

Trust Board Meeting 27 March 2019 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 March 2019, in the Lecture Theatre, Trust Headquarters

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 27 February 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – Always Events, Improving Experiences of Care	JB	To receive & note	√
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Assurance Committee Reports			
9.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
10.	Workforce and Organisational Development Committee Assurance Report	FP	To receive & note	√
11.	Trust Board Sub Committee Chairs	SM	To receive & note	√
	Strategy			
12.	Operating Plan 2019/20 - Alison Flack, Transformation Programme Director (Mental Health) attending	MM	To receive & approve	√
13.	Freedom to Speak Up Vision and Strategy 2019- 2022 - Alison Flack, Transformation Programme Director (Mental Health) attending	MM	To receive & approve	√
	Performance & Finance			
14.	Performance Report	PBec	To receive & note	√
15.	Finance Report	PBec	To receive & note	√
	Corporate			
16.	Board Assurance Framework - Oliver Sims, Corporate Risk Manager attending	MM	To receive & note	√
17.	Risk Register - Oliver Sims, Corporate Risk Manager attending	HG	To receive & note	√
18.	Items for Escalation	All	To note	verbal
19.	Any Other Business			
20.	Exclusion of Members of the Public from the Part II Meeting			



21.	Date, Time and Venue of Next Meeting Wednesday 24 April 2019, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR	
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Agenda Item: 2

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019			
Title of Report:	Declarations of Interest			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Key Issues within the report:	Contained within the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Non Executive Director, The National Skills Academy for Health • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch
Mr Peter Beckwith, Director of Finance (Voting Member)	No interests declared
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	<ul style="list-style-type: none"> • Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	<ul style="list-style-type: none"> • None
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chairman (Voting Member)	<ul style="list-style-type: none"> • Trustee of Ready Steady Read • Sister is Head of Compliance Standards and Information at Tees Esk and Wear Valley NHS Foundation Trust
Mr Peter Baren, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Senior Independent Director Beyond Housing Limited • Government appointed independent Director – British Wool Marketing Board • Son is a doctor in Leeds hospitals
Ms Paula Bee, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Chief Executive Age UK Wakefield District • Vice Chair Age England Association • Board Member – Wakefield New Models of Care Board • Chair, Age UK, Yorkshire and Humber Support Services
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Trustee, Yorkshire Wildlife Trust • Chair of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust

	<ul style="list-style-type: none"> • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Lord- Lieutenant's Officer for South Yorkshire • Council Member Barnsley and Rotherham Chamber of Commerce
Mr Francis Patton, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Chairman, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director and Chairman, SIBA, The Society of Independent Brewers • Director, Fleet Street Communications • Chairman, Barnsley Facilities Services Limited • Director, Walrus & Carpenter Limited • Non Executive Director Barnsley NHS Foundation Trust

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 27 February 2019 in the Conference Room, Gosschalks, Dock Street, Hull HU1 3AE

Present: Mrs Sharon Mays, Chair
Ms Michele Moran, Chief Executive
Mr Peter Baren, Non-Executive Director
Ms Paula Bee, Non-Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Julie Hall, Deputy Director of Human Resources
Mrs Jenny Jones, Trust Secretary
Ms Amy Smith, Communications Officer
Ms Clare Hilton, Consultant Clinical Psychology for Older People (for item 28/19)
Ms Stacey Appleby, Charge Nurse (for item 28/19)
Mr John Cunnington, Public Governor

Apologies: Mr Steve McGowan, Director of Human Resources

25/19 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

26/19 **Minutes of the Meeting held on 30 January 2019**
The minutes of the meeting held on 30 January 2019 were agreed as a correct record. It was noted that the Deputy Director of Finance was in attendance for the Finance report. This will be reflected on the minutes.

27/19 **Matters Arising and Actions Log**
The actions list was discussed and Board approval given to close the following actions:-

149/18(a), 204/18(h) and 215/18(b) were closed on the actions log.

Mr Beckwith informed the Board that for 18/19(b) Performance Report, the trajectories graph was not included in the version of the Performance Report that was in the papers. This will be emailed to Board members. ACTION

28/19 **From Both Sides of the Lens**
Clare Hilton, Consultant Clinical Psychology for Older People and Stacey Appleby presented the story which was a patient journey that reflected the behavioural management plans put in place in the Older People's Mental Health service over the last year and how effective they have been.



The story was called 'From Both Sides of the Lens' as it was filmed by someone who is also a service user who came to the service with depression and suicidal ideation. The story told by the service user was of their thoughts on what the service meant to them and how it had helped. The use of a carousel, a machine that delivers medication at the required time was of particular help to the service user. Ms Appleby explained that this consistent taking of medication is important and if medication is not taken it can cause fluctuation in the person's condition.

The Board was moved by the patient story and that the film was powerful and portrayed the patient view on their care. Good leadership was recognised as being key to the changes that have been made within the team and in the way that staff interact with patients and themselves. Management care plans are shared with staff and patients, however care is taken not to provide information which may cause distress to the service user. Co-production of these plans is undertaken with every service involved having representation at key meetings. Dr Byrne asked about sharing the management plans and where they are stored. He was informed they are on the Lorenzo system and an alert is also added for out of hours services. The plans are shared with agencies who have involvement such as the police, GPs, safeguarding and the out of hours service. A one page summary of the patient's history and condition is also provided.

Clinical supervision for staff is provided at weekly meetings, where dedicated time is allowed to discuss each patient case that requires behavioural management. It is also a time for reflection. The change in staff approaches and behaviours was noted, Ms Bee asked how this was done and how long it had taken. The team had three days intensive training allowing themselves to reflect on their practice and themselves. There has been management support throughout the 18 month transition which was appreciated by staff. Mrs Gledhill asked if staff are reporting back that they feel supported. Ms Appleby confirmed this happened. She explained that when the service user who appeared in the film was admitted, it was a very difficult time as there was a high risk for them. Staff were concerned but felt supported as there was ownership from all staff who were aware of the management plan.

Mrs Parkinson thanked them for a powerful presentation. She recognised that the investment in the team to allow them to undertake the transformation had been beneficial and asked how this positive change could be shared with other teams. Ms Hilton said that the message would be that change can lead to reducing staff pressures. The key thing was getting to know the patients in depth and knowing all of the details about them. This does take time in the beginning, but the benefits are realised throughout the patient's care.

The Chief Executive agreed that this transformation work needed to be shared within the organisation, but also wider and asked the team to think how this could be done.

The Chair thanked them for attending and for sharing the patients' stories with the Board.

29/19

Chair's Report

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

- The election of a new Lead Governor – Mr Huw Jones from 1 February 2019 for a year.
- A session with Governors and Non Executive Directors is taking place on 5 March to look at the Operating Plan
- The chair of the new Workforce and Organisational Development Committee will be Mr Francis Patton, Non Executive Director and attended by another Non Executive Director Professor Mike Cooke. A report will be provided for the next meeting with details of all of the Sub Committee chairs.
- A "Think Tank" session on strategy was chaired by Professor Cooke

- Meeting the new chair of MIND, Nick Smith
- The Chief Executive and Chair attended a useful meeting with Matthew's Hub
- The Chair has continued with her visits to services and teams

Resolved: The verbal update was noted.

A report on the Sub Committee chairs to be provided at the next meeting Action SM

30/19

Chief Executive's Report

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

- The CQC well led week concluded on the 14th February. The report will be several weeks before publication. The Chief Executive expressed her thanks to everyone involved in the inspection.
- The Academic Health Science Networks (AHSN) is developing their links into the ICS/STP areas and programmes.
- A Humber Coast and Vale (HCV) Executive Timeout session was held to look at development of Integrated Care Service (ICS) Aspirant integrated care system.
- Simon Morritt has been announced as the new Chief Executive of York Teaching Hospital, succeeding Mike Proctor. Simon is currently Chief Executive at Chesterfield Royal Hospital NHS Foundation Trust, and has over 25 years' experience in the NHS, largely in Yorkshire, both in commissioning and provider organisations.
- The Trust is linking into work in Hull around the ports, transport, fuel should there be a no deal Brexit.
- Sustainable Transformation Partnership (STP) plans have been drafted but not yet shared.

The Chief Executive thanked everyone who was involved/attended the visit by Claire Murdoch who was impressed by the work of the organisation and with staff.

Professor Cooke asked if there were any highlights from the staff survey results that have been published. A full report will be provided to the Workforce and Organisational Development Committee. Mrs Hall said that equality and diversity around a safe environment and health and well being were of particular note. The Trust's position since the last survey had improved. The Friends and Family Test for staff has also started and the results will be triangulated with the survey results.

In terms of health and wellbeing, Mr Baren commented there has been a strong focus on independent living and he asked if there was evidence that housing is an area of issue in this locality in preventing more people from being supported at home. The NHS provides care, but the bricks and mortar has to come from somewhere else. The Chief Executive said there is still a gap, but it is slightly better in the East Riding with the use of assisted technology. There is also a piece of work ongoing to encourage householders in larger 4/5 bedroom houses to relocate into smaller houses to help free up the housing chain, however it is recognised there is an issue with care homes and residential homes in Hull particularly creating cost pressures in the system as people cannot be moved on.

Mr Patton noted the two Health System Led Investment (HSLI) programme capital schemes the Trust has been awarded which is good news. He also asked about gender pay gap which has been on the news and whether there had been any changes for the organisation. Mrs Hall reported that there has been a slight increase in the gap from last year. A further report will be presented to the March Workforce and Organisational Development Committee.

Resolved: The report was noted

31/19 **Publications and Highlights Report**
The report provided an update on recent publications and policy with updates provided by the Lead Executives.

Resolved: The report was noted

32/19 **Quality Committee Assurance Report & Minutes of 7 November 2018 Meeting**
This paper provided an executive summary of discussions held at the meeting held on 6 February 2019 and a summary of key issues for the Board to note. The minutes of the meeting held on 7 November were also presented for information.

Professor Cooke highlighted that there were five meetings held in 2018/19, six meetings are planned for the coming year. A presentation by the Director of Finance on PLACE reports was provided to the Committee.

Quality risks extracted from the Risk Register were discussed at the meeting. These will be taken to the Quality and Patient Safety Group for review and will help to inform future agendas for the group.

Resolved: The report and verbal updates were noted

33/19 **Mental Health Legislation Committee Assurance Report**
A summary of the meeting held on 7 February was provided to the Board. Mr Smith drew attention to the following areas:

- Approved Mental Health Practitioners (AMPHs) – there are 34 posts of which only 18 are filled which is a concern. It was noted that the statutory duty is with Hull City Council, but it is the Trust's responsibility to recruit into these posts. There are issues around harmonisation of terms and conditions and work is progressing behind the scenes to address this.
- A change to the reporting structure has been made at the Committee with the introduction of an insight report. Changes will be made at the Mental Health Steering Group including leadership from the Clinical Director, and members reminded of the importance of attending.
- Improvements were reported in the quarter with Section 4 (emergency detention when a doctor is not available) and no seclusions were reported for Avondale.
- Section 136 of the Mental Health Act (police detention to a place of safety) has a requirement for a telephone call to be made prior to a detention for consultation with a mental health professional, however this was reported to be low at 22%.

The Chief Executive noted the report contained a significant amount of operational detail and asked how reassurance is gained by the Committee that actions have been concluded appropriately. Many of the issues raised should be addressed at the Steering Group with the Committee gaining assurance that the relevant areas have been covered. Mr Smith agreed, explaining that the Steering Group is on a journey however the changes that are being made will help with this.

Resolved: The report was noted

34/19 **Finance and Investment Committee Assurance Report & Terms of Reference**
An executive summary of discussions held at the meeting held on 20 February 2019 and a summary of key points for the Board to note was presented. The Terms of reference were presented to the Board for approval. Discussions at the meeting included:-

- The delivery of the cumulative operational financial plan in month ten with an improved position on month nine.
- The committee's review of the quarterly updates from Health and Safety, the Estates

Strategy and the Digital Delivery plan.

- The sign off of the Forensic Outreach Liaison Service (FOLS) business case and draft Brexit business continuity plan.

An error was noted on the Terms of Reference which stated in one section that the Committee was non voting and in another referenced voting rights. This will be amended.

Resolved: The report was noted.

The Terms of Reference were approved by the Board subject to the voting rights comments being removed

35/19

Audit Committee Assurance Report

The paper provided a summary of discussions held at the meeting held on 5 February 2019 and provided an update on the areas discussed including:-

- Review of risk registers
- Board Assurance Framework review
- Internal Audit progress report

The report highlighted areas to be brought to the attention of the Board which were about the limited assurance report on Patients' property and Monies and a request from the Committee for follow up actions in relation to internal auditors recommendations. This has now been provided to the Committee. It is hoped that the learning from similar patients' property audits will be shared with teams to prevent the same issues reoccurring. Mr Beckwith reported that six weekly meetings have been established to monitor actions.

A deep dive into the Primary Care, Children's and Learning Disability Care Group risk register was undertaken, however a number of risks were included on the register which had not been seen in other forums. This highlighted the need for Committees to see all of the risks which may be on other project risk registers. The Executive Management Team will be reviewing all risks scoring nine and above and will ensure that these risks are on the Trust wide risk register as well as being on project risk registers.

Resolved: The report and verbal updates were noted.

36/19

Charitable Funds Committee Assurance Report

The report included details of the meetings held on 18 September, 13 November 2018 & 17 January 2019. Minutes of the meeting held in September were previously presented to the January Board meeting and the minutes from the November meeting were presented for information.

Ms Bee explained that over the last year the Committee has been on a journey and more rigour and assurance has been put in to processes. There has been focus on the operational plan for Health Stars and more robust reporting and measures have been agreed to monitor performance. Recent meetings have included discussions on appeals with a proforma developed to make the process easier and support provided for the Browsealoud translation app for the Trust.

Resolved The assurance report was noted.

37/19

Amendment to Standing Orders, Scheme of Delegation and Standing Financial Instructions

Following changes to the assurance framework - the introduction of a Workforce Committee and the amalgamation of Strategic Investment Committee and Finance Committee into the Finance & Investment Committee, the Trust's Standing Orders, Scheme of Delegation and SFI document required amendment and Board approval to make the required changes. The changes outlined in the report were to the:

Workforce & Organisational Development Committee

- Section 4.8 Committees Established by the Board (page 21) - add 4.8.7 Workforce Committee and brief description of purpose, taken from the approved Terms of Reference)
- Page 36 'decisions/duties delegated by Board to committees - add row to the table of committees to include workforce committee- and include duties listed in the committee's approved terms of reference.

Finance Committee

- Update all references to Finance Committee to reflect Finance and Investment Committee
- Page 36 'decisions/duties delegated by Board to committees' - include those duties that were part of Strategic Investment Committee that are now reflected in the new terms of reference for Finance and Investment Committee .

Strategic Investment Committee

- Remove references throughout the document.

Resolved: The changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions were approved by the Board

38/19

Quality Account Update

The report provided an overview of the changes to the requirements for the 2018/19 Quality Accounts and the new requirement to report on mechanisms in place to enable staff to speak up about concerns.

Clinical Supervision compliance has been suggested as a local indicator by the Governors. Deloitte have agreed to undertake the audit across a sample of teams across a sample of months to look at:

1. Accuracy of the data being sent in from the teams
2. How they are capturing the data at team level
3. That all clinical staff are included
4. Bank staff are included

The mandated indicators remain unchanged from 2017/18 and remain as:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- Inappropriate out-of-area placements for adult mental health services.

The quality priorities for 19/20 were discussed at a "Building our Priorities" event in January. The suggested areas were approved by the Quality Committee at its February meeting. Timelines for the production of the report were included in the report.

Professor Cooke reported that the event held was well attended with 50% of attendees being service users. On reflection he would like to see the physical health component included in priority three. The Chair agreed the event was successful. She thanked everyone involved for the work that is being done on the Governors suggested indicator to help it become something that is measurable. She asked that an e mail be sent to Governors explaining the work that is being done around the indicator they selected.

Resolved: The report was noted. The Board ratified the mandated and local indicators and approved the quality priorities for 2019/20
An e mail to be prepared and sent to Governors explaining the work that is being done around the Clinical Supervision indicator **Action HG**

Post Meeting Note

The physical health quality improvements from Specialist and Mental Health Quality Improvement Plans have been added to priority three

39/19

Six Month Review of Safer Staffing In-patient Units

The report outlined the outcomes of a review of safer staffing requirements across Trust in-patient units using new resources published by the National Quality Board (NQB) which stated the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year.

The report also provided information in relation to the requirements for trusts in relation to 'Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing' (NHSI, Oct 2018), which describes the role of the Board in terms of oversight and gaining assurance in respect of safer staffing.

The dashboard included the required areas and is discussed by clinical teams to see what support is needed for any changes. Professor Cooke felt that the information provided is only part of the picture. He highlighted the ratio of registered nurses to unqualified staff noting that the care hours per day was higher for unqualified staff. Mrs Gledhill said there is a high number of registered nurses, but focus has been on the Health Care Workers and how much care they give to the patient. With the advancement of band 4 nurses there is an opportunity to put more training and support in and bring in band 3s to access this training to encourage them to go for that training too. From April, Ms Mel Barnard, Lead Educator will move into the Nursing Directorate and will start to focus on the development of the non medical workforce.

It was noted in the report that there had been a temporary reduction in the number of beds on the Psychiatric Intensive Care Unit (PICU) due to a shortage of staff. It was queried how long this was for and whether the staffing review date of 12 months was appropriate. Mrs Gledhill explained that a review of the service using the Hurst model has been completed recently which is why the review date is in 12 months. In terms of the bed reduction, Mrs Parkinson explained that the bed reduction was due to staff retention and the complexity of some of the patients and was necessary for quality and safety. Work is taking place with commissioners around the bed base for the facility. If the overall length of stay for patients in PICU is reduced, this will help with the issues. The Chair asked about out of area placements and whether this had increased as a result of the closure. Mrs Parkinson said that in comparison with last year there had been no fundamental increase.

Resolved: The Board noted the report

40/19

Performance Report

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

- PADR compliance has improved and risen above the 85% target to 85.2% (85.5% for those with 12 month plus tenure).
- An improvement of 1.9% in Delayed Transfers of Care for MH Services in January (performance currently stands at 11.5%, a total of 22 patients remain delayed as at the end of the month).
- Waiting times – 52 week waits have increased in January (Currently 49 patients waiting (excluding ASD), an increase from last month)
- Admissions for Under 18s – one admission in January
- Out of Area Placements has increased in with 159 days spent out of area in the reporting period. Mainly in Older People's services, performance remains within target parameters.
- Sickness is currently reported at 5.5% for January (provisional data).

- Care Programme Approach (CPA) 7 day follow ups – one breach in January due to patient disengagement with services despite several attempts to contact

Mr Baren asked why clinical supervision has reduced to 41.9% compliance for Maister Lodge and why this has reduced in the last four months. This information was not available at the meeting and will be reviewed and responded to.

Professor Cooke noted there has been a drop in performance overall around areas including access, delayed transfers of care, self harm and patient satisfaction which needed to be kept under review. Mrs Parkinson explained that delayed transfers of care particularly to Older Peoples discharges, is due to the difficulty in accessing residential and nursing home placements. This has been escalated in the system and the Opel level (Operational Pressures Escalation Levels) was raised in December and remains at Opel level 2. The system cannot meet the demand and are being considered on a case by case basis.

Mrs Gledhill referred to self harm incidents and that reporting is encouraged. She has asked for a report giving the details, but understood many incidents were in relation to one unwell patient, but wanted assurance that there is no other underlying issue.

Mr Smith congratulated all involved for the impressive progress made with the Care Programme Approach 7 Day Follow Up which was at 83.3%. Mr Baren asked if the person who had not been seen continued to be followed up. He was assured that efforts continue to reach this person.

Mr Patton commented that more detail around vacancies needed to be provided to the Workforce and Organisational Development Committee as the information provided did not have detail. Mrs Hall explained that work is being undertaken around vacancies which will feed into the Committee. In response to a query around the Friends and Family Test (FFT), Dr Byrne responded that the issue was localised to one team and the FFT team is working closely with them

The Chair asked for an update on 52 week waits for adult Autistic Spectrum Disorder (ASD) as there had been an increase in the position. Mrs Parkinson confirmed that the information is shared with commissioners to support requests for further funding for this year. It is also being raised at an STP level and be discussed at the forth coming Board to Board with Hull Clinical Commissioning Group (CCG). However high numbers of referrals continue resulting in a wait for young people and the carers and the Trust is working with commissioners to consider how this can be resolved.

Resolved: The report was noted.

An explanation on why clinical supervision on Maister Lodge has reduced over the last four months to be provided. Action HG

41/19

Finance Report

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

- A deficit position of £0.643m was recorded to the 31st January 2019, after the inclusion of £0.550m risk for unidentified BRS.
- Income year to date was £0.446m behind budget.
- Expenditure for clinical services was lower than budgeted by £0.092m year to date
- The cash balance in the period was £12.119m.
- The net current asset position increased by £1.551m to £9.284m, due to an increase in cash and a decrease in Trade Creditors.
- £5.116m Year to date Capital expenditure, relating to IT (£1.181m) and Estates (£3.935m). This includes £3.136m relating to the Child and Adolescent Mental Health Services (CAMHS) project.

- On the NHS Improvement (NHSI) return the use of resources metric is 2

The Chief Executive thanked Mr Beckwith, Executive Directors, Finance Committee, the Finance team and others involved for their continued support and work on the Trust's financial position.

Resolved: The report was noted

42/19

Council of Governors Meeting Minutes 11 October 2018.

The minutes of the meeting held on 11 October were presented for information.

Resolved: The annual report was noted.

43/19

Any Other Business

No other business was raised.

44/19

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.

45/19

Date and Time of Next Meeting

Wednesday 27 March 2019, 9.30am in the Conference Rooms, Trust Headquarters,

Signed Date

Chair

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

Summary of actions from February 2019 Board meeting and update report on earlier actions due for delivery in March 2019						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.2.19	29/19	Chair's Report	Report on Sub Committee Chairs to be provided	Chair	March 2019	Item on the agenda
27.2.19	38/19	Quality Account Update	An e mail to be prepared and sent to Governors explaining the work that is being done around the Clinical Supervision indicator	Director of Nursing	March 2019	E mail sent 8.3.19
27.2.19	40/19	Performance Report	An explanation as to why clinical supervision on Maister Lodge has reduced over the last four months to be provided.	Director of Nursing	March 2019	The drop in supervision is due to a recent change in registered nurse staffing levels. 3 band 5s and one of the band 6s has left over the past few weeks. Skill mix has been reviewed within the existing budget to create an additional band 6 post and 3 band 4 nursing associate posts. Staff are having "live supervision" on a regular basis. Staff have been reminded to log this. Director of Nursing working with the team to ensure Clinical Supervision policy requirements are being met on a more sustainable footing.



Outstanding Actions arising from previous Board meetings for feedback to a later meeting

Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
23.5.18	119/18(b)	Health & Safety Annual Report	2019 report to include the size of the team in the Health and Safety Training rate table	Director of Finance	May 2019	Item not yet due
23.5.18	121/18(b)	Annual Fire Safety Report	Next year's report to include all Trust properties	Director of Finance	May 2019	Item not yet due
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	Updates being provided to EMT and will agenda item for the Quality Committee in April 2019.
31.10.18	203/18(b)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Executive Team to consider the needs of older people in digital transformation discussions	Chief Executive	November 2018	Will be covered in our discussions within PLACE
28.11.18	226/18(a)	Board Assurance Framework Report	Gaps in assurance to be made clearer for future reports	Chief Executive /Corporate Risk Manager	March 2019	Item on the agenda
30.1.19	17/19	Freedom to Speak Up Vision and Strategy	The final Strategy will come to the March Board for approval	Chief Executive	March 2019	Item on the agenda

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: 5

Title & Date of Meeting:	Trust Board Public Meeting - 27 th March 2019			
Title of Report:	Patient Story – Always Events, Improving Experiences of Care			
Author:	Name: Joanne Bone Title: Clinical Nurse Lead Name: Lenny Title: Patient and Carer Experience Champion			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To inform Board members about a new way of working with patients at Townend Court Learning Disability Assessment and Treatment Unit. Always Events aims to improve experiences of care through co-production.			
Key Issues within the report:	<p>The key messages of the story are:</p> <ul style="list-style-type: none"> Listening, talking and listening again is fundamental to working alongside our patients. Partnership is as much about changing our behaviour from “doing to” and “doing for” to “doing with”. Partnership is also about supporting each other to motivate, influence and shape new visions as well as listening to what is important to our patients rather than believing what we think is crucial to them.” 			

Monitoring and assurance framework summary:

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications as and when required
Legal	√			
Compliance	√			
Communication	√			



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

Always Events, Improving Experiences of Care

1. Introduction

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

2. Attendance at the Board meeting

In attendance will be Joanne Bone (Clinical Nurse Lead) and Lenny (Patient and Carer Experience Champion and patient).

Joanne and Lenny will present to the Board, their story of using Always Events where co-production is key to ensuring the needs of patients and carers are met and that what matters to them is addressed where possible.

3. Key Messages

Joanne and Lenny would like to provide the following messages to the Board:

- Listening, talking and listening again is fundamental to working alongside our patients. Partnership is as much about changing our behaviour from “doing to” and “doing for” to “doing with”. Partnership is also about supporting each other to motivate, influence and shape new visions as well as listening to what is important to our patients rather than believing what we think is crucial to them.”

Agenda Item: 7

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	✓
	For information	✓	To endorse	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Key Issues within the report:	Identified within the report			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	✓			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	



Chief Executive's Report

1. Around the Trust

1.1 Visit

We received a visit from the national NHSE perinatal team during the month, as the Board is aware Humber is the lead provider across the STP. The national team recognised the complexities in partnership and commented that Humber were doing a great job. The team went on to say that they were impressed with how much impact we're making on the ground hearing as they did from some of our service users. The team want to use some of our work nationally.

1.2 Patient and Carer Team

The Patient and Carer Team under the leadership of Mandy Dawley have been asked by NHS Improvement (NHSI) to work with them on producing a film in relation to the patient feedback dashboard. This will be free to the Trust and will be used by all NHS trusts. The suggestion is to break the video into 3 individual films on different themes: Culture; Leadership and Learning. Each of these themes could then tell a part of the Humber story. Added to this there would be some background footage that explains the context for the Trust for example services delivered, location, geography, diversity of population.

1.3 Successful Bid

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

1.4 Director Portfolio Changes

The January 2018 Part II Board meeting received a paper on portfolios of the Executive Management Team (EMT) to ensure they aligned more closely to key functions. These have been kept under review and the changes made have been embedded.

In February 2019, these were reviewed to ensure they remain appropriate and subject to some changes listed below, were updated and agreed by EMT. An updated portfolio table is attached as appendix 1 for information:

- Hotel Services (soft facilities management) to COO. Estates and Hard FM stay with Director of Finance.
- Clinical Audit and NICE dissemination did not move to COO as proposed and was retained in the portfolio of the Director of Nursing.
- Recruitment, medical staffing, flexible workforce and e-rostering that was proposed to move to COO has been retained in the portfolio of Director of HR & Diversity.
- Medical staffing remains with the Medical Director
- Executive Lead for recovery has transferred from Medical Director to COO

These changes will take effect from 1st April 2019.

1.5 Brexit Update

The Brexit Project Team are continuing to meet to ensure the trust is prepared for a no-deal Brexit, in the event this occurs. The Team have already considered and reviewed the operational readiness guidance as well as considering risk scenarios based on the latest guidance available. An assurance call has taken place with NHS England and a process of regular sitreps is now taking place.

2. Around the Region

2.1 Assurance Plans

Myself as Senior Responsible Officer (SRO) for the Mental Health Programme, Alison Flack as Programme Director and with Pete Beckwith Finance lead for the partnership met with 5 of the 6

Clinical Commissioning Groups (CCGs) to discuss the Mental Health Investment Standard. NHS England colleagues were invited and we will be sharing the outcomes with all partners and also the Mental health Partnership Board.

The meetings provided a forum for some good discussions with CCG colleagues and we have had some positive feedback, we are just in the process of finalising the outcome of the meetings which will be completed next week. We also provided some high level feedback to the recent Chief Executive visioning event.

2.2 Visioning Event

I led a visioning event for all Chief Executives in the Mental Health Partnership to plan and focus on our collaboration and collective priorities for the coming year; this will form our operational plan and workstreams.

3 National News

3.1 NHS Improvement (NHSI)

Ian Dalton Chief Executive of NHSI will be stepping down as the closer working of NHSE and NHSI continues to develop with Simon Stephens taking on CEO responsibilities of both NHSI and NHSE. Regional appointments are awaited.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Scarborough and Ryedale Community Services – Phase II update

The Trust began delivering these community services from 1st May 2018, work has been progressing in line with our proposed new model to move to three locality hubs:

- Scarborough North
- Scarborough South
- Ryedale

This clinical model of care is predicated on the “Home First” ethos, delivering care at home or as close to home as is appropriate. By using a personal holistic plan, owned by the individual, allows care delivery that is wrapped around the patient to maintain them at home and remain as independent as possible. This can mean receiving care equivalent to being in a community hospital bed if required.

Hub accommodation has been secured for both the Scarborough North and Scarborough South clinical and non-clinical staff bases which has enabled us to move out of York FT premises for which we had short term agreements in place.

- Scarborough North has moved from Spring Hill house to Tennyson Avenue Hub House
- Scarborough South has also moved out of Spring Hill House to Eastfield Practice
- Ryedale Hub remains at Malton Hospital

Additional clinical accommodation has been acquired in GP practice premises which also supports the delivery of a more integrated service model. Other clinical accommodation has been secured in 3rd/private sector venues, including Scarborough Rugby Club, for Musculoskeletal (MSK) services and structured diabetes education which enables the delivery of services in the community which are more accessible to service users. Work to convert further rooms on Ryedale Ward (Ryedale Hub base) has been completed and this includes the move of the Customer Access Services CAS out of Fitzwilliam ward. Staff consultation to support the move to these bases has taken place. The Hub managers have been in post for some time now and are supporting staff through these changes

4.1.2 Multi-Agency Public Protection Arrangements (MAPPA) update

Multi-Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders. MAPPA is not a body, but a framework to enable participating agencies to better discharge their statutory responsibilities to protect the public in a co-ordinated manner.

We continue to attend key meetings to represent the Trust and fulfil our requirements within the statutory arrangements. We have developed a well monitored action plan with the Director of Probation, Kate Munson. As part of this we have updated the MAPPA awareness training as the National pack has recently been updated and we have Police personnel delivering this for us. We have recently fully updated our own MAPPA Policy and it contains all of the tools needed for staff to correctly manage their MAPPA cases. We are also updating the Lorenzo system to make the MAPPA section stand out better and ensure that it is easy to record when there is additional risk identified for service users. Leads are in place across the care groups for MAPPA to ensure good continuity of awareness. We continue to work with complex cases and have met all of our commitments to attend relevant meetings to progress this work. Through attending the Humberside Criminal Justice Board we also have good links to other Criminal Justice System (CJS) agencies and are fully briefed on changes to the court system in particular. We are actively involved in research which we report into the MAPPA subgroups.

4.2 Director of Human Resources Update

4.2.1 Staff Side Chair

The Trust has a new Staff Side Chair, Bob Harrison of UNISON. Bob took up his duties in February.

4.2.2 Recruitment

The Trust continues to try and recruit to fill vacant roles and 153 people have recently been successful in getting an offer of employment from the Trust. Those people with an offer are currently at various stages of pre-employment checks or working their contractual notice.

4.2.3 PROUD

Work has commenced on the various strands of the PROUD programme, with an all Trust communication to go out in March to complement the launch at the last Leadership Forum.

4.3 Director of Nursing

4.3.1 Developing our Nursing Workforce

From April 1st, Melanie Barnard, Lead Educator and the team of Practice Learning Facilitators will be moving from the Human Resources Directorate to the Nursing Directorate. The move aims to give more focus for this team on developing the professional workforce. Some key objectives of the team, working with the senior nurses in the nursing directorate will be to:

- Review and refresh the current nurse preceptorship programme taking account of previous feedback from newly qualified nurses who have undertaken the course
- Develop a nurse preceptorship programme for Nursing Associates. Four will be qualifying in April.
- Implement a support programme for the seven Trainee Nurse Associates who commence training in April to support them through the course with the aim of reducing the likelihood of attrition.

The Director of Nursing is also leading a piece of work with the Lead Educator and the Band 7 Charge Nurses to develop some specific training sets for the non-registered workforce in recognition that they deliver a large proportion of direct patient care. It is hoped that through attendance at the training they will further develop their core skill set and hopefully be encouraged to apply for the next cohort of Trainee Nursing Associates.

Work has also commenced working with the Primary Care Matron and some Practice Managers to develop a preceptorship programme for Practice Nurses. The Trust has a lot of interest from new registrants to work in GP Practice, however there can be a reluctance to take the nurses due to the unique skill set requirements. The programme will aim to train the nurses post registration so that they can take on Practice Nurse responsibilities over set timescales with support and competency checks being available to aid the transition from newly registered nurse to practice nurse. The programme will be developed with input from existing practice nurses and the practice managers.

4.4 Medical Director

4.4.1 Awards Scheme

The Director of Medical Education Dr Stella Morris, is setting up an awards scheme to recognise and celebrate those involved in Medical Education. The awards ceremony will take place after the Wednesday morning Post Graduate teaching session on Wednesday 5th June. This will become an annual event and is in addition to our first annual Medical Conference which is taking place in October with further details to follow.

4.4.2 Developing a City of Research 3

The Trust's 'Developing a City of Research 3' is fully booked with 170 guests and a growing waiting list, we are working with the provider to see if we can increase capacity.

4.4.3 Published Article

Ashleigh McLellan, has had an article published in the Clinical Psychology forum about working in our Trauma service.

4.4.4 Inaugural Clinical Network Meeting

The Medical Director has attended the inaugural clinical Network meeting set up by the Healthcare Safety Investigation Branch which is located in Farnborough. A key point of learning that is emerging for them is the manner in which they engage successfully with families as part of their investigation process. This has been based on principles developed by the Metropolitan Police and the learning will be shared internally with our Quality and Safety as well as our complaints teams.

5 Trust Policies

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

6 Communications Update

External

- 12 stories were posted on the Trust's website between 14 February and 13 March 2019. They included:
 - National No Smoking Day 13 March
 - Safer Sleep Advice from the Lullaby Trust
 - East Riding exceeding targets for referrals for innovative new service New Hull mental health service in line for top national award
 - Infant Safer Sleep Week 11 – 17 March 2019
 - How have we done? Read February Family and Friends Test results...
 - Let's celebrate International Women's Day
 - Work continues to improve mental health services for new and expectant mums
 - World Book Day 2019: Top children's mental health reads...
 - National Apprenticeship Week 2019
 - Compliment of the Month: February 2019
 - Catch up with CAMHS... Read the latest news on the new Children and Adolescent Mental Health Inpatient Unit
 - We're spreading the love for the NHS!
- Between 14 February and 13 March 2019, the Communications team dealt with 8 enquiries from local and national media.

- Positive media highlights include No Smoking Day coverage, a BBC Radio Humberside interview about the Trust's HSJ Value Award nomination and local radio coverage around Safer Sleep Week and Social Prescribing Day.
- The latest edition of Humber People has been distributed to members.
- The team have are supporting phase 2 of the Scarborough and Ryedale mobilisation, CAMHS build and latest Perinatal Service HCV communications.
- The team supported a social media recruitment campaign for the new CAMHS unit. The post and supporting video were seen by over 158,000 people and has helped spread awareness of the project and hire several staff members.
- The team continue to work with partners system wide with Health Expo planning started.
- Work has started on the Social Values Report 2018/19 with the team lending design and copywriting support.
- Attended the emergency planning sub group meeting and a Hull Pride meeting.
- On Facebook we now have 1,732 followers and our Trust Instagram has 415 followers.
- We have 4,332 followers on Twitter as of 13 March 2019.

Internal

- Prepared and issued the seventeenth edition of *Humber Voice*,
 - the 22th edition of *Board Talk* and
 - the 19th edition of *Team Talk*;
- Filmed, edited and issued the latest video blog from the Chief Executive;
- Managed the Communications and Contact Us inboxes
- Supported:
 - Trust Health and Wellbeing Steering Group
 - The Trust's Brexit Project group
 - The #PROUD programme by providing support with communications and branding
 - The Trust's Event Committee
- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff from HR and Recruitment on how to manage their intranet pages.
- Started to collate information for the Annual Report into a first draft
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby.
- Added information about the Trust's Research and Development Department to all of our GP websites.
- Procured a new website for the Trust's Princes Avenue Medical Centre, a GP surgery in Hull.

7 Health Stars Update

7.1 The Chief Executive Staff Engagement Fund

Teams from both the Psychiatric Intensive Care Unit (PICU) and Improving Access to Psychological Therapies (IAPT) have benefitted from the Chief Executive's Staff Engagement fund recently. PICU enjoyed a time out day including Spa treatments for staff and IAPT arranged a sponsored walk followed by a team building meal which was funded by the Chief Executive Staff Engagement Fund. We've had some great feedback and photos from all those who have made use of the fund. Teams from all over the Trust are invited to tell us how we can help them and to submit their wishes and longer terms plans to help enhance their services.

Clare Woodard is working together with Katy Marshall new Organisational Development (OD) lead

as well as Kate Yorke, Consultant Clinical Psychologist and Helen Mumby Head of Occupational Health to maximise the fund and get the best outcomes for staff www.healthstars.org.uk/submit-your-wish

7.2 The Impact Appeal #HumberCAMHSAppeal

The next step of the fundraising and awareness plan is to further engage our local business and schools community. The schools campaign By Young People For Young People is well underway with every secondary school in the region receiving fundraising and awareness material for the new Child and Adolescent Mental Health Services (CAMHS) unit and the IMPACT Appeal

Local Call Centre business ResQ will host a breakfast meeting for their clients to actively encourage other local businesses to get on board with the Impact Appeal on **9th May 2019**.

Hull based business woman Kathryn Sillito organised a fundraising event at 1884 Tapas and Wine bar which raised over £2500 for the IMPACT Appeal. Kathryn is a great advocate of the charity and we are extremely grateful for her continued help and support.

Staff members from local branches of Barclays bank are busy fundraising for the Impact Appeal and we are delighted to announce that their prestigious annual fundraising ball, which will take place in November 2019, will be raising funds for the new CAMHS unit.

7.3 The Big Tea – NHS Day 5th July 2019

The association of NHS charities, which Health Stars is an active member, are currently pulling together resources for this year's Big Tea to celebrate NHS Day. The national celebration of the Health Service will take place on 5th July 2019 and it's hoped we can build on the 70th birthday celebration success of last year. Health Stars will be organising events across the Trust and we are looking for as many schools, business and external groups to hold their own "Big Tea" party to help us celebrate the wonderful work of our amazing NHS.

Sign up forms and further details will be available on the Health Stars website soon.



7.3 Health Stars Events

There are lots of events planned in 2019 these include:

- Easter Egg Raffle
- Sponsored Spring Walk
- Tour De Yorkshire Events
- Chief Executive Challenge and Staff Sports Day
- Big Tea – NHS Day Trust Wide events
- Hull Pride
- Humber Half Marathon/Hull 10k
- Golf Day
- Christmas Market

All these events will be open to the wider public in an attempt to spread the Health Stars message and get more people from the local community involved and actively fundraising for the charity. Details on how to get involved will be on the Health Stars website and social media pages

Michele Moran, Chief Executive March 2019

Agreed EMT 18/2/19

Medical Director	Director of Nursing	Chief Operating Officer	Director of Finance	Director of HR & Diversity	Head of Corporate Affairs
PHARMACY <ul style="list-style-type: none"> Chief Pharmacist Clinical Pharmacists Medicines Safety Officer Technicians Nurse Prescribing 	SAFEGUARDING <ul style="list-style-type: none"> Adults, Children/ MCA/ DoLs/ Prevent 	OPERATIONS - CARE GROUPS	FINANCE <ul style="list-style-type: none"> Management Accounts Accounts Receivable/payable Financial Control Costing Payroll Cost Management Annual Accounts 	ORGANISATIONAL DEVELOPMENT	COMMUNICATIONS
MEDICAL EDUCATION <ul style="list-style-type: none"> Under & Post Grad Professional Education and development (medics) 	RISK REGISTER <ul style="list-style-type: none"> Risk Registers Incident Reporting Serious Incidents/Homicides 	EPRR (AEO)	IT SERVICES <ul style="list-style-type: none"> Help Desk Network Renewal Cyber Security 	HR BUSINESS PARTNERS <ul style="list-style-type: none"> Corporate Operations Transaction HR Analyst (<i>continued links with BI team</i>) Senior HR & OD / Admin 	CORPORATE GOVERNANCE (BOARD) <ul style="list-style-type: none"> Standing Orders Committee effectiveness Annual Report Policies (oversight of processes)
RESEARCH & DEVELOPMENT	INFORMATION GOVERNANCE	MENTAL HEALTH ACT LEGISLATION	IT TRAINING <ul style="list-style-type: none"> Clinical Systems Remote Access Smart Cards Digital Plan Delivery 	STAFF <ul style="list-style-type: none"> Recruitment Flexible Workforce Equality & Diversity 	BUSINESS PLANNING <ul style="list-style-type: none"> Business Planning Cycle Annual Report AMM Staff Awards
PATIENT EXPERIENCE <ul style="list-style-type: none"> Complaints & PALs Equality & Diversity (patients) Chaplain 	LEGAL SERVICES	SERVICE TRANSFORMATION	BUSINESS DEVELOPMENT & CONTRACTING <ul style="list-style-type: none"> Procurement and Purchasing Contracting CQUINs Projects and Innovation New Business Opportunities 	E-ROSTERING	CORPORATE GOVERNANCE (CHAIR / COUNCIL OF GOVERNORS) <ul style="list-style-type: none"> Constitution Governor Induction & Development CoG guidance and processes
MEDICAL STAFFING / DIRECTORATE <ul style="list-style-type: none"> Responsible Officer Clinical Excellence Awards Medical HR 	FREEDOM OF INFORMATION	MAPPA (Executive Lead)	BUSINESS INTELLIGENCE <ul style="list-style-type: none"> NHSI/E Returns Board Performance Reports Contract Performance 	OCCUPATIONAL HEALTH	CQC DEVELOPMENT / INSPECTION



			Reports <ul style="list-style-type: none"> Operational Reports Benchmarking Returns 		
EXEC LEAD FOR: <ul style="list-style-type: none"> Psychology Mental Health Act Mortality (including suicide) Quality Improvement 	CALDICOTT	RECOVERY	ESTATES <ul style="list-style-type: none"> Help Desk Hard FM Fire Health & Safety Security CAP Programme 	TRAINING apprentice/practice placement tariff funding, training	
	HEALTHCARE ACQUIRED INFECTION TISSUE VIABILITY	SOFT FACILITIES MANAGEMENT (Hotel Services)	STRATEGY OPERATION LEAD <ul style="list-style-type: none"> Strategy Refresh Strategy Development Operational Plan Refresh Support Service Planning 		
	CQC COMPLIANCE	POSITIVE ASSETS			
	QUALITY ASSURANCE	VOLUNTEERS			
	NICE dissemination & compliance QA	OPERATIONAL RESPONSIBILITY <ul style="list-style-type: none"> With DoN - link with clinical leads and matrons on Clinical Audit, NICE, Tissue Viability 			
	CLINICAL AUDIT				
	PROFESSIONAL EDUCATION, DEVELOPMENT & CLINICAL SUPERVISION <ul style="list-style-type: none"> AHP, Nursing & Social Work. Preceptorship programmes/ student Placements/ Mentorship/ working with academia to ensure education offer is aligned to service needs. <i>(excluding medics)</i> Clinical Supervision Professional Matters- Working with Professional bodies (not medical/Psychology) 				

Agenda Item: 8

Title & Date of Meeting:	Trust Board Public Meeting – 27 th March 2019		
Title of Report:	Publications and Policy Highlights Report		
Author:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To note <input checked="" type="checkbox"/>
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	To update the Trust Board on recent publications and policy.		
Key Issues within the report:	<ol style="list-style-type: none"> I. Staff and patients asked for their views on proposals to help the NHS deliver its Long Term Plan II. New leaders announced to help deliver the NHS Long Term Plan III. CQC finds improvements in use of the Mental Health Act but remains concerned about safety IV. Further improvement in mental health services must be supported by front line investment V. NHS to test new rapid care measures for patients with the most urgent mental and physical health needs VI. NHS to give therapy for harmful social media as part of plan to tackle rare eating disorder VII. Health and care services will need support to deliver the long term plans aims for commissioning and system working VIII. Benefit changes and loneliness behind the growing deficit of mental health care IX. NHS Providers joins 'Health for Care' coalition for a sustainable social care system X. Staff survey shows more to do to improve support culture in NHS XI. Making the NHS a World Leader in improving the mental wellbeing of its staff and learners 		

Monitoring and assurance framework summary:

Links to Strategic Goals

√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment



		Any Action Required?		
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. Staff and patients asked for their views on proposals to help the NHS deliver its Long Term Plan 28 February 2019 NHS England

The NHS launched a [call for views](#) on how targeted amendments to the law could help local and national health organisations work together more effectively to improve services for patients.

At a joint board meeting of NHS England and NHS Improvement, national leaders of the NHS approved a series of proposals for legal changes which they believe would help local health leaders deliver on the improvements for patients set out in the [NHS Long Term Plan](#).

The suggestions include changing the law to:

- Encourage local health organisations to work more closely together, towards a shared goal of improving the health of the communities they serve, the quality of services, and the sustainability of the NHS;
- Reduce delays and costs associated with current procurement processes, while maintaining patient choice and introducing a new 'best value' test to ensure value for money for taxpayers;
- Allow different health organisations – such as hospitals, groups of GPs and voluntary groups and social enterprises – to come together to provide joined-up services which better meet the needs of local people in partnership with local government, and;
- Remove the barriers to greater coordination between the national NHS organisations, creating a single national voice for the NHS and making it easier to work together on the most important issues facing the health service, such as prevention, the workforce, and harnessing the opportunities presented by digital technology.

Lead: Chief Executive

[Relevant documentation has been circulated for comments](#)

2. New leaders announced to help deliver the NHS Long Term Plan NHS England 1 March 2019

A leading GP and one of England's foremost health experts have been chosen to co-chair a new forum which will help oversee the delivery of the NHS Long Term Plan. Following a nationally-advertised recruitment process, Dr Clare Gerada has been appointed as clinical chair, and Professor Sir Chris Ham as non-clinical chair, of the NHS Assembly.

Building on the collaborative approach to developing the NHS Long Term Plan, published on 7 January, the Assembly will bring together a range of individuals from across the health and care sectors at regular intervals to advise the Boards of NHS England and NHS Improvement on implementation of the improvements it outlined.

The Assembly will be formed of around fifty individuals, drawn from national and frontline clinical leaders, patient leaders, staff representatives, health and care system leaders and voluntary, community and social enterprise sector leaders, who will bring their experience, knowledge and links to wider networks to inform discussion and debate on the NHS' work and priorities.

As co-chairs, they will provide leadership to the group, ensuring its effectiveness and promoting the work of the assembly within the NHS and among wider partners, with the aim of seeking wider involvement from staff, patients and the public.

Lead: Chief Executive

[Board asked to note the development of the assembly](#)

3. CQC finds improvements in use of the Mental Health Act but remains concerned about safety CQC 26 February 2019

The Care Quality Commission (CQC) has seen some improvement in the quality of care planning for patients who are subject to the Mental Health Act but continues to be concerned about the quality and safety of mental health wards.

Throughout 2017/18, CQC carried out visits to mental health wards to meet patients, review their care and speak to staff on the frontline to inform its annual report to Parliament on how health services in England are applying the Mental Health Act.

In its [Monitoring the Mental Health Act in 2017/18](#) report published on 26 February, CQC has concluded that there has been an overall improvement in some aspects of care in 2016 to 2018, compared with findings in 2014 to 2016. They found:

- Some improvement in the quality of care planning and patient involvement. A higher proportion of care plans are detailed, comprehensive and developed in collaboration with patients and carers. However, there is still considerable room for further improvement.
- The provision of information about legal rights to patients and relatives is still the most frequently raised issue from visits. In many cases, patients may struggle to understand information given to them on admission because they are most ill at this point.
- The greatest concern from Mental Health Act monitoring visits is about the quality and safety of mental health wards; in particular acute wards for adults of working age.

The Mental Health Act 1983 is the legal framework that authorises hospitals to detain and treat people who have serious mental health needs and who are putting their own health or safety, or of other people, at risk of harm. CQC has a duty to monitor and report on how services do this.

During 2017/18, CQC worked with the advisory panel for the Independent Review of the Mental Health Act and will be contributing to implementing the recommendations made in the report which was published in December 2018.

Lead: Medical Director

[This report will be discussed in further detail at the Mental Health Legislation committee.](#) The Mental Health Legislation team has been working closely with clinical teams and the issues of good practice, and areas requiring improvement have improvement plans been led at local team level.

4. Further improvement in mental health services must be supported by front line investment NHS Providers 26 February 2019

- Care Quality Commission (CQC) has published their annual '*Monitoring the Mental Health Act 2017/18*' report to Parliament.

- Throughout 2017/18, CQC carried out visits to mental health wards to meet patients, review their care and speak to staff on the frontline to inform its report.
- CQC found that there has been an overall improvement in some aspects of care in 2016 to 2018, compared with findings in 2014 to 2016, including in the quality of care planning and patient involvement.
- The provision of information about legal rights to patients and relatives is still the most frequently raised issue from visits.
- The greatest concern from Mental Health Act monitoring visits is about the quality and safety of mental health wards; in particular acute wards for adults of working age.

Lead: Medical Director

The document will be discussed in the Quality Committee

5. NHS to test new rapid care measures for patients with the most urgent mental and physical health needs NHS England 11 March 2019

People who arrive at A&E experiencing a mental health crisis will receive emergency care within one hour under NHS pilot schemes aimed at improving care and saving more lives. The [new standard](#), a significant step towards parity of esteem for mental health, is among a raft of proposed clinical improvements that aim to deliver rapid assessment and treatment for patients with the most serious conditions, and expand short waits for millions more NHS patients.

Patients experiencing a mental health crisis will also be able to access quick care in their own home or community, while no one who urgently needs help should wait more than 24 hours. People with suspected cancer will receive a definitive diagnosis within 28 days of urgent referral by their GP or a screening service as part of the proposals, which will be field tested by the NHS.

Other new standards to be trialled include a rapid assessment measure for all patients arriving at A&E, coupled with faster life-saving treatment for those with the most critical conditions, such as heart attacks, sepsis, stroke and severe asthma attacks. The proposals will support staff to focus on what matters most to the public and saves lives, including early assessment of everyone coming to A&E, the rapid start of treatment for those with the most serious illnesses and injuries.

A new measure of time in emergency department will also be tested, with the aim of ending hidden long waits and providing a more accurate view of hospital performance by recording how long every patient spends in A&E, not just whether their discharge or admission time breached the target. This could prevent tens of thousands of unnecessary hospital admissions each year by improving upon the current four hour 'cliff edge' target. Around a fifth of all emergency admissions from A&E happen in the final 10 minutes before the deadline, suggesting that hospitals are being driven to focus on the target, rather than what is the best approach for each patient.

In addition, the proposals will strengthen rules on reporting prolonged waits for those who need to be admitted to a ward, including reporting the most serious cases to the Care Quality Commission watchdog as a patient safety concern.

The use of average waiting times is based on the success of new ambulance standards, which have seen average waiting times for the most urgent calls improve by 14% over the last year, despite an increasing number of call-outs.

The proposals have been developed by some of the country's leading clinicians, working with local health leaders and patient groups, to lock in the benefits of existing targets – some of which date back more than 20 years – while updating them to ensure they support frontline staff to deliver on the [NHS Long Term Plan's](#) ambitions to save hundreds of thousands more lives.

Lead: Medical Director

The NHS plan includes the introduction of some additional process measures which specifically focus on mental health in the acute setting as well improving access in the community setting. We will be working closely with our commissioners and national regulators to understand how these changes will be resourced, introduced and monitored. This will be delivered going forward by the care groups and overseen by the operational delivery group.

6. NHS to give therapy for harmful social media as part of plan to tackle rare eating disorder NHS England 28 February 2019

Hundreds of people will receive therapy to counteract the impact of harmful social media, as part of a new NHS service for the rare eating disorder diabulimia. NHS England 28 February 2019

Patients will be coached to deal with unrealistic body images amid increasing concerns about the potential damage social media can have on young peoples' mental health. Diabulimia is a condition where people with Type 1 Diabetes restrict their insulin intake to lose weight and can lead to serious complications including blindness and amputations. It is most common in young people aged between ages 15 and 30. Responding to growing awareness of the potentially deadly condition, NHS England today announced that it will pilot services joining up treatment for diabetes and mental ill health in London and the South Coast.

The new service comes as the [NHS Long Term Plan](#) has committed to deliver a step change in mental health treatment and a renewed focus on children and young people's health. Patients who are referred to the new services will also be offered daily structured meal planning and clinical support to manage their insulin intake as well as therapy. The services which mark a major step forward in the improved recognition of the condition will begin later this year and if successful, more services will be rolled out across the country. Two in five women and one in ten men with Type 1 diabetes are thought to have diabulimia.

The new service will also provide:

- Eating disorder teams including team members specialising in mental healthcare and Type 1 diabetes
- Specialist day care centres including structured meal planning and advice on glucose and insulin management
- Tailored care ranging from hospital stays where necessary and help in the community to provide advice on diet, insulin doses, as well as mental health support
- Training for healthcare workers to increase their knowledge of the condition.

Lead: Chief Operating Officer

We will liaise with the commissioners to understand how this new service will work with our patient pathways. We will do this via the delivery groups as part of our collaborative commissioning arrangements.

7. **Health and care services will need support to deliver the long term plans aims for commissioning and system working** NHS Providers 08 March 2019

- The Public Accounts Committee has published its [report on clinical commissioning groups](#).
- It states that the NHS long term plan is the latest change in three decades of changes to the structure of NHS commissioning organisations.
- The long term plan's ambition for integrated care systems to cover the whole of England by 2021 will result in a reduction in the number of clinical commissioning groups.
- The report states that the public will need to know how changes in organisational structures will benefit healthcare and health outcomes in their area.

Responding to the Public Accounts Committee report on clinical commissioning groups (CCGs), the director of policy and strategy at NHS Providers, Miriam Deakin said: “We welcome the Public Accounts Committee report which highlights the rapid progress accomplished by trusts, CCGs and their partners towards working more collaboratively across local health and care systems.

We welcome the Public Account’s Committee report which highlights the rapid progress accomplished by trusts, CCGs and their partners towards working more collaboratively across local health and care systems. We also welcome plans to move to a strategic commissioning function in the NHS. However, the report is right to highlight that the NHS long term plan’s aspiration for integrated care systems (ICSs) to cover the country by 2021 is highly ambitious. As all systems will need support to develop the relationships needed for system working to progress, it also seems ambitious to expect CCGs to align with ICSs so rapidly. As the report highlights, the move to more joined up working across health and care has made governance in the NHS more complex. It is essential that we maintain clear lines of accountability for quality of care from trust boards to the public.”

Lead: Chief Executive

To note

8. **Benefit changes and loneliness behind the growing deficit of mental health care** NHS Providers 08 March 2019

A new report by NHS Providers reveals deep disquiet among NHS mental health trust leaders about a substantial care deficit resulting from the impact of growing social and economic hardship in their communities. *Mental health services: Addressing the care deficit* looks at the levels of demand reported by frontline leaders across the range of services they provide, and examines what lies behind the growing pressures. In particular the report identifies widespread concerns about benefits cuts and the impact of universal credit. It also suggests that loneliness, homelessness and financial hardship are adding to pressures on NHS mental health services.

The report welcomes the ambitions for mental health in the NHS long term plan and the *Five year forward view for mental health* before it, together with increased investment to improve the quality, volume and accessibility of mental healthcare in England. However, it also shows how demand for services is outstripping supply, and it concludes that the planned funding increase falls far short of the amount needed to close the gap between physical and mental health care.

Leaders from well over half (59%) of NHS mental health trusts took part in the survey featured in the report. Key findings include:

- more than nine out of ten (92%) said changes to benefits including universal credit are increasing demand for mental health services in their area
- a similar proportion (97%) pointed to increased loneliness and isolation
- 95% indicated that homelessness was a factor
- 98% cited financial hardship, and
- 91% pointed to cuts in local services.

The survey also presents a worrying picture of the impact workforce shortages are having on mental health trusts' ability to meet demand and provide high quality care. Fewer than one in ten (9%) were confident they currently have the staff they need. When asked about the numbers and skills of staff in two years time, nearly two thirds (62%) said they were very worried.

Furthermore, more than two thirds (69%) of mental health leaders were worried about maintaining the quality of the services they provide over the next two years.

The report calls for:

- greater realism about the demand for mental health services and better planning with input from trusts, commissioners and national bodies
- a national workforce plan, with appropriate focus on the mental health workforce, to be published as soon as possible
- a mechanism to guarantee funding reaches the frontline
- action on key priorities including reducing out of area placements and meeting the capital investment needs for mental health providers.

Lead: Chief Operating Officer

This is a significant and helpful report. These findings will be fully utilised to underpin our mental health transformation change work via our programme board.

9. NHS Providers joins 'Health for Care' coalition for a sustainable social care system NHS Providers 04 March 2019

NHS Providers is one of 15 health organisations that have come together to call on the government to create a sustainable social care system. The coalition, led by the NHS Confederation, warns that millions of vulnerable people are being deprived of the care and support they need because of the government's failure to grasp the crisis in social care, with services in parts of the country near collapse.

In a letter to the prime minister they point out that at least 1.4 million older people in England in need now receive no help because the social care system is failing. The letter comes weeks ahead of the expected publications of the government's social care green paper. It also sets out [a series of principles](#) for a future social care system.

To address the crisis in social care, the Health for Care coalition is calling for a funding settlement, which puts social care on to a sustainable path for the longer term, as well as addressing immediate needs from April 2020. According to the coalition, that will require secure funding commitments, a workforce strategy and a diverse and stable market of providers. It is the first time that a coalition of health organisations has formally come together to act on social care.

Lead: Chief Executive

To note

10. Staff survey shows more to do to improve support culture in NHS NHS Providers
26 February 2019

- NHS England has published *The 2018 Staff Survey* of NHS trusts and foundation trusts, which finds that more than seven in ten staff would recommend their organisation to their family and friends for treatment.
- Increasing numbers of staff would also recommend their own organisation as a place to work.
- Just under one in five staff reported personally having experienced harassment, bullying or abuse at work from other colleagues.
- Increasing numbers of staff reported both their organisation taking action following errors, incidents or near misses to ensure they don't happen again and that staff are given feedback about changes made in response to those errors.

Lead: Director of Human Resources

Board has previously considered an overview of the Trust results and more detailed information is being considered at the Workforce and OD Committee on 20th March.

11. Making the NHS a World Leader in improving the mental wellbeing of its staff and learners Health Education England 20 February 2019

There are 1.4 million people in the NHS taking care of the health needs of patients up and down the country, their physical and emotional health is key to patient welfare. Professor Simon Gregory, Health Education England Primary Care Lead and Clinical Director of the recently published NHS Staff and Learners' Mental Wellbeing Commission today sets out how the NHS can rise to this challenge and be a world leader in improving the mental wellbeing of its staff and learners.

We need to change cultures, remove the stigma that is attached to talking about mental health and encourage open discussion. That is why the work of the commission is so vital it sets out how we can tackle some of the many issues faced by staff and learners alike. The review findings underline the need for urgent action, it found that Doctors, Nurses, Allied Health Professionals such as Paramedics and other health professionals including those in training can face increased pressure, with complaints, fear of investigation, blame or even prosecution. Stress and burnout can significantly affect patient safety. These increased pressures during education and early career have led to a recent rise in distress among health professionals and young learners. In the most tragic cases, this can lead to people taking their own lives.

Mental ill health issues are one of the biggest causes of long-term sickness absence among NHS workers. Evidence shows that there are increased suicide rates in some professional groups particularly nurses. So what can be done about this? The Commission have put forward a series of recommendations to bring about change including the introduction of Wellbeing Guardian in every Practice, Trust and care setting in the country.

This would be a huge step forward for the NHS. The Guardians will be a board level role responsible for the mental wellbeing of their staff, they will set organisational expectations, monitor performance and reassure their board that their organisation is a wellbeing organisation and a healthy workplace in which NHS staff and learners can work and thrive. We also suggest that every student and post graduate trainee have access to personal wellbeing support that is not linked into their education and assessment. A really important distinction that has not been addressed before.

I am particularly delighted that the work Health Education England has been leading on such as our *Enhancing Junior Doctors Working Lives* programme has been recognised by the review who have recommended that it should be fully implemented and applied to all postgraduate trainees not just doctors.

It has been a real honour for me personally to be involved in such an important piece of work. I think our recommendations will make a real difference to the NHS health and care workforce and to those studying to become our future healthcare staff.

The mental wellbeing of staff contributes positively to patient care so we must get it right.

- Recommendations include fast-tracked referrals, tailored support sessions after traumatic incidents, rest spaces for on-call staff, a 24/7 advice phone line and the introduction of a “workplace well-being guardian” in every NHS organisation.
- Health and social care secretary Matt Hancock will back the recommendations in a speech today at East London NHS Foundation Trust.

To find out more about the commission and its findings visit the [Mental wellbeing report](#).

Lead: Director of Human Resources

This work will be considered by the Trust Staff Engagement, Health and Wellbeing Group chaired by Dr Kate Yorke.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019		
Title of Report:	Finance and Investment Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
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 20th March 2019 and a summary of key points for the Board to note.</p>		
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board:-</p> <ul style="list-style-type: none"> • Notes the delivery of the cumulative operational financial plan in month eleven with an improved position on month ten. • Notes the external financial position. • Notes the sign off of the updated five year Estates Strategy. • Notes the update on the Governance of the Yorkshire & Humber Local Health Care Record Exemplar project • Notes that the committee has received and reviewed the BAF and key risks appertaining to Finance and Investment. 		

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 the financial performance was reviewed in detail.

Month eleven performance showed that the Trust had moved its year to date operational performance to a £0.163m surplus (8th consecutive month of improvement), maintained its cash position but seen an increase in trade debtors. Primary Care, Community, Children's and Learning Disabilities (PCCCLD) and Specialist continue to deliver but Mental Health and Corporate continue to be an issue.

The committee received an update on national and regional position which showed a worsening position.

The committee received and signed off the revised Estates Strategy, received a Governance paper on the Yorkshire & Humber Local Health Care Record Exemplar (LHCRE) project and asked for more information from a Humber perspective and finally the BAF and Risk Register relevant to Finance and Investment which was signed off.



Key Issues:

The key areas of note arising from the Committee meeting held on 20th March were:

- In terms of financial performance at month 11 the Trust recorded an operational surplus position of £0.163m (previously £0.093m deficit). Year to date staff costs of £90.064m are £0.205m higher than budget and the cash balance at the end of February 2019 was £13.641m (this includes £2.488m of LHCRE and £1.778m of CAMHS capital funding). Capital Spend as at the end of February was £5.667m, mainly related to the CAMHS unit, IT hardware and Backlog Maintenance.

In terms of the divisions Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.803m with a yearend forecast of a £0.683m underspend. The Mental Health Division has a year to date overspend of £0.374m with a yearend forecast of a £0.724m overspend. The Specialist Division is showing a year to date underspend of £0.211m with a yearend forecast of a £0.199m underspend. The Corporate Divisions are showing a year to date overspend of £0.711m with a yearend forecast of a £0.461m overspend.

The predicted BRS yearend underachievement is £3.025m and this is included in the forecast outturn position. The aged debtors outstanding at the end of February were £6.677m, a £0.592m increase on the previous months balance partly due to invoice timing and aged creditors stood at £4.885m a £0.643 reduction in January.

- The committee received an update on national and regional position which showed that at the end of Q3 the reported year to date deficit for NHS providers was £1.247bn, this is worse than plan but comparable with the Q2 reported deficit. At month 8 NHS England is reporting a year to date underspend of £9.4m and a full year position that is £452.8m below plan. Across the North a £59m variance to plan was reported at Q3, this is a worsening of £35m from the variance at Q2 which was £24m.
- The committee received the Estates Strategy Updated Document. Key changes were
 - Mental Health Campus now includes an adult and older adult provision with a mental health assessment and decisions located remotely.
 - A reduction of LD inpatient accommodation at Townend Court provides an opportunity for Beech Ward to be utilised for an alternative service provision.
 - Anlaby clinic will continue to provide accommodation for adult CMHT in addition to 0 – 19 services.
 - The provision of a new development for shared health accommodation within Bridlington is being reshaped by the OPE as a consequence of the ETTF bid not being progressed.
 - Children's therapies are to relocate from Goole Hospital to Bartholomew House as part of the estate rationalisation.
 - The introduction of newly commissioned services within Scarborough and Ryedale has necessitated the provision of an estate for the locality.

The current position of the Estate Strategy will provide a reduction in the overall footprint of the estate by 10,699 square metres. The committee commended the team on the work put in to refreshing the strategy but asked for the whole document to be carefully sense checked before it is published on the Trust website. Any Board member wanting to see the whole plan can be sent a link to it.

- The committee received a report on the Governance and Accounting process for the

Yorkshire & Humber Local Health Care Record Exemplar. Funding agreement with NHS England, Our Trust and Yorkshire & Humber is in-place. A Memorandum of Understanding (MOU) has been created for the responsibilities of Yorkshire & Humber to support the Trust. Clear responsibilities are documented for the individuals who are responsible for the delivery. The Yorkshire & Humber Care Record has a robust governance structure. The governance and accountability is recognised by the Humber Coast and Vale STP, West Yorkshire and Harrogate ICS and South Yorkshire and Bassetlaw ICS. The committee took on board the paper but asked for further clarification on what this meant specifically for the Trust including an analysis of the risks and opportunities.

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019		
Title of Report:	Workforce & Organisational Development (OD) Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
Purpose of Paper:	<p>The Workforce and Organisational Development 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 held on 20th March 2019 and a summary of key points for the Board to note.</p>		
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board:- Notes that the first meeting has been held and that the committee accepts that there will be a bedding in period where the committee will evolve before settling on its final format.</p>		

Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board around the workforce and organisational development within the Trust and raise any issues that it feels need escalating to the Board for further discussion.

This was the first meeting of the committee and as such both the committee and this assurance report are therefore "work in progress". A summary of the key areas discussed are the Terms of Reference, which will be monitored and reviewed in 6 months' time as the committee evolves, the insight report, which highlighted the key KPI's and actions being taken to address areas of concern, the new self-service ESR dashboards which are being rolled out, that the BAF and Risk register have been reviewed and will be looked at in more detail at the next meeting and that the committee had reviewed the staff survey results and requested what the actions were arising from the results and how these would fit into our existing plans.

Key Issues:

The key areas of note arising from the Committee meeting held on 20th March were:

- The Terms of Reference were reviewed and a discussion ensued that they were, quite rightly, built around assurance but could do with extending further to ensure that the committee looked to support the development of organisational, team and personal



development and pick up on the teaching element of the Trust, there was also a need to understand where education sat between Workforce and OD and the Quality committee. It was agreed to run with the Terms of Reference as signed off by the Board and look to review them in six months once the committee had settled down. There was a need, however, to review the Terms of Reference for all of the sub committees which need to come to the next meeting.

- The committee received the workforce insight report from which the key highlights were that 12 month rolling sickness absence is showing small signs of improvement; statutory and mandatory training continues to be above target; the number of disciplinary cases has significantly reduced (22 in July to 4 in February); there remains a number of over establishment posts within the Trust (240.4); whilst still above target, 12 month turnover rates have improved; there are still a number of vacancies in the Trust (276.8) although a number of people are 'under offer' to start with the Trust; PADR are above target for the first in two years. The report generated a good discussion and highlighted the need for the committee to review the overall Workforce and OD Strategy plus the supporting plans of the Equality and Diversity Plan, the Retention Plan (absorbed into HR Work Plan from 2019/20), the Staff Engagement, Health and Wellbeing Plan, the HR Work Plan and the PROUD OD Plan which will come to the next meeting. Other key points were the need to focus on anxiety/stress/depression/other psychiatric illnesses as an area of concern under sickness, reducing both the number of and time taken to deal with employee issues (where from April, the Trust will trial setting up a bank of experienced investigators to carry out any work that comes from grievances, conduct of bullying and harassment claims) and continuing to refine the establishment and vacancy figures. It was agreed to evolve the insight report by moving the charts from the appendices into the main body, looking to introduce benchmarking data and trend analysis and for the report to pull out hotspots within the Trust. This could be aided by creating a table of data that helped triangulate areas of concern.
- The committee received a demonstration of the ESR Self Service system which allows individuals access to their own data and for managers to access team data and manage sickness, training and appraisals so taking responsibility to drive these areas forward. The rollout was going well and the team congratulated John Wilson on work to date.
- The committee received the relevant sections of the BAF and Risk register and felt it important to understand all of the risks relating to Workforce not just those scored 15 and above so the full risk register will come to the next meeting along with the yearend BAF and new BAF for 2019/20.
- The committee received and reviewed the 2018 staff survey which had some very useful information and had been broken down into 10 key themes of equality and diversity, health and wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying and harassment, safe environment – violence, safety culture and staff engagement. These key themes were available for each directorate and broken down within the directorate thus giving managers the information needed to start addressing issues. The view was that the Trust didn't need a staff survey action plan but rather for the issues arising to be picked up and addressed in the existing plans so this will come back to the committee at the next meeting.

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019			
Title of Report:	Trust Board Sub Committee Chairs			
Author:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To present details of Board Sub Committee Chairs for information and noting			
Key Issues within the report:	Identified within the report			

Monitoring and assurance framework summary:

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



Trust Board Sub Committee Chairs

Introduction

The report is presented for information and noting and identifies the Non-Executive Directors who chair the Trust Board Sub Committees.

Audit Committee

Chair - Peter Baren

Quality Committee

Chair - Mike Cooke

Finance & Investment Committee

Chair - Francis Patton

Mental Health Legislation Committee

Chair - Mike Smith

Remuneration and Nomination Committee

Chair - Sharon Mays

Workforce and Organisational Development Committee

Chair - Francis Patton

Charitable Funds Committee

Chair - Paula Bee

Recommendation

The Board is asked to note the report

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 27 th March 2019			
Title of Report:	Humber Teaching NHS Foundation Trust Operational Plan – 2019/20			
Author:	Alison Flack Transformation Programme Director (Mental Health)			
Recommendation:	To approve	√	To note	
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	<p>To present the draft Operational Plan for 2019/20 for approval by the Board.</p> <p>The final Operating Plan 2019/20 is required to be submitted to NHSI by 4th April 2019.</p>			
Key Issues within the report:	<p>In line with the NHS/NHSI Joint planning guidance for 2019/20, organisations have been requested to submit a refreshed operational plan building on the submissions made in 2018/19 together with a revised financial and workforce plan submission.</p> <p>A draft operational plan with the supporting detailed financial and workforce plans has been submitted to NHSI in line with the national timetable and we have received feedback which has been incorporated into the final version.</p> <p>The operational plan identifies the key priorities for 2019/20 and how they link with the Trust's strategic goals. It also provides detail on the Trust's financial and workforce plans for 2019/20. Following approval of the operational plan, this will be developed into an easy read plan on a page, which will be shared with all Trust staff.</p> <p>The draft has been discussed and comments received from the Council of Governors and other Trust forums. The draft has also been discussed at the Board development session, held in early March 2019.</p> <p>The Board is asked to approve the Operating Plan for 2019/20.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals	
√	Innovating Quality and Patient Safety



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



Humber Teaching
NHS Foundation Trust

Operational Plan 2019/20 Final Draft (for March Trust Board approval)



Document Configuration		Document Ref:
<i>Date</i> 19/03/2019	<i>Version</i>	05
<i>Author Name / Job Title</i>	Alison Flack / Transformation Programme Director (Mental Health)	
<i>Directorate Name</i>	Chief Executive's Office	
<i>Clinical / Executive Sponsor</i>	Michele Moran (Chief Executive)	
<i>Reporting Committee</i>	Trust Board	
<i>Trust Board Ratification</i>	27 th March, 2019 (final version)	
<i>Review Date</i>	December 2019	
<i>Regulator Link</i>	NHS Improvement - https://improvement.nhs.uk/	
<i>Key Internal Documents</i>	<ul style="list-style-type: none"> • Trust Strategy (2017-22) • Clinical Audit Effectiveness Strategy (2016-19) • Digital Plan (2017-21) • Estates Strategy (2017-2022) • Health Stars Strategy (2017-22) • Patient and Carer Experience Strategy (2016-18) • Patient Safety Strategy (2016-18) • Primary Care Strategy (2017-19) • Recovery Strategy (2017-20) • Research and Development Strategy (2017-19) • Suicide Prevention and Self Harm Strategy (2017-19) • Workforce and Organisational Development Strategy (2017-19) • (Draft) Freedom to Speak Up Strategy (2019-2021) 	
<i>Key External Documents</i>	<ul style="list-style-type: none"> • <i>General Practice Forward View (April 2016)</i> • <i>NHS Operational Planning and Contracting Guidance 2017 – 2019</i> • <i>The Five Year Forward View for Mental Health (February 2016)</i> • <i>Implementing the Five Year Forward View for Mental Health</i> • <i>The NHS Long Term Plan 2019</i> 	



Executive Summary

This operational plan sets out the key priorities identified by our Trust Board for delivery during 2019/20 and continues to support our Trust Strategy (2017-2022).

Our plan and vision at Humber is ambitious, and builds on the significant work that we achieved during 2018/19. We have continued to move forward at pace and our CQC inspection and overall rating of Good is testament to the hard work and collective effort of all our staff and partners. We know there is more work to do and we want to continue on our journey to improve our reputation to be a leading provider of multi-speciality health care provision.

Our plan supports the national policy for delivery of mental health, community, primary care and learning disability services and we will continue to be a valued and leading partner in the developing sustainable transformation partnership systems of health and social care. The recent publication of the NHS Long Term Plan (2019) gives us a real opportunity and additional investment to expand a range of our services including mental health services for adults, children and young people, learning disability, autism and the development of primary care networks.

The continuing implementation of the new models of care places us as a provider in a great position to drive forward services to improve pathways of care and more importantly better outcomes for our patients. It will continue to put patients and our staff at the centre of everything we do.

We will continue with our transformation programme for mental health services and drive service improvements. Whilst continuing to develop our plans to provide mental health inpatient services for children and young people, following the successful award of the contract by NHSE Specialist Commissioners.

We have a challenging year ahead but with the ongoing commitment and dedication of our staff we will continue on our journey to providing outstanding care to our patients and their families and our communities.

Michele Moran
Chief Executive



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Our Operational Plan sets out the key priorities for Humber Teaching NHS Foundation Trust for 2019/20 and supports our Trust Strategy (2017-22).

The plan will provide a reference for our staff and other stakeholders and also forms part of a suite of documents that are submitted to NHS Improvement in order to provide assurance to our regulators. It is also one of the key drivers that supports our objective setting process for completing staff's personal appraisal and development reviews (PADR).

The plan has been developed in consultation and shared with a number of representative forums including our Trust Board, Executive Management Team, Operational Delivery Group, Medical Staffing Committee and our Council of Governors. It has also been influenced by our local commissioners and the NHS long term plan (2019).

1.1 About our Trust – Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust provides a broad range of community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield.

We employ approximately 2300 staff working across over 70 sites covering a large geographical area encompassing Hull, Malton, Ryedale, Scarborough, the East Riding of Yorkshire and Whitby.

We have approximately 16,000 members who we encourage to get involved, have their say, elect governors and make a difference to how local healthcare services are provided.

The views of Trust members are represented by our Council of Governors. We have 22 Governors made up of Public Governors, Service User and Carer Governors, Nominated Governors and Staff Governors. More than half of the Council of Governors are elected by local people. Nominated Governors include representatives of local partnership organisations.

We also have more than 120 volunteers who are passionate about working in our services and are available to help patients, staff and visitors. Our volunteers are dedicated and caring members of the community who give their time and skills freely to support us. Their work can make a huge difference to our patients' experience while improving their own health and wellbeing. Our volunteers complement the work of our staff and provide practical support to our patients, their families and carers.

1.2 Continuing to build on our foundations

During 2018 we continued to build on our work to improve the services we provide and as a result of the commitment and hard work of all of our staff, volunteers and partners we achieved a rating of 'Good' by the Care Quality Commission (CQC). We are currently in the process of a re-inspection as part of the CQC well led programme of inspections.



Although there is more work to do, we are on the right track, with thirteen of our services rated 'good' and three 'requiring improvement'. Two aspects of our services for people with learning disability and autism – care and responsiveness – are rated 'outstanding'. This is the standard we aspire to achieve across all of our services.

During 2018 we have worked hard to continue to grow and develop our organisation and we will continue on our journey throughout 2019/20. We have had a number of successes including:-

Patient and Carer Experience

We have introduced a lead patient and carer engagement role to ensure that patients and carers are at the centre of everything we do. We have been able to get more of our patients and their carers involved in developing and providing feedback on their experience of our services.

A New Teaching Trust

In April 2018 we became 'Humber Teaching NHS Foundation Trust'. This emphasises our commitment to delivering excellent services to our patients and carers, and reinforces our close working relationships with Hull York Medical School, The University of Hull and other educational establishments. This close working relationship enables us to continue to work with our academic partners to nurture the future generation of doctors, nurses and other health care professionals. It also marks a new chapter in Humber's life.

Specialist Perinatal Services

We have expanded our specialist perinatal services, following successful award of NHSE funding. As part of the new models of care for delivery, we are one of two lead providers for this service working with our partners in NAViGO and Rotherham, Doncaster and South Humber NHS Trust and Tees, Esk and Wear Valley NHS Trust.

Reducing inappropriate out of area mental health care placements

As a result of working closely with our local commissioners and also other mental health providers, we have seen a significant reduction in the number of patients who would have previously been admitted to services outside of our Trust.

Delivering 24/7 Mental Health Liaison Services

We now have a fully established team working closely with our local acute Trust, Hull and East Yorkshire Hospital to provide a 24/7 hospital liaison service.

Scarborough and Ryedale Community Services

During 2018, the care of more than 5000 patients transferred to us as part of our service expansion to provide adult community services to the people of Scarborough and Ryedale. We also welcomed 200 new staff to our organisation as part of this process. We now deliver adult community services across three locality hubs.

Primary Care

We have continued to expand the number of primary care GP practices that we deliver services from. We have established a private limited company Humber Primary Care Ltd to enable us to hold GMS (General Medical Services) contracts within the practices that we operate from.



Learning Disability Services

We are also now the health care provider for services at Granville Court which is a specialist service for people with profound and multiple learning difficulties.

Health Trainers

During 2018 we were successful in being awarded the contract to provide health trainers as part of the healthy lifestyle contract to residents of the East Riding of Yorkshire. We have also worked with the SeaFit programme to provide health training support to the region's fishermen.

Child and Adolescent Mental Health Inpatient Services

As a result of our successful capital bid and award of contract provision from NHSE specialist commissioning team, work is progressing well on our new Tier 4 Inpatient Unit for Children and Young People.

Expanding Children and Young People Mental Health Services

We have also been successful in securing resources to provide a specialist clinical support service to children and young people who have attachment issues.

Older People's Mental Health Inpatient Services

Maister Lodge is our older people's inpatient unit and has recently reopened following a period of closure as part of a major refurbishment programme. Maister Lodge is a 14 bedded unit and the environment has been significantly improved. Our charity Health Stars has been instrumental in providing further additions to improve the outside space and gardens at the unit.

National Leaders

During 2018 we were delighted to welcome a number of national NHS leaders and experts to our Trust. These have included:-

- Claire Murdoch, the National Lead for Mental Health;
- Ian Trenholme, Chief Executive of the Care Quality Commission;
- Professor Nav Kapur, National Lead for Suicide Prevention;
- Dr Kevin Stewart, Medical Director of the Healthcare Safety Investigation Branch;
- Speakers at the Research Conference – Professor Alistair Burns, Professor Simon Gilbody, Professor Joanne Reeve, Dr Judith Cohen, Professor Andrea Nelson.

We will also be visited by Sean Duggan, Chief Executive of the NHS Confederation in April 2019.

Learning the Lessons

As part of our continuous improvement programme, we have held two "learning the lessons" conferences to share learning and feedback from incidents. These conferences have been well attended by our clinical staff and have received positive feedback.

Freedom to Speak Up – Raising Concerns

During 2018, we have appointed a new Guardian and Deputy Guardian to the Trust. A



significant awareness raising campaign has been held to raise staff awareness of the role of the Guardian.

Our Trust Board have also completed the NHSI self-assessment Freedom to Speak Up tool which in consultation with our staff governors has helped to develop our vision, strategy and work programme. We want everyone to work together to develop an open and transparent culture across our organisation that enables all members of staff to feel safe and confident to speak out and raise their concerns to improve patient safety and the quality of care we provide.

Investing in our future leaders

During 2018, we were successfully accredited by the NHS Leadership Academy to host graduate management trainees and welcomed our first graduates to the Trust. We want to continue to build on this area during 2019 and hope to increase the number of graduate placements we will host.

2 Working as a system leader



2.1 The NHS Long Term Plan (2019)

During January 2019, NHS England produced the NHS Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

The plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place and of the 2,500 submissions received from individuals and groups representing the opinions and interests of 3.5 million people.

The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the right place.

The NHS Long Term Plan will ensure that everyone gets the best start in life, delivers world class care for major health care problems and supports people to age well.

It will do this in a number of ways;- do things differently, prevent illness and tackle health inequalities, improve how we recruit and retain our workforce, make better of use of digital technology and continue to deliver the most cost effective quality services.

Almost everything in the plan is already being implemented successfully somewhere in the NHS and it will be essential that we use this work to develop our services in Humber.

This plan presents a real opportunity for additional investment and expansion in the following areas:-

- Mental health services for adults, children and young people;
- Learning disability and autism;
- Primary care and community services through primary care networks;
- Prevention and early intervention help;
- Better use of key enablers such as digital and estates utilisation.

There are many opportunities for us within the framework, the strong emphasis on prevention wellness, recovery and re-ablement to note, but there are also others such as the emphasis on schools and families.



As a system partner, we continue to face increasing pressure from meeting the demands of a growing population in the face of public sector funding constraints. This is recognised nationally in the ‘triple aims’ that the NHS has been tasked to achieve:-

- Implement the vision in the ‘Five Year Forward View’ to improve health and care;
- Deliver core access and quality standards;
- Restore and maintain financial balance.

2.2 Humber, Coast and Vale Health and Care Partnership

We will continue to work with Clinical Care Commissioning Groups (CCGs) and the Humber, Coast and Vale (HCV) Health and Care Partnership (HCP) (formerly Sustainability and Transformation Partnership (STP)) to implement the 5 Year Forward View for Mental Health and we will work towards achieving the milestones and deliverables set out in the NHS Long Term Plan.

We are a key partner in the HCV HCP and we will continue to work closely with all the partner organisations to deliver a more integrated health and social care system of provision. Within the HCV HCP there are significant financial challenges, as two of the partner organisations are currently working within a capped expenditure regime.

We are continuing to support the work of our health and care partnership and the development of the integrated care partnerships (ICP) and the integrated care system (ICS).

The fundamental aims of the HCV HCP are to ensure the local population is enabled to ‘Start, Live and Age Well’ whilst the health and social care systems focus on the triple aims of achieving desired health outcomes, maintaining quality services and closing the financial gap through efficiency. To achieve these ambitions there is a genuine need for strong collaborative partnership arrangements to help the public sector make the appropriate reforms.

There are six ‘Place’ systems within the HCV HCP and each of them is continuing to develop their local Place Based Plans. These will focus on the needs of the local population within each ‘Place’, with particular reference to early help and prevention. We are a significant partner in contributing to the Hull and East Riding ‘Place’ plans. The HCV system is developing further its programme of work for Integrated Care Partnerships (ICPs) across the places. It is proposed that the partnership will become a shadow Integrated Care System (ICS) from April 2020.

Humber Teaching NHS Foundation Trust’s Chief Executive Officer is our executive lead, ensuring that we have proactive input to the local HCV HCP and that the HCP priorities are also reflected in our strategic and operational plans.







The HCV HCP is made up of the following:-

HCV HCP Partners	Place
6 Clinical Commissioning Groups	Hull
3 Acute Trusts	East Riding of Yorkshire
3 Mental Health Trusts	Vale of York
6 Local Authorities	Scarborough & Ryedale
2 Ambulance Trusts	North Lincolnshire
	North East Lincolnshire



As stated in our 5 year strategic plan, Humber Teaching NHS Foundation Trust is a multi-specialty healthcare and teaching provider committed to caring, learning and growing; therefore it is keen to be a local system leader whilst also providing appropriate support to other agencies leading system changes.

There are synergies in terms of the HCV HCP priorities and those of our own strategic goals for 2017-22, namely:-

Humber Teaching NHS Foundation Trust Goals	↔	Humber, Coast and Vale HCP Priorities
Goal 1 Innovating quality and patient safety		 Better 'In-Hospital' Care
Goal 2 Enhancing prevention, wellbeing and recovery		 Better 'Out-of-Hospital' Care
Goal 3 Fostering integration, partnership and alliances		 Better Mental Health Care
Goal 4 Developing an effective and empowered workforce		 Better Cancer Care
Goal 5 Maximising an efficient and sustainable organisation		 Balancing the Books
Goal 6 Promoting people, communities and social values		 Healthier People

2.3 HCV HCP Mental Health Programme

We continue to invest significantly across the mental health collaborative programme. The Chief Executive is the Senior Responsible Office (SRO) and our senior staff provide the leadership and programme management support. The HCV HCP Mental Health Partnership Board continues to improve collaborative and partnership working, not only at HCP level but also at a regional and national level. The priorities agreed in 2018/19 will continue to be developed in 2019/20, with a key focus on partnership working with patients, carers and other stakeholders and improved clinical engagement.

The Mental Health Partnership Board has agreed in principle a Memorandum of Understanding across all the partners. The Mental Health Partnership Board will continue to focus on the 5 Year Forward View for Mental Health and have aligned its priorities with the NHS Long Term Plan. One of its key focusses will be in relation to the Mental Health Investment Standard (MHIS) and ensuring greater transparency regarding financial investment into the mental health priorities.

There are a number of workstreams for the Mental Health programme that are aligned to the NHS Long Term Plan, the 5 Year Forward View for Mental Health and our Trust Strategy -

- Crisis Care and Liaison Services
- Community Mental Health Teams
- Specialist Perinatal Community Services
- Secure Care transformation and Forensic Outreach liaison Services through new models of care
- Dementia
- Research
- Children and Young People mental health pathways



- Suicide prevention

The Mental Health Partnership Board priorities are all congruent with our operational service priorities. These workstreams will support the delivery of the milestones outlined in the NHS Long Term Plan for mental health services for adults, children and young people.

Whilst we face our most challenging period financially, we are strongly placed locally to deliver joined up care and have already introduced a number of new ‘exemplar’ services that are being rolled out nationally, for example the Perinatal Specialist Mental Health Service.

We aim to be recognised as an outstanding organisation, delivering outstanding care and will progress innovative service-led delivery.

We have a key role in working with partner organisations, for example providing support to acute services, exploring innovative social models for self-care and prevention to provide community based health and social care that reduce service demand.

2.4 Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Partnership

We also provide services within the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (DDTHRW) Partnership.

DDTHRW STP have identified a number of challenges that require a collective approach and their vision for 2020 is to deliver better outcomes for people based on the four key principles outlined below;

Prevention

- Health, wellbeing and independence should be promoted
- Patients will be supported to self-manage their condition and to maintain a healthy lifestyle
- A directory of services to be implemented of health, care and support services in their local community

Responsive and Accessible

- Access to GP / Clinician
- Access to social care support
- Rapid Response from a community team
- Appropriate services available 7 days a week

Proactive

- We will develop plans to delay or reduce the need for care and support
- Provide care closer to home where safe and cost effective to do so to meet the wider needs of the population
- Connecting and supporting people into their own community with voluntary sector support

Co-ordinated

- People will be able to access the necessary care and support when it is required
- We will provide co-ordinated Health and Social Care delivery to meet people’s needs

Our aim is to bring about transformational change that contributes to the delivery of both STP’s ambitions.



2.5 Transforming Care National Programme for Learning Disability Services

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition.

The programme has three key aims:

- 1) To improve quality of care for people with a learning disability and/or autism;
- 2) To improve quality of life for people with a learning disability and/or autism;
- 3) To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay.

We will continue to work with our partners to deliver the Transforming Care National Programme and the NHSI National Standards for Learning Disabilities.

We have made good progress in developing our Forensic Outreach Liaison Service as part of this programme of work.

3 - Our Vision and Values



Our 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 and a valued partner.

Our Values:-



These values shape the behaviour of our staff and underpin our determination to:-

- Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect.
- Achieve excellent results for people and communities.
- Improve expertise while stimulating innovation, raising morale and supporting good decision-making.
- Unify and focus our services on early intervention, recovery and rehabilitation.
- Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare.



- Work with accountability, integrity and honesty; nurture close and productive working relationships with other providers and our partners.

3.1 Involving Our Patients and Carers

Putting patients, service users and carers first is our main priority. We plan to continue to work closely with our patients, service users, carers and partners to listen to their voices to share best practice and further develop services across our Trust.

Our Trust Board will continue to hear real patient and carer stories on a monthly basis. Our Patient and Carer Experience forums will continue to meet in the Hull & East Riding, Scarborough & Ryedale and Whitby & District areas every three months.

We are committed to delivering high quality services across all areas in which we operate, this is demonstrated through delivery of our key values and always putting the needs of others first. We will demonstrate this by engaging with people, listening and responding to their experience so we can:-

- Improve patient experience and satisfaction within our services.
- Ensure services are more responsive to individual needs.
- Help develop services that support patient's dignity and independence.
- Encourage our staff to find new ways to deliver healthcare.
- Improve accountability to our patients, their families, carers and the public.
- Provide a customer focused service and improve quality.

We know that patient and carer experience is more than just meeting our patient's physical needs. It is also about treating each patient and their carer(s) with the dignity, compassion and respect that they deserve as an individual. We don't want to just meet expectations, we want to exceed them.

3.2 Continuing to work with our partners

We will continue to be an active partner and continue to develop services in conjunction with other partners. We want to build on our improving reputation as a valued partner who can provide evidence based solutions.

We have established close working relationships with Humbercare and MIND in developing our mental health services as part of our adult mental health transformation programme. We will continue to play a key role in delivering the work of the crisis care concordat and prioritising the development of our crisis services for adults and young people. We also work in partnership with Matthew's Hub on autism diagnosis pathways.

We will continue to work in partnership with the Alcohol and Drug Service (ADS) to provide the East Riding of Yorkshire Council's Drug and Alcohol Service. Our older people's mental health team works closely with Dove House Hospice. As part of the Multi-Agency Public Protection Arrangements (MAPPA) we play a key role in working with all partners including police and probation services. We also work closely with NHS England and NHSI colleagues. We are also continuing to work closely with Hull and East Yorkshire Smile Foundation through our Health Stars charity.

We have become a valued partner with the 28 partner organisations that are part of the Humber, Coast and Vale Health and Care Partnership and also work closely with Humberside and North Yorkshire Police services, Humber Fire and Rescue, Yorkshire Ambulance Service and the Probation Service. We are also a key partner in working with local partners in Hull to deliver the "Our People – Our Place" programme of work.



4 - Our Strategic Goals and Operational Plan Priorities



As part of our Trust Strategy (2017-2022) we have identified six strategic goals, key objectives and supporting measures to achieve our ambitions and deliver key improvements. They are linked to government initiatives such as the NHS Long Term Plan (2019), regulatory findings and local health needs assessments based on discussions with the Health and Care Partnership (HCP) representatives, patients, carers and families, staff, governors and partners.

Our six strategic goals, key objectives and outcomes for 2019/20 are detailed below:-

Strategic Goal 1 - Innovating quality and patient safety

What we will do in 2019/20

Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery.

Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services. We will continue to develop our approach to continuous quality improvement and provide our staff with the support they require to do this.

Embed best available evidence in practice, utilising patient reported and clinical reported outcome measures (PROMS, CROMS).

How will we know we have achieved it?

Our patients and carers provide positive feedback that they have been involved in the planning of their care.

A range of methods of engagement are available that are accessible and adapted to meet the needs of our patients and their carers.

A "Good" CQC rating for safety.

The completed roll-out of Patient Related Outcome Measures (PROMS) and Clinician Related Outcome Measures (CROMS) within Adult Mental Health Services.

A reported increase in quality improvement programmes at service level.

Improvement in our patient and carer experience ratings.

Continued roll out of 'safe wards' and daily safety huddles to maximise patient safety across all of our services

Executive Lead - Hilary Gledhill
Board Sub Committee – Quality



Strategic Goal 2 - Enhancing prevention, wellbeing and recovery

What we will do in 2019/20

Ensure patients, carers and their families play a key role in the planning and delivery of our services.

Empower people to work with us so they can manage their own health and social care needs.

Deliver responsive care that improves health and reduces health inequalities.

How will we know we have achieved it?

Successful delivery of our recovery strategy.

Peer support workers employed across a range of our services.

Successful implementation of a responsive community mental health services model.

A redesigned rehabilitation and recovery pathway.

Development of a revised pathway for older people with long term needs.

Continued reduction of inappropriate out of area acute admissions.

Further growth of our primary care portfolio.

Executive Lead – Lynn Parkinson
Board Sub-Committee – Quality



Strategic Goal 3 - Fostering Integration, partnership and alliances

What we will do in 2019/20

Be a leader in successfully delivering sustainability and transformation partnership plans in mental health services, primary care and at place level.

Foster innovation to develop new health and social care service delivery models.

Strive to maximise our research-based approach through education and teaching initiatives.

Build trusted alliances with voluntary sector organisations, statutory/non-statutory agencies and the private sector.

How will we know we have achieved it?

Continuation of our significant involvement as a key partner to the local place based systems work.

Commencing development of Humber Teaching NHS Foundation Trust as a world-class specialist education and teaching provider.

Continued development of joint ventures that enhance our ability to deliver excellent services.

Closer alignment of our own strategic plans with the local place based plans and the mental health priorities.

Successful delivery of a new model of care for our forensic services in partnership with other providers.

Continuing our contribution to the achievement of local crisis care concordat plans.

Executive Lead - Michele Moran
Board Sub-Committee – Finance and Investment



Strategic Goal 4 - Developing an effective and empowered workforce

What we will do in 2019/20

Continue to develop a healthy organisational culture to support the health and wellbeing of our staff. Staff should feel empowered to achieve their best and feel motivated to contribute to developing our services.

Plan, recruit, train and sustain a highly skilled and effective workforce.

Develop plans to recruit more substantive consultant psychiatrists.

Continue to develop our talent management programme to retain skills and experience within our organisation.

Enable transformation and organisational development through shared leadership.

Staff access regular supervision and receive quality appraisals and receive additional high quality training.

Implement the actions identified in the organisational development strategy.

How will we know we have achieved it?

Achieve 96% attendance rate.

Achieve 95% mandatory training compliance.

Improved leadership and management scores in the annual staff survey.

Achieve 95% appraisal compliance for our staff.

Reduction in turnover rate.

Improved and effective staff engagement – staff feel they have a voice in contributing to our strategies and plans.

Reduce the use of locum consultant psychiatrists.

Executive Lead - Steve McGowan
Board Sub-Committee – Workforce



Strategic Goal 5 - Maximising an efficient and sustainable organisation

What we will do in 2019/20

Be a flexible organisation that responds positively to business opportunities.

Be a leading provider of integrated services.

Exceed requirements set by NHS Improvement regarding financial sustainability.

How will we know we have achieved it?

Continued business growth and expansion of our services in line with our Trust Strategy and business development plan.

Full implementation of our Digital plan and Estates Strategy.

Continued reduction of our overall estate footprint.

Delivery of our sustainable management development plan.

Implementation of care group operational priorities.

The successful delivery of our financial plan and achievement of our budget reduction schemes.

Continue to reduce expenditure on bank and agency costs.

**Executive Lead - Peter Beckwith
Board Sub-Committee – Finance and Investment**



Strategic Goal 6 - Promoting people, communities and social values

What we will do in 2019/20

Apply the principles outlined in the Social Value Act (2013).

Improve recruitment and apprenticeship schemes and promote career opportunities.

'Make every contact count' via an integrated approach designed to make communities healthier.

Work in partnership with Job Centre Plus and local communities to provide training and employment opportunities.

Work with our members and voluntary sector partners to develop our service offer to each local community.

How will we know we have achieved it?

A robust social values policy implemented across the organisation.

A clear demonstration of the social impact return on investment for apprenticeship schemes.

Increased employment opportunities within local communities.

We can demonstrate how our services link to local place based plans.

**Executive Lead - Michele Moran
Board Sub-Committee – Quality Committee**



4.1 Operational Delivery Priorities

Our executive lead with responsibility for operational delivery is the Chief Operating Officer.

Our frontline operational services are currently organised into three Care Groups:-

- Adult and Older People's Mental Health
- Primary Care, Community, Learning Disabilities and Children's Services
- Specialist Services

Each Care Group responds to the health needs identified by commissioners and local people through redesigning services, providing more joined up care and increasing opportunities for partnership working. We have major transformation plans in place for a number of our clinical services.

During 2018 we have completed a review of our operational management structure and as a result of this a new structure will be in place from April 2019. The new structure will be a single care group (operational services) reporting to the Chief Operating Officer, supported by an Operational Delivery Group (ODG). The ODG will include the senior operational managers, together with the corporate senior managers.

Our corporate services are equally important in delivering our vision, providing a high quality environment, a framework of support and a culture that allows our staff to flourish and develop.

The operational service priorities highlighted below have a clear rationale based on the health needs of the local population, market assessment, stakeholder needs, external imperatives, policy drivers, NHS Mandate and contract requirements, commissioning intentions, capacity and capability, internal performance issues and service and cost pressures. The delivery of these priorities will be overseen by the Chief Operating Officer.

The priorities are not exhaustive but spotlight key priorities for us in 2019/20, including actions to ensure we are well positioned to meet the needs of local communities, commissioners and public sector challenges in years to come.

We are working with Clinical Commissioning Groups, Local Authorities and other partners to develop services and pathways.

As part of developing our operating plan for 2019/20 we held 12 service planning workshops attended by approximately 180 staff, which included clinicians and other staff working in our operational service areas to develop our care group service plans to inform this operating plan. All of our service plans are available on our intranet page or on request.

The following tables list the High Level Objectives from each of the Care Group's service plans and demonstrate how they align to our strategic goals and to the priorities of the Humber, Coast and Vale Health and Care Partnership (HCV HCP) and the Transforming Care Partnership (TCP).



Adult and Older People's Mental Health Care Group
(Care Group Director – Jan Smith)

	Strategic Goals						HCVHCP / TCP Priority
	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People	
Care Home Liaison Service	✓	✓	✓	✓	✓	✓	
Redesign of mental health response service	✓	✓	✓	✓	✓	✓	✓
Dementia and delirium Pathway	✓	✓	✓		✓	✓	✓
Developing Psychiatric Intensive Care	✓	✓		✓	✓	✓	
Development of specialist crisis services 24 hours	✓	✓	✓	✓	✓	✓	✓
End of Life Care	✓			✓		✓	
Implementation of Rehabilitation Transformation Plan	✓	✓	✓	✓	✓		
Development of business case for mental health campus	✓	✓	✓	✓	✓	✓	✓
Refreshed Service Model in community mental health teams	✓	✓		✓	✓	✓	✓

Primary Care, Community, Learning Disabilities and Children's Services Care Group
(Care Group Director – Julia Harrison-Mizon)

	Strategic Goals						HCVHCP / TCP Priority
	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People	
Alternative Community Beds	✓	✓			✓		
Child and Adolescent inpatient unit and development of the Walker Street site	✓	✓	✓	✓	✓	✓	✓
Care Home Model	✓	✓	✓			✓	✓
Customer Access Service (CAS) = Single Point of Contact/Access	✓	✓	✓	✓	✓	✓	
Education and Family Support	✓	✓	✓			✓	
Implement an East Riding autism service	✓	✓	✓	✓	✓	✓	
Integrated Community Hubs	✓	✓	✓	✓	✓	✓	
New Care Models of Care - Children and Young People	✓	✓	✓	✓	✓	✓	✓
Primary Care New Models of Care			✓	✓	✓	✓	✓
Primary Care System Leadership	✓	✓	✓	✓	✓	✓	
Reduction in autism waiting times (Hull) and implementation of the new service	✓	✓		✓	✓	✓	✓
Reduction in Hull child and adolescent mental health waiting times	✓	✓	✓	✓	✓	✓	✓
Reduction in speech and language therapy waiting times in Hull	✓	✓	✓	✓	✓	✓	✓
Transition Pathway Development	✓	✓	✓		✓		✓

Specialist Services Care Group
(Care Group Director – Vacant)

	Strategic Goals						HCVHCP / TCP Priority
	Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People	
Developing Drugs and Alcohol Services	✓	✓	✓	✓	✓	✓	
Embedding Learning Disability (LD) Forensic Outreach Liaison Service (FOLS)	✓	✓	✓	✓		✓	✓
Forensic Services Redesign – New Models of Care	✓		✓	✓	✓		✓



4.2 Our Transformation Programme for 2019

We have an ambitious transformation programme for our services during 2019. This includes the following service developments:-

- Redesign of our community mental health services.
- Development of our rehabilitation services.
- Re-provision of our adult and older people inpatients to a single mental health campus.
- Redesign of our mental health response service.
- Development of our memory assessment and treatment services.
- Development of an older people's mental health crisis response service.
- Review the outcomes from our care home liaison team pilot.
- Working with Dove House hospice to develop older people's end of life specialist care service.
- Ongoing development of Scarborough and Ryedale community services – mobilisation of Year 2.
- Re-development of Whitby Hospital and development of the delivery model, to include review of the NHS 111 pilot for urgent care.
- Operationalise Humber and Coastal Homecare Ltd – Transforming Care Programme.
- Operationalise child and adolescent mental Health inpatient services.
- Complete new models of care pathways for medium and low secure.
- Development of a forensic Outreach liaison service.
- Fully implement perinatal mental health services.
- Support the development new models of care for children and young people's mental health pathways.
- Working in partnership to deliver expanded community multidisciplinary teams, aligned with primary care networks based on neighbouring GP practices.
- Building on our successful delivery of mental health community services and primary care, we will be developing and testing a service model of practice in Bridlington. This will be closely linked with partners working in primary care.

4.3 Continuing to improve our performance

Our Trust Board monitor closely all areas of performance across the Trust. The integrated performance report is presented on a quarterly basis. During 2018, we have performed exceptionally well in the following service areas:-

- Early Intervention in Psychosis (EIP) - First episode treated within 2 weeks. Performance for 19/20 year to date (up to Feb-19) - 87.7% against a national target of 53%.
- Improving access to psychological therapies (IAPT) referral to treatment target of 6 and 18 weeks are both well above target.
- IAPT Recovery Rates up to Feb-19 month end are above the 50% national target, reporting 58%.
- Care Programme Approach (CPA) - Follow Up within 7 days of discharge – year to date (up to Feb-19) performance was high at 98.8% when compared to the national standard of 95%.
- Out of Area Placements has reduced in year. Our plan was to reduce the number of days throughout the year to 3100, as at 28/2/19 the figure has reduced to 1129 days.
- Percentage of Appraisals Completed – performance has improved throughout the year with compliance now reported at 84.5% which is slightly under the 85% target set internally.
- Overall Training Compliance has remained high throughout the year – as at Feb-19 performance reported at 88.9% against an internal target of 85%.



We know that there are areas we want to improve and focus on during 2019. These are as follows:-

- Minimising Mental Health Delayed Transfers of Care – while the year to date performance is reporting on target, we have had periods during the fiscal year where the number of delayed patients has been high.
- Referral to treatment (RTT) - within 18 weeks of Referral - Unseen / Waiting List – as at 28/2/19 we had 74% of patients waiting less than 18 weeks, our objective is to increase this to 92%.
- Sickness/Absence continues to be a focus for our Trust Board who have set a target for sickness/absence to be below 4.5% per month during 18/19 which we have not achieved. Our rolling 12 month sickness/absence level is 5.1%. This is a reduction of 0.3% when compared to the position in Apr-18.

4.4 Winter Planning Arrangements

Our winter planning for 2019/20 builds upon work undertaken in 2018/19 and continues to support system redesign to modernise and simplify patient flows within the mental health and community sectors. The planning links to our severe weather and winter plan, operational plans and business continuity plans, supported by our on call systems.

We are part of a collaborative system group that oversees and supports services to work better to address the delivery challenges across the whole health care system and to improve A&E delivery at Hull and East Yorkshire Hospitals NHS Trust (HEYHT) during the winter reporting period. We submit a daily Operational Pressures Escalation Level (OPEL) rating to the Hull and East Riding of Yorkshire Clinical Commissioning Groups and respond to surges within the whole system by taking part in system calls as appropriate. The Mental Health Liaison Service supports and assesses patients on the ward and within A&E to ensure patient flow is maintained in supporting HEYHT to deliver patient care.

We have a severe weather and winter plan which provides a framework that enables us to prepare, respond and recover from adverse weather incidents which have the potential to affect the services we provide. This is reviewed against the national Public Health England Cold Weather Plan and each service area reviews their individual Business Continuity Plan on an annual basis.

We are signed up to alerts for the Met Office weekly cold weather, the Humber Local Resilience Forum and North Yorkshire Local Resilience Forum and monitor travel information as part of its winter preparedness and aids communications to staff.

We have four wheel drive vehicles across the organisation, some of which are an integral part of operational teams and of those vehicles based at our Trust Headquarters these are available for use 24/7 in times of challenging weather.

4.5 Infection Prevention and Control (Including Gram-Negative Blood Stream Infection (GNBSI) reduction)

Bloodstream infections continue to be a major cause of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infections in healthcare settings (e.g. Meticillin-Resistant Staphylococcus Aureus 'MRSA' and Clostridium Difficile 'C-Diff'), the rates of other Healthcare Associated Infections (HCAI) have risen. Blood stream infections due to gram-negative bacilli are noted to be a significant problem in both hospitalized and community-dwelling patients.



To address these concerns, the Government appointed a Director of Infection Prevention and Control for England to lead on the launch of an ambitious initiative in April 2017 aiming to reduce the number of Gram-negative infections by 50% by 2021. In response we have developed an action plan which details how we will contribute to the achievement of a national reduction in E.coli.

Since 2011, we are pleased to report that we have not had any cases of E.coli bacteraemia directly apportioned to ourselves. This does not mean however that we are complacent. It is known that although GNBSI cases can occur in hospitals, half of all community onset cases have had some healthcare interventions either from an acute, primary or community care provider.

As a provider of community services we are focussing initially on the ongoing care and management of invasive devices such as the urinary catheter. Patients who have urinary catheters have a high risk of developing infections such as E.coli if the catheter is not inserted or managed appropriately, left in too long or if the patients are not properly hydrated.

We have developed an action plan to support the reduction of Incidence of Gram Negative Bloodstream Infections which we are currently implementing.

We have a bowel and bladder specialist practitioner who is working with the Infection Prevention and Control Team and the educational department to ensure that all urinary catheter care management is delivered in accordance with national best practice.

The lead for infection prevention and control meets regularly with colleagues across the local health economy to share ideas and is currently in the process of discussing the feasibility of standardising practice and sharing all urinary catheter guidance across the economy.

We have participated in a national urinary catheter prevalence study which aims to enhance the understanding of the reasons for the use of the urinary catheter and to establish the efficacy of catheter passports and other strategies designed to improve catheter management.

4.6 Supporting Strategies

The Trust Board have approved the following strategies that sit alongside our 5 year strategic plan and support the achievement of our priorities:-

- Clinical Audit Effectiveness Strategy (2016-19)
- Communications Strategy (2017-22)
- Digital Plan (2017-21)
- Estates Strategy (2017-2022)
- Health Stars Strategy (2017-22)
- Infection prevention and Control Strategy (2018-21)
- Non-Medical Prescribing Strategy (2018-23)
- Our Quality Improvement Approach (2018-20)
- Patient and Carer Experience Strategy (2016-18)
- Patient Safety Strategy (2016-18)
- Primary Care Strategy (2017-19)
- Procurement Strategy (2016-21)
- Recovery Strategy (2017-20)
- Research and Development Strategy (2017-19)
- Risk Management Strategy (2016-19)
- Suicide Prevention and Self Harm Strategy (2017-19)



- Workforce and Organisational Development Strategy (2017-19)
- Freedom to Speak Up Strategy (2019-22) – subject to Board approval in March 2019.

It should be noted that a number of our key supporting strategies are due to be renewed during 2019.

All of our supporting strategies are available on the intranet or on request.

5 - Quality



We want people to receive the best possible care and be enabled to live well. Providing high quality services is central to this and ensures we continue to be a successful and innovative provider.

5.1 Our Quality Priorities

Our executive leads for quality are the Medical Director and the Executive Director of Nursing. We have a quality sub-committee of the Trust Board which is chaired by a Non-Executive Director.

Our quality priorities have been developed in consultation with carers, patients, staff and our governors.

Priority One: Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery.

2018/19 Actions	Proposed 2019/20 Actions
<ul style="list-style-type: none"> • Always ask you who you want us to share your information with • Ensure our staff are empowered to involve you • Ensure that our methods of engagement are accessible and adapted to meet the needs of our community, using a range of communication methods • Always involve you in the planning of your care 	<ul style="list-style-type: none"> • Develop clear guidance for staff in relation to carer and family involvement in care • Actively support carers groups • Involve patients and carers in assessments of the quality of care – for example peer review process and the development/review of the live dashboard • Involve patients, service users and carers more in service redesign. • Capture and share patient success stories wider than Board, to offer hope to others and also raise staff morale • Use a range of approaches to capture feedback – such as the brown paper exercise (piece of brown paper on a wall left for a couple of weeks for anyone to write comments on). • Strengthen involvement of faith leaders in the delivery of care and support to patient’s carers and families. • Provide greater access to Faith rooms • Strengthen the staff understanding of sexuality issues.



Priority Two: Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services.

2018/19 Actions	Proposed 2019/20 Actions
<ul style="list-style-type: none"> • Develop a leadership style that encourages new ideas and develops a culture of continual quality improvement underpinned by developing our approach to quality improvement • Develop the skills of our staff in relation to quality improvement and the use of technology • Embed a culture of asking ourselves “what have we done that has made a difference to our patients and carers” by utilising feedback from patients and carers in our clinical staff appraisal process • Develop a meaningful and effective approach to learning from incidents, compliments, complaints and feedback with our staff, patients and carers. • Reduce harm to our patients through taking action to reduce the incidence of pressure ulcers acquired in our care • Enhance our focus on patient safety incidents by supporting our staff to identify report and learn from patient safety incidents. 	<ul style="list-style-type: none"> • Continue to embed a leadership style that encourages new ideas and develops a culture of continual quality improvement • Continue to develop the skills of our staff in relation to quality improvement and the use of technology • Continue to embed a culture of asking ourselves “what have we done that has made a difference to our patients and carers” by utilising feedback from patients and carers in our clinical staff appraisal process • Develop and launch a ‘live’ dashboard to enable teams to triangulate learning from incidents, complaints, compliments and FFT. • Embed team level processes for using experience and incident data to improve service delivery. • Involve patients, service users and carers in quality improvement initiatives • Involve patients and carers in the thinking around developing innovative solutions to staffing pressures – peer support etc. • To continue to embed a safety culture through the launch of the patient safety strategy

Priority 3: Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS).

2018/19 Actions	Suggested 2019/20 Actions
<ul style="list-style-type: none"> • Implement the NICE guidance informed depression pathway across our Adult Mental Health Services • Roll out PROMS and CROMS across identified services within Adult Mental Health • Evaluate the effectiveness of our services using the agreed outcome measures. 	<ul style="list-style-type: none"> • Continue to roll out PROMS and CROMS across services • Develop carer related outcome measures • Develop and implement a process for utilising outcome measures in assessing the effectiveness of services. • Physical Health patient outcome to be added



5.2 Our approach to Quality Improvement (QI)

Our executive lead for Quality Improvement is our Medical Director. Our Trust Board have recently approved our Quality Improvement Strategy - Our Quality Improvement Approach (2018-22) and work has now started on our journey towards our goal of having an embedded Quality Improvement (QI) culture.

We now have a growing number of QI specialists who are developing their skills and knowledge in order to be able to roll out training within the organisation and to build our team of experts. This team will be welcoming staff, volunteers and patients alike and is already providing training to people from each of those groups.

We have also started to identify a number of projects and schemes to support and champion which will not only develop the staff and expertise across the organisation, but make a real difference to the lives of our patients, services users and carers.

During 2019/20 we will focus on further developing our capacity and capability and our culture of continuous quality improvement.

We will seek to develop our capability to support Quality Improvement by working with Quality Improvement bodies to support individual and staff training in acquiring the required technical skills. We will seek to identify and subsequently support staff who currently have the technical skills but as yet have not been harnessed as part of a program. We demonstrated through our Reducing Restrictive intervention and Suicide and Self harm work that we have the capability to deliver improvement and we will seek to scale up this work and encourage local initiatives right across the breadth of our services.

We will develop a 'culture' of continuous quality improvement (QI) at all levels. The Board has recently started to develop its own capabilities in terms of QI and will seek to develop a pledge to support others to also participate in similar initiatives. We will seek to encourage an approach where service user involvement is considered a central part of our work, and that over time, co-production will become a cultural norm. We understand developing the culture of continuous Quality Improvement will take time, effort and persistence.

Quality improvement capacity and capability will be supported and monitored through the Quality Committee with every care group required to provide updates on a regular basis on the improvement and innovation that is taking place in their service.

Our Quality Improvement Approach supports our quality priorities which will be further developed during 2019/20.



The following list of individual QI projects has been compiled from engagement that has taken place with various groups of staff through a variety of different forums. The charters have been issued to the lead for completion with support from the team as and required.

No.	Project Title	Project Lead	Link to Strategic Goals					
			Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People
A0001	Newbridges Mental Health Unit Enhanced Training Project (We're Valued)	Jonpaul Robinson	X	X		X	X	X
A0002	Digital Delivery Group: Communications Workshop – The Art Of The Possible	Iain Omand	X				X	
A0003	Improving Sexual Safety of Staff and Patients Within Mental Health Inpatient Services	Jonpaul Robinson	X	X		X		
A0004	Forum for Carers of Patients with BPSD 'Carers 4 Carers'	Dr Manorama Bhattarai						
A0005	Dual Diagnosis Pathway	Michelle Martin						
A0006	HEYHT and HFT Physical Health Pathway	Grace Gava			X			
A0007	Supportive Engagement	Jessica Slingsby and Sian Johnson	X	X			X	X
A0008	Pregnant Patient Pathway	Claire Antley	X	X	X			
A0009	Safe Wards Implementation	Abbie Moore and Jess Lowe	X	X				
A0010	ECT Video Walk-Arounds	Jon Spence	X				X	X
A0011	Quality Circle Meetings	Grace Gava						
A0012	Humber Centre Clinical Model Redesign	Mark Naylor	X	X		X	X	



5.3 Our approach to Quality Impact Assessments (QIA)

We have developed an approach to ensuring that any service change or efficiency scheme undergoes a thorough and robust quality impact assessment to ensure that we maintain high quality and safe services.

Our approach to quality impact assessment is aligned to:-

- NHS Improvement 'Developing Workforce Safeguards': Supporting providers to deliver high quality care through safe and effective staffing` October 2018.
- The Care Quality Commission well-led framework guidance (2018).
- National Quality Board guidance (2012) 'How to quality impact assess provider cost improvement plans'.

Each saving/remodelling of service provision/changes to workforce structure and/or skill mix that affects clinical services requires an impact assessment to be undertaken on quality and safety using the NHS Improvement QIA template.

The QIA must be undertaken by senior managers and senior clinicians for the service where the change applies using the QIA form. All sections of the QIA need to be completed to include the key performance indicators critical to quality that will be monitored as part of the change management process. The completed QIA needs to accompany a report detailing the case for change which must include as a minimum:

- A summary of the need for change including the evidence base (if available) which describes who has been involved in developing the new model/service change; to include co-production with patients/carers/experts by experience as appropriate.
- Any other options considered and why this is the chosen option.
- The financial implication of the change including financial impact on estates and information technology as appropriate.
- Potential benefits/risks associated with the change to include impact on achieving strategic goals/CQC fundamental standards and other national policy directives associated with the change.
- Detailed description of changes to workforce and impact on staffing (including morale and engagement), quality of service and patient experience. Where there are changes to clinical teams in terms of skill mix/staffing numbers and new ways of working within existing roles, for example, nursing associates or apprenticeship frameworks these changes must be informed by a comprehensive assessment using evidenced-based tools and a QIA. The approach used must be described in the case for change report.

Once completed this should be submitted to the relevant clinical lead and manager lead for the service for review and sign off prior to submitting to the Chief Operating Officer for review and sign off.

Final sign off is required by the following Executive members:

- Director of Finance
- Director of Nursing
- Medical Director

All QIAs undertaken where mitigating plans are required to manage risks will be entered onto the appropriate Risk Register and will be managed, monitored and reported in line with the Trust Risk Management Policy and Procedure.



5.4 Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. This means that a proportion of our income depends on us achieving quality improvement and innovation goals, agreed between us and our commissioners.

The main aim of the CQUIN framework is to ensure improvements in the quality of NHS services and therefore provide better outcomes for patients, which aligns with our six strategic goals.

Our CQUIN scheme for 2019/20 is currently under negotiation, in line with national guidance.

5.5 Learning from Serious Incidents, Deaths and National Investigations

We have robust governance arrangements in place to investigate serious incidents within the Trust. Our Clinical Risk Management Group (CRMG) is jointly chaired by our Medical Director and Director of Nursing and reports to the Quality sub-committee which is chaired by a non-executive director.

Any learning from national investigations and national publications are discussed in our public Trust board meeting and a lead executive director is assigned to lead these pieces of work and provide feedback to the relevant sub-committee and also our Trust Board. During 2018, our Trust Board have received reports on the National Confidential Enquiry into Suicide and Self Harm and the CQC report on sexual safety on inpatient wards. The Board also received reports following the Gosport War Memorial Hospital and actions regarding the use of syringe drivers and prescribing at our community hospital which was also supported by Chief Pharmacist.

6 - Our Workforce



Our executive lead for workforce is the Director of Human Resources and Diversity. We have also recently established a workforce sub-committee reporting to the Trust Board which is chaired by a Non-Executive Director.

Our Workforce and Organisational Development Strategy gives consideration to Health Education England's Workforce report, 'Facing the Facts', 'Shaping the Future – a draft health and care workforce strategy for England to 2027' and also aligns to the delivery of the NHS Five Year Forward View.

The focus of the Workforce and Organisational Development Strategy is built around 4 key strategic priorities:-

- Healthy Organisational Culture
- Capable and Sustainable Workforce
- Effective Leadership and Management
- Enabling Transformation and Organisational Development

Our priorities will ensure that we have the right number of staff with the right skills available to deliver high quality patient care through direct clinical care or in a supportive capacity, ensuring the alignment against new models of care.



We face a number of challenges, many at a national level, in terms of the ability to recruit to medical, clinical and allied professional roles; this is further compounded by the financial pressures facing NHS organisations. At a local level there are challenges in terms of geographical location and an ageing workforce.

We have recruitment and retention plans in place to support the recruitment of our most hard to recruit to roles and a retention plan to respond to and understand the reasons staff leave the organisation. We are working with other mental health providers within our geographical area to review the feasibility of attracting new staff from overseas with a particular focus on hard to recruit roles for example registered nurses and medical staff.

One of our key challenges is the recruitment, retention and availability of qualified nurses, which is especially challenging with an ageing workforce, with retirement accounting for the highest reason for employees leaving the profession. We encourage staff to retire and return and about a third of our staff currently retiring stay with our organisation in either a substantive, temporary or bank role. There is the potential for us to lose a significant number of our qualified nursing workforce over the next five years due to retirement.

To address this, we work closely with the universities offering placement opportunities to support and encourage newly qualified nurses into the organisation. We intend to fund, through the apprenticeship levy, opportunities for career development for existing non-qualified staff to gain a degree in nursing to become registered nurses. Work is underway to increase the number of careers events that we attend at universities, with a view of encouraging newly qualified staff to join our organisation. It should be noted however that due to the supply of nursing staff, we are not alone in trying to attract staff into our organisation. In addition to registered nurses, we will continue to deliver a programme over the next five years to introduce the Nursing Associate role. We are looking at opportunities to retain our workforce, in particular those eligible to retire and are offering flexible and part-time opportunities and exploring alternative roles to retain knowledge and experience.

We recognise there are opportunities to promote roles within the Humber region and the wider NHS through careers events at local schools and colleges and there are already strong links in place with local schools. There is currently a successful medical work experience scheme.

We will continue to promote our apprenticeship scheme with opportunities for career development starting with an entry level scheme for those new to the organisation and will include nursing apprenticeships and development opportunities, linked to formal qualifications. We will be exploring opportunities for new apprenticeships within allied health professional roles such as occupational therapy. We currently have a high number of health care assistant vacancies and are developing plans to address this.

As part of the future workforce plan, there will be new roles at Band 4 level for Associate Practitioners across the organisation to support our qualified workforce and there will be opportunities for development to Advanced Clinical Practitioner level. We will expand the number of Advanced Clinical Practitioner roles and continue to support develop opportunities in this area.

We will continue to work with Health Education England and our local commissioners to ensure that we are able to support the national expansion programme for improving access to therapy services (IAPT) and that we have the appropriate number of staff.

We have commenced our recruitment programme to the CAMHS inpatient unit which will include a variety of clinical and non-clinical roles and the number of roles is expected to be between 55 and 60.



There will continue to be a focus on staff health and wellbeing, identifying new initiatives to support staff, to manage sickness absence, with the aim of reducing sickness absence.

The workforce plan will be adapted and modified to meet the budget challenges facing our organisation and it is expected there will be a re-alignment of roles, redeployment opportunities, new skills mix and new roles.

We will continue to roll out a new eRostering system, supported by an externally resourced project to review and manage progress to ensure that rosters are fair, effective and efficient and that staff can be utilised flexibly to respond to changes in acuity and demand.

We have robust processes to improve compliance with agency price and wage caps and the new requirements set out by NHS Improvement to eliminate the sub-optimal use of agency staff. We are also exploring ways of reducing medical locum expenditure and a possibility of collaborating on a staff bank for medical locums.

As new models of care emerge, workforce transformation will be critical to ensuring increased productivity and improved health outcomes. Clear and consistent staff engagement will help ensure that staff understand what is required of them in terms of mind set, values and behaviours, supporting them to work confidently across organisational boundaries and work to the full limits of their competence/professional registration. Development activities will be aligned with emerging new models of care to equip staff with the right skills and competencies.

As part of our overall operational plan submission to NHSI, a detailed workforce template has been also submitted which shows our predicted workforce numbers and roles for 2019/20 needed to meet our workforce commitment.

6.1 Improving Our Staff Health and Well Being

Our staff are our most important asset in providing high quality, safe patient care to our patients. We want to build on the work that we have developed during the last 12 months in supporting our staff's health and wellbeing. We have a Staff Charter and are continuing to develop new ways of being able to demonstrate how we truly value our staff's dedication and commitment. We will continue to hold staff awards events locally but also look to how we can support our staff to share their innovative work on a more regional and national basis. We want to continue to demonstrate how we are working within our values of caring, learning and growing.

Our staff health and wellbeing forum is becoming more established and we are looking at different initiatives to improve staff's working lives. We need to continue to develop ways to improve staff engagement and to ensure that staff's views are heard in developing services.

We have a Health and Wellbeing working group that is chaired by the Trust's Director of Psychology and a programme of work that is sponsored by the Chief Executive.

6.2 Developing Our Staff - "Our PROUD programme"

As part of our ongoing commitment to our staff we have developed a programme of organisation development which is called "PROUD – a programme of organisational development with U at the heart of it". This programme will expand on our current leadership development offer. The programme will continue to see investment in both middle and senior managers, with various initiatives including mentoring and coaching support. There will also be a process to identify and supporting talent within the Trust, as well as an expansion of the current Leadership Forum and action learning sets.



6.3 Our Staff Survey Results for 2018

We were pleased to see a significant improvement in the staff survey scores in 2018, with over 78% of responses seeing an improvement against 2017 results. This included an increase in all the questions used to measure staff engagement and staff satisfaction. We still have work to do on a range of areas and we will continue to take this forward working closely with our staff during 2019.

7 - Financial Plan



Our executive lead for finance is the Director of Finance who ensures that we have established robust financial and management accounting systems. We have a sub-committee which is chaired by a non-executive director.

The 2019/20 financial plan is based on current financial performance, national planning guidance, NHS Improvement Control Total and ongoing contract negotiations with commissioners.

The Plan submitted is on the basis of accepting the Control Total, a decision which is dependent on the Trust being in receipt of Mental Health Investment Standard Funding to replace lost PSF, which was agreed with NHS Improvement.

A summary of the key financial headlines for the plan are detailed in the table below.

7.1 Financial Summary

	2018/19 Forecast (£m)	2019/20 Plan (£m)
Income and Expenditure		
Income	128.229	128.934
Operating expenditure	122.004	123.590
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	6.225	5.344
EBITDA %	4.91%	4.15%
Net Surplus/(Deficit)	0.501	(0.350)
Net Income and Expenditure Margin %	0.39%	-0.3%
Other Key Financial Information		
PSF/FRF	2.012	1.343
Year-end Cash Balance	8.900	9.5
Agency Ceilings	2.828	2.891
Use of Resource Assessments	1	2

We operate in an environment of rising costs, increased expectations and increasing demand, all of which present financial challenges for us.

7.2 Planning Assumptions

The most significant cost to us is pay, and assumptions which underpin the plan are in the table below.

	2019/20
Income Inflator	3.8%
Income Deflator	(1.1%)
Pay Award (Variable)	1.1%- 13.09%
Incremental Drift	0.3%
Non Pay Inflation	-



7.3 Control Total And Sustainability Transformation Funding

	2018/19 Plan (£m)	2019/20 Plan (£m)
Control Total – Surplus/(Deficit)	1.151	(0.350)
PSF/FRF Funding	2.012	1.343

7.4 Current Contract Situation

We have yet to finalise contract values with our main commissioners, contract type and length for the main contracts we hold are summarised in the table below:

Contract Name	Contract Type	2019/20 Phase
NHS Hull and East Riding CCG (Mental Health, Learning Disability and Community Services)	NHS Standard Contract + Collaborative Commissioning Governance Arrangements	Under negotiation
NHS England Specialist Commissioning	NHS Standard Contract	Under negotiation
NHS Hambleton, Richmondshire and Whitby CCG (Community Services)	NHS Standard Contract	Year 4 of 7 plus 2)
NHS Scarborough and Ryedale CCG (Community Services) (Due to commence on 01/05/2018)	NHS Standard Contract	Year 2 of 5 plus 2

7.5 Collaborative Commissioning Arrangements

For the NHS Hull and East Riding CCG contract in 2018/19, we maintained the standard NHS contract but enhanced its delivery with Collaborative Commissioning Arrangements with the commissioners. This ensured that key system partners were committed to work together to not only deliver the agreed contract, but to closely monitor it and adapt to any unexpected variations.

It is expected to continue with this arrangement in 2019/20.

7.6 Procurement

Procurement will continue to move forward with the key objectives outlined in our Procurement Strategy. We intend to develop further work on key spend areas, where appropriate reducing the range and variety of goods and working with other public sector stakeholders to develop economies of scale and improved terms for us and for the NHS.

We continue to work with our colleagues to deliver significant projects on time and within budget integrating new services to our procurement model to ensure earliest transition and benefits are accrued at the earliest possible opportunity.

7.7 Budget Reduction Strategy 2019/20 to 2021/22

Given the current economic climate that we operate in, a challenging Budget Reduction Strategy (BRS) savings target of £5.550m is required to achieve the control total offer from NHSI. This position is being considered by The Trust and NHSI in its negotiations over the Control Total. We have a strong track record in the historic delivery of BRS (formerly Cost Improvement Programme CIP) savings, however the delivery of recurrent plans at the required level is becoming increasingly challenging and the figure of £5.550m is seen as a



risk. The Trust has requested that a further £0.700m is transferred to it from CCGS in line with the Mental Health Investment Standards which will offset the loss of PSF funding from 2018/19. This would mean a target of £4.850m of which current total saving schemes total £4.440m.

The current GAP of £0.410m could be mitigated by use of the Trusts Contingency budget which stands at £0.750m.

All BRS proposals go through a robust internal assessment process providing a high level of transparency with our main commissioners, governors, members and the public whilst ensuring any budget reductions will not impact adversely on the quality of our services.

Monitoring and tracking of progress of the delivery of BRS schemes is undertaken by the Programme Management Office, with reporting of savings undertaken at Care Group Business Meetings and at the organisation-wide Operational Performance and Risk Group, which are formal sub groups of the Operational Management Group.

The level of anticipated budget reduction required is as follows:

Care Group	Net Base Budget (£m)	2019-20 Target Saving (£m)	2020-21 Target Saving (£m)	2021-22 Target Saving (£m)
PCCCLD	38.222	0.573	0.573	0.573
Mental Health	35.574	0.534	0.534	0.534
Specialist	8.353	0.125	0.125	0.125
Subtotal	82.149	1.232	1.232	1.232
Corporate Services	21.813	0.327	0.327	0.327
		1.5%	1.5%	1.5%
Trust Wide Major Schemes		2.881	1.130	0.0
Grand Total	103.962	4.440	2.689	1.559
	%	3.3%	2.6%	1.5%

Budget Reduction Strategies (BRSs) in the table relate to:-

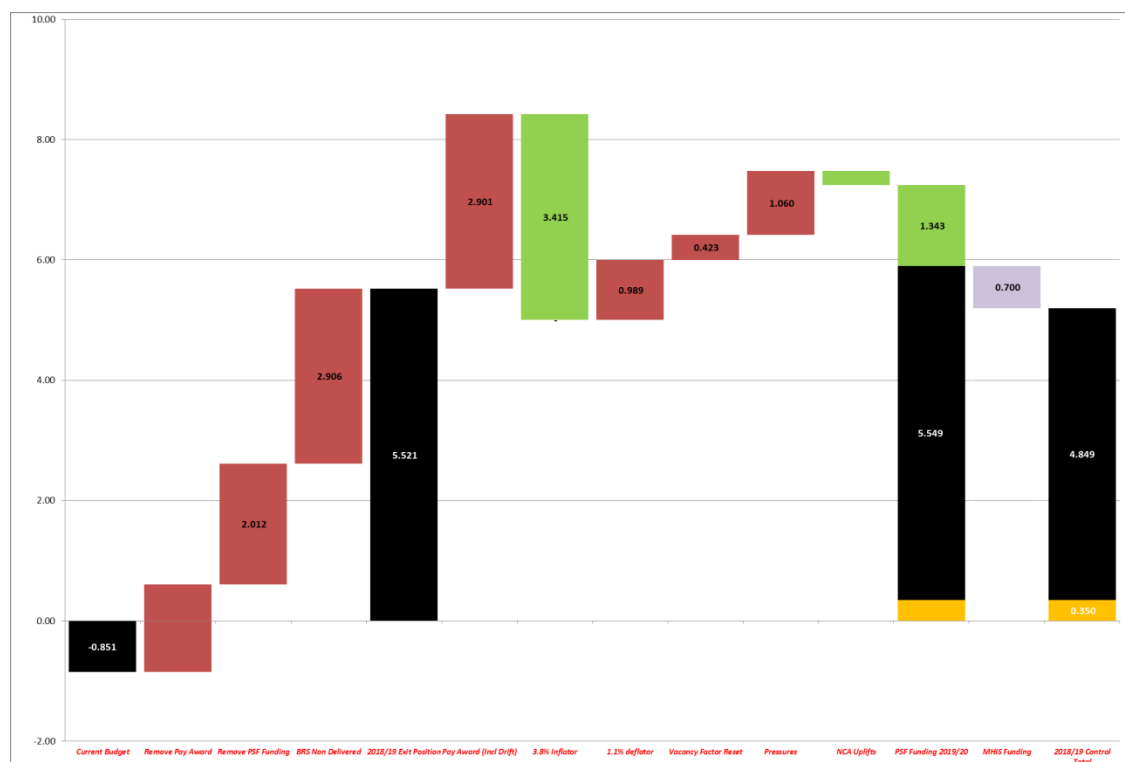
1. CAMHS Tier 4
2. Operational Services restructure
3. Forensic Outreach Service
4. Adult Mental Health Out of Area Rehabilitation Service.
5. Scarborough & Ryedale Community Services Phase 2 model
6. TCS realisation of benefits
7. Restructure of services in Whitby
8. Restructure of Rotas within Inpatient units
9. Service staffing restructures
10. Non pay savings from the introduction of agile working in community teams
11. Additional activity based income
12. Enhanced packages of care.



7.8 Summary Chart

The Waterfall diagram below demonstrates how we have moved from a £0.851m planned surplus in 2018-19 (including donated asset depreciation) to a £0.350m deficit position in 2019/20.

Planning assumptions included the removal of any underachieved BRS, allowance made for Pay Award and incremental Drift, net effect of the Budget Reduction Strategy (Pressures and Savings) and assumptions around Mental Health Investment Standard Funding from the CCG's.



7.9 Capital Plan 2019/20

All routine planned capital expenditure will be funded from depreciation with schemes prioritised to support our strategic direction. The most significant schemes for 2019/20 are included in the table below.

Major Schemes for 2019/20 include £2.12m to provide a CAMHS inpatient unit, this was part of 2018/19 plans but has been deferred due to slippage in the NHS England procurement timeline. Also included is £1.5m (subject to securing external capital finance) for stage 1 of the Specialist Services Estate redevelopment. In addition to this the Trust is the lead authority in terms of the Yorkshire and Humber Local Health and Care Digital Exemplar (LHCRE) to enable patient care records to be shared securely across the region.



	2019/20 £m
Schemes from Internal Generated Capital	
Clinical Environment Risk Works	0.100
Rolling Maintenance Programme	0.350
Estates Strategy Delivery	0.100
IT/Mobile Working	0.700
Professional Fees (Incl IT)	0.320
King Street Clinic Expansion	0.267
To be prioritised	1.163
Subtotal from Internal Funded Schemes	3.000
Major Schemes	
CAMHS Inpatient provision	2.121
<i>Specialist Services Estate – Phase 1</i>	1.5
LHCRE	4.350
Subtotal Major Schemes	7.97

7.10 Significant Financial Risks

Major risk to our financial sustainability and our ability to deliver the 2017-18 and 2018-19 financial control totals are summarised in the following table.

Risk	Details
Contract Negotiation	Contract Values have not yet been secured with commissioners
Demographic Growth	Failure to secure demographic growth in line with STP and Five Year Forward View planning assumptions
Agency	Failure to maintain agency spend within capped levels
Budget Reduction Strategy	Failure to deliver the budget reduction strategy or identify schemes to close the current gap

8 - Membership



As an NHS Foundation Trust, we are accountable to our membership. Members have an opportunity to hold us to account through elected Governors who represent the views of the membership at the highest level within the organisation. The Board takes account of those views when planning strategy.

In order to develop and deliver an effective strategy, it is important that the views are representative of the local population and based on knowledge or experience of a service, proposal or healthcare condition.

We have 13,368 public members, 2,547 staff members and 71 carer members.

Our membership 'offer' is now more inclusive, bringing together service users, carers, volunteers and local communities under one membership umbrella and offering greater opportunities for engagement through events planned across our whole organisation.

Our Governors have an essential role to play in running our organisation. They hold our non-executive directors to account for the performance of our executive directors, who are in charge of our day-to-day running.



Our Governors also represent the views of our thousands of members and the public, and do so, at least in part, by attending our quarterly Council of Governors’ meetings.

Our Governors are encouraged to play an increasing role in engaging our members in recruitment and engagement, particularly those who use our community services.

We will be looking at how we can align Governor and membership activities with key service development changes to ensure local communities are signposted to new services and have an opportunity to produce feedback on existing ones.

9 - Risks



There are currently 4 risks reflected on our Trust-wide risk register which will impact on our ability to deliver this operational plan. The current overall Trust risk position is reviewed by the Trust Board on a regular basis and is reflected in the table below.

Table 1 - Trust-wide Risk Register (current risk rating 15+)

Risk Description	Initial Rating	Current Rating
FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	25	20
HR32 – Nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	20	15
HR33 – Inability to retain appropriately qualified, skilled and experienced clinical workforce.	15	15

10 - Performance Management of the Operational Plan



We want to ensure that our plan is realistic and achievable and delivers real improvements to patient care, whilst maintaining our financial position and addressing national policy and local priorities.

We have set ourselves some stretching targets to achieve as part of our overall long term strategy and it is important that the work completed in 2019/20 contributes to this achievement.

It is important that our Trust Board has an overview on how we are performing against the plan and will receive regular updates on the progress being made against our plan. The Board will also receive the Integrated Quality and Performance Tracker (IQPT) to give an update on performance against the key performance indicators together with the finance report which will show the financial position on a monthly basis against the plan. These will also be robustly monitored by the sub-committees that serve the Board.



Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 27 th March 2019			
Title of Report:	Humber Teaching NHS Foundation Trust Freedom to Speak Up Vision and Strategy (2019-2022)			
Author:	Michele Moran Chief Executive and Executive Lead for Speak Up Alison Flack, Freedom to Speak Up Guardian			
Recommendation:	To approve	√	To note	
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To present the final draft of the Trust’s Freedom to Speak Up Vision and Strategy (2019-2022) for approval by the Trust Board.			
Key Issues within the report:	<p>The Freedom to Speak Up Vision and Strategy has been developed using guidance from the National Guardian’s Office (NGO), the NHSI self assessment tool and other examples of good practice. The Trust Board have completed the NHSI self-assessment tool on two occasions and will review again in June 2019.</p> <p>The draft speak up vision and strategy has been discussed by the Trust Board at its meeting in January 2019 and also with the staff governors, together with a number of Trust staff who contributed via the Deputy Guardian’s visits to their bases. The main feedback received was to keep the strategy simple and easy to understand.</p> <p>The Board are asked to review and approve the final draft strategy.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals					
√	Innovating Quality and Patient Safety				
√	Enhancing prevention, wellbeing and recovery				
√	Fostering integration, partnership and alliances				
√	Developing an effective and empowered workforce				
√	Maximising an efficient and sustainable organisation				
√	Promoting people, communities and social values				
Have all implications been considered?	Yes	Yes Detail	in	N/A	Comment



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

Humber Teaching NHS Foundation Trust

Freedom to Speak Up Vision and Strategy (2019-2022)

Purpose

Following the Mid-Staffordshire Inquiry, Sir Robert Francis published a report in 2015 that highlighted the importance of cultures that embrace transparency and support raising concerns to improve patient safety. This report provided recommendations for NHS Trusts, supported by the National Guardian's Office and is now included in the NHS Contract which is monitored by the Care Quality Commission (CQC). The CQC assess a Trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question.

Consistent and strong leadership and a developing culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes will help to support our strategy.

Our Vision

We will all work together to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

Our Values

Our Freedom to Speak Up Strategy supports our Trust Strategy (2018-23) and is underpinned by our core Trust values :- "Caring, Learning and Growing".

Our Strategy

We will prioritise the following actions to deliver our vision.

- Ensure that all staff are aware of their obligations as advocated by Freedom to Speak up.
- Provide regular and diverse communication to ensure that everyone is aware of how they can speak up.
- Ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- Ensure monitoring and evaluation of the number and nature of concerns is timely and supported by appropriate governance.
- Ensure that key learning related to concerns are articulated to all in an open and transparent manner, while respecting confidentiality.

- Ensure feedback is obtained concerning staff's speak up experience to enable continuous improvement.
- Provide regular monitoring and review of policies relating to speaking up.
- Ensure we fully meet and can evidence the expectations outlined in the National Guardians Office and NHS Improvement self review tool.
- Regularly review the national case reviews to ensure that any recommendations and learning are implemented, where appropriate.

What are the specific Freedom to Speak Up roles in our Trust?

It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both positive and negative feedback from all who use and work within our services. This feedback is used to inform future strategies to support our continual learning and improvement. Every member of our staff has a role to support a freedom to speak up culture. The following roles have specific responsibilities in relation to speaking up.

- Chief Executive and Chairman
- Executive Director responsible for Freedom to Speak Up
- Non-Executive Director responsible for Freedom to Speak Up
- Medical Director and Director of Nursing
- Freedom to Speak Up Guardian and Deputy Guardian

How will we monitor and measure our progress in our Trust?

We will use the following information to monitor our achievement against the strategy.

- Annual Staff Survey Results with particular emphasis to the key areas of question focused on staff reporting concerns and feeling that they are treated fairly.
- Grievances
- Exit interviews
- Retention figures
- Feedback on issues raised through the FTSU Guardian.
- Bullying and harassment reports.
- Serious incidents
- Issues raised to the Care Quality Commission
- Incident reporting
- National benchmarking data from the National Guardian's Office.

How will progress against our strategy be reported?

A Freedom to Speak Up bi-annual report will be presented to the Trust Board by the Freedom to Speak up Guardian and the Executive Lead for raising concerns. It will include qualitative and quantitative information and other information that enable the

Trust Board to fully engage with speak up to understand the issues that have been identified and received assurance about the actions being taken.

The information will include the number and type of cases being dealt with through the Guardian, an analysis of the trends, including whether the number has increased or decreased. It will also include information of any instances where people who have spoken out may have suffered detriment and recommendations for improvements.

How will we know we have made a difference?

The indicators that will demonstrate we have made a difference in achieving our vision is as follows:-

- Improvement in staff survey responses in targeted speak up questions.
- Speak up concerns have satisfactory outcomes.
- Positive feedback is received from staff who speak up.
- Patient complaints and concerns reduce due to proactive intervention prompted by staff speaking up early.

Review

This strategy will be reviewed in March 2020.

Financial Year
2018-19

INTEGRATED BOARD REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.



Reporting Month:
Feb-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: **Feb 2019**

Purpose This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.

What are SPCs? Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
 SPC tells us about the variation that exists in the systems that we are looking to improve.
 S – statistical, because we use some statistical concepts to help us understand processes.
 P – process, because we deliver our work through processes ie how we do things.
 C – control, by this we mean predictable.
 SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

Strategic Goal 1	Innovating Quality and Patient Safety	Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery	Strategic Goal 5	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances	Strategic Goal 6	Promoting people, communities and social values

Key Indicators The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
Goal 1	Healthcare Associated Infections	Total number of HCAI cases reported in the Trust for MRSA, C.Diff and E.Coli
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:

Feb 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 - Budget Recovery Strategy	Review of the cost improvement variance against plan
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 5	Finance - Staff Costs against Plan	Review of the variance of the planned and actual staff costs (£000's)
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Incidents

Total number of incidents reported on Datix

Executive Lead
Hilary Gledhill

KPI Type

IQ 6

Narrative

above Upper Control Limit

UCL: 731

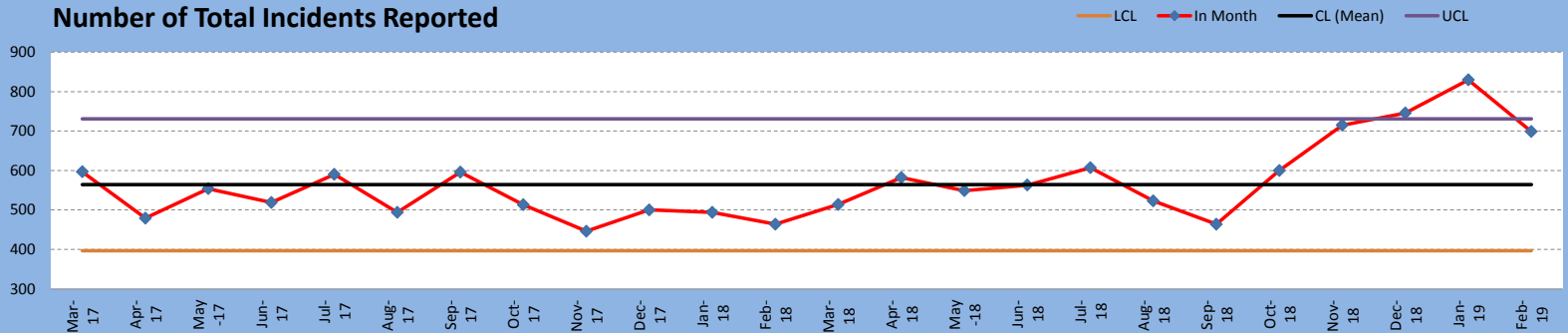
LCL: 397

Current month stands at 699

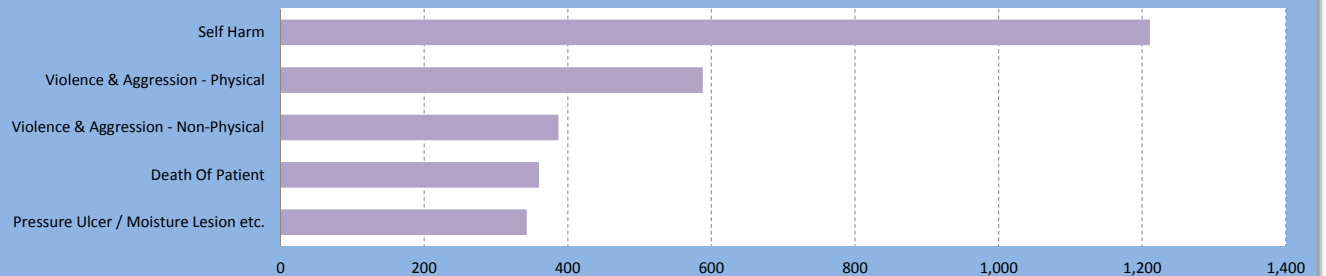
Top 5 Themes

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

Number of Total Incidents Reported



Top 5 Themes



Exception Reporting and Operational Commentary

The highest number of incidents (83%) continue to occur in the self harm category (self ligatures, not to a fixed point), all which resulted in either low or no harm and relate to a small number of complex patients. Multi-disciplinary professional meetings continue to be held to ensure robust management plans are in place for the patients affected. This appears to be having a positive impact on incidences of self ligatures as they have reduced by 60.4% between January and February 2019.

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. There was an issue with reporting mechanisms for November/December which has now been rectified. This shows an increase in the number of incidents reports in the charts from this point. There are also plans to include data split by level of harm in 2018/19.

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

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

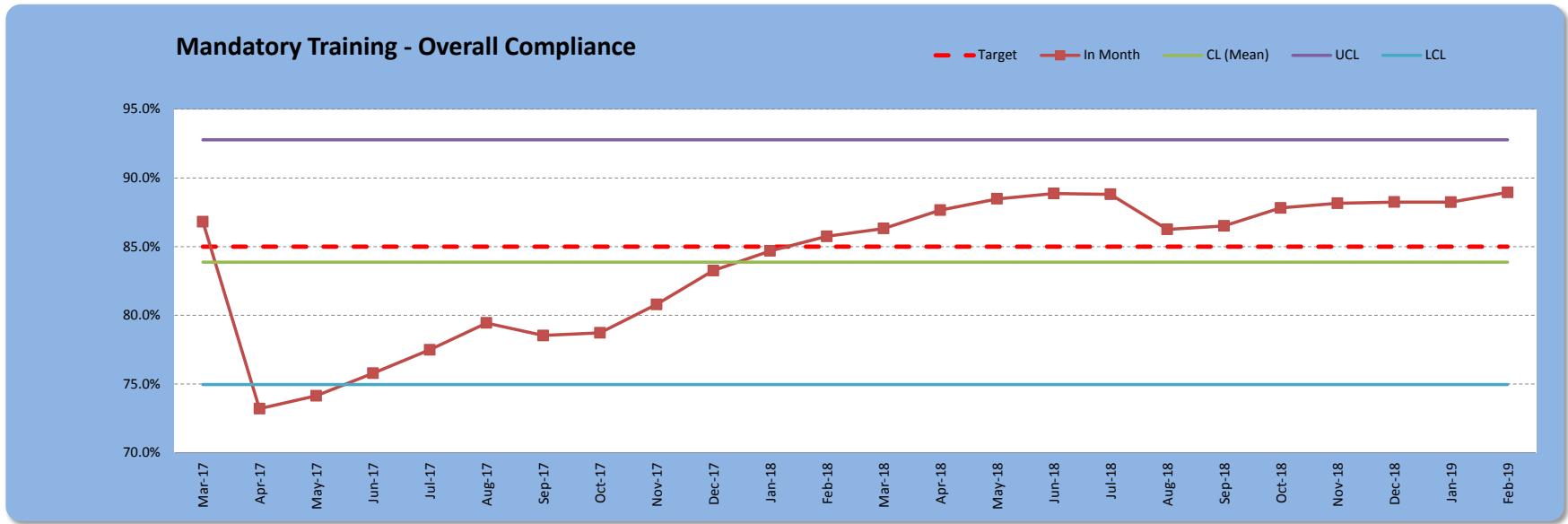
KPI Type
WL 5

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 88.9%



Exception Reporting and Operational Commentary

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

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (MAPA 84.80% IG 90%, ILS 77.9%, MHA 80.9%). With two red (PATS 69.9% and BLS 73.6%)

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Vacancies (WTE)

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

Executive Lead
Steve McGowan

KPI Type

WL 2 VAC

Narrative

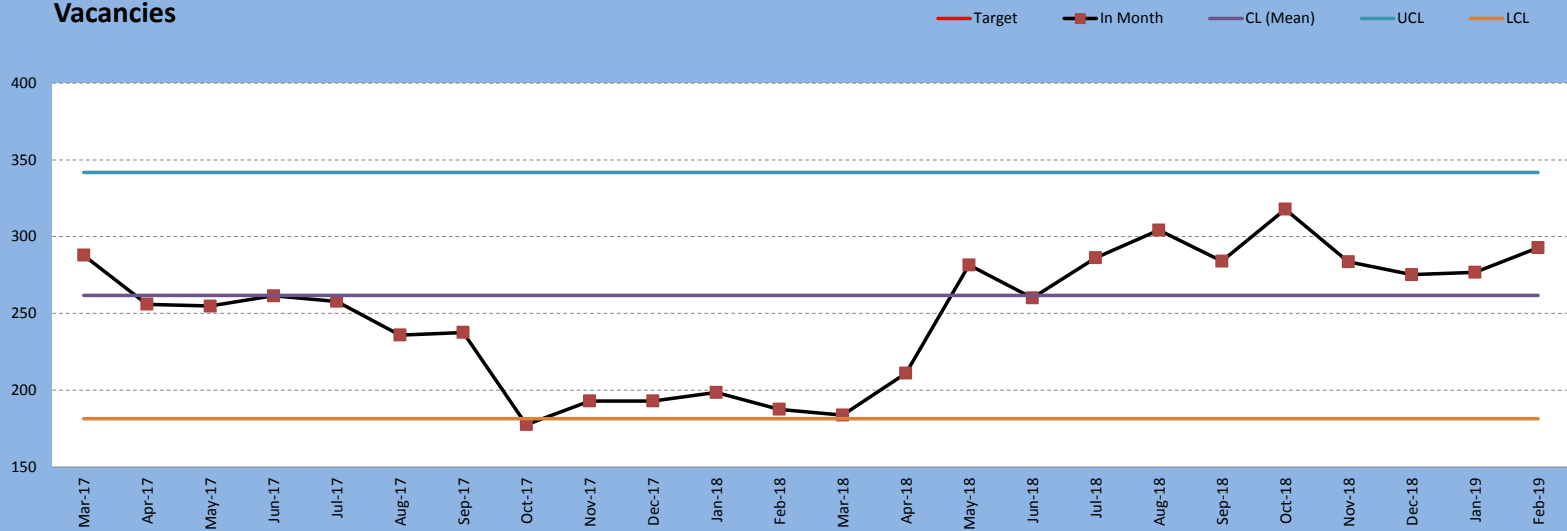
within control limits

Target: TBC

Amber: TBC

Current month
stands at
292.8

Vacancies



Exception Reporting and Operational Commentary

The process for advertising a vacancy has been streamlined and 37 roles are currently out to advert on NHS jobs and other media. Work has commenced on the 'hard to fill roles' recruitment plan. The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position. A student nursing event will take place to offer opportunities to newly qualified nurses.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 28/02/19
 Corporate 56.7 (11.53%)
 Mental Health Services Care Group 96.1 (10.94%)
 Primary Care, Community, Children's and LD Services 103.8 (10.38%)
 Specialist Services 36.2 (14.02%)
 Total 292.8 (11.14%)

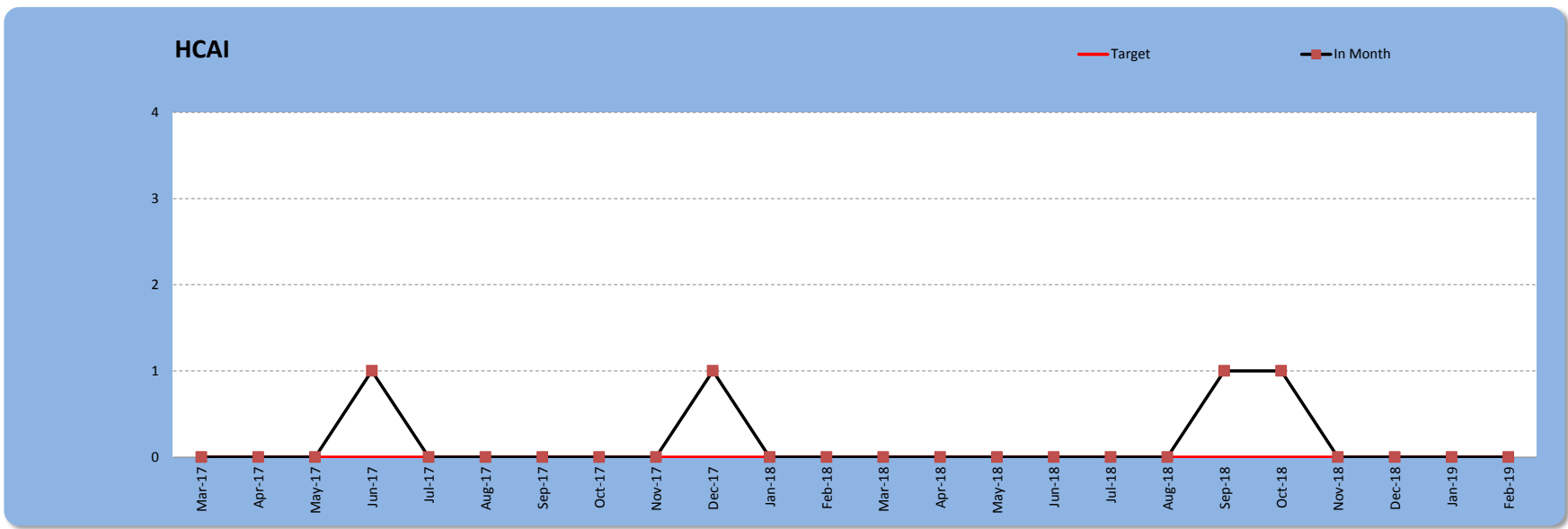
PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Healthcare Associated Infections	Total number of HCAI cases reported in the Trust for MRSA, C.Diff and E.Coli	Hilary Gledhill	HCAI

Narrative	
Within YTD tolerance	
YTD Target:	4
Amber:	1
Current month	0
YTD	2



Exception Reporting and Operational Commentary

There is no target set in the contract for Malton and a target of a maximum of 4 C.Diff cases per year for Whitby. All the cases reported in the chart above relate to C.Diff cases.

No cases to report for February.

Business Intelligence

SPC charts are not used for this indicator due to the low number of cases.

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 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

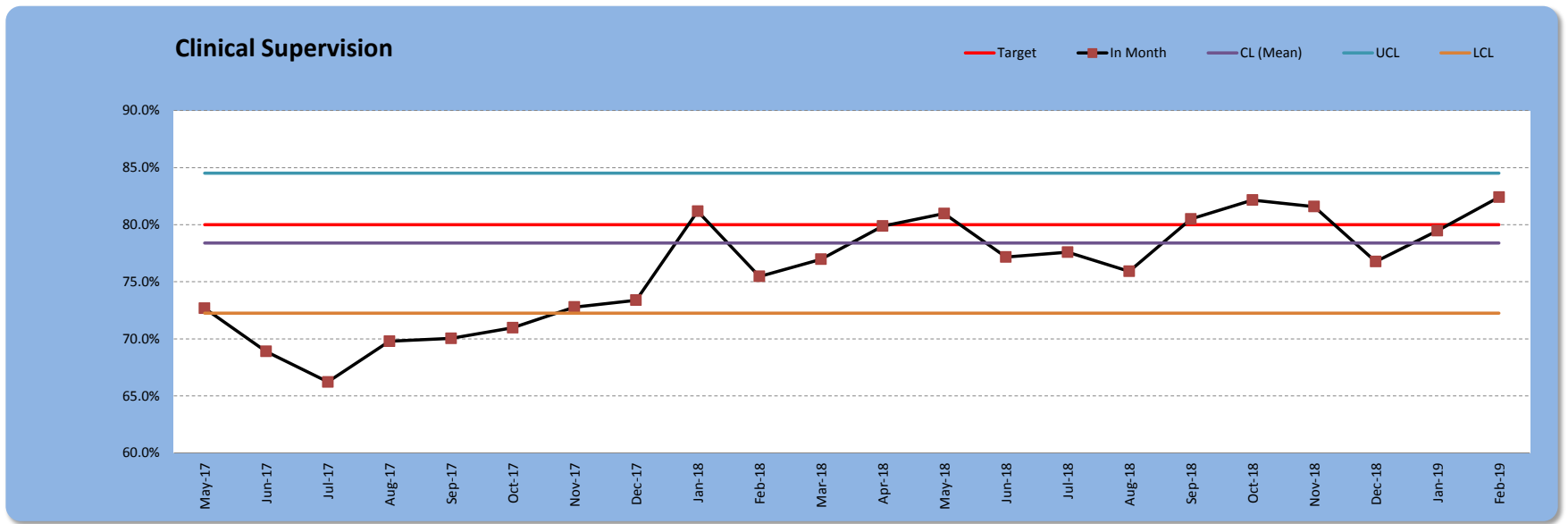
KPI Type
WL 9a

Narrative

Increase in achievement and above target

Target: 80%
Amber: 75%

Current month stands at 82.4%



Exception Reporting and Operational Commentary

We have seen an overall continuing improvement across the past 18 months and an improvement through January and February following a dip in December. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting.

Undergoing external audit as identified as the Trust's Local Indicator

Business Intelligence

Clinical Supervision data was not collected prior to April 2017 so is not able to be shown in the chart above prior to that date. The mean average and the Upper and Lower Control limits therefore are based on data points since this date (22 data points).

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:	2018-19
Reporting Month:	Jan-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 (YTD 2018-19)				STAFF QUALITY INDICATORS				Indicator Totals				
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-18	Jan-19
Adult MH	Avondale	Adult MH Assessment	25.8	68%	15.10	25.4%	↑	1.1%	↓	93%	92%	91%	114%	1	16	0	4	100.0%	86.8%	81.8%	87.5%	88.0%	1.6%	-1.9	1	1
	New Bridges	Adult MH Treatment (M)	37.2	96%	8.48	18.6%	↓	0.0%	→	95%	90%	97%	98%	2	34	0	3	92.1%	96.5%	100.0%	81.8%	86.0%	15.3%	-2.3	1	2
	Westlands	Adult MH Treatment (F)	35.8	94%	8.39	31.8%	↓	1.6%	↓	78%	96%	71%	112%	10	43	0	5	88.9%	87.7%	73.3%	95.0%	87.5%	8.3%	-1.4	2	3
	Mill View Court	Adult MH Treatment	27.8	94%	8.35	20.4%	↓	0.0%	→	101%	96%	101%	97%	1	22	0	10	96.2%	93.0%	92.3%	93.3%	93.3%	4.8%	-1.1	1	1
	Hawthorne Court	Adult MH Rehabilitation	30.0	41%	13.87	20.8%	↑	0.0%	→	76%	93%	100%	104%	2	7	0	4	85.2%	86.0%	90.0%	94.4%	75.0%	9.0%	-1.2	1	1
	PICU	Adult MH Acute Intensive	25.7	62%	19.34	37.7%	↓	1.0%	↑	76%	174%	92%	137%	2	162	0	1	92.3%	88.7%	64.3%	73.3%	79.3%	9.4%	-1.8	3	2
OP MH	Maister Lodge	Older People Dementia Treatment	34.6	100%	11.66	14.6%	↑	0.0%	→	68%	128%	101%	99%	14	76	0	73	67.6%	83.4%	76.9%	72.0%	90.0%	5.5%	-1.1	3	4
	Mill View Lodge	Older People Treatment	24.2	100%	11.73	10.1%	↑	0.0%	→	91%	86%	100%	100%	0	9	0	27	88.0%	94.2%	93.3%	91.7%	96.3%	3.4%	-1.8	3	1
Specialist	Darley	Forensic Low Secure	22.4	100%	10.51	15.3%	↑	0.0%	→	81%	89%	93%	92%	0	10	0	1	95.0%	92.4%	100.0%	70.6%	87.5%	16.3%	-1.5	4	2
	Bridges	Forensic Medium Secure	51.0	88%	9.83	1.0%	↑	0.0%	→	75%	89%	95%	121%	6	12	0	0	57.7%	91.5%	95.0%	80.6%	83.3%	18.4%	0.0	3	2
	Swale	Personality Disorder Medium Secure	27.8	57%	16.87	33.2%	↑	0.0%	→	114%	89%	110%	142%	4	7	0	2	92.6%	93.5%	100.0%	93.8%	86.7%	6.9%	-2.0	1	1
	Ullswater	Learning Disability Medium Secure	27.6	100%	12.40	26.4%	↑	0.0%	→	68%	124%	101%	94%	3	9	0	9	100.0%	96.7%	88.9%	94.7%	100.0%	3.9%	-1.9	3	2
LD	Townend Court	Learning Disability	40.6	49%	28.75	29.3%	↓	0.0%	→	60%	109%	93%	107%	0	96	0	6	94.7%	93.8%	64.3%	96.2%	88.4%	4.4%	1.1	3	2
	Granville Court	Learning Disability Nursing Treatment	40.6	Not Avail	0.00	33.7%	↓	0.0%	→	109%	91%	105%	103%	1	2	0	3	96.0%	85.6%	90.0%	74.3%	82.4%	10.9%	-1.4	1	1
CH	Whitby Hospital	Physical Health Community Hospital	35.4	80%	7.97	49.7%	↓	0.0%	→	103%	83%	100%	97%	18	13	0	49	84.6%	78.8%	47.4%	50.0%	84.6%	7.6%	-2.9	5	3
	Malton Hospital	Physical Health Community Hospital	30.9	88%	7.24	Not on eRoster	→	Not on eRoster	→	88%	97%	100%	97%	0	0	0	9	55.3%	79.6%	76.5%	86.4%	89.7%	3.6%	-2.8	2	1

Exception Reporting and Operational Commentary

ILS training on Westlands has improved this month but registered fill rates on nights, OBD and sickness has contributed to an overall dip in performance from December. Whilst Whitby continues to underperform against a range of staff quality indicators there is improvement noted this month with a shift from 5 red flags to 3. A development plan is in place with oversight by the Director of Nursing who is undertaking monthly visits to the unit. Ullswater has recruited to a registered nurse post enabling a staff nurse who was covering from Darley to move back which should improve the fill rate for Darley next month. Darley's sickness is mainly HCA who are on long term sick. Clinical supervision and sickness on Maister Lodge are still below target but have both improved. Bed occupancy and registered fill rates on days remain a challenge which are being addressed at a team level

OBD RAG ratings for Safer Staffing are: Less than 87% = Green, 87% to 92% = Amber, More than 92% = Red

Registered Nurse Vacancy Rates

Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
11.62%	12.06%	15.60%	16.60%	15.67%	15.73%	12.40%	11.80%	14.10%	12.50%		

Staffing Incidents include all levels of harm/no harm

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Executive Lead
John Byrne

KPI Type

Friends and Family Test

Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends

FFT %

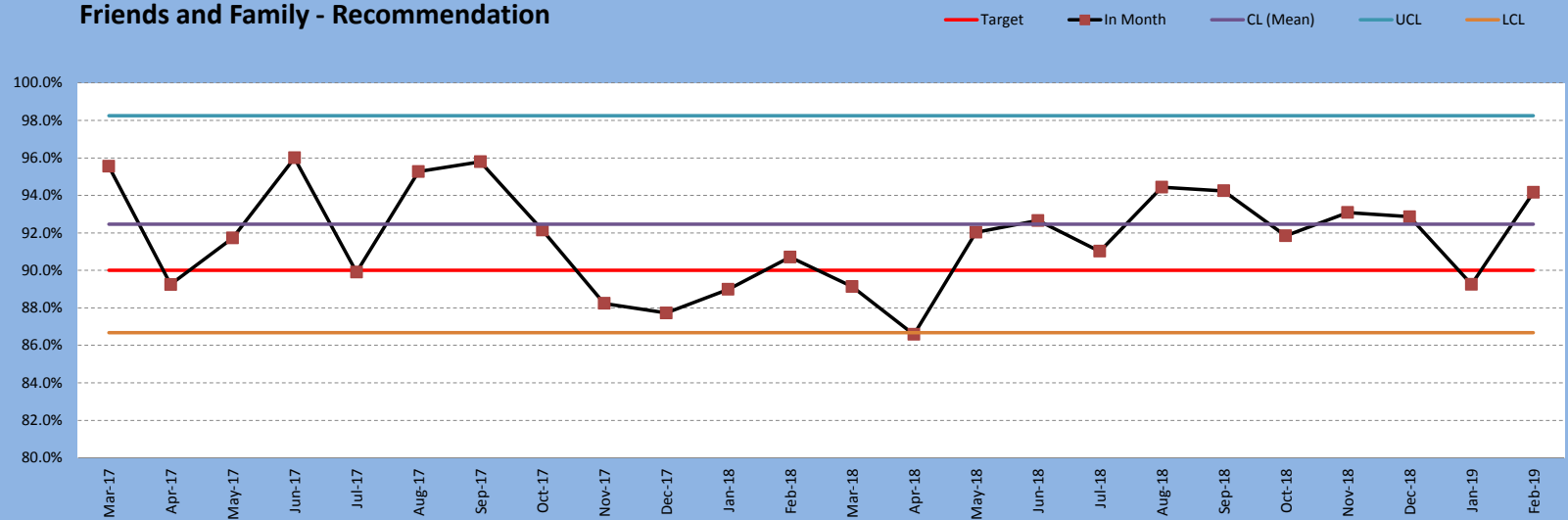
Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 94.2%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

Patients likely to recommend our services has considerably improved when compared to January's score (4.9% increase). The national target is 90%.

Teams continue to embrace the Friends and Family Test live data dashboard and are developing internal processes to discuss patient and carer experience at team meetings to celebrate the positive feedback and develop actions for negative feedback to act upon and learn lessons.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number of surveys completed in Primary Care and Community Services care group since May 2018.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

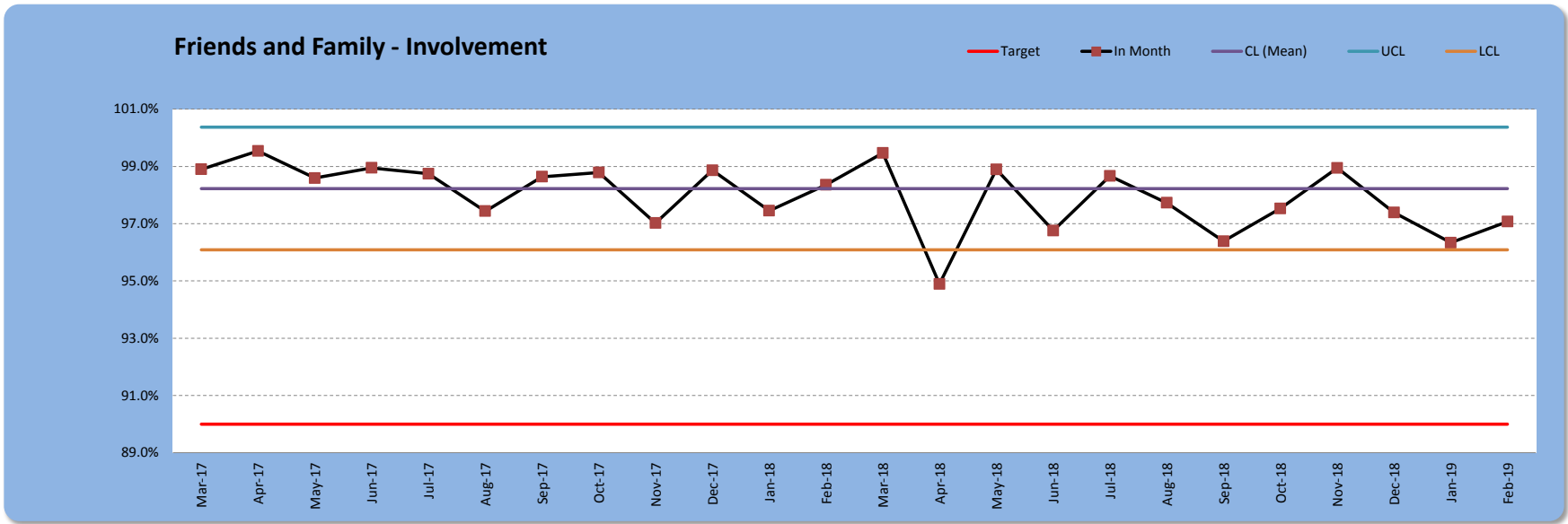
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.1%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score 97.1%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	99.2%
Patients Overall FFT Information	98.3%

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 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

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

Executive Lead
Lynn Parkinson

KPI Type

OP 12

Narrative

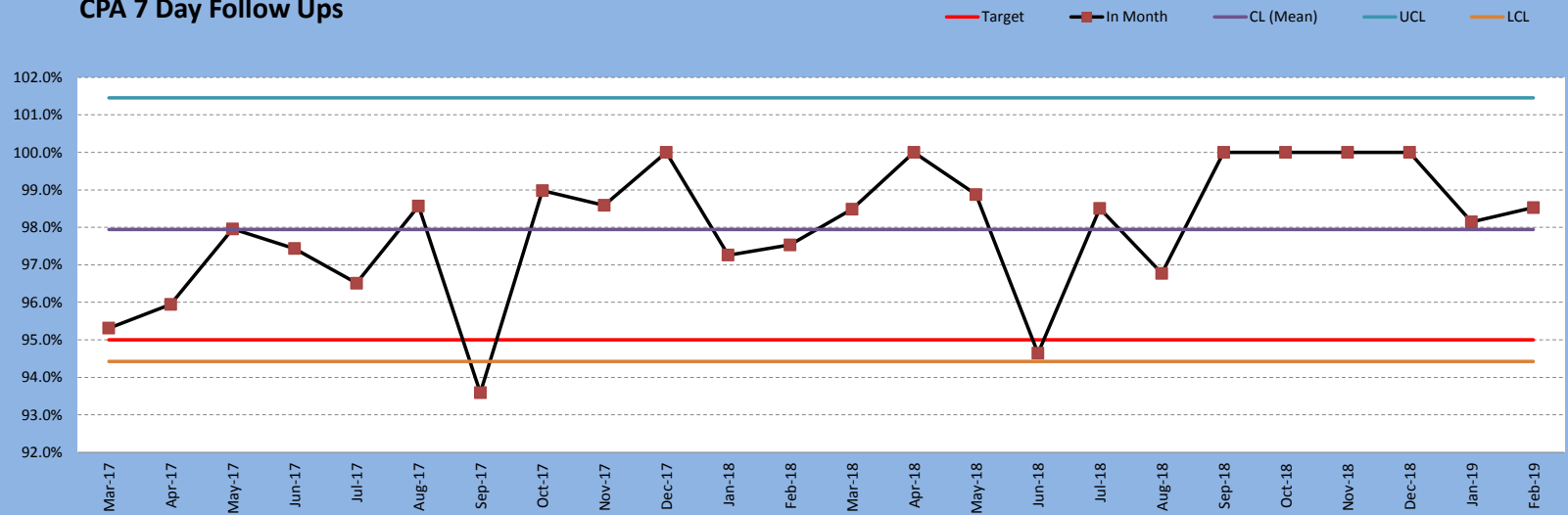
Within target

Target: 95%

Amber: 85%

Current month
stands at
98.5%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There was one breach in February where the patient moved out of the country the day after discharge. Attempts to contact via telephone failed due to either disconnected service or patient/family choice to disengage

Business Intelligence

One breach in February. 67.6% of follow ups achieved within 3 days.

Timescales of Completion
No of Discharges
Patients Seen
BREACHES

Feb	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
68	46	16	5	0
67	67.6%	23.5%	7.4%	0.0%
1				

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

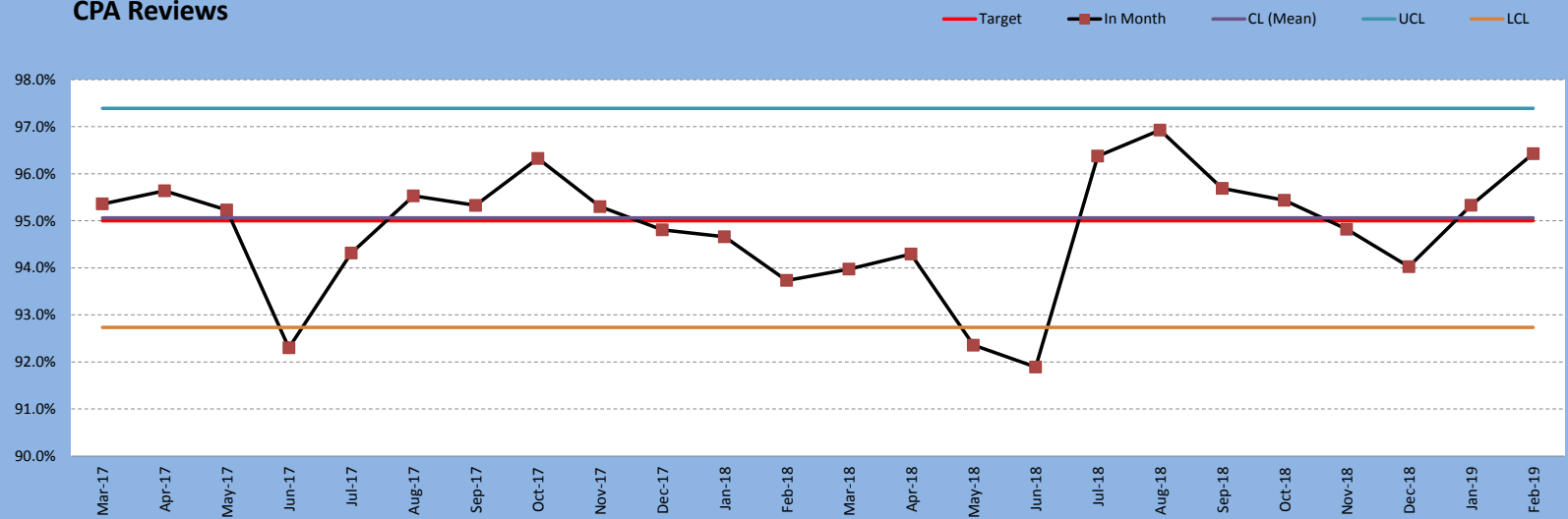
Above target

Target: 95%

Amber: 85%

Current month
stands at
96.4%

CPA Reviews



Exception Reporting and Operational Commentary

The CPA compliance has improved and now above target. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occur the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks. The CTLD's teams position has improved in February.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

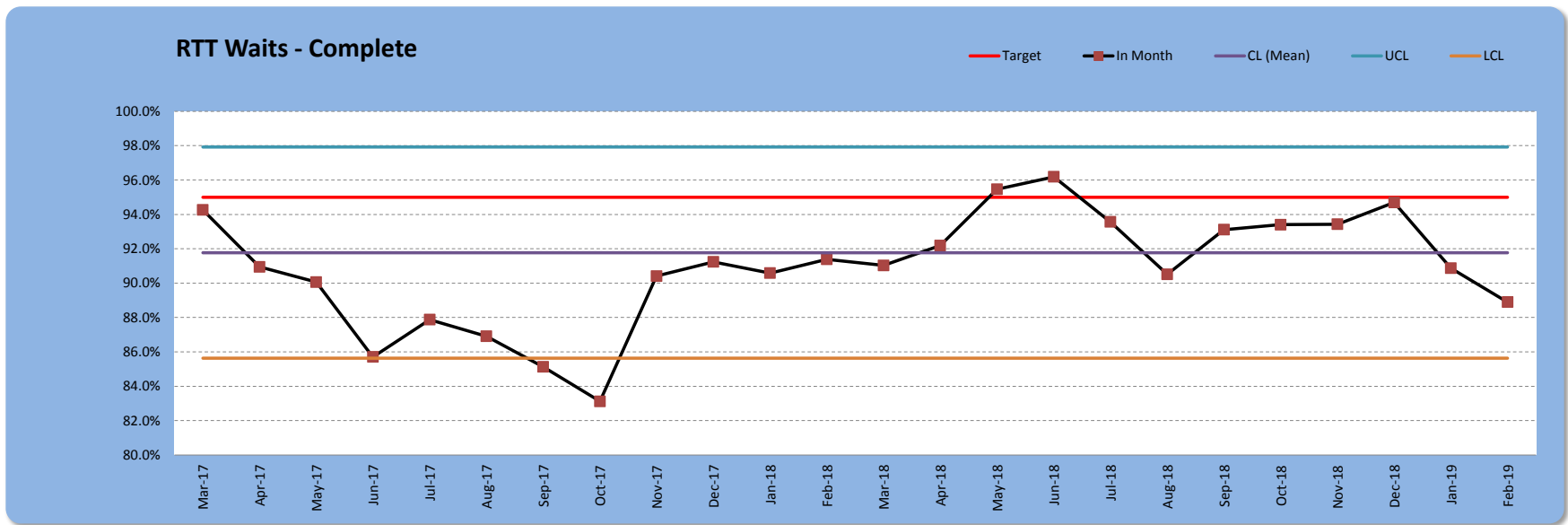
Narrative

Below the mean

Target: 95%

Amber: 85%

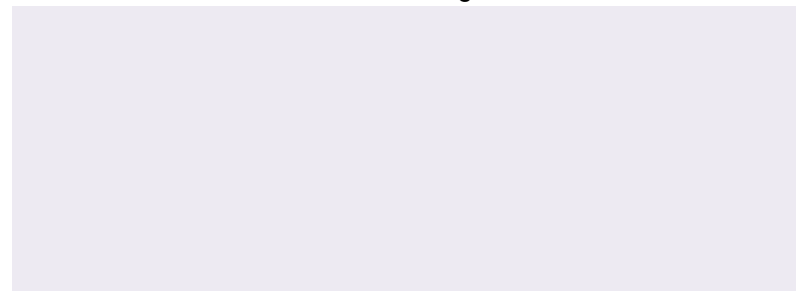
Current month stands at 88.9%



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 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

KPI Type

OP 21

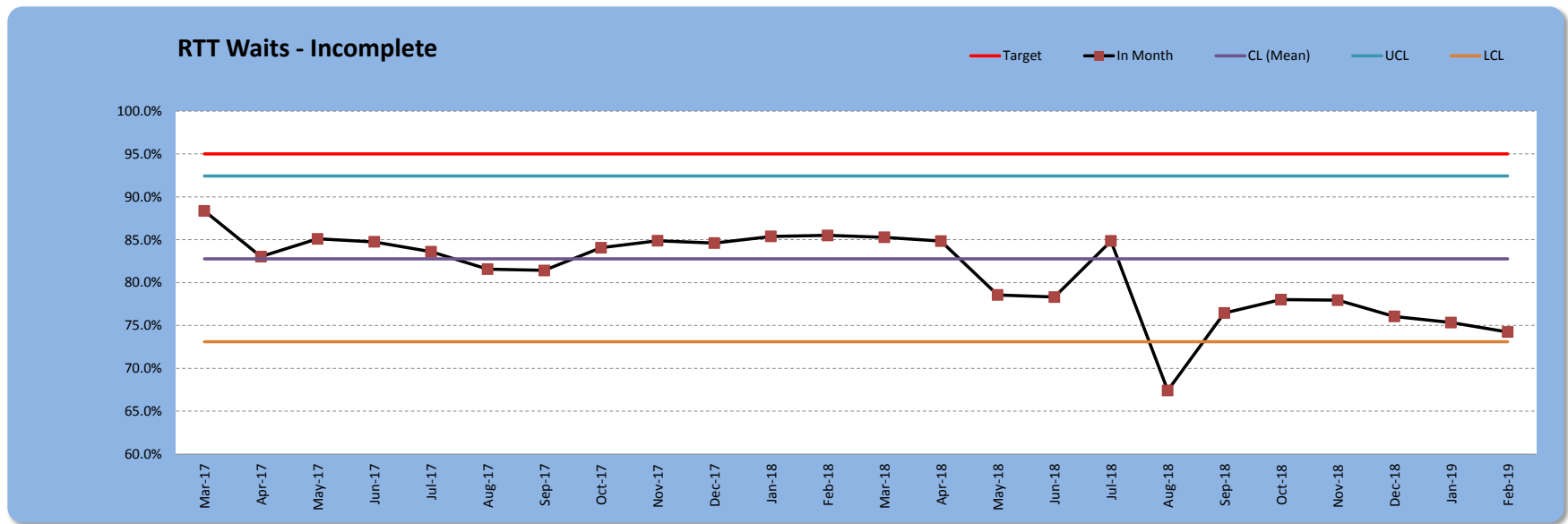
Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 74.2%



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. Information is provided to patients waiting as to how to contact services if their need becomes more urgent and people are sign posted to other services who can provide support whilst they wait. In order to ensure that this is an active process a patient can be provided with additional support to connect with other services and as part of the regular review and contact made by teams they will check the patient is still in contact with that service and if not discuss the reason with the patient.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

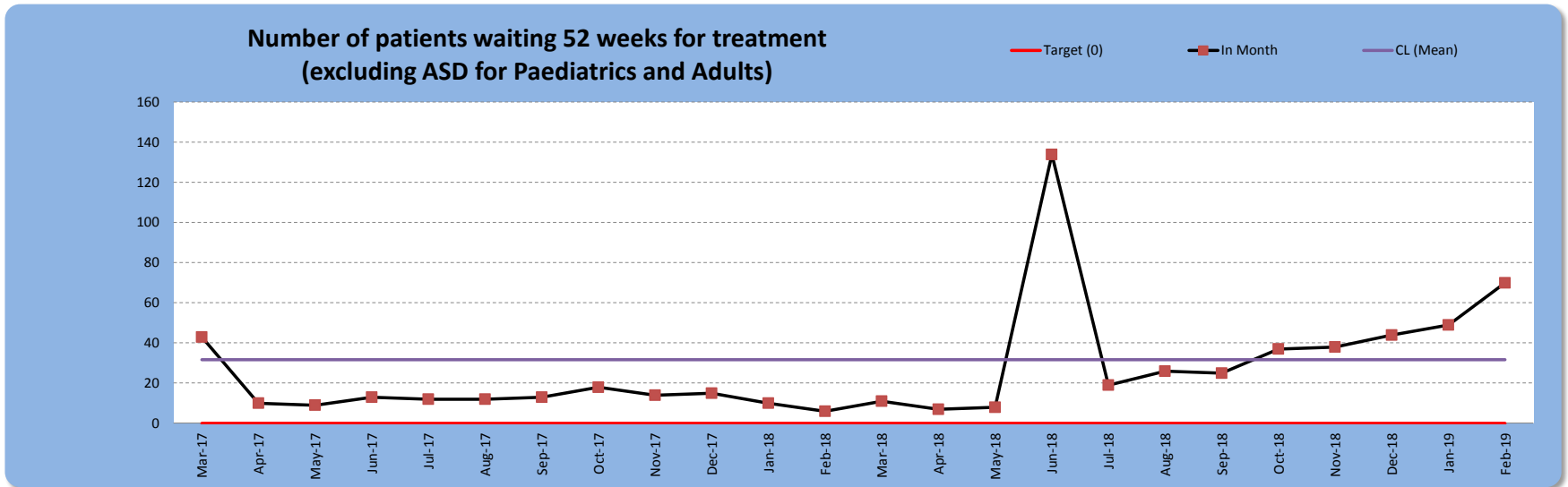
OP 22a

Narrative

Increase of 21 since last month

Target: 0
Amber: 0

Current month stands at 70



Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. An increased referral rate for Hull CAMHS has been evident for a number of months; this has been appropriately escalated to the Commissioner. The impact of the increased demand on the capacity means that waiting times have been increasing which includes a number of patients waiting over 52 weeks. Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in January, most of these patients are waiting for ADHD assessments. Additional posts which are in the recruitment process which when in post will ensure that there is capacity to meet commissioned service requirements. In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully of the position and they are assured of our progress and transparency

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

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

KPI Type

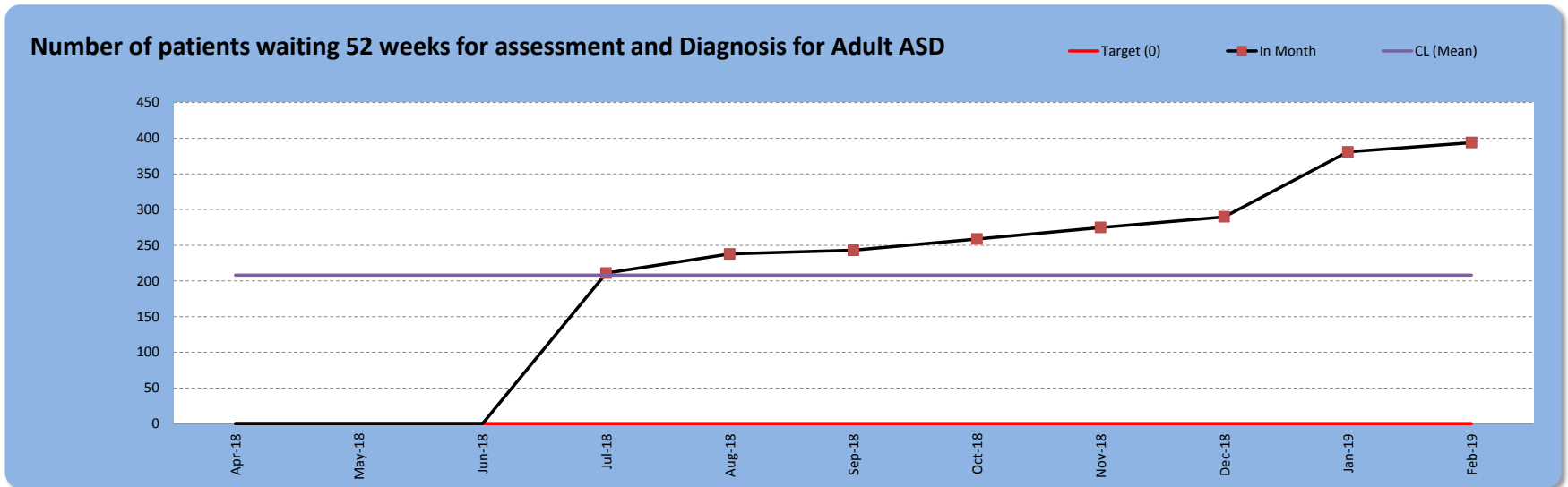
OP 22s

Narrative

Increase of 13 since last month

Target: 0
Amber: 0

Current month stands at 394



Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The Care Group has developed a business case which has been considered and approved by the Operational Delivery Group. The additional capacity is expected to be in place from March 2019 which proposes a trajectory for the service to be 18 week compliant within 12 months. 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. However we are still waiting for final confirmation from the commissioners that this funding is confirmed. As soon as this happens we will review the trajectory and ensure that it remains in line with our current assumptions.

Business Intelligence

SPC not included as we are yet to get to 10 data points.

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

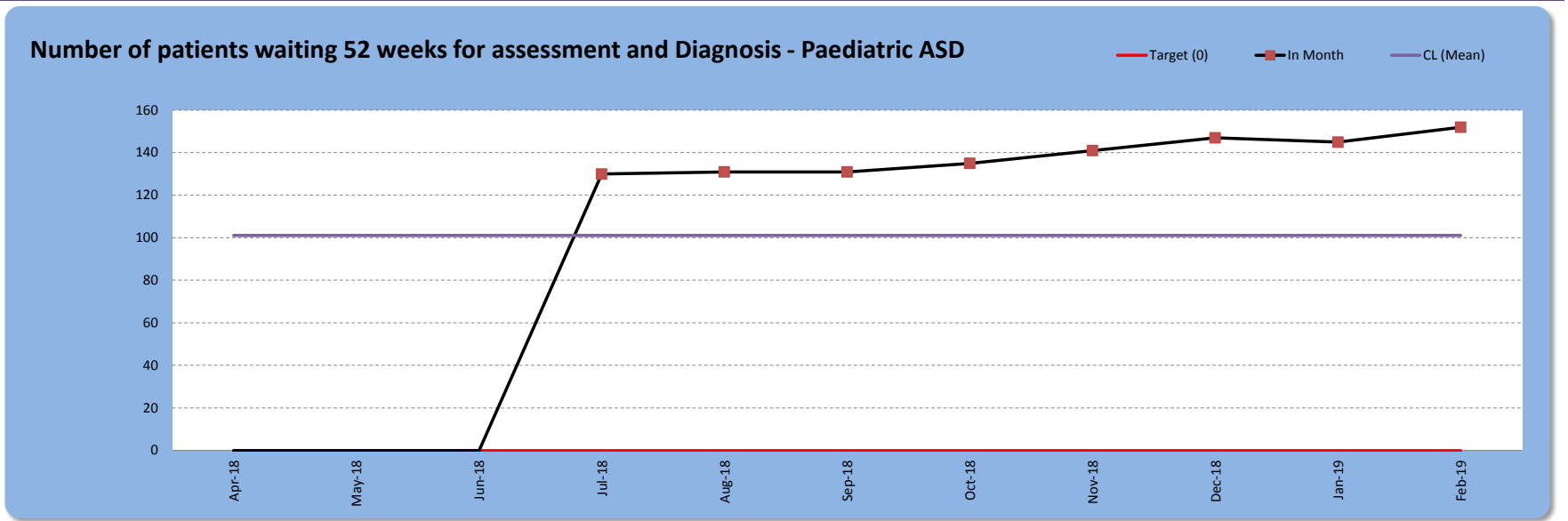
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

Narrative

Increase of 7 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 152



Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. Referrals into the service continue to be high.

Historically referrals for children's ASD for the Hull service were significantly over the commissioned activity. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018. Recruitment began ahead of October 2018 – this is progressing well with partial service delivery having commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners are taking place to assess compliance with the trajectory and that is monitored.

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

Discussions have taken place with commissioners about referrers and the plan is to cease GP referrals and accept referrals from SENCO's. This is a development that the CCG are leading on.

Discussions with Commissioners has also taken place regarding securing some on line assessments via HELIOS (a on line support package which has proved successful in the East Riding). To do this the procurement and contractual processes are currently being progressed.

Business Intelligence

SPC not included as we are yet to get to 10 data points.

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 2019**

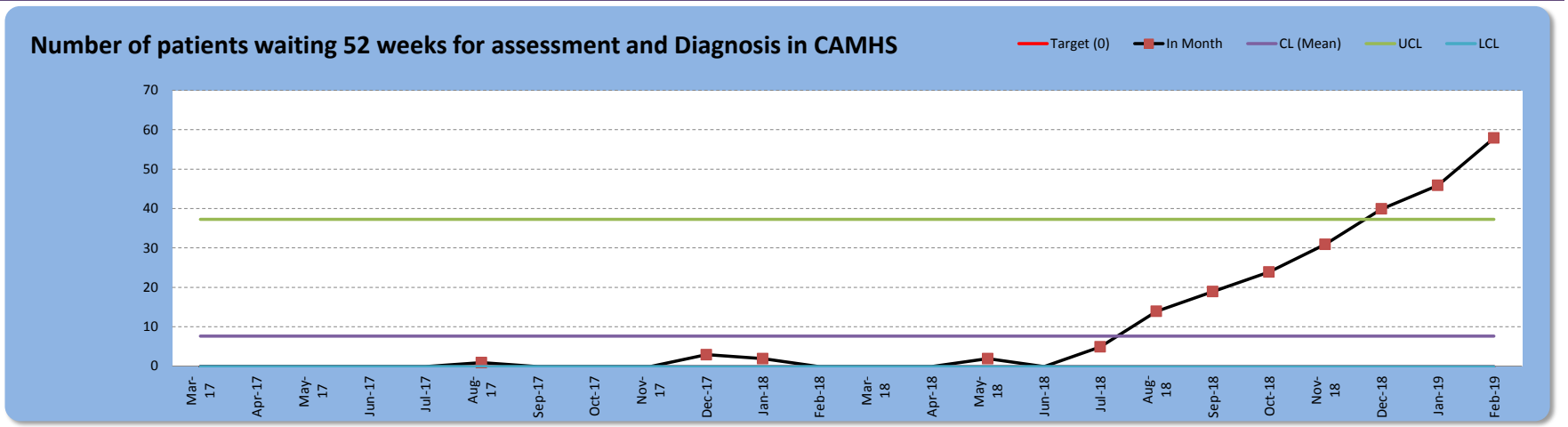
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks	Lynn Parkinson	OP 22j

Narrative

Increase of 12 since last month

Target: 0
Amber: 0

Current month stands at 58



Exception Reporting and Operational Commentary

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

The anxiety and mood pathways have shown slight improvement in waiting times. We have a robust waiting time reduction plan in place and as part of this:

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

Measures already in place

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

Business Intelligence

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

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

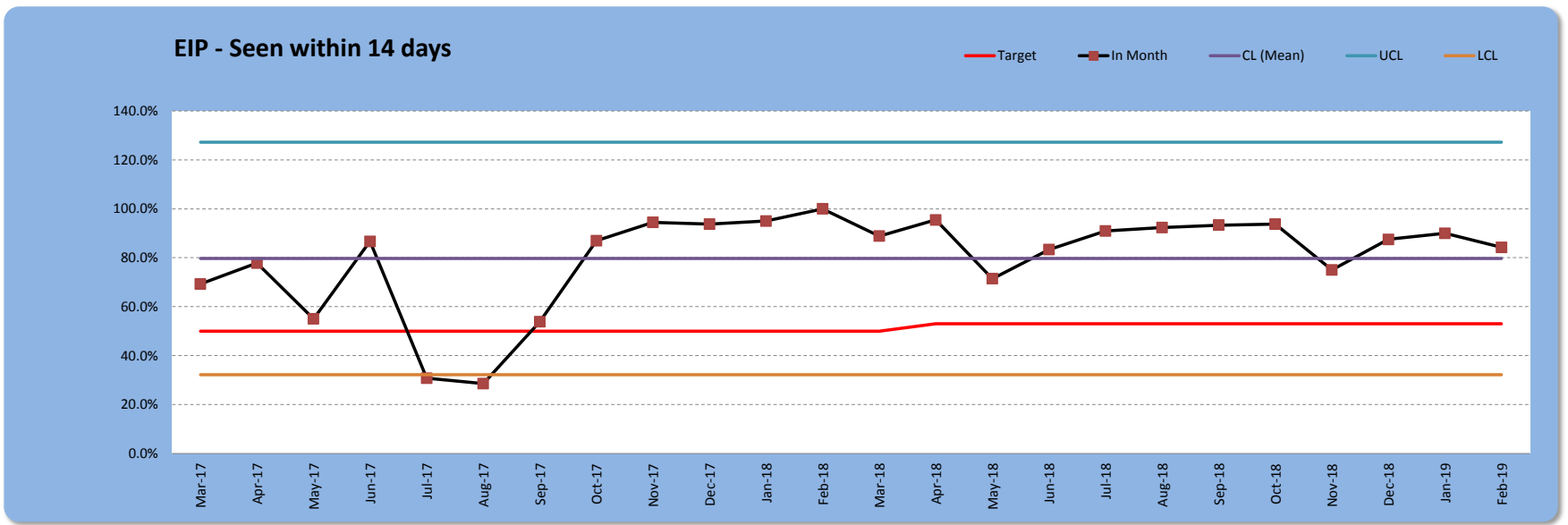
Narrative

Target achieved

Target: 53%

Amber: 48%

Current month stands at 84.2%



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. In April 2018 the target changed from 50% to 53%. The target will increase to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

98.2%

Narrative

Target Achieved

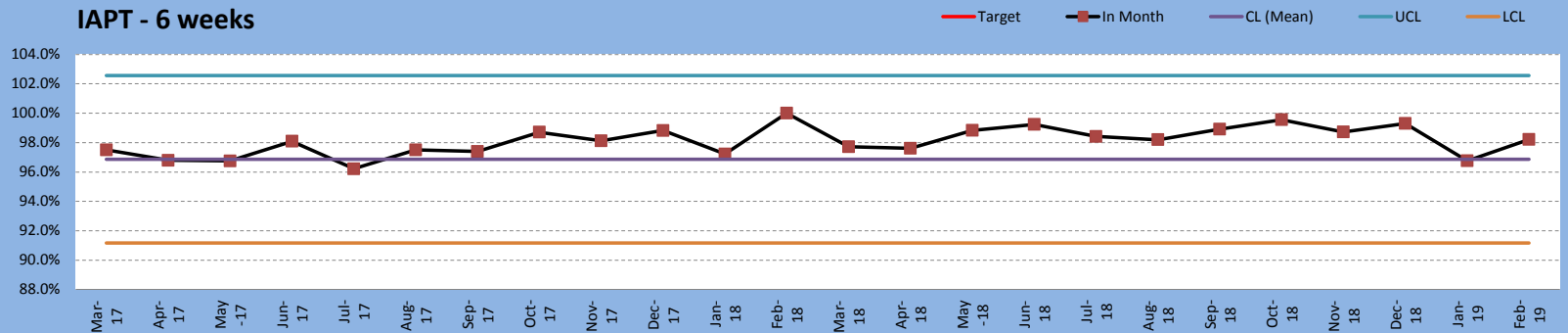
Target: 95%

Amber: 85%

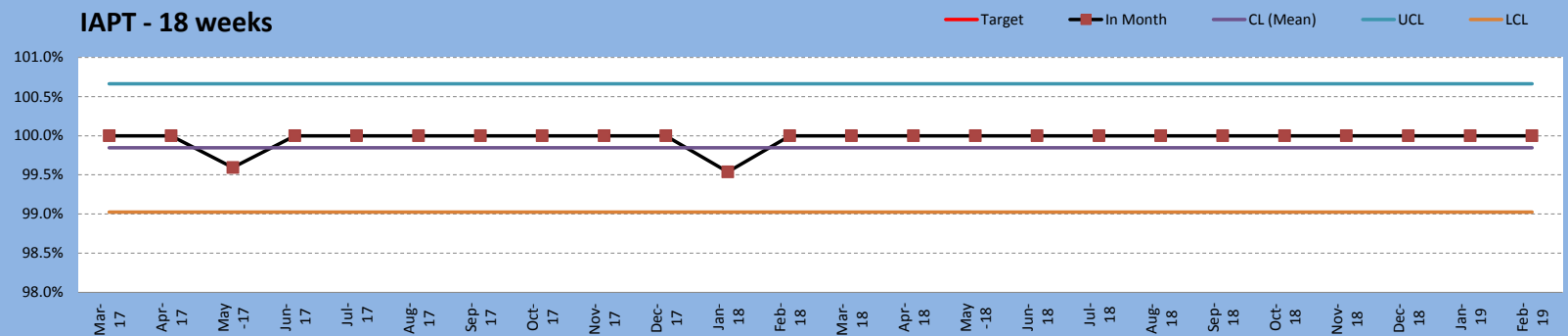
Current month

100.0%

IAPT - 6 weeks



IAPT - 18 weeks



Exception Reporting and Operational Commentary

The service has met and exceeded the standard in February 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 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Feb 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

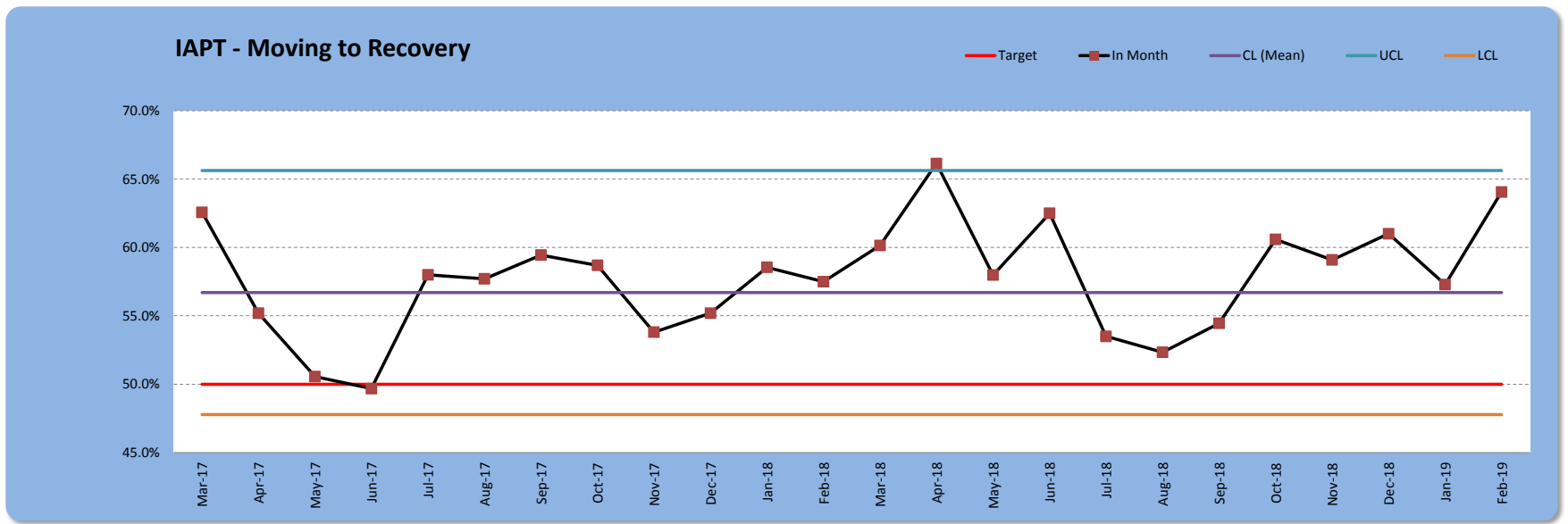
Narrative

Target Achieved

Target: 50%

Amber: 45%

Current month stands at 64.1%



Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in February 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 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

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

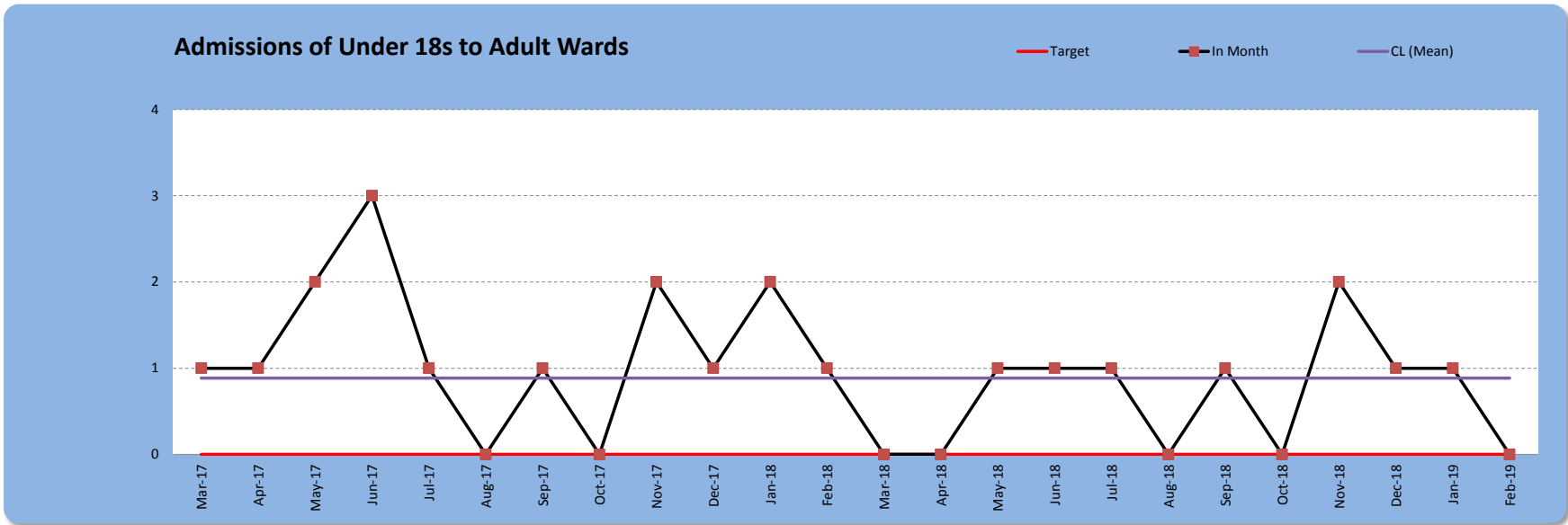
KPI Type
ST 1

Narrative

One admission

Target: 0
Amber: 1

Current month stands at 0



Exception Reporting and Operational Commentary

There were no admissions of Under 18s during February

Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	7	1	8

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

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

KPI Type

ST 4b

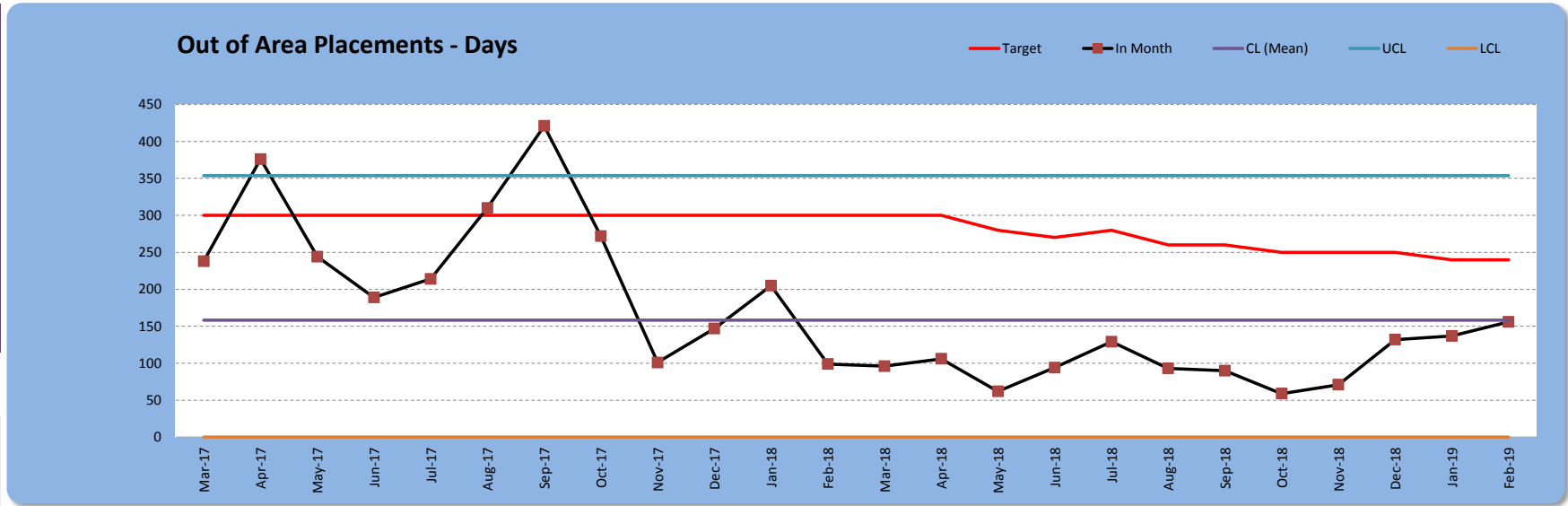
Narrative

Target Achieved

Target: 240

Amber:

Current month stands at 156



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. Out of area placement for PICU beds continues to be a pressure. Capacity continues to be impacted by delayed transfers of care to specialist services. Work is underway to review our PICU model and agreement has been reached with commissioners to reduce capacity to 10 beds. Opportunity is being considered within the STP programme to improve flow through these beds. In January there was a further rise in the use of out of area beds for older people, this occurred at the same time that this service experienced an increase in delayed transfers of care, this position has been escalated through our system escalation processes and specifically to Hull and East Riding Councils.

Undergoing external audit as identified as a Trust mandated indicator

Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	156	Adult	3
Safeguarding	0	OP	117
Offending restrictions	0	PICU	36
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	0		

An internal data quality audit has been conducted and a subsequent refresh identified. Submissions to NHS Digital have been updated resulting in a reduction of Out of Area Placement Days

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Delayed Transfers of Care

Results for the percentage of Mental Health delayed transfers of care

Executive Lead
Lynn Parkinson

KPI Type

OP 14

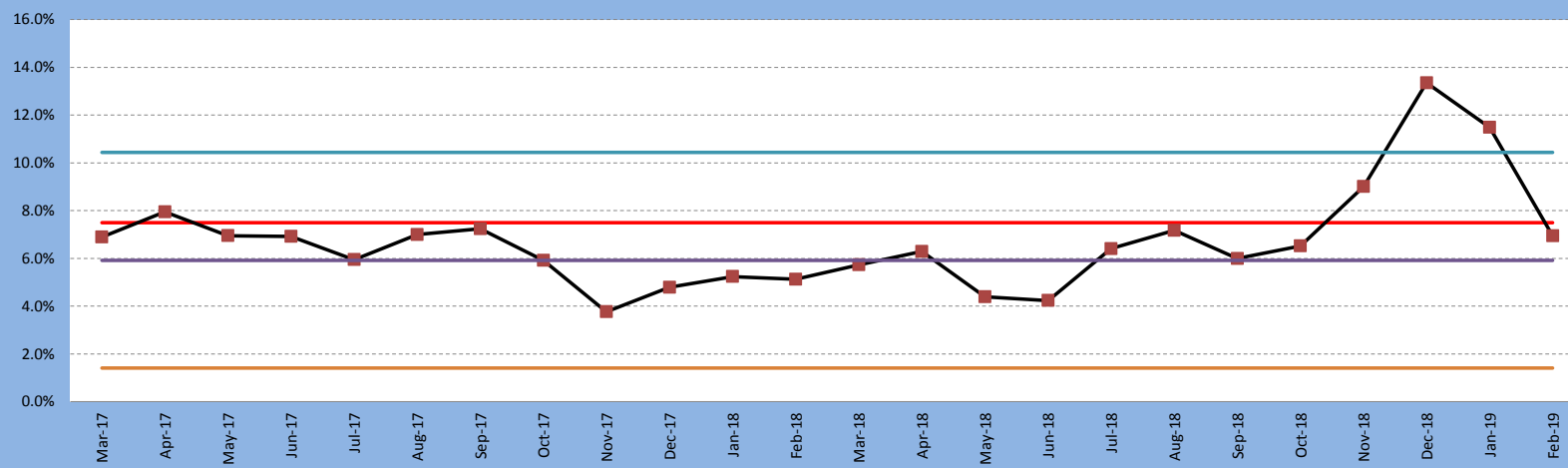
Narrative

Reduced significantly and within target

Target: 7.5%
Amber: 7.0%

Current month stands at 6.9%

Delayed Transfers of Care - Mental Health



Exception Reporting and Operational Commentary

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

Business Intelligence

There were 243 delayed days in mental health during February. A significant improvement on the previous month. Eight patients in Older People's, 8 patients in Adult services and 2 in Specialist.

The top three reasons are:

Awaiting residential home placement or availability	117
Awaiting further non-acute NHS care	66
Housing	36

No delays in Learning Disabilities and 10.3% in Community Hospitals.

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 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

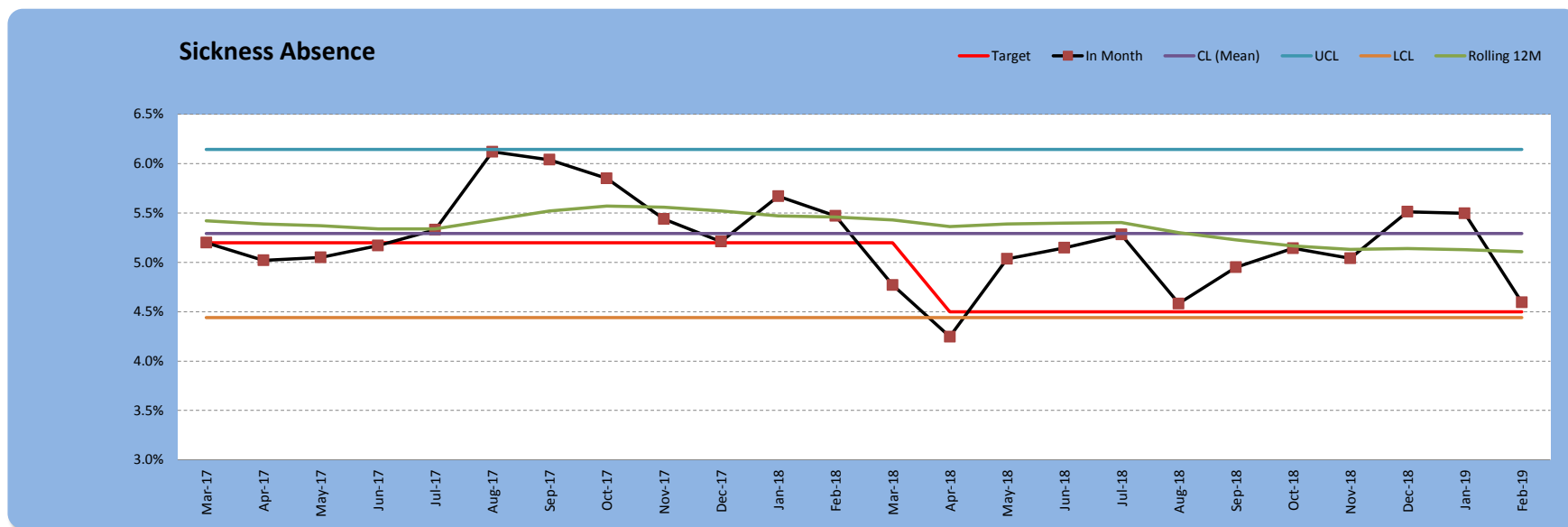
Narrative

In month target not achieved.

Target: 4.5%

Amber: 5.2%

Result as at previous month 5.5%



Exception Reporting and Operational Commentary

Sickness rates are reported to managers on a monthly basis, form part of accountability reviews and feature at Trust Leadership Forum's. The trust recognises good attendance (thank you letters) and has in place a robust policy to help manage sickness absence. The PROUD programme launched in January and this includes various initiatives to help develop managers to be better leaders. A Health & Wellbeing Programme is also being developed to help support improved attendance . This, together with the push to fill vacancies, are seen as two critical measures needed to help improve absence rates. Model hospital data shows the median sickness figure for comparable trusts as 4.78%.

Business Intelligence (previous month)

Trustwide - Jan
5.96%
Rolling 12m
5.17%
WTE
2322.29

Care Group Split Below	Jan %	Rolling 12m	WTE
Specialist Services	9.72%	8.40%	221.17
Mental Health Services	6.68%	5.76%	600.76
Older Peoples MH	4.78%	5.81%	178.05
Community Services	5.48%	4.96%	328.76
Children's and LD	5.33%	4.74%	474.99

Corporate Split Below	Jan %	Rolling 12m	WTE
Medical	6.18%	5.21%	29.75
Human Resources	4.33%	3.96%	62.83
Finance	5.02%	3.84%	220.85
Nursing and Quality	9.97%	5.13%	34.22
General Practices	3.51%	2.29%	82.95
Chief Executive	9.85%	6.68%	9.21
Chief Operating Officer	2.72%	1.24%	78.75

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

KPI Type

Staff Turnover

The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation

Executive Lead
Steve McGowan

WL 3 TOM

Narrative

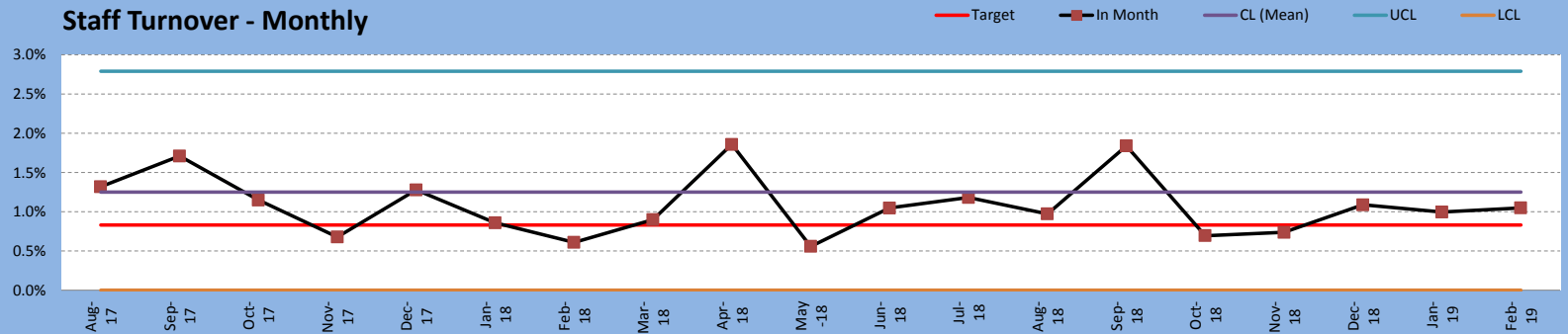
Exceeds Target

Target: 0.83%

Amber: 0.70%

Current month stands at 1.1%

Staff Turnover - Monthly



Narrative

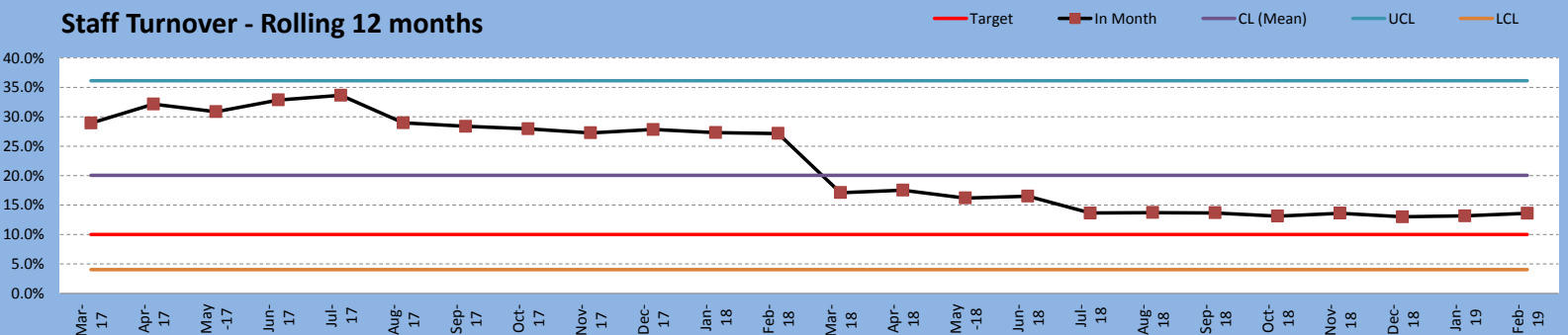
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 13.6%

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 March 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Leaving Reason	WTE	Headcount
Employee Transfer	1.00	3
Retirement Age	4.28	5
Voluntary Resignation - Better Reward Package	1.00	3
Voluntary Resignation - Child Dependants	1.67	5
Voluntary Resignation - Health	1.39	3
Voluntary Resignation - Lack of Opportunities	3.23	4
Voluntary Resignation - Other/Not Known	1.28	3
Voluntary Resignation - Promotion	4.00	5
Voluntary Resignation - Relocation	1.75	3
Voluntary Resignation - To undertake further education or training	0.81	3
Voluntary Resignation - Work Life Balance	4.36	5
Grand Total	24.76	29

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Performance and Development Reviews

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

Executive Lead
John Byrne

KPI Type

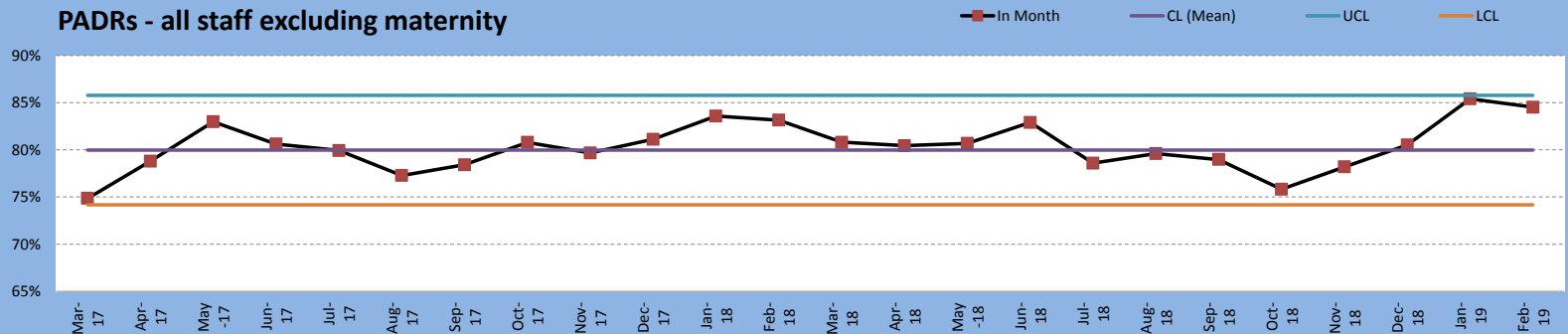
WL 4 (i)

Narrative

in month target not achieved

Current month stands at 84.5%

PADRs - all staff excluding maternity

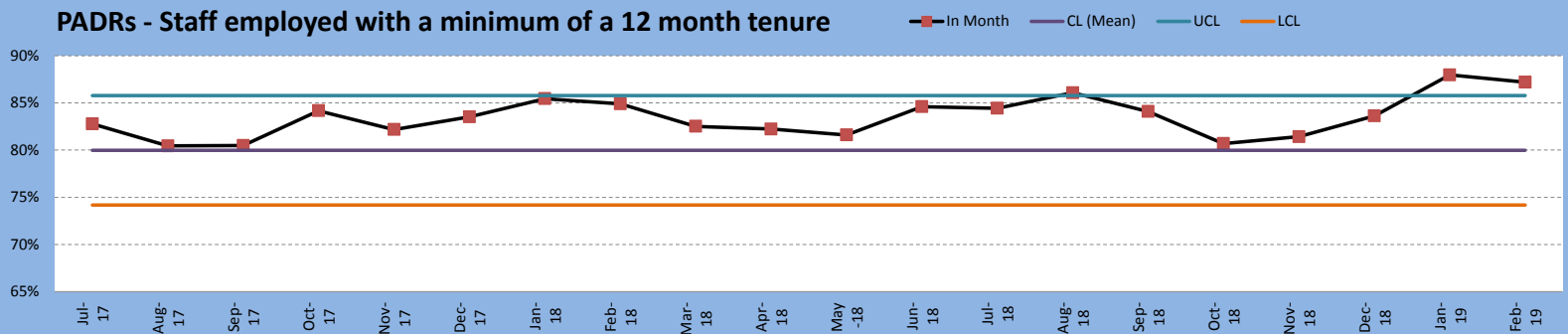


Narrative

Target achieved

Current month stands at 85.8%

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



Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Accountability Reviews and discussed at quarterly Leadership Forums. The pilot ESR supervisor self service went live on 1st December, with full roll out now commenced. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. The PCCLD and Mental Health Care Groups have improvement plans agreed with the COO.

Business Intelligence

Care Group and Corporate Splits Below

Mental Health	85.3%
Corporate	91.8%
PCCHLD	80.7%
Specialist	83.8%

Corporate Split by Service

Chief Exec	100.0%
Chief Operating Officer	52.0%
Finance	95.8%
Human Resources	91.2%
Medical	81.6%
Nursing and Quality	97.4%

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

KPI Type

F 2a

Narrative

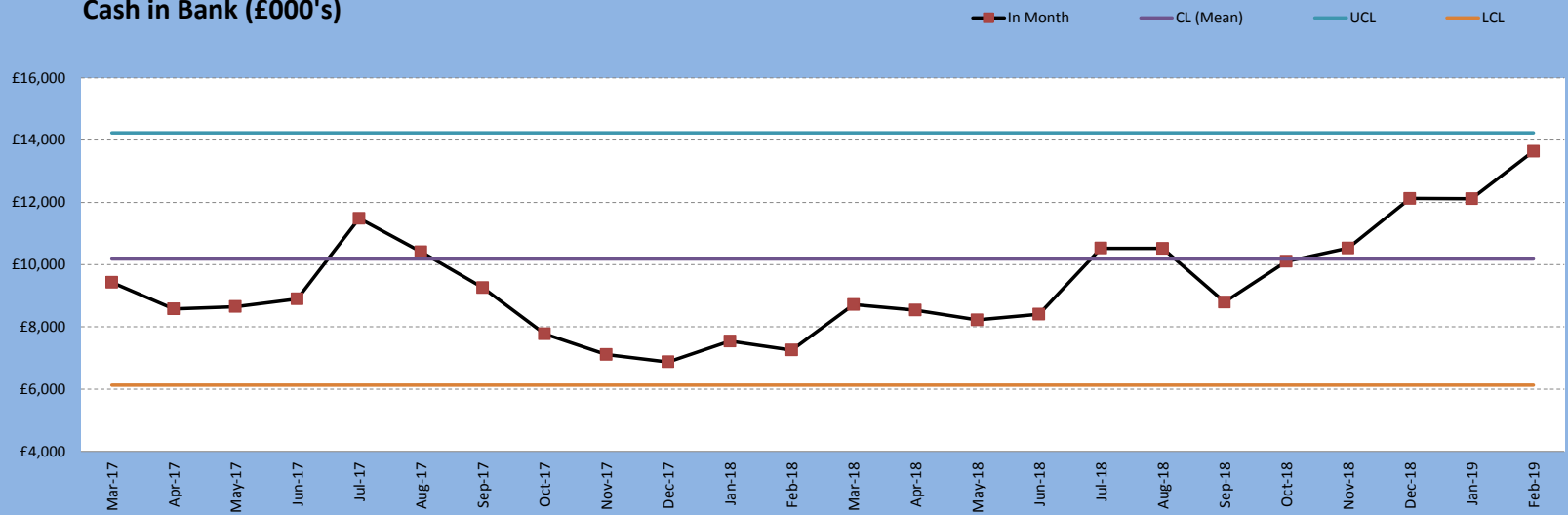
The Trust has not target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £13,641 ,000

Cash in Bank (£000's)



Exception Reporting and Operational Commentary

As at the end of February 2019 the Trust cash balance was £13.641m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £8.957m. Main movement in the underlying Cash position relates to the settlement of historic property services debt.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

Indicator Title

Description/Rationale

Budget Reduction Strategy (£000's)

Review of the cost improvement variance against plan

Executive Lead
Peter Beckwith

KPI Type

F 6

Narrative

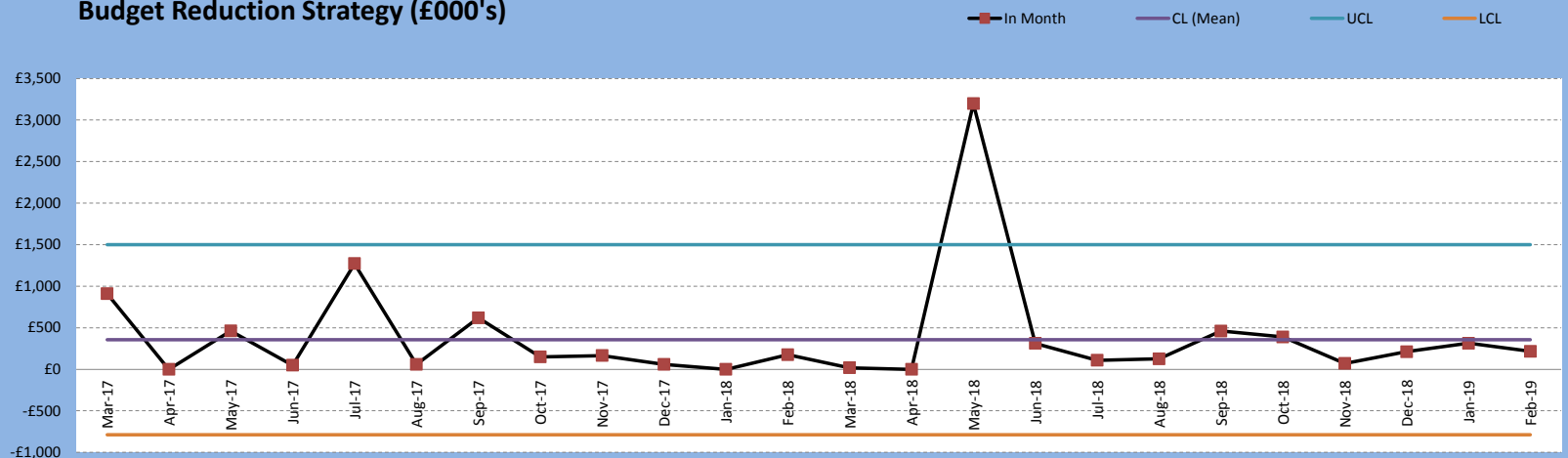
No Target to note.

Target:

Amber:

Current month stands at £216 ,000

Budget Reduction Strategy (£000's)



Exception Reporting and Operational Commentary

Within February (Month 11) additional BRS savings of £0.216m were achieved against the profiled target savings. Overall the profiled YTD savings are behind by £2.151m and mitigating actions are being sought to offset this pressure.

Business Intelligence

CIP/BRS figures are not collected in the month of April

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

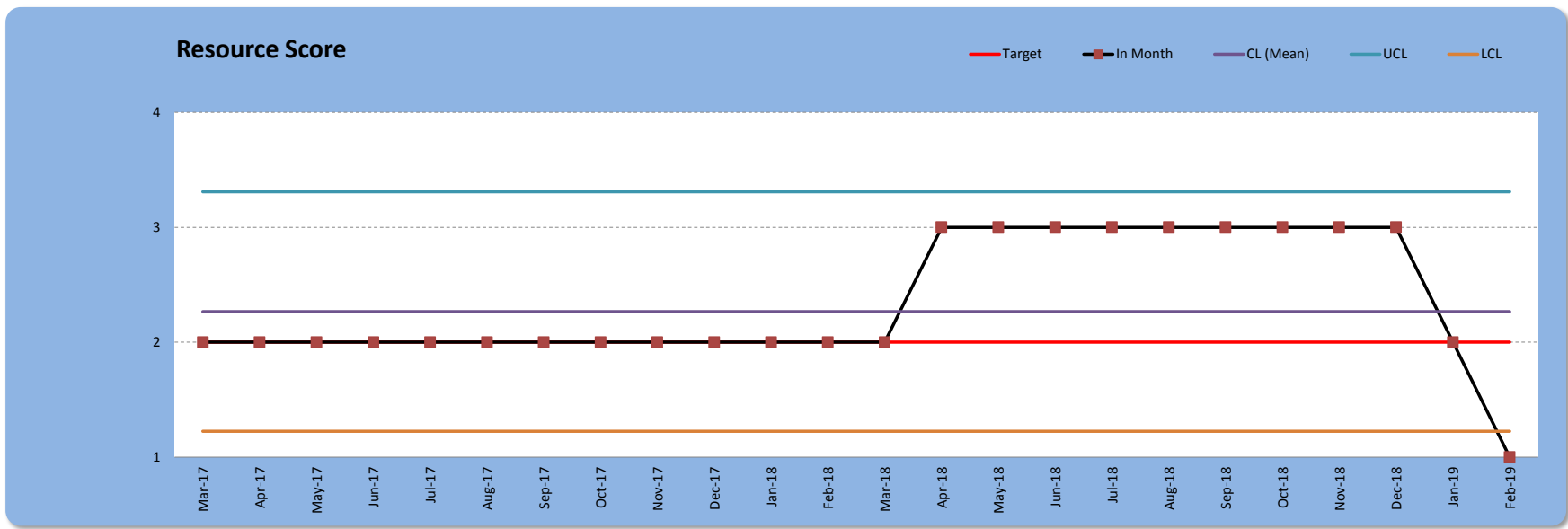
KPI Type
F 2b

Narrative

Use of Resources Score has improved to at 1 for February 2019.

Target: 2
Amber: 3

Current month stands at 1



Exception Reporting and Operational Commentary

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.

The Trust's Use of Resources score improved to a 2 in January 2019, and has improved to a 1 for February 2019 as the Trust is on Plan and in Surplus. The Trust are expecting to return to a 2 in March

Business Intelligence

Full two year dataset now available following change to the Resource Score settings

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

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

KPI Type

F 4b

Narrative

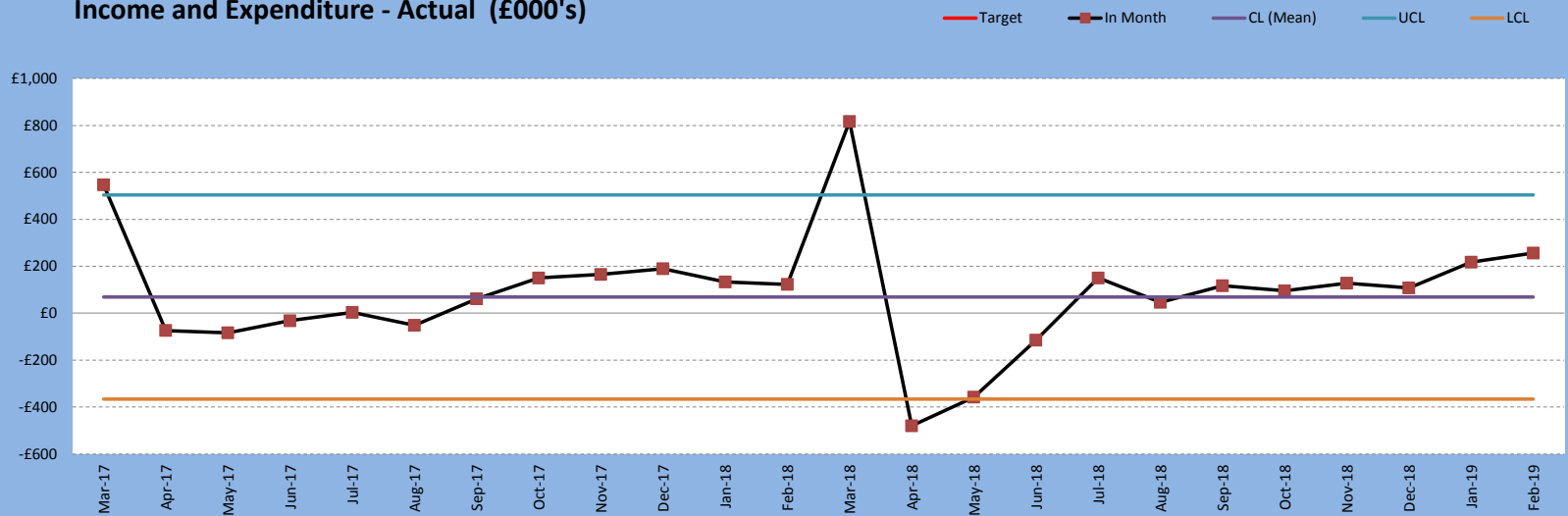
The Trust are reporting a year to date surplus and have had 8 months of improved financial health.

Target:

Amber:

Current month stands at £256 ,000

Income and Expenditure - Actual (£000's)



Exception Reporting and Operational Commentary

The Trust reported a year to date operational surplus of £0.163, this was an improvement of £0.256m from the Month 10 reported deficit (£0.093m), this position was inclusive of 11 months Provider Sustainability funding of £1.778m.

The current Control Total Target for the Trust is to achieve a surplus of £0.851m (Excluding Donated Asset Depreciation).

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Feb 2019**

Indicator Title	Description/Rationale	Executive Lead
Staff Costs (£000's)	Review of the variance of the planned and actual staff costs (£000's)	Peter Beckwith

KPI Type

F 5

Narrative

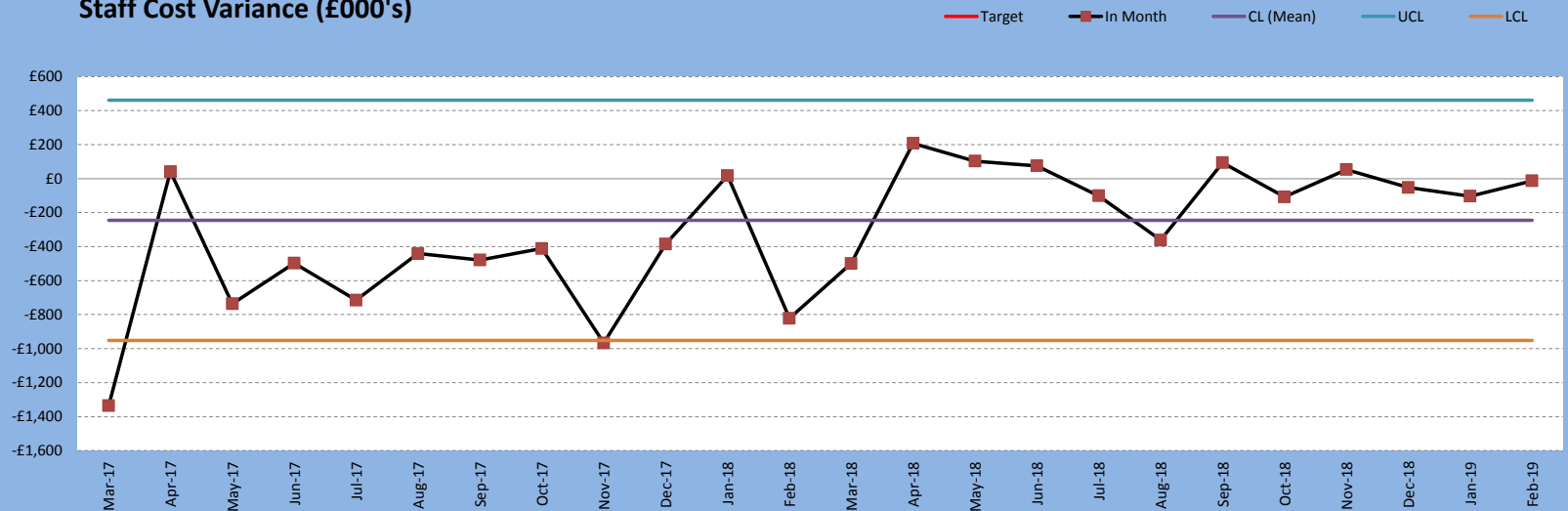
Data points below the zero are a deficit. Data points above the zero are an underspend

Target:

Amber:

Current month variance stands at -£13 ,000

Staff Cost Variance (£000's)



Exception Reporting and Operational Commentary

The staff costs are £0.013m above the planned budget for February.

Business Intelligence

The Chart above reports the difference in month between actual staff costs incurred and the budgeted amount for staff expenditure.

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

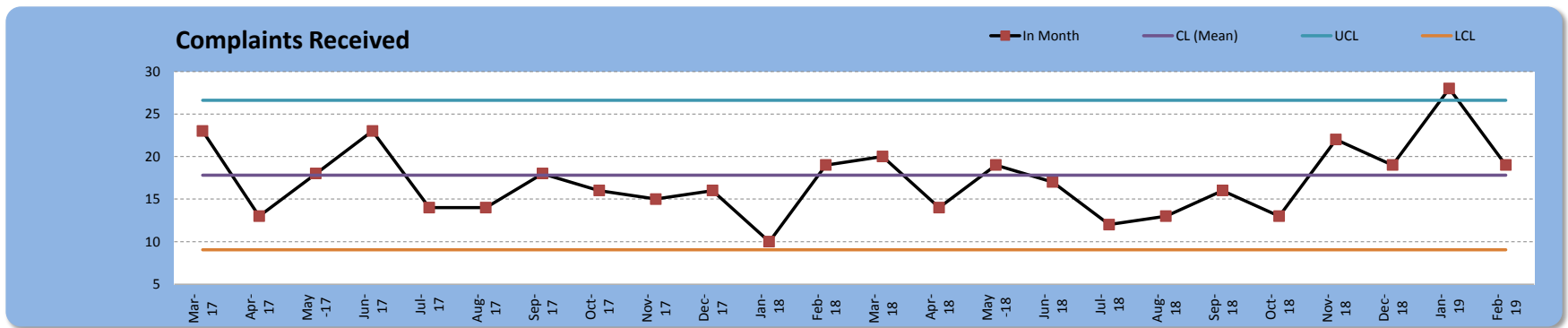
For the period ending: **Feb 2019**

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

Narrative

within tolerance

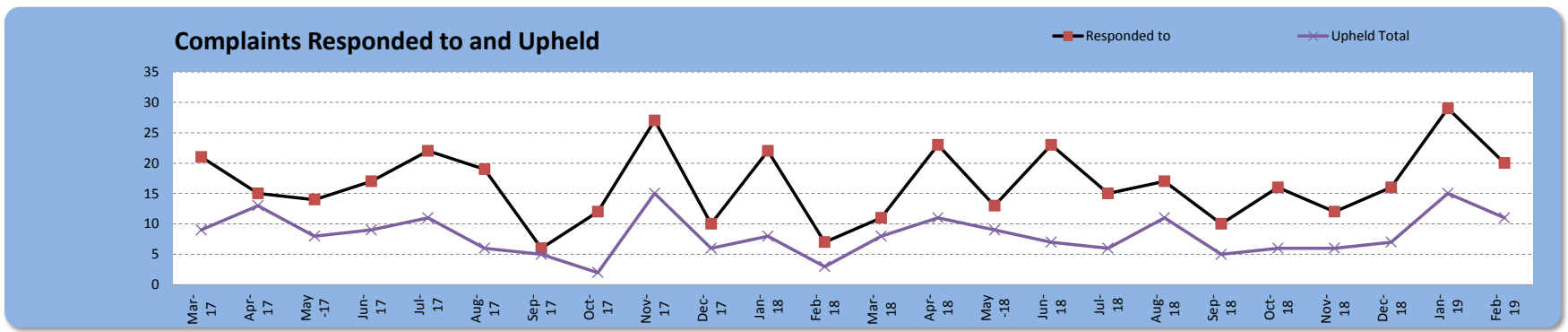
Current month stands at 19



Narrative

94 upheld YTD 48.5%

Current month stands at 11



Exception Reporting and Operational Commentary

The Trust responded to 20 complaints in the month of February 2019. Of the 20 complaints, 9 complaints were not upheld (45%) and 11 complaints were partly or fully upheld (55%). The top theme for complaints responded to (year to date) continues to be patient care with 43 complaints.

The Trust received 18 compliments during the same month.

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

Patient care	43
Appointments	31
Values and behaviours (staff)	27
Communications	24
Trust admin/policies/procedures including patient record management	15

All Complaints responded to YTD 194



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

(Interim) Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Human Resources: Steve McGowan

Medical Director: John Byrne

Director of Nursing and Quality: Hilary Gledhill

Issue Date: 19/03/2019



Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting - 27 th March 2019			
Title of Report:	Performance Report – February 2019			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	The Board is asked to note the report.			
Purpose of Paper:	<p>This purpose of this report is to provide the Trust Board with an update on Board approved key performance indicators as at the end of February 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>			
Key Issues within the report:	<p>Exception reporting and commentary is provided for each of the reported indicators:</p> <p>The majority of indicators are within normal variation, the exceptions being:</p> <p>Waiting times – 52 week waits have increased further in February. Currently 70 patients waiting (excluding ASD). An increase from last month of 21.</p> <p>Full detailed explanations are included in the exception report.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		

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

Agenda Item: 15

Title & Date of Meeting:	Trust Board Public Meeting – 27 th March 2019			
Title of Report:	Finance Report 2018/19: Month 11 (February)			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with an update of the financial position of the Trust at Month 11			
Key Issues within the report:	<ul style="list-style-type: none"> • A surplus position of £0.357m was recorded to the 28th February 2019. • Expenditure for clinical services was lower than budgeted by £0.296m year to date • The cash balance in the period was £13.641m. • On the SOFP, the net current asset position increased by £3.545m to £12.829m, due to an increase in cash and a decrease in Trade Creditors. • £5.667m Year to date Capital expenditure, relating to IT (£1.582m) and Estates (£4.085m). This includes £3.147m relating to the CAMHS project. • On the NHS Improvement (NHSI) return the use of resources metric is 1 			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
				Any Action Required?
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			



Users and Carers	√			Required
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



FINANCE REPORT – February 2019

1. Introduction

This report summarises the financial position for the Trust as at the 28th February 2019

2. Income and Expenditure

The Trust reported a year to date surplus position of £0.163m for February against the NHS Improvement year to date plan of £0.146m. The full year NHS Improvement control total is a planned surplus of £0.851m.

The reported position is inclusive of 11 months Provider Sustainability Funding (PSF) of £1.778m, no risk provision has been accounted for in relation to unidentified BRS.

The income and expenditure position as at 28th February 2019 is shown in the summarised table below:

Table 1: 2018/19 Income and Expenditure

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income	128,520	10,199	10,462	263	115,701	114,895	(806)
	126,520	10,199	10,462	263	115,701	114,895	(806)
Expenditure							
<u>Clinical Services</u>							
Childrens, Learning Disability & Primary Care	43,921	3,751	3,533	218	40,142	39,433	709
Specialist Services	11,788	1,008	992	16	10,777	10,592	185
Adult Mental Health Services	36,963	3,101	3,132	(30)	33,812	34,410	(598)
	92,659	7,860	7,656	204	84,731	84,436	296
<u>Corporate Services</u>							
Chief Executive	1,622	135	178	(43)	1,486	1,592	(106)
Chief Operating Officer	4,358	365	356	9	3,980	4,186	(205)
Finance	15,434	1,311	1,200	111	14,194	13,745	449
HR	3,127	227	212	16	2,900	2,847	53
Director of Nursing	1,526	127	136	(9)	1,398	1,466	(68)
Medical	1,887	162	164	(2)	1,704	1,787	(83)
Finance Technical items (including Contingency)	1,925	148	85	62	1,777	1,470	307
	29,857	2,476	2,331	145	27,440	27,093	347
Total Expenditure	122,516	10,336	9,987	349	112,171	111,528	643
EBITDA	4,004	(137)	476	613	3,531	3,367	(164)
Depreciation	2,645	220	228	(8)	2,424	2,517	(92)
Donated Depreciation	300	25	18	7	275	194	81
Interest	198	17	16	1	182	156	25
PDC Dividends Payable	2,022	168	192	(24)	1,853	2,115	(261)
PSF Funding	(2,012)	(235)	(235)	0	(1,778)	(1,778)	(0)
Operational Position	851	(332)	256	588	575	163	(411)
BRS Risk	-	(1,270)	(550)	(720)	429	-	429
NHS Improvement Control Total	851	938	807	(131)	146	163	18
Excluded from Control Total (Donated Depreciation)	300	25	18	7	275	194	81
Adjusted NHS Improvement Control Total	1,151	963	825	(138)	421	357	(64)
EBITDA %	3.2%	-1.3%	4.5%		3.1%	2.9%	
Surplus %	0.7%	9.2%	7.7%		0.1%	0.1%	



2.1 Income

Income year to date was £0.806m behind budget.

2.2 Expenditure

Expenditure for clinical services was lower than budgeted by £0.296m year to date.

2.3 Clinical Services Expenditure

2.3.1 Children's, Learning Disabilities, Community Services and Primary Care

Year to date expenditure of £39.433m represents an underspend against budget of £0.709m.

Expenditure for the Scarborough & Ryedale contract has been included in the position from May. Areas of notable overspends relate to higher than budgeted costs for Hull LD patients residing in The Priory unit and the use of Locums in Primary Care.

2.3.2 Specialist

An underspend of £0.185m was recorded YTD for Specialist Services and is mainly due to staff vacancies within the care group which are expected to be filled in coming months.

2.3.3 Mental Health

An overspend of £0.596m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.347m underspent year to date.

- The Chief Operating Officer directorate has a year to date overspend of £0.207m due to higher than budgeted pay costs and the non achievement of the BRS target to date.
- Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs and the reclaim of the VAT on Lorenzo.
- The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.

3.0 Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 28th February 2019. In month, the net current asset position increased by £3.545m to £12.829m. This was related to a decrease in Trade creditors due to the payment of NHS Property Services and an increase in cash due to the receipt of capital funding for the LHCRE project.

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



3.1 Cash

As at the end of February the Trust held the following cash balances

Table 7: Cash Balance

Cash Balances	£000s
Cash with GBS	13,523
Nat West Commercial Account	87
Petty cash	31
Total	13,641

In month income of £13.347m was received compared to expenditure of £11.875m.

The income included the capital loan of £0.777m for the CAMHS and £2.150m for LHCRE funding. The main expenditure for the month was for the interim payment for the CAMHS project, pay costs and purchase ledger payments including £0.475m to NHS Property Services.

3.2 Capital Programme

The year to date capital expenditure of £5.667m comprises expenditure for IT (£1.582m) and Estates Capital (£4.085m) including £3.147m relating to the CAMHS project. This is detailed in Appendix 3.

A further capital funding grant is also expected of £0.634m in March for the HSLI; this is currently not included in the CDEL limit.

4. NHSI Use of Resources Assessment

Performance against the NHSI Single Oversight Framework (SOF) is summarised in the table below. The SOF 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.

The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. This demonstrated that the Trust will show an initial variance from I& E Margin that is rated as a 4 moving to a 2 by the year end. For February the overall use of resources rating for the Trust is a 1, which is higher than the planned rating.

Theoretically a score of 3 or 4 in any of the areas under the use of resources assessment would identify a potential support need but this should not be considered necessary as the full year position returns to a 1 overall.



Table 8: Use of Resources

Use of Resources Metrics	Weight	Planned Rating	Actual Rating
Capital Service Cover rating	20%	3.0	2.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	3.0	2.0
Variance From Control total rating	20%	1.0	1.0
Agency	20%	1.0	1.0
Weighted Average Risk Rating		2.0	1.0

5. Recommendations

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



Appendix 1- Statement of Financial Position

	FEB-19 £000
Property, Plant & Equipment	101,577
Accumulated Depreciation	21,858
Net Property, Plant & Equipment	79,719
Intangible Assets	2,149
Intangible Assets Depreciation	1,531
Net Intangible Assets	618
Total Non-Current Assets	80,337
Cash	13,523
Trade Debtors	6,677
Inventory	129
Other Current Assets	6,016
Current Assets	26,345
Trade Creditors	4,885
Accrued Liabilities	8,631
Current Liabilities	13,516
Net Current Assets	12,829
Non-Current Payables	707
Non-Current Borrowing	4,588
Long Term Liabilities	5,295
Revaluation Reserve	17,164
PDC Reserve	52,724
Retained Earnings incl. In Year	17,983
Total Taxpayers Equity	87,871
Total Liabilities	106,682



Appendix 2 – Capital Report

Ref	Scheme Details	Spend (YTD)	2018/19 budget
<u>Estates</u>			
Prior Year Schemes		85,100	-
2018/19 Schemes:			
Precommitted Schemes			
3.6	CAMHS UNIT	3,146,937	5,629,000
	MIRANDA HOUSE CAR PARK	76,058	-
		3,222,995	5,629,000
Budgeted Schemes			
3.1	Backlog Maintenance	166,903	215,000
3.2	Ligature Works	33,784	100,000
3.3	Place	35,014	62,000
3.4	Estate Strategy	47,869	100,000
3.5	Professional Fees	209,583	320,000
3.6	CEO Innovation	-	75,000
		493,154	872,000
New Schemes			
4.1	MIRANDA HOUSE	24,675	100,000
4.2	MILLVIEW CT	151,668	100,000
4.3	GRANVILLE COURT	-	30,000
4.4	BEDROOM DOOR ACCESS	-	25,000
4.5	WATERLOO ALARM	-	10,000
4.6	PICU / AVONDALE IRONMONGERY	-	-
4.7	SKIDBY HOUSE REFURBISHMENT	103,975	-
	UNALLOCATED BUDGET		843,000
		280,318	1,108,000
Awaiting Funding			
5.1	HEALTH PLACE OF SAFETY	-	
5.2	COTTINGHAM CLINIC	3,300	
		3,300	-
	Total Estates Capital	4,084,867	7,609,000
<u>Information Technology</u>			
6.1	IT - HARDWARE	899,686	1,020,000
6.2	IT - LICENCES	20,341	-
6.3	LHCRE	662,077	3,150,000
6.4	EPMA	-	300,000
	Total IT Capital	1,582,103	4,470,000
	TOTAL CAPITAL	5,666,969	12,079,000
Funded by			
	Depreciation		3,000,000
	Cash Reserves - Other		
	Capital Loan Repayments		
	Cash Reserves		
	EPMA		300,000
	LHCRE		3,150,000
	Loan		5,629,000
		-	12,079,000



Agenda Item: 16

Title & Date of Meeting:	Trust Board Public Meeting – 27 th March 2019			
Title of Report:	Q3 2018/19 Board Assurance Framework			
Author:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with the Quarter 3 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust’s six strategic goals.			
Key Issues within the report:	<ul style="list-style-type: none"> - Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 2 2018/19. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections has been reviewed by its assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust’s strategic goals. <p>Changes to the Board Assurance Framework from Quarter 2 2018-19 to Quarter 3 2018-19.</p> <p>Strategic Goal 1 – Innovating Quality and Patient Safety</p> <ul style="list-style-type: none"> - Overall assurance rating against strategic goal remains at ‘amber’ following review for Q2. - <i>NQ45 - Inability to develop robust processes that demonstrate organisational learning from significant event analyses (SEAs)</i> – new risk scoped and aligned to section of the framework. <p>Strategic Goal 5 – Maximising an efficient and sustainable organisation</p> <ul style="list-style-type: none"> - Overall assurance rating against strategic goal has been changed to ‘amber’ following review for Q3. 			



Monitoring and assurance framework summary:

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

BOARD ASSURANCE FRAMEWORK						Trust Board					
ASSURANCE OVERVIEW						27 th March 2019					
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
Innovating Quality and Patient Safety	Amber	CQC 'Well-Led' inspection report was published showing improvement across all key lines of enquiry and an overall rating of good but rating of requires improvement under 'safe' domain .	Director of Nursing	Quality Committee	Open	A	A	A	A		12
Enhancing prevention, wellbeing and recovery	Amber	Recovery strategy and delivery plan are in place and continue to focus on embedding a recovery focus across all appropriate services. Updated commissioning arrangements in place for areas where waiting times are high and Trust is implementing strategies to address areas with long waits.	Chief Operating Officer	Quality Committee	Seek	A	A	A	A		12
Fostering integration, partnership and alliances	Green	Active engagement continues across all stakeholder groups with demonstrable benefits. Series of high-profile visits to the Trust and positive engagements events delivered by the organisation.	Chief Executive	Audit Committee	Seek	G	G	G	G		6
Developing an effective and empowered workforce	Amber	Staff sickness rate whilst still above target is at its lowest level in last two years. Statutory and mandatory exceeding targets for 11 consecutive months (February 2018 – January 2019) and 17 of the 18 courses have seen improved performance Dec 2018 from previous year's position. Vacancies have reduced but remain outside or Trust target. Turnover is at its lowest position in rolling twelve month period.	Director of Human Resources and Diversity	Quality Committee	Seek	A	A	A	A		15
Maximising an efficient and sustainable organisation	Amber	Trust remains on plan, but there are continued risks to the delivery of the overall financial plan which continues to have potential to impact on the overarching financial position.	Director of Finance	Finance Committee	Seek	R	R	R	A		20
Promoting people, communities and social values	Amber	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social values' reporting is being further progressed within the Trust and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups.	Chief Executive	Quality Committee	Seek	A	A	A	A		12

ASSURANCE LEVEL KEY		
Green	Significant Assurance	<ul style="list-style-type: none"> - System well-designed / low priority recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.
Amber	Partial Assurance	<ul style="list-style-type: none"> - System management needs to be addressed/ some actions outstanding. - Effective controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.
Red	Limited/ No Assurance	<ul style="list-style-type: none"> - System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available.

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee		A	A	A	A	

Positive Assurance	
Assurance	Source
Trusts CQC Well Led inspection report was published on January 12 2018 showing improvement across all key lines of enquiry and an overall rating of good.	Trust Board
Quality and Regulations Group has been formed to drive and receive assurances in relation to all aspects of CQC compliance.	QPaS
Internal audit report positive patient safety alert management.	Quality Ctte
Positive feedback from NHSI.	

Negative Assurance	
Assurance	Source
'Must do' actions including safer staffing and supervision required along with a number of areas where the trust should take action to comply with minor breaches that did not justify regulatory action but may prevent future compliance with legal requirements.	Trust Board CQC Report
'Requires Improvement' rating for Safe domain in CQC report.	CQC Report

Gaps in Assurance
What do we not have
Good rating in 'safe' domain for CQC rating.

Objective	Key Risk(s)	Initial	Current	Target	Movement Current risk
Deliver high- quality, responsive care by strengthening our patient safety culture.	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	20	12	8	↔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	12	8	4	↔
Demonstrate that we listen, respond and learn.	NQ45 – Inability to develop robust processes that demonstrate organisational learning from significant event analyses (SEAs).	12	6	3	New risk
Achieve excellent clinical practice and services.	NQ44 - Inability to corporately collate clinical supervision compliance across clinical teams to support assurance that teams are delivering high quality care.	12	8	4	↔
Capitalise on our research and development.	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(NQ37) Routine monitoring of staffing establishments and daily staffing levels review by care groups.	6-month safer staffing report.
(NQ37) Validated tool to agree establishments	
(NQ37) Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units	Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee
(NQ38) Review undertaken of safety across Trust services.	
(NQ44) Improved compliance with general upward trend across Trust	
(NQ44) Policy has been reviewed to clarify minimum standard of 6 weeks for clinical supervision.	Clinical Risk Management Group
(NQ45) SEA action plans developed in collaboration with teams	

Gaps in Control	Actions
(NQ37) Need to strengthen focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place for safer staffing in line with NQB Safe Sustainable and Productive Staffing June 2016.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing. (HG / TF 31/03/2019)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2017 CQC inspection.	Continued drive across Trust Care Groups in identified areas for improvement. (HG / TF 31/03/2019)
(NQ38) SASH and FACE training compliance.	SASH and FACE training delivery to achieve 80% compliance (HG / TF 31/03/2019)
(NQ44) Timeline for ESR self-service being available to record and report supervision.	Training Lead establishing timeline for ESR self-service being available to record and report supervision. (MB 31/03/2019)
(NQ45) Monitoring of action plans through the DATIX system.	Work to be undertaken to enable SEA action plans to be recorded and monitored through the DATIX system to enable a consistent approach to completion (OS 31/03/2019)
(NQ45) Evidence of SEA action plan completion.	Ongoing review of SEA action plan tracker and supporting evidence to be undertaken by the Clinical Risk Management Group on regular basis (CJ 31/03/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 2	ENHANCING PREVENTION, WELLBEING AND RECOVERY	Lead Director: Chief Operating Officer	Lead Committee: Quality Committee		A	A	A	A	

Positive Assurance		Negative Assurance		Gaps in Assurance
Assurance	Source	Assurance	Source	What do we not have
Launch of Recovery College Autumn prospectus.	Trust Board	Waiting list challenges continue within the East Riding Child and Adolescent Mental Health Services (CAMHS) due to continued high levels of demand. Waiting times challenges also present in Specialist Psychotherapy Service and Hull Community Mental Health Team.	Trust Board	Recovery-focussed culture within the Trust. Full adherence with Waiting Times policy and standard operating procedure.
Waiting times continue to be an area of focus as and are reviewed monthly by the Operations Performance and Risk Group.	Trust Board			
Making every contact count.	Trust Board			
Physical Health and Deteriorating Patient Policy.				

Objective	Key Risk(s)	Initial	Current	Target	Movement Current risk
Ensure patients, carers and families play a key role in the planning and delivery of our services	OPS07 – Inability to equip patients and carers with skills and knowledge needed via social prescribing	12	6	3	↔
Empower people to work with us so that they can manage their own health and social care needs.					
Develop an ambitious prevention and recovery strategy					
Deliver responsive care that improves health and reduces health inequalities.	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	12	6	3	↔
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	12	12	3	↔
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	12	9	6	↔
	LDC16 - As a result of increased referrals to the East Riding of Yorkshire CAMHS and commissioner decisions in relation to the service, there may be reduced capacity and increased waiting times which could lead to deteriorating patient condition.	16	8	4	↔

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS07) Recovery College	Trust Board reports
(OPS05) IAPT contracts in place with Commissioners	NHS Digital reports
(OPS05) New IAPT service specifications	Monthly report to commissioners meetings Annual IAPT report.
(OPS06) Monthly Waiting List monitoring	Monthly report to Care Group Business Meeting
(OPS06) Ongoing capacity and efficiency demand reviews	Operations Performance and Risk Group
(OPS04) Early Intervention in Psychosis (EIP) CQUIN in place	Monthly progress report to Operations Performance and Risk Group
(LDC16) Waiting list protocol in place and shared with Commissioners	Weekly waiting list reports Monthly Care Group Reports to OMG Monthly Waiting Times Meeting with Commissioners Waiting Times Report to the Trust Board.
LDC16) Priority cases are allocated to a key worker before routine cases, using triage assessment focusing on risk.	
LDC16) CBT clinics have been set up in East Riding.	
LDC16) Waiting list letters sent out to those on high volume pathways with self-help information and an opt-out.	

Gaps in Control	Actions
(OPS07) Monitoring of patient outcomes	Consistent approach to recovery tool and training provided to staff (LP 31/03/2019)
(OPS05) New national standards in dementia care	Review of GP and IAPT national targets as well as dementia (LP 31/03/2019)
(OPS06) East Riding service under-funded for level of demand	Clarity on future investment for supporting activity (SMASH, MIND, Counselling Services) to be obtained from Commissioners (LP 31/03/2019)
(OPS06) Limited response to increased demand from Commissioners	
(OPS04) Monitoring resource for physical health checks	Development of monitoring tool for teams to track own compliance (LP 31/03/2019)
(LDC16) Contact point review	Finalise review of contact point and agree future model (NA 31/03/2019)
(LDC16) Co-location of East Riding CAMHS estate to facilitate movement of other services.	Estates work to be completed (NA 31/03/2019)
(LDC16) Lack of provision of local clinical space	
(LDC16) Unexpected increase in demand for services	Administration functionality review to release clinician capacity (NA 31/03/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 3	FOSTERING INTEGRATION, PARTNERSHIPS AND ALLIANCES	Lead Director: Chief Executive	Lead Committee: Audit Committee		G	G	G	G	

Positive Assurance	
Assurance	Source
STP partnership events.	Trust Board
Annual Report for Mental Health.	
Successful awards regarding Lead Provider status.	
Operational and Strategic plans shared with stakeholders.	
Mental Health Partnership Board and MOUs in place.	
Health Expo event and Planned Members meeting.	
High profile visits to Trust.	
Long term – need to undertake development work	

Negative Assurance	
Assurance	Source
Further work needed to take place in engaging with patient, carers and local communities to develop plans.	Trust Board
Continued development of relationships with communities and development of membership and Governors.	
Clear Governor links to constitutions.	

Gaps in Assurance
What do we not have
No gaps identified against overall assurance rating of this strategic goal.
Full ICS system in place – but still developing long-term plans.

Objective	Key Risk(s)	Initial Rating	Current Rating	Target Rating	Movement Current rating
Be a leader in delivering Sustainability and Transformation Partnership plans.	FII174 - Lack of involvement in Sustainability and Transformation Plans or PLACE plans.	9	6	3	↔
Build trusted alliances with voluntary, statutory/ non-statutory agencies and the private sector.	FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively and build excellent relationships with partners and stakeholders via partnership working, and all communications and marketing activities.	12	6	3	↔
Strive to maximise our research-based approach through education and teaching initiatives.	FII185 - Inability to utilise research to inform and influence service delivery and business development.	9	6	3	↔
Foster innovation to develop new health and social care service delivery models.	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(FII174) Trust Strategy, values and goals aligned with Humber, Coast and Vale STP	Regular STP updates to Trust Board Formal and informal dialogue with Commissioners
(FII174) Alignment clearly demonstrated within two year operational plan	
(FII174) Chief Executive is Senior Responsible Officer for Mental Health Work-stream.	
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII185) Formal programme to review and benchmark Trust position.	
(FII180) Marketing and communications activity available and used.	Assurance systems for Service Plan Regular feedback and dialogue to Trust committees.
(FII185) Enhanced staff structure in Business Development team to explore evidence-based practice	Assurance systems for Service Plans/ Strategies Internal Clinical Audit programme R&D programme
(FII185) Formal programme to review and benchmark Trust position.	

Gaps in Control	Actions
(FII174) Feedback arrangements with STP representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (VS 31/03/2019)
(FII185) Volume of new business	Access internal Clinical Network (VS 31/03/2019)
(FII185) Showcasing and marketing opportunities not exploited	Develop and market internally (VS 31/03/2019)
(FII185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (VS 31/03/2019)
(FII180) Trust Communications team not automatically included in external groups	Increase awareness of operational care group staff in relation to the benefits of networking (VS 31/03/2019)
	Improve communications section of Service Plans (VS 31/03/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 4	DEVELOPING AN EFFECTIVE AND EMPOWERED WORKFORCE	Lead Director: Dir. of HR & Diversity	Lead Committee: Workforce and OD Committee		A	A	A	A	

Positive Assurance	
Assurance	Source
Recruitment Key Performance Indicators (KPIs) developed.	Trust Board
Statutory and mandatory exceeding targets for 11 consecutive months (February 2018 – January 2019) ,17 of the 18 courses have seen improved performance Dec 2018 from previous year's position.	Trust Board
PADR above target in some Trust areas.	Trust Board
Turnover at lowest position reported 12 month rolling period.	

Negative Assurance	
Assurance	Source
Sickness levels have improved but are still below target levels.	Board Report
PADR completion rates are still below target levels	Board Report
Vacancies reduced still outside of Trust target.	

Gaps in Assurance
What do we not have
Workforce plans in place but future plans required with alignment with services and financial position. Work ongoing on 19-20 plans.

Objective	Key Risk(s)	Initial Rating	Current Rating	Target Rating	Movement Current rating
Develop a healthy organisational culture. Enable transformation and organisational development.	HR26 - Inability to implement the Trust's Workforce Plan and Strategy may result in an inability to achieve the changes to culture and reputation which are aspired to by the organisation.	16	12	4	↔
Invest in teams to deliver clinically excellent and responsive services	HR33 – Inability to retain appropriately qualified, skilled and experienced clinical workforce.	15	15	5	↔
	HR28 - Inability to meet Regulation 12 HSCA (RA) Regulations 2014 regarding mandatory training.	16	12	4	↔
	HR32 - Significant nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	20	15	5	↔

Key Controls	Sources of Assurance – Reporting Mechanisms
(HR26) Organisational Development (OD) and Workforce Strategy Implementation Plan	Trust Board performance report including key HR KPIs Workforce Strategy Group monitoring delivery of plan
(HR26) PADR (Performance and Development Review) process	
(HR26) Leadership and management development programmes	
(HR32) Vacancy levels regularly reported to Trust Board through IQPT.	EMT Trust Board
(HR32) Work commenced on recruitment strategy for nursing staff.	
(HR32) Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector.	
(HR32) Consultant roles advertised at NHS jobs.	Care Group governance meetings Care group reports to OMG Integrated performance report Workforce Strategy Group Performance Reports/ Monthly report to Trust Board.
(HR28) Statutory and mandatory training matrix	
(HR28) Identified and implemented new ways of delivery including unit based delivery and e learning	
(HR28) Care Group and Corporate jointly develop plans and trajectories to improve compliance rates	

Gaps in Control	Actions
(HR32) Review of recruitment benefits that can be offered.	Agreement of recruitment benefits that the Trust can offer – (SM 31/03/2019)
(HR32) Trust-wide workforce plan	Trust-wide workforce plan under development – (SM 31/03/2019)
(HR26) Inability to release/ backfill staff.	Deploy plan and develop reporting - SM 31/03/2019)
(HR32) Delivery of nursing recruitment strategy.	Development of nursing recruitment strategy and roll-out plan (SM 31/03/2019)
(HR33) Performance measures with regards to staff transfer eg should TUPE transfers be included.	Review of performance measures with regards to staff transfer eg. should TUPE transfers be included. – (SM 31/03/2019)
(HR33) Focussed OD programme to ensure our Managers have appropriate skills to lead, motivate and retain staff.	Development and implementation of OD programme. – (SM 31/03/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 5	MAXIMISING AN EFFICIENT AND SUSTAINABLE ORGANISATION	Lead Director: Dir. Finance	Lead Committee: Finance Committee		R	R	R	A	

Positive Assurance	
Assurance	Source
Position consistent with financial plan submitted to NHSI.	Trust Board
Continued decrease in agency expenditure.	Trust Board
In-year financial recovery plan. Budget Reduction Strategy.	Trust Board Finance Ctte

Negative Assurance	
Assurance	Source
Budget Reduction Strategy – gaps in 2018-19 plan.	Board Report
No Budget Reduction Strategy for 2019-2020.	

Gaps in Assurance
What do we not have

Objective	Key Risk(s)	Initial Rating	Current Rating	Target Rating	Movement Current rating
Be a flexible organisation that responds positively to business opportunities.	FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships and not increased our commercial/market understanding.	12	6	3	↔
Be a leading provider of integrated services	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	16	8	4	↔
	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	16	12	8	↔
Exceed requirements set by NHS Improvement regarding financial sustainability.	FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	25	15	5	↔
	FII200 – The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.	20	10	5	↔
	FII206 – If the Trust cannot achieve its Budget Reduction Strategy for 2018-19, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	20	20	8	↔
	FII204 – Inability to achieve the NHS Improvement Use of Resources Score for 2018/19 which may result in reputational harm for the Trust and significant reduction in financial independence.	12	12	4	↔
Build state of the art care facilities.	FII158 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	12	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	12	8	4	↔

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy 2018-19 to 2020-21 established which will produce a MTFP, incorporating the CIP process.	Budget Reduction Strategy policy and procedure agreed by Finance Committee and Trust Board
(FII200) Reporting to board and Finance committee which includes cash-flow projection and sensitivity analysis.	Trust Board reporting. Finance Committee reporting.
(FII206) Monthly monitoring of financial position discussed with budget holders (regular confirm and challenge)	Monthly reporting of financial position to Board. Monthly reports and Quarterly Accounts Returns to NHS I & quarterly feedback.
(FII206) Dialogue with NHSI for renegotiation of Trust Control Total.	
(FII206) Non-recurrent savings identified and agreed at EMT/ Finance Committee.	
(FII204) Regular reporting of agency expenditure to EMT and Board.	Executive Management Team reporting. Finance Committee reporting.

Gaps in Control	Actions
(FII205) Insufficient contingency identified.	Budget Reduction Strategy implemented with agreement from CCGs – (IO/ PB 31/03/2019)
(FII200) Trust remaining within its Revenue and Capital budget for 2018/19.	Ongoing monitoring of Trust cash position - (IO/ PB 31/03/2019)
(FII206) Savings identified rated as 'red' with high risk of not achieving.	Continued work in relation to finding savings with 2018/19 that would mitigate the potential failure of the approved 18/19 base CIP savings - (IO/ PB 31/03/2019)
(FII206) Increased governance arrangements around Care Group finances.	Accountability review of Care Groups - (IO/ PB 31/03/2019)
(FII206) Non Delivery of the BRS and recurrent budget targets.	
(FII204) Review of agency expenditure required to ensure forecast expenditure position is as accurate.	Review of workforce looking at staffing savings/ agency expenditure - (IO/ PB 31/03/2019)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	
STRATEGIC GOAL 6		PROMOTING PEOPLE, COMMUNITIES AND SOCIAL VALUES	Lead Director: Chief Executive		Lead Committee: Quality Committee	A	A	A	A

Positive Assurance	
Assurance	Source
Patient and Carer Strategy Launched.	Trust Board
Continual development of the Recovery College.	
Health Stars developing	
Wider community engagement developing through changes to constitution and more work with Governors.	
More internal Trust focus on promoting wellness and recovery.	
Positive service user survey results.	

Negative Assurance	
Assurance	Source
Negative media outweighs positive media regarding promotion of communities.	Trust Board
Trust membership base is not fully operational and negative assurance around membership involvement.	

Gaps in Assurance
What do we not have
Patient outcome measures. Full Social Values report. Detailed Community engagement strategy or Relationship strategy.

Objective	Key Risk(s)	Initial Rating	Current Rating	Target Rating	Movement Current rating
Apply the principles outlined in the Social Values Act (2013)	OPS07 - Inability to equip patients and carers with skills and knowledge needed via social prescribing.	12	6	3	↔
'Make every contact count' via an integrated approach designed to make communities healthier.	MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.	9	6	3	↔
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	12	8	4	↔
Ensure our human resource priorities and services have a measurable social impact.	HR26 - Inability to implement the Trust's Workforce Plan and Strategy may result in an inability to achieve the changes to culture and reputation which are aspired to by the organisation.	16	12	4	↔
Improve recruitment and apprenticeship schemes and promote career opportunities	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(HR26) Organisational Development (OD) and Workforce Strategy Implementation Plan	Trust Board performance report including key HR KPIs Workforce Strategy Group monitoring delivery of plan
(HR26) PADR (Performance and Development Review) process	
(HR26) Leadership and management development programmes	
(OPS07) Recovery Strategy	Trust Board
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum.
(MD05) Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.	
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
(OPS07) Monitoring of patient outcomes	Consistent approach to recovery tool and training provided to staff (LP 31/03/2019)
(MD05) Awareness of equality and diversity issues within the Trust.	Development of internal EIA training (MD 31/03/2019)
(MD05) Robust approach to Equality Impact Assessments	Implementation of EIA approval process. (MD 31/03/2019)
(MD06) Robust process for capturing FFT responses	Standardised process for handing out FFT survey forms. (MD 31/03/2019)

RISK SCORING MATRIX

			IMPACT/ CONSEQUENCE				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 Moderate	5 x 2 = 10 High	5 x 3 = 15 Significant	5 x 4 = 20 Significant	5 x 5 = 25 Significant
	Likely	4	4 x 1 = 4 Moderate	4 x 2 = 8 High	4 x 3 = 12 High	4 x 4 = 16 Significant	4 x 5 = 20 Significant
	Possible	3	3 x 1 = 3 Low	3 x 2 = 6 Moderate	3 x 3 = 9 High	3 x 4 = 12 High	3 x 5 = 15 Significant
	Unlikely	2	2 x 1 = 2 Low	2 x 2 = 4 Moderate	2 x 3 = 6 Moderate	2 x 4 = 8 High	2 x 5 = 10 High
	Rare	1	1 x 1 = 1 Low	1 x 2 = 2 Low	1 x 3 = 3 Low	1 x 4 = 4 Moderate	1 x 5 = 5 Moderate

RISK TERMINOLOGY DEFINITIONS		RISK APPETITE DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.	Avoid (No risk)	Avoidance of risk and uncertainty is a key organisational objective.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.	Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regard to risk appetite and the level of risk the organisation is willing to accept.	Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.	Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.	Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

Agenda Item: 17

Title & Date of Meeting:	Trust Board Public Meeting – 27 March 2019		
Title of Report:	Risk Register Update		
Author:	Oliver Sims Corporate Risk Manager		
Recommendation:	To approve		To note
	To discuss	X	To ratify
	For information		To endorse
Purpose of Paper:	The report provides the Board with an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2018.		
Key Issues within the report:	<ul style="list-style-type: none"> The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks). There are currently 3 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 11th March 2019. Two risks have been reduced and removed from the Trust-wide risk register since last reviewed at the November Board Meeting. The current risks held on the Trust-wide risk register are summarised below: 		
	Risk Description	Initial Rating	Current Rating
	FI1205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	25	20
	HR32 – Nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	20	15
Risk Description	Initial Rating	Current Rating	



	<p>HR33 – Inability to retain appropriately qualified, skilled and experienced clinical workforce.</p>	15	15
<ul style="list-style-type: none"> An updated version of the risk management annual report action plan has been included to appraise the Trust Board on the current position of the plan. 			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	✓			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?	✓		No	

1. Trust-wide Risk Register

There are currently **3** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
FII205	Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	25	20	5
HR32	Nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	20	15	5
HR33	Inability to retain appropriately qualified, skilled and experienced clinical workforce.	15	15	5

2. Closed/ De-escalated Trust-wide Risks

Two risks have been reduced and de-escalated from the Trust-wide risk register from when it was last reported to the Trust Board in November 2018. There have been no risks that were closed from the Trust-wide risk register since last reported.

Table 2 –De-escalated Risks from Trust-wide Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
FII200	The Trust's cash position deteriorates adversely where day to day functioning is impacted and the organisation is no longer financially independent.	20	10	5
FII206	The Trust's cash position deteriorates adversely where day to day functioning is impacted and the organisation is no longer financially independent. <i>(Merged risk register entry generated from two previous Trust-wide risk register entries - FII202 and FII203)</i>	20	12	8

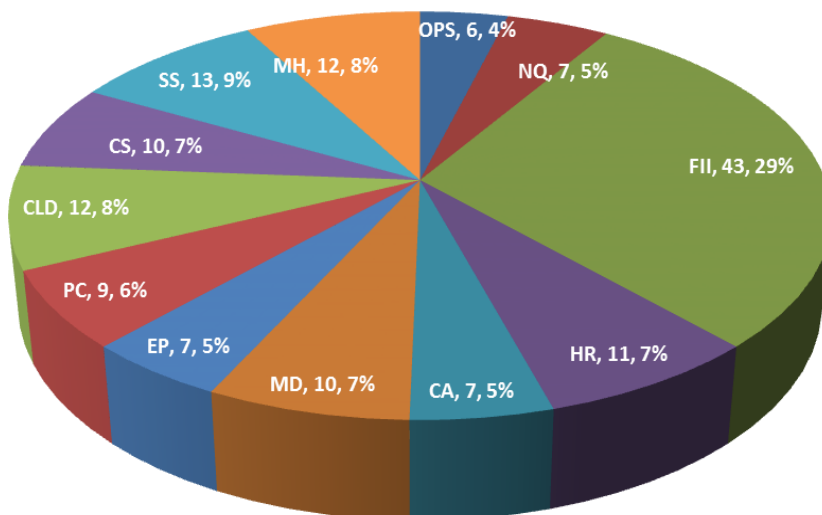
4. Wider Risk Register

There are currently **147** risks held across the Trust's Care Group and Directorate risk registers. This is an overall decrease of **3** risks from the **150** reported to Trust Board in November. The table below shows the current number of risks at each risk rating in comparison to the position presented to the November 2018 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – November 2018	Number of Risks – March 2019
20	3	1
16	0	0
15	3	2
12	33	43
10	2	3
9	44	42
8	25	28
6	31	22
5	1	1
4	6	4
3	1	0
2	1	1
Total Risks	150	147

Chart 1 – Total Risks by Care Group/ Directorate



Key:

- OPS** – Operations
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics
- HR** – Human Resources
- CA** – Corporate Affairs
- MD** – Medical Directorate
- EP** - Emergency Preparedness, Resilience & Response
- PC** – Primary Care
- CLD** – Children’s and Learning Disability
- CS** – Community Services
- SS** – Specialist Services
- MH** - Mental Health Care Group

Risk Management Plan 2018-19 – Status Update

Action Number	Action	Action Lead	Date for completion	Status
1	Corporate Risk Manager to work with Care Group / Directorate risk leads to refresh risk registers for start of 2018/19.	Oliver Sims	31 st May 2018	Completed
2	New risks to be assessed in relation to budget reduction strategy and quality impact assessment (QIA) process. All risks identified as part of QIA to be signed off by Director of Nursing to ensure risks rated moderate and above sent to the Corporate Risk Manager for inclusion on relevant risk register.	Oliver Sims	31 st May 2018	Completed
3	Strengthen Trust recording of risk management discussion at committees and forums through the development of a template risk section for inclusion in Trust minutes to clearly reflect discussions undertaken and include reference for any risks requiring further actions.	Oliver Sims/ Lynn Parkinson	31 st May 2018	Completed
4	Deep-dive reports to be presented to each scheduled Audit Committee meeting for 2018/19 carried out on cyclical basis to ensure that the highest rated risk for each Care Group/ Directorate are considered by the Committee to provide assurance around risk management process at least once annually.	Oliver Sims/ Audit Committee	Commence May 2018	Ongoing – Primary Care, Community, Children’s and LD Care Group and Mental Health Services Care Group risk registers to be reviewed at May 2019 Audit Committee.
5	EMT to undertake a review of full risk registers for each Corporate Directorate once annually on a cyclical basis.	Oliver Sims/ EMT	Commence June 2018	Ongoing

Risk Management Plan 2018-19 – Status Update



Action Number	Action	Action Lead	Date for completion	Status
6	Risk Management policy to be updated to reflect processes and systems changes regarding risk management developed in-year.	Oliver Sims	30 th June 2018*	Completed
7	Test local risk registers and arrangements in place to track risk initially scoped locally that have been escalated to Care Group through risk samples across each of the Care Groups and the management that has been undertaken to mitigate the identified risks.	Oliver Sims	30 th June 2018	Completed
8	Link Board Assurance Framework with strategy work being undertaken within the Trust to ensure most up-to-date information is captured, specifically regarding strategy work at STP level.	Oliver Sims/ EMT	31 st July 2018	Completed
9	Revisit risk appetite for organisation at Trust Board development session.	Oliver Sims/ Trust Board	31 st July 2018	Completed
10	Update three-year risk management strategy to ensure it aligns to current overall strategy of the organisation at Trust Board development session.	Oliver Sims/ Trust Board	30 September 2018*	Completed

The risk management plan for 2019-20 is currently under development and will be presented to Executive Management Team prior to the Trust Board for approval.

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
												Likely	Catastrophic	20	Significant		Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
1	FI205	Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Budgets agreed. 2. Monthly reporting & monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 4. Project management approach to delivery of BRS 5. MTFP developed to inform plans. 6. Service plans. 7. Finance Committee. 8. Budget Reduction Strategy 2018-19 to 2020-21 established which will produce a MTFP, incorporating the brs process. 9. Non-recurrent savings. 10. BRS reporting to Board on a quarterly basis. 11. Dialogue with NHSI for renegotiation of Trust Control Total.	1. Monthly reporting to Board 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. SMT monitoring progress of BRS plans. 4. Standing item on EMT agenda/ SMT agenda. 5. Budget Reduction Strategy policy and procedure agreed by Finance Committee and Trust Board.	1. Insufficient contingency identified.	1. MTFP Reporting once plan in place would provide assurance over medium to longer term planning. 2. Risks inherent in 2018/19 BRS plans.	Likely	Catastrophic	20	Significant	1. Budget Reduction Strategy implemented with agreement from CCGs - (IO/PB 31/03/2019)	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
2	HR32	Nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	1. Consultant roles advertised at NHS jobs. 2. Attendance at recruitment fairs. 3. Conversations with a recruitment head-hunter partner to identify consultant resource. 4. Work commenced on recruitment strategy for nursing staff. 5. Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector. 6. Vacancy levels reported monthly to Care Group management and Finance Committee. 7. Vacancy levels regularly reported to Trust Board through IQPT.	1. Finance Committee. 2. Care Group Business Meetings. 3. EMT. 4. Trust Board	1) National workforce shortages 2) Delivery of nursing recruitment strategy. 3) Review of recruitment benefits that can be offered. 4) Trust-wide workforce plan.	None identified.	Possible	Catastrophic	15	Significant	1. Development of nursing recruitment strategy and roll-out plan - (SM 31/03/2019) 2. Trust-wide workforce plan under development - (SM 31/03/2019) 3. Agreement of recruitment benefits that the Trust can offer - (SM 31/03/2019)	Julie Hall	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
3	HR33	Inability to retain appropriately qualified, skilled and experienced clinical workforce.	Objectives	Possible	Catastrophic	15	Significant	1) Organisational Development (OD) and Workforce Strategy Implementation Plan. 2) PADR (Performance and Development Review) process 3) Leadership and management development programmes 4) Staff engagement through TCNC (Trust Consultation and Negotiation Committee), 5) Staff Health & Wellbeing Group and action plan. 6) Trust retention plan as agreed with NHSI.	1) Trust Board monthly performance report on turnover and on rolling 12 month basis. 2) Staff surveys. 3) Local Stress Survey. 4) Staff Family and Friends Test. 5) Quality Committee. 6) EMT 7) HR Insight Report	1. Focussed OD programme to ensure our Managers have appropriate skills to lead, motivate and retain staff. 2. Trust retention plan delivery and associated actions.	None identified.	Possible	Catastrophic	15	Significant	1. Development and implementation of OD programme. - (SM 31/03/2019) 2. Delivery of Trust retention plan - (SM 31/03/2019) .	Julie Hall	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate