

Trust Board Meeting 27 November 2019
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 27 November 2019, in the Conference Room, Trust Headquarters

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 30 October 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Michael & Georgina's Story	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
Performance & Finance				
8.	Performance Report	PBec	To receive & note	√
9.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
10.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
11.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Workforce & Organisational Development Assurance Report	FP	To receive & note	√
13.	Audit Committee Assurance Report	PB	To receive & note	√
14.	Charitable Funds Committee Assurance Report & 10 September 2019 Minutes	MC	To receive & note	√
15.	Charitable Funds Accounts	PBec	To receive & approve	√
Strategy				
16.	Risk Management Strategy Update	HG	To receive & approve	√
Corporate				
17.	Healthcare Worker Flu Vaccination Self Assessment 2019/20	SMcG	To receive & ratify	√
18.	Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	MH	To receive & approve	√
19.	Annual Declarations	PBec	To receive & approve	√
20.	Board Assurance Framework	MM	To receive & note	√
21.	Risk Register	HG	To receive & note	√



22.	Items for Escalation	All	To note	verbal
23.	Any Other Business			
24.	Exclusion of Members of the Public from the Part II Meeting			
25.	Date, Time and Venue of Next Meeting Wednesday 29 January 2020, 9.30am in the Conference Rooms, Trust Headquarters			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	Contained in the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

Name	Declaration of Interest
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)	<ul style="list-style-type: none"> • Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
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 • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
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 • Son is a doctor in Leeds hospitals
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 • Chair, Cochrane Common Mental Disorders Expert Advisory Board
Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd

	<ul style="list-style-type: none"> • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Non Executive Director for The Rotherham NHS Foundation Trust
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, Over Promise and Under Deliver • Non Executive Director Barnsley NHS Foundation Trust
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Director Inspiring Leaders Network • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 30 October 2019 in the Conference Room, Trust Headquarters

Present:

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

In Attendance:

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Mr Adam Dennis, Communications Officer
- Mrs Patti Boden, Senior Nurse
- Mr Paul Lumsdon, Interim Deputy Chief Operating Officer
- Mrs Claire Strawbridge, Strategy Manager (for item 181/19)
- Dr Jennifer Kuehnle, Guardian of Safe Working (for item 183/19)
- Ms Hannah Schofield, Care Quality Commission
- 3 Members of the public

Apologies: None

170/19 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

171/19 **Minutes of the Meeting held on 25 September 2019**
The minutes of the meeting held on 25 September 2019 were agreed as a correct record.

172/19 **Matters Arising and Actions Log**
The actions list was discussed and noted.

173/19 **Patient/Staff Story**
The Chief Executive informed the Board that since the patient story was produced, the Trust has been informed that Michael had passed away. The Board extended its thoughts and sympathies to Michael's family and held a period of silence as a mark of respect.

A video has been made around the Professional Strategy which is being launched next week and this was shared with the Board. Mrs Gledhill, Director of Nursing explained that the video will be used as part of the launch. Professor Cooke, Non Executive Director, acknowledged the internal usage of the video, but felt it deserved external coverage which Mrs Gledhill is taking this forward. It will also focus in Board Talk.



174/19

Chair's Report

The Chair provided an update in relation to the work she has undertaken since the last meeting.

Nominations have closed for Governor elections for the seats in Hull, Wider Yorkshire and Humber and Staff. All nominations were unopposed and no election is needed. Congratulations were extended to the following candidates who have been elected and come into post on 1 February 2020:-

- Ian Graves, Hull Public
- Helena Spencer, Hull Public
- Tim Durkin, Public, Wider Yorkshire and Humber
- Craig Enderby, Staff Governor

It was reported to the Council of Governors meeting last week that Suzanne Milan, Hull Public Governor has resigned. This seat will remain vacant until the next elections.

The Chair has continued to meet with Governors and the Council meeting was held recently and has attended Health Expo which was a fantastic event with many stalls from the Trust. A meeting took place with the Chair of Hull University Teaching Trust where a Board to Board meeting was discussed along with meetings with local Chairs and stakeholders during the month.

Resolved: The verbal update was noted.

175/19

Chief Executive's Report

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

- Annual Members Meeting (AMM) – an update on the attendance analysis will be included in next month's report.
- Higher Training Places - the allocation of 2 extra higher training places from next August is excellent news for the organisation.
- Jane Hawkard, Accountable Officer for East Riding of Yorkshire Clinical Commissioning Group (CCG) is leaving at the end of the month. She will be replaced by Emma Latimer who is the Accountable Officer for Hull and North Lincolnshire and Goole CCGs.
- Slavery and Human Trafficking Policy Statement - the web statement in relation to slavery and human trafficking policy statement has been updated and was approved.
- East Riding Local Authority - Kevin Hall Director of Children's Services has retired and Eoin Rush has replaced Kevin in the role.

The Chief Executive reported that Hambleton, Richmondshire and Whitby CCG will be moving into the Humber Coast and Vale area which is a positive move. Stephen Eames is the Independent Chair and is moving to three sites a week. The Integrated Care Services (ICS) Accelerator Programme has been launched and an update will be provided at the next meeting.

The Chief Executive has written to Claire Murdoch about the Mental Health Investment Standards and the allocation of the £2.4 billion across the system. There is a clear steer from the Centre to see how the money has been spent given the trajectories and transformation in relation to mental health.

The Celebrating Mental Health National Conference is taking place on 15 November in The Lakeside Conference Centre, The National Agri-Food Campus, Sand Hutton, York YO41 1LZ with key note speakers Claire Murdoch and Paul Jenkins.

Mr Baren referred to the Care Quality Commission section of the Director of Nursing report included in the update, noting there were two open actions due for completion at the end of this month; he asked if there was any update on these. Mrs Hughes, Interim Head of Corporate Affairs responded that these were followed up at a recent Quality and Regulations Group meeting. Regulation 18 is about ensuring there are sufficient skills and competencies for staff and all sub actions have been delivered, the outstanding part is the licence which does not impact on the work that has been undertaken and continues. It is a technical issue with the licence and there is ~~enough~~ assurance in the system that this work has been progressed.

Regulation 17 is a similar situation in that there are a number of sub actions which have been completed. The outstanding sub action relates to additional training that continues to be made available to staff. Clinical staff know how to record care plans and risk assessments and this additional SystemOne training supports the actions already taken. In addition, YouTube videos have been produced to support this further and there is sufficient assurance in the system that this is being monitored and managed.

Mr Royles referred to the NHS Integrated Care Bill stating that the shift in the provider work collaboratively, through shared decision making and changes to contracts provides a lot of opportunity for the Trust. The Chief Executive said this is the intention around procurement initially and there is a natural move away from this way to working more across the areas with not as much competition and the legislation will help.

Mr Patton asked when the Child and Adolescent Mental Health Services (CAMHS) unit will open. The Chief Executive said the date has slipped to 29 November due to a supply issue for the doors. It is likely that it will not be open to admissions until the new year. However staff remain motivated and are working across the patch to keep updated.

Mr Patton congratulated the Medical Directorate team on the recent success of the Clinical Excellence and Innovation conference held. Professor Cooke felt that the insight of one of the key note speakers into models and collaboration with the Police was worthy of further understanding due to some local difficulties. Mrs Parkinson, Chief Operating Officer explained that work is underway to take this forward and the Chief Executive has met with the Assistant Chief Constable to agree a way forward.

Professor Cooke referred to the recent sad media news about trafficking asking if this could potentially be an occurrence in Hull as a large port city. The Chief Executive acknowledged that there was always potential for this to happen and has held discussions with the Chief Constable and the Chief Fire Officer recently as Hull is a container port. She was quite reassured that the services are working together and the statement contained in the report for approval was shared with them.

Reference was made to the terminology being used for the Improving the Health and Wellbeing for people with multiple learning disabilities. Professor Cooke suggested this may need to be reviewed.

Resolved: The report, verbal updates and ratified policies were noted.
The Board approved the Slavery and Human Trafficking Policy Statement

176/19

Publications and Highlights Report

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

Professor Cooke noted the significant change to reporting of patient safety data from 42 days to 6 days which was an achievement for the Trust.

Mr Royles suggested that the role and remuneration of Chairs and Non Executive Directors report raised questions about the Foundation Trust model and the direction of travel.

Resolved: The report was noted

177/19

Performance Report

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators are within normal variation, the exceptions being waiting times and cash in bank for which a detailed narrative has been provided in the body of the report. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Beckwith reported that on page 26 there was an error in the figures for Delays for Mental Health which were recorded as being 164 instead of 156, but this did not affect the overall percentage.

Mr Patton asked about mandatory training and the impact of the new pay progression policy. Mr McGowan, Director of Workforce and Organisational Development explained that the policy only applies to new people joining the organisation at present. The Electronic Staff Record (ESR) system has been developed to allow staff to record their training with communications sent out and a process is in place to make this happen. A reminder will also be sent in the new year.

The number of nil response rates for clinical supervision was highlighted by Mr Patton. He was informed that the relevant teams have been alerted even though this data was from previous months. In terms of fill rates, it was explained that teams are using the validating tools, but there is still a level of sickness and vacancies. An area of concern for Mrs Gledhill is Malton Hospital where there are three Registered Nurse vacancies. The team has made every effort to recruit, but has struggled. Whitby is in a better position and is now fully established and there has also been improvement at the Humber Centre. A piece of work has been commissioned around staffing which the Senior Nurse, Mrs Patti Boden is undertaking. The Chief Executive acknowledged the issues raised and looks at the triangulation between occupied bed days, serious incidence and violence and aggression which gives an indication of issues. She recognised that the organisation needs to take hold of the sickness rates and a summit is planned on 4 November to look at workforce issues including recruitment and sickness to try to identify ways to remedy the situation.

Mr Baren commented on the occupied bed days percentages some of which were 100%, but were still green. Mr Beckwith explained the threshold for the specialist beds was 95-100% which is based on the commissioned level of bed occupancy.

Professor Cooke mentioned the narrative on the death and mortality dashboard and felt it needed putting more into context. He also commented on waiting times noting that some of these were not just about young people with the trajectories needing to be kept to particularly for continuing care in Hull.

Dr Byrne explained that the mortality dashboard is in line with NHS England requirements. Every death is reviewed by the safety huddle and by the Clinical Risk Management Group weekly. In terms of the increase in numbers since the last meeting, he explained that this was due to a new service being taken on which historically had not reported appropriately. Dr Byrne is happy to bring something back to the Board about the policy if required.

In terms of workforce Professor Cooke felt that sampling of sickness absence would be useful given the changes to ESR reporting to give assurance that it is working. He also noted the reduction in the appraisal rate since the last month. The Chief Executive felt that there is some progress being made with sickness absence, but long term sickness remains an issue. Appraisals are due in the new year under the new policy and monitoring will take place during the specific period identified. Discussions have also taken place at both the Executive Management Team (EMT) and the Senior Leadership meeting. There is a national, regional

and local issue with workforce and ways of working differently using the staff we have are needed. Groups will be set up to look at this and the output fed back to the Workforce and Organisational Development Committee.

Mrs Parkinson provided an update on waiting times for the Board. She explained that there is a focus on all waiting times not just those over 52 weeks. Child and Adolescent Mental Health Services (CAMHS) continues to have the biggest proportion of longer waits. Mitigating actions are in place and there has been some additional further investment across all of the services to address the waiting times. Hull recently had the SEND revisit and early verbal feedback is that progress has been made with the Speech and Language Therapy, Autism and Attention Deficit Hyperactivity Disorder (ADHD), although there is still further work to do. Improvement has started to be seen due to the additional measures that have been put in place at the point of contact to triage to other services. The Trust started to provide continuing health care services in April 2019 and a quality evaluation has been completed which identified that more people that was originally thought are on the list. This work is planned to complete by the end of the month and there is the expectation that a lot of these cases will be closed on the system.

Mr Patton asked about referral to treatment figures which appeared to continue to deteriorate and he asked about plans to resolve this. Mrs Parkinson said there is a specialist plan in place to address this, but some of the issue is due to the long waiting times.

The Chair, as a general comment, felt the narrative needed to be carefully reviewed as some said there was slight improvement when the graphs suggested otherwise.

Mr Smith recognised the reduction in the time for recruiting to take place and the increase in vacancies and he queried about any preparatory work that is done. Mr McGowan acknowledged the increase some of which is from contracts that have been won and the team is trying to be as prepared as possible for planned work. He acknowledged that the improvement in recruitment times is positive and he thanked the team for their efforts in achieving this.

Mr Baren referred to the under 18 admissions to adult wards figure which had increased. He asked if there is any more assurance that could be given as to how long they were on units and what ages they were. Mrs Parkinson did not have the details to hand and will provide them outside of the meeting. She acknowledged there has been a big increase in recent months contributed to by the breakdown of Looked After Children (LAC) placements predominantly in the East Riding and the Trust is working with the local authority to prevent future admissions.

Resolved: The report and verbal updates were noted

Details of under 18 admissions to adult units to be shared with Mr Baren Action LP

178/19

Finance Report

The financial position for the Trust as at the 30th September 2019 (Month 6) was presented by Mr Beckwith He reported:-

- An operational surplus position of £0.118m was recorded to the 30th September 2019.
- Expenditure for clinical services was lower than budgeted by £0.885m.
- Expenditure for Corporate Services was £0.833m lower than budget.
- A BRS Risk Provision of £2.150m was included in the reported position.
- Cash balance at the end of September 2019 was £14.335m (Underlying Government Banking Service Cash position was £11.623m)
- Capital Spend as at the end of September was £4.560m.

It was noted that income is behind budget for the reported month. Mr Beckwith explained that this was in relation to the specialist commissioning contract set out at last year's contract

value which was still under negotiation which had not concluded.

Resolved: The report was noted.

179/19 **Quality Committee Assurance Report & 7 August 2019 Minutes**

The report provided an executive summary of discussions held at the meeting on 9 October 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 7 August 2019 were presented for information.

Professor Cooke reported that discussions took place about the patient safety in line with the national strategy and improving responses to the Friends and Family Test. The Committee also discussed and discouraged the opening of the CAMHS unit over the Christmas period.

Resolved: The report and minutes were noted.

180/19 **Finance and Investment Committee Assurance Report**

Mr Patton presented the report which covered discussions held at the October meeting including:-

- month six performance and focus on key areas including the Primary Care recovery plan.
- forecast delivery of the NHSI control total at yearend.
- assurance received on the Digital Delivery plan, the quarterly update of the Estates strategy and comments on the Strategic objectives refresh.

An update on the NHSI/NHS England financial position was received by the Committee and a discussion on the primary care recovery and assurance provided around the governance processes.

A long debate was held at the meeting around the strategic objectives and the measurability of them. It was also suggested there should be one overarching strategy with plans to support it.

Mr Smith felt there was a substantial amount of detail in the report and it was difficult to identify what was important. He will discuss outside the meeting with Mr Patton. The Chair found the report useful and insightful and thanked Mr Patton for his prompt turnaround to meet the report timelines.

Resolved: The report and verbal updates were noted.

181/19 **Our Strategic Objectives: Refreshed for 2019 – 2022**

The Chair welcomed Claire Strawbridge, Strategy Manager to the meeting. The Chief Executive explained that this document is around the strategic direction for the organisation and has been co-produced with staff and key stakeholders. It was emphasised that this document did not influence any discussions that will take place in the part III meeting. It is a specific transactional piece of work to help and enable the strategic objectives going forward. Mr Beckwith thanked Ms Strawbridge for all her work on the report. He explained that the next step is for a defined set of measures to be identified that can be reported on quarterly through the performance report.

Mr McGowan asked how it would be known that the objective has been achieved, particularly around strategic goal 4 as there are not enough measures and how it would link it into the Proud programme. Mr Beckwith explained that staff would find it more difficult if it was too transactional and in his opinion it was about the publicising of it and what is being done to improve staff engagement. This is a piece of work for the Executive Directors to undertake to look at how this work is presented back to the Board.

Professor Cooke referred to the strategy booklet that was reissued in 2018 asking what is going to be different in a refreshed version as he felt there should be inclusion of some Sustainable Transformation Partnership (STP) assumptions. The Chief Executive explained that the booklet is used for staff and stakeholders and caution should be exercised around STP assumptions. Feedback from staff has been positive about the booklet. Professor Cooke acknowledged that the system is changing and although difficult to call at this time, he felt a forward view was needed. Dr Byrne also liked the booklet and felt that if elements of it are delivered, the staff survey for next year will give a measure of whether we are getting it right or not. Professor Cooke said his thinking was more from a Board perspective and what elements of the strategy are not fitting in.

Mrs Gledhill reported that the patient safety strategy has recently been approved and she suggested that recognition of the Professional Strategy be included in goal 4. It was agreed this would be added to the final version.

The Chair referred to the front page of the document asking if the health and social care reference is accurate. Following discussion it was agreed to change this to read “excellent services”.

Resolved: The report was noted. Subject to the addition of the Professional Strategy in goal 4 and amendment to the front page of the document to “Caring, learning and growing to deliver excellent services”, the strategy refresh was approved.

182/19

Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2019-20

NHS Trusts are required to undertake an annual self-assessment against the Emergency Preparedness, Resilience and Response (EPRR) core standards, as set out in the NHS England and NHS Improvement Core Standards Matrix. Failure to meet the NHSE/I deadline for the assurance process would risk being categorised as non-compliant against the core standards for EPRR.

The Chair recalled that there had been a previous discussion about the inclusion of reference to Mr Smith, the Non Executive Director lead for emergency planning in the report. Mr Smith confirmed that although not mentioned, he has been fully consulted and involved in the work. Mr Baren noted that the report had not been through any Committees and suggested that it could come through the Audit Committee next year which was supported by the Chair.

The Chair asked where the statement of compliance will be monitored. Mrs Parkinson reported that it will be done internally through the EPRR group which reports into the Operational Delivery Group and into the Executive Management Team.

Resolved: The compliance statement and assessment was approved by the Board. Future reports to be submitted to the Audit Committee prior to the Board. The Committee workplan will be updated to reflect the inclusion of EPRR report **Action LP**

183/19

Guardian of Safe Working Annual Report

Dr Jennifer Kuehnle, Guardian of Safe Working presented the annual report to the Board. She explained that the report has been discussed at the Workforce and Organisational Development Committee. Last year there were 150 exceptions reports from Junior Doctors on the rota. A monitoring exercise was undertaken and as a result the rota hours have been altered and the work schedule changed. There are early indications that this has been successful as in the last two months only two exception reports have been received. Subtle changes that have been made appear to be having an impact. The Trust has received no fines in the last year for any breaches.

Mr Smith thanked Dr Kuehnle for the report acknowledging the style and content of the report. He felt that the changes made were having an impact and would be appealing for

recruitment and congratulated her on this achievement.

Professor Cooke asked about the fill rates and reputation with junior doctors in coming to work for the organisation. Dr Kuehnle said that as an area it is a struggle, but the Trust is the same as the national average. Dr Kuehnle said it was about encouraging people to join the Trust and explained that she came as a graduate of the Hull York Medical School and never left!

The Chief Executive thanked Dr Kuehnle for the report and also Dr Byrne and Dr Stella Morris for their work on medical education. She felt that this should be publicised as the report is helpful and shows that junior doctors are supported in the organisation.

The Chair liked the format of the report especially the reminder about the role of the Guardian. The report referred to the Board receiving quarterly and annual updates, but at the moment quarterly reports are submitted to the Workforce and Organisational Development Committee. The Chair asked Dr Byrne to clarify in a post meeting note whether this arrangement fulfilled the requirements of Health Education England (HEE).

Resolved: The report was noted
Dr Byrne to clarify in the actions log whether this arrangement fulfilled the requirements of
Health Education England (HEE). Action JB

184/19 **Any Other Business**
No other business was raised.

185/19 **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.

186/19 **Date and Time of Next Meeting**
Wednesday 27 November 2019, 9.30am in the Conference Room, Trust Headquarters

Signed Date
Chair

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

Summary of actions from October 2019 Board meeting and update report on earlier actions due for delivery in November 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
30.10.19	177/19	Performance Report	Details of under 18 admissions to adult units to be shared with Mr Baren	Chief Operating Officer	November 2019	Completed
30.10.19	182/19	Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2019-20	Future reports to be submitted to the Audit Committee prior to the Board. The Committee workplan will be updated to reflect the inclusion of EPRR report	Chief Operating Officer	November 2019	Added to workplan for Audit Committee
30.10.19	183/19	Guardian of Safe Working Annual Report	Dr Byrne to clarify the actions log whether this arrangement fulfilled the requirements of Health Education England (HEE).	Medical Director	November 2019	Verbal update to be provided at the meeting
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
25.9.19	148/19(a)	Patient Story - Co-Production in the Development of the Peer Support Worker Role	A report will be submitted to EMT regarding recruitment, career pathway and how the work can be taken forward.	Chief Operating Officer	November 2019	Update to be taken to EMT in November
25.9.19	148/19(b)	Patient Story - Co-	Following discussion at EMT, an	Chief Executive	January 2020	Item not yet due



		Production in the Development of the Peer Support Worker Role	update will be included in a future Chief Executive's report.			
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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 November 2019			
Title of Report:	Michael and Georgina's Story			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with a story of a Veteran's experience of living with Post Traumatic Stress Disorder (PTSD) and his wife's experience of living with someone with the condition.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) n/a patient story	✓
Key Issues within the report:	The key messages of the story from Michael (Veteran) are:			
	<ul style="list-style-type: none"> • Involve family from start; offer help to them • Keep doing what you're doing • Mediation with employers (letters updates dismissal interviews etc.) 			
Key Issues within the report:	The key messages of the story from Georgina (Veteran's Wife) are:			
	<ul style="list-style-type: none"> • Living with someone who has PTSD is very hard; it can be very lonely and extremely isolating • Humber Traumatic Stress Service helped start a long and challenging road to recovery • PTSD is the third person in our marriage but we now know how to deal with it and prevent it from interfering 			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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



Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Michael and Georgina's Story

1. Introduction

To provide the Board with a story of a Veteran's experience of living with Post Traumatic Stress Disorder (PTSD) and his wife's experience of living with someone with the condition.

2. Attendance at the Board meeting

In attendance will be Veteran Michael Richardson, his wife Georgina Richardson and Rob Howarth (Veterans Mental Health Practitioner) from the Veterans Mental Health Transition, Intervention & Liaison Service.

Michael and Georgina will tell their stories to the Board followed by a questions and answers session with Michael, Georgina and Veterans Mental Health Practitioner Rob Howarth.

3. Key Messages

The key messages of the story from Michael (Veteran) are:

- Involve family from start; offer help to them
- Keep doing what you're doing
- Mediation with employers (letters updates dismissal interviews etc.)

The key messages of the story from Georgina (Veteran's Wife) are:

- Living with someone who has PTSD is very hard; it can be very lonely and extremely isolating
- Humber Traumatic Stress Service helped start a long and challenging road to recovery
- PTSD is the third person in our marriage but we now know how to deal with it and prevent it from interfering

Michael's Notes to present in detail at the Board Meeting

- **When did you first start receiving care from the NHS?** Dr Clayton Apr 2011.
- **What care have you received?** Counselling, EMDR, Combat Stress and AA.
- **What treatment and care are you receiving now?** GP.
- **What is going well?** My whole life, ability to cope and self-help.
- **What can we do better?** Try not to change lead staff half way through process (Elaborate – Marinda-Stone).
- **What messages would you like to give us?** Involve family from start, offer help to them, keep doing what your doing, mediation with employers (letters updates dismissal interviews etc.)
- **What would you like to happen as a result of telling your story?** Make a good system even better, education across all levels ie Family, GP, consultant, agencies employer, government.

Caring, Learning and Growing

- **Why is it important for you to be involved in decisions about your care?** All decisions made impact upon me and mine.
- **Are you encouraged to have your say in the treatment or services received and what is going to happen?** Yes in all cases because I wanted to get involved from the start.
- **Do you always feel listened to?** Most of the time (early stages of treatment.)
- **If you have questions about your care do you know who to talk to?** Thankfully now yes at the start in 2011 no. Internet, REA, British Legion, intelligent wife.

Georgina's Story

PTSD or Post Traumatic Stress Disorder is one of those things that until recently, many of us would not have heard of or even experienced. Have you ever wondered how it affects people around the sufferer? Many documentaries often show the scars of war and trauma as physical but leave out the mental issues. There has always been a stigma with mental health; Victorian times you were branded a lunatic and locked away, thankfully things are not that way anymore.

It had been loitering in my life for a while, I crept around it, avoided it, shut myself away until one day it broke me. I teetered on the edge of something very unpleasant and at times uncontrollable. But I am glad to say, it now plays a smaller part in my life thanks to great support from friends, family, work and I can now say a mental health team.

I suffered my own traumas but the main one has been dealing with my husband's PTSD. He came back from Iraq a different man to the one who left in 2003. It was not just this conflict that affected him but others such as Northern Ireland and Bosnia. I was unaware for a long time of what he had seen and felt, I think there were times when he had tried to talk about it but I had said, "don't tell me I can imagine" but how could I really?

Living with someone who has the condition is very hard. It can be very lonely and extremely isolating as often the sufferer doesn't realize how their behaviour is affecting you. We live with the experiences daily, it's hard to admit that you might not be coping or even understanding their behaviour. There are times when you feel like leaving, feel withdrawn, lack in confidence and at times not sure what the best thing is to do. You regularly make excuses for their behaviour; ignore your own feelings of frustration and anger. They become argumentative, drink more and become very self-absorbed. They become withdrawn and aggressive. Eventually something must give and that was me.

We had dealings at first with Combat Stress and through them and our local GP, we were referred to the Humber Traumatic Stress Service. It has a team that works with veterans and families (if needed) and an outreach service that veterans can self-refer direct. It was a combination of these services that started a long and challenging road to recovery.

Caring, Learning and Growing

At the service, I was able to talk in my own space, about what had happened in my own life, my feelings and without judgement. I was helped to realise that my own needs were just as important and that a lot had affected me too. I was encouraged to rediscover things I had once loved doing, such as art. It took a huge amount of effort and on some days, I had no enthusiasm but gradually things came back. I also rediscovered my love of writing and other creative arts. I also discovered the Big White Wall, an NHS funded scheme for members of the forces, families etc. where you can write anonymously on a virtual postcard. Other members can give advice, help or share experiences.

PTSD is just not a symptom of military life; it can happen to anyone who witnesses a traumatic event (such as an accident or childhood event). Our brains store memories like a film or photograph and when a traumatic or series of events occur, these images get stuck and replay. Some people can process these thoughts and move on, but others can't, and this creates a constant loop of nightmares, smells and noises. Can you imagine having these things interfere with your daily life, often at inappropriate times? E.g. at night, in a crowded place, even on holiday. Unfortunately, some individual's way of dealing with these issues' can make them depressed, angry, frightened, anxious and so unhappy; they may lose family, jobs or sadly their life.

We all need an understanding of the condition, and it affects people. The hardest part is realizing you need it and asking for it. It takes a lot of courage to speak out. Perhaps the next time you hear or meet someone with issues don't look on them as weak. Without the help of many of the mentioned agencies, friends and family I'm not where we would be today.

PTSD is the third person in our marriage and it certainly was not invited but now we know how to deal with it and prevent it from interfering.

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve	✓	To receive & note	✓
	For information		To ratify	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report To note the Executive Management Team Terms of Reference at appendix 1 			

Monitoring and assurance framework summary:

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



Chief Executive's Report

1 Around the Trust

I have spent time this month working with our Approved Mental Health Professionals (AMHPs) and Social Workers. It was really useful to see first hand the challenges faced on a day to day basis.

1.2 Annual Members Meeting

The table below highlights the comparison of this year's annual members meeting compared with last year. The public members are still low so this will be the focus of discussion with the communications team.

	2019 (KCOM)	2018 (Hilton)
TOTAL in attendance	160	146
No of staff	124	109
No of members	5	6
No of governors	13	13
Members of public	7	8
No of partner organisations	11	10
<i>No of stall holders</i>	40	33

1.3 Breastfeeding Guardian

I successfully completed my Breastfeeding Guardian training so I am now the Trust's official Breastfeeding Guardian.

1.4 Nomination

The workforce team been nominated in three categories for the National Centre for Diversity Grand Awards 2020. The nominations are for Most Improved Organisation of the Year, Most Innovative EDI Initiative of the Year and EDI Lead of the Year.

1.5 Publications and Policy Report

A period of purdah commenced on 6th November and runs until on or after 13th December 2019. The pre-election period of Purdah is where specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The pre-election period is designed to avoid the actions of public bodies detracting from or influencing election campaigns.

There are no significant policy or publications to highlight to the Board this month. Any policy or publication issues that exist or may arise will be discussed in the executive team and a full publications and policy report will be provided to the next Board meeting.

1.6 Executive Management Team Terms of Reference

The Executive Management Team terms of reference have been reviewed and a new process for the meetings adopted following consultation at time outs. The new terms of reference are attached at Appendix 1 for information.

1.7 100% Attendance Letters

I am in the process of signing over 700 letters to staff who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

1.8 Health Service Journal (HSJ) Winners

The Trust was shortlisted for four Health Service Journal awards and one for the Mental Health Partnership. It gives me great pleasure to announce that Humber were the winners of the prestigious Mental Health Provider of the Year, winning against strong competition. A full

communications programme has been developed which includes a year long journey for the trophy across the organisation. It is important to note that this award is for the whole organisation.

Judges said "The journey for this organisation is exemplary", they went on to say that "they don't know quite how impressive they are. They retain an understated wow factor in their progress to change patient safety and embedded positive culture. A unique presentation for a unique trust".

1.9 Board Bake Off

The Christmas Board Bake Off will be returning this year with judging taking place on 12 December as part of the Christmas market/carol service event.

2 Around the Region

2.1 Clinical Research Network Yorkshire and Humber

The clinical research network has confirmed that Amber O'Malley will be joining the Clinical Research Network Yorkshire and Humber as Chief Operating Officer. Amber O'Malley has over 10 years' experience working at a national level in the NIHR Clinical Research Network (NIHR CRN) and has contributed to the overall collective leadership and management of the NIHR CRN Coordinating Centre (CRNCC), including participation in strategic development, organisational improvement, operational implementation and performance review.

As Head of Performance Management Amber played a pivotal role in the effective development, review and continuous improvement of the CRN Performance Management function across the CRNCC and the 15 Local Clinical Research Networks (LCRNs). Amber also currently leads the development and maintenance of the LCRN contractual framework, which includes setting national performance indicators and works closely alongside the leadership teams of the 15 LCRNs to support national consistency and collaborative working to improve national performance. Amber is passionate about ensuring the NIHR CRN maximises opportunities for patients, carers and the public to find out about and take part in clinical research.

2.2 Clinical Commissioning Group (CCG) Merger

Approval has been granted, with conditions, from NHS England/Improvement to merge the three Clinical Commissioning Groups (CCGs) – NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG – on 1 April 2020 to create the North Yorkshire CCG.

3 Director's Updates

3.1 Chief Operating Officer Update

3.1.1 Winter Pressures

The Trust has continued to actively participate and contribute in the system work across all of our geographical areas to ensure that we are prepared for this coming winters pressures.

For Hull and East Riding system providers and commissioners continue to plan for winter preparedness, monthly meetings of the unplanned care delivery programme are supported by daily system calls to identify and solve capacity issues. Hull University Teaching Hospital continue to be challenged by A&E waiting times and delayed transfers of care, to offset this they have established a number of work streams including, Hospital wider improvement programme, primary care streaming, diversionary pathways and reducing DToC / reducing delays for highly complex patients. In line with the winter letter sent on the 5 November by Pauline Philip and Richard Barker (NHS Improvement) the Trust is ensuring it can respond quickly and comprehensively to emergency department presentations. The Trust is establishing a second health based place of safety suite and building work and staffing are progressing on plan. Within the mental health liaison team all staff posts have now been recruited to with new staff having appropriate induction and training. The Trust has commenced uptake of the flu vaccine of which peer vaccinators will play a strong part in reaching a target of 80% or above.

Similarly work has taken place across Scarborough, Ryedale, Vale of York and Whitby to ensure that robust plans are in place. The Accident and Emergency Delivery Board has been developed to become a Health and care Resilience Board and is taking a broader system approach to tackling the pressures. This board is in the process of consolidating its action plan to address three key delivery groups:

- Pre Hospital
- In Hospital
- Interface

We have contributed to all of these areas of work and our services in these areas contribute to the regular system escalation mechanisms that are in place.

Across all areas the Operational Pressures Escalation Level (OPEL) actions that are taken to reduce the operational pressures in individual organisations and across the system have been reviewed and revised to ensure that they are as robust as possible. This includes the actions we will take to reduce our own pressures as a Trust, the mutual aid we will provide to the system when pressures are rising and the aid we will expect when our pressures are high.

Internally we continue to review our business continuity plans to ensure that they are robust through our emergency and resilience planning work. We have internal mechanisms in place daily on order to assess demand and capacity to ensure that our patient flow is optimised. Our mental health acute patient flow continues to perform well against a national position where use of out of area beds remains problematic.

3.1.2 Service Transformation Update

A review has recently been undertaken to ensure that the service transformation programmes that report to the transformation board are in line with our current operational priorities, some programmes have now been made business as usual e.g. Scarborough and Ryedale Phase II mobilisation. Due to successfully securing national transformation fund monies two existing programmes have been revised, the Crisis and Liaison Services redesign and Community Mental Health Team (CMHT) Transformation. A new mental health Forensic Outreach and Liaison service development is currently being added to the service transformation programme also due to a successful application for new monies as part of the wider Secure Services, Humber, Coast and Vale new model development.

The Service Transformation Board is chaired by the Chief Operating Officer, work is in place to address the key cross cutting themes of workforce, estate, finance, and information technology. The following current programmes are set out below with a brief summary of key programme updates and next steps:

Adult and Older Peoples Mental Health Campus

Key Updates

- Paper prepared for EMT setting out the current position and reframing project and timescale
- Clinical Model to be presented to Quality Committee in December
- Developing timeline with support from Citycare to ensure there is sufficient time for all tasks, project plan is being finalised

Next Steps

- Paper for EMT in November
- Produce up to date project plan with revised timelines
- Take back to Operational Transformation Board in November for impact analysis

Agile Working

Key Updates

- Agile Working policy submitted to ODG and agreed
- Meeting with CMHT East staff, agreed go live date of January 1st 2020
- Looked into SOS app for phones for Lone Working

Next Steps

- Meeting with CMHT Hull West Staff to discuss with staff how Agile can be implemented
- Benchmark data for teams going live so we can map cost and staff savings
- Arrange for SOS app to be deployed to work mobiles and add explanation onto staff Intranet
- List of Hot desk rooms to be sent out on Global mail and added to Intranet
- Take back to Operational Transformation Board in November for impact analysis

CMHT Transformation

Key Updates

- Project Group established.
- New Project Manager due to go out to advert shortly
- Overview of clinical model presented to last Quality Committee

Next Steps

- Complete development of full project documentation
- Take back to Operational Transformation Board in November for impact analysis
- NHS England launch event taking place 7th November

Crisis and Liaison Services Transformation

Key Updates

- Project Group established
- Review of bid submitted to reduce cost to fit financial envelope available

Next Steps

- Recruitment process to commence
- Paper to be developed regarding procurement of third sector provision for Health Based Places of Safety
- Take back to Operational Transformation Board in November for impact analysis with a view of moving this to business as usual

E-Rostering

Key Updates

- Development of planned action/Trust approach
- Continue roll out at Field House and Market Weighton
- GP surgeries wishing to uptake e-roster

Next Steps

- Whitby MIU and Malton ward to be on by January 2020
- 10 priority teams to be identified
- More capacity depending on Trust view on key areas
- CAMHS Inpatient Unit
- Take back to Operational Transformation Board in November for impact analysis

Learning Disability Forensic Outreach

Key Updates

- Clinical work has begun with a small

Next Steps

- Contract agreement

- cohort
- Confirmation of funding agreed by CCG
- Interviews commenced – offers made for Criminal Justice Worker, OT and Forensic Case Manger
- Co-commissioning of a service user research proposal agreed
- Continuing recruitment – Admin and Psychology posts
- Formalisation of work streams to progress service
- Take back to Operational Transformation Board in November for impact analysis

OMPH Memory Assessment Service Redesign

Key Updates

- Current state process mapping completed for both Hull and ER services

Next Steps

- Future state process mapping to be completed to standardise service across Hull and East Riding.
- Stakeholders and staff workshop 11th November to develop new memory assessment service
- Take back to Operational Transformation Board in November for impact analysis

Adult mental Health Rehabilitation Service

Key Updates

- Project established
- Project Team established
- Project governance established

Next Steps

- Project Board meeting on 7th November to progress
- Take back to Operational Transformation Board in November for impact analysis

Whitby Hospital Remodel

Key Updates

- This project is being led by NHSPS. HTFT Operations has been notified that the expected start date of the remodelling is mid to late January 2020. Confirmation of this is due mid December 2019. HTFT Operational project plan is drafted and awaiting confirmation of dates to be fully populated.
- Bed reduction plan to facilitate the IPU moving from its current location to the remodelled maternity unit has been signed off by CCG.

Next Steps

- Expected timeline for remodelling.
- Phase 1 (remodelling of maternity unit) Jan – March 2020.
- Phase 2 (remodelling of tower block) Start March 2020 running a 42 week plan of works.
- Take back to Operational Transformation Board in November for impact analysis

3.2 Director of Nursing

3.2.1 Patient Safety Strategy – Board Update

Following the launch of the Patient Safety Strategy some key work streams have commenced as follows:

- The Head of Patient and Carer Experience is leading on developing the role of the Patient Safety Partner. These are lay people with a specific remit regarding patient safety. Working with existing patient engagement forums and staff the role will be defined in line with the National Patient Safety Strategy requirements. Job descriptions and the recruitment

processes will be agreed with reporting to the Operational Delivery Group, the Executive Management Team and the Quality Committee.

- We are working with the provider of our risk management system DATIX to commission an additional module which will produce patient safety dashboards at team/service and organisational level. These dashboards will enable staff at all levels to interrogate patient safety data, produce reports and thereby promote patient safety discussion across all areas and at all levels within the organisation.
- An extensive patient safety training plan has been produced describing access to training for all staff (non-clinical/students/clinical and those who require specialist skills i.e. investigators). Divisions are currently reviewing the plan to ensure it will meet the needs of their staff. Support in delivering what is a very ambitious plan is being sought from the Improvement Academy.

In addition to the above we are currently exploring how we can shift the focus from examining what went wrong to what went well in line with the evidence based Safety 2 approach. Whilst we recognise we will always need to investigate when something went wrong and harm was caused it is recognised that the greatest learning is from what went well. With this in mind we have proposed establishing 'GREATIX'; linked to utilising the DATIX risk management system staff will be encouraged to report patient safety initiatives. Monthly awards will be presented i.e. patient safety team/individual of the month, culminating in an annual patient safety award identified from the winners from the previous months.

The Director of Nursing has written to all staff to raise awareness of the strategy and what is required from them. Staff have been specifically requested to:

- Display the Patient Safety Poster in their areas
- Review the training plan when it is launched and ensure they and their staff attend sessions that are relevant/of interest depending upon roles.
- Have 'Patient Safety good practice and concerns' as a regular item on team meetings and report good practice via 'GREATIX' when launched
- Regularly review and discuss team level patient safety information (team level dashboards available soon).
- Take action at individual and team level to maximise patient safety e.g use of safety huddles/having patient safety conversations with patients and carers
- Share learning with others

3.2.2 Social Work for Better Health

As part of the Department of Health and Social Care initiative "Social Work for Better Mental Health", the Trusts Principle Social Worker, Fran Ashton has contributed the development of national guidance for NHS managers who support and manage social workers in mental health services. This work has been led by the National Collaborating Centre for Mental Health and NHS England and there are also plans, as part of this, to work with Health Education England on new roles for social work.

The guidance is due to be launched in February 2020 and Fran will represent the Trust as a critical friend in reviewing the guidance prior to its launch. The guidance is needed to define and fulfil duties for the support and governance of social workers/social care staff and to provide clarity for local authority managers who are placing social work staff into integrated services operated by the NHS. It seeks to support the creation of leadership, organisation and team environments which enable social approaches to be better understood and implemented.

Also to promote good practice and consider the vital role of managers in integrated care the guidance hopes to consolidate evidence on what works and develop tailored resources which link managers to wider advice and networks.

The impact of social work in settings such as Humber Trust relies on robust collaborative leadership between professional and operational leaders. Senior managers need to be clear about what is required in their role as an employer of social workers. Team and middle managers play a

pivotal part in creating the right conditions for social workers to avoid blurred or disempowered roles and in enabling transformative and innovative practice. Our involvement in this guidance will support staff and managers and be particularly helpful in the current CMHT system redesign work with partners.

3.3 Medical Director

3.3.1 Health Education England/Fair Health Charity

The Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio Humberside. The trust was had some of its own GP's and trainees in the audience under the leadership of Dr Iqbal Hussain, the GP clinical lead for our primary care services.

3.3.2 Research Conference 4 December 2019

The Trust will be hosting its second research conference of the year on 4th December in the lecture theatre. The theme and content is focussed on enabling clinicians in the trust, with no previous research experience the opportunity to hear some practical advice and tips with regard to getting involved.

3.3.3 NHS England Visit

The Trust will host an NHS England visit on Tuesday 26th of November and they will explore our approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

3.3.4 Annual Hull York Medical School (HYMS) Monitoring Visit

The Trust recently completed its annual Hull York Medical School monitoring visit. It was pleasing to note their recognition and commendation for the significant work that's been undertaken in the past 18 months which has enabled them to significantly increase their student numbers, while at the same time we have seen significant improvement in our own student satisfaction scores with their mental health block, and is now rated higher than many of the other blocks on the program. Agreed development plans for the next year including shifting education to a remote/digital model as well as considering the introduction of clinical teaching fellows which have been successfully trialled in the acute environment.

3.4 Director of Workforce and Organisational Development Update

3.4.1 Flu Vaccinations

The programme of vaccinations started on 17th October and take up so far has been good. To date, 42% of clinical staff have had a vaccination, this compares to 55% last year, (however the programme started later this year).

3.4.2 Staff Survey

The staff survey closes on 29th November, to date; there has been a 34% response rate which is in line with last year.

3.4.3 Workforce Planning 2020/21

The Trust has commenced its approach to workforce planning. Work will continue during December and January with a view to having a two year workforce plan by the end of March 2020.

3.4.4 LGBT+ Staff Group

The Trust now has a LGBT+ staff group. The first meeting took place in November and the Chair has a seat on the Trust Equality Diversity and Inclusion (ED&I) Working Group.

3.4.5 Probationary Period Policy and Procedure

The Trust will introduce a probationary period for all new staff (excluding medical staff) with effect

from 1st January. Introduced to ensure new starters have the support they need in their first few months with the organisation, the policy will be launched at senior Leadership Forum in December.

3.4.6 New Induction Process

The Trust induction process has been overhauled and the new approach starts on 2nd December. A more interactive and targeted session, there will also be an opportunity to meet EMT, the Chair and NEDs at a drop in lunch session. In addition Executive Directors on a rotating basis will be chairing a 'coffee and chat' sessions for staff that have been with us for six months to find out how things are going.

3.4.7 Staff Engagement Budget

£10,000 (total) has been made available to managers for local staff engagement initiatives 2019/20 increasing to £25,000 for 2020/21 and beyond. This idea came from the newly formed Staff Engagement, Health and Wellbeing Group.

3.4.8 Pensions

Given the lack of issues within the Trust and local discussions with the BMA, we will be adopting a 'wait and see' approach to the NHSI winter letter concerning support to medics on the pension issue. This is in line with other mental health specialist trusts.

4 Trust Policies

The policy in the table below is presented for ratification. A document control sheet was provided to the committee to provide assurance to Board that the correct procedure has been followed and that the policies conform to the required expectations and standards.

Policy Name	Approving Committee	Date Approved	Lead Director
Probation Policy	EMT	30/9/19	Director of Workforce & OD

5 Communications Update

HSJ Awards

The Marketing & Communications Manager attended the HSJ awards where the video/presentation created by the team was described in the winners' presentation as a 'unique presentation from a unique Trust'. Social media coverage of the awards reached over 29,500 including over 1500 engagements (e.g. likes/reactions).

A post event plan has been launched to ensure our teams across the Trust feel part of the awards success. All staff will receive an award winner's pin badge and thank you card to acknowledge their contribution to our journey. A 12-month trophy tour is now underway with photographs shared on social media.

Media

- Seven stories were posted on the Trust's external website between 14 October and 13 November 2019 generating 972 story views.
- Press coverage included:
 - Humber Teaching NHS Foundation Trust named Mental Health Provider of the Year (Hull This Is)
 - Health Expo – ISPHNS Interview (BBC Radio Humberside)
 - Mental health trust of the year proves small is beautiful (Health Service Journal)
 - National sharing of patient records enabled in first-of-kind initiative (Health Service Journal)

Digital

Digital priorities for the period are reviewing both internal and external websites for development.

- Phase One (November-December 19): Current site review/improvements. Quarterly reviews of site content will now be led by the team to ensure all content is up to date (updates currently adhoc as requested).
- Phase Two (January-March 19) Proposal for future investment/development of digital channels.

Website

Current performance (over period)

	2018	2019	% change
Users	7379	6006	+23%
Sessions	7362	9037	+23%
Page Views	18627	16982	+10%
Bounce Rate *	63%	68%	+6%

*Bounce Rate: The percentage of visitors who navigate away having viewed only one page. Ideally should be between 25-50%

- Visit to news section is up 86% on previous year demonstrating quality of content shared and connection with social channels.
- Website visits from social media are showing consistent improvement with a 1400% (39 to 584) compared to same period 2018 due to focus on increasing daily posts and improving post quality/shareability.
- 41% of site traffic is mobile with over 700 more users visiting on mobile device over period compared to same period in 2018. Bounce rate is +10% on mobile devices sessions as site is not mobile optimised. Proposals for future investment will include mobile optimisation.

Social Media

Performance over period

Impressions	Engagements	Link Clicks	Growth
60500	4204 (+3.4% on previous period)	249	0.7%

Publications

- Issued special Staff Awards edition of Humber and Proud, Board Talk and Team Talk
- Distributed the latest edition of Humber People magazine to over 8,000 members.
- Design/print of strategy review booklet for distribution to all staff.

Events

- Delivered the Annual Staff Awards event on Thursday, 17 October 2019 attended by 195 guests. 100% of surveyed attendees enjoyed the event and the venue. We have completed review of the event with recommendations to build on 2019 event.
- Completed AMM annual event review. Report shows 10% growth in total attendance, 14% increase in staff attendance and a 20% increase in stalls showcasing.

Campaign support

Key campaigns over this period included:

- Led communications and marketing for 'Connecting with Professional Strategy' launch. The team created enriched content to draw staff to new intranet page to encourage them to view the strategy. Content included video storyboarding and development, recording and editing the our first podcast series 'Career Conversations' and providing social media support to cover and showcase the roadshow. Social media content had a reach of over 4000 on twitter with over 600 engagements and the website was visited by over 300 staff over the week. Video and podcasts were watched and listened to over 200 times.
- Leading Staff flu communications – working with occupational health and medical teams on improving flu vaccination rates with a focus on improving rates amongst GP's/GP support staff and nursing staff. As of 8 November 30.9% of frontline staff have had the flu vaccine. A targeted approach has seen GP support rates up from 18.2% by end of programme 2019 to 58% by 8th November.

- Staff survey - working with the staff engagement team to improve completion rates. As of 8 November 864 staff have completed their staff survey which is 32% of our workforce – currently ahead of 2018 response rate.
- Cottingham GP Surgeries Clinical Systems Merger – working with the Practice team to communicate the clinical systems merge to patients, service users, and staff. Support included print and digital communications. Reach and engagement with the post has been high with a reach of over 4,105, 1,076 engagements and 373 views of the website news story. This demonstrates how social media can be used positively to reach communities with messages about service change and improvement.

6 Health Stars Update

6.1 Key People at Health Stars

With the recent changes to the Health Stars team as there has been some changeover of staff at Health Stars we thought it would be good to give an overview of the current team in place.

Health Stars	HEY Smile Foundation
Kristina Poxon, Fundraising Manager Caroline Stephenson, Temporary Admin Support	Andrew Barber, CEO Victoria Winterton, Head of Smile Health Ann Newlove, Impact Appeal Lead)

Kristina Poxon started at the end of October. As Fundraising Manager she is responsible for the operational management of Health Stars including all fundraising and overseeing Circle of Wishes. She is full time at Trust HQ, working 8am until 4pm. She is currently supported by Caroline Stephenson who is providing temporary administration, particularly for Circle of Wishes. We will shortly be recruiting a permanent community champion to start in January 2020.

Victoria Winterton has taken up a new role at Smile Foundation as Head of Smile Health, reporting to Andy Barber CEO. Victoria's role is to lead and develop Smile's NHS Charities, with Health Stars as a priority. She is the line manager for Kristina and will regularly attend the CFC meetings and be at HTFT 1-2 days per week.

Ann Newlove has been the lead on the Impact Appeal, Ann was an additional resource put in by Smile with Impact being a capital Appeal. Ann's experience has been pivotal in the success of the appeal to date. Her role will conclude in December.

6.2 Impact Appeal

The Impact Appeal has now raised £284,434.50 as of the end of October. We're delighted with the success of the appeal and feel it has been a good achievement for Health Stars and our CAMHS team and future patients and families. The appeal process has been an excellent learning opportunity for the Health Stars team and the Trust to help us progress positively for our next appeal.

Fundraising for the appeal continues with the Barclays Ball on 22nd November next up in which over 300 people will be in attendance including a range of people from Humber.

6.3 Step into Christmas

Health Stars have launched their latest step challenge, Step into Christmas. It kicks off on Monday 18th November and we can still have teams to sign up. Please encourage your teams to get involved. It is a £10 entry fee for a team of six and these funds will go to the Chief Executive's Staff Engagement Fund. On top of this teams can fundraise for their own department or area through sponsorship. It's a great opportunity to keep active in the run up to Christmas.

6.4 Performance

The 2018/19 Accounts have just been approved by the Charitable Funds Committee and represent

further steps forward for the charity, An increase in revenue and subsequently investment into services.

Michele Moran
Chief Executive
November 2019

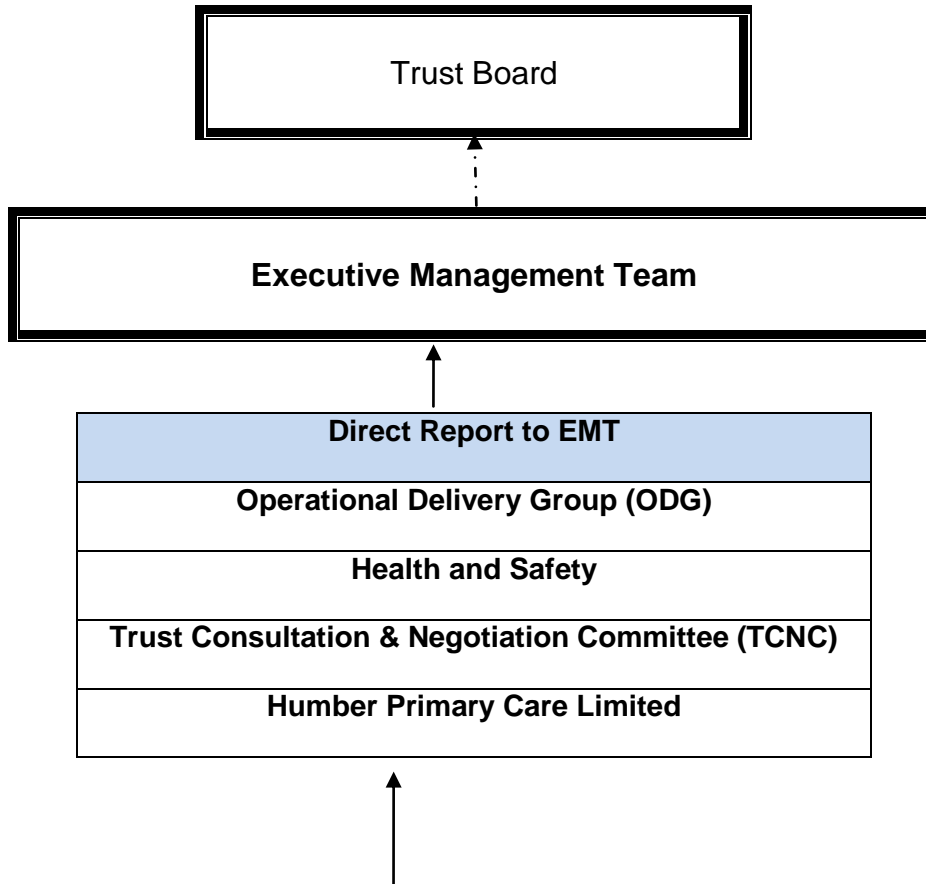
Executive Team Meeting

Terms of Reference

Constitution & Authority	The Executive Team Meetings report as appropriate through the Trust Board or through Committees of the Board
Overall Aim/Purpose	The Executive Team meetings are a regular meeting of the most senior Director/Executive officers of the Trust to bring together corporate business and to ensure that day to day operational and planning issues and risks are understood and appropriately addressed
Scope & Duties Functions	<p>To provide an overarching view of Trust business to enable decisions to be made</p> <p>To provide advice and agreement on the direction of travel on key Trust issues</p> <p>To ensure Executive Team colleagues are apprised of internal and external developments, within directorates and externally</p> <p>To bring, for discussion, any strategic issues that require consideration/agreement</p> <p>To provide the opportunity for members to raise any corporate issues for discussion, advice or agreement</p> <p>To provide effective leadership and direction of the work of the Trust ensuring that the Trust delivers on the objectives</p> <p>To oversee implementation of corporate/strategic plans</p> <p>To act as the approving committee for Estates policies.</p> <p>To provide leadership assurance and support for the effective engagement of partners and staff delivering the Trust's objectives</p> <p>To ensure the adoption and application of the Trust's values across and within directorates</p> <p>To share intelligence/information and anticipated issues and concerns so that shared planning and decision making can be adopted</p> <p>To manage business protocols</p> <p>To ensure that agreements are carried out and delivered</p> <p>To work as a unitary group</p> <p>To monitor and ensure performance targets are met</p> <p>To have oversight of the capital programme.</p>
Membership	Chief Executive (Chair) Director of Finance Director of Nursing

	<p>Medical Director Chief Operating Officer Director of Workforce & Organisational Development Head of Corporate Affairs</p> <p>All members are required to attend or be represented by a deputy when appropriate</p>
Responsible to:	Chief Executive
Chair:	Chief Executive
Accountable for:	The operational delivery of the Trust's strategic objectives and plans
Frequency of Meetings	<p>Monthly on the second Monday of each calendar month.</p> <p><i>Weekly informal meeting will be held</i></p>
Quorum	4 Directors as a minimum
Secretary	PA to Director of Nursing & COO
Agenda & Papers	<p>An agenda for each formal meeting, together with relevant papers will be forwarded to EMT membership 2 working days prior to the meeting (i.e. Thursday for a Monday meeting)</p> <p>Members who wish to add papers to the agenda must provide them by noon 2 working days prior to the meeting</p>
Committee Reporting	<p>EMT will receive minutes from the meetings and escalation reports from:</p> <ul style="list-style-type: none"> • Health & Safety Group • Trust Consultation and Negotiation Committee (TCNC) • Humber Primary Care Limited • Operational Delivery Group (ODG) <p>The Operational Delivery Group will provide formal monthly assurance reports with specific inclusion and assurance from those groups that report to ODG.</p> <p>EMT will also receive direct reports from major projects and corporate schemes for the lifecycle of the groups.</p> <p>EMT will escalate any issues to sub committees and the Board as appropriate.</p>
Record Keeping	Agenda and Papers are saved by the PA to the Director of Nursing & COO
Reporting	The Chair of the meeting will agree which items need to be reported through to Trust Board or any other Committee
Monitoring	A review of effectiveness will be undertaken annually
Reviewed	1/4/19
Updated	11 November 2019
Review Date	April 2020

Reporting Schematic:



Major Projects / Corporate Schemes will report directly to EMT throughout the lifespan of the group/s
Alternative Delivery Vehicle (ADV) - 2019
CAMHS Board - to Dec 2019

Agenda Item 9

Title & Date of Meeting:	Trust Board – 27 th November 2019			
Title of Report:	Performance Report - Month 7 (October)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of October 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>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	x
	Mental Health Legislation Committee		Operational Delivery Group	x
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<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 waiting times and PADR for which narrative has been provided in the body of the report.</p> <p>The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.</p>			

Monitoring and assurance framework summary:

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



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



Financial Year
2019-20

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Oct-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: **Oct 2019**

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

What are SPCs?

Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
 SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.
 P – process, because we deliver our work through processes ie how we do things.
 C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Incidents	Total number of incidents reported on Datix
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Variance between the budget (funded) establishment and actual staff in post. Note that not all vacancies are funded
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	CPA - 7 day follow ups	Percentage of patients who were on CPA and had a follow up within seven days of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Oct 2019

Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who have been assessed but continue to wait more than 18 weeks for treatment
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	RTT - IAPT 6 Weeks and 18 weeks	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 3	Recovery Rates - IAPT	Recovery Rates for patients who were at caseness at start of therapeutic intervention
Goal 3	Admissions of Under 18s	Number of patients aged 17 and under who were admitted to an adult ward
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff)
Goal 4	Staff Turnover	Percentage of leavers against staff in post
Goal 4	PADRs	Percentage of staff who have received a Performance and Development Review within the last 12 months
Goal 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Use of Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2019**

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

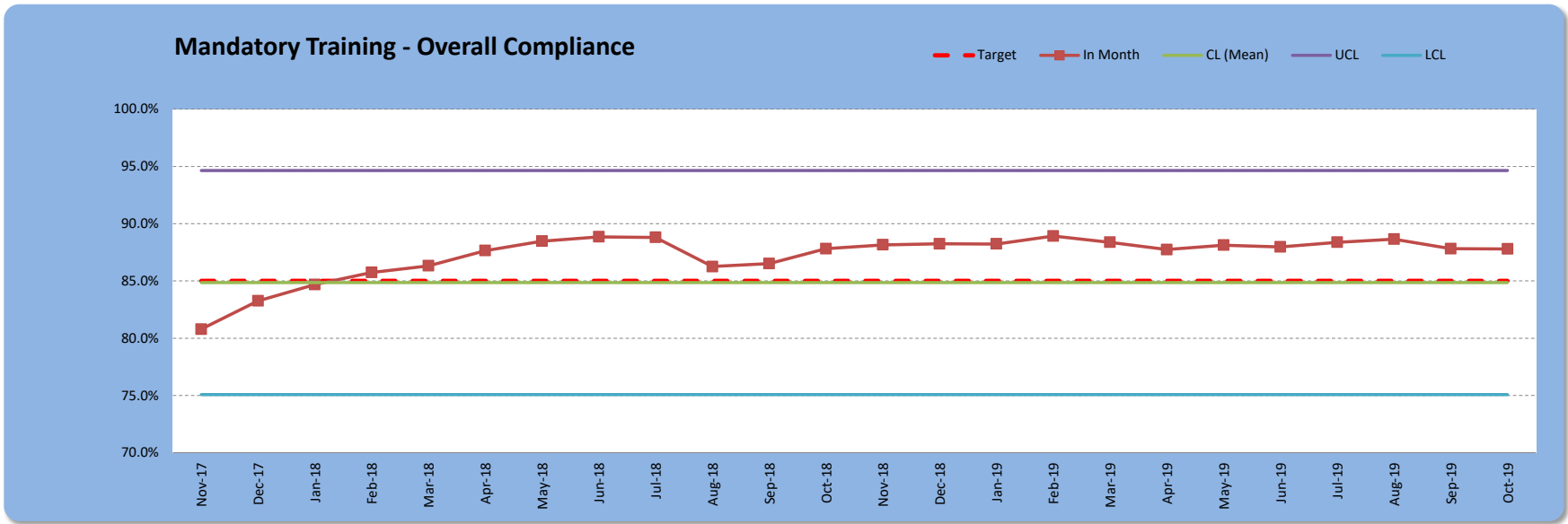
KPI Type
WL 5

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 87.8%



Exception Reporting and Operational Commentary

Performance remains above target. All managers now have access to ESR supervisor self service so they can review performance via the dashboard. More detailed information regarding those courses below target is provided to the Workforce and OD Committee.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 92.4%, ILS 77.4%, POVA 82.6% and MHA 81.9%). With two reds (PATS 70.6% and BLS 71.6%).

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2019**

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

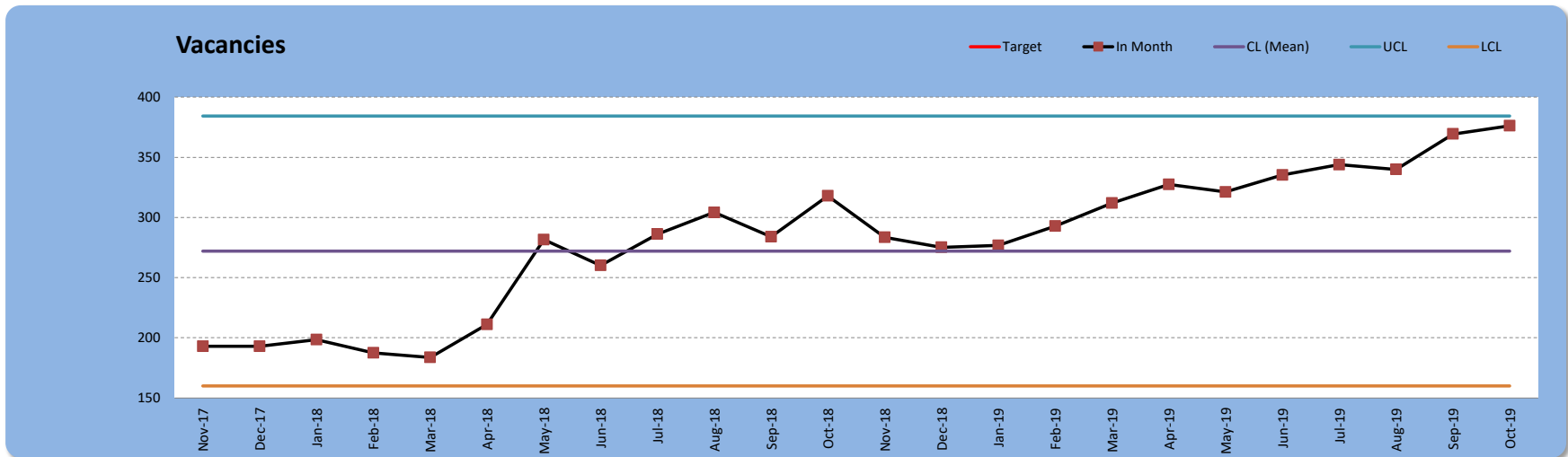
KPI Type

WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC
Current month stands at 376.2



Exception Reporting and Operational Commentary

The largest number and percentage of vacancies is for qualified nursing (129.7 FTE vacancies, 15.9% of establishment) and Consultant roles (16.7 FTE vacancies, 25.8% of establishment). Care Groups are formulating plans to address the Nursing vacancies and the Medical Director is working to address the Consultant vacancies. Vacancies across the Trust are 13.46% of the funded staffing establishment.

Breakdown of Vacancies per Care Group

Vacancies as @ 30/10/19

- Corporate 62.6 WTE (12.1%)
- Mental Health Services Care Group Planned 74.5 WTE (14.8%)
- Mental Health Services Care Group Unplanned 48.3 WTE (12.4%)
- Children's and LD Services 91.7 WTE (14.7%)
- Primary Care and Community Services 65 WTE (12%)
- Secure Services 34.1 WTE (15%)
- Total 376.3 WTE (13.46%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Incidents

Total number of incidents reported on Datix

Executive Lead
Hilary Gledhill

KPI Type

IQ 6

Narrative

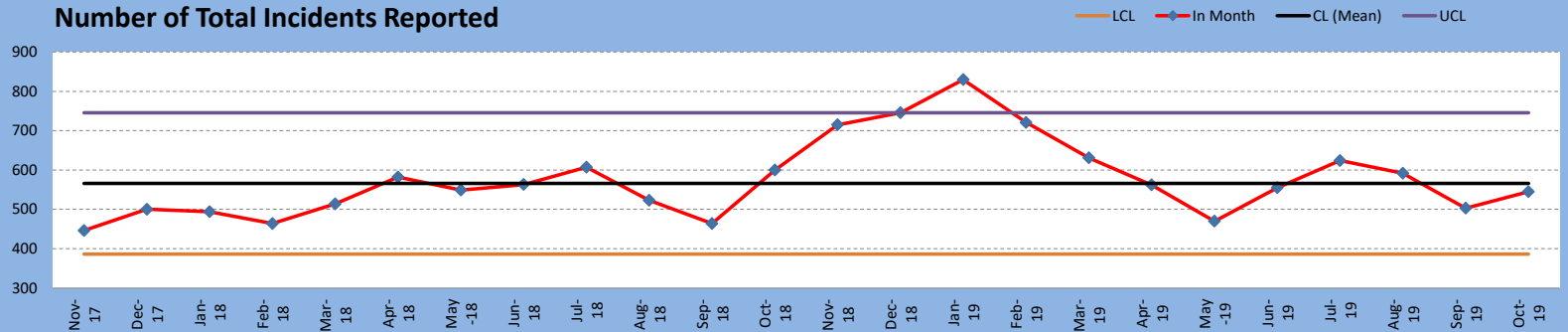
Within Control Limits

UCL: 746

LCL: 386

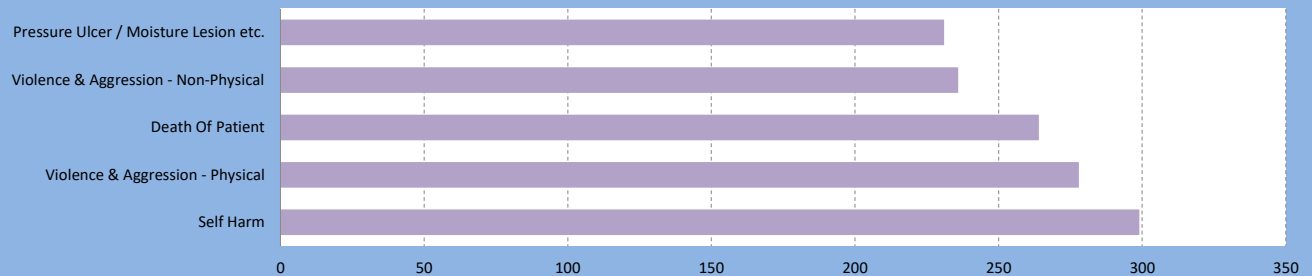
Current month stands at 545

Number of Total Incidents Reported



Top 5 Themes

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



Exception Reporting and Operational Commentary

Incident reporting rates in October across the Trust increased slightly compared to the previous month to just below the mean reporting rate for the previous two reporting years. For October 2019, 97.7% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Self-Harm' and of those incidents, 96.8% resulted in no harm or low harm, with 2.9% resulting in moderate harm and 0.4% severe. This continues the reporting trends seen year-to-date, with 'Self-Harm' being the highest reported category of incidents for the current financial year (April 2019 to September 2019), 'Violence and Aggression - Physical' the next highest reported and 'Death of Patient' (inclusive of expected deaths) being the third highest reported incident category. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust. All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2019**

Indicator Title	Description/Rationale	Executive Lead
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Hilary Gledhill

KPI Type

WL 9a

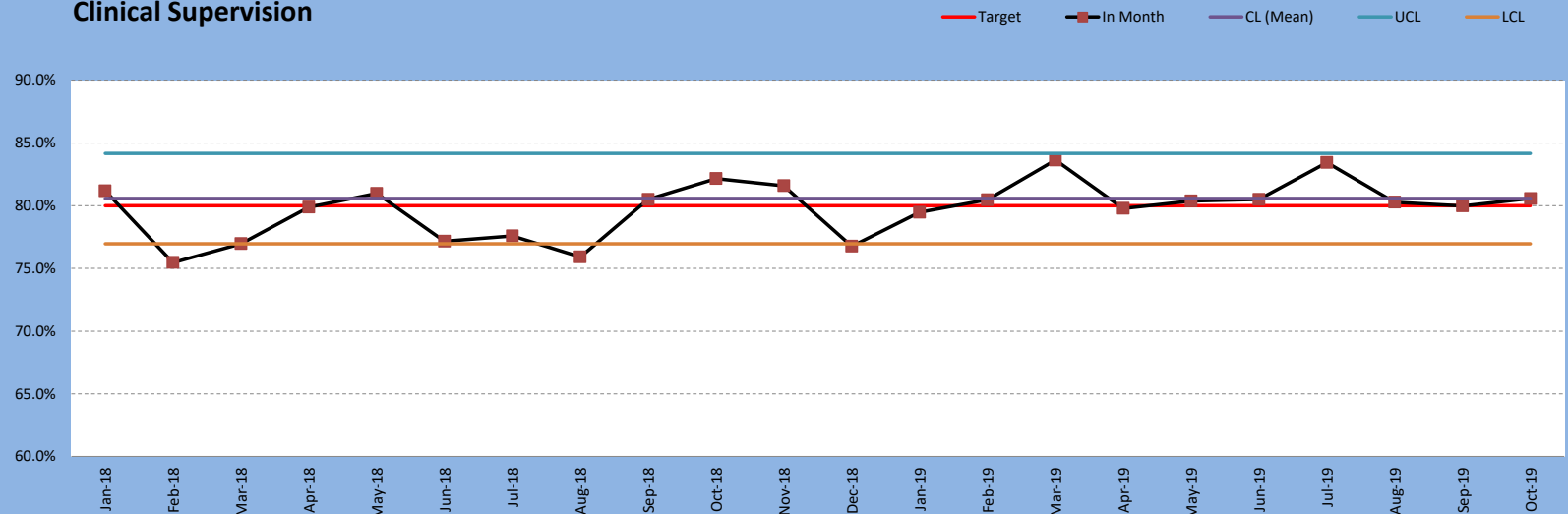
Narrative

Performance above target.

Target: 80%
Amber: 75%

Current month stands at 80.6%

Clinical Supervision



Exception Reporting and Operational Commentary

There has been an improvement both to the compliance rate and the number of returns provided with a 91% return this month.

Business Intelligence

Teams who do not provide a return are being actively managed by the Care Group and reminders sent out by BI team. The process in BI has been updated to capture all entries of supervision across a six week period for the relevant month.

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

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



Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators												
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Aug-19	Sep-19
Adult MH	Avondale	Adult MH Assessment	30.8	68%	15.21	19.2%	↑	1.4%	↑	81%	85%	92%	115%	0	0	0	0	93.3%	88.3%	90.9%	90.0%	66.7%	4.6%	3.2	3	1
	New Bridges	Adult MH Treatment (M)	39.4	96%	9.06	8.2%	↑	2.0%	↓	81%	89%	87%	105%	3	4	0	0	92.1%	99.0%	100.0%	96.0%	90.7%	5.6%	1.0	2	2
	Westlands	Adult MH Treatment (F)	34.6	91%	9.31	31.6%	↓	4.9%	↑	70%	102%	77%	122%	3	1	0	0	94.1%	91.6%	91.7%	87.5%	82.1%	17.2%	4.0	2	2
	Mill View Court	Adult MH Treatment	28.0	94%	9.00	32.9%	↓	0.3%	↑	77%	103%	77%	150%	0	0	0	0	100.0%	92.2%	90.0%	82.4%	93.1%	7.5%	3.8	3	2
	Hawthorne Court	Adult MH Rehabilitation	23.0	38%	15.58	24.5%	↑	0.0%	↑	69%	84%	93%	98%	0	4	0	0	87.5%	93.5%	88.9%	100.0%	82.1%	7.0%	1.2	2	2
	PICU	Adult MH Acute Intensive	22.2	71%	19.12	45.1%	↓	4.9%	↓	57%	131%	68%	134%	2	15	0	0	100.0%	88.9%	100.0%	92.3%	80.0%	10.8%	6.4	2	3
OP MH	Maister Lodge	Older People Dementia Treatment	35.8	76%	15.48	15.3%	↓	0.0%	→	51%	118%	108%	99%	0	1	0	0	100.0%	92.4%	90.9%	96.3%	95.2%	5.0%	1.6	1	1
	Mill View Lodge	Older People Treatment	25.8	97%	13.02	14.5%	↑	0.0%	↑	85%	91%	100%	108%	0	4	0	0	62.5%	97.2%	92.3%	100.0%	75.9%	8.0%	0.8	3	3
Specialist	Darley	Forensic Low Secure	21.3	100%	11.23	23.4%	↓	0.0%	→	75%	77%	97%	106%	0	0	0	6	100.0%	95.8%	77.8%	85.7%	91.3%	8.7%	3.0	2	2
	Derwent	Forensic Low Secure	28.9	93%	18.36	41.3%	↑	0.0%	→	61%	92%	100%	83%	1	0	0	0	92.9%	90.5%	75.0%	87.0%	67.7%	12.6%	3.8	3	3
	Ouse	Forensic Low Secure	24.2	97%	7.37	21.3%	↓	4.3%	↑	95%	90%	100%	98%	1	0	0	14	88.5%	90.7%	87.5%	73.7%	92.9%	3.5%	3.4	2	1
	Swale	Personality Disorder Medium Secure	26.4	54%	14.24	36.2%	↑	0.0%	→	58%	92%	101%	108%	0	0	1	0	92.3%	95.0%	88.9%	89.5%	89.3%	11.4%	3.0	2	2
	Ullswater	Learning Disability Medium Secure	26.2	67%	15.38	36.1%	↓	0.0%	→	86%	98%	97%	77%	0	0	0	6	100.0%	94.1%	90.0%	94.1%	92.9%	8.3%	1.0	2	1
LD	Townend Court	Learning Disability	37.7	57%	22.64	32.3%	↓	0.0%	→	69%	97%	50%	126%	1	7	0	0	68.8%	87.7%	78.6%	90.5%	71.8%	7.4%	3.9	4	5
	Granville Court	Learning Disability Nursing Treatment	41.7	Not Avail	n/a	34.5%	↑	0.0%	→	99%	91%	100%	109%	0	0	0	n/a	91.3%	84.6%	90.0%	66.7%	69.1%	6.9%	1.0	0	2
CH	Whitby Hospital	Physical Health Community Hospital	33.9	85%	7.15	0.0%	→	0.0%	→	97%	89%	102%	98%	2	0	0	n/a	77.8%	86.1%	65.0%	89.5%	76.2%	8.3%	-1.6	2	2
	Malton Hospital	Physical Health Community Hospital	29.7	99%	6.13	Not on eRoster	→	Not on eRoster	→	83%	90%	103%	74%	0	0	0	n/a	70.6%	79.6%	64.7%	86.4%	47.5%	9.2%	2.5	4	6

Exception Reporting and Operational Commentary

Most teams are showing an improved or stable position in relation to fill rates with the exception of Townend Court and Malton Hospital. Townend Court has fill rates below agreed targets for registered nurses on days and nights. However their low bed occupancy means they have strong CHPPD rates at 60.36. The qualified nurse vacancies and number of shifts where there is only one registered nurse on duty is contributing to the below target levels of performance in relation to Supervision and PADRs. Sickness is also an issue. These are being addressed by the new modern matron and service manager. Malton has low CHPPD rates and poor performance in relation to clinical supervision, PADR and ILS training. This is also compounded by an increase in bed occupancy during September. ILS training is being delivered on site and further supervision training has been arranged to increase capacity for 1:1 supervision being offered. The Service Manager and modern matron are directly supporting the charge nurse to manage the current roster and confirm a date for the introduction of the e roster. AHP are now working on the unit and this additional capacity will be built into the e roster reporting going forward.

The YTD figure for Failed Leave for Ouse shows a total of 14. However, this has significantly reduced recently with none cancelled in September

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

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

Registered Nurse Vacancy Rates

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%	13.40%	12.50%	14.30%	17.10%						

Slips Trips and Falls

	Apr	May	Jun	Jul	Aug	Sep
Maister Lodge	3	4	1	2	4	3
Mill View Lodge	1	3	1	2	0	2
Whitby	1	3	10	4	3	2
Malton	4	3	3	3	4	4

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Executive Lead
John Byrne

KPI Type

Friends and Family Test

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

FFT %

Narrative

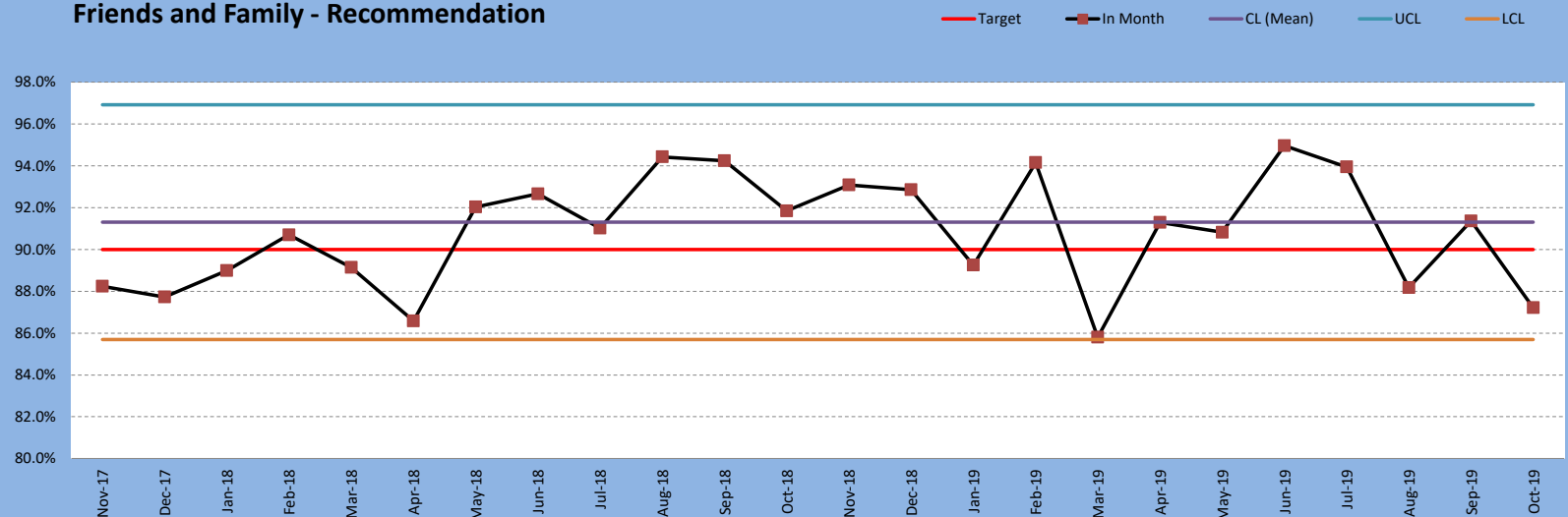
In below target by 2.8%

Target: 90%

Amber: 80%

Current month stands at 87.2%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

The Trust has fallen below the national target of 90% for the recommend score this month. The drop in score predominantly relates to primary care services. It must be noted that 22% (156 of the 704 Trust responses this month) relates to 2 GP practices. Also there is a national issue around access to primary care services. The primary care service is aware of the concerns and is implementing a number of initiatives to improve access.

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and will replace all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: "Overall, how was your experience of our service?" The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know". Changes will come into effect from 1st April 2020. The Trust held a workshop on 30th October involving patients, service users, carers, staff and partner organisations to develop a refreshed FFT survey form (this form will also be available in easy read).

Business Intelligence

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

The number of Friends & Family returns received for Oct is 704.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 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

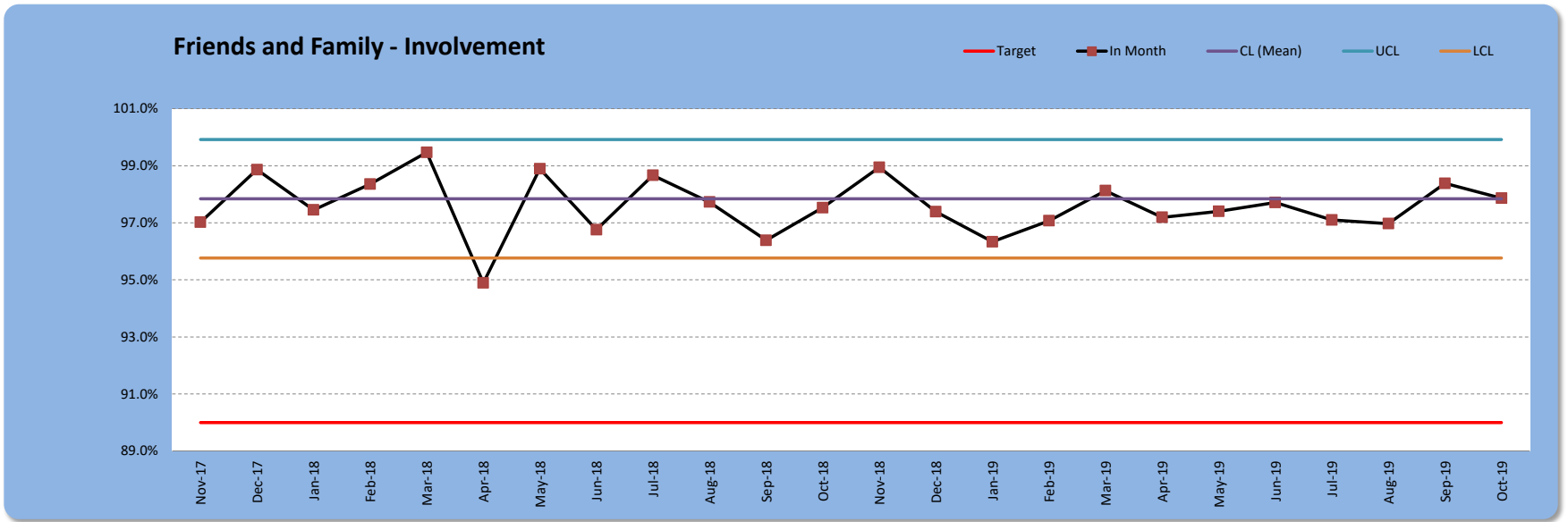
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 97.9%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a current month score of 98.4%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

CPA 7 Day Follow Ups

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

OP 12

Narrative

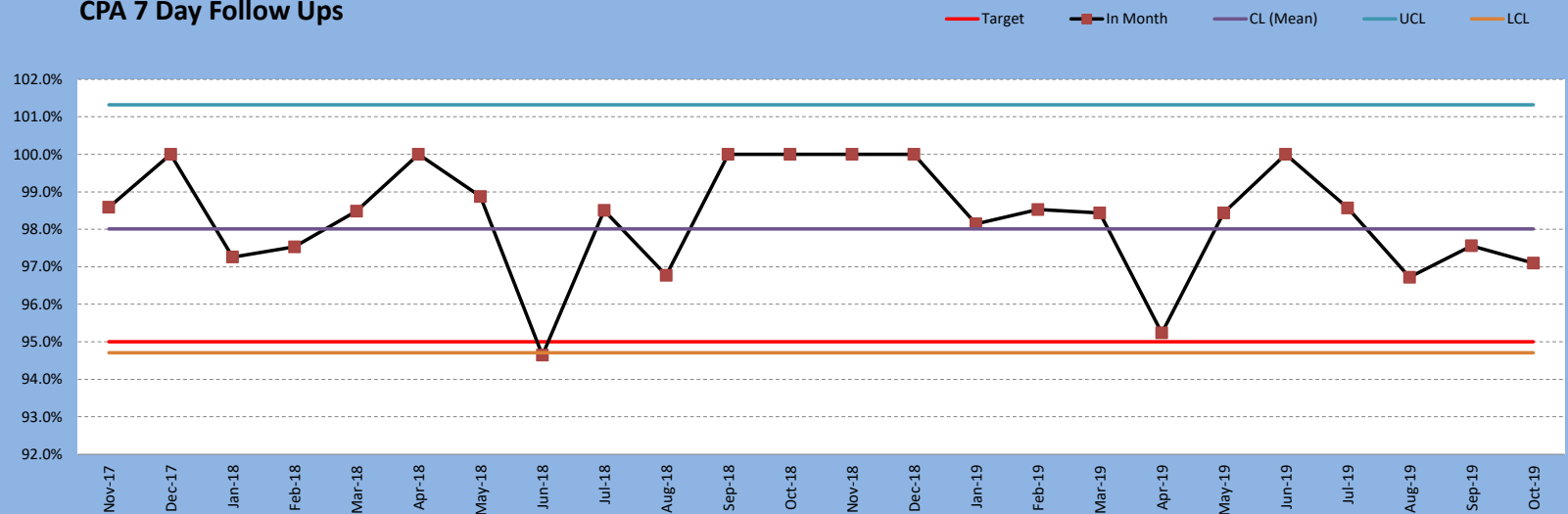
2 breaches, but remains above target

Target: 95%

Amber: 85%

Current month stands at 97.1%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There were two breaches in October. One patient regularly disengages and has been discharged from the team. Second patient did not want to engage with MHRS services. Referral made to community team. Both patients still choosing not to be seen. In both cases attempts were made to achieve follow up in timescale. Three day follow up requirement met for the month.

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

Business Intelligence

CQUIN - 3 day follow up process
82.5% of follow ups in achieved for October.

The CQUIN payment period is now affective (as of 1st October). Full payment will be based upon the Trust having achieved at least 80% for Quarter 3 and Quarter 4. It is therefore important to ensure the Trust maintains the excellent results experienced this month.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Care Programme Reviews

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

Executive Lead
Lynn Parkinson

KPI Type

OP 7

Narrative

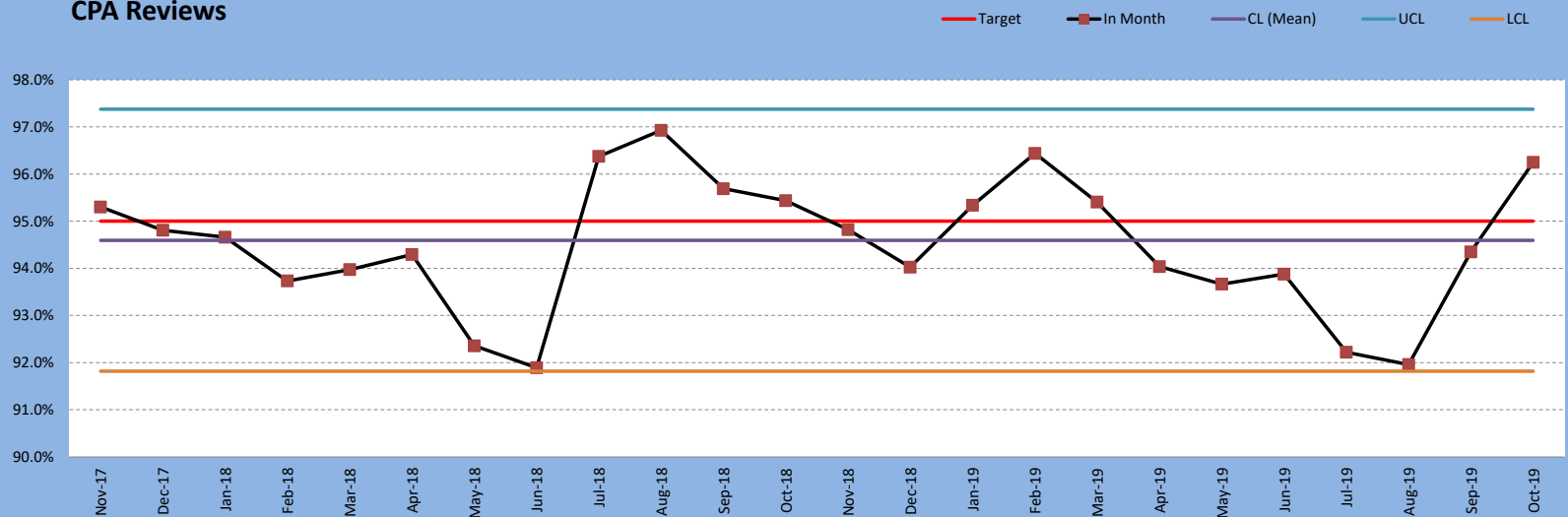
Performance increase, still below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 96.2%

CPA Reviews



Exception Reporting and Operational Commentary

The CPA compliance is below target for Oct-19 but has improved and is now above target. The division continues to focus on ensuring this standard is met. CPA reviews are monitored within the Care Group and where required, improvement trajectories and remedial plans are put into place within service areas which provide greater oversight and ability to support teams with required improvement. Hull West and Hull East CMHT's have improvement trajectories to be compliant by the end of September 2019 which they have achieved. Hull East have improved this month but more focus on Hull West is taking place. Other specific actions include regular provision of individual reports detailing levels of CPA compliance being provided to the Team Leader and Clinical Lead, who through supervision will address areas of reduced compliance with protected time and increased administrative support. Where a failure to complete a review within 12 months does occur the Division General Manager maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure.

Business Intelligence

Teams with overdue reviews <85%	Oct	On CPA	Reviewed
Hull CTLD	75.0%	8	6
Newbridges Acute In-Patient Team	75.0%	4	3
Crisis and Intervention Team for Older People	60.0%	5	3
Mental Health Response Service	0.0%	1	0
Mental Health Response Service - Housing Support	0.0%	1	0
Positive Assets Team	0.0%	2	0
Hull Learning Disability Continuum Team	0.0%	1	0
Total	96.4%	2196	2116

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title	Description/Rationale	Executive Lead
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson

KPI Type
OP 20

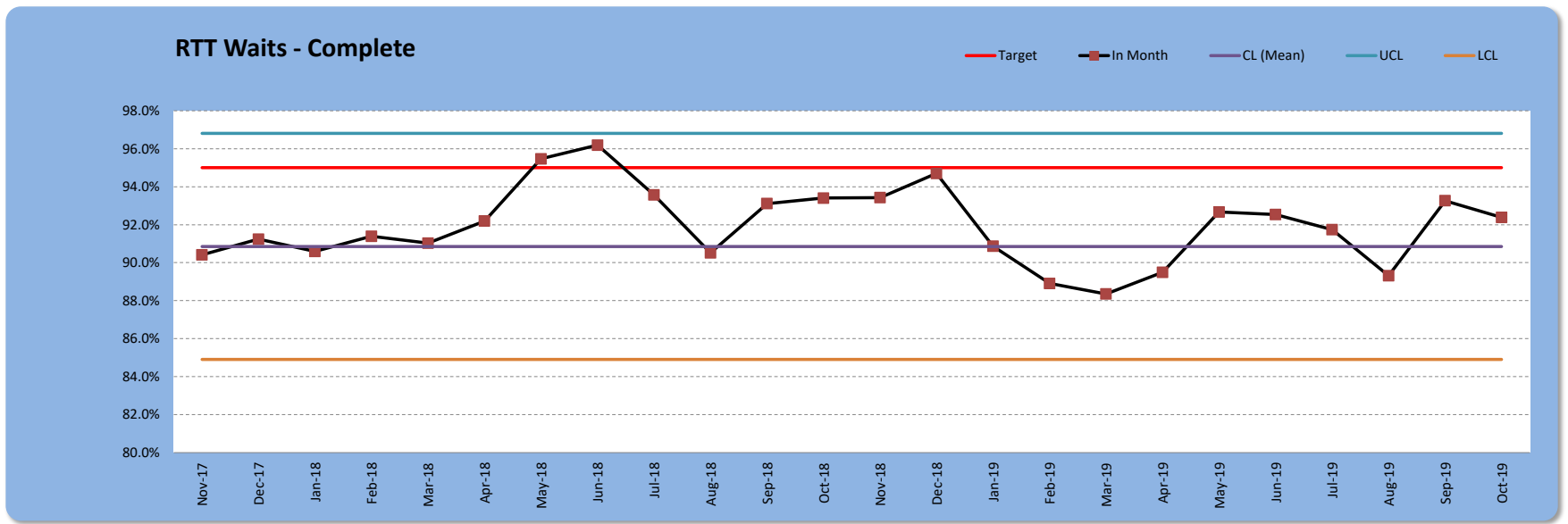
Narrative

Below the mean and slight reduction on previous month

Target: 95%

Amber: 85%

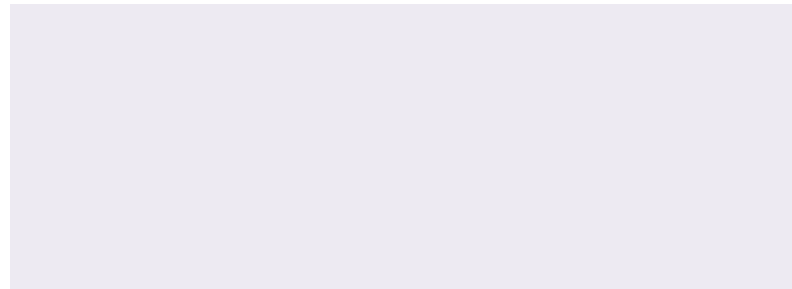
Current month stands at 92.4%



Exception Reporting and Operational Commentary

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

Business Intelligence



PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

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

KPI Type

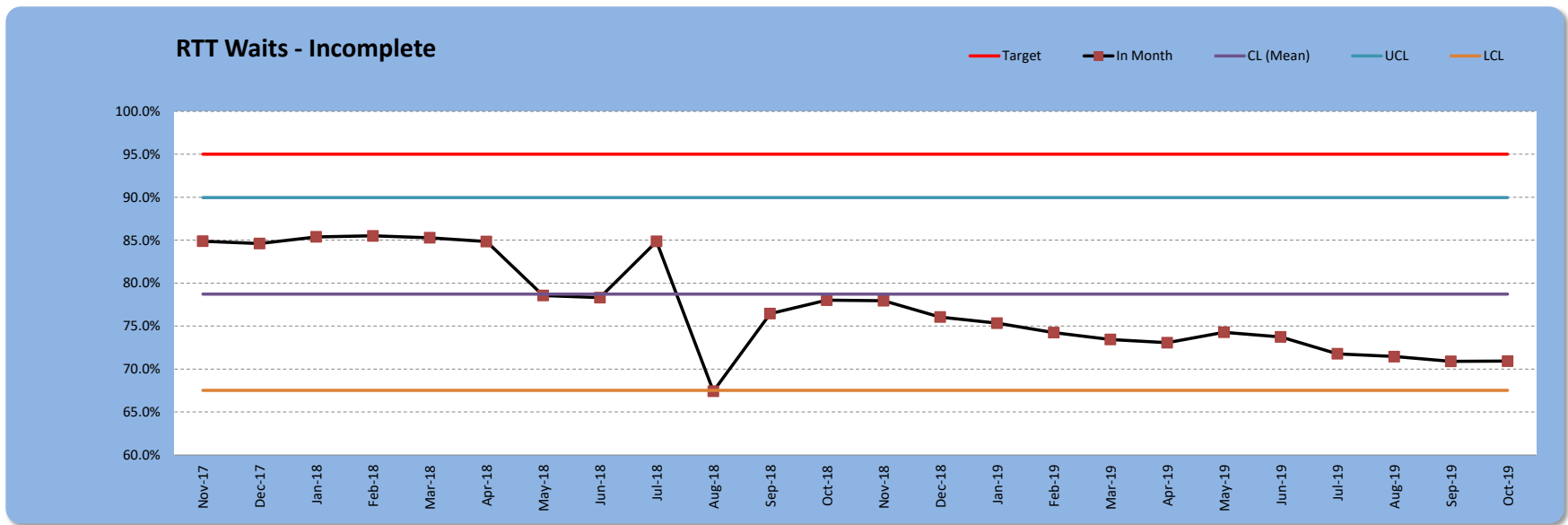
OP 21

Narrative

slight improvement from previous month

Target: 95%
Amber: 85%

Current month stands at 70.9%



Exception Reporting and Operational Commentary

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

Business Intelligence

Over the past 3 months we have seen the patients waiting more than 18 weeks increase from 2204 to 2492 (increase of 288).

The services with the greatest number of patients waiting >18 weeks:-

- Paediatric Autism (Hull) - 773 (reduced by 3 when compared to previous reporting period)
- Hull CAMHS - 308 (reduced by 20)
- Adult ASD - 303 (increased by 13)
- S&R CHC - 169 (reduced by 10)
- Paediatric Autism (ERY) - 144 (increased by 12)
- Hull Paediatric SLT - 106 (reduced by 8)

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title	Description/Rationale	Executive Lead
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type

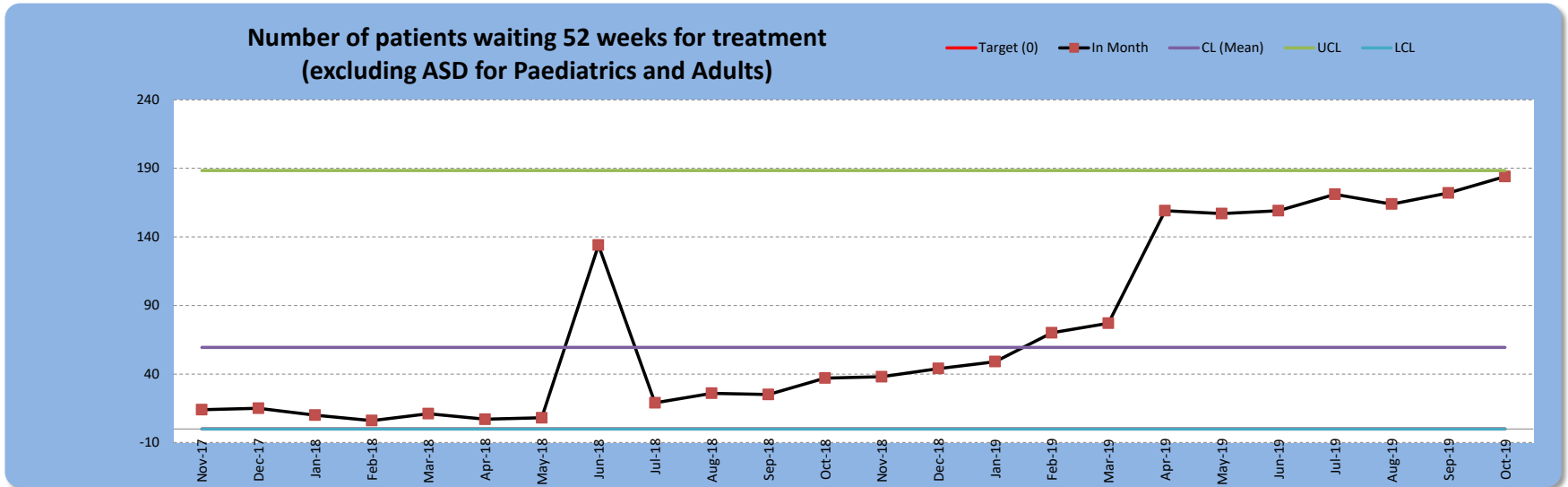
OP 22x

Narrative

Reduction on previous month

Target: 0
Amber: 0

Current month stands at 184



Exception Reporting and Operational Commentary

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

Narrative on the above can be found in more detail on the Adult ASD and Paediatric ASD charts. A significant number of those over 52 week waits are on the ADHD pathway and are a consequence of the paediatric medical transfer from CHCP to HUTH. Additional capacity is being agreed with commissioners to manage this.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

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

KPI Type

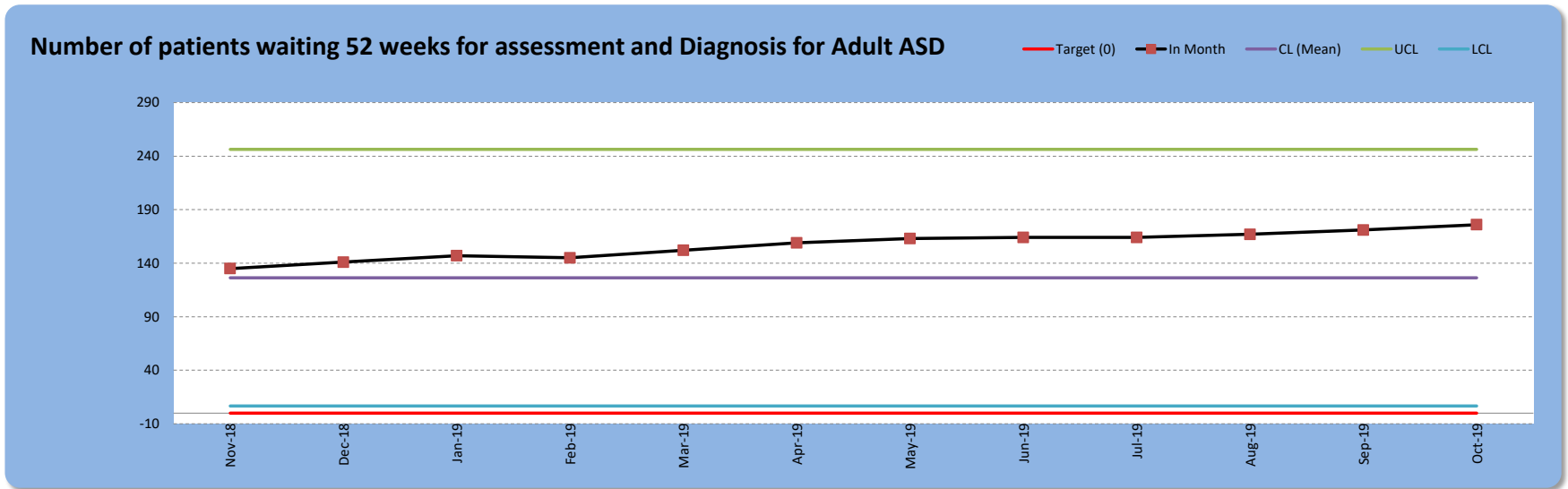
OP 22u

Narrative

Increase of 5 when compared on the previous reporting period.

Target: 0
Amber: 0

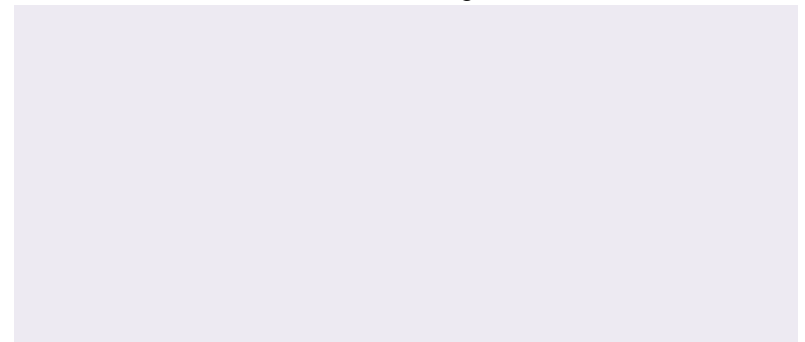
Current month stands at 176



Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed. The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times. The additional clinical staff have now been appointed and expect the waiting list to improve over the next few months.

Business Intelligence



PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

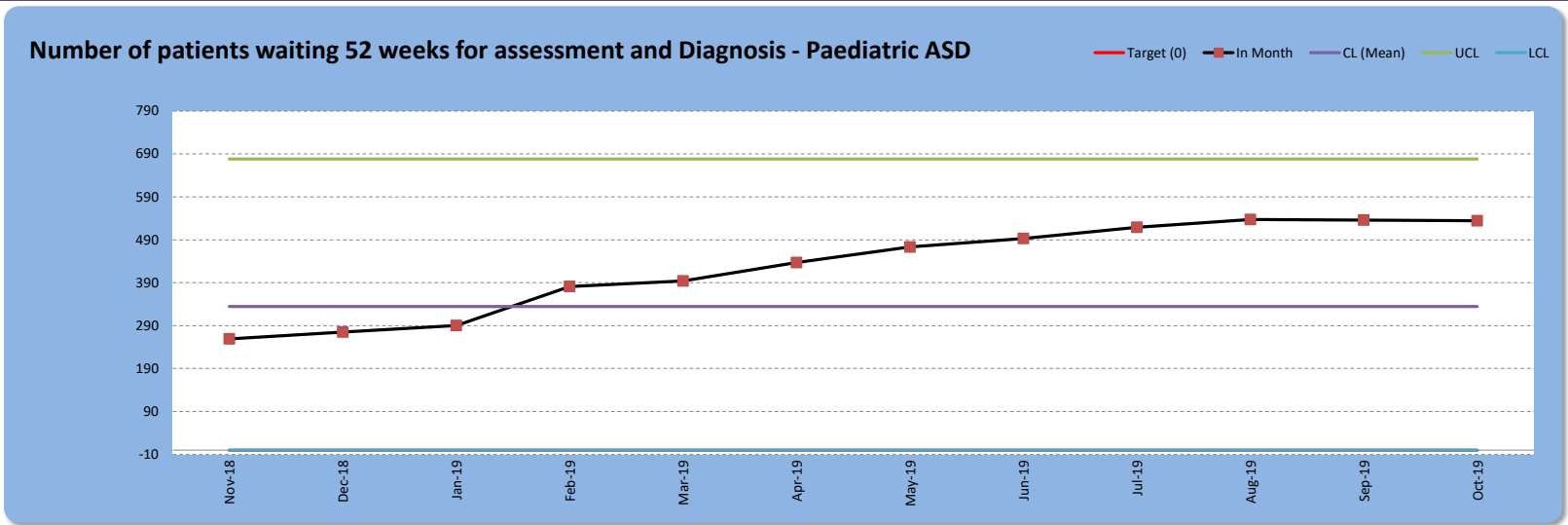
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s

Narrative

Decrease of 2 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 534



Exception Reporting and Operational Commentary

Hull:
Hull autism waiting list overall has started to reduce however those waiting over 52 weeks continues to rise. This is due to CCG request to prioritise pre school children, 16 and over school leavers, LAC and those in contact with the the criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks. The impact of this should become evident during the remainder of 2019-20.

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

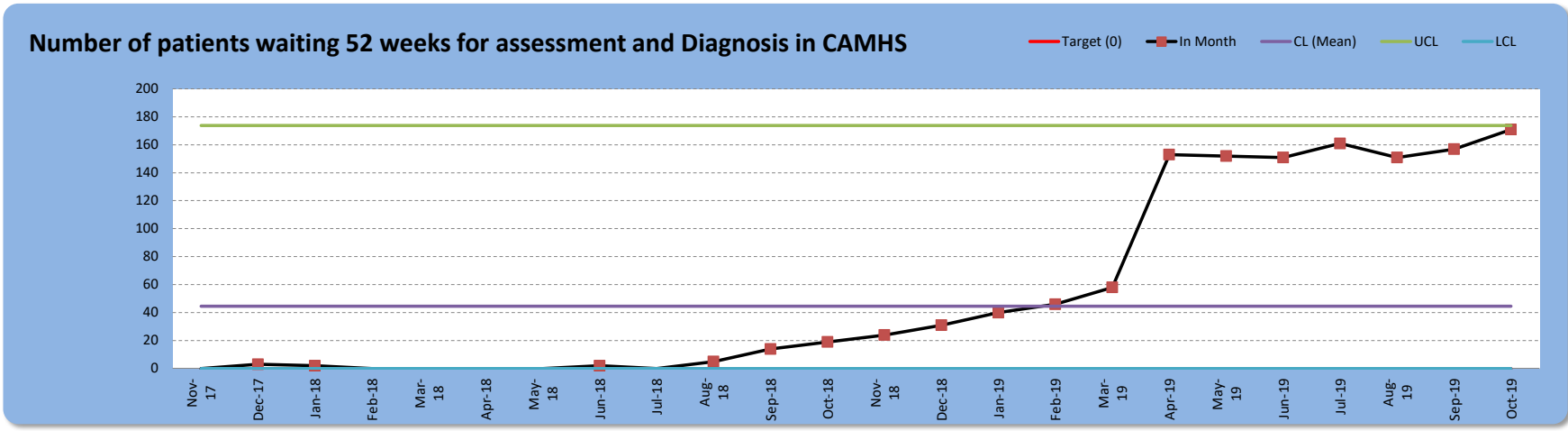
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increase of 14 since last month

Target: 0
Amber: 0

Current month stands at 171



Exception Reporting and Operational Commentary

Hull: The number of referrals into Contact Point continues to be high, over 300 per month; all of which need to be triaged and processed. roughly one third are accepted at Core CAMHS. The additional two thirds are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list. We have a robust waiting time reduction plan in place and as part of this: we continue to refer to Mind for CPWP or counselling input; e provide a significant amount of group work into this pathway to increase capacity; we are a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions; and temporary bank staff are being used as part of a waiting list initiative, as is an Agency CBT therapist. Measures already in place include: CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals; Anxiety and Autism Groups continue to run to manage the high level of MH referrals for young people with Autism, although there continues to be a number of young people with Autism that need individual work; and we continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under). The Helios contract has now been mobilised and are now picking up families. Commissioners have also agreed to fund additional contact point capacity via Mind.

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

Business Intelligence

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

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Early Intervention in Psychosis

Percentage of patients who were seen within two weeks of referral

Executive Lead
Lynn Parkinson

KPI Type

OP 9

Narrative

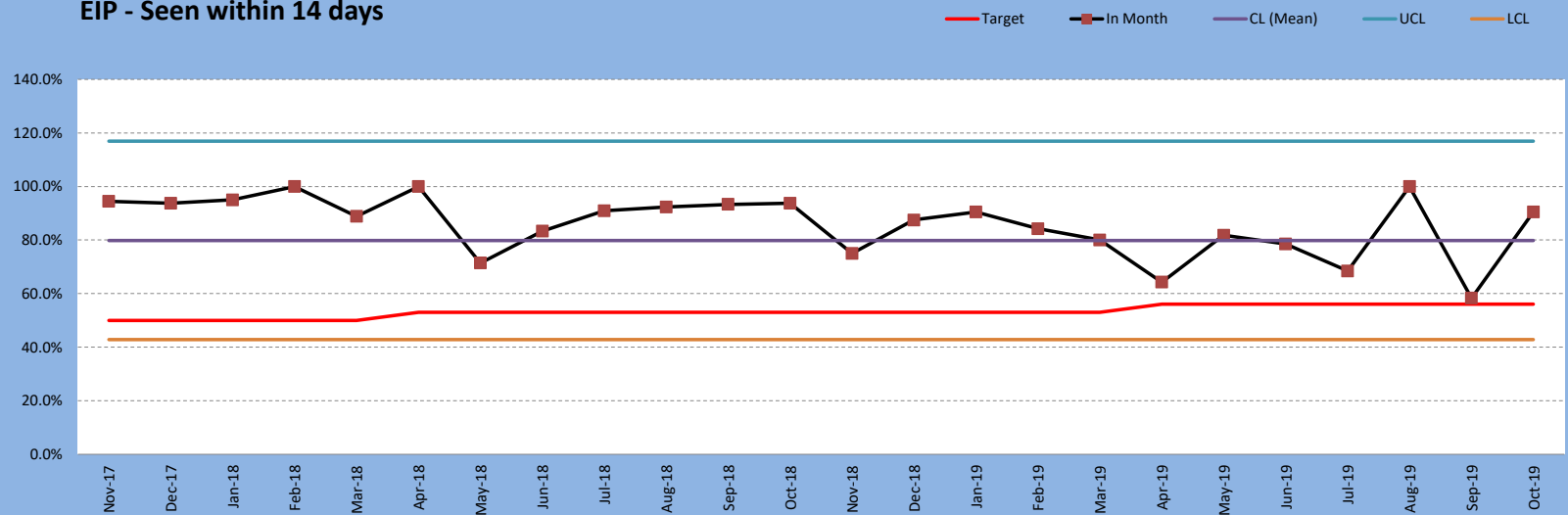
Target achieved

Target: 56%

Amber: 51%

Current month
stands at
90.5%

EIP - Seen within 14 days



Exception Reporting and Operational Commentary

Following the dip in September due to the university break October performance has improved back to within normal parameters.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

OP 10a

Narrative

Target achieved

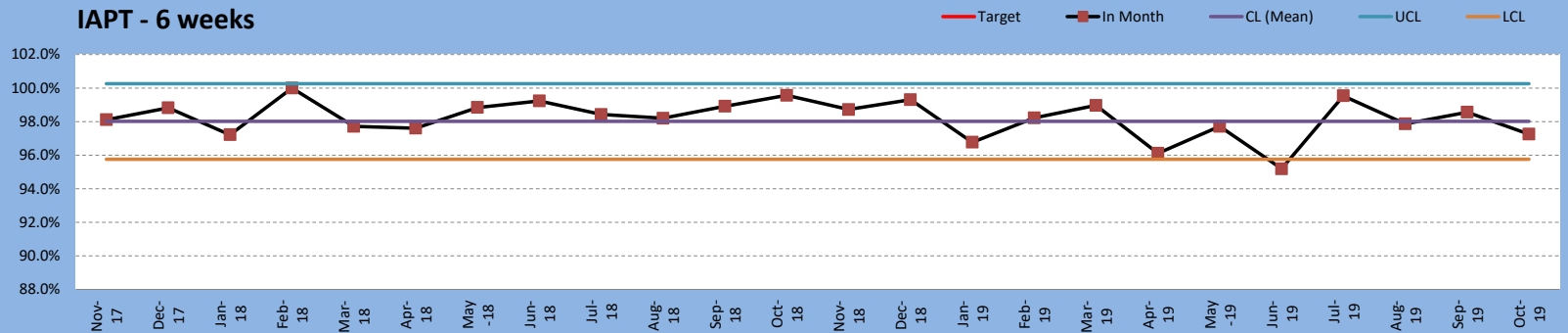
Target: 75%

Amber: 70%

Current month

97.3%

IAPT - 6 weeks



Narrative

Target Achieved

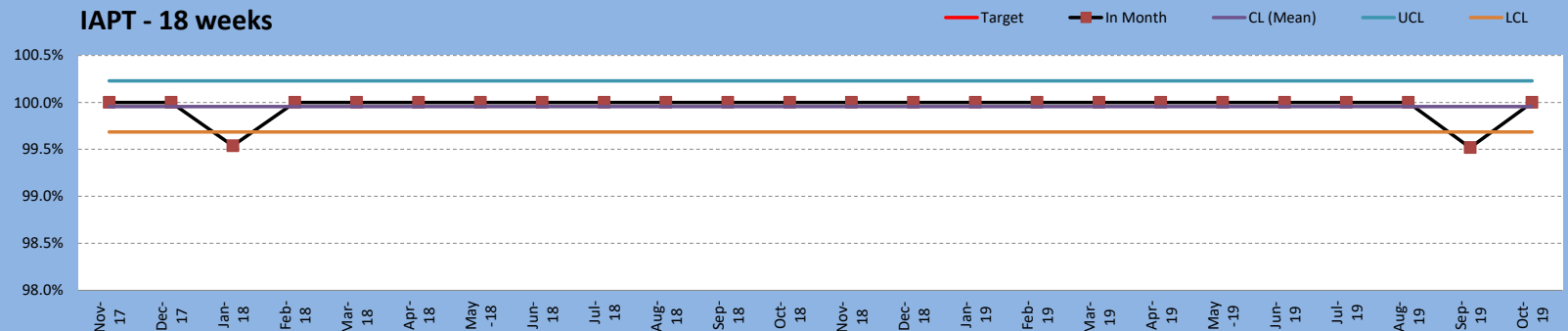
Target: 95%

Amber: 85%

Current month

100.0%

IAPT - 18 weeks



Exception Reporting and Operational Commentary

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

Business Intelligence

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Oct 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

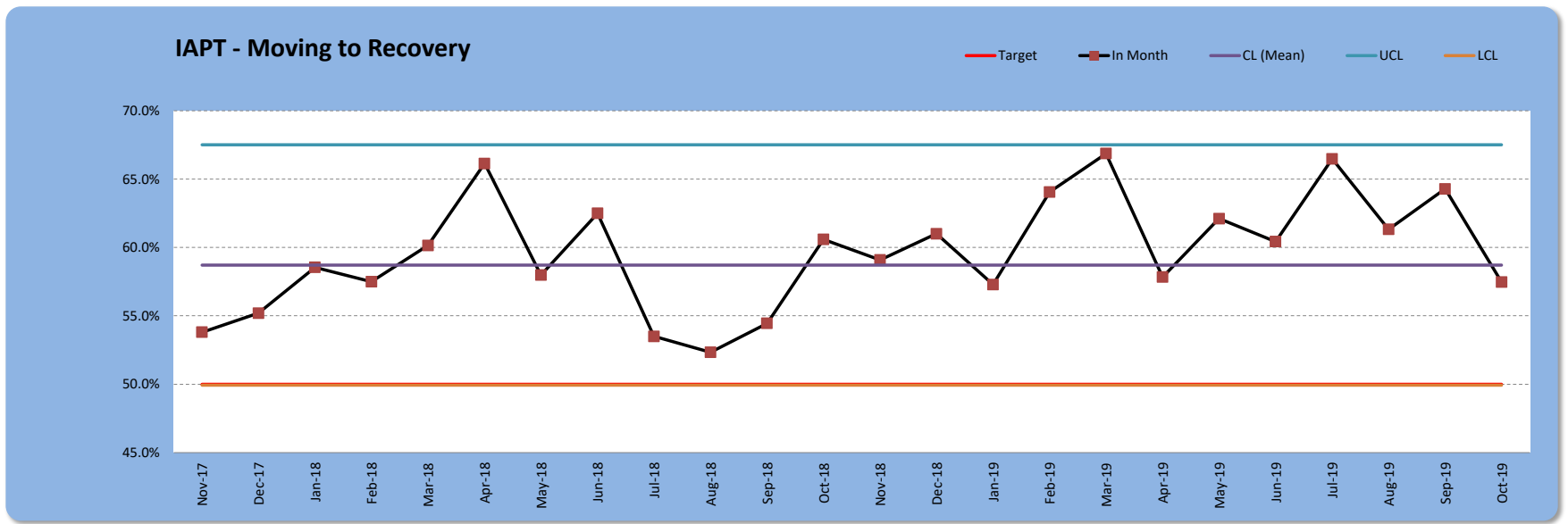
Narrative

Target Achieved

Target: 50%

Amber: 45%

Current month stands at 57.5%



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2019**

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

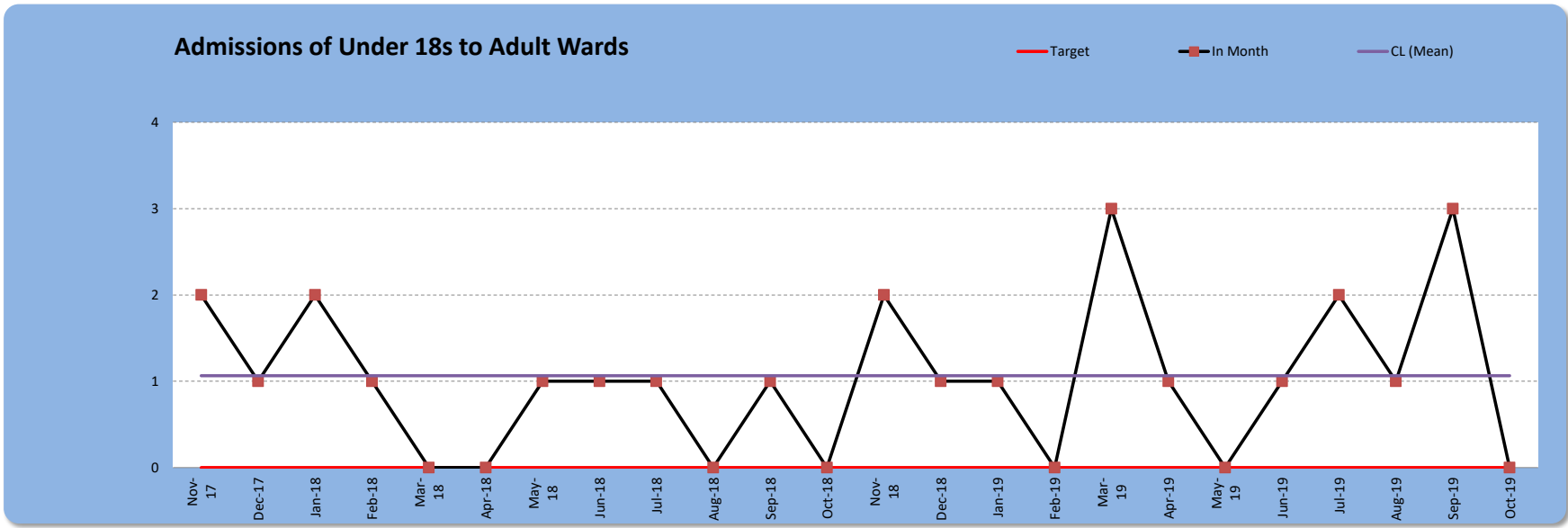
KPI Type
ST 1

Narrative

One admission

Target: 0
Amber: 1

Current month stands at 0



Exception Reporting and Operational Commentary

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

Business Intelligence

2016/17	9	0	9
2017/18	13	1	14
2018/19	10	1	11

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2019**

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

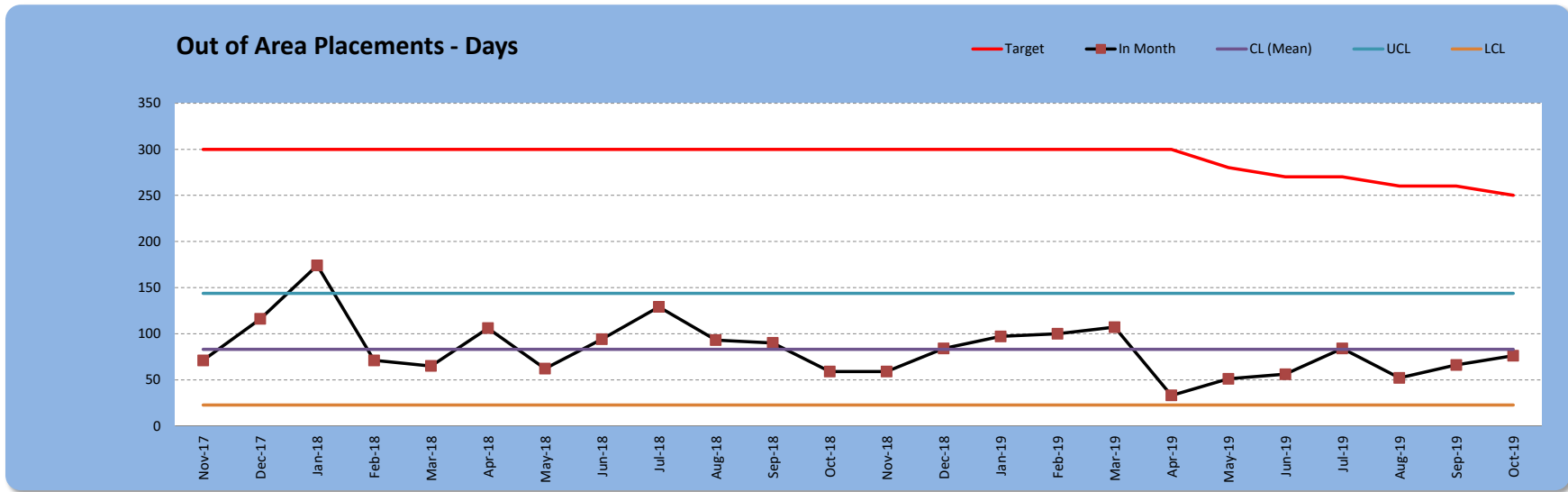
KPI Type
ST 4b

Narrative

Slight increase but well within target

Target: 250
Amber:

Current month stands at 76



Exception Reporting and Operational Commentary

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

Split of Speciality and Reasons in current month

Patients out of area in month

Unavailability of bed	16
Safeguarding	60
Offending restrictions	0
Staff member/family/friend	0
Patient choice	0
Admitted away from home	0

Adult	0
OP	0
PICU	76

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Oct 2019**

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

KPI Type
OP 14

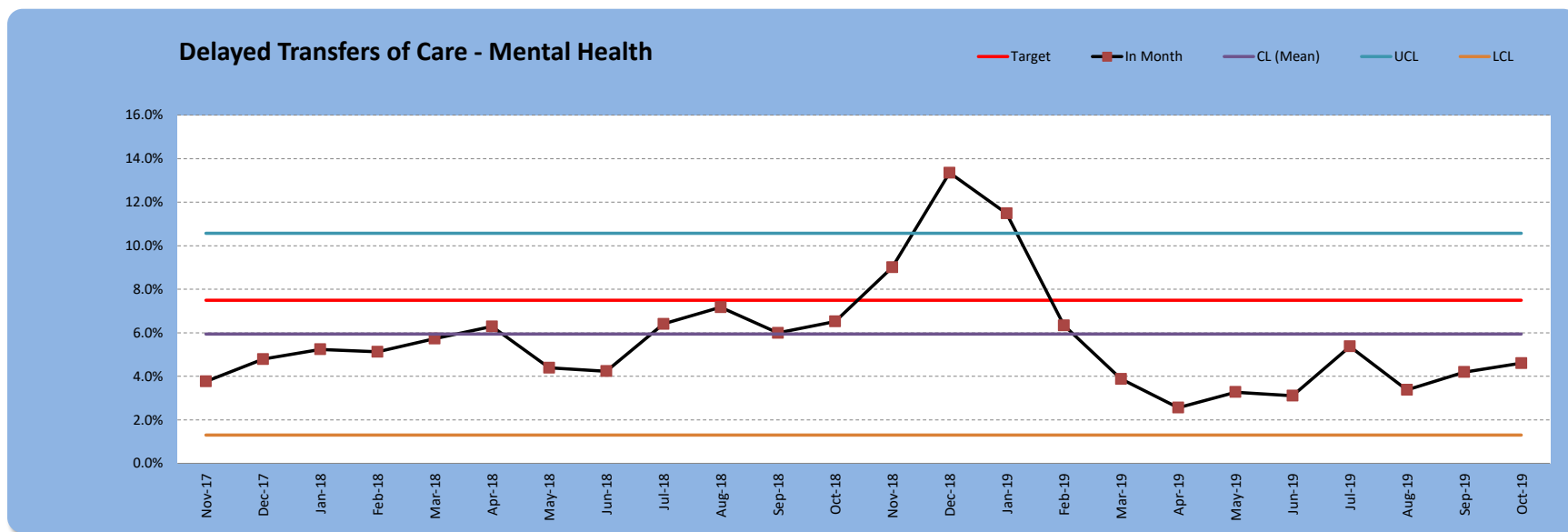
Narrative

remains well within target

Target: 7.5%

Amber: 7.0%

Current month stands at 4.6%



Exception Reporting and Operational Commentary

Remains within the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Ongoing partnership work with the Local Authorities has been improved with enhanced systems and processes in place to avoid and reduce delays, this has been strengthened specifically to help ensure that delays during the forthcoming winter are minimised. Delays continue to be monitored through our daily system escalation processes.

Business Intelligence

There were 188 delayed days in mental health during October. This is a slight increase on the previous month but still well within scope. Three patients in Older People's and eight patients in Adult services.

Learning Disabilities	0.0%
Community Hospitals	14.7%

Top three reasons:

Awaiting residential home placement or availability	84
Awaiting care package in own home	33
Awaiting community equipment, telecare and/or adaptations	31
Disputes	31

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Oct 2019**

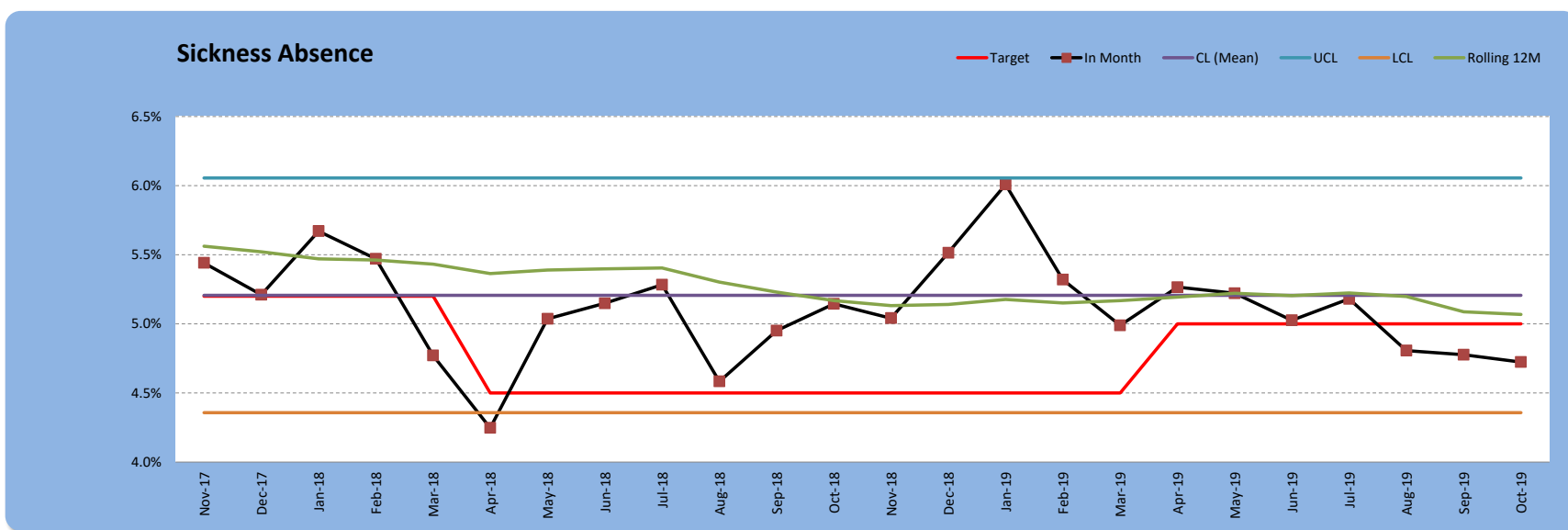
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

Current month 4.7%



Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust and during September 39.84% of all sickness was stress, anxiety related. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence which is being reviewed. National median sickness figure for comparable trusts is 5.08%. More detailed information regarding sickness is provided to Workforce and OD Committee.

Business Intelligence (previous month)

Trustwide - Oct	Oct %	Rolling 12m	WTE
Trustwide - Oct	4.7%		
Rolling 12m	5.1%		
WTE			2409.36
Care Group Split Below			
Secure Services	6.14%	7.77%	190.87
Adult MH Planned	3.62%	5.18%	240.08
Adult MH Unplanned	5.39%	5.83%	342.59
OP MH Planned	7.52%	6.08%	101.50
OP MH Unplanned	6.62%	4.29%	84.47
Community Services	5.40%	5.42%	371.98
Children's Services	3.86%	4.43%	348.43
LD Services	6.61%	5.32%	179.59
Corporate Split Below			
Medical	6.15%	5.11%	32.69
Human Resources	6.41%	3.95%	49.04
Finance	2.74%	3.13%	103.82
Nursing and Quality	1.74%	5.41%	37.23
General Practices	0.79%	1.82%	100.11
Chief Executive	1.19%	3.59%	17.25
Chief Operating Officer	3.41%	3.91%	209.70

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Oct 2019**

KPI Type

WL 3 TOM

Indicator Title

Description/Rationale

Executive Lead
Steve McGowan

Staff Turnover

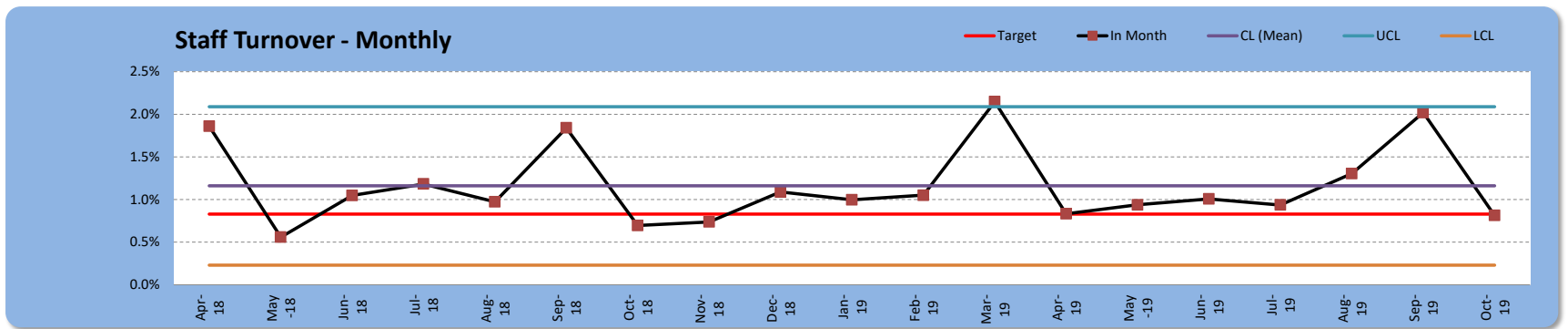
The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors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

Narrative

Exceeds Target

Target: 0.83%
Amber: 0.70%

Current month stands at 0.8%

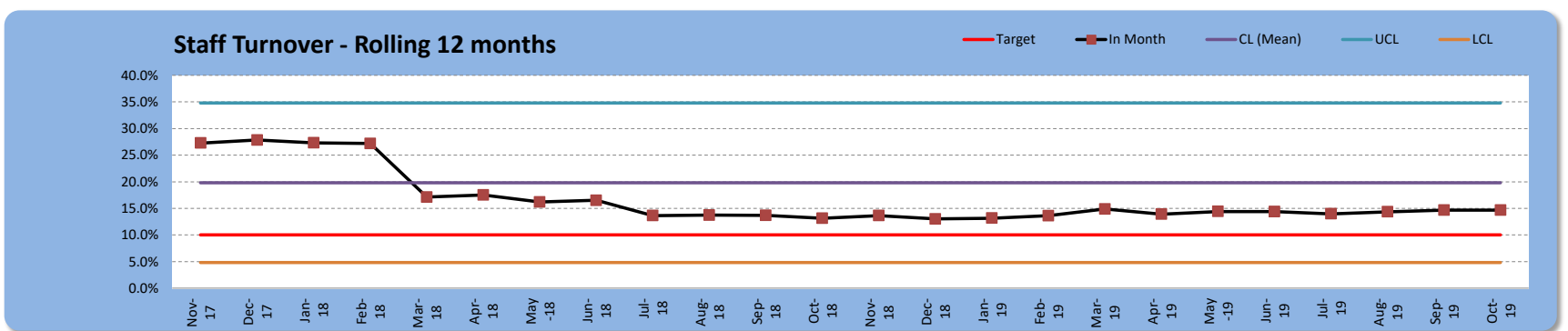


Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.7%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures from June 17 to March 18. The Trust is actively trying to recruit to vacant posts within the Trust, and encourages retire and return where possible. Care groups are working up recruitment and retention plans to address vacancies and turnover in their areas. More detailed information on turnover is provided to the Workforce and oD Committee as part of the Workforce Insight Report.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	58
Voluntary Resignations	109
Work Life Balance	40
End of Contract	12
Other	14
Total	233

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Oct 2019**

Indicator Title

Description/Rationale

KPI Type

Staff Appraisals

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

Executive Lead
Steve McGowan

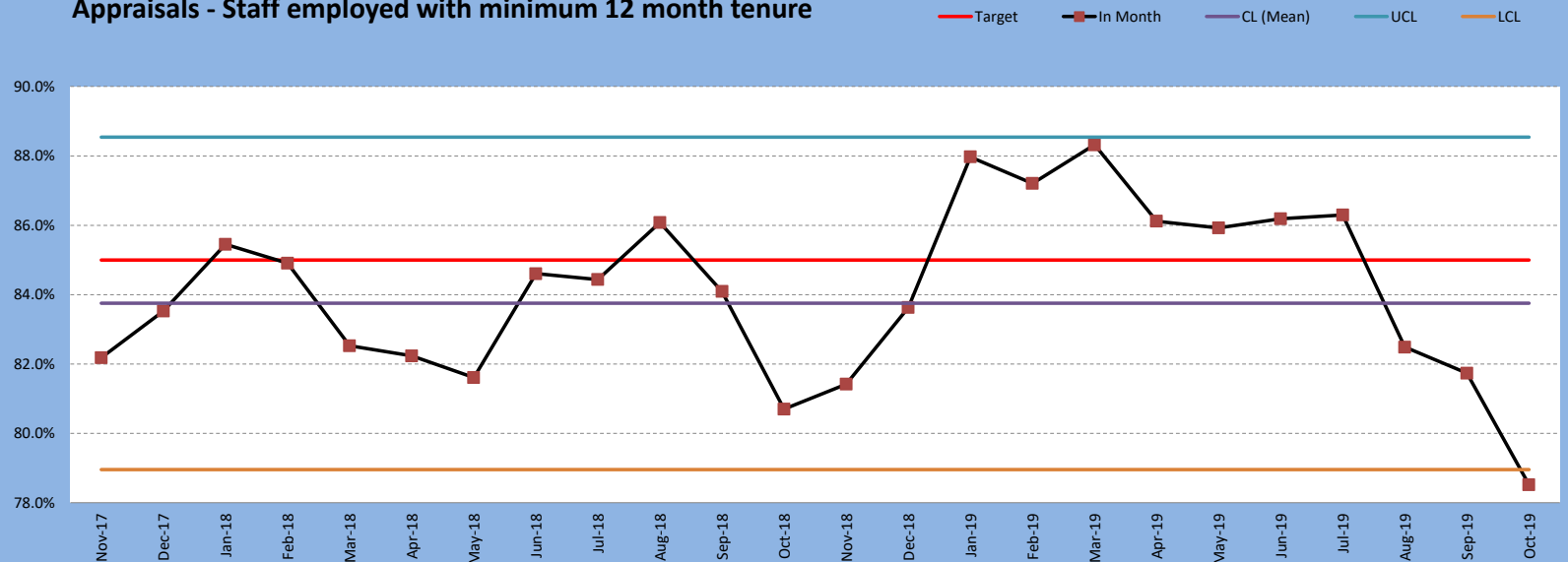
WL 4 (ii)

Narrative

in month target not achieved

Current month stands at 78.5%

Appraisals - Staff employed with minimum 12 month tenure



Exception Reporting and Operational Commentary

All managers have access to completion rates via ESR self service. PADR completion is raised at Operational Delivery Group and discussed at Accountability Reviews. The new appraisal 'window' approach which starts in April 2020, may see a drop off of completion as managers wait to engage in the new approach.

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

Business Intelligence

Care Group and Corporate Splits Below

Divisional Split	Oct-19
Corporate	85.9%
Childrens and LD	71.8%
Primary Care	75.9%
MH Planned	75.3%
MH Unplanned	80.7%
Secure Services	87.5%

Finance	96.6%
Human Resources	93.0%
Medical	73.3%
Nursing and Quality	86.8%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2019**

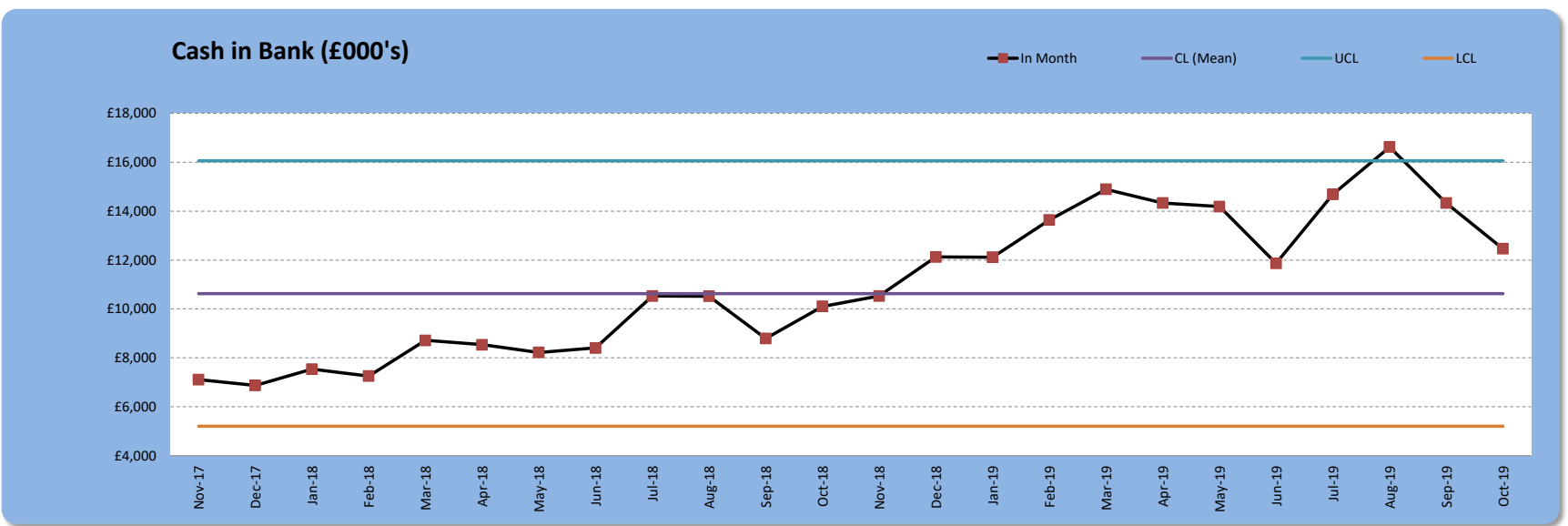
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith	F 2a

Narrative

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

Target:
Amber:

Current month stands at £12,463 ,000



Exception Reporting and Operational Commentary

As at the end of October 2019 the Trust cash balance was £12.463m.

The in month reduction relates in the main to the payment of capital invoices.

The cash balance includes central funding for the CAMHS and LCHRE capital projects where there are timing difference between receipt and expenditure, the underlying cash balance in the Trusts Government Banking Service Account was £12.180m (previous months was £11.623m).

Business Intelligence

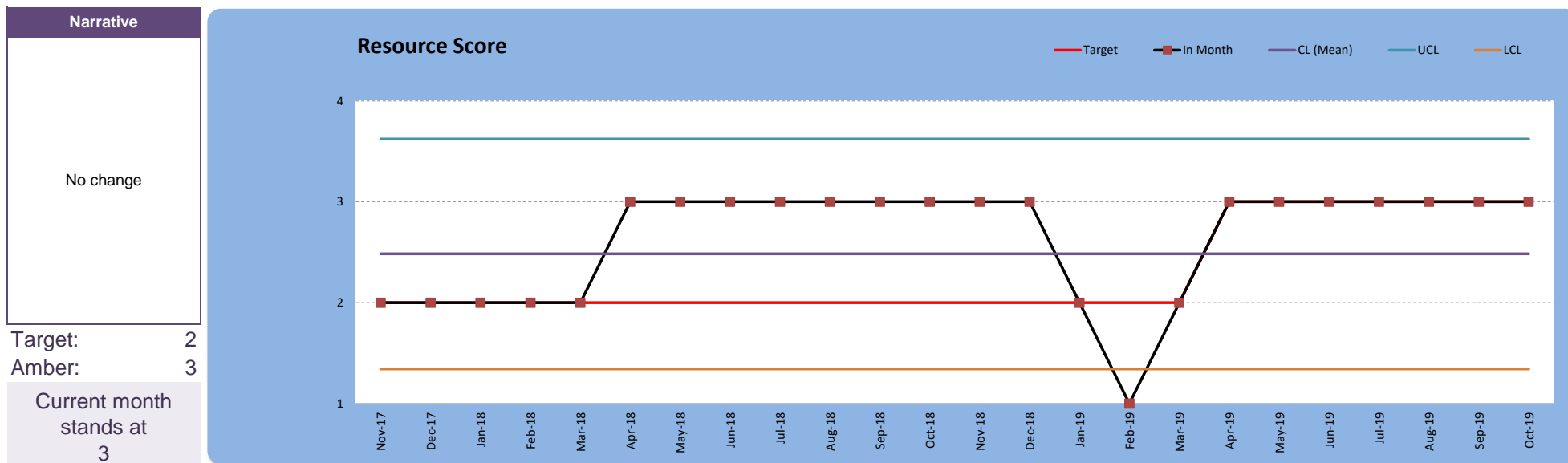
The cash figure represents the cash balances held by the Trust (Government Banking Service, Commercial Account and Petty Cash).

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2019**

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



Exception Reporting and Operational Commentary

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

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

The profiled plan moves the Trust to a Use of Resource score of 2 by the end of the financial year.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Oct 2019**

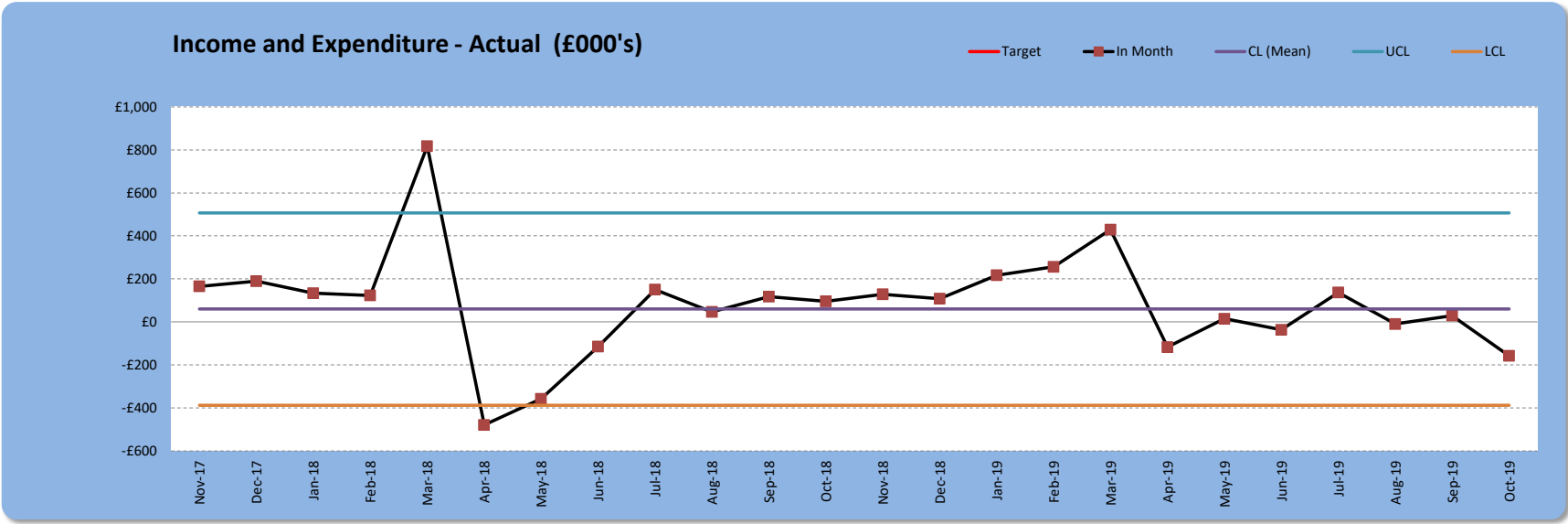
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith	F 4b

Narrative

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

Target:
Amber:

Current month stands at -£158 ,000



Exception Reporting and Operational Commentary

The submitted financial plan for the Trust is a £0.566m deficit (£0.350m deficit when donated asset depreciation is excluded), which is consistent with the NHSI control total target.

The year to date position is consistent with the profiled NHSI Plan.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2019**

KPI Type

Indicator Title

Description/Rationale

Complaints

Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)

Executive Lead
John Byrne

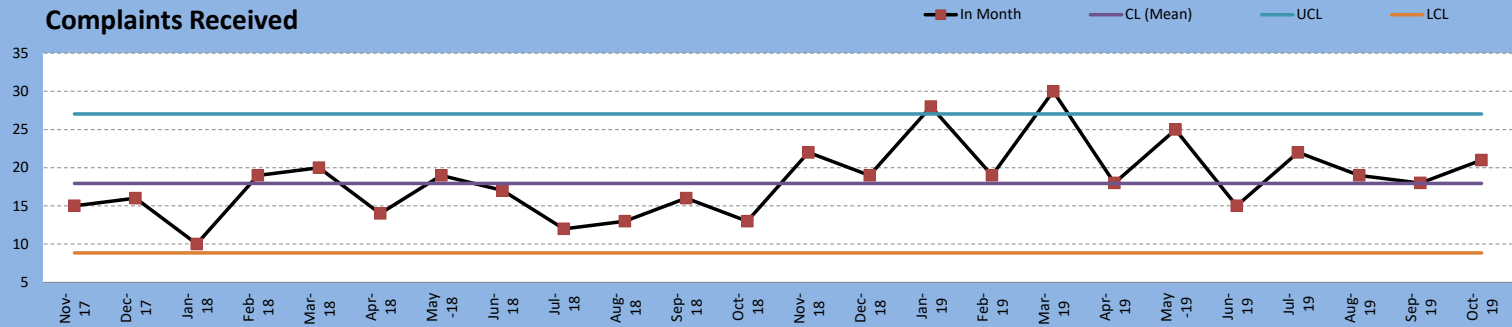
IQ 1

Narrative

within tolerance

Current month stands at 21

Complaints Received



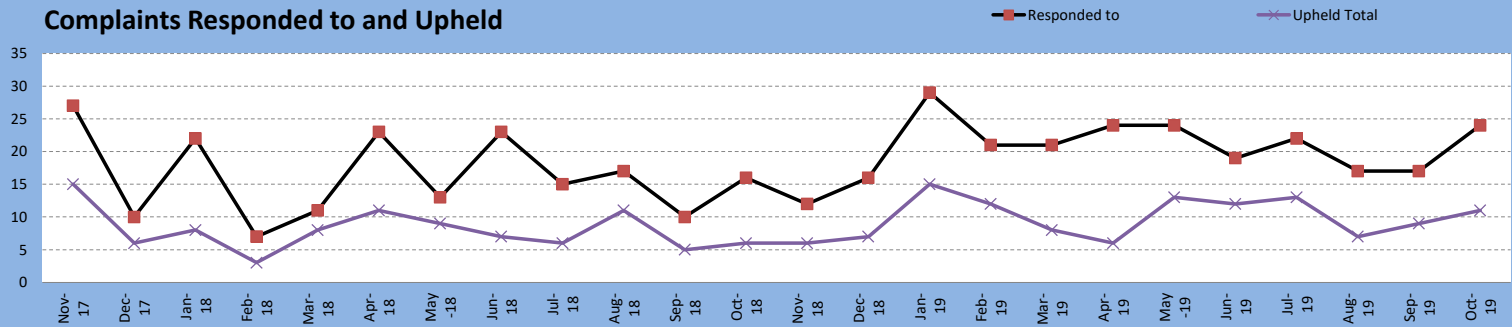
Narrative

Upheld YTD

71
48.3%

Current month upheld stands at 11

Complaints Responded to and Upheld



Exception Reporting and Operational Commentary

The Trust responded to 24 complaints in the month of October 2019. Of the 24 complaints, 13 complaints were not upheld (54.2%) and 11 complaints were partly or fully upheld (45.8%). The top theme for complaints responded to (year to date) is appointments with 29 complaints followed by patient care with 27 complaints.

The total number of compliments received this month was 29.

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

Appointments	29
Patient care	27
Communications	23
Values and behaviours (staff)	15
Clinical treatment	11

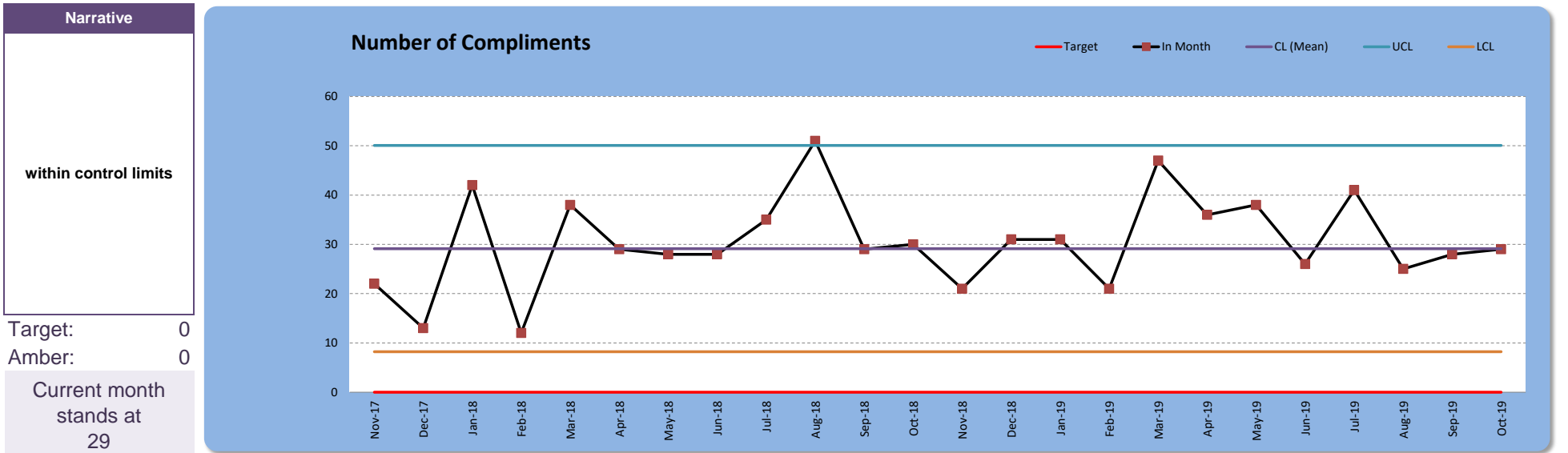
All Complaints responded to YTD 147

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Oct 2019**

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



Exception Reporting and Operational Commentary

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

Business Intelligence

29 Compliments logged for October 2019



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 02/12/2019



Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 th November 2019			
Title of Report:	Finance Report 2019/20: Month 7 (October)			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st October 2019 (Month 7). The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	20/11	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Trust Board	
Key Issues within the report:	<ul style="list-style-type: none"> • An operational deficit position of £0.023m was recorded to the 31st October 2019. • Expenditure for clinical services was lower than budgeted by £1.273m. • Expenditure for Corporate Services was £0.264m lower than budget. • A BRS Risk Provision of £1.903m was included in the reported position. • Cash balance at the end of October 2019 was £12.463m (Underlying Government Banking Service Cash position was £12.184m) • Capital Spend as at the end of October was £6.394m. 			

Monitoring and assurance framework summary:

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



✓ Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications as and when required by the author
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

FINANCE REPORT – October 2019

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st October 2019 (Month 7). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

2.1 The Trust reported a deficit of £1.925 m, £0.141m favourable to the month 7 NHSI planned deficit of £2.066m. The reported position includes BRS allowance of £1.903m, therefore the operational position pre BRS is a £0.023m deficit.

After allowing for donated asset depreciation (£0.121m) the ledger position was a £2.047m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 31st October 2019 is shown in the summarised table below:

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	107,616	9,231	9,216	(15)	61,913	61,725	(188)
Net Expenditure							
Clinical Services							
Children's & Learning Disability	22,065	1,948	1,695	253	12,323	11,632	692
Community & Primary Care	16,611	1,453	1,342	111	9,727	9,415	312
Mental Health	35,289	2,873	2,871	2	20,552	20,068	484
Secure Services	8,595	740	718	22	5,036	5,250	(214)
	82,559	7,014	6,625	389	47,638	46,365	1,273
Corporate Services							
Chief Executive	1,979	154	171	(18)	1,111	1,111	(0)
Chief Operating Officer	4,200	442	507	(65)	3,145	3,167	(21)
Finance	8,977	665	721	(55)	5,121	4,825	296
HR	2,751	211	167	44	1,589	1,429	160
Director of Nursing	1,805	149	153	(4)	1,058	1,043	15
Medical	1,781	148	151	(3)	1,042	1,061	(19)
Finance Technical items (including Reserves)	79	34	602	(568)	236	403	(168)
	21,571	1,803	2,472	(669)	13,302	13,038	264
Total Net Expenditure	104,131	8,817	9,097	(280)	60,941	59,403	1,538
EBITDA	3,485	414	119	(295)	972	2,321	1,349
Depreciation	2,823	229	211	18	1,601	1,500	102
Interest	148	12	7	5	86	81	6
PDC Dividends Payable	2,208	176	176	(0)	1,232	1,370	(138)
PSF Funding	(1,343)	(134)	(134)	-	(605)	(606)	1
Operational Position	(350)	131	(141)	(272)	(1,342)	(23)	1,319
BRS	-	-	(248)	248	724	1,903	(1,179)
Operating Total	(350)	131	107	(24)	(2,066)	(1,925)	141
Excluded from Control Total							
Donated Depreciation	216	18	17	1	126	121	5
Ledger Position	(566)	113	90	(24)	(2,192)	(2,047)	145
EBITDA %	3.2%	4.5%	1.3%		1.6%	3.8%	
Surplus %	-0.3%	1.4%	-1.5%		-2.2%	0.0%	

2.2 Trust Income

Trust income year to date was £0.188m behind budget.

2.3 Net Expenditure

Net expenditure for clinical services was lower than budgeted by £1.273m year to date.

2.4 Clinical Services Expenditure

2.4.1 Children's and Learning Disability

Year to date net expenditure of £11.632m represents an underspend against budget of £0.692m.

The main budget pressures are within the Learning Disabilities departments. These pressures are mitigated by pay related underspends within Division, due to vacancies.

2.4.2 Community and Primary Care

Year to date net expenditure of £9.415m represents an underspend against budget of £0.312m.

The main budget pressures are within the General Practices. A recovery plan is in place for the General Practices department.

2.4.3 Mental Health

An underspend of £0.484m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.

2.4.4 Secure Services

An overspend of £0.214m was recorded YTD for Secure Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness. A recovery plan is in place to reduce this overspend.

2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.264m underspent year to date.

Within the Finance directorate a year to date underspend of £0.296m is shown for month 7.

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st October 2019. In month, the net current asset position decreased by £1.484m to £8.460m. This was related to a decrease in other current assets in month, relating to a reduction in income accruals which was converted into an invoice to CHCP and a reduction in Capital accruals relating to the CAMHS project.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	12,180
Nat West Commercial Account	256
Petty cash	27
Total	12,463

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

Table 3 – GBS Bank Balance

GBS Cash Balances		£000s
Underlying Bank Balance		12,184
CAMHS		
Funding Received	7,750	
Capital Spend	(7,750)	
		-
LHCRE		
Funding Received	5,500	
Capital Spend	(5,504)	
		(4)
Cash with GBS		12,180

In month income of £11.143m was received compared to expenditure of £12.787m.

The first instalment of the Westwood overage of £0.410m was received in month, the second instalment is due at the end of January. The main expenditure for the month was pay costs, purchase ledger payments, and capital payments of £0.897m. Capital payments to Dell are also due in November.

3.2 Capital Programme

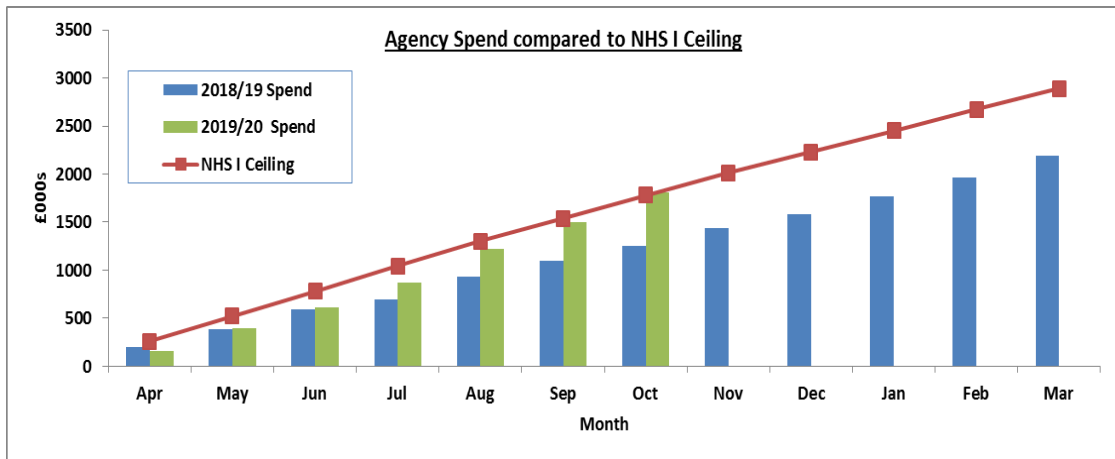
The Capital Departmental Expenditure limit (CDeL) for the Trust is £10.929m. Year to date capital expenditure of £6.394m comprises expenditure for IT (£1.194m), LHCRE (£2.346m), Property Maintenance (£0.695m) and CAMHS unit (£2.153m), as detailed in the table in Appendix 2.

4. Staffing

4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for October was £0.311m, which is above the ceiling of £0.260m for the month. The year to date spend for October is £1.805m, which is higher than the same period last year where the costs were £1.252m, as shown in the table below. Year to date spend remains below the ceiling, however if current levels of expenditure remains the ceiling will be breached by the end of the financial year.

Table 3: Agency Spend



5. Recommendations

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

Appendix 1

Statement of Financial Position

	OCT-19 £000	SEPT-19 £000	Movement £000	COMMENTS
Property, Plant & Equipment	100,925	100,149	776	
Accumulated Depreciation	23,506	23,302	204	
Net Property, Plant & Equipment	77,418	76,847	572	
Intangible Assets	7,565	6,506	1,059	
Intangible Assets Depreciation	1,750	1,726	24	
Net Intangible Assets	5,815	4,781	1,035	
Total Non-Current Assets	83,234	81,628	1,607	
Cash	12,463	14,335	(1,872)	Capital payments for LHCRE and CAMHS
Trade Debtors	5,673	4,295	1,378	CHCP estates invoice
Inventory	150	150	0	
Non Current Asset Held for Sale	2,145	2,145	0	West end, Victoria House and Hallgate assets held for sale
Other Current Assets	3,239	4,925	(1,686)	Income accruals reduced for CHCP Invoice
Current Assets	23,670	25,850	(2,180)	
Trade Creditors	4,561	4,553	8	
Accrued Liabilities	10,649	11,353	(704)	Reduction in Capital accrual for CAMHS equipment
Current Liabilities	15,210	15,906	(696)	
Net Current Assets	8,460	9,945	(1,484)	
Non-Current Payables	1,175	1,175	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,320	4,303	17	
Long Term Liabilities	5,495	5,478	17	
Revaluation Reserve	13,293	13,293	0	
PDC Reserve	58,600	58,585	15	MH Facility receipt
Retained Earnings incl. In Year	14,306	14,216	90	
Total Taxpayers Equity	86,199	86,094	105	
Total Liabilities	106,904	107,478	(574)	

Appendix 2 Capital Expenditure 2019/20

Ref	Scheme Details	Spend (YTD)	2019/20 budget
Estates			
Prior Year Schemes			
1.1	MAISTER LODGE	-	-
1.2	VARIOUS	6,202	-
	Subtotal:	6,202	-
Precommitted Schemes			
2.1	CHILDRENS CENTRE	2,153,055	2,121,000
2.2	MIRANDA HOU Car Park	833	-
	Subtotal:	2,153,888	2,121,000
Budgeted Schemes			
3.1	BACKLOG MAINTENANCE	77,286	200,000
3.2	LIGATURE WORKS	13,132	100,000
3.3	PLACE	7,263	50,000
3.4	CEO INNOVATION	-	70,000
3.5	FIRE SAFETY	42,182	50,000
3.6	FIRE PREVENTION	-	50,000
3.7	FURNITURE	-	50,000
3.8	WATER SAFETY WORKS	-	50,000
3.9	ESTATE STRATEGY	16,940	50,000
3.14	PROJECT MANAGEMENT SERVICES	-	-
3.11	NEW BUSINESS DUE DILIGENCE WORKS	18,145	50,000
3.12	WOS SET UP	49,315	15,000
3.13	PROFESSIONAL FEES	152,523	423,000
	Subtotal:	376,787	1,158,000
New Schemes			
4.1	Capital Applications		
4.2	GP Fixtures & Fittings Purchase	20,582	-
4.3	Cottingham Clinic	17,323	-
4.4	Green Trees	120,471	350,000
4.5	Beverley CMHT	13,357	-
4.6	Willerby Car park To be allocated	77,921	1,314,000
	Subtotal:	249,654	1,664,000
External Funded			
5.1	MENTAL HEALTH ASSESSMENT SUITE	68,190	408,000
	Subtotal:	68,190	408,000
	Total Estates Capital	2,854,720	5,351,000
Information Technology			
6.0	IT Services		
6.1	IT HARDWARE ROLLING PROGRAM	559,554	144,000
6.2	IT - NETWORK REPLACEMENT	388,452	287,000
6.4	WINDOWS 10 UPGRADE	-	244,000
	Subtotal:	948,006	675,000
7	Programmes and Informatics		
7.1	LORENZO	7,735	154,000
7.2	CLINICAL SYSTEM ASSETS	-	56,000
7.3	SCARBOROUGH	70,154	273,000
6.7	PROFESSIONAL FEES	167,918	70,000
6.9	Prior Year	-	-
6.91	HSLIH	-	-
6.92	SBS	-	-
External Funded			
8	LHCRE	2,346,245	4,350,000
	Subtotal:	2,346,245	4,350,000
	Total IT Capital	3,540,058	5,578,000
	TOTAL CAPITAL	6,394,779	10,929,000

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 24 October 2019.			
Author/s:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee			
Recommendation:	To approve		To receive & note	
	For information	✓	To ratify	
Purpose of Paper:	<p>The Mental Health Legislation 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 24 October 2019 and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	24/10/19	Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	<ul style="list-style-type: none"> No items for escalation. 			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			



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

Executive Summary - Assurance Report:

Committee noted key items and assurances regarding:

- Mental Health Legislation Committee Terms of Reference reviewed; addition of 'This Committee will give delegated work to Mental Health Steering Group'
- Redefining Mental Health Legislation Steering Group actions and Terms of Reference and membership amended accordingly
- Presentation of data in Quarterly Performance Report is work in progress
- Further report to be requested from the Crisis Care Concordat, including S136 information
- Received Reducing Restrictive Interventions Quarterly Report –benchmarking remains positive

Key Issues:

Insight report:

- Liberty Protection Safeguards – Department of Health and Social Care update key points were noted.
- Deprivation of Liberty for 16/17 year olds – Supreme Court decision discussed – case law already added to MHA training for CAMHS inpatient unit, and being discussed within the Mental Health Legislation Steering Group and the MCA 2019 Action group.

Quarterly performance report – main items

- Presentation of data in Quarterly Performance Report is work in progress
- CQC Mental Health Act visits – almost all actions closed. Committee assured on progress achieved to date.
- Rise in S136 – increased reporting through Lorenzo rise in S136 – report to be requested from the Crisis Care Concordat.

Exceptions

There were 9 exceptions to the lawful application of the MHA in Q2, unable to identify any trends. Individual actions have been carried out to prevent further errors in these areas. Overall, the exceptions report demonstrates attention to patient safety and compliance with legislation.

Received Reducing Restrictive Interventions report -
Benchmarking remains positive.

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting –27 November 2019		
Title of Report:	Finance and Investment Committee Assurance Report		
Author/s:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation:	To approve		To receive & note
	For information	✓	To ratify
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 20th November 2019 and a summary of key points for the Board to note.</p>		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee	20.11.19	Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the month seven performance and focus on key areas including the Primary Care recovery plan. • Notes the forecast delivery of the NHS1 control total at yearend. • Notes the resubmission of a financial plan that is consistent with its financial improvement trajectories. • Notes the work undertaken on the Operational and Corporate Services Budget Reduction Strategy (BRS) for 2020/21 to 2022/23. • Notes the assurance on the Procurement strategy. • Notes the committees sign off of the Travel and Expenses Policy and the Trust’s Data Quality Policy 		

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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



Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that month seven performance showed that the Trust had achieved an operational surplus position of £0.023m which becomes a deficit of £2.047m when Budget Reduction Strategy (BRS) Risk Reserve is provided for.

The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.029m at Month 7 with current forecast showing a total outturn position including major schemes of a £0.344m underachievement although some mitigating schemes have been identified.

The Trust has now resubmitted a financial plan that is consistent with its financial improvement trajectories.

- Plans for the Operational and Corporate Services Budget Reduction Strategy for 2020/21 to 2022/23 were shared with the committee which showed good progress, savings totalling £1.436m have been identified for 2020/21.

The committee reviewed performance against the Primary Care recovery plan which is mixed.

The committee received reports on IFRS 16 leases, the Procurement Strategy update and the Board Assurance Framework (BAF) and risk register.

Key Issues:

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

- In terms of the Insight report the key issues raised were:-
- Following numerous conversations with regulators and commissioners the Trust has resubmitted a financial plan that is consistent with its financial improvement trajectories.
- **In terms of the month seven financial performance** in month the Trust is showing an operational position of £0.141m (£0.272m worse than budget) and year to date an

operational deficit position of £0.023m (£1.319m better than budget). After BRS provision has been included, the reported surplus for Month 7 was £0.090m (£0.024 worse than budget) and year to date a £2.047m deficit (£0.145 better than budget). Key areas to note are:

- **Year to Date staff costs** of £61.506m are £1.034m lower than budget.
- **Capital Spend as at Month 7** was £6.395m, mainly related to the Child and Adolescent Mental Health Services (CAMHS) and Local Health Care Record Exemplar (LHCRE) projects.
- **Children's and Learning Disability Division (LD)** has a year to date underspend of £0.692m
- **Community and Primary Care Division** has a year to date underspend of £0.312m
- **The Mental Health Division** has a year to date underspend of £0.484m, **Secure Services Division** is showing a year to date overspend of £0.214m (however the in-month position was an underspend of £0.022m).
- **Corporate Divisions** are showing an underspend of £0.264m at month 7.
- The Trust is currently **forecasting** a deficit of £0.566m at the end of the financial year which agrees to the NHSI control total.
- **Cash balance** at the end of October 2019 was £12.463m (Underlying Government Banking Service Cash position was £12.180m).
- **Outstanding Trade Debtors** totalled £5.673m at the end of the period (£4.295m September). This relates to new invoices raised in October. The Trust had £4.561m of Trade Creditors at the end of October 2019 (£4.553m September).
- **The current cashflow forecast** is predicting a cash balance of £12.370m in the Government Banking Service account at the end of the financial year. Performance against the better payment practice code for NHS and Non-NHS are currently 84.15% and 95.34% respectively.
- **Primary Care Update:** The committee received the latest update of the Primary Care Recovery plan which showed mixed results with 2 practices performing above the recovery plan trajectory and 4 below the recovery plan trajectory. The year end forecast is for a £0.432m deficit which is £0.232m worse than plan.
- **Budget Reduction Strategy:** The committee received an update on BRS delivery which showed that the overall profiled year to date level of savings stands at £2.279m with achieved savings of £2.014m producing an underachievement of £0.029m at Month 7. The current Forecast outturn position for Care Group and Corporate Savings shows an overachievement of £0.010m. The position on the Major Schemes shows revised total savings of £2.527m giving a reduction in savings from the major schemes of £0.354m. Alternative savings to offset the forecast underachievement will be required.
- **BRS 2020/21 TO 2022/23:** The committee received a report on the Operational and Corporate Services Budget Reduction Strategy 2020/21 to 2022/23 which showed

that BRS savings targets have been produced for the medium-term period of 2020/21 to 2022/23. These are based on 1.5% of Net Budgets. Pressures of £0.162m have been highlighted for 2020/21 which will need to be funded from savings schemes. Savings proposals totalling £1.436m have been proposed by Operational Services and Corporate Directorates for 2020/21 leaving a gap of £0.243m at this stage.

- Future years savings of £0.339m for 2021/22 and £0.244m for 2022/23 have been proposed. The committee commended the team on getting so far in planning for 2020/21. Next month the committee will receive a report giving both the Operational and Corporate Services BRS and the major schemes allowing a clear understanding of any shortfall.
- **IFRS16** :The committee received an update on IFRS 16 leases which showed that the standard will radically change how leases are accounted for as it removes the distinction between operating and finance leases. Further work will be undertaken on this but the Trust is well advanced in its preparations.
- **Procurement Strategy:** The committee received an update on the Trust's Procurement Strategy which was approved in November 2016. The Trust has achieved cost savings in significant contracts notably with estates service areas having recently retendered and awarded new contracts as part of an ongoing programme. Other potential options to achieve value for money are being explored.
- A procurement was undertaken to secure new Trust external auditors and was successfully completed on time and within budget.
- The Trust is continuing to work collaboratively on procurement with regional and local public sector organisations. The Trust continues to work to maximise the benefit from the future NHS Supply Chain operating model. A Self-Assessment has been undertaken to assess any risks in relation to Brexit and local contracts. The committee was assured that the strategy is proceeding to plan.
- The committee received and endorsed the quarter 3 Board Assurance Framework (BAF) and Risk Register.
- Following the change in the operational structure and Divisional Managers replacing Care Group Directors; the Operational Delivery Group (ODG) have supported the change to the Travel and Expenses Policy with the inclusion of appropriate authorisation for Divisional Managers. The Trust's Data Quality Policy has also been updated with minor changes and has been uploaded to the intranet. The committee signed off the updated policies.

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Workforce & Organisational Development (OD) Committee Assurance Report			
Author/s:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The 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 November 2019 and a summary of key points for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance report	✓
Key Issues within the report:	<p>The committee recommends that the Board: -</p> <ul style="list-style-type: none"> • Notes the information from the Workforce Insight Report. • Notes the update provided on the Workforce Summit and Leadership forum and the committee's request for a clear action plan. • Notes the ongoing assurance from the Freedom to Speak up Guardian • Notes the assurance gained from the Guardian of Safe Working report. • Notes the review of the Board Assurance Framework (BAF). 			

Monitoring and assurance framework summary:

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



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

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.

A summary of the key areas discussed are that the Workforce Insight report has been further developed. This highlighted a slight improvement in sickness however issues with high levels of turnover and vacancies, PADR numbers falling and whilst training is above target issues with certain courses and an issue in terms of non-attendance. Turnover, vacancies and recruitment remain a key strategic risk for the Trust and the committee received feedback from the Workforce Summit and Leadership forum and asked for an action plan to come back to the committee.

The committee also received and reviewed reports from the Freedom to Speak Up Guardian, Guardian of Safe Working, Gender Pay Gap, CQC Must Do actions and the Board Assurance Framework (BAF).

Key Issues:

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

- The committee received the Workforce Insight report which continues to evolve providing more focus for discussions at the committee. The committee felt that this continuous development of the report was very helpful. Key issues arising from that report were:-
 - Sickness Absence - the rolling 12 month performance showed a marginally improved position compared to 12 months ago but still above the national and peer median; anxiety/stress/depression are still the largest cause of sickness absence; September saw a significant reduction in staff on long term sickness absence; 2/3rds of sickness absence can be attributed to long term sickness (over 28 days); just under 40% of Trust staff have had no sickness in the past 12 months.
 - Turnover - remains above target; there has been a net loss of 30 Nurses over the past 12 months (an improved position on July); retirement is still the biggest reason for leaving; retire and return is increasing (21 applications since April).
 - Vacancies - the overall number and percentage of vacancies continues to increase; Nursing vacancies continue to increase (now 127.89 FTE compared to 104.3 in April) as does Consultant/GP vacancies (15.73 compared to 8.3 in April); the refer a friend scheme has delivered 8 referrals with 5 appointments into hard

to fill roles.

- Appraisals - current performance has dipped below target. There was a discussion around the need to ensure that not only were we delivering the right quantity of appraisals but as importantly the quality of appraisals. There was also some worry about appraisal numbers dropping off in the lead up to the change to the appraisal window and that this could also affect the quality short term.
 - Statutory Mandatory Training - current performance is above target and better than performance 12 months ago; 7 courses are below target; non-attendance at training is a concern with 1568 non-attendees over the past 12 months.
 - Employee Relations - the number of cases has significantly reduced over the past 12 months.
 - A new section entitled staffing metrics conversion combined vacancies as a percentage, sickness percentage and maternity & adoption figures and showed that on any one day about 20% of the workforce is not present.
- Following discussion of the data and the discussion at the last meeting the committee were keen to get feedback on the Workforce Summit and Leadership forum. The feedback provided showed that there had been good discussion with a number of ideas mooted by the divisions on how to improve retention, be more creative on models of care and ideas on recruitment. What was missing however was a clear action plan to take these ideas forward. The committee requested that this was produced by the team and that the top-level version of that should come to the January meeting with an update on progress to date.
 - The committee received and discussed the latest Freedom to Speak Up update report which provided information on the National Guardians Office launch of the FTSU index using information from the NHS staff survey: the revised self-assessment for Trust Boards; the number and nature of concerns raised through the speaking up process; the number of independent investigations commissioned by the Speak Up Guardian and finally how we are receiving feedback from our staff who contact the Guardians. The committee thanked the Guardian for the update.
 - The committee received the Guardian of Safe Working Quarterly Report which comes to workforce committee to gain assurance on behalf of the Board. The report outlined that the alteration of the work schedules appears to have correlated with a significant drop in exception reports. Anecdotally Doctors in Training report feeling confident in using the Allocate system to submit exception reports, however continue to express that they find the system time-consuming. Only one of the exception reports since August has come from a Higher Trainee and attendance from Higher Trainees at JDF Meetings has been very low. The Guardian has requested an invitation to attend a Higher Trainees Training Meeting to encourage greater engagement from this group. The committee were assured by the report and suggested that it might be an idea for the Medical Director to take the Higher Trainees out for a meal and that the Non Executive Directors (NEDs) would be happy to support this.
 - The committee received the Gender Pay Gap Report 2019. The key findings were:-
 - 78.28% of the Trust's staff are female, with 21.75% being male. This is largely in line with the national NHS figures where 77% of employees are female.
 - The Trust's mean gender pay gap is 12.64%
 - The Trust's median gender pay gap is 0.77%
 - The Trust's mean bonus gender pay gap is -0.88%
 - The Trust's median bonus gender pay gap is 50.00%
 - The proportion of males receiving a bonus payment is 1.36%
 - The proportion of females receiving a bonus payment is 0.29%

- The Trust has a Gender Pay Gap of 12.64%, which is significantly lower than the National average of 17.9%.

- There is a clear action plan on how to use this analysis going forward.

The report has been to EMT in July and has been posted on the Trust website. The committee were happy to sign off the report and approve its submission to the government online gender pay gap reporting service.

- The committee received the 3 CQC must do actions needing monitoring by Workforce & OD Committee. The committee gained assurance that all three were being addressed and further information will come to the next committee meeting.
- The committee received and signed off the quarter three BAF risks monitored by Workforce & OD.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Audit Committee Assurance Report			
Author/s:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee			
Recommendation:	To approve		To receive & note	
	For information		To ratify	
Purpose of Paper:	<p>The Audit 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 5 November 2019 and a summary of key issues for the Board to note.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance report	✓
Key Issues within the report:	Identified in the report			

Monitoring and assurance framework summary:

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



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

Executive Summary - Assurance Report:

A meeting of the Audit Committee took place on 5 November 2019. It is a requirement of the Terms of Reference and the NHS Audit Handbook for an assurance report to be prepared for the Trust Board as soon as is practical after the meeting takes place, and presented at the next Trust Board meeting.

Key Issues:

The Committee discussed, received for assurance and noted the following reports:-

- Internal Audit Progress Report
- Counter Fraud Progress Report
- External Audit Update
- Tender Waiver Update
- Board Assurance Framework
- Risk Register – Board and deep dive Primary Care and Community Services
- CQC Action Plan Update
- Standing Orders Scheme of Delegation and SFIs
- Information Governance Assurance Report and minutes
- Update on changes to Contracts/Agreements

Risks and major items discussed

Five Internal Audit Assurance Reports were received and discussed:

Access to CAMHs service	Reasonable Assurance
Healthcare Contract Management	Substantial Assurance
Mental Health Legislation	Reasonable Assurance
Establishment Visit (West Hull CMHT)	Reasonable Assurance
Establishment Visit (Townend Court)	Reasonable Assurance

The Committee discussed the scope of the Child and Adolescent Mental Health Services (CAMHs) report, and noted that the recommendations made were procedural rather than matters affecting patient safety. All the recommendations were due to be completed imminently and confirmation would be given at the next Audit Committee. The Mental Health Legislation report recommendations had been discussed at the Mental Health Legislation Committee (MHLC) and largely implemented. A limited number of recommendations had target dates of Dec 19/Feb 20, which were considered too distant, and the Executive Management Team (EMT) were to follow this up. The two establishment visits continued the previous theme in this area of a number of relatively minor procedural omissions. The Committee were pleased to hear that the Finance team were planning a series of their own internal type audits in relation to sites, and the results/actions from these visits would form part of regular reporting to Committee in future, to gain increased assurance.

With regard to follow up actions completed within the agreed implementation date, the Committee noted that just 7 out of 136 prior recommendations were overdue, and there were verbal updates at the meeting giving good progress reports on each of these. The Committee noted this continued improvement.

Counter Fraud report contained an update on counter fraud activity and progress against the agreed workplan for 19/20. The continued use of videos produced by AuditOne to highlight to staff counter fraud awareness was thought to be progressing well. While there were a number of national counter fraud alerts, there were no identified issues for the Trust apart

from some follow up required in relation to employees possibly working elsewhere while contracted to the Trust. The Counter Fraud 18/19 Annual Report was received, and it was noted that the Trust was 'in the pack' regards benchmarking the various self-assessment ratings for the variety of governance headings in this area.. A proactive review was received and discussed in relation to staff expenses, resulting in some relatively minor recommendations.

The new external auditors, Mazars, were present at the meeting and contributed well to discussions. Their plan for the 19/20 audit will be presented at the next meeting. No significant new accounting standards are due this year.

No new tender waivers were received, but a review of previous tender waivers and progress was presented, with updates on status. It was agreed that the Finance and Investment Committee (FIC) will receive a report on the financial effects of the current situation with the Institute of Organisational Development, including any learning.

The Board Assurance Framework (BAF) was as presented to the October Board. The timing of the progress of each new quarter's BAF is to be reviewed by management, as ideally AC would have sight of it before the Board. It was noted that a report on the CAMHs inpatient project was being prepared for the November Board, and that FIC would be discussing parts relative to its scope at the next meeting.

In relation to the Trust risk register, it was noted that they related mostly to staffing, and were therefore discussed extensively at the workforce committee. Mazars commented that the register was broadly in line with their experience in the NHS.

Progress against the 9 higher level (12+) risks for Primary Care and Community Services was discussed. Actions were being actively taken to mitigate these. It was noted that no 12+ risks were reported for Malton or Whitby Hospitals, and the Audit Committee requested that the Operational Delivery Group (ODG) review the consistency of scoring risks across the division, to gain assurance that the risks in these hospitals were indeed lower. The Audit Committee also noted the lack of a higher level financial risk in relation to Primary Care, and requested EMT review this in light of the deficit situation here.

The Information Governance Report was discussed and accepted. It was felt that some of the data highlighted in the Information Governance Annual Report (received at the last meeting) could be incorporated in these interim reports in future.

Agreed actions

A number of actions were agreed at the meeting which have been included in the action list.

Matters deferred for future consideration

While all above reports were received there were a number which require follow up action as noted above

Matters to be brought to the attention of the Trust Board

The main areas for the Board to note/approve are:

- The paper to be prepared for FIC/Board in relation to the late running CAMHs inpatient unit
- The referral to EMT of the risk scoring in Primary Care and Community Services
- The good progress on past Internal Audit reports and EMT review of implementation dates particularly o the MHL audit recommendations.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 27 November 2019			
Title of Report:	Charitable Funds Committee Assurance Report 12 November 2019 and 10 September 2019 Minutes			
Author/s:	Name: Mike Cooke Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The report includes details of the meeting held on 12 November 2019 and the minutes from 10 September 2019, which are attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Key Issues within the report:	<ul style="list-style-type: none"> Notify the Board of approval for the artwork at the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit (£30k artwork) subject to approval by the CAMHS executive board with specialist input. Revised Terms of Reference were considered with minor revisions to membership. It was clarified that the Non-Executives and Executives are the core membership, and that one of each has be in attendance in order to be quorate. Inclusion of the Head of Communications and Marketing as an attendee. A review of purchases from charitable funds for equipment in relation to the impact appeal was requested. The Committee have asked for a stock take to be undertaken. <p>The Board are asked to note that gifts in kind in relation to accommodation for the Health Stars team have been noted, but not accounted for in the Charitable Funds Accounts.</p>			

Monitoring and assurance framework summary:

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

√ Tick those that apply

Innovating Quality and Patient Safety



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

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 12 November 2019.

Key Issues

The Committee :

- Welcomed Steve McGowan, Rachel Kirby, Kristina Poxon and Victoria Winterton to their first Charitable Funds Committee meeting.
- Approved the 10 September CFC minutes as an accurate record.
- Welcomed 360 Chartered Accountants and their independent examiners report on the CFC accounts, there was some discussion on gifts in kind and this was explained. There were no concerns and an unqualified opinion has been provided. The Committee approved the accounts being presented to the November Board for formal approval.
- Action log discussed and updated.
- Noted the good progress in the finance report in terms of the current fund balance for the Health Stars charitable funds is £697,573.57.
- Professor Cooke noted that he is delighted that the Barclays Ball on Friday 22 November is raising money for the Impact Appeal.
- Noted that there is a need to be flexible both at the meetings and in between, to promote the charity and continuously improve our working together.
- People Update – the Committee welcomed Kristina Poxon and Victoria Winterton. Professor Cooke felt that a Comms update around that would be really helpful.
- Noted the Comms links are good already and will develop.
- Noted the draft Risk Register – Ms Winterton to meet with Oliver Simms and populate and bring back to the next meeting for further discussion.
- Noted the Circle of Wishes (CoW) report and that a discussion with Katy Marshall, Organisational Development Specialist and or Steve McGowan would be useful.
- Ms Winterton to review and amend the trend and scale and how we have done and where else to go with Circle of Wishes (CoW) to keep it refreshed and alive.
- Noted the useful Insight Report and agreed it needs to be moved up higher on the agenda going forward.
- Had a good discussion on the CAMHS fund agreed some Exec reconciliation of capital and charitable sourcing of equipment etc.
- Noted the fundraising agenda.

- Noted the Impact Appeal art installations and agreed in principle to fund those, subject to the governance of this by the CAMHS Exec Board with some specialist advice.
- Welcomed the advanced plan/work programme for 2020 and welcomed the form and good governance around expenditure as well as the need clarify the Board level on that too.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Tuesday 10 September 2019, 1pm – 3pm in Conference Room A, Trust Headquarters

Present: Professor Mike Cooke, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance
Michele Moran, Chief Executive

In Attendance: Andy Barber, Hey Smile Foundation Chief Executive
Ann Newlove, Smile Health Operations Manager
Francis Patton, Non-Executive Director
Kerrie Neilson, PA (minutes)

Apologies: Victoria Winterton, Head of Smile Health

61/19 **Declarations of Engagement**
None declared.

62/19 **Minutes of the Meeting held on 10 July 2019**
The minutes of the meeting held on 10 July 2019 were agreed as a correct record with the following amendment:-

57/19 Impact Appeal Update

The fifth paragraph starting with ResQ was amended to read “ResQ Charity football match takes places on 6 July and funds for this event will add towards funding for electronics for the unit”

Resolved: It was agreed that the minutes would be amended to reflect the above change.
ACTION KN

63/19 **Action List, Matters Arising and Workplan**

Introductions were made as this is Professor Cooke’s first meeting as the new Chair of the Committee and he was looking forward to supporting the development of the Committee with the Smile team.

The actions list was discussed and the following was noted:

52/19 CFC Finance Report – Mr Barber provided a further update and noted that he had a very productive meeting with Rachel Kirkby, the new Comms and Marketing Manager. The areas of work that need to be addressed are PROUD, mindfulness and in particular staff engagement.

54/19 Smile Team Update – the Committee agreed that the action can be removed as Professor Cooke took part in the interviews.

55/19 Risks Update (a) – Mr Beckwith provided a verbal update. He informed the Committee that the investigation is still underway and the outcome will be reported to the Audit Committee. Mr Beckwith agreed to get a further update from Lynn Parkinson for Michele Moran.

55/19 Risks Update (b) – it was noted this action can be removed as it will be reported through the Audit Committee.

55/19 Risks Update (c) – Mr Barber verbally reported that Ms Winterton is meeting with Oliver Simms in the next couple of weeks to bring the risk register in line with the Trust. The timescale has been revised from September to November.

39/19 Action List, Matters Arising and Workplan – Mr Barber provided the Committee with a further update in relation to mobilisation of the new dining room at Trust HQ. He reported that he had a positive meeting with Autism Plus who do work in particular with running catering facilities within areas like Humber as well as community work with recovery teams – all avenues are being investigated.

Mr Beckwith asked if this work could be progressed at pace

40/19 (b) Health Stars Operations Plan – action complete.

42/19 Draft Risk Register – action complete.

45/19 Change of Use of Charitable Funds – action complete.

75/18 Whitby Request – Mrs Moran provided the Committee with a further update. It was noted that all the relevant governance structure in relation to Whitby therefore when it is signed off we can then look at how we develop a campaign like we did for the Impact Appeal. Until that has happened there is not much role for the CFC at this stage. It was agreed this action can be removed.

13/19 Impact Appeal – action complete.

12/19 Health Stars Annual Review – Mr Barber pointed out that he has not yet received a date to present the report at a future Trust Board meeting. The Committee discussed and agreed it would be good if that could be presented at the November Trust Board.

06/19 Revised Terms of Reference (ToR) – The Committee agreed that the ToR would be presented at the November CFC meeting.

04/19 (b) Key Operations Plan Highlights including Finances – action complete.

30/19 (a) Impact Appeal Update – action complete.

30/19 (b) Impact Appeal Update – action complete.

Resolved: The verbal updates were noted by the Committee.

The Committee agreed to invite Rachel Kirby to the next CFC meeting in November. **ACTION KN.** Mr Barber agreed to progress the meeting with the CEO from Hull College, Michele Moran and Mr Beckwith in relation to the longer term vision for the new dining room. **ACTION AB.** Mr Beckwith agreed to keep Whitby on the agenda as appropriate and provide a further update at a future CFC meeting. **ACTION PBec.** Health Stars annual review to be presented at the November Trust Board meeting. **ACTION AB/KN**

64/19

Review of Health Stars Operational Plan 2018-2021

Mr Barber provided the Committee with a verbal update. He explained that some of the potential risks around the income have been highlighted. The key areas are as follows:

- Health Stars are delivering on 90% of what they set out to do
- 483 wishes have been received and 64% of those wishes are granted
- All services are beginning to access wishes from Willerby to Whitby
- Health Stars set out to complete the appeal within a 3 year period – this is very close to completion
- Achieved the financial targets for the Impact appeal

- Staff engagement fund is now live and is being accessed on a regular basis. Mr Barber stated that he and Mrs Moran have both discussed from a staff engagement perspective how to move that forward
- Underspend on salary costs in line with increasing the staffing structure noted, but as the appeals have progressed that has not taken place. A saving has been made of approximately £25k in the way of delivery through the Smile foundation as opposed to doing it through the Trusts agenda for change, which means that the management fee is covered.

Mr Barber reported that he has done a revised and simplified budget for the remainder of this year based on the re profiling of the plan including the Whitby appeal. This is to be shared with Mr Beckwith and presented at the next committee

It was confirmed that Laura Atkinson (Charity Champion) is leaving the Trust and her last day with the Trust is Wednesday 19 September. Professor Cooke formally thanked Laura for her contribution including the golf day which was a particular success.

Mr Baren referred to the staffing aspect and noted that he would like to see continuity and he wants the second appeal identified. Mr Barber added to this and stated that 90% of the Impact Appeal revenue has come through Ms Newlove but it also comes down to stakeholder engagement and research and development from Ms Newlove's perspective. The key aspect to success of this charity is that we always have the consistency of Smile in the background.

Mr Baren asked in terms of getting value for money from staff what is the best structure in terms of getting the over 4:1 ratio income against expenditure. Mr Barber feels there isn't anything wrong with the structure, it is about getting the right people, but also it is more about getting the bigger appeals that will then allow us to get the ratio and grants. Mr Barber does not want to stall the continued development of the charity. Professor Cooke asked who is interviewing. Mrs Moran suggested Professor Cooke take part in the interviews. Mrs Moran expressed her concern on the turnover and staffing. She noted that it is about getting the right person for the Trust and ensuring we get that continuity and stability.

Resolved: The Committee noted the verbal update. The Committee noted the really good progress in relation to the 483 wishes and revised budget and re profiling that. It was agreed that an assurance paper on staffing needs to come to the next meeting. **ACTION AB**

65/19

Charitable Finance Report

The report provided the Charitable Funds Committee with a review of the current finance position of Health Stars Charitable funds. Mr Barber highlighted the following key issues within the report:

- Executive summary
- Total fund balance
- Breakdown of funds
- Income and expenditure for the period
- Highlighted risks
- Pledged funds

It was noted the current total fund balance for the Health Stars charitable funds is £688,944.20. A breakdown by fund zone was provided in the report.

Mr Barber advised that log-in details for the XERO system (view only) can be shared with Committee members so people can view the LIVE information.

Mr Barber highlighted that the income is down and so is the expenditure so that balances out. He also stated that there are beyond 6 months running costs in the bank in unrestricted and designated funding and that has been achieved sooner than hoped. It was noted that we are actively trying to seek some smaller appeals and we have had some real success with grants

and applications.

Mr Barber went on to update on stakeholder engagement. He confirmed we are a national finalist and that gives the opportunity to top that income up from £5k to a max of £100k of unrestricted funds.

It was noted that the advice from 360 Chartered Accountants is that we record all pledges going forward.

Mr Barber said there is a real need to get more support from the Board in relation to the bigger ticket items as there is lots of money out there.

Mr Patton referred to Community funds and noted that the underlying position is a concern. Mr Baren added to this and stated that the year to date finances are because of the Impact Appeal. Mr Barber said one of the challenges we always come up against is getting them to think beyond what we have got. He would like to see a plan from senior leaders to push that forward.

Mr Baren referred to section 3.4 and asked why the NISA cheque amounting to £1,800 has not yet been banked. Mr Barber confirmed that the NISA cheque has now been banked and that was for general funds. NISA have also given us £40k towards Impact Appeal.

Resolved: The report and verbal updates was noted. The Committee agreed to support the Charity team with actions listed in point 2.1 of the report. Professor Cooke would like this to link in with the insight report. **ACTION AB.** More focus is needed on the underlying position. **ACTION AB**

66/19

Review of Full Accounts

The report provided the Charitable Funds Committee with the unaudited financial statements for the year ended 31 March 2019, draft accounts for final approval and recommendation to the Board. The report also incorporates the timeline for the 2019 accounts. Mr Barber highlighted the following issues with the report:

- Executive summary
- Highlights
- Risks
- Budget performance
- Committed funds
- Gifts in kind
- 2019 Timeline

Mr Barber provided the report with a summary and noted that the report provides a good snapshot over the last 12 months. More fundraising activity is underway and the cash balance is strong.

Mr Beckwith queried gifts in kind in relation to support services and accommodation at Trust HQ. He questioned the value it really has and what is the benefit of putting that in to the accounts. Mr Barber advised that it gives a true representation of the organisation but it also shows the commitment from the Trust to the charity. The Committee had a detailed discussion on this.

Mrs Moran expressed her concern about the report not been clear that we pay for the management fee, especially from an annual account point of view. Mr Patton agrees with Mrs Moran and noted that it is not clear in the financial highlights. Mr Barber will ask for the detail to be included in the report going forward. It was confirmed that the management fee for the Smile foundation is £30k per year.

Mr Baren asked Mr Barber to correct the Trust heading within the report for consistency. He then made reference to the delegation limits on page 4 and noted that he does not recognise those. Mr Barber provided clarity and stated that it has probably been carried over from last years' accounts.

Mr Baren referred to page 16 (section 11) and noted that the total funds column £428,216 looks to have moved over somehow so it should relate to the total of incoming resources. Also gains and losses totalling £127k is missing completely.

Mr Patton made reference to page 3 (reserves policy) and asked where do we measure that. It was noted that these targets are in the 3 year plan but are not currently monitored routinely. Mr Beckwith suggested this could be incorporated into the regular Health Stars finance update.

Resolved: The report and verbal updates was noted. The Committee approved the accounts with agreed changes including confirmation of gifts in kind and agreed for the Executive lead to sign and provide final copy to the Board. **ACTION PBec.** The Committee also agreed for HEY Smile to bring forward via offline communication a revised budget for the remainder of the three year agreed term. Mr Barber and Mr Beckwith agreed to meet before the November CFC mtg to discuss this in more detail. **ACTION PBec/AB.** The Committee agreed to exclude accommodation from the accounts. Mr Barber agreed to remove the delegation limits at the bottom of page 4. **ACTION AB.** Mr Barber agreed to go back to 360 Chartered Accountants with suggested amendments with a final draft to come back to the November meeting for approval. **ACTION AB**

67/19 **Bi Annual Review of Board Update**

Professor Cooke indicated that he would like the annual review of committee effectiveness to be conducted at CFC at the end of 2019/20.

Resolved: The verbal update was noted. The Committee agreed that the annual review of effectiveness would need to come back to CFC at the end of 2019/20. **ACTION AB/KN**

68/19 **Change of use of Community Funds**

The report presented to the Committee is to agree to formally recommend to the full board the passing of a resolution to change the use of existing charitable funds. The following key issues were highlighted:

- Recommendation for approval
- Overview of current position
- Research carried out
- Next steps
- Signed resolution

Mr Barber advised that following on from the last CFC meeting it was noted that more legal advice was needed as well as confirmation on how we can change the funds. Mr Barber genuinely feels he has done everything we need to do to. Mr Barber confirmed he has met with a range of stakeholders from within those areas who are desperate for us to reinvest those funds with that community. A full review has been undertaken on all of the legacy paperwork that has been received. The initial authority sits with the Trustees not with the Charity Commission to make those changes. It was noted that if it is an endowed fund then there is less freedom to that. Mr Barber explained that we are not looking to remove the money from the community in which it was given, we are not looking to remove the money a service or a restriction that we could still fulfil. It is within the Trustees power to make a change to the funds to make sure we invest it into the community it was given.

He asked the Committee if there is still a need for it to go to the Charity Commission. Mr Beckwith confirmed that it needs to be presented to the September Trust Board as Board of Trustees, and the report must provide the Board with assurance on the legal advice sought.

Resolved: The report and verbal updates was noted. Mr Barber agreed to prepare the Board report which includes the detail on the legal advice so that it can be presented to the September Trust Board. ACTION AB/PBec. The Committee agree and support the approach and want to recommend still restricting it to Community Health whilst keeping it as close to the wishes of the donors as possible including geographical positioning of the funds.

Insight Report

69/19

The report provided the Charitable Funds Committee with an overview of the key issues for the Charitable Funds Committee to discuss and seek further assurances if required. The following key items were highlighted by Mr Barber.

- Impact Appeal
- Health Stars Golf Day
- Westlands Wish
- People resources
- Horizon Setting

Mr Barber stated that he strongly believes that more money could have been raised with a little bit more support from some individuals and areas within the Trust. He would like to have a wrap up meeting with a couple of key individuals to make sure we get it right and Ms Newlove would like to be involved.

The Committee discussed the request to invest a maximum of £15k of the £270K on marketing resources to provide a public appeal when the building is soft launched. Mrs Moran expected to see more detail on what the £15k entails. She felt that £15k is a little excessive, especially as we have a marketing plan and a Comms team. Mr Barber explained that he is really looking for an emotive snapshot that can be shared on social media. Mr Patton advised that a mini business case would suffice and that can then be presented to a future Board meeting for formal approval.

Mr Barber updated the Committee on fundraising and noted that the golf day was very successful. He formally thanked the Trust for the amazing support received.

Mr Barber updated further on his recent meeting with Mervyn Simpson in relation to transferring some funding into a Yorkshire Bank high interest rate of 1.85% (time sensitive) but it was noted that would need to be actioned in a 3 month period. Mr Barber agreed to send this to Mr Beckwith for his review and approval. In relation to the governance aspect Professor Cooke pointed out that he would like to link in with Mrs Winterton.

Mr Barber drew the Committees attention to section 6 (horizon setting, where next?). He reported that grants have been applied for under the Tesco's scheme and so on for the £1,000 and £3,000 but what he is looking for from the Board is the £50k, £100k and £300k projects. He asked what does the Trust wants from Smile. Mrs Moran stated that Smile could get involved in the adult campus.

Mrs Moran touched upon the next big thing for the Trust and the potential for the Trust to be involved in a mother and baby unit. Mr Barber asked if the Trust is involved in Help for Heroes. Mrs Moran asked Mr Barber to link in.

Mrs Moran would encourage further communication on proposals for investment from the charity.

Resolved: The report and verbal updates was noted. Mr Barber agreed to circulate a separate paper to all Committee members, following today's meeting which explains what the £15k entails. ACTION AB. The Committee agreed that a mini business case is required before this can be progressed. ACTION AB. Mrs Moran suggested that this goes through the

Executive Management Team as well as the CAMHS Executive Board for further discussion. **ACTION AB/PBec.** Mr Barber agreed to send Mr Beckwith the details on the high interest Yorkshire Bank account so that he can oversee that from an Executive point of view. **ACTION AB/PBec.** Mr Barber agreed to discuss adult campus with Mrs Moran. **ACTIOB AB**

Circle of Wishes Report

70/19 The report provided an update to the Charitable Funds Committee on the progress Health Stars is making and to highlight any issues which need to be discussed and/or approved. The following critical issues within the report were highlighted:

- Circle of Wishes Update

Mr Barber summarised the detail within the report. No challenges to note from the report.

Resolved: The report and verbal updates was noted.

71/19 **Impact Appeal Update**

The report provided the Committee with an update on the Impact Appeal, supporting the provision of enhancements at the forthcoming CAMHS in-patient unit. The following key issues were highlighted within the report:

- Comms & Marketing
- Fundraising Update
- Wish List & Release of Funds

Ms Newlove reported that this is still progressing really well. It was noted that the bulk of the grant funding applications are through at this stage. There is one going to a panel tomorrow and she agreed to update further on this at the next meeting in November. Over the next month the Barclays and Smile ball will be looked at and how we can maximise fundraising on that night. The wish list will be revisited. Storage space has now been identified in the Children's centre.

Ms Newlove reported on an update regarding proposed art within the CAMHS building. She asked CFC if they are happy for that £30k budget that was set for the 4 pieces of art to be rolled down to the Exec Board and Immobilisation Board. Mrs Moran stated that this needs to go through the CAMHS Executive Board in the first instance and it must link in with our governance processes.

Mr Baren referred to section 2 where it mentions that this is a public vote with the winner announced in early October. He asked how that works. It was noted that issues have been fed back about the fact that there is one vote per IP address per day so the Trust is classed as one IP address - work will continue with that to try and find a satisfactory resolution. It was noted we are encouraging people to vote via their mobile phones. Mr Barber asked if the Trust is has the ability to send text messages. Mr Beckwith confirmed yes.

Resolved: The report and verbal updates was noted. Mr Barber agreed to send an update to the EMT. **ACTON AB.** Ms Newlove agreed to speak to Hilary Gledhill about the four pieces of art. **ACTION AN.** Mr Barber and Mr Beckwith agreed to take the vote off line and send text messages. **ACTION AB/PBec**

72/19 **Items for Escalation or Inclusion on the Risk Register**

Professor Cooke summarised a productive meeting and requested that all of the following is included in the Board Assurance report.

- The CFC minutes from 10 July were agreed subject to one minor amendment
- Andrew Steel from 360 Chartered Accountants to be invited to the November CFC meeting

- The Communications Manager will be invited to the November CFC meeting
- The Committee noted the following in relation to the actions log:
 - Westlands enquiries were noted by CFC and is now going through Audit
 - Final draft risk register to come to the next CFC meeting for a full discussion
 - Whitby Hospital to be removed from the actions log until it is ready to come back, taking advice from Mr Beckwith
 - Health Stars 20 minute slot at Trust Board to discuss benefits of Health Stars to be arranged
 - CFC Terms of Reference to be presented at the November CFC
 - The really good progress on the Ops plan, Impact Appeal and staff engagement plan
 - Reviewed positive Proud behaviours and agreed to programme dates for 2020 meetings

The Committee also:-

- Noted the underspend on staffing costs
- Requested re-profiling of the revised budget
- Noted the concerns raised on continuity of staff and the need to ensure the next staffing appointment works
- Noted the finance current balance of £688,944.20 – the Committee was pleased with this position which would provide 6 months running costs and the charity is sustainable to meet its current plan
- Noted the real success of grants and funders for the Impact Appeal – the Committee wanted more focus on the underlying position to help perhaps identify some of the Community services where we can begin to put money into
- Welcomed the finance statements for the accounts. Mr Barber to meet with 360 Chartered Accountants in relation to the technical comments on the accounts
- Noted that the accounts remain unaudited because of the materiality
- Asked for explicit comment in the accounts in relation to the management fee to HEY Smile
- Welcomed the approach to change of use of community funds. Board to note the issue about the £306k in play
- Noted the insight report which was well received by the Committee
- Supported the suggestion to give a legacy fundraising idea on the £15k creative Comms and media emotive campaign to be part of that – with a paper to go to the CAMHS Executive Group
- The success of the recent golf day
- The success of delivering the Westlands chill-out room
- The governance review which Professor Cooke would like to be involved with
- The Adult Campus is coming and the Committee should hold early conversations around this
- Noted the other opportunities around staff engagement and maybe Help for Heroes
- Noted the circle of wishes detailed report
- Noted the excellent progress made on the Impact Appeal
- Supported the escalation of the arts commission via the CAMHS Executive Group

Resolved: The verbal updates were noted by the Committee. It was noted that all of the above will be included in the September Board Assurance Report. **ACTION MC/KN/AB/PBec**

73/19

Any Other Business

Mr Barber reported that he would like to relook at the contracted terms between now and the next meeting.

Resolved: The verbal update was noted. Mr Barber agreed to meet with Mr Beckwith initially to relook at the contracted terms between now and the next meeting. **ACTION AB**

74/19 **Review of Today's Meeting**

The meeting was reviewed and members enjoyed the focus and more strategic content and the clarity from the insight report and discussions. The Chair and Mr Barber also completed the PROUD behaviours questionnaire which was positive.

Resolved: The verbal update was noted by the Committee.

75/19 **Date and Time of Next Meeting**

Tuesday 12 November 2019, 13.00pm – 15.00pm, Meeting Room 2, Trust HQ

Signed:Chair: Mike Cooke

Date:

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting – 27 th November 2019			
Title of Report:	Charitable Funds Accounts			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	The purpose of this paper is for the Trust Board to approve the annual accounts for the year ended 31 st March 2019.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	12/11	Other (please detail) Trust Board	
Key Issues within the report:	<p>The unaudited accounts are attached for approval, key components include:</p> <ul style="list-style-type: none"> • Trustee's Annual Report 2018/19 • Independent Examiners Report • Annual Accounts 2018/19 <p>The accounts were reviewed and recommended for approval by the Charitable Funds Committee on the 12th November 2019.</p> <p>Once approved by the Board the accounts will need to be submitted by the 31st January 2020</p>			

Monitoring and assurance framework summary:

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



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

Report of the Trustees and
Unaudited Financial Statements for the Year Ended 31 March 2019
for
Humber NHS Foundation Trust Charitable
Funds

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

**Humber NHS Foundation Trust Charitable
Funds**

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for the Year Ended 31 March 2019**

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**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

The trustees present their report with the financial statements of the charity for the year ended 31 March 2019. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Throughout 2018/19 The Humber NHS Foundation Trust Charitable Funds working name Health Stars gathered real pace as a proactive charity following the introduction of our three-year operations plan and the investment of resources in partnership with our Corporate Trustee.

Our Corporate Trustee continues to take positive steps forward across the Humber Teaching Foundation Trust, with the CQC rating improving from requires improvement to good. The Charity is also now in a position to partner and support both capital projects and small changes which make a big difference to our patients, carers and employees.

The transparent and easy access to charitable funds has encouraged even more services to maximise charitable funds, with over 160 wishes (grant requests) in 2018/19. Investments have been made into areas such as chill-out rooms for in-patient wards, stressless bags for our Children and Adolescent mental health services, allotment redevelopments, family room enhancements and a range of smaller items to improve patient environments.

Through our connection to the HEY Smile Foundation, the commissioned deliverer of our Charity, we have built many relationships with local businesses capitalising on corporate volunteering and gifts in kind.

Most significantly in the last 12 months, we have seen the inception of our first appeal, The Impact Capital Appeal for the new Children and Adolescent Mental Health development in Hull. This capital build will enable the Humber Teaching Foundation Trust to bring back young people from across Hull, East Yorkshire and Lincolnshire from the care that has had to be provided in sites across the U.K as no provision was currently commissioned locally. Health Stars will be providing investment into the building works to provide enhancements above and beyond NHS core services.

This Appeal has been a significant part of the charity's work in the last 12 months. With the investment of substantial resources from both Humber Teaching Foundation Trust, Health Stars and Smile teams as we look to provide a platform for not only this Appeal but future similar sized projects in the future.

In the operating year, we are pleased to see our income be in line with our plan with an increase of £94,864 on our closing funds.

We do, however, continue to challenge ourselves to ensure we don't become too fundraising focussed. Our drive is to ensure each fund line held by the Charity has a plan, commitments and asks, engaging patients and their families in the developments.

The Charitable Fund's Committee carries out the responsibilities of the Trustees (Directors of the Humber Teaching Foundation Trust) working closely with our commissioned charity services (HEY Smile Foundation) and their seconded team members.

In the operational year, the charity's strategy and operations plan was approved by the Board for the next three years and this will enable the Charity to move to be a strategic partner of the Humber Teaching Foundation Trust.

The Humber Teaching Foundation Trust and its executive team remain committed and passionate about charitable funds within the Humber Teaching Foundation Trust and look forward to reporting on successes over the next three years and beyond.

Finally, we'd like to say a huge thank you to all of our supporters who have helped us to have such a fantastic year. This Charity represents true partnership working to have the best possible resources available for the ever-changing needs of health care across the Humber Teaching Foundation Trust service area.

Our Vision

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients by embracing generosity and investing in innovation.

Our Mission

**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people, environments, resources, training and research.

OBJECTIVES AND ACTIVITIES

Significant activities

In the reporting year, Health Stars continued to develop and operate a clear and transparent system to access charitable funds across the Humber Teaching Foundation Trust services The Circle of Wishes, for patient, carer and employee benefit in line with the objects of the charity and special purpose funds.

The central fund has NHS wide objectives and shall hold the trust fund upon Humber Teaching Foundation Trust to apply the income at their discretion so far as permissible, the capital, for any charitable purpose relating to the NHS.

In 2018/19 the Charity invested in further team resources with the formal introduction of a Charity coordinator alongside the Charity Manager. Some of the principal reasons for this recruitment was to enhance further our engagement with fundholders, review designated funds with little or no movement to ensure we are fulfilling our duty to invest donations responsibly. This includes looking at the funds held by Health Stars for community hospital sites to which the services provided have significantly changed or are no longer in operation.

As highlighted in the reporting year, over 160 requests for enhancements were delivered by the Charity, which continues to be a positive year on year growth. We do still see wishes declined due to them being too far away from our core objectives and/or not meeting our public perception test. Work is underway to provide further clarity of the process on our website and through other means of communication to hopefully limit the number of requests turned down.

Public benefit

The public benefit is further tested through the Wish process by carrying out the following asks of each wishee;

- Is the Wish an enhancement of the current statutory provision
- Explain how the patient or patients will see a benefit
- Finally, would you put a pound in a collection box for this ask (Public perception).

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

In the reporting year, the Trustees continued to commission the HEY Smile Foundation to develop the charity's strategy and operations plan for the next three years.

Along with the supportive leadership of the Corporate Trustee, principal advisor and patient and carer engagement enables us to decide upon the most beneficial way to use the charitable funds held and donated within the year.

The Charity also continues to receive communication from our investment bankers CCLA Investment Management Ltd (COIF Charitable Funds), the Charity Commission and Health Stars is an active member of the Association of NHS Charities.

Health Stars has expanded its fundraising efforts to match the ambition of the Trustees to provide greater access to charitable funds to its beneficiaries across the Humber Teaching Foundation Trust service area. Therefore our income now derives from individuals, corporate supporters, grant-giving trusts, direct donations from grateful families and our range of fundraising activities.

**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

FINANCIAL REVIEW

Investment policy and objectives

The Charity has a deposit account with CCLA Investment Management Ltd (COIF Charitable Funds). Dividends are paid into a high-interest deposit account which remains greater than a standard current account.

The Charity also has 510 COIF Charities Investment fund income units with a value of £7,825 at the end of March 2019.

The Charity has endeavoured to maximise the return from the resources in the COIF Deposit Funds as we have no fixed commitments on these funds to require any significant movement in the next six months.

The Charitable Fund's Committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2018/19.

Reserves policy

Our reserve policy states to have a minimum of six months of operating costs in the bank. We have also set a target within the three-year plan to have an operational aim of generating £4.36 for every £1 invested in fundraising.

FUTURE PLANS

The Charity is now delivering upon a clear operations plan which has been developed to provide strategic direction for the Charity and further alignment to our Corporate Trustee. We have had three appeals highlighted to us by the Humber Teaching Foundation Trust as priorities within this plan; however, this must maintain regular review to ensure we are continually aligned with the Humber Teaching Foundation Trust's strategic objectives.

The key objectives we are following within the plan are as follows;

Efficient and effective resource

Health Stars working with the Humber Teaching Foundation Trust to enhance the patient and carer experience across existing services, through our Circle of Wishes delivery. This will be achieved by supporting creativity, learning and collaborative investment during the patient and carer journey.

Enhanced patient services

In partnership with the Humber Teaching Foundation Trust leadership team, identifying and delivering strategic charitable investments to new and existing services. Improving the experience of patients and carers and complimenting the outstanding care of the NHS.

Increased staff engagement

The charity partner of choice for service areas enabling small improvements to senior leaders planning a service change. Intrinsically linked to improved engagement and well-being of the Humber Teaching Foundation Trust workforce.

Charity sustainability

A robust charitable resource supporting the Humber Teaching Foundation Trust, enhancing the positive identity of the Trust with a robust financial and operational position.

Over the three years, the planned charitable investment across services is budgeted at £1.1m, however, this is reliant upon our Corporate Trustee to provide the conducive environment for our capital appeals to be delivered timely and effectively and will be monitored by the charitable funds committee.

**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

STRUCTURE, GOVERNANCE AND MANAGEMENT

Charity structure

The Charity was incorporated by a declaration of trust deed dated 15th January 1996 and all funds held on Trust as at the date of registration was either part of the unrestricted funds, designated or restricted funds. These funds are allocated under an Umbrella charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. By designating funds, the Charity respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where funds have been received which have specific restrictions set by the donor, the donation will be ring-fenced for a specific area within the broader relevant fund.

The charitable funds available for spending are allocated to specialities within the Humber Teaching Foundation Trust's Directorate management structure. Each allocation is managed by use of a designated fund within the general unrestricted funds.

The Board of Trustees manage the funds on behalf of the Corporate Trustee. The Board of Trustees consists of Executive and Non-Executive Directors. Executive Directors are subject to the Trust's recruitment policies.

The Chair gives new members of both the Humber Teaching Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds. A guided tour of the beneficiary Humber Teaching Foundation Trust's facilities and any additional training that their role(s) may require is also offered.

Acting for the Corporate Trustee, the Charitable Funds' Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Provide support, guidance and encouragement for all its income-raising activities while managing and monitoring the receipt of all income. Control, manage and monitor the use of the fund's resources.
- Ensure that "best practice" is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Foundation Trust Board, as Corporate Trustee, is adhered to and that performance is continually reviewed while being aware of ethical considerations. Keep the Humber Teaching Foundation Trust Board fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department and the Health Stars Charity manager, based at Humber Teaching Foundation Trust, Beverley Road, Willerby, East Yorkshire.

The fundraising, grant-making and other administration of funds are dealt with by The Health Stars at the same address.

Principal charitable fund advisor to the board

Under a scheme of delegated authority approved by the Corporate Trustee, the principle charitable fund advisor has overall responsibility for the management of the Charitable Funds. The arrangements for approval of charitable fund expenditure under the scheme of delegation of the Corporate Trustee, are as follows:

Delegation limits

Up to £1,000	Authorisation from Health Stars Fundraising Manager and Fund Guardian
£1,001 - £4,999	Further authorisation from Director of Finance and Service Lead
£5,000 - £25,000	Further authorisation from Charitable Funds Committee
£25,001 and above	To be noted by Humber Teaching Foundation Trust Board via assurance report

The finance officer acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year. Operational support to the financial administration continues to be provided by HEY Smile Foundation. The Independent Examiners are 360, Chartered Accountants based in Hull. All the financial procedures are operated through the XERO finance system.

**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

STRUCTURE, GOVERNANCE AND MANAGEMENT

Key personnel

The Humber Teaching Foundation Trust Chief Executive and Chair take an active interest in the Charity aiding its delivery and priority alongside the following;

Director of Finance, Executive Lead
Chair of Charitable Funds Committee
CEO of Hull and East Yorkshire Smile Foundation
Charity Manager (resigned June 2018)
Fundraising manager in place from June 2018
Charity Co-ordinator in place from August 2018

Working in partnership

We are delighted to work with a range of community partners including the range of League of Friends across our service area. Likewise, we look to work with funders not just request investment whether they are corporate, community partners or individual donors.

Risk management

The Corporate Trustee is responsible for managing risk issues for the Charity, which is underpinned by the internal policies and procedures of the Humber Teaching Foundation Trust, including;

Code of Conduct;
Standing Orders;
Standing Financial Instructions and Scheme of Delegation;
Charitable procedures, fundraising, grant management; and
Fraud Policy.

In the reported year, no major risks to which the Charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified is the continued investment into the fundraising costs as we look to expand the charity's services. These have been carefully considered, and there are procedures in place to review the reserves policy and to ensure both spending and firm financial commitments remain in line with income.

Income and expenditure are regularly monitored. Listings of income and expenditure and the balance on individual funds are examined on a monthly basis to detect trends as part of the risk management process to avoid unforeseen calls on reserves.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1052727

Principal address

Finance Department
Mary Seacole Building
Beverley Road, Willerby
Hull
East Yorkshire
HU10 6ED

**Humber NHS Foundation Trust Charitable
Funds**

**Report of the Trustees
for the Year Ended 31 March 2019**

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees

Charitable funds received by the Charity are accepted, held and administered as Funds and Property Held on Trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990. These funds are held in Trust by the corporate body.

The Humber Teaching Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The Humber Teaching Foundation Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee that administers the funds on behalf of the Corporate Trustee.

The names of those people who serve as agents for the corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2019;

Mrs S Mays	Chair, Non-Executive Director	
Mrs M Moran	Chief Executive	
Mrs H Gledhill	Director of Nursing, Quality and patient experience	
Mr P Beckwith	Director of Finance	
Dr D Crick	Non-Executive Director	Resigned 31 May 2018
Ms P Bee	Non-Executive Director	
Prof M Cooke	Non-Executive Director	
Mr M Smith	Non-Executive Director	
Mr P Baren	Non-Executive Director	
Mr F Patton	Non-Executive Director	
Mrs E Thomas	Director of Human Resources and Diversity	Resigned 30 April 2018
Mr S McGowan	Director of Human Resources	Appointed 1 July 2018
Mrs L Parkinson	Chief Operating officer	Appointed 1 October 2018
Dr J Byrne	Medical Director	

The Directors do not receive remuneration or expenses from the Charity.

Independent examiner

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Bankers

National Westminster Bank Plc
34 King Edward Street
Hull
East Yorkshire
HU1 3SS

Approved by order of the board of trustees on and signed on its behalf by:

.....
Mr P Beckwith - Trustee

**Independent Examiner's Report to the Trustees of
Humber NHS Foundation Trust Charitable
Funds**

Independent examiner's report to the trustees of Humber NHS Foundation Trust Charitable Funds

I report to the charity trustees on my examination of the accounts of the Humber NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2019.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW which is one of the listed bodies

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Andrew Mark Steele FCA FCCA
ICAEW
360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Date:

**Humber NHS Foundation Trust Charitable
Funds**

**Statement of Financial Activities
for the Year Ended 31 March 2019**

	Not es	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/19 Total funds £	31/3/18 Total funds £
INCOME AND ENDOWMENTS FROM						
Donations and legacies		81,989	-	-	81,989	183,319
Charitable activities	3					
Patient Education, Welfare & Amenities		-	175,196	-	175,196	10,431
Investment income	2	-	2,507	573	3,080	1,107
Total		81,989	177,703	573	260,265	194,857
 EXPENDITURE ON						
Charitable activities	4					
Patient Education, Welfare & Amenities		42,401	36,337	-	78,738	32,408
Staff Education, Welfare & Amenities		17,794	-	-	17,794	14,132
Contribution to Healthcare		52,869	16,000	-	68,869	56,236
Total		113,064	52,337	-	165,401	102,776
Net gains/(losses) on investments		-	-	-	-	127
NET INCOME/(EXPENDITURE)		(31,075)	125,366	573	94,864	92,208
 RECONCILIATION OF FUNDS						
Total funds brought forward		342,347	167,651	7,252	517,250	425,042
TOTAL FUNDS CARRIED FORWARD		<u>311,272</u>	<u>293,017</u>	<u>7,825</u>	<u>612,114</u>	<u>517,250</u>

The notes form part of these financial statements

**Humber NHS Foundation Trust Charitable
Funds**

**Balance Sheet
At 31 March 2019**

		Unrestricted fund	Restricted fund	Endowment fund	31/3/19 Total funds	31/3/18 Total funds
	Notes	£	£	£	£	£
FIXED ASSETS						
Investments	8	-	-	7,825	7,825	7,252
CURRENT ASSETS						
Debtors	9	61,132	-	-	61,132	-
Cash at bank		<u>304,397</u>	<u>293,517</u>	<u>-</u>	<u>597,914</u>	<u>527,864</u>
		365,529	293,517	-	659,046	527,864
CREDITORS						
Amounts falling due within one year	10	<u>(54,257)</u>	<u>(500)</u>	<u>-</u>	<u>(54,757)</u>	<u>(17,866)</u>
NET CURRENT ASSETS		<u>311,272</u>	<u>293,017</u>	<u>-</u>	<u>604,289</u>	<u>509,998</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>311,272</u>	<u>293,017</u>	<u>7,825</u>	<u>612,114</u>	<u>517,250</u>
NET ASSETS		<u><u>311,272</u></u>	<u><u>293,017</u></u>	<u><u>7,825</u></u>	<u><u>612,114</u></u>	<u><u>517,250</u></u>
FUNDS						
Unrestricted funds	11				311,272	342,347
Restricted funds					293,017	167,651
Endowment funds					<u>7,825</u>	<u>7,252</u>
TOTAL FUNDS					<u><u>612,114</u></u>	<u><u>517,250</u></u>

The financial statements were approved by the Board of Trustees on and were signed on its behalf by:

.....
Mr P Beckwith -Trustee

The notes form part of these financial statements

**Humber NHS Foundation Trust Charitable
Funds**

**Cash Flow Statement
for the Year Ended 31 March 2019**

	Notes	31/3/19 £	31/3/18 £
Cash flows from operating activities:			
Cash generated from operations	1	<u>66,970</u>	<u>75,837</u>
Net cash provided by (used in) operating activities		<u>66,970</u>	<u>75,837</u>
 Cash flows from investing activities:			
Revaluation of investments		(573)	(127)
Interest received		<u>3,080</u>	<u>1,107</u>
Net cash provided by (used in) investing activities		<u>2,507</u>	980
 Cash flows from financing activities:			
Income attributable to endowment		<u>573</u>	-
Net cash provided by (used in) financing activities		<u>573</u>	-
 Change in cash and cash equivalents in the reporting period		<u>70,050</u>	76,817
Cash and cash equivalents at the beginning of the reporting period		<u>527,864</u>	<u>451,047</u>
 Cash and cash equivalents at the end of the reporting period		<u>597,914</u>	<u>527,864</u>

The notes form part of these financial statements

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Cash Flow Statement
for the Year Ended 31 March 2019**

1. RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES

	31/3/19	31/3/18
	£	£
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	94,864	92,208
Adjustments for:		
Interest received	(3,080)	(1,107)
Income attributable to endowment	(573)	-
(Increase)/decrease in debtors	(61,132)	3,000
Increase/(decrease) in creditors	<u>36,891</u>	<u>(18,264)</u>
Net cash provided by (used in) operating activities	<u>66,970</u>	<u>75,837</u>

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Financial Statements
for the Year Ended 31 March 2019**

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Pension costs and other post-retirement benefits

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2. INVESTMENT INCOME

	31/3/19	31/3/18
	£	£
Deposit account interest	2,507	991
Dividend income	573	116
	<u>3,080</u>	<u>1,107</u>

3. INCOME FROM CHARITABLE ACTIVITIES

		31/3/19	31/3/18
	Activity	£	£
Grants	Patient Education, Welfare & Amenities	<u>175,196</u>	<u>10,431</u>

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2019**

3. INCOME FROM CHARITABLE ACTIVITIES - continued

Grants received, included in the above, are as follows:

	31/3/19	31/3/18
	£	£
Grants Received	<u>175,196</u>	<u>10,431</u>

4. CHARITABLE ACTIVITIES COSTS

	Direct costs	Support costs (See note 5)	Totals
	£	£	£
Patient Education, Welfare & Amenities	60,679	18,059	78,738
Staff Education, Welfare & Amenities	4,866	12,928	17,794
Contribution to Healthcare	<u>54,024</u>	<u>14,845</u>	<u>68,869</u>
	<u>119,569</u>	<u>45,832</u>	<u>165,401</u>

5. SUPPORT COSTS

	Management	Finance	Governance costs	Totals
	£	£	£	£
Patient Education, Welfare & Amenities	16,259	-	1,800	18,059
Staff Education, Welfare & Amenities	12,928	-	-	12,928
Contribution to Healthcare	<u>12,928</u>	<u>117</u>	<u>1,800</u>	<u>14,845</u>
	<u>42,115</u>	<u>117</u>	<u>3,600</u>	<u>45,832</u>

6. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2019 nor for the year ended 31 March 2018.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2019 nor for the year ended 31 March 2018.

7. STAFF COSTS

	31/3/19	31/3/18
	£	£
Wages and salaries	36,051	27,497
Social security costs	2,296	2,229
Other pension costs	<u>437</u>	<u>194</u>
	<u>38,784</u>	<u>29,920</u>

The average monthly number of employees during the year was as follows:

	31/3/19	31/3/18
Employed staff	<u>3</u>	<u>2</u>

No employees received emoluments in excess of £60,000.

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2019**

8. FIXED ASSET INVESTMENTS

	Listed investments £
MARKET VALUE	
At 1 April 2018	7,252
Revaluations	<u>573</u>
At 31 March 2019	<u>7,825</u>
 NET BOOK VALUE	
At 31 March 2019	<u>7,825</u>
At 31 March 2018	<u>7,252</u>

There were no investment assets outside the UK.

9. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/19 £	31/3/18 £
Trade debtors	60,382	-
Other debtors	<u>750</u>	<u>-</u>
	<u>61,132</u>	<u>-</u>

10. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/19 £	31/3/18 £
Trade creditors	16,808	16,866
Other creditors	<u>37,949</u>	<u>1,000</u>
	<u>54,757</u>	<u>17,866</u>

11. MOVEMENT IN FUNDS

	At 1/4/18 £	Net movement in funds £	At 31/3/19 £
Unrestricted funds			
General fund	342,347	(31,075)	311,272
Restricted funds			
Restricted	167,651	125,366	293,017
Endowment funds			
Endowment Fund	7,252	573	7,825
	<u>517,250</u>	<u>94,864</u>	<u>612,114</u>

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2019**

11. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	81,989	(113,064)	(31,075)
Restricted funds			
Restricted	177,703	(52,337)	125,366
Endowment funds			
Endowment Fund	573	-	573
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>260,265</u>	<u>(165,401)</u>	<u>94,864</u>

Comparatives for movement in funds

	At 1/4/17 £	Net movement in funds £	At 31/3/18 £
Unrestricted Funds			
General fund	250,917	91,430	342,347
Restricted Funds			
Restricted	167,000	651	167,651
Endowment funds			
Endowment Fund	7,125	127	7,252
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>425,042</u>	<u>92,208</u>	<u>517,250</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	185,319	(93,889)	-	91,430
Restricted funds				
Restricted	9,538	(8,887)	-	651
Endowment funds				
Endowment Fund	-	-	127	127
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>194,857</u>	<u>(102,776)</u>	<u>127</u>	<u>92,208</u>

**Humber NHS Foundation Trust Charitable
Funds**

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2019**

11. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined position is as follows:

	At 1/4/17 £	Net movement in funds £	At 31/3/19 £
Unrestricted funds			
General fund	250,917	60,355	311,272
Restricted funds			
Restricted	167,000	126,017	293,017
Endowment			
Endowment Fund	<u>7,125</u>	<u>700</u>	<u>7,825</u>
TOTAL FUNDS	<u><u>425,042</u></u>	<u><u>187,072</u></u>	<u><u>612,114</u></u>

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	267,308	(206,953)	-	60,355
Restricted funds				
Restricted	187,241	(61,224)	-	126,017
Endowment funds				
Endowment Fund	<u>573</u>	<u>-</u>	<u>127</u>	<u>700</u>
TOTAL FUNDS	<u><u>455,122</u></u>	<u><u>(268,177)</u></u>	<u><u>127</u></u>	<u><u>187,072</u></u>

12. RELATED PARTY DISCLOSURES

During the year transactions undertaken with the HEY Smile Foundation, the commissioned supplier of charitable services to Humber Teaching Foundation Trust, totalled £36,000. Andrew Barber, CEO of Smile, is a governor of Humber NHS Foundation Trust.

As at 31 March 2019, the charity owed The HEY Smile Foundation £nil (2018 - £15,826).

**Humber NHS Foundation Trust Charitable
Funds**

**Detailed Statement of Financial Activities
for the Year Ended 31 March 2019**

	31/3/19 £	31/3/18 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	52,117	34,176
Legacies	3,320	149,143
Gifts in kind income	<u>26,552</u>	<u>-</u>
	81,989	183,319
Investment income		
Deposit account interest	2,507	991
Dividend income	<u>573</u>	<u>116</u>
	3,080	1,107
Charitable activities		
Grants	<u>175,196</u>	<u>10,431</u>
Total incoming resources	260,265	194,857
EXPENDITURE		
Charitable activities		
Grant funding of activities	83,569	27,070
Governance costs	<u>36,000</u>	<u>41,833</u>
	119,569	68,903
Support costs		
Management		
Wages	36,051	27,497
Social security	2,296	2,229
Pensions	437	194
Advertising	1,435	1,089
Sundries	1,732	1,370
Travel	<u>164</u>	<u>386</u>
	42,115	32,765
Finance		
Bank charges	117	108
Governance costs		
Independent examination	<u>3,600</u>	<u>1,000</u>
Total resources expended	165,401	102,776
Net income	<u>94,864</u>	<u>92,081</u>

This page does not form part of the statutory financial statements

Agenda Item: 16

Title & Date of Meeting:	Trust Board Public Meeting - 27 th November 2019			
Title of Report:	Risk Management Strategy Update			
Author/s:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve	√	To receive & note	
	For information		To ratify	
Purpose of Paper:	The report provides the detail of completed review of the Trust Risk Management Strategy 2016-2019.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Annual update	Discussion with the Executive Lead
Key Issues within the report:	<ul style="list-style-type: none"> • An annual review has been completed for the Risk Management Strategy and minor updates have been made to reflect organisational changes which have occurred since the last strategy review approved by the Board in November 2018. • This annual review constitutes the final review of 2016-2019 Risk Management strategy, with the new strategy for 2020-2023 commencing development in Q4 2019/20. • The Board is asked to approve the minor updates to the 2016-2019 Risk Management Strategy. • A copy of the full Risk Management Strategy can be provided upon request. 			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery



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

Risk Management Strategy Update

1) Overview

An annual review has been undertaken for the Risk Management Strategy 2016-2019 to ensure it remains fit for purpose towards embedding an integrated approach to managing risk and continues to satisfy the requirements of the Trust. This review constitutes the final refresh of the document and will ensure that the Strategy can continue to be used as an overarching framework for managing risk until the 2020-2023 strategy has been developed and implemented.

2) Outcome of review

Following the review of the Risk Management Strategy, minor updates have been made to reflect organisational changes which have occurred within the Trust since the last strategy review was approved by the Board in November 2018.

The Risk Appetite section of the Risk Management Strategy has been updated following the Board Session in July 2019, where the risk appetite ratings for each of the Trust's strategic goals were discussed and agreed.

The Risk Appetite section has been updated to reflect the refreshed appetite ratings as follows:

Risk Appetite Statement

The Trust Board considered the organisation's appetite for risk in July 2019 and agreed the following statements for types of risk:

Quality, Governance and Performance and Operational Risk

The quality of our services, measured by clinical outcome, patient safety and patient experience is at the heart of everything we do. Although we will support innovation, we will do so with equal improvements in management control. Therefore our risk appetite is **Open**, this level representing 'a willingness to consider all potential delivery options'.

Financial Risk

The Board is prepared to accept possibility of some limited initial financial loss. Value for money is still the primary concern, but the board will consider other benefits or constraints. Therefore our risk appetite is **Seek**, this level representing 'a willingness to consider all potential delivery options'.

Regulation and Compliance

The Board acknowledges that healthcare and the NHS operates within a highly regulated environment, and that, as a Foundation Trust, it has to meet high levels of compliance expectations from a large number of regulatory sources. It will strive to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against practical operational requirements. Therefore our risk appetite is **Open**, this level representing 'a willingness to consider all potential delivery options'.

Business Risk

The Trust is supportive of opportunity and innovation, with demonstration of equal improvements in management control. It supports a focus on growth and service development and innovation. Therefore our risk appetite is **Seek**, this level representing 'a willingness to consider all potential delivery options'.

Continuity of Services

The Trust is supportive of innovation and business development to support the continuity and transformation of services to meet the needs of our patients, carers, and wider community. Therefore our risk appetite is **Seek**, this level representing 'a willingness to consider all potential delivery options'.

Reputational Risk

The Board is prepared to take some decisions that have the potential to bring scrutiny of the organisation, provided that the benefits for the services outweigh the risks, and by prospectively managing any reputational consequences. Therefore our risk appetite is **Open**, this level representing 'an appetite to take decisions with the potential to expose the organisation to additional scrutiny/ interest'.

Our risk appetite as applied to our strategic goals is indicated below. Our appetite for specific risks to these objectives will be assessed on an individual basis.

- **Innovating Quality & Patient Safety (*Open*)**
Strengthened approach to patient safety and clinical effectiveness involving people in decisions about their health
- **Enhancing Prevention, Wellbeing & Recovery (*Seek*)**
Patients & Carers equipped with the right knowledge and skills being proactive in managing their health through a well-being and recovery focus
- **Fostering Integration, Partnerships & Alliances (*Mature*)**
Delivering the right services, at the right time, in the right place of the right quality providing choice and accessibility
- **Maximising Efficient and Sustainable Organisation (*Seek*)**
Investment in services and optimising on new business opportunities in wider geographical area to sustain financial balance supporting system wide efficiency improvements
- **Developing an Effective and Empowered, Workforce (*Seek*)**
Nurturing our committed and compassionate people with the right skills and abilities enabling them to continually deliver excellence that is valued by all
- **Promoting People, Communities and Social Values (*Seek*)**
Proactively engaging and consulting with the people we serve to support them to become independent and economically active.

Open - a willingness to consider all potential delivery options

Seek - Eager to be innovative and to choose options offering potentially higher business rewards

Mature – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

In addition to the updates to the Risk Appetite statement, minor amendments were made to the strategy to capture changes to the board sub-committee structure which have occurred over the last year, including the development of the Workforce and Organisational Development and the merging of the Finance and Strategic Investment Committees.

The updated section for Risk Management Governance is as follows:

The **Audit Committee (AC)** is the Board Committee with overarching responsibility for risk. The role of the Committee is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It seeks regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly.

The Committee reviews the adequacy of all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks.

The **Finance and Investment Committee (FIC)** – is the Board Committee with overarching responsibility for oversight of the Trust's Finances and whose remit it is to conduct independent and objective review and oversight of the Trust's trading and commercial investment activities on behalf of the Board, and to ensure compliance with Investment Policy and Strategic Objectives. The role of the Committee is to scrutinise and review the Trust's financial position and activity. It seeks regular assurance on the Trust's risk management arrangements specifically related to finance risks and is responsible for one section of the Board Assurance Framework, which it also reviews as a standing agenda item at each meeting.

The **Quality Committee (QC)** – is the Board Committee with overarching responsibility for oversight of the Trust's quality and improvement agenda. The role of the Committee is to scrutinise the Trust's quality and improvement work programmes seeking assurance on all related areas covering the Trust's clinical risk management arrangements, CQC compliance, service improvements and redesign linked to quality improvement, research and clinical governance and the relevant sections of the Board Assurance Framework related to these areas.

The **Workforce and Organisational Development Committee (WFOD)** – is a Board Committee with overarching responsibility for oversight of the Trusts' workforce and organisational development agenda. The committee scrutinises the Trust's workforce-related metrics and seeks regular assurance regarding the Trust's risk management arrangements specifically related to workforce. The committee is also responsible for the relevant section of the Board Assurance Framework.

The **Mental Health Legislation Committee (MHL)** – is a Board Committee whose remit it is to provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation, as well as to monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation and approve and review Mental Health Legislation policies and protocols. The committee also regularly reviews the Trust's Board Assurance Framework as well key risks linked to mental health related legislation.

The board is asked to review the updated sections included within this report and approve their inclusion within the Risk Management Strategy to constitute the final refresh of the 2016-2019 document.

3. Proposed Development of new Risk Management Strategy 2020-2023

Development of a new Risk Management Strategy for 2020-2023 will commence in Q4 2019/20 and will include a consultation and development process in conjunction with the Executive Management Team to allow for a first draft version to be submitted to the Board sub-committees for review in Q1 2020/21. Subject to feedback, it is anticipated that the final draft will be submitted for review and approval by Trust Board in Q2 2020/21.

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting – 27 November 2019			
Title of Report:	Healthcare Worker Flu Vaccination Self-Assessment 2019/2020			
Author/s:	Name: Helen Lambert Title: Deputy Director of Workforce and OD			
Recommendation:	To approve		To receive & note	
	For information		To ratify	✓
Purpose of Paper:	To provide self-assessment information to the Board in relation to the published NHS England and NHS Improvement best practice management checklist on flu vaccinations for healthcare workers			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Self assessment	✓
Key Issues within the report:	Provides information where the Trust has self-assessed against the best practice management checklist.			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Healthcare Worker Flu Vaccination Best Practice Management Checklist Self-Assessment 2019/2020

Introduction

The annual vaccination of healthcare workers in Humber Teaching NHS Foundation Trust (the Trust) against influenza is key in protecting our patients, staff and their families. In September 2019 NHS England and NHS Improvement wrote to all trusts requesting information on the trust plans to ensure that all of our frontline staff are offered the flu vaccination and request information in relation to how the Trust will achieve the highest possible level of vaccine cover this winter. All Trusts are required to complete the attached checklist to provide assurance to their Board against the best practice checklist. See Appendix 1.

Context and Background

In March 2019 the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to age 64; the egg and cell-based Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s the adjuvanted trivalent influenza vaccine (aTIV) as well as QIVc.

To support the healthcare worker flu vaccination the CQUIN is in place and new thresholds have been set at 60% (minimum) and 80% (maximum). In 2018/19 the Trust achieved a frontline healthcare worker flu vaccination of 71.6% which is higher than 2017/18 in which the Trust achieved 61.2%. The national uptake rate in 2018/19 amongst front line staff was 70.3%.

In October 2018 the Trust placed an order of the Quadrivalent influenza vaccines and a Trivalent adjuvant suitbale for over 65 years. In August 2019 Public Health England notified all trusts that due to the severity of the Western Australian influenza outbreak the selection of the vaccine and delivery of the vaccines would be delayed for 4 weeks to allow for the best choice of vaccine and protection for the UK.

Progress

The Trust received the first delivery their quota of Quadraivalent vaccines on 17th October 2019, the same day as the Senior Leadership Forum and vaccinations took place during the morning of over 30 senior staff including Executive Directors.

20 nursing staff came forward to support the peer vaccinator programme and the Trust has trained a cohort of 9 peer vaccinators who are now starting to undertake vaccinations across the Trust. Agreed cold chain arrangements are now in place to ensure the safe transfer and storage of vaccines across the Trust.

There are 25 planned flu clinics between the period 21st October 2019 and 2nd December across the geographical area and attendance also takes place at the Trust staff induction events.

Just three weeks into the campaign and due to the late delivery of vaccines we are 3 weeks behind with our vaccination programme compared to the previous year, but approximately 10% ahead in uptake this time last year. As of 8 November 2019 we have vaccinated 637 frontline staff directly involved in patient care which equates to 30.9%.

Recommendations

The Board endorse the flu vaccination programme for 2019/20 and the associated NHS

England NHS Improvement flu vaccination best practice management checklist self-assessment.

Appendix 1 - Healthcare Worker Flu Vaccination best practice management checklist

	Committed Leadership	Trust Self-Assessment
A		
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstances against getting the vaccine should anonymously mark their reason for doing so.	<p>The Trust communicates to all staff its commitment and support to achieving 100% of all staff vaccinated. All staff are eligible for the vaccination.</p> <p>All front line staff who receive their vaccination and have completed their appraisal and are up to date with the statutory and mandatory training will receive a Reward Day which is an additional day of annual leave to be taken the period 1 April 2020 to 31 March 2021.</p> <p>It is proposed that all frontline staff who have not received their flu vaccination by mid-December will receive a letter from their professional lead to ask them to record whether they have received their vaccination at their GP or elsewhere. Whilst doing so there will be the opportunity to record their reason for not having the vaccination if they have decided not to have it. The information will be recorded anonymously.</p>
A2	The Trust has ordered and provided quadrivalent (QIV) flu vaccine for healthcare workers	<p>Completed. Staggered delivery from suppliers to enable effective cold storage chain.</p> <p>Adjuvant trivalent influenza vaccine (aTIV) ordered for those healthcare workers aged 65 and over.</p> <p>A cell-based vaccine ordered for those who cannot have egg due to allergy or personal preference.</p>
A3	Board receive an evaluation of the flu programme 2018/19,	Executive Management Team were provided with regular



	including data, successes, challenges and lessons learnt	verbal updates in relation to the flu programme including uptake rates.
A4	Agree on a board champion for flu campaign	Francis Patton, Non-Executive Director
A5	All board members receive flu vaccination and publicise this	Board member vaccinations took place on the 30 October 2019.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team formed with representatives from Occupational Health, Workforce, Nursing, Pharmacy and Infection Control. Updates provided to Trust Consultation and Negotiation Committee (TCNC) on a regular basis.
A7	Flu team meet regularly from September 2019	This is discussed in the Healthcare Associated Infection Group (HAIG) meeting.
	Communications Plan	Trust Self-Assessment
B		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by the senior clinical leaders and trades unions	Myth buster and information published across the Trust through various communication methods including global midday mail, posters, screen savers, TCNC and the Chief Executives Blog
B2	Drop in clinics and mobile vaccination schedule published electronically, on social media and on paper	All clinics advertised via weekly global email and via posters around the Trust. Requests can also be made to attend staff meetings such as Senior Leadership Forum. Vaccinations are provided at Trust Induction.
B3	Board and Senior Managers having their vaccinations to be publicised	Trust Board vaccinations took place on the 30 October. Senior Manager vaccinations took place on the 17 October at Senior Leadership Forum. There will be communications promoting photos of leaders on intranet and global email.
B4	Flu vaccination programme and access to vaccination on induction programmes	From December 2019 all new starters will be offered the flu vaccination at induction during the vaccination period.

B5	Programme to be publicised on screensavers, posters and social media	Commenced with a communication plan which to date have included screen savers, posters in staff areas, global midday email and mobile clinics across the geographical area.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Weekly information to be provided to EMT. TCNC provided with an update and information to be shared for weekly global email.
	Flexible Accessibility	Trust Self-Assessment
C		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained and released to vaccinate and empowered.	20 Peer Vaccinators came forward and 9 have completed training to undertake vaccinations in Whitby, Humber Centre, Maister Lodge, CAMHS, Westlands and Newbridges areas (more than one in some areas).
C2	Schedule for easy access drop in clinics agreed	Completed. Drop in clinics taking place across the Trust in as many areas as possible. In addition to this vaccinators attend on request staff meetings such as Senior Leadership Forum if the sufficient numbers will be present (over 10).
C3	Schedule for 24 hour mobile vaccinations to be agreed	Mobile and drop in clinics are available across the Trust geographical area.
	Incentives	Trust Self-Assessment
D		
D1	Board to agree on incentives and how to publicise this	Completed. Incentives have been agreed relating to an additional day of annual leave for frontline healthcare who receive the vaccination and have also completed an annual appraisal and all statutory and mandatory training is up to date. Annual leave day to be taken in period 1 April 2020 to

		31 March 2021. Vaccine available to all staff within the Trust who will also receive the Reward Day.
D2	Success to be celebrated weekly	Updates to be provided to staff through Global midday email and communications team will continue to publicise.

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting - 27 November 2019			
Title of Report:	Standing Orders, Scheme of Delegation and Standing Financial Instructions - Annual Review			
Author/s:	Name: Michelle Hughes Pete Beckwith Title: Head of Corporate Affairs Director of Finance			
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present minor amendments for approval following annual review.			
Governance: <i>Please indicate which committee or group this paper has previously been discussed/presented to:</i>		Date		Date
	Audit Committee	5/11/19	Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee	23/10/19	Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report:	The document is due for annual review in November 2019. Minor amendments have been made to the document as detailed in the report.			

Monitoring and assurance framework summary:

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



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

Annual Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions

Introduction:

An annual review has been undertaken by the Head of Corporate Affairs, Trust Secretary and Director of Finance. No issues were identified throughout the previous year that require proposals for any key change to the document.

The document was last updated in February 2019 to reflect the introduction of a Workforce Committee and the combining of Finance Committee and Strategic Investment Committee into the Finance and Investment Committee.

Review:

In reviewing the document the changes below are proposed for clarity and consistency:

- a) Part G: Scheme of Budgetary Delegation (page 60) the column headed 'financial limit' has been expanded to provide clarity on annual value ie 'financial limit (*where this relates to contracts over more than one year, the annual value is delegated as per below*) - extract below:

Non-Pay Revenue and Capital Expenditure/Requisitioning/Ordering/Payment Of Goods. Contracts and Non Pay Revenue. Stock/Non-stock requisitions	
Financial Limit <i>(where this relates to contracts over more than one year, the annual value is delegated as per below)</i>	Delegated to

- b) Change of title (page 61) from 'Charitable Funds Supervisor' to 'Health Stars Charity/Fundraising Manager'.
- c) The interpretation section on page 9 states "Trust Board - means the Chairman, Chief Executive, Non-Executive Directors and Executive Directors of the Trust collectively as a body". For consistency, references throughout the document where the Trust Board is referred to as Board of Directors have been updated to Trust Board.
- d) Update of title from Director of Human Resources & Diversity to Director of Workforce & Organisational Development.

Next Steps:

The Standing Orders, Scheme of Delegation and Standing Financial Instructions is a public document. Subject to approval the updated document will be made available on the Trust website.

Recommendation:

To approve.

M Hughes
Head of Corporate Affairs
November 2019

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 27 th November 2019			
Title of Report:	Annual Declarations			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve	✓	To receive & note	
	For information		To ratify	
Purpose of Paper:	To provide the Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to provide assurance that the views of Governors have been taken into consideration.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Trust Board	
Key Issues within the report:	<p>The Trust is required to make annual declarations after the financial year end.</p> <p>Details of declaration and comments/evidence are included within the report.</p> <p>The Trust Board are asked to approve the following annual declarations, based on the evidence included in this report.:</p> <ul style="list-style-type: none"> • The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. • The Trust has complied with required governance standards and objectives <p>That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.</p>			

Monitoring and assurance framework summary:

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



✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	✓			To be advised of any future implications as and when required by the author
Quality Impact	✓			
Risk	✓			
Legal	✓			
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

**Trust Board (November 2019)
Annual Declarations 2019/20**

1. Introduction and Purpose

This purpose of this paper is to provide the Trust Board with a summary of the annual declarations that are required to be made by the Trust alongside evidence/comments of how the Trust meets these declarations.

2. Views of Governors

All declarations must be signed on behalf of the board of directors, and have regard to the view of governors. A version of this paper will be presented to the Council of Governors meeting in January 2020.

3. NHS Licence Conditions

All NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services, and, have complied with governance requirements.

The Trust is required to make the following two declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

In terms of commissioner requested services the Trusts Contracts currently do not identify any requirements for this declaration however the CAMHS Tier 4 contract which goes live later this year will require this declaration in future years. There has also been a request from Hull and East Riding CCG for services to be included in the contract for the new financial year, this is currently going through the contract governance process.

3.1 Condition G6

Condition G6 requires the Trust to have effective systems and processes in place to ensure compliance with its provider licence, the NHS Act and the NHS Constitution. The Trust should identify any risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to comply occurring.

The previous update to the Trust Board in September 2017 highlighted the evidence available to support the above declarations. At the meeting a request was made by the Chairman for a review of the Trust Licence to ensure the criteria is met and whether any breaches have occurred.

The Trust Licence (No 130053 – Issued 1st April 2013) contains seven sections which details conditions relating to the following areas:

- General Conditions
- Pricing

- Choice and Competition
- Integrated Care
- Continuity of Services
- NHS Foundation Trust Conditions
- Interpretation and definitions

Details of the Trust licence conditions and commentary to support compliance is attached at Appendix A.

Declaration G6 also requires the Board to declare that the Licensee continues to meet the criteria for holding a licence, there are currently 2 conditions:

- The Trust must be registered with the Care Quality Commission
- The Directors and Governors of the Trust must meet the 'fit and proper persons test'

The Trust is compliant with these conditions.

3.2 Condition FT 4

Condition FT4 requires the Trust to apply the principles, systems and standards of good practice which would reasonably be regarded as appropriate for a supplier of health care services to the NHS.

Evidence to demonstrate the Trust's compliance against the six statements is attached at Appendix B, this is not an exhaustive list and has been updated based on feedback from previous board discussions.

3.3 Condition CoS7

As the Trust is now a provider of Commissioner Requested Services, it must make a declaration under CoS7, evidence for which is included in Appendix A.

4. Additional Declaration – Training of Governors

Whilst not a specific licence condition, the Trust is also required to make an annual declaration in relation to the Training of Governors. It is a requirement of the Health and Social Care Act that requires the Trust to ensure governors are equipped with the skills and knowledge they require. The Trust is required to make the following statement

'The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to Governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they require to undertake their role'

Based on the statement above the following list provides evidence of the Trusts compliance:

- Governor Induction Programme
- Governor Development Workshop/Sessions
- Council of Governor Meetings

5. Next Steps

The deadline for annual declarations has yet to be published, it is likely that the following dates will apply:

- Condition G6/CosS7

31st May 2020

- Condition FT4 and Training of Governors 30th June 2020

Subject to board approval this report will be presented to the Council of Governors in January to ensure their views are taken into consideration. A final paper will be presented to the Trust Board in May alongside the annual report and accounts.

6. Recommendation

The Board are asked to consider the evidence to support the following annual declarations which will be presented to the board in May for final consideration:

- The Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
- The Trust has complied with required governance standards and objectives
- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

Appendix A
Licence Conditions:

Condition	Explanation	Comments
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS Improvement/Monitor with any information it requires for its licensing functions.	<ul style="list-style-type: none"> • The Trust complies with any Monitor/NHS Improvement requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS Improvement
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> • The Trust Board of Directors meets in public. • Agendas, minutes and papers are published on the Trust's website . • Monthly board meetings include updates on operational performance quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • Published Quality Accounts and Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candor.
G3. Payment of fees to NHS Improvement/Monitor	Gives NHS Improvement/Monitor the ability to charge fees and for licence holders to pay them.	<ul style="list-style-type: none"> • There are currently no plans to charge a fee to Licence holders. • The Trust's financial systems enable it to comply with this requirement in the future.
G4. Fit and proper persons as Governors and Directors	Prevents licences from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> • Governors and Members of the Board of Directors are required to make an annual declarations to ensure that they continue to meet the Fit and Proper Persons Test.



Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS Improvement/Monitor. • Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes. • The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor
G6. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors considered Governance arrangements (Board & Committee Effectiveness) as part of the 2018/19 internal audit programme, providing good assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly as well as relevant parts to the sub-committees of the Board. • Annual Governance Statement • Annual Head of Internal Audit Opinion <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
G7. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS Improvement/Monitor if their registration is cancelled.	<ul style="list-style-type: none"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last CQC inspection was in 2019 and assessed the Trust as 'Good' • The Quality Committee has reviewed all evidence to support submissions made to the CQC • The Trust Board and Quality Committee has oversight of CQC Action Plans
G8. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> • Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G9. Application of section 5 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> • CRS are defined in the Trusts contracts with Clinical Commissioning Groups • The Trust make a declaration under CoS7
Pricing conditions (P)		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> • The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.

Condition	Explanation	Comments
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> The Trust responds to guidance and requests from NHS Improvement/Monitor.
P3. Assurance report on submissions to Improvement/Monitor	Obliges licensees to submit an assurance report confirming that the information provided is accurate.	<ul style="list-style-type: none"> Costing??
P4. Compliance with the national tariff	Obliges licensees to charge for NHS health care services in line with national tariff.	<ul style="list-style-type: none"> All Trust contracts are agreed annually and are in line with the national tariff where applicable. The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.
P5. Constructive engagement concerning local tariff modifications	Requires license holders to engage constructively with commissioner and to reach agreement locally before applying to NHS Improvement/Monitor for a modification	<ul style="list-style-type: none"> 2019/20 contracts with the commissioners have been agreed with local CCGs and with NHS England. The Trust has positive working relationships with commissioners. The Trust adopted a new collaborative commissioning approach to contracting in 2018/19
Choice and competition (C)		
C1. The right of patients to make choice	Protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider.	<ul style="list-style-type: none"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

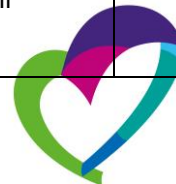
Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> The Trust is aware of the requirements of competition in the health sector and would seek legal and/or specialist advice should Trust Board decide to consider any structural changes, such as mergers or joint ventures.
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by facilitating the development and maintenance of integrated services.	<ul style="list-style-type: none"> The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care. A number of services provided are done so through partnership working with other local stakeholders.
Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> The Trust is not currently commissioned to provide CRS.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS Improvement/Monitor's consent before disposing of these assets IF NHS Improvement/Monitor has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> The Trust is not currently commissioned to provide of CRS. The Trust maintains a full capital asset register.

Condition	Explanation	Comments
CoS3. Standards of corporate governance and financial management	Licensees are required to adopt and apply systems and standards of corporate governance and management, which would be seen as appropriate for a provider of NHS services and enable the Trust to continue as a going concern.	<ul style="list-style-type: none"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2018. • The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has agreed not to undertake a Well Led Review following the CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> • The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial stress	Applies when a licensee fails a test of sound finances and obliges the licensee to co-operate with NHS Improvement/ Monitor.	<ul style="list-style-type: none"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has an approved operational plan • The Trust's Financial Use of Resource score is currently 3, consistent with its approved NHSI Plan • The Trust has approved its annual accounts on a going concern basis • The Trust has an underlying bank balance of circa £12.5m <p><i>* This is a declaration on behalf of the Trust as part of the annual submissions</i></p>
Foundation Trust conditions (FT)		
FT1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS Improvement/Monitor.	<ul style="list-style-type: none"> • The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS Improvement a copy of its Annual Report and Accounts.

Condition	Explanation	Comments
FT2. Payment to NHS Improvement/Monitor in respect of registration and related costs	The Trust would be required to pay any fees set by NHS Improvement/Monitor.	<ul style="list-style-type: none"> • If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.
FT3. Provision of information to advisory panel	NHS Improvement/Monitor has established an independent advisory panel to consider questions brought by governors. Foundation trusts are obliged to provide information requested by the panel.	<ul style="list-style-type: none"> • The Trust would comply with this as required through the provision of any requested information.
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	<p>* This is a signed declaration on behalf of the Trust as part of the annual submissions. Evidence against this submission is detailed in appendix B.</p>

Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – November 2018 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Integrated Quality and Performance Tracker Finance Report and Use of Resources Score
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures now embedded Workforce Committee to be established Finance and Investment Committee to be amalgamated Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and ‘ward to board’ reporting.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee’s ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	External Audit Opinion on VFM (ISA260) Going Concern review Annual Governance Statement All Statutory requirements met Delivered Financial Position in 2017/18 Use of Resource Score of 3 Trust agreed to its control total for 2018/19 Monthly Performance report to Trust Board Quality Report to Quality Committee Monthly returns to NHS Improvement Risk Register and Board Assurance Framework Annual Report on Fire and Health and Safety presented to Trust Board Annual Accounts Annual Quality Report



	Statement	Sources of Evidence and Assurance
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well lead rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives</p> <p>Patient Stories reported to Board</p> <p>Programme of Exec Visits</p> <p>Governor Visits</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Trust Board undertake Fit and Proper Persons Test</p> <p>Board Secretary maintains declarations of interest register</p> <p>Trust has undertaken a Well Led Review</p> <p>Staffing Figures reported to the board regularly.</p> <p>Trust Workforce Strategy</p> <p>Workforce included in Care Group Service Plans</p> <p>The Trust is establishing a Workforce Committee</p>

Agenda Item: 20

Title & Date of Meeting:	Trust Board Public Meeting - 27 th November 2019			
Title of Report:	Q3 2019/20 Board Assurance Framework			
Author/s:	Oliver Sims Corporate Risk Manager			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The report provides the Board with the Quarter 3 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	20/11 /2019
	Finance & Investment Committee	20/11 /2019	Executive Management Team	11/11 /2019
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
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 2019/20. 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 will continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals. <p>Main changes to the Board Assurance Framework from Quarter 2 2019-20 to Quarter 3 2019-20.</p> <p>Strategic Goal 2 – Enhancing prevention, wellbeing and recovery</p> <ul style="list-style-type: none"> - Overall rating remains at amber for Quarter 3 2019/20 position. Risk LDC31 has been reduced and is no longer managed through the Trust-wide risk register. 			



	<p>Strategic Goal 4 – Developing and effective and empowered workforce</p> <ul style="list-style-type: none"> - Overall rating has been reduced to Yellow for Quarter 3 2019/20 position reflecting the assurance linked to the strategic goal. The project risk CAMHS-C2 has been closed and is no longer managed through the Trust-wide risk register or aligned to this section of the framework. - Each of the Board Assurance Framework sections have been updated to reflective the Trust's 2019-2022 Strategic Objectives as agreed by the Board in October 2019.
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Monitoring and assurance framework summary:

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

BOARD ASSURANCE FRAMEWORK					Trust Board						
ASSURANCE OVERVIEW					27 th November 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	A	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions underway within Trust including safer staffing and supervision.	Director of Nursing	Quality Committee	OPEN	A	A	A	A		12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through OGD and Quality Committee. Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services but there are indications across some of these waiting lists, that they are beginning to reduce.	Chief Operating Officer	Quality Committee	SEEK	A	A	A	A		16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Extensive work has taken place in partnership work including the Mental Health Partnership and Zero Suicide Alliance. Further work undertaken with community groups such as the Veterans Association. Trust involvement in Primary Care Networks. ICS accredited programme in place. Trust taking active role in partnership work.	Chief Executive	Audit Committee	MATURE	G	G	G	G		6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target. Rolling 12 month sickness has reduced compared to 12 months ago. Staff survey scores have increased in 51 of 64 questions. Overall turnover rate reduced compared to 12 months previous and appraisal completion rates remain above target level.	Director of Workforce and OD	Workforce and OD Committee	SEEK	A	Y	A	Y		20
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 6 reported year-to-date surplus and marginally ahead of plan. Cash position remains strong and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9M have been agreed.	Director of Finance	Finance and Investment Committee	SEEK	A	Y	Y	Y		15
Promoting people, communities and social values	G	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups. NHSI videos launched. Co-production work continues with regular meetings. Involvement with local groups.	Chief Executive	Quality Committee	SEEK	A	A	A	G		9

ASSURANCE LEVEL KEY		
Green	Significant Assurance	<ul style="list-style-type: none"> - System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.
Yellow	Partial Assurance	<ul style="list-style-type: none"> - System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.
Amber	Limited Assurance	<ul style="list-style-type: none"> - System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.
Red	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	Q4
STRATEGIC GOAL 1	INNOVATING QUALITY AND PATIENT SAFETY	Lead Director: Dir. Nursing	Lead Committee: Quality Committee		A	A	A	A	

Positive Assurance	
Assurance	Source
- Quality and Regulations Group has been formed to drive and receive assurances in relation to all aspects of CQC compliance. - CQC Engagement Meetings. - Continued improvement maintained in relation to clinical supervision. - Overall rating of 'good' in 2019 CQC inspection report - Launch of Patient Safety Strategy 2019-22 - All outstanding CQC 'must do' actions confirmed as on track for completion within approved timescale.	QPaS Nov 2019 Quality Ctte Trust Board Quality Ctte Oct 2019

Negative Assurance	
Assurance	Source
Completion of 'must do' actions including safer staffing and supervision. 'Requires Improvement' rating for Safe domain in CQC report.	Trust Board CQC Report CQC Report

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

Objective	Key Risk(s)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
Embed the characteristics needed to be recognised as a High Reliability Organisations	NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	12	12	8	↔
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	8	8	4	↔
	NQ44 – Staff are not maintaining auditable trails of clinical supervision compliance is some clinical teams to support assurance that teams are delivering high quality care.	9	9	4	↔
Provide evidence based, innovative models of care that function as part of the integrated care system, developed in collaboration with patients, carers and commissioners that is clearly understood by the teams and improves the safety of patients within the local and wider system	NQ45 – Inability to develop robust processes that demonstrate thorough investigations undertaken in line with significant event analysis (SEA) methodology and can evidence organisational learning from SEAs.	12	9	3	↓
Understanding of our local population's health needs to inform service planning, design and transformation	No risks identified.				
Our research approach will be maximised through education and teaching initiatives and will support local priorities and influence our service user priorities					

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	Quality Committee Trust Board
(NQ38) Trust self-assessment against CQC standards.	Quality Committee Trust Board
(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) Focus on safer staffing from a multidisciplinary team approach.	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 (31/03/2020)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2018/19 CQC inspection.	Continued drive across Trust Care Groups in identified areas for improvement (31/03/2020)
(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 (31/03/2020)
(NQ44) Robust tool for the capture and monitoring of Trust clinical supervision data.	Implementation of Health Assure for recording and monitoring of clinical supervision compliance(31/03/2020)
(NQ45) Timely completion and submission of SEA investigations.	Monitoring of SEA investigation status through Clinical Risk Management Group and escalation to Operational Delivery Group(31/03/2020)
(NQ45) Evidence of SEA action plan completion.	Ongoing review of SEA action plan tracker and supporting evidence undertaken by the Clinical Risk Management Group on regular basis (31/03/2020)

BOARD ASSURANCE FRAMEWORK				Assurance Level	Q4	Q1	Q2	Q3	Q4
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
<ul style="list-style-type: none"> - Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Waiting list update reported into Quality Committee for oversight and consideration of quality impact. - Proactive contact with patients on waiting list within challenging services. - Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. 	Trust Board July 2019 ODG Aug 2019 Quality Ctte Aug 2019 ODG / CLD Delivery Group	<ul style="list-style-type: none"> - Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services. 	Trust Board Quality Ctte	Recovery-focussed culture within the Trust. Audit into CAMHS compliance with waiting list policy and associated SOPs identified gaps and actions underway to address the identified issues.

Objective	Key Risk(s)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
Work in partnership with our service users, carers and families to optimise their health and wellbeing Optimise peoples recovery and build resilience for those affected by Long Term Conditions	OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.	9	9	3	↔
Prevention and Making Every Contact Count will be at the core of our strategy to optimise expertise for physical and mental health across our teams and the people they care for	OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)	9	9	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.	9	9	6	↔
	LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRs as well as reputational harm to the organisation.	16	16	4	↔
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	16	12	4	↔
LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	16	12	4	↔	
Bridlington Health Town to be used as an exemplar to demonstrate model, associated benefits and opportunity for a community-based model of care Enhance prevention of illness and improve health and wellbeing of our staff, both physically and emotionally	No risks identified.				

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(OPS06) Monthly Waiting List monitoring	Monthly report to Care Group Business Meeting
(OPS06) Ongoing capacity and efficiency demand reviews	Operational Delivery Group Weekly / Monthly Care Group Reports
(LDC32) Waiting list reviewed weekly by MDT meeting.	
(LDC34) Waiting List Policy and Standard Operating Procedures in place.	

Gaps in Control	Actions
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (31/03/2020)
(OPS05) New national standards in dementia care	Review of GP and IAPT national targets (31/03/2020)
(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 (31/03/2020)
(OPS06) Limited response to increased demand from Commissioners	Contract variations to be agreed (31/03/2020)
(LDC32) Increased in waiting list following commissioning decision.	Ongoing discussion with commissioners regarding additional resources to expand capacity (31/03/2020)
(LDC34) Service Improvement Plan delivery.	Completion of actions identified in Service Improvement Plan (31/03/2020)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - STP/ ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within STP - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board. - ICS Accredited Programme - Scarborough Acute wait 	Board of Directors HCV Exec Committee

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Further work needed to take place in engaging with patient, carers and local communities to develop plans. - Continued development of relationships with communities and development of membership and Governors. - Clear Governor links to constitutions. 	Board of Directors

Gaps in Assurance
What do we not have
<ul style="list-style-type: none"> - 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)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans We will be clear about what we offer, who we offer it to and how we work with others	FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.	6	6	3	↔
Continue to provide opportunities for all service users, patients, carers, families, staff and communities to influence service planning and design	FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.	6	6	3	↔
Demonstrate increased collaboration with system partners to maximise efficiency and effective use of resources available across health and social care services.	FII185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.	6	6	3	↔
Host partner organisations' staff and vice versa, to enable system workforce resilience	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

Gaps in Control	Actions
(FII174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (31/03/2020)
(FII185) Showcasing and marketing opportunities not exploited	Recruitment of Communications and Marketing Manager to increase capacity within Trust Communications Team (31/03/2020)
(FII185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (31/03/2020)
(FII180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (31/03/2020)
	Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (31/03/2020)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Statutory and mandatory training – Performance still remains above target. - Rolling 12 month sickness has reduced compared to 12 months ago. - Staff survey scores increased in 51 of 64 questions. - Workforce and OD Committee created which reviews performance via a Workforce Insight report. - Overall turnover rate reduced compared to 12 months previous. - Appraisal completion rates remain above target level. - Active Apprenticeship Scheme 	Trust Board Workforce and OD Committee Assurance Report / Workforce and OD Committee Workforce Insight Report

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Sickness levels above Trust target and national median at 5.2%. - Vacancies levels for Registered Nurse, Consultant and GP, and OT roles. - Poor Staff Survey Scores in 3 of the 10 categories when benchmarking against other similar Trusts - Morale, Quality of Appraisals, and Staff Engagement - Rolling turnover remains above Trust target and national median. - Increase in trained nursing vacancies at Q3 2019/20. 	Trust Board Workforce and OD Committee Assurance Report / Workforce and OD Committee Workforce Insight Report

Gaps in Assurance	
What do we not have	
<ul style="list-style-type: none"> - Clarity at team/service level regarding how poor workforce indicator performance issues are managed locally. 	

Objective	Key Risk(s)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
Development of a healthy and engaged organisational culture, clinical and support services working together as “One Team” to free up time for patient care.	WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.	9	9	6	
Enable transformation and organisational development through shared leadership.					
Optimise the staffing profile to ensure delivery of high quality care.	CAMHS-C7 – There is a risk to the delivery plan due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	16	20	4	
	WF03 – Current qualified nursing vacancies may impact on the Trust’s ability to deliver safe services and have an effective and engaged workforce.	15	15	5	
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	5	
	WF05 – Current Consultant and GP vacancies may impact on the Trust’s ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	15	15	5	
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	15	15	5	
Demonstrate that we are a diverse and inclusive organisation.	WF09 – Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled)	9	9	6	
Increase our service offer to support work in partnerships with the STP/ICS and PCNs to optimise the workforce within the system.	No risks identified				
Ensure a well-trained digital ready workforce.					

Key Controls	Sources of Assurance – Reporting Mechanisms
(WF03) Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector.	Trust Board Workforce and OD Committee ODG
(WF03) Recruitment and retention initiatives (refer a friend, CAMHS Band 6 Nurse Golden Hello).	
(WF04) PROUD programme.	
(WF10) Leadership and management development programmes	
(WF07) Mentoring and coaching support.	

Gaps in Control	Actions
(WF03) Refreshed Nurse Preceptorship programme.	Review and refresh of current Nurse Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (31/03/2020)
(WF03) Nurse Preceptorship programme for Nurse Associates.	Development of Nurse Preceptorship programme for Nurse Associates (31/03/2020)
(WF04) Lack of career development opportunities	To identify opportunities for career pathways/development opportunities (31/03/2020) Working Group to develop recruitment and retention packages linked to qualified nurse development (31/12/2019)
(WF05) National workforce shortages	Implementation of Workforce plan for 19-20 (31/03/2020)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> Financial position Month 6 – Trust reported a YTD Operational surplus of 0.118M and is marginally ahead of plan. Trust cash position remains strong – underlying GBS bank balance was 11.6M at Month 6. Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. Budget Reduction Strategy to deliver 4.6M of savings. YTD savings of 2.014m have been recorded. The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9M have been agreed. Upgraded IT infrastructure replacing old N3 network. Agency expenditure for the Trust has remained within NHSI ceiling. 	Trust Board Finance and Investment Ctte

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> NHSI Control Total 2019-20 set a significant challenge for the Trust, with unfunded pay award (1.0M) and a reduction in sustainability funding (0.7M) Financial Improvement Targets for Trust do not take into account impact of the Agenda for Change Pay Award funding pressure 	Board Report Finance and Investment Committee

Gaps in Assurance	
What do we not have	

Objective	Key Risk(s)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
Optimise business opportunities to develop integrated services Effective marketing plan that ensures clear and effective communication pathways and celebrates our successes jointly with our partners	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.	6	6	3	↔
Embrace new technologies to enhance patient care across the health and social care system	FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance	8	8	4	↔
Optimise our IT system to improve access for staff and free up time for patient care	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.	12	12	8	↔
Reduce our reliance on sustainability funding to achieve long term financial balance	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.	15	15	5	↔
	FII200 – The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.	5	5	5	↔
	FII213 – If the Trust cannot achieve its Budget Reduction Strategy for 2019-20, 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.	12	12	4	↔
	FII214 – Failure to achieve the NHS Improvement Use of Resources Score for 2019/20 may result in reputational harm for the Trust and significant reduction in financial independence.	4	4	4	↔
Have an efficient estate that provides a safe and cost effective environment that is conducive to operational delivery	FII158 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.	8	8	4	↔
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	↔

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy established with MTFP.	Finance & Investment Committee Reports
(FII205) Monthly reporting, monitoring and discussion with budget holders.	<ul style="list-style-type: none"> Cash Financial Position BRS Debtors/ Creditors
(FII200) Daily monitoring of the cash position and weekly update to CE	
(FII200) Reporting to board and Finance committee which includes cash-flow projection and sensitivity analysis.	Trust Board Reports
(FII213) Trust Control Total agreed.	<ul style="list-style-type: none"> Financial Position Cash
(FII205) NHSI allocation funding secured (0.4M)	

Gaps in Control	Actions
(FII205) Delivery of BRS.	Budget Reduction Strategy implementation 2019-20 (31/03/2020)
(FII213) Full year BRS plan of £4.6M	Continued work to find further savings to mitigate any potential failure of the approved BRS (31/03/2020) Ongoing Accountability review process (31/03/2020)
	Review of workforce looking at staffing savings/ agency expenditure (31/03/2020)
	Continue to explore opportunities for additional revenue in STP bids (31/03/2020)

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

Positive Assurance	
Assurance	Source
<ul style="list-style-type: none"> - 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. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report - NHSI scheme launched 	Board of Directors

Negative Assurance	
Assurance	Source
<ul style="list-style-type: none"> - Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy. 	Board of Directors

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

Objective	Key Risk(s)	Q2 19-20 Rating	Q3 19-20 Rating	Target	Movement from prev. Quarter
We will work with our partners to develop voluntary sector led, multi-specialty community hubs that focus on prevention, wellbeing and recovery	OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.	9	9	3	↔
	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.	6	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.	8	8	4	↔
Increase the utilisation and spread of our charity, Health Stars	No risks identified.				
Embrace and expand our use of volunteers					

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(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
(OPS08) Secured funding for Recovery College	Ongoing communication with commissioners regarding funding (31/03/2020)
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (31/03/2020)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Recovery conference for Q3 2019/20 to consolidate work underway (31/12/2019)
(MD05) Awareness of equality and diversity issues within the Trust.	Development of internal EIA training (31/03/2020)
(MD05) Robust approach to Equality Impact Assessments	Implementation of EIA approval process (31/03/2020)

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.	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.
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.	Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for 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.	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.).
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.	Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
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.	Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Agenda Item: 21

Title & Date of Meeting:	Trust Board Public Meeting - 27 th November 2019		
Title of Report:	Risk Register Update		
Author/s:	Oliver Sims Corporate Risk Manager		
Recommendation:	To approve		To receive & note
	For information		To ratify
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 September 2019.		
Governance:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee	20/11 /2019	Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail)
Key Issues within the report:	<ul style="list-style-type: none"> • The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks) and agreed by Executive Management Team. • There are currently 6 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 11 November 2019. • The current risks held on the Trust-wide risk register are summarised below: 		
	Risk Description	Initial Rating	Current Rating
	WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	Risk Description	Initial Rating	Current Rating



	WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15
	CAMHS-C7 – There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	20	20

Monitoring and assurance framework summary:

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

Risk Register Update

1. Trust-wide Risk Register

There are currently **6** 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
WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	5
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	5
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	5
CAMHS-C7	There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	20	20	4

2. Closed/ De-escalated Trust-wide Risks

There have been two risks closed/ de-escalated that were previously held on the Trust-wide risk register since last reported to Trust Board in September 2019.

Table 2 - Trust-wide Risk Register closed/ de-escalated risks

Risk ID	Description of Risk	Reason for closure	Initial Risk Score	Current Risk Score
LDC31	Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	Risk reduced to current rating of 12 to reflect improving performance within service and reduced risk likelihood. Risk will continue to be monitored through Operational Delivery Group.	20	12

Risk ID	Description of Risk	Reason for closure	Initial Risk Score	Current Risk Score
CAMHS-C2	Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	Risk reduced to target rating of 4 (Rare x Severe) and closed following successful recruitment to nursing posts.	20	N/A

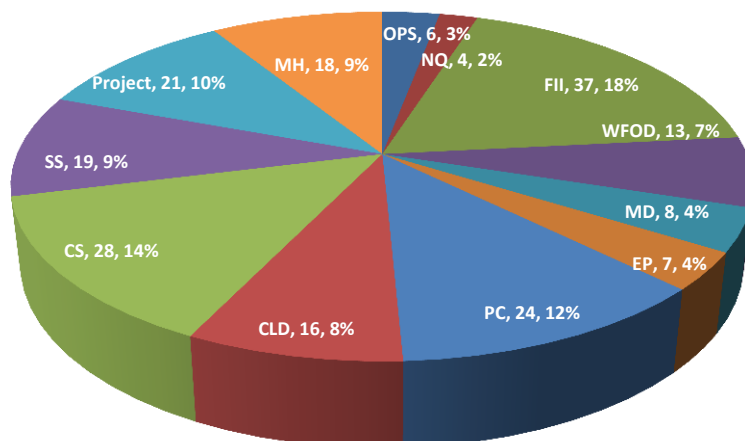
3. Wider Risk Register

There are currently **201** risks held across the Trust's Division, Directorate and project risk registers. This is an overall increase of **21** risks from the **178** reported to Trust Board in September. The table below shows the current number of risks at each risk rating in comparison to the position presented to the September 2019 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – September 2019	Number of Risks – November 2019
20	2	1
16	1	0
15	5	5
12	54	53
10	4	6
9	37	55
8	28	29
6	44	48
5	1	1
4	1	2
3	1	1
2	0	0
Total Risks	178	201

Chart 1 – Total Risks by Division/ Directorate



Key:

- OPS** – Operations Directorate
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics Directorate
- WFOD** – Workforce & OD Directorate
- MD** – Medical Directorate
- EP** – Emergency Preparedness, Resilience & Response
- PC** – Primary Care
- CLD** – Children's and Learning Disabilities
- CS** – Community Services
- SS** – Specialist Services
- Project** – Trust Projects
- MH** – Mental Health Care Group

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/Consequence Type		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
			Likelihood (Initial)	Impact (Initial)							Possible	Catastrophic	15	Significant											
1	WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	20	Significant	<ol style="list-style-type: none"> Recruitment strategy. Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector. Streamlining proposal at STP level reducing time to recruit. Attendance at recruitment fairs. Recruitment and retention initiatives. Recruitment Plan. 	<ol style="list-style-type: none"> Workforce and OD Committee. Care Group Business Meetings. EMT. Trust Board ODG. 	<ol style="list-style-type: none"> New roles for Associate Practitioners. Expansion of Advanced Clinical Practitioner roles. Refreshed Nurse Preceptorship programme. Nurse Preceptorship programme for Nurse Associates. Trainee Nurse Associates support programme. Band 5 Nurse recruitment bespoke career development package. 	1.104.3 vacancies 12.49%.	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Development of new roles for Associate Practitioners. Expansion of the number of Advanced Clinical Practitioner roles. Review and refresh of Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course. Development of Nurse Preceptorship programme for Nurse Associates. Implementation of programme to support Trainee Nurse Associates through courses with aim to reduce likelihood of attrition. Working Group to be established to develop recruitment and retention packages linked to qualified nurse development. 	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate		
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	20	Significant	<ol style="list-style-type: none"> Organisational Development (OD) and Workforce Strategy Implementation Plan. Appraisal process. Leadership and management development programmes Staff engagement though TCNC (Trust Consultation and Negotiation Committee), Staff Health & Wellbeing Group and action plan. Trust retention plan as agreed with NHSI. PROUD programme launched. Recruitment and retention initiative. Trust-wide workforce plan. 	<ol style="list-style-type: none"> Trust Board monthly performance report on turnover and on rolling 12 month basis. Staff surveys. Local Stress Survey. Staff Family and Friends Test. Workforce and OD Committee. EMT Workforce and OD Insight Report 	<ol style="list-style-type: none"> Trust-wide workforce plan delivery. Formalised Band 5 Nurse career development provision. 	<ol style="list-style-type: none"> Current annual turnover 14.45%. Workforce and OD Committee newly established and developing governance processes around workforce. Lack of career development opportunities indicated through employee exit interviews/questionnaires. 	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Implementation of Workforce plan for 19-20. HR Business Partners to review exit questionnaire results and identify any hot spot Completion of PROUD programme implementation plan To identify opportunities for career pathways/development opportunities 	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate		
3	WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	20	Significant	<ol style="list-style-type: none"> Consultant roles advertised at NHS jobs Medical Workforce attendance at recruitment fairs. Arrangement in place with recruitment head-hunter partner to identify consultant resource. Attendance at recruitment fairs. Recruitment and retention initiative. Recruitment Plan. Contract in place for consultant roles to be advertised through the BMJ. 	<ol style="list-style-type: none"> Agency spend considered at Finance and Investment Committee ODG. EMT. Workforce and OD Committee 	<ol style="list-style-type: none"> National workforce shortages Trust-wide workforce plan. Primary care recruitment strategy. 	1. 8.3 vacancies 18.9%.	Possible	Catastrophic	15	Significant	<ol style="list-style-type: none"> Implementation of Workforce plan for 19-20. PCCCLD Care Group to review current GP recruitment opportunities and way that Trust recruits with HR Directorate. Review of GP practice skill mix and different ways of working. 	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate		

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
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Appraisals 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. 7. PROUD programme. 8. Recruitment and retention incentives 9. LMC - Positive staff engagement with medical workforce	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. Workforce and OD Committee. 6. EMT 7. Workforce and OD Insight Report	1. Trust-wide workforce plan. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 20.97%. 2. Workforce and OD Committee newly established and developing governance processes around workforce.	Possible	Catastrophic	15	Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spot. 2. Completion of PROUD programme implementation plan. 3. Implementation of Workforce plan for 19-20.	Helen Lambert Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate	
5	FI205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover a/c pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	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 and Investment Committee. 8. Budget Reduction Strategy established which will produce a MTFP, incorporating the BRS process. 9. Non-recurrent savings. 10. BRS reporting to FIC on a monthly basis. 11. Trust Control Total agreed 12. Financial plan agreed	1. Monthly reporting to Board and FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 5. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 6. BRS reporting to Finance and Investment Committee on a monthly basis. 7. External Audit position.	1. Delivery of BRS.	None identified.	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation.	Iain Omand Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate	
6	CAMHS-C7	There is a risk to the delivery plan due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	Quality	Almost certain	Severe	20	Significant	1) NHS Jobs advertisement. 2) Significant BMJ advertisement in journal and on website. 3) Extensively explored local networks with other CAMHS consultants. 4) Job description and person specification approved by Royal College 5) Scoped availability of Locums 6) Consultant identified.	1) CAMHS In-patient Executive Board. 2) Senior Responsible officer in place. 3) Bi-weekly updates to EMT.	1) National shortage of CAMHS consultants is resulting in difficulty recruiting to posts. 2) Employment contract yet to be signed.	None identified.	Almost certain	Severe	20	Significant	1) Contract of employment to be signed.	Peter Flanagan Hilary Gledhill	CAMHS in-patient Executive Board	EMT	Rare	Severe	4	Moderate	