined Prevention and Recovery Strategy will be developed by 2020</li> <li>• A shift in resources will enable staff to develop their skills to focus on prevention opportunities and interventions, deployed over time across all services</li> <li>• A focus on intervention opportunities for Children and Young People to reduce the number that transition to adult services or reduce the severity of need at the point of transition</li> </ul>
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care	<ul style="list-style-type: none"> <li>• An integrated service offer is developed with partners</li> <li>• Co-location of services and consolidation of the estate in the Town</li> </ul>
Enhance prevention of illness and improve the health and wellbeing of our staff, both physically and emotionally	<ul style="list-style-type: none"> <li>• Staff will identify Humber as an organisation that positively supports their health and wellbeing</li> <li>• Identify and implement ways that we can reduce the number of staff who feel unwell as a result of work related stress</li> <li>• Health and Wellbeing initiatives will be equally accessible to all staff</li> </ul>



## **Goal Three: Fostering integration, partnership and alliances**

<b>What we will achieve together</b>	<b>How will we know we've achieved it?</b>
We will be clear about what we offer, who we offer it to and how we work with others	<ul style="list-style-type: none"> <li>• A “Storyboard” will be produced that clearly demonstrates the clinical services we offer, the services offered by those we work in partnership with and how they can be accessed</li> <li>• The “Storyboard” will provide clarity around service provision and accessibility, both internally to our teams and externally to our partner organisations.</li> <li>• Our “Storyboards” will be widely communicated to all staff, partner organisations and wider communities (as appropriate)</li> </ul>
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design.	<ul style="list-style-type: none"> <li>• Patient and carer engagement and involvement will be the business of all Trust staff</li> <li>• New communication technology (i.e. crowd sourcing) will be identified and deployed to engage more people face to face and virtually.</li> <li>• The number and breadth of people engaged and involved will have increased</li> <li>• Our membership will be refreshed to enhance diversity and productive engagement</li> <li>• There will be a culture of engagement and involvement throughout the organisation</li> <li>• Increased numbers of patients and carers involved in helping inform research and participating in research studies.</li> </ul>
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services	<ul style="list-style-type: none"> <li>• Increase in the number of system partners involved in our patient pathways and service delivery</li> <li>• Opportunities for sharing good practice and expertise across organisations will be maximised</li> <li>• There will be clear processes and shared understanding of each organisations contributions to patient care</li> </ul>
Host partner organisations' staff, and vice versa, to enable system workforce resilience	<ul style="list-style-type: none"> <li>• Multi-agency integrated teams delivering patient centred care</li> <li>• Reduction in the number of vacant posts</li> <li>• Innovative workforce models that maximise number and diversity of staff in post</li> </ul>
Be a leader in delivering Sustainability and Transformation Partnership plans	<ul style="list-style-type: none"> <li>• System-wide solutions to long-term problems with our partners fully implemented</li> <li>• Increased opportunities to work jointly with our partners to enhance our ability to deliver excellent services</li> </ul>




## **Goal Four: Developing an effective and empowered workforce**

<b><i>What we will achieve together</i></b>	<b><i>How will we know we've achieved it?</i></b>
Optimise the staffing profile to ensure delivery of high quality care	<ul style="list-style-type: none"> <li>• The right staff, in the right place and with the right skills</li> <li>• Staff are provided with the training and skills needed to deliver this strategy, in particular those needed to establish ourselves as a High Reliability Organisation</li> <li>• Staff will have opportunities for structured career development</li> <li>• Different sources for our future workforce will be maximized</li> <li>• Staff are agile and have the correct resources, adapting quickly and easily to support service users</li> </ul>
Development of a healthy and engaged organisational culture, clinical and support services working together as “One Team” to free up time for patient care	<ul style="list-style-type: none"> <li>• Opportunities for all staff to influence service planning, design and transformation</li> <li>• Staff feel supported by the organisation in delivering both clinical and business duties</li> <li>• Leaders and managers lead by example, are visible and approachable, and staff communication is effective</li> </ul>
Enable transformation and organisational development through shared leadership	<ul style="list-style-type: none"> <li>• We are seen as an excellent employer, where staff deliver high quality care, safe and effective services and are able to contribute to service improvements</li> <li>• Talent is nurtured and succession planning is a key element within workforce and business contingency plans</li> <li>• We are seen as an innovative organisation in the national and local community, distributing leadership for quality improvement and service transformation to the divisions</li> </ul>
Increase our service offer to support and work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system	<ul style="list-style-type: none"> <li>• Sharing skills with our partners through joint training and education</li> <li>• Increased Health and Social Care support staff capacity and capability</li> <li>• A workforce with flexibility to deliver high quality care across a changing landscape</li> </ul>
Ensure a well-trained digital ready workforce	<ul style="list-style-type: none"> <li>• A plan will be in place for the future digital delivery and our priorities for future digital innovation</li> <li>• We will understand our staff’s training needs to ensure they have the skills to use data, information, knowledge and technology to achieve our plans for future digital innovation</li> <li>• Learning solutions will be identified within the system, ensuring we learn from each other and minimising duplication and waste</li> </ul>
Demonstrate that we are a diverse and inclusive organisation	<ul style="list-style-type: none"> <li>• All staff are treated with respect and dignity</li> <li>• All staff are valued for their strengths, empowered to be innovative, creative and solve problems in new ways</li> <li>• We have an environment where people feel they can safely express themselves and where concerns can be raised with transparency and confidence</li> </ul>



## **Goal Five: Maximising an efficient and sustainable organisation**

<b>What we will achieve together</b>	<b>How will we know we've achieved it?</b>
Optimise our IT system to improve access for staff and free up time for patient care	<ul style="list-style-type: none"> <li>• All staff migrated to Windows 10 and Office 365</li> <li>• Staff benefit from remote and agile working where appropriate</li> <li>• Paperless/paperlite</li> <li>• Video conferencing/skype for staff training and meetings more readily available</li> </ul>
Embrace new technologies to enhance patient care across the health and social care system	<ul style="list-style-type: none"> <li>• A plan to implement digitally enabled remote care to improve access to our services</li> <li>• A plan for implementation of technology-supported self-management, empowering people to better manage and understand their condition</li> <li>• New technologies don't exclude, or adversely affect access for, people in our community who lack access and/or digital skills</li> </ul>
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	<ul style="list-style-type: none"> <li>• Reduction of carbon emissions in line with the Sustainable Development Management Plan</li> <li>• Consolidation, centralisation and rationalisation of Trust estate to enhance operational efficiencies and ensure best utilisation of the estate available</li> <li>• Staff are satisfied with the physical environment they work in and feel it promotes productivity</li> </ul>
Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners	<ul style="list-style-type: none"> <li>• Marketing Plan will be developed during 2019/2020 to improve internal and external communications</li> <li>• Effectiveness of the plan will be measured annually through delivery of performance standards in support of the overall organisational strategy.</li> </ul>
Optimise business opportunities to develop integrated services	<ul style="list-style-type: none"> <li>• Prioritised business opportunities that support delivery of the NHS Long Term Plan ambitions and support a proactive whole system approach in partnership with the Sustainability and Transformation Partnership/Integrated Care System</li> <li>• Pursuance of innovation and opportunities that offer benefits to our local population but avoid risks that might impact on patient safety</li> <li>• Implementation of provider-led collaboratives to minimise fragmentation and empower local systems</li> </ul>
Reduce our reliance on sustainability funding to achieve long term financial balance	<ul style="list-style-type: none"> <li>• Decrease current deficit by £1.6m:                             <ul style="list-style-type: none"> <li>○ 2020/2021 - £1.2m deficit</li> <li>○ 2021/2022 - £0.8m deficit</li> <li>○ 2022/2023 - £0.4m deficit</li> </ul> </li> </ul>

 <b>Goal Six: Promoting people, communities and social values</b>	
<b>What we will achieve together</b>	<b>How will we know we've achieved it?</b>
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	<ul style="list-style-type: none"> <li>• Pilot voluntary sector led community hub providing befriending and social support with health sector in-reach to focus on promoting self-management of conditions, prevention and Making Every Contact Count.</li> <li>• Robust evaluation of the pilot impact to inform roll-out potential across Trust geography</li> </ul>
Increase the utilisation and spread of our charity, Health Stars	<ul style="list-style-type: none"> <li>• Increase to charitable funding to achieve service improvements and enhance environments</li> <li>• Improved staff morale, wellbeing, motivation and pride through the Circle of Wishes</li> </ul>
Embrace and expand our use of volunteers	<ul style="list-style-type: none"> <li>• Creation of more placement opportunities within our services, providing an opportunity for volunteers to support staff and patients</li> <li>• Offering valuable work experience and insight into the NHS environment to support ongoing recruitment</li> <li>• Volunteers more widely used across the Trust, reaching a greater number of teams and services</li> </ul>

FINAL DRAFT

For further information about our Strategy

**Contact us**

Telephone: 01482 389172

Email: [hnf-tr.strategyengagement@nhs.net](mailto:hnf-tr.strategyengagement@nhs.net)

Visit us: [www.humber.nhs.uk](http://www.humber.nhs.uk)



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**Agenda Item 14**

Title & Date of Meeting:	Trust Board Public Meeting – 30 October 2019			
Title of Report:	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2019-20			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	<p>NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as set out in the NHS England and NHS Improvement Core Standards Matrix. This report sets out Humber Teaching NHS Foundation Trusts self-assessment of current compliance against the EPRR organisational core standards, the required actions and delivery time frame to address gaps.</p> <p>Following approval by the Trust Board on 30 October 2019, the compliance statement and assessment will be submitted to NHS England and NHS Improvement (NHSEI) by 31st October 2019. On 19<sup>th</sup> November the Yorkshire and Humber Local Health Resilience Partnership will consider the submission with an opportunity to ask questions or challenge further as a wider partnership.</p> <p>Appendix A – Statement of Compliance Appendix B – Core standards and action plan</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Annual report	✓
Key Issues within the report:	<p>Failure to meet the NHSEI deadline for the assurance process would risk being categorised as non-compliant against the core standards for EPRR.</p> <p>Failure to meet the NHSEI compliance requirements could lead to Humber Teaching NHS FT not being ‘properly prepared for dealing with a relevant emergency’. This is a responsibility placed on NHS funded providers under the Civil Contingencies Act (2004) and the Health and Social Care Act 2012.</p>			

**Monitoring and assurance framework summary:**

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



## **1. Introduction**

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004) and Health and Social Care Act 2012, NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

## **2. NHS EPRR Cores Standards**

The NHS EPRR Core Standards were introduced to clearly set out the minimum standards expected of NHS organisations and providers of NHS funded care with respect to emergency preparedness, resilience and response.

The NHS EPRR Core Standards enable agencies across the country to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

These standards will be reviewed and updated as lessons are identified from testing, national legislation and guidance changes and/ or as part of the rolling NHSEI governance programme.

## **3. Trust NHS EPRR Core standards**

The Trust was notified by the Head of EPRR for Yorkshire and the Humber on 9 July 2019 of the expectations for the 2019/20 EPRR assurance process and timescales for completion with a cover letter and toolkit.

The letter, from Steven Groves, National Head of EPRR for NHSEI, included the latest version of the Core Standards, including the deep dive which focusses on severe weather and climate adaptation. This deep dive is a result of a request from the Government's Environment Audit Committee which has a responsibility for assessing adaptation to climate related issues and we have used all of these to perform a self-assessment.

We will comply with this request by:

- Submitting our level of compliance and action plan by 31st October 2019 to NHSEI
- Attending the Local Health Resilience Partnership on 19 November 2019 to present the submission and receive feedback

## **4. Current Position**

The 2019-20 assessment framework has 54 applicable core standards for EPRR and 20 applicable core standards for the severe weather and climate adaptation against which the Trust has self-assessed using a RAG rating (Red/Amber/Green). Any standard that the Trust has rated partially or non-compliant has been automatically transferred over into an action plan and this will form the Trust improvement plan for the 12 months to follow. NHSEI has also provided a template to be completed confirming the Trust's current compliance which is at Appendix 1.

The Trust has improved upon last years submission and is compliant with 51/54 of the core standards as opposed to 49/54 in 2018-19 and continues to maintain its rating of substantial as it has done for the previous 5 years. The improvement reflects Loggist training taking place, resulting in a list of volunteer loggists to be called on in the event of an

major incident, and a testing programme being put in place for the coordination Centre equipment and therefore we became compliant in both those standards.

Below is a summary of the Trust's current compliance:

#### 4.1 Compliance with Standards for Overall Preparedness

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	1	2	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	7	0	0
<b>Total</b>	<b>54</b>	<b>51</b>	<b>3</b>	<b>0</b>

The three partially compliant responses related to training for on call staff, exercising EPRR training and tactical response for which training on the joint decision making model has been scheduled for 14 January 2020 which will make these compliant.

One of the partial self assessments relates to staff attending work during severe weather, an update of the severe weather and winter plan with arrangements for placing staff into accommodation should they be unable to return home is scheduled for the end of November 2019 annual review of plan. The other partial responses with regards to the weather relate to improved communications, the Trust conducting a desktop exercise these are all scheduled following the end of this financial year. The remaining partial compliance actions relate to long term planning and they are all scheduled for the project group for emergency planning within the financial year.

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	12	3	0
Long Term adaptation planning	5	0	5	0

<b>Overall assessment:</b>	<b>Substantially compliant</b>
----------------------------	--------------------------------

## **5. Business Continuity– Deep Dive**

This year's EPRR assurance deep dive is severe weather and climate adaptation.

All organisations will self-assess against the severe weather response and long term adaptation planning standards, of which there are 20 applicable to the Trust.

The Trust has rated itself as partially compliant on 8 of the standards which have been carried over to the action plan. There are no standards identified as non-compliant. It is recognised that there needs to be a significant improvement in the area of long term adaptation planning and the Trust has convened a Sustainable Development Steering Group to address this along with along with climate change.

## **6. Conclusion**

This Action Plan will become the initial focus of the Trusts EPRR work programme for the remainder of 2019-20 and this will be monitored regularly by the EPRR sub group. The standard for trained on call staff is still included on the EPRR risk register due to the financial implications in achieving full compliance in the next twelve months.

## **7. Recommendation**

The Trust Board are asked to:

- Consider the compliance self-assessment, rating and associated guidance and provide feedback accordingly.
- Approve the overall compliance rating and associated action plan for submission to NHS England on 31<sup>st</sup> October 2019

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)  
Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020**

**STATEMENT OF COMPLIANCE**

Humber Teaching NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Humber Teaching NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of **Substantial** (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve.  The organisation's Board has agreed with this position statement.
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

\_\_\_\_\_  
Signed by the organisation's Accountable Emergency Officer

\_\_\_\_\_  
Date signed

30/10/2019  
Date of Board/governing body meeting

30/10/2019  
Date presented at Public Board

\_\_\_\_\_  
Date published in organisations Annual Report

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting - 30 October 2019		
Title of Report:	Guardian Of Safe Working Annual Report		
Author/s:	Name: Dr Jennifer Kuehnle Title: Guardian of Safe Working		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	To present the Annual Data for Humber Teaching NHS FT Guardian report		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<ul style="list-style-type: none"> <li>• An update on the role of the Guardian</li> <li>• A reminder of the conditions and terms of services of Junior doctors</li> <li>• Current challenges within the Trust and an update on how these are being addressed.</li> </ul>		

**Monitoring and assurance framework summary:**

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



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

## **ANNUAL REPORT ON ROTA GAPS AND VACANCIES: DOCTORS AND DENTISTS IN TRAINING**

### **Executive summary**

- Humber Teaching NHS Foundation Trust has an enthusiastic and engaged cohort of trainees who have been actively involved in monitoring working practices and improving rota design.
- In collaboration with the Junior Doctors there has been an alteration to the weekend and weekday evening on-call rota allocation ensuring a more even distribution of workload.
- Hours Monitoring complete by the Junior Doctors has led to an alteration in the work schedule to more accurately reflect the intensity of work during on-call shifts.
- We continue to use Allocate software package for exception reporting of additional hours and conditions breaches, overall this is now functional and working well.
- Concerns have been raised by the trainee doctor cohort regarding inadequate rest and sleep facilities for doctors working on call. However the Trust is has received money to review the rest facilities and work is ongoing in this area in collaboration with the Junior Doctors.

### **Introduction**

The introduction of the 2016 Terms and conditions of service (TCS) based on the new Junior Doctors contract has meant clear limits to the number of hours junior doctors can work being set. It has also provided a framework for–

- trainees to be able to report safety concerns in the workplace
- trainees to record if they worked beyond their scheduled hours
- fining departments directly for the most serious breaches of working hours
- providing work schedules to doctors before starting a job and in more detail than previously
- trainees to inform if they are not able to attend education and training opportunities
- the establishment of a junior doctors forum (JDF) to discuss work and training issues

The contract also requires that every Trust has a Guardian of Safe Working (GoSW), whose responsibilities include ensuring that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and providing assurance to the Board of the employing organisation that doctors' working hours are safe.

### Rota Rules Enshrined in the 2016 Contract

- Max 13hr shift length, with no more than 5 consecutive long shifts, or 4 consecutive long evening shifts.
- Max 8 consecutive shifts, with a minimum of 48 hrs rest following completion.
- A minimum of 30mins break for 5 hours work and a 2<sup>nd</sup> 30mins for more than 9 hrs.
- Maximum of 72hrs in 7 consecutive days.
- Maximum of 4 consecutive nights, with a minimum of 46 hours rest when 3 or more night shifts worked.
- Max average of 48 hrs/wk – can opt out of EWTD allowing 56 hrs.

### NROC (Non-resident on call)

- No consecutive on-call periods, except Saturday and Sunday, no more than 3 in 7 consecutive days.
- Day after a NROC must be less than 10hrs, or 5hrs if minimum rest not met.
- Expected rest – 8hrs in 24hrs, with 5hrs continuous between 2200 and 0700

### **The role of the guardian of safe working hours**

The guardian is a senior appointment and the appointee does not hold any other role within the management structure of Trust. The guardian ensures that issues of compliance with safe working hours are addressed by the junior doctor and/or Trust, as appropriate. The guardian shall provide assurance to the Board that junior doctors' working hours are safe in concordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 but additional oversight of the working hours of junior doctors still working on the 2002 contract. The Guardian:

- acts as the champion of safe working hours for doctors in approved training programs
- provides assurance to doctors and employers that doctors are safely rostered and enables work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service
- receives copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service
- escalates issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level
- requires intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk
- requires a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed



- has the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and
- distributes monies received as a consequence of financial penalties to improve the training and service experience of doctors.

The Guardian reports to the Board of the Trust directly or through a committee of the Board, as follows:

- The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the Local Negotiating Committee, or equivalent. It will include data on all rota gaps on all shifts.
- A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the Local Negotiating Committee, or equivalent.
- Where the guardian has escalated a serious issue and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board.
- The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council.

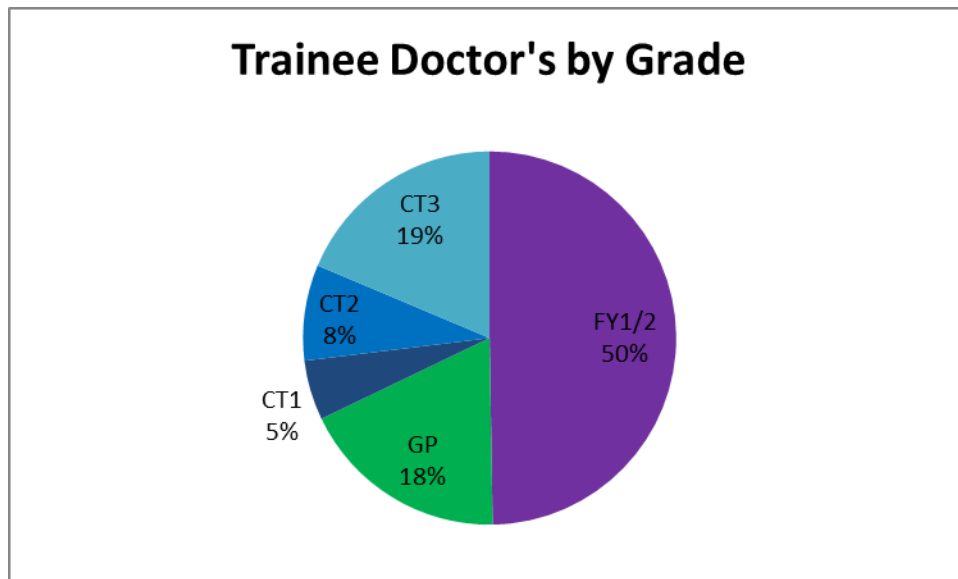
The Guardian and Director of Medical Education have jointly established a Junior Doctors Forum to advise them. This includes junior doctor colleagues from the organisation and includes the relevant junior doctor representatives from the Local Negotiating Committee as well as the Chair of the LNC. The junior doctors' forum takes part in the scrutiny of the distribution of income drawn from fines. In addition the Guardian has established good working links with the DME, LNC Chair and GSW's in neighbouring organisations.

### **Annual Data Summary**

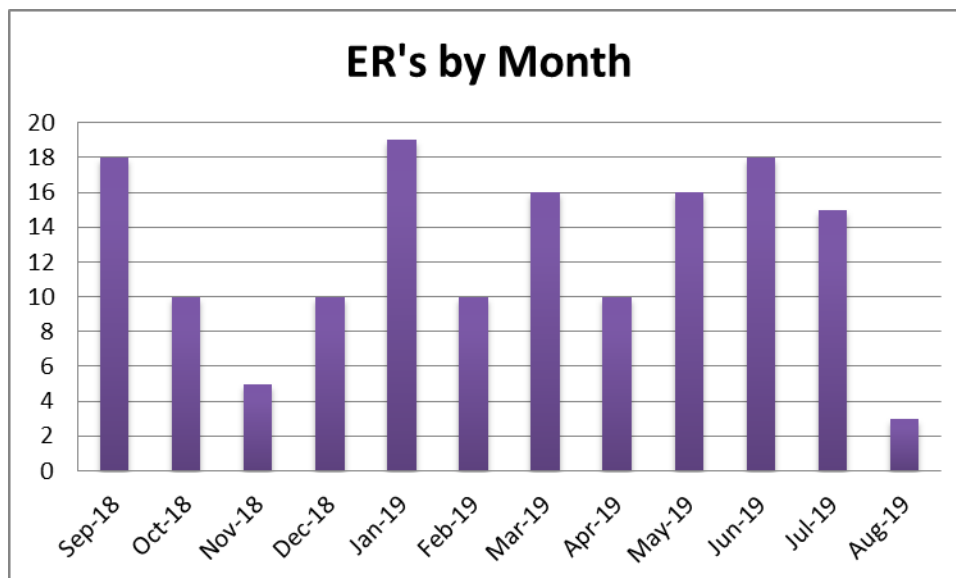
Number of doctors / dentists in training (current):	22 (6 LTFT)
	10 FY doctors, 4 GP's, 8 Core Trainee's
Number of doctors / dentists in training on 2016 TCS (current):	18
Current Oncall Rota Gaps	6.4
Fines (for the previous 12 month period)	0

A recent update from medical staffing advised of a 22% vacancy across the workforce. (Nationally the fill rate for Psychiatry Core Training Year 1 posts was 71.0% in 2018 and 86.1% in 2019)<sup>1</sup>. However due to 3 trainees not participating in out of hours on calls as a consequence of health issues there are 6.4 gaps on the on call rota (33% based on a full complement of 19 WTE). In comparison our neighboring Trust NLG reports vacancy levels of 31.9%<sup>2</sup>. The Guardian is unable to

advise the percentage of these vacancies filled by locums (short or long term). F1 doctors do not participate in the on-call rota.



There were 150 exception reports in the last year. See graph below for monthly distribution.



### Issues arising

There continues to be vacancies throughout the year through a combination of under-allocation from lead employers and vacancies in our own recruitment including a number of less-than-full-time trainees.

Until December 2017 the trainees had a 7 nights' on-call night pattern however subsequently they opted to change to a 3 night weekend and 4 night mid-week pattern to reduce fatigue and move the Trust in line with the 2016 Contract. On the whole this has been welcomed by the junior doctor cohort. At the same time the

changeover time was changed to 10pm from midnight to ensure juniors were getting enough rest between working periods.

Following thorough hours monitoring completed by the trainees in May of this year a review of the work schedule was completed, with the hours being increased (see table below). The trainees have reported general satisfaction with the increased work schedule, feeling it accurately reflects and acknowledges the work they are doing out of hours. Since the introduction of the new work schedule in August there have been 2 exception reports relating to on-call shifts, compared with 5 in July and 9 in August 2018.

	Previous Work Schedule	New Work Schedule
<b>Weekday Evening (1700-2200)</b>	Rota 1 – 2hrs standard Rota 2 – 2hrs45 standard	3 hours standard
<b>Weekend Day (0900-2200)</b>	Rota 1 – 5 hrs standard Rota 2 7hrs15 standard	10 hours standard
<b>Night (2200-0900)</b>	5hrs45 enhanced	6hrs45 enhanced

Previously in-patient unites were divided into two rota’s, with more senior trainees being allocated Rota 1, which consisted of units which were expected to have more complex issues arising out of hours and less senior trainees being allocated Rota 2, which was expected to be marginally busier but less complex. However the reduction in the number of Core Trainees compared with non-psychiatric trainees meant this distinction was not always possible and in conjunction with the hours monitoring it was agreed to move to a system where juniors would be allocated an equal number of on-call shifts covering each rota, but that the expectation would be to help on the other rota if the work load was unevenly distributed during a shift.

Software support for exception reporting is through Allocate and the initial issues with the system have resolved. There has been a steady flow of reports over the past year and have tended to peak around times when patient activity has been high. (Especially increased frequency of acute admissions).

*The on call room is difficult to access and impossible to work in. Its location also makes it difficult to get any rest*

The data does not indicate there are any major issues with safe working hours. However it continues to indicate there is under-reporting from juniors for a variety of reasons. This is being tackled through dialogue at the forum meetings and with educational/clinical supervisors and progress does appear to be being made. As the on-call hours are paid at an ‘average’ rate it is to be expected that at times doctors will work above these estimated hours and are requested to report them even if they have ‘underworked’ on other shifts and this is counted as automatic time-in-lieu.

Anecdotally trainees continue to report being requested to complete inappropriate tasks (such as non-urgent reviews and phlebotomy). I understand work has been

ongoing to help guide ward staff in this area. The 2019 hours monitoring does appear to show improvement in this area but work is ongoing.

Proportionally we have a high number of less-than-full time trainees (6 out of 22),

*“The new rota seems fair as everyone gets an equal share of Rota 1 and Rota 2 on-calls.”*

more prevalent with the more senior trainees with 5 out of the 17 trainees who cover on calls LTFT. Most of these opt not to work on a Friday (of the 5 doctors 1 works Fridays and 1 works alternate Fridays). The Training Programme Director directed that these trainees should not be on-call on their non-

working days. This has resulted in two significant challenges, firstly the automated on-call rota is unable to take account of this and frequently needs to be changed ‘by hand’ changes from the rotas illustrated in the trainees work schedules. Secondly it has left the full time trainees with the burden of Friday on-calls. This continues to be an area of difficulty that will require negotiation between the Trust, the junior doctors and Health Education England to find a workable solution.

*“The new work schedule seems to be a good reflection of the hours worked.”*

Although the Trust is not compliant with the 2016 TCS with the night NROC shifts – trainees work 3 or 4 consecutive NROC night shifts breaching the 2016 TCS which states trainees should work a maximum of 2 consecutive NROC shifts – this is a local agreement which has been approved by the Junior Doctor cohort.

### **Recommendations**

Recruitment to Psychiatry in the Humber Region has proved difficult at times. The Trust has a number of initiatives to encourage recruitment and is advised to continue with them.

Nationally other Trusts have seen noticeable benefits from using technology to maximize efficiencies of working and thus reduce junior doctor workload. Humber is rolling out electronic prescribing across the trust which will have tangible benefits for Junior Doctors in terms of reducing travel between sites. I am sure that the Trust and the Junior Doctors would be keen to use this type of innovation as a template for working in different ways.

The 2016 TCS mandates the provision of adequate rest facilities or alternative arrangements for safe travel home. This is important for patient safety as well as staff morale. This is an area the Trust is looking into in conjunction with the Junior Doctor Cohort and work should continue in this area.

**Dr Jennifer Kuehnle**  
**Guardian of Safe Working**

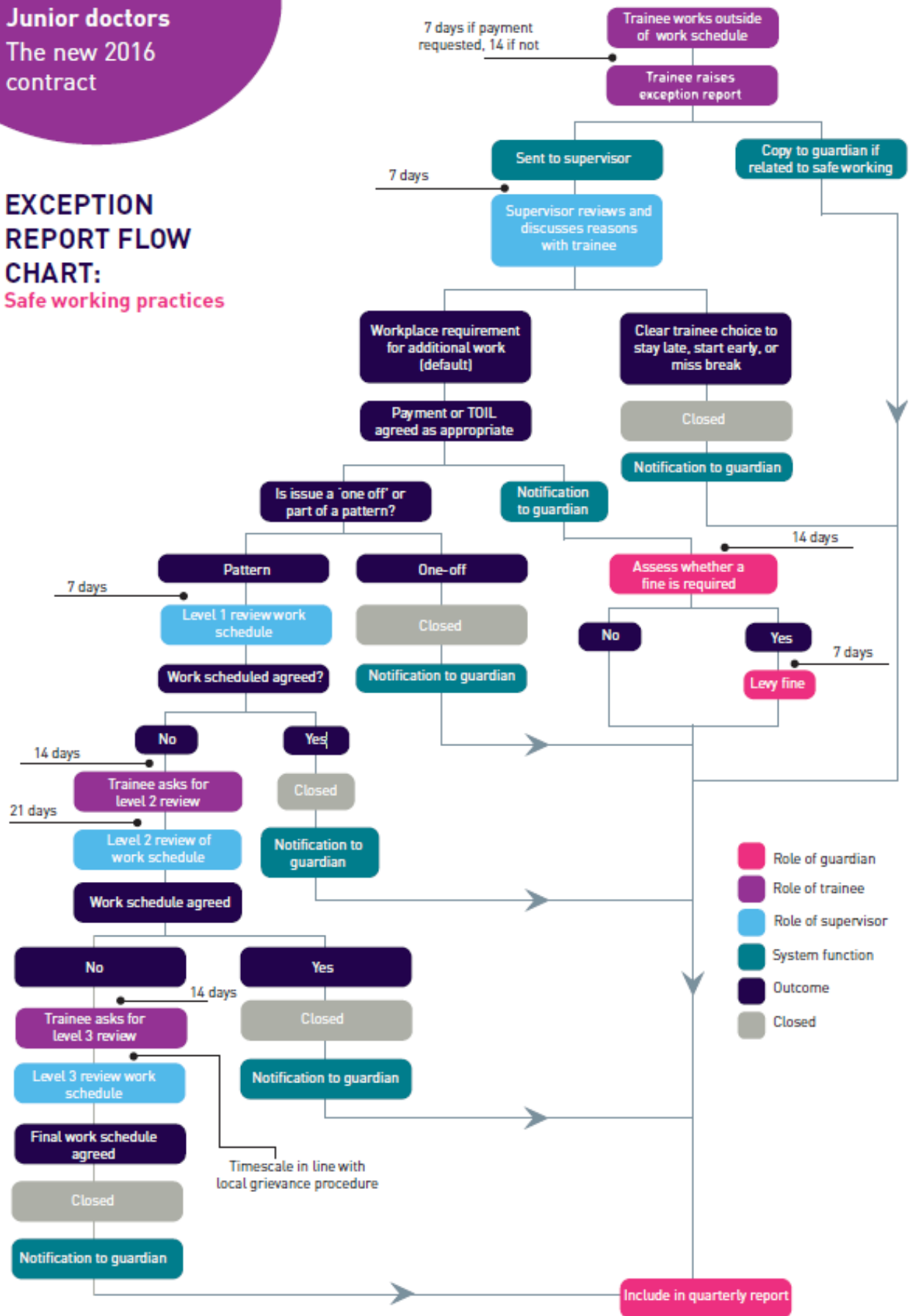
### **References**

1. Health Education England Official Data, [hee.nhs.uk](http://hee.nhs.uk)

2. North Lincolnshire and Goole NHS Foundation Trust Guardian of Safe Working Annual Report July 2019

**Junior doctors**  
The new 2016 contract

**EXCEPTION REPORT FLOW CHART:**  
Safe working practices



## Factsheet – rota rules at a glance

For full details please refer to schedule 3 of the [terms and conditions of service \(TCS\)](#).

Rule	Notes
Max 48 hour average working week*	A guardian of safe working hours fine will apply if this rule is breached
Max 72 hours work in any 7 consecutive days*	A guardian of safe working hours fine will apply if this rule is breached
Max 13 hour shift length	On-call periods can be up to 24 hours
Max 5 consecutive long shifts, at least 48 hours rest following the fifth shift	Long shift - a shift rostered to last longer than 10 hours
Max 4 consecutive long daytime/evening shifts, at least 48 hours rest following the fourth shift	Long evening shift - a long shift starting before 16.00 rostered to finish after 23.00 (a long shift starting after 16.00 will fall in to the definition of a night shift)
Max 4 consecutive night shifts. At least 46 hours rest following the third or fourth such shift	Night shift - at least 3 hours of work in the period 23.00 to 06.00. Rest must be given at the conclusion of the final shift, which could be the third or fourth
Max 8 consecutive shifts (except on low intensity on-call rotas), at least 48 hours rest following the final shift	Low intensity on-call - duty on a Saturday and Sunday where 3 hours, or less, work takes place on each day, and no more than 3 episodes of work each day. Up to 12 consecutive shifts can be worked in this scenario provided that no other rule is breached
Max frequency of 1 in 2 weekends can be worked	Weekend work - any shifts/on-call duty periods where any work falls between 00.01 Saturday and 23.59 Sunday
Max frequency of 1 in 2 weekends can be worked (special exception for nodal point 2)	For one placement at F2 (typically emergency medicine), the definition of weekend work is any shift rostered to start between 00.01 Saturday and 23.59 on a Sunday
Normally at least 11 hours continuous rest between rostered shifts (separate on-call provisions below).*	Breaches of rest subject to time off in lieu (TOIL) which must be given within 24 hours. In exceptional circumstances where rest reduced to fewer than 8 hours, time will be paid at a penalty rate & doctor not expected to work more than five hours the following day. A guardian of safe working hours fine will apply in this circumstance.
30 minute break for 5 hours work, a second 30 minute break for more than 9 hours*	A guardian of safe working hours fine will apply if breaks are missed on at least 25 per cent of occasions across a four week reference period. Breaks should be taken separately but if combined must be taken as near as possible to the middle of the shift
<b>Specific to on-call working patterns</b>	
No consecutive on-call periods apart from Saturday & Sunday. No more than 3 on-call periods in 7 consecutive days	A maximum of 7 consecutive on-call periods can be agreed locally where safe to do so and no other safety rules would be breached; likely to be low intensity rotas only
Day after an on-call period must not be rostered to exceed 10 hours	Where more than one on-call period is rostered consecutively (e.g. Sat/Sun), this rule applies to the day after the last on-call period
Expected rest while on-call is 8 hours per 24 hour period, of which at least 5 hours should be continuous between 22.00 and 07.00	If it is expected this will not be met, the day after must not exceed five hours. Doctor must inform employer where rest requirements not met, TOIL must be taken within 24 hours or the time will be paid
No doctor should be rostered on-call to cover the same shift as a doctor on the same rota is covering by working a shift	Unless there is a clearly defined clinical reason agreed by the clinical director and the working pattern is agreed by both the guardian and the director of medical education

\* highlights where a potential guardian fine applies.