

**Council of Governors  
Public Meeting - Thursday 17 January 2019**

For a meeting to be held at 2.00pm in the Conference Room, Trust Headquarters

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 11 October 2018	SM	To receive & approve	√
4.	Actions Log and Matters Arising	SM	To receive & discuss	√
5.	Social Prescribing Presentation – Natalie Belt, Health Trainer Manager attending (Governor Request)	SM	To note	verbal
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
	<b>Corporate</b>			
8.	Council of Governors Terms of Reference	SM	To receive & approve	√
9.	Annual Declaration	PBec	To receive & endorse	√
10.	Public Trust Board Minutes – September and October 2018	SM	To receive & note	√
	<b>Performance &amp; Delivery</b>			
11.	Performance Update	PBec	To receive & note	√
12.	Finance Report	PBec	To receive & note	√
	<b>Governor Issues</b>			
13.	Governor Groups Feedback & Activity	All	To receive & approve	√
14.	Responses to Governor Questions	All	To receive & note	√
15.	Governor/Director Visit Update	SM	To receive & note	√
16.	Feedback from Engagement with Members Group	??	To note	verbal
17.	Governor Involvement in Quality Improvement	HJ	To note	Verbal
18.	Any Other Business			
19.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
20.	<b>Date, Time and Venue of Next Meeting</b> Tuesday 9 April 2019, 2.00pm in the Conference Room, Trust Headquarters Thursday 11 July 2019, 2.00pm in the Conference Room, Trust Headquarters Thursday 17 October 2019, 2.00pm in the Conference Room, Trust Headquarters			



**Agenda Item: 2**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Declarations of Interest			
Author:	Name: Jenny Jones Title: Trust Secretary			
Recommendation	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	Governors are asked to note the report and to inform the Trust Secretary of any further changes to their declarations.			
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations			
Key Issues within the report:	Any declarations made by Governors are included on the publicly available register.			

**Monitoring and assurance framework summary:**

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



### Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Rodney Evans	None
	Robert Hunt	<ul style="list-style-type: none"> <li>• Member of the Labour Party</li> <li>• Member of Cottingham Lawn Tennis Club</li> <li>• Member of MIND</li> <li>• Chair of the North Point Medical Practice Patient Participation Group</li> </ul>
	Martin Clayton	<ul style="list-style-type: none"> <li>• Keyfort – Consulting Programme Manager</li> <li>• Yorkshire Party – member</li> <li>• Yorkshire Devolution Movement – Executive Committee Vice Chair &amp; Director</li> <li>• Minsters Rail Campaign – Lifetime member</li> <li>• Garden Village Society – Executive Committee</li> <li>• Yorkshire Popular Front! – Co- founder</li> <li>• Astroflash (sound engineering) – Founder</li> <li>• Member of the Burnbrae PPG</li> </ul>
	Vacant	
<b>Elected – East Riding Public</b>	Ros Jump	<ul style="list-style-type: none"> <li>• Councillor on East Riding of Yorkshire Council (Cottingham North)</li> <li>• Consultancy work with Eden &amp; Partners NHS training</li> </ul>
	Huw Jones	<ul style="list-style-type: none"> <li>• Advisor to Maldaba – provider to LD Services at Trust</li> <li>• Chief Officer of Matthew's Hub, provider of autism services</li> <li>• Director of Innov8 Consulting Ltd provider of health care consulting services to predominantly technology companies and cardiac services</li> <li>• Governor of Oakfield School, Hull</li> </ul>
	John Cunnington	None
	Julie Hastings	<ul style="list-style-type: none"> <li>• Mindful employer/mental health first aid lead for North Bank Forum</li> <li>• Mental health first aid support to Hull Clinical Commissioning Group</li> <li>• Workshop trainer – Second Thoughts East Yorkshire</li> <li>• Co-ordinator for Active Memories project 1 &amp; 2 in partnership with Groundwork &amp; Community Sports Health Export</li> </ul>
	Neel Kamal	None
	Sam Muzaffar	<ul style="list-style-type: none"> <li>• Councillor, Elloughton-cum Brough Town Council</li> <li>• Director of a Limited Company providing General / Performance management Consultancy.</li> </ul>

<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Peter Lacey	<ul style="list-style-type: none"> <li>Managing Director of ECARDA Ltd - providing professional services to the public sector.</li> </ul>
<b>Elected Whitby</b>	Doff Pollard	<ul style="list-style-type: none"> <li>Whitby representative of the health Engagement Network of the Hambleton, Richmond and Whitby Clinical Commissioning Group – non voting</li> <li>Charity Trustee of:- Rural Arts Tees Valley Arts Cleveland Ironside Mining Museum Action with Communities in Rural England (ACRE)</li> <li>Volunteer with Captain Cook Memorial Museum and Skinningrove Bonfire Committee</li> </ul>
<b>Service User and Carer</b>	Mike Oxtoby	None
	Stephen Christian	<ul style="list-style-type: none"> <li>Volunteer for the Trust</li> </ul>
<b>Elected - Staff</b>	Craig Enderby (clinical)	None
	Jack Hudson (clinical)	None
	Sam Grey (non clinical)	None
	Mandy Dawley (non clinical)	None
	Anne Gorman (non clinical)	None
<b>Appointed</b>	Gwen Lunn (Hull City Council)	TBC
	Cllr Elaine Aird (East Riding of Yorkshire Council)	<ul style="list-style-type: none"> <li>Councillor on East Riding of Yorkshire Council</li> <li>Town Council on Beverley Town Council</li> <li>Member of the Conservative Party</li> <li>On the Executive of Beverley Consolidated Charities</li> <li>Member of Beverley and North Holderness Drainage Board</li> </ul>
	Jacqui White Hull University	<ul style="list-style-type: none"> <li>I represent and am employed by the University of Hull (Faculty of Health Sciences)</li> <li>Sometimes undertake consultancy work for the Pharmaceutical industry. In the last year I have received honoraria for consultancy work for Janssen and have presented at meetings organised by Janssen and Otzuka Lundbeck. Work is undertaken in own time independently, but with the agreement of the Dean.</li> </ul>
	Voluntary Sector,	<ul style="list-style-type: none"> <li>Charity Manager for SMILE currently working</li> </ul>

	Andy Barber, SMILE	on the Charitable Funds redevelopment for the Trust <ul style="list-style-type: none"><li>• Health Stars</li><li>• Sub Contract for VCSE contract</li></ul>
	Paul McCourt, Humberside Fire and Rescue	<ul style="list-style-type: none"><li>• Director of Public Safety, Humberside Fire and Rescue Service</li></ul>
	Humberside Police	TBC

**Minutes of the Council of Governors Public Meeting held on  
Thursday 11 October 2018 in the Conference Rooms, Trust Headquarters**

**Present:**

- Sharon Mays, Chairman
- Michele Moran, Chief Executive
- Elaine Aird, Appointed Governor, East Riding of Yorkshire Council
- Andy Barber, Appointed Governor, Smile Foundation
- Martin Clayton, Hull Public Governor
- John Cunnington, East Riding Public Governor
- Mandy Dawley, Staff Governor
- Craig Enderby, Staff Governor
- Rodney Evans, Hull Public Governor
- Anne Gorman, Staff Governor
- Julie Hastings, East Riding Public Governor/Lead Governor
- Jack Hudson, Staff Governor
- Huw Jones, East Riding Public Governor
- Ros Jump, East Riding Public Governor
- Neel Kamal, East Riding Public Governor
- Peter Lacey, Yorkshire & Humber Public Governor
- Gwen Lunn, Appointed Governor, Hull City Council
- Paul McCourt, Appointed Governor, Humberside Fire & Rescue
- Sam Muzaffar, East Riding Public Governor
- Mike Oxtoby, Service User/Carer Public Governor
- Doff Pollard, Whitby Public Governor
- Jacquie White, Appointed Governor, University of Hull

**In Attendance:**

- Peter Baren, Non Executive Director
- Mike Smith, Non Executive Director
- Peter Beckwith, Director of Finance
- Hilary Gledhill, Director of Nursing
- Steve McGowan, Director of Human Resources & Diversity
- Paul Warwick, Clinical Lead (for item 59/18)
- Adrian Elsworth, Assistant Care Group Director (for item 62/18)
- Katie Colrein, Membership Officer
- Jenny Jones, Trust Secretary

**Apologies:**

- Robert Hunt, Hull Public Governor
- Paula Bee, Non Executive Director
- Mike Cooke, Non Executive Director
- Francis Patton, Non Executive Director
- John Byrne, Medical Director
- Lynn Parkinson, Chief Operating Officer

**56/18 Declarations of Interest**

Any changes to declarations should be notified to the Trust Secretary. The Chairman requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item. The declaration for Mr Muzaffar has changed and will be updated from the next report.



57/18 **Minutes of the Meeting held on 12 July 2018**

The minutes of the meeting held on 12 July 2018 were agreed as a correct record with the following amendment:-

- Paul McCourt was present at the meeting

58/18 **Matters Arising and Actions Log**

The action log was reviewed and updates noted.

59/18 **New Build, Child and Adolescent Mental Health Services (CAMHS) Presentation**

Mr Warwick, Clinical Lead attended to provide an update of the CAMHS inpatient project. He explained to Governors about the national context, changes to NHS England CAMHS inpatient service specifications and how young people have been involved in service development.

A video walkthrough of the new building was also shown which gave an indication of how the space would be used. This has been developed with the young people.

The Impact Appeal is about the changes that can be made to young people's lives. The new facility will have good transport links close to local amenities and will be connected to the community. So far £174k has been raised against a target of £600k. An engagement group has been established for fund raising. If any Governors are interested in becoming involved please contact Mrs Colrein.

Dr White declared an interest in this item with working for the University which will be involved in the services. She was particularly interested in the work with the Academy Science Network and York and asked whether any links have been established with education providers. Mr Warwick explained said that in terms of York a research post is being established and the AHSN will audit what is being done with the project. Mr Warwick and Dr White will exchange contact details to discuss further.

Mr Jones referred to the recruitment and the risk of poaching staff from other areas of the Trust which would impact on other services. Mr Warwick agreed there will be staff who want to work in the new unit. There will also be people from other areas who hear of the work and are attracted to the services. A bigger piece of work is how there is engagement with the community and how this is built into a unit they have been involved with. The recruitment process has started with consideration being given to where someone may come from and whether any gaps will be created in other services. There is no easy answer as it is part of a whole systems approach. It was felt that the Sustainable Transformation Partnership (STP) and Headstart Programme may be able to assist. The latter works with different groups of young people.

Mr Warwick was thanked for attending.

60/18 **Chairman's Report**

The Chairman's update concentrated on the current elections process. Nominations opened recently and she encouraged Governors to support the process. In total there are nine seats available, three each for Hull and East Riding, one Yorkshire and Humber and two non clinical staff seats. The closing date for nominations is 17 October 2018.

**Resolved:** The verbal update was noted

61/18 **Chief Executive's Report**

The Chief Executive presented her report which gave an update on the local, regional and national issues. Of particular note were:-

**Annual Members Meeting**

The Chief Executive thanked those Governors who participated. The event also saw the launch of the Patient Carer Strategy that was well received.

## **Step Challenge**

The step challenge has now finished which was well received by staff. The Chief Executive thanked everyone for taking part.

On 18 October 2018, the Chief Executive will be undertaking a 12 hour treadmill challenge. She will complete a normal working day whilst on a treadmill. A Just Giving donation page has been set up with the proceeds going to the staff engagement Health Stars Fund. The link will be circulated to all Governors.

**Resolved:** The report and verbal updates were noted.  
**The Just Giving donation page link to be sent to all Governors for the Chief Executive's treadmill challenge Action KC**

62/18

## **Rehabilitation Service Proposal**

Mr Adrian Elsworth attended to provide an update on the work completed to date on the proposed new rehabilitation service. He reported that the Adult Mental Health transformation programme established in March 2016 has sought to provide a more robust community infrastructure which is essential to reduce the reliance on inpatient care and ensure earlier intervention. Significant progress has been made across a variety of services as a result including for example proposals to close the gaps within the mental health urgent care system earlier this year through additional inpatient beds, continuation of the crisis pad service and the development of step down care funded through the transfer of the out of area (OOA) acute budget from the CCGs.

Discussions have been held with commissioners around doing something different, innovative and reflective of the Five Year Forward View to ensure reduction with out of area places. Twenty eight service users have been identified that are in various rehabilitation services across the UK. There has been collaboration with third sector provider and work to provide intensive support in home environments as individuals will need various services including appropriate housing. The timelines for the project have slipped, but there has been agreement in principle by commissioners and final sign off is awaited.

As part of the transformation Hawthorne Court will reduce from 18 beds to 6 with an onus on community services supporting individuals in a home environment rather than in hospital. Mr Lacey commented that some of these people may not have their own homes and he asked what preparations are being taken in this respect. Mr Elsworth said this depended on the level of support that their family can provide and the circumstances of the patient, but liaison close with services where the patient has no family to identify their needs is taking place.

Mr Hudson explained that in his work experience it was difficult to find suitable housing for complex individuals and was interested in the collaborative working, new links and entities that are being made. Mr Elsworth said this is phase one for the really complex and complex patients. Phase two will involve working with organisations that have facilities or accommodation that provide 24/7 care. Mrs Hastings said there are a number of organisation that do have support accommodation that can be approached to assist in the local area and wider afield. There are also a lot of church led organisations who provide support mechanisms and add on functions to what is already being delivered. Ms Jump commented that in the past there have been some failures on the parts of organisations that provide rehabilitation services. She recommended ensuring there are robust audit systems in place to monitor services as the Trust is open to criticism and ultimately reputational issues.

Mr Elsworth said the transformation programme has been made resource heavy with a significant amount of staff that comes at a cost to ensure appropriate care is provided. A minimum of four hours one to one support is provided seven days a week. The individuals concerned have been for a number of years and they cannot just be moved anywhere. A stepped approach involving engagement with family members will be undertaken. Councillor Lunn said that in her experience once contracts have been awarded third sector providers lose



interest. She also expressed concern about the limited number of Occupational Therapists (OTs) and the shortage in Hull. Mr Elsworth explained that the Professional Lead for OTs is involved and working towards supporting individuals in their own self recovery in the community.

Mr Barber asked that if the Trust funded services in the third sector and it was successful, was there any opportunity for the Trust to provide these services to others in the future. Mr Elsworth said this is being considered but there have been some really positive outcomes in the third sector with recent transformation. There has been some stepped down accommodation and success with Humber Care and the Crisis Pad which should not be underestimated. The Trust leads the services and a number of third sector staff are contracted by their services but work alongside the team delivering care plans designed by the Trust.

Mr Jones referred to a recent presentation given by a patient at a Trust Board meeting and how their recovery had been quicker when they had come home. He acknowledged there are risks, but it is how these are mitigated against. Mr Jones also raised personal budgets and the variations given the choices individuals have. He commented that an understanding of the level of investment that may come back to the patch is required with personal budgets that cover good personal care. Mr Elsworth said some cost has been included for this in the paper. Commissioners expect that when looking at more community wrap around model that some percentage of personal health budgets are included. It is not yet resolved around the percentage and what this would look like. The development of social prescribing, negative choices services users have also to be considered.

**Resolved:** The update was noted. The Chairman thanked Mr Elsworth for attending.

63/18

#### **Patient Led Assessment of the Care Environment (PLACE)**

Place Assessments have been completed for all Trust inpatient units and the results have been published for NHS Digital. Scores across 5 of the 7 domains have improved. Mr Beckwith reported that the Trust remained below the national average for 3 domains

- Organisational Food
- Dementia
- Disability

Individual unit scores were included in the report and action plans have been developed. Mr Beckwith explained that some low scores related to the choices at the point of delivery and special dietary requirements which are catered for, but would not be held in stock which affected the scoring. Dementia and disability scores will be addressed with the Whitby Hospital redevelopment. Mr Beckwith thanked the service users and Governors who took part in the assessment. The Chief Executive said that when she has spoken to service users they are happy with the food that is provided and the choices and home cooking. The scores are also affected as the Trust is not an Acute Hospital.

Mr Clayton was involved in the process and felt the relevance of the questions was debateable. There were a number of areas that the Trust would not achieve through no fault of its own, due to the way the questions were worded. Mrs Hastings said that options are a big ask and felt that five gluten free options for example would be a difficult achievement in most restaurants. Mr McCourt felt this was a positive report although recognising there is an issue with the community service in Whitby. He asked what the expected timescales to achieve this standard are. He was informed that the decamp of patients begins in November and the construction programme is approximately 15 months.

Mr Cunnington asked what is being done to improve the scores at Westlands. Mr Beckwith said there are some issues at Westlands in relation to privacy and dignity and well being. He explained that due to the available space physical activity areas were unable to be provided due to the construction of the unit which will always be an issue. Mr Clayton agreed as the issues are due to the building design and there is no simple solution. Health Stars have

previously provided assistance to refurbish parts of the unit. Mr Barber said it is very difficult to make changes when changes are needed to the building. Mr Clayton said there has been significant consultation with staff at Westlands where they have identified areas of weaknesses. Staff are sharing a kitchen with patients meaning additional precautions need to be taken to keep everyone safe. The Chairman thanked Mr Cunnington for his question and for the comments. The Chief Executive said there is a long term strategy to have a campus for these services, but it has to be viable for the organisation. Staff are doing a great job with the environment they have.

Mr Hudson asked if there is any update on Miranda House disability score which has reduced. A post meeting note will be included in the minutes for this.

**Resolved:** The update was noted.

**A post meeting note will be included in the minutes about the reduction in the Miranda House disability score Action PBec**

### **Post Meeting Note**

Disability Scores were affected by response that hearing loops were identified as not being available at the reception desk (previously the response to the question had been n/a) and the unit was not able to demonstrate that travel needs of patients and visitors had been assessed.

### 64/18 **Public Trust Board Minutes – June and July 2018**

The minutes of the public Board meetings were provided for information.

**Resolved:** The minutes were noted.

### 65/18 **Performance Update**

The report provided an update on Board approved key performance indicators as at the end of August 2018. Performance in the attached report is presented using statistical process charts (SPC) for a select number of key performance indicators. Exception reporting and commentary is provided for each of the reported indicators.

Mr Lacey said the new format was logical and linked to strategic and operational planning.

**Resolved:** The report was noted.

### 66/18 **Finance Report**

The report covered the period June to August 2018 and the following areas highlighted:-

- For 2018/19 the Trust reported a deficit of £0.747m to the end of August 2018.
- The Trust has a Control Total to deliver a £1.2m Surplus by the end of the financial year.
- The Cash Balance at the end of August 2018 was £10.5204m.
- Agency Costs continue to remain within the ceiling set by NHS Improvement.
- Capital expenditure at the end of August 2018 was £0.974m.
- The current Use of Resource Score for the Trust is 3, this is as planned but reflects a worsening from the final 2017/18 year end position.

The positive agency position was noted. Ms Jump asked about agency staff versus bank staff and whether the use of bank staff is actively being promoted. The Chief Executive said the bank is used and continually recruited to.

**Resolved:** The report was noted.

### 67/18 **Feedback from Governor Groups and Activity**

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

### **Finance and Audit Governor Group**

Mr Jones reported that following discussion at the last Council of Governors meeting, the amended Terms of Reference were accepted. The internal auditors attended a meeting to provide information on internal audits. Good selection and reports from audits were very positive. The Group noted that financially the second six months of the year will be challenging. The quality of paper being used within the organisation is a big change as is shown with the Council papers, but anything that can be done to help the financial position is good.

### **Strategy and Business Development Group**

Mr Lacey reported that the meeting took place on 10 October and an update was provided on what is happening at a Sustainable Transformation Partnership (STP) level.

### **Appointments, Terms and Conditions Committee**

An update was provided in the paper. The Terms of Reference for the Appointments, Terms and Conditions Committee have been updated and were approved by the Council of Governors.

Resolved: The report and verbal updates were noted.  
The Terms of Reference for the Appointments, Terms and Conditions Committee were approved.

### 68/18 **Feedback from Development Day Membership and Engagement Session and Update from the Task and Finish Group**

An update will be provided at the next meeting.

Resolved: Update to be provided at the next meeting Action JH/PL

### 69/18 **Responses to Governor Questions**

The report provided updates on the two outstanding actions and also included details of forthcoming events.

Resolved: The update was noted.

### 70/18 **Any Other Business Future Meetings**

In the part II meeting, Governors discussed the timing of future meetings and agreed to change the start time to 2.00pm. This will be actioned from the January 2019 meeting.

### **Development Session 13 November**

The November Development session will be attended by representatives of the Whitby Hospital redevelopment project to update Governors on the development. Mrs Pollard said that any initiatives that are being undertaken that are supportive of staff who are part of the transformation would be useful as there are lots of questions and anxieties. The Chief Executive said this can be looked at as part of the plan.

### **Annual Members Meeting**

Mrs Hastings said that positive feedback was received on the video that was produced for the Annual Members Meeting (AMM). The AMM was streamed live to enable people around the Trust to watch the proceedings. Mrs Hastings extended her personal thanks to Helen Waites in the Communications Team and to Health Stars for funding the production of the video. The Chairman thanked Mrs Hastings for the time she put into this project.

### **Care Quality Commission**

The Chief Executive reported that the Trust has recently been provided with the Pre Information Request (PIR). The pre assessment phase will start shortly. Sessions with Governors will be arranged to go through the process and will be facilitated by the Director of

Nursing and Interim Head of Corporate Affairs.

**Staff Awards**

This event is taking place in December. Governors were asked to vote for the recipient of the Governors' Award.

**Christmas Carol Service**

This is taking place on 14 December 2018 at Trust Headquarters.

71/18

**Date and Time of Next Meeting**

Thursday 17 January 2019, 2.00pm in the Conference Room, Trust Headquarters

Tuesday 9 April 2019, 2.00pm in the Conference Room, Trust Headquarters

Thursday 11 July 2019, 2.00pm in the Conference Room, Trust Headquarters

Thursday 17 October 2019, 2.00pm in the Conference Room, Trust Headquarters

Signed..... Date

Chairman

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

**Summary of actions from October 2018 meeting and update report on earlier actions due for delivery in January 2019**

*Rows greyed out indicate action closed and update provided here*

Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
11.10.18	61/18	Chief Executive's Report	The Just Giving donation page link to be sent to all Governors for the Chief Executive's treadmill challenge	KC	October 2018	Link circulated 12.10.18
11.10.18	63/18	Patient Led Assessment of the Care Environment (PLACE)	A post meeting note will be included in the minutes about the reduction in the Miranda House disability score	PBec	October 2018	Completed
11.10.18	68/18	Feedback from Development Day Membership and Engagement Session and Update from the Task and Finish Group	Update to be provided at the next meeting	JH/PL	January 2019	Item on the agenda
<b>Outstanding Actions arising from previous Council meetings for feedback to a later meeting</b>						
12.10.17	37/17	Chief Executive's Report	A draft will be produced of branding changes and shared with Staff Governors	MM	April 2018	Branding deferred. Will be reviewed at a later date

12.10.17	37/17	Chief Executive's Report	Fund raising opportunities to be taken forward with Dr Kamal	MM	January 2018	Awaiting response from Dr Kamal to progress this matter
11.1.18	04/18	The Reluctant Runner	Governor session for social prescribing to be arranged	KC/JJ	17 January 2019	Item on the agenda
12.7.18	46/18	Chairman's Report	Scarborough and Malton teams to be added to the visits programme	KC	October 2018	Added to the visit programme

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



**Agenda Item: 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information	✓	To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:	Visit by Chief Executive Care Quality Commission (CQC) Well attended Staff Awards evening Christmas Market and Competition updates			

**Monitoring and assurance framework summary:**

**Links to Strategic Goals**

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

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



## Chief Executive's Report

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

#### **1.1 Visits**

Several visits to units and sites to deliver Christmas biscuits took place during December.

#### **1.2 Staff Awards**

The Staff Awards evening was a great success with more staff in attendance than ever before. Do have a look at the special edition of Humber Voice.

#### **1.3 Christmas Market**

The Christmas market was a great success and one that we will build on next year. A total of £237.70 was raised for Health Stars.

#### **1.4 Non Executive v Executive Directors Bake Off**

Congratulations to Francis for winning the Non Exec v Exec bake off. Well done!

#### **1.5 Christmas Card and Best Dressed Christmas Tree Competition**

Well done to Newbridges for winning the Christmas card competition. Congratulations to Avondale, Management Accounts, Mill View Court and Westlands for winning the hampers for the best dressed Christmas tree and thanks to all the Board for such great contents. This was very well received by all staff and patients.

#### **1.6 Step To It Challenge**

The individual steps challenge began on 7th January

#### **1.7 November Workforce Performance Data:-**

- Sickness is down to its lowest 12 month rolling figure in 2 years (5.16%) and third consecutive month of improvement compared to the same time in 2017;
- 34 less vacancies than in October;
- Turnover within target for the second consecutive month;
- Stat man training 10 consecutive months above target, third consecutive month of improvement, now only 2 courses rated 'red' but both with significant improvement compared to 2017, BLS (69% compared to 56.1%) and PATs (71% compared to 51.2%).
- PADR – small improvement 78.2% compared to 75.8%

#### **1.8 Patient Safety Director**

In accordance with guidance I can confirm that we have formally noted Hilary Gledhill as our Patient Safety Director.

#### **1.9 National Record Locator Service**

We are now live with the National Record Locator Service. This means that any of the pilot ambulance services in England (including YAS) can see if one of our patients is receiving care from their services. This is also a first for any Trust in Yorkshire & Humber.

#### **1.10 Care Quality Commission (CQC)**

Ian Trenholm Chief Executive Officer, Care Quality Commission (CQC) has taken up my offer to visit the Trust on 18th January.

#### **1.11 NHS Improvement**

I have recently had dinner with Ian Dalton, Chief Executive Officer NHS Improvement which



was useful to discuss his thoughts for the coming years and our aspirations and success to date

### **1.12 Brexit**

The Department of Health and Social Care (DHSC) has published Operational Guidance which sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit, including immediate actions to manage the risks of a 'no deal' EU Exit. The guidance advises trusts to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts focussing on seven areas

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

The government has produced an action card for trusts, which state that all providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues.

Further operational guidance is expected to be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019.

## **2. National and Regional News**

### **2.1 NHS Improvement (NHSI) Regional and Corporate Roles**

NHSI has announced the appointments to the regional and corporate roles that report to the two Chief Executives, and have commenced formal consultation on their new joint management structure beneath the senior team last week. NHSI expect to have the new structure up and running for April next year. Our Regional Director is Richard Barker. A letter with the full names has been circulated to Board members.

### **2.2 Long Term Plan**

The government has set five tests for the Long Term Plan;

- improving productivity and efficiency
- eliminating provider deficits
- reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
- getting much better at managing demand effectively
- making better use of capital investment

### **2.3 Sustainable Transformation Programme (STP) News**

The recent capital bid was successful. Humber, Coast and Vale Health and Care Partnership will receive £88.5m for diagnostics and improvements to urgent and emergency care facilities – the largest single award for any Partnership in the recently announced capital funding.

The capital bid was submitted as part of the national Wave 4 STP Capital process in July 2018 and was a collaborative effort coordinated by the Strategic Estates Board. In total, the

Partnership has secured £88.5million, which will be used to fund a major upgrade of the Emergency Departments at: Diana Princess of Wales Hospital, Grimsby; Scunthorpe General Hospital; Hull Royal Infirmary and Scarborough Hospital.

Over the next few years the funding will enable the Emergency Departments in all four hospitals to be upgraded so they meet modern standards and requirements and provide a better environment for patients to be treated. The rest of the funding will be used to improve diagnostic capabilities. New MRI and CT scanners at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, as well as additional scoping capabilities at Hull Royal Infirmary, will mean patients can undergo tests more quickly and, therefore, start their treatment earlier.

### **2.3.1 STP Workforce Board**

The Workforce Board discussed the latest draft of the HCV workforce plan, which was positively received and widely supported by partners. There was a recognition that further work is still required and the Board agreed to spend some time looking at prioritisation of the various elements of the plan. There was a very helpful update from North Yorkshire County Council on their social care workforce issues. In addition, Health Education England (HEE) presented some workforce analysis that they have undertaken to the Board. To date this data covers the nursing workforce only but it is the intention to expand this over time and for it to become part of regular reporting to the Workforce Board. The Board agreed to continue with establishment of the workforce hub to support this work.

### **2.3.2 The Mental Health Partnership Board Update**

Update on key performance measures, which is becoming an increasing focus for the Board. Partners agreed to establish a children and young people's group to focus on improving access to mental health services for children and young people. The Board also reviewed a financial update, which focused on mental health spend across Humber, Coast and Vale. Suicide prevention was also on the agenda. A HCV-wide steering group has been established for suicide prevention, to support local work. A campaign is being developed to engage with the public to raise awareness of suicide and how people can support each other to continue to reduce the risk of suicide and the impact this has on families. The Board also heard updates on several HCV-wide bids for funding (including individual Placement support to support people with mental health issues gaining employment and winter planning monies to help to reduce pressure in A&E). Finally, the Board agreed to host a clinical engagement event in early 2019 to share work and priorities of the mental health workstream.

## **3 Director's Updates**

### **3.1 Chief Operating Officer Update**

#### **3.1.1 Winter Planning Arrangements 2018/19**

The Trust's Winter planning for 2018/19 builds upon work undertaken last year and continues to support system redesign to modernise and simplify patient flows within the Mental Health and Community Sectors. The planning links to the Trust's severe weather & winter plan, operational and business continuity plans, this is supported by the Trust's robust on call systems.

The Trust is part of a collaborative system group that oversees and supports services to work better to address the delivery challenges across the whole health care system and to improve A & E delivery at Hull and East Yorkshire Hospitals during the winter reporting period. The Trust submits an overall OPEL (Operational Performance Escalation Level) rating to the CCG on a daily basis and responds to surge within the whole system by taking

part in system calls as appropriate. The Mental Health Liaison Service supports and assesses patients on the ward and within A & E to ensure patient flow is maintained in supporting HEY to deliver patient care.

The Trust has generated a 3 week Christmas bank holiday plan which replaces the weekend clinical capacity and contingency plan for this period. This contains essential information and staffing numbers for each area which supports the on call managers and directors in their on call duty. We have also updated the Trust OPEL Surge and Escalation triggers and service plans and these have been provided to the CCG winter delivery group.

The Trust has a severe weather and winter plan which provides a framework which enables the Trust to prepare, respond and recover from adverse weather incidents which have the potential to affect services provided within the Hull, East Riding and North Yorkshire areas. This is reviewed against the national Public Health England Cold Weather Plan and each service area has reviewed their Business Continuity Plan and these are being uploaded to the Trust Intranet.

The Trust is signed up to alerts for the met offices weekly cold weather, the Humber Local Resilience Forum and North Yorkshire Local Resilience Forum and monitors travel information as part of its winter preparedness and aids communications to staff as required.

The Trust has a few four wheel drive vehicles across the Trust some of which are an integral part of operational teams and of those vehicles based at Trust Headquarters these are available for use 24/7 in times of challenging weather.

The Trust continues to experience significantly reduced reliance on the use of out of area mental health beds and our mental health patient flow remains positive.

### **3.1.2 Big Healthy Link Up**

In October 2017 a large number of system leaders came together across East Riding of Yorkshire to consider how the delivery of health, care and wellbeing support could be improved by better integration and relationships at a senior level in partner organisations. The 6 day event led to the generation of over 100 ideas to be taken forward and led to the establishment of the East Riding Place Board who agreed a core set of system principles to guide how they would work together and set key objectives. Priority areas have included testing the "Community Hub" model in Bridlington and Withernsea as well as an agreement that the first System Strategy would be Adult Mental Health and Dementia.

On the 28<sup>th</sup> November this year (this date clashed with the Trust Board) an East Riding Showcase event was held at Bridlington Spa which aimed to externally profile the excellent progress made over the last 12 months in a number of key areas. There were 10 concurrent presentations covering areas such as Acute Hospital, Primary Care, Social Care, IT/Digital Transformation, STP working, Residential and Domiciliary Care and the Trust were asked to lead a session on Leading and Re Designing Mental Health. The ERY IAPT service was chosen and Andy Sainty and Paul Johnson delivered the presentation of 10 minutes on 10 occasions. This highlighted the scale of transformation, including improved performance, outcomes and recovery rates as well as the national profile and research activity which has been successfully undertaken.

The feedback on the Trust's presentation was outstanding and the event was an enormous success and an important stepping stone towards integrated system working.

### **3.2 Director of Human Resources Update**

### **3.2.1 Flu Vaccinations**

The programme of vaccinations started in early October and finishes in February. To date 61% of all clinical staff has had a vaccination.

### **3.2.2 Staff Survey**

The deadline closed at the end of November, with the Trust having a 45% response rate (1134 returns) compared to 38% of a sample last year (470 returns). All departments had at least a 36% return rate with HR topping the list at 82%. All occupational groups were at least at 30% with admin and clerical being the highest return at 63%. Results should be known early February.

## **3.3 Director of Nursing Update**

### **3.3.1 Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit Update**

The contractor (Houltons) is reporting that the project is currently 4 weeks behind plan mainly due to some design issues and steel works; however the project manager from Faithful and Gould and the contractor are confident this will be recovered from the capacity in the overall project plan and the fitting out stage. The CAMHS Executive Board are closely monitoring the situation. A web cam has been installed to capture images of the build.

In terms of the workforce a workforce recruitment plan in place which is being overseen by the CAMHS Executive Board. We have appointed a Consultant Psychologist and are out to advert for the Consultant Psychiatrist. The Medical Director and Project Lead are following up on a couple of medics who have shown interest.

The project lead and senior clinical staff are currently scoping two workshops for January to start shaping the clinical model ensuring community clinicians are engaged.

A meeting has been arranged with Professor Barry White, Professor Adrian Phillipson and Professor Tom Phillips with Catherine Hart in February to start a conversation regarding research opportunities.

## **3.4 Medical Director Update**

### **3.4.1 HYMS Annual Monitoring Visit**

The Hull York Medical School (HYMS) Annual Monitoring visit took place in early December. HYMS were complimentary with regard to the strategic support that we provided to their expansion bid, in addition they had noted the improvements in the quality of the educational experience which were are now offering to their students. They also commented favourably on our ambitions for the next which include raising the profile of mental health as a career option not just for medical students but also others training in the health sciences faculty. We are keen to support their Physicians associates program with a view to hosting them during their training.

### **3.4.2 Browsealoud Function**

The Browsealoud function has now been added to our website which enables it to be translated into 99 languages and read aloud in 40 of the most commonly used language. This is a positive development which has been supported by Health Stars and will undoubtedly enhance patient and carer user experience for the diverse population that we serve.

### **3.4.3 Pharmacy Team**

The Pharmacy team are currently working with our digital delivery group as part of the mobilisation of the Electronic Prescribing plan following our success in receiving wave 1 support from NHSE to pursue one of the key strategic goal in the digital delivery plan.

#### **3.4.4 Addictions**

Dr Soraya Mayaet (Addictions Consultant) been selected by competitive interview for the role of Addictions Psychiatrist for the NICE guideline committee on Medicinal Cannabis. This starts in January 2019 and aims to publish in October 2019, an extremely quick turnover for NICE. This is in addition to her work her being co-opted onto the Nice group working on guidelines for chronic pain. This is very positive news in terms of her own professional stats as well as demonstrating that the Trust is developing a cohort of nationally recognised 'experts' in our clinical ranks.

**Michele Moran,  
Chief Executive  
January 2019**

**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019		
Title of Report:	Council of Governors Terms of Reference		
Author:	Name: Sharon Mays Title: Chairman		
Recommendation:	To approve		To note
	To discuss		To ratify
	For information		To endorse
			X
Purpose of Paper:	To present the updated Council of Governors Terms of Reference (ToR) for approval		
Key Issues within the report:	The Terms of Reference have been reviewed and approved by the Appointments, Terms and Committee and come to the Council of Governors for ratification.		
	Revisions have been made to the logo and inclusion of the requirement to receive a report on Non Executive Director compliance with the Fit and Proper Person requirement. This report will come to the Council's April meeting.		

**Monitoring and assurance framework summary:**

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



## Terms of Reference

### Council of Governors

<b>Authority</b>	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
<b>Role / Purpose</b>	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
<b>Duties</b>	<p><b>The Statutory Duties of the Council of Governors</b></p> <ul style="list-style-type: none"> <li>• To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors</li> <li>• To represent the interests of Trust members and the interests of the public</li> <li>• Approve the procedures for the appointment and where necessary for the removal of the Chairman of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of the Chairman of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee.</li> <li>• Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve the procedures for the appraisal of the Chairman of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve changes to the remuneration, allowances and other terms of office for the Chairman and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee</li> <li>• Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors.</li> </ul>

- Approve the criteria for appointing, re-appointing or removing the auditor.
- Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee.
- Jointly approve with the Board of Directors amendments to the Constitution
- Approve the appointment and, if appropriate, the removal of the lead governor.
- Approve the removal from office of a Governor in accordance with procedure set out in the Constitution
- Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.
- To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.
- To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act)
- Receive and comment on the Annual Report and Accounts (including Quality Account).
- To notify the independent regulator, NHSI (the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence if these concerns cannot be resolved at the local level.
- To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors

**Contribution to Strategy and Plans**

- Approve the Membership Engagement Strategy
- Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies
- Seek the views of stakeholders including members and the public and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate
- Give a view to the Board of Directors of the Trust's annual business

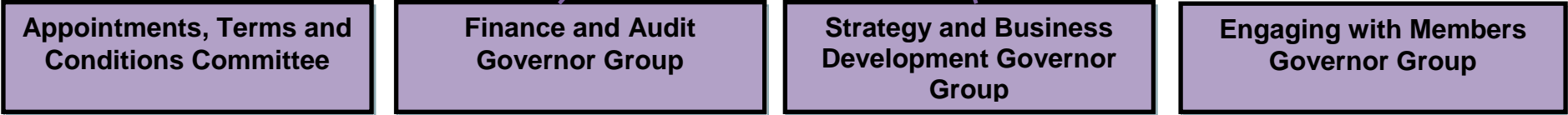


	<p>planning arrangements for each financial year for the purpose of the preparation of the annual plan</p> <p><b>Representing Members and the Public</b></p> <ul style="list-style-type: none"> <li>• To represent the constituency or the organisation elected or appointed to serve</li> <li>• Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.</li> <li>• Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders</li> <li>• Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Strategy.</li> <li>• Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability.</li> <li>• Report to members each year on the performance of the Council of Governors</li> </ul>
<b>Membership</b>	<p>The composition of the membership of the Council of Governors is set out in the Constitution. The Chairman of the Board of Directors is the Chairman of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chairman the Senior Independent Director will take the Chairman's role.</p>
<b>Quorum</b>	<p>The quorum for Council of Governors meetings is set out in the Constitution.</p> <p>No business shall be transacted at a meeting unless at least one third of the voting Governors are present and that of those governors present, public governors must be in the majority, at least</p> <ul style="list-style-type: none"> <li>• 6 must be public Governors</li> <li>• 1 must be a Staff Governor</li> <li>• 1 must be an appointed Governor</li> </ul>
<b>Chair</b>	<p>Chairman of the Trust</p>
<b>Frequency</b>	<p>The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)</p>
<b>Agenda and Papers</b>	<p>An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting</p>
<b>Minutes and Reporting</b>	<p>Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20</p>

	working days from the date of the meeting.
<b>Monitoring</b>	A review of attendance and effectiveness will be undertaken annually.
<b>Approval Date</b>	11 <sup>th</sup> January 2018
<b>Review Date</b>	January 2019

**COUNCIL OF GOVERNORS REPORTING STRUCTURE**

**Council of Governors**



**Agenda Item 9**

<b>Title &amp; Date of Meeting:</b>	Council of Governors Public Meeting– 17 <sup>th</sup> January 2019		
<b>Title of Report:</b>	Annual Declarations 2018/19		
<b>Author:</b>	<b>Name:</b> Peter Beckwith <b>Title:</b> Director of Finance		
<b>Recommendation:</b>	To approve		To note
	To discuss	<input checked="" type="checkbox"/>	To ratify
	For information		To endorse
			<input checked="" type="checkbox"/>
	<p>The Council of Governors are asked to discuss and endorse the evidence to support the following annual declarations:</p> <ul style="list-style-type: none"> <li>• The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.</li> <li>• The Trust has complied with required governance standards and objectives</li> <li>• 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.</li> </ul>		
<b>Purpose of Paper:</b>	To provide the Council of Governors 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 ensure that the views of Governors have been taken into consideration.		
<b>Key Issues within the report:</b>	<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>		

**Monitoring and assurance framework summary:**

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



## Annual Declarations 2018/19

### 1. Introduction and Purpose

This purpose of this paper is to provide the Council of Governors 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. 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.

As the Trust is not a provider of commissioner requested services it 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

#### 2.1 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 1<sup>st</sup> 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.

## 2.2 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. 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'***

The Council of Governors have considered the above statement in the context of the evidence below:

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

## 4. Next Steps

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

- Condition G6 31<sup>st</sup> May 2019
- Condition FT4 and Training of Governors 30<sup>th</sup> June 2019

When approved by the Trust Board the Annual Declaration on the Trust Website should be updated.

## 5. Recommendation

The Council of Governors are asked to endorse the evidence to support the following annual declarations:

- 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
<b>General licence conditions (G)</b>		
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"> <li>• 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.</li> <li>• The Trust has robust data collection and validation processes.</li> <li>• Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements.</li> </ul>
G2. Publication of information	Obligation to publish such information as NHS Improvement/Monitor may require.	<ul style="list-style-type: none"> <li>• The Trust Board of Directors meets in public.</li> <li>• Agendas, minutes and papers are published on the Trust's website .</li> <li>• Monthly board meetings include updates on operational performance quality and finance.</li> <li>• The Trust's website contains a variety of information and referral point information should the public require further information.</li> <li>• Published Quality Accounts and Annual Report.</li> <li>• The Trust responds to Freedom of Information requests</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly.</li> <li>• The Council of Governors receives regular communication about the work of the Trust.</li> <li>• The Trust complies with its obligations under Duty of Candor.</li> </ul>
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"> <li>• There are currently no plans to charge a fee to Licence holders.</li> <li>• The Trust's financial systems enable it to comply with this requirement in the future.</li> </ul>
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"> <li>• 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.</li> </ul>



Condition	Explanation	Comments
G5. NHS Improvement/Monitor guidance	Requires licensees to have regard to NHS Improvement/Monitor guidance.	<ul style="list-style-type: none"> <li>• The Trust responds to guidance issued by NHS Improvement/Monitor.</li> <li>• Submissions and information provided to NHS Improvement/Monitor are approved through relevant and appropriate authorisation processes.</li> <li>• The Trust has regard to Monitor guidance and submits self-certifications as required by Monitor</li> </ul>
<b>G6. Systems for compliance with licence conditions and related obligations</b>	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> <li>• The Trust's Internal Auditors are considering Governance arrangements as part of the 2018/19 internal audit programme.</li> <li>• The Board Assurance Framework and Trust Wide Risk Register are reported to the board quarterly.</li> <li>• Annual Governance Statement</li> <li>• Annual Head of Internal Audit Opinion</li> </ul> <p><b>* This is a signed declaration on behalf of the Trust as part of the annual submissions</b></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"> <li>• The Trust is registered with the Care Quality Commission (CQC).</li> <li>• The Trust's last CQC inspection was in 2017</li> <li>• The Quality Committee has reviewed all evidence to support submissions made to the CQC</li> <li>• The Trust Board has oversight of CQC Action Plans</li> </ul>
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"> <li>• Details of Services the Trust provides are published on the Trust's website</li> <li>• Patients referred to the Trust are not selected on any eligibility grounds.</li> <li>• Eligibility is defined through commissioner contracts and patient choice</li> <li>• Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.</li> </ul>
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"> <li>• The Trust are not a provider of commissioner Requested Services</li> </ul>
<b>Pricing conditions (P)</b>		
P1. Recording of information	Obligation of licensees to record information, particularly about costs.	<ul style="list-style-type: none"> <li>• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information.</li> </ul>



Condition	Explanation	Comments
P2. Provision of information	Obligation to submit the above to NHS Improvement/Monitor.	<ul style="list-style-type: none"> <li>The Trust responds to guidance and requests from NHS Improvement/Monitor.</li> </ul>
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"> <li>The Audit Committee receives and monitors all internal audit reports.</li> </ul>
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"> <li>All Trust contracts are agreed annually and are in line with the national tariff where applicable.</li> <li>The Trust continues to work with its commissioners on the requirement to develop a local tariff within the terms of national guidance.</li> </ul>
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"> <li>2018/19 contracts with the commissioners have been agreed with local CCGs and with NHS England.</li> <li>The Trust has positive working relationships with commissioners.</li> <li>The Trust has adopted a new collaborative commissioning approach to contracting in 2018/19</li> </ul>
<b>Choice and competition (C)</b>		
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"> <li>The Trust has in place a service directory setting out the services available.</li> <li>Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.</li> </ul>

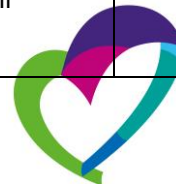
Condition	Explanation	Comments
C2. Competition oversight	Prevents providers from entering into or maintaining agreements that have the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	<ul style="list-style-type: none"> <li>The 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.</li> </ul>
<b>Integrated care condition (IC)</b>		
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"> <li>The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care.</li> <li>A number of services provided are done so through partnership working with other local stakeholders.</li> </ul>
<b>Continuity of service (CoS)</b>		
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"> <li>The Trust is not currently commissioned to provide CRS.</li> </ul>
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"> <li>The Trust is not currently commissioned to provide of CRS.</li> <li>The Trust maintains a full capital asset register.</li> </ul>

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"> <li>• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed November 2018.</li> <li>• The Board of Directors receives monthly performance reports aligned to the Trust Strategic Goals.</li> <li>• The Trust has a Board Assurance Framework and Risk Register</li> <li>• The Trust's Internal Auditors review risk management processes as part of the strategic audit plan.</li> <li>• The Trust has undertaken a Well Led Review with actions from this implemented and monitored.</li> </ul>
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"> <li>• The Trust does not operate and is not governed by an Ultimate Controller arrangement so this License Condition does not apply.</li> </ul>
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"> <li>• The Trust currently contributes to the NHS Litigation Authority (NHS Protect) risk pool for clinical negligence and public liability schemes.</li> </ul>
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"> <li>• The Trust would full comply with this condition if required.</li> </ul>
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"> <li>• The Trust is not currently commissioned to provide of CRS.</li> <li>• The Trust's Financial Use of Resource score is currently 3, consistent with its approved NHSI Plan</li> </ul>
<b>Foundation Trust conditions (FT)</b>		
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"> <li>• The Trust has provided NHS Improvement with a copy of its NHS Foundation Trust Constitution</li> <li>• The Trust has provided NHS Improvement a copy of its Annual Report and Accounts.</li> </ul>
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"> <li>• If NHS Improvement required fees to be paid by the Trust, the Trust would comply with this condition.</li> </ul>

Condition	Explanation	Comments
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"> <li>The Trust would comply with this as required through the provision of any requested information.</li> </ul>
FT4. NHS Foundation Trust governance arrangements	Gives NHS Improvement/Monitor continued oversight of the governance of foundation trusts.	* <b><i>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.</i></b>

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 Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Finance</li> <li>• Chief Executive Update including <ul style="list-style-type: none"> <li>○ Nursing Update</li> <li>○ Operations Update</li> <li>○ Medical Update</li> <li>○ HR Update</li> </ul> </li> </ul> <p>Refreshed Trust Strategy</p> <p>Patient Stories reported to Board Programme of Exec Visits Governor Visits Friends and Family Test CQC Action Plan/Improvement Plan Midday Mail/Midweek Global 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 Board Secretary maintains declarations of interest register Trust has undertaken a Well Led Review Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Care Group Service Plans The Trust is establishing a Workforce Committee</p>

**Agenda Item: 10**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Public Trust Board Minutes – September and October 2018			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The public minutes of the Trust Board meetings held in September and October are presented for information.			
Key Issues within the report:	Identified in the minutes			

**Monitoring and assurance framework summary:**

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



**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 26 September 2018 in the**  
**Conference Rooms, Trust Headquarters**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Ms Amy Smith, Communications Officer  
Mr Paul Warwick, Clinical Lead (for item 168/18)  
Mr Peter Flanagan, Head of Transformation (for item 168/18)  
Ms Louise Mowthorpe, Lead Consultant Psychologist (for item 168/18)  
Dr Lucy Williamson, Consultant Forensic Psychiatrist and Guardian of Safe Working (for item 178/18)  
Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 180/18)  
Oliver Sims, Corporate Risk Manager (for item 185/18)  
Huw Jones, Public Governor  
Stephen Christian, Service User and Carer Governor  
2 x Care Quality Commission Representatives  
Joe Wood, Graduate Management Trainee

**Apologies:** None

165/18 **Declarations of Interest**

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

166/18 **Minutes of the Meeting held on 25 July 2018**

The minutes of the meeting held on 25 July 2018 were agreed as a correct record.

167/18 **Matters Arising and Actions Log**

The actions list was discussed and the following noted:-

**149/18(b) Chief Executives Report**

Dr Byrne informed the Board that the appropriate syringe drivers were being used at Malton Hospital. York Hospital provided pharmacy support for Malton and details had been received to give assurance that all the necessary controls were in place.



### **153/18 (b) Estates Strategy Update**

The slides for the Whitby development had been circulated to the Board. A session with the Governors is being arranged for a future Governor Development Day.

### **156/18 Research and Development Report**

Mr Patton confirmed that the meeting with Dr Byrne had taken place.

### **168/18 Staff Story – Child and Adolescent Mental Health Services (CAMHS) New Build**

The Clinical Lead for the project, Paul Warwick, Head of Transformation Peter Flanagan and Lead Consultant Psychologist, Louise Mowthorpe attended to provide an update to the Board on the project.

Mr Flanagan introduced the presentation which was called “Hostages to Hide and Seek”. He explained the importance of good participation of young people and gave an example of where this hadn’t worked well which led to a staff hostage situation, but that our service had ambitious plans including asking young people to use Hide and Seek to test the unit’s safety.

An overview of the local and national provision was given and how funding is provided. The new build will have 9 inpatient beds, a high dependency unit bed and four Psychiatric Intensive Care Unit Beds (PICU). Community Child and Adolescent Mental Health Services will also be in the same building. A walk through of how the unit will look was shown. Interior decoration will be led by the young people group which is involved in all discussions about the facility and a workshop is planned with young people to progress this. The building work had started with the unit due to open next year.

Board members asked about clinical leadership and potential recruitment problems. A clinical psychologist and consultant posts will shortly be advertised to help develop and drive the model and assist with the training element. Professor Cooke is the Non Executive Director critical friend for the project and said that recruitment is a concern as it is important that staff are in place before the unit opens. He was assured that the plan is to have some staff in place by February at the latest for them to become familiar with the unit, the models and to complete the level of training required. On opening, a phased approach will be taken for admissions in agreement with NHS England. Mr Warwick explained that the team will have a presence at the recruitment event planned for the end of the month.

In terms of national profile, three case studies are to be published by The Anna Freud, the Centre (Thrive) first of which will be this month.

The Senior Responsible Officer for the project is the Director of Nursing to ensure that clinical leadership and nursing workforce has the appropriate skills and experience.

The Impact Appeal is intended to raise money for equipment for the unit. Although it has not yet been launched it already stands at £150,000 against a target of £600,000 which is a fantastic achievement.

The Board thanked the team for attending to provide an update on the project.

### **169/18 Chairman’s Report**

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

- Attending a meeting with the Chief Executive and the Director of Public Health for East Riding

- Meeting with the Chair of East Riding Clinical Commissioning Group (CCG) who is stepping down from the role at the end of the year. A meeting will be arranged with the new incoming Chair
- Attending a Board to Board meeting with East Riding of Yorkshire Council to share strategies and look at ways of working together. Board to Board meetings with other organisations are also being considered
- Being present at the visit by Chris Hopson, Chief Executive NHS Providers which was a success. Well done to everyone involved in this.
- Governor nominations for election opened on 19 September. Nine Governor seats are available; three in Hull, three in East Riding, one in the Wider Yorkshire and Humber and two non clinical staff seats. The Chairman asked that Board members encourage people to consider nominating themselves. New Governors will come into post on 1 February 2019.
- Holding a meeting with Paul Warwick to encourage young people to consider becoming a Governor.
- Sustainable Transforming Partnership (STP) – attendance at full partnership and provider meetings.
- A visit to Scarborough to meet the teams with the Interim Chief Operating Officer

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

#### 170/18 **Chief Executive's Report**

This report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive which were:-

- Meeting staff and visiting West Hull Community Mental Health Team where capacity and staffing issues were raised.
- Attending and chairing the Clinical Research Meeting
- Chairing the first ever National Council Meeting for the Skills for Health which is leading a national piece of work around apprenticeships.
- The Step Challenge is going well with 54 teams and 300 staff signing up. This is helping morale and there is lots of competition amongst teams
- The Devil's Kitchen event planned for October has been postponed until early next year. However the Chief Executive has been challenged to complete a full day of meetings whilst on a tread mill which will be undertaken in the near future
- A recruitment event is taking place on 29 September at Clarendon House in Hull. Professor Cooke felt that this was a good start, but more events needed to be held with perhaps a link into World Mental Health Day. Mr McGowan said this is the first event to be held and is something that will be rolled out in other areas when they are identified. Professor Cooke welcomed this approach as he felt the Child and Adolescent Mental Health Services (CAMHS) recruitment may erode some of the progress that has been made with filling posts. The Chief Executive explained that there will be interest in these posts and a level of anxiety that other services may be left depleted as staff want to work in the new unit. With the reducing number of people being trained in certain professions discussions are taking place with the University about holding some short courses to help people move to other posts.  
Work has also started with other Directors of Human Resources around priorities in the STP and looking at what can be done differently across the system.

Dr Byrne reported that medical recruitment team will also be attending a meeting at the Royal College of Psychiatrists to have a presence. He said that the right medical support into CAMHS is key to help support and develop the new team and felt that staff are becoming more outward focusing and

ambassadorial.

The theme for World Mental Health Day is young people and an outline plan has been prepared to celebrate and communicate. Links will be made to our services for young people and the HSJ award interview for the SMASH programme which is being held the day after will provide a national angle. The plan will be circulated to the Board by the end of the week.

- The Lecture Theatre will be opened soon in conjunction with the Hull York Medical School and the Medical Schools

The Chief Executive thanked everyone who had responded in relation to the NHS Plan.

The Trust has been asked to be the lead provider on behalf of the Sustainable Transforming Partnership (STP) for perinatal services across the patch.

Notification has been received from the Care Quality Commission (CQC) of a follow up visit to the Well Led Inspection. More information will be provided as the details are confirmed.

Professor Cooke asked about the two out of area placements. Mrs Parkinson explained that a full report has been provided to the Strategic Investment Committee for the first six month period. This was a reduction on the previous year. The Chairman asked about the not recorded category which was not helpful data. It was confirmed that this was a glitch with the service at the beginning of the year which has now been resolved.

**Trust Policies** - The following policies were ratified by the Board:-

- Complaints and PALS Policy
- Human Rights and Equality Policy for Service Provision and Practice in Relation to the Mental Health Act 1983
- Flexible Working Policy

**Resolved:** The report was noted and the policies identified were ratified by the Board  
**Plan for World Mental Health Day to be circulated to the Board Action MH**

#### 171/18 **Publications and Highlights Report**

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

The Chief Executive drew the Board's attention to the Sexual Safety on Mental Health Wards publication. Mrs Gledhill explained that work had already started internally reviewing incident reports. The report identifies areas that are already being reviewed by the organisation and the report will, be used as a check against the Trust's work. It will be submitted to the Quality and Patient Safety Group in November and feed through into the Quality Committee. It will also form part of the agenda for the Learning the Lessons event that are taking place in the Lecture Theatre and in Scarborough. Mr Smith suggested there could be a role for Mental Health Legislation and felt it appropriate to be included on the agenda for the next meeting.

In terms of the "Diversity should be a strategy priority" report, Mr McGowan has reviewed the detail and recently amended a job advert to remove a personal reference to move to a more transferable role. He also intends to discuss more as part of his input into the Leadership Forum next month.

Mr Baren referred to the “Developing the Long Term Plan for the NHS” publication which asked for comments by the end of September. The Chief Executive said that Executives comments are being collated which will be shared with the Non Executive Directors before the deadline. A separate response is being sent from the STP which will also be circulated.

**Resolved:** The report was noted

**Sexual Safety on Mental Health Wards report to be submitted to the next Mental Health Legislation Committee Action JB**

**Sexual Safety on Mental Health Wards report link to be recirculated to the Board Action HG**

**Responses to Developing the Long Term Plan for the NHS from the Trust and STP perspectives to be circulated to the Board before the end of September Action MM**

172/18

### **Quality Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 1<sup>st</sup> August 2018 and the approved minutes from the meeting held on 2 May 2018 were presented for information.

Professor Cooke reported that the August meeting had seen reviews of some key documents including Quality Impact Assessments, safety domain self assessment against Care Quality Commission (CQC) standards and the Budget Reduction Strategy. The work that Mrs Parkinson, Mrs Gledhill and Dr Byrne have been doing has made a difference to the way things are being deployed. The Committee also looked at the PALS, complaints and policies reports. Professor Cooke felt that the good work that is taking place needed proactive communication so it can be shared around the organisation. A hard stance was taken on the safety self assessment with three of the five domains doing well and work to do on the other two. Mrs Gledhill said the August meeting was a good stock take on the quality work and the impact it has made. The Chief Executive explained that the organisation took a hypercritical view to assessments, but there are real innovation practices taking place that must not be lost and need following through. These are positive for staff for motivating the workforce and good pieces of work and she agreed that this was not always communicated enough.

A recommendation was made that the Information Governance Toolkit report should go to the next meeting of the Audit Committee. Mr Baren confirmed this would be actioned. He asked what areas the Committee thought may need escalation in relation to the Quality Impact Assessments. Professor Cooke explained that they were not articulated enough in the risk registers in a way that the financial risks are and that the scope needed improving. The Chairman thought that value is being demonstrated by seeing the Risk Registers and Board Assurance Framework at each of the Committees allowing everyone to see the details. Mr Baren agreed commenting that the Audit Committee undertakes deep dives into high risks through the Care Groups.

Mr Patton referred to the sickness absence figure which is higher than the overall NHS. He asked what is being done and whether any benchmarking is undertaken. Mr McGowan confirmed that benchmarking is undertaken and a stock take has been undertaken around the information available for staff ensuring things are in place to help managers manage sickness. The Executive Management Team (EMT) receives a breakdown by team and discusses areas of high sickness levels. Work is taking place using the Quality Improvement method to understand the levels of sickness and working with teams to address the issue and make changes to improve the situation.

The Chairman acknowledged there are some areas with high sickness levels. She asked for the Quality Committee insight report to be sent to Mr Patton for further detail.

**Resolved:** The report and minutes were noted  
The Human Resources Insight report to be sent to Mr Patton **Action JJ**

173/18 **Mental Health Legislation Committee Assurance Report**

An executive summary of discussions held at the meeting held on 9 August 2018 was provided to the Board. Mr Smith highlighted the following areas:-

- Management of Actual or Potential Aggression (MAPA) presentation and compliments to Positive Engagement Trainers (PET) team for pro-active work, achievements made within one year. Mr Smith suggested the Board may benefit from seeing this presentation. Dr Byrne and the Chief Executive will discuss the best forum for this to be held
- Liberty Protection Bill – suggests significant implications for Trust if passed in the House of Lords, though major re-drafting likely
- Hull Approved Mental Health Professional (AHMP) issues and shortfalls in availability

Mr Smith commented that the “Diversity should be a strategy priority” report referred to in the Publications report item is key for the Mental Health Legislation Committee and will be discussed in that forum.

An update was provided from the Associate Hospital Manager meeting that was held earlier this week where unlawful detention was discussion. An offer was made for trainee doctors to observe hearings with the appropriate patient consent to see how they operate.

**Resolved:** The report was noted  
Dr Byrne and the Chief Executive will discuss the best forum for the Management of Actual or Potential Aggression (MAPA) presentation to be given to the Board **Action JB/MM**

174/18 **Finance Committee Assurance Report**

The report provided assurance to the Board on the financial performance of the Trust. Mr Patton reported a positive meeting which reviewed the financial performance. He pointed out that in terms of budget Mental and Corporate had deficits to plan with underachievement in most areas on the Budget Reduction Strategy. An invitation was extended to Non Executive Directors to attend the half yearly review meeting.

The first reiteration of the Budget Reduction Strategy for 19/20 and 21/22 was received. An update on the Digital Plan highlighted e prescribing and the bid submitted and the issues around Lorenzo.

The Chairman noted there was no Budget Reduction Strategy target for the Medical Directorate, but was informed there is for future years.

**Resolved:** Board members noted the report  
The date of the Finance Committee Half Yearly Review meeting to be sent to Non Executive Directors **Action JJ**

175/18 **Audit Committee Assurance Report**

Mr Baren presented the report from the meeting held on 7 August. Nine internal audit reports were presented to the Committee one of which was given limited assurance, Humber Centre Establishment. A review of the actions taken will be undertaken and a report back to the Committee. The Committee felt that spot audits on data quality should be undertaken on a regular basis to check the accuracy of data being provided to the Board. An update on insurance for the organisation was provided and a

reduction in the premium for the Clinical Negligence Scheme for Trusts (CNST) noted.

**Resolved:** The report was noted.

176/18

### **Quality Improvement (QI) Approach**

The report informed the Board of the development of the Quality Improvement approach for the Trust. This is a three year strategy with some early workshops and engagement with teams already taken place and the strategy was approved by the Quality Committee at its August meeting and has also been through the Mental Health Legislation Committee. The approach is a way of encouraging staff to think about improving the way in which they meet with patients, but this does not mean that the methodology cannot be used in other areas. NHS Improvement has expressed an interest in the approach and the document will be shared.

The Quality Network is run by the Health Foundation and Trust membership has increased from no members to four. Details on joining to be circulated to Board members, however it was noted that the application process is approximately 3,000 words. Anyone who is interested in becoming involved in membership to contact Dr Byrne. Consideration to be given to an organisational membership.

The Quality Committee reviewed the document and suggested testing the approach out. Professor Cooke reflected that the Committee thought there are some good staff with good PDSA (Plan, Do, Study, Act) skills that previously they had been unable to use. The strategy shows what this would look like, is clear and gives a practical approach which is aligned with Trust goals and will drive innovation. Mr Patton supported the comments made adding that although finances was not mentioned he felt there would be some financial pressure around resources and it was important that the approach gets communicated widely. Dr Byrne said a deliberate approach to working with small resources had been taken using capacity that was already budgeted for. In the future a business case will be produced to progress the work.

Mrs Gledhill said now the methodology was in place it can be used for example with quarter one zero events where it can be used to look at for example, what's happening and learning from incidents. The Chief Executive said this built on the work that has already taken place and will give long term benefits. It is about patients and staff understanding what is right for patients and the organisation giving them the tools to allow them to do it.

The Chairman referred to the plan on a page where it mentioned a Trust Board related project. The Chairman will discuss further with Dr Byrne around appropriate timescales.

**Resolved:** The Board approved the Quality Improvement approach.  
Joining details for the Quality Network to be circulated to Board members Action JB  
The Chairman will discuss further with Dr Byrne around appropriate timescales for the Trust Board project Action SM/JB

177/18

### **Digital Delivery Update**

An update on the digital delivery plan was presented to the Board. Of particular note were:-

- the progress being made to deliver the Digital Plan.
- the development of Yorkshire and Humber Shared Record as our longer term solution for Interoperability.
- the implementation of DXC Lorenzo Open Health Connect interoperability.
- the implementation of TPP SystmOne GP Connect.

- the communication of the Cyber Essential Plus action plan to NHS England.

As referred to previously in the meeting, a solution is identified for e prescribing, subject to a successful funding bid. Mr Beckwith thanked Dr Byrne for his input into this area. If the bid is successful this can be rolled out from December. Dr Byrne reported that e prescribing is being done in Whitby and he gave an example to the Board of a benefit from a pharmacy perspective. Professor Cooke felt there are staff benefits from the system that should be rolled out as soon as possible to all areas.

Interoperability has been an issue for some time and work is taking place with DXC and Lorenzo to try to resolve things.

Mr Baren referred to objective 1.20 cybersecurity informing the Board that the audit and action plan will be submitted to the Audit Committee to monitor.

**Resolved:** The report was noted  
**Cybersecurity audit and action plan to go to the Audit Committee Action PBec**

178/18 **Guardian of Safe Working Annual Report**

The annual report was presented for information by Dr Lucy Williamson and provided details of rota gaps and vacancies. She explained that most of the change came in 2017 when there was a review of the junior doctors rota. There are still some vacancies within the medical trainee workforce requiring the use of bank and agency doctors to cover on-call gaps. Professor Cooke commented that 84 uncovered shifts was a high number and asked if the vacancies were part of the reason for this. He was informed that 99% of the gaps are covered through good will by trainees who have previously worked for the organisation. This means that the level of agency staffing is low. Dr Byrne pointed out there have been some junior doctor strikes and shifts have been covered by previous trainees, core trainees and full time doctors. Dr Williamson has worked with the British Medical Association and the doctors to help address the problems. Health Education England is relied upon for filling the junior doctor posts and there are no choices around full time or part time and it is about managing the resources available.

Mr Patton referred to the issue around system delivery referred to in the report and whether any assistance is needed to resolve the issue. Dr Williamson explained that she has made links with Allocate, the provider of the system who have recognised that additional support may be required and have given assurance that this can be accessed as required.

**Resolved:** The report was noted

179/18 **Safeguarding Annual Report**

The report presented an over view of the safeguarding service achievements, assurance reports and objectives for the year 2017/18 and the objectives for 2018/19. It has been presented to and approved by the Quality Committee at its meeting in August.

Key issues within the report were:

- Improved compliance rates for training noted
- The development of an integrated safeguarding service developments to embed 'Think Family' approach
- Integrated level three training developments, focused training for qualified professionals adult and children safeguarding
- Self-neglect consent and capacity – training developments

- Further work needed to ensure safeguarding children supervision is undertaken in line with policy timescales.

The team facilitated a multi-agency conference around Neglect in 2017. The Fire service has developed guidance from their staff as a result of the event. The team cover both adult and children with key specialists in each areas working together across the area.

There are six different training sessions, levels 1,2 and 3 for adults and the same for children. Compliance with levels 1 & 2 for both adults and children is good. Level 3 children is just below the target at 81.5% and new training for level 3 adults was launched in July.

Mr Smith asked about professional engagement in serious case reviews. Mrs Gledhill explained that there could be however it would be the Safeguarding Board which would decide.

In relation to the Child and Adolescent Mental Health Services (CAMHS) work is underway to review the current teams to ensure staff are skilled up ready for when the unit opens.

The Chief Executive thanked the team for all their work and has regular meetings with the Safeguarding Board Chairs and is very confident that systems are working. The Chairman congratulated the team on a proactive approach that has been taken to training people.

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

180/18

**Patient & Carer Experience Annual Report 2017/18**

The report provided an annual update in relation to the work programme for strengthening the Trust approach to capturing and learning from Patient & Carer Experience (including Complaints and PALS). Key areas within the report included:-

- A new Head of Patient and Carer Experience and engagement post
- The second Patient and Carer Experience Strategy 2018-2023 was produced.
- A Friends and Family Test (FFT) Live Data Dashboard has been created and launched where all staff can view the results of FFT surveys in real time.

Mrs Dawley reported that the strategy launch at the Annual Members Meeting had been well received by the audience and work will continue on the priorities identified. Professor Cooke thanked Mrs Dawley for her work over the last year. He asked the approach could be strengthened and deployed. Mrs Dawley explained that the next phase is around the Widening Participation Forum which is taking place in November to which partner organisations have also been invited. Mrs Dawley felt that Board level participation and someone to chair the event would be helpful. It was agreed to circulate the details of the event to the Board to see who may be able to support the event.

Ms Bee said this was an excellent model about patient involvement and felt it could be used elsewhere in the organisation.

The Chairman thanked Mrs Dawley for attending and for attending a recent Board Time Out to promote the Board's role in the patient and carer experience agenda.

**Resolved:** The report was ratified by the Board  
Details of the Widening Participation Forum to be circulated to the Board **Action MD**



181/18 **Infection Prevention Control Annual Report 2017/18**

The report provided an update of key Infection Prevention and Control (IPC) activities undertaken on behalf of the Trust. It also provided assurance of the Trust's compliance with the Health and Social Care Act 2008 (DH, 2015). Aspects of good performance in the previous year with regards to infection control, areas for further improvement and key areas of focus for 2017/18. The report has been presented to and approved by the Quality Committee at its meeting in August.

The Trust has performed well against both national and locally agreed targets resulting in:

- No patients developing a Trust apportioned methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infection.
- 2 cases of *Clostridium difficile* infection against an agreed threshold of four.
- The annually agreed MRSA Screening Compliance target however has not been achieved (set at 95%)
- Environmental issues remain within a small number of clinical areas as highlighted within the body of this report.

Work is being undertaken by the team in conjunction with the Tissue Viability Nurse and Occupational Health nurse. There will be a link practitioner for the Child and Adolescent Mental Health Services (CAMHS). Training compliance is currently at 90%.

Mr Baren noted a couple of minor amendments in that Goal six was missing from the report and the numbering was wrong. These will be amended

**Resolved:** The Board approved the annual report subject to the correction of the identified errors.

182/18 **Patient Led Assessment of the Care Environment (PLACE) 2018**

The report provided the Trust Board with the results from the 2018 PLACE Assessments and the actions being taken. Place Assessments have been completed for all trust inpatient units and the results have been published for NHS Digital.

Scores across 5 of the 7 domains have improved. The Trust remains below the national average for 3 domains

- Organisational Food
- Dementia
- Disability

Ms Bee was disappointed with the Dementia and Disability results suggesting that a quality improvement approach could work going forward. She asked how feedback from the patient forums is used. Mr Beckwith explained that any feedback from that group is external to this process as mandated questions are provided. Ms Bee felt that this would help to improve the scores. Professor Cooke felt that the Quality Committee should be reviewing this area as it included safety. Nutrition is a very important part of patient care and he felt a discussion at the Committee would be useful. It was agreed to add this to the cycle of work for the Committee.

Mr Beckwith explained that with the food availability is around storage on sites. There is no dining room on site, alternative food can be requested, but it will not be available immediately.

The Chief Executive supported the suggestion of the Quality Committee reviewing the report. Guidelines that have been published need to be considered and the Quality

Committee is best placed to do this. Mr Beckwith confirmed he would be happy to attend the Committee. The Chief Executive asked the Quality Committee to review the process for the assessment and how training and support is given to Governors to undertake the assessment.

**Resolved:** The report was noted

**PLACE to be added to the cycle of work for the Quality Committee Action HG**

**The Quality Committee to review the process for the assessment and how training and support is given to Governors to undertake the assessment. Action HG**

183/18

### **Performance Report**

The report provided an update on Board approved key performance indicators as at the end of August 2018. Performance in the report was presented using statistical process chart (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.

Mr Baren referred to the safer staffing dashboard asking for more narrative on areas that it would benefit for example the Psychiatric Intensive Care Unit. Mrs Parkinson explained that there are a high number of vacancies currently and a significant amount of improvement work undertaken in order to relieve staffing issues and improve the quality metrics.

The Chairman commented there were a few areas with high sickness levels. Professor Cooke agreed suggesting there could be issues with distributed leadership in some of these areas. There have been variances in performance for some time and it is what action is going to be taken going forward. Mrs Parkinson explained that all of these areas have quality improvement plans in place. She and Mrs Gledhill have been working with teams in Whitby and the situation is improving. Breakdowns are available for each area allowing appropriate engagement with staff where required.

Mr Patton raised 52 week waits as a concern. Mrs Parkinson said areas identified in the narrative have been reported over the last few months and mainly relate to adult and children's ADHD and the autism service. Contract variations have been finalised with Hull and East Riding and a backlog waiting list should come into effect over the next few months. A proposal has been submitted to commissioners about adult ADHD and a proposed request for further investment. Discussions have taken place at the Executive Management Team (EMT) and about how much of this issue is the Trust's waiting list as it is not currently funded at the moment. It was suggested that this needed to be included in the narrative.

If it is not a Trust waiting list, the Chairman asked why it is being reported as such. Mrs Parkinson that as a system it was agreed to record it as there was concern around the waiting list. Discussions are taking place with commissioners to fund the additional service requirement. It was asked whether the waiting list could be split within the report to show what was the Trust's and what is commissioner responsibility. It was agreed to look at the feasibility of splitting these out, if it was not possible the narrative would be used to provide an explanation.

Mr Patton asked if some stretch targets could be introduced as currently they are nationally set. This would help to show what the Trust performance is operating at.

The Chairman noted that in June 2018 there was a reduction in CPA reviews at 12 months. Mrs Parkinson explained that in the past a number of reviews were due at the same time. It was felt that for some of the patients it was appropriate to review them before the 12 months date which is now happening. Future reports should show a variation over the year.

**Resolved:** The report

Narrative on 52 week waiting list to include issue with commissioners and that the Trust is not currently funded to provide a service. **Action PBec/LP**

Feasibility of splitting the waiting list figures into the trust's and commissioner responsibility to be reviewed **Action PBec/LP**

Timescale to be agreed to look at some stretch targets **Action FP/PBec**

184/18 **Finance Report**

Mr Beckwith presented the report which provided the Board with an update of the financial position of the Trust at month five. Key issues included:-

- A deficit position of £0.756m was recorded to the 31<sup>st</sup> August 2018.
- The reported position represents a positive variance against budget of £0.078m.
- The cash balance in the period was £10.520m.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

**Resolved:** The report was noted

185/18 **Board Assurance Framework Report**

The report provided the Quarter 1 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. The report has been reviewed by the Executive Management Team (EMT) and feeds into the Board sub Committees. Changes since the last report were detailed in the report and the revised risk appetite agreed by the Board was included.

Mr Sims reported that discussions took place at EMT around the assurance rating for Strategic Goal 4 and agreement reached to separate out the risks into the different elements which may affect the overall rating in future.

**Resolved:** The report was noted

186/18 **Sustainable Development Management Plan Update**

The NHS nationally has been given a target set by the Sustainable Development Unit (SDU) and as a whole must reduce its emissions by 34% by 2020 and 80% by 2050 from a 1990 baseline as part of the overall commitment set by the SDU and NHS England. The Trust has submitted data to the Sustainable Development Unit (SDU) and the data is currently being validated.

A report will be submitted to the Trust Board in October outlining the Trusts position against the SDU targets for 4 key areas of Energy, Travel and Transport, Waste and Procurement

**Resolved:** The update was noted.

An update report will be submitted to the next meeting **Action PBec**

187/18 **Internal Audit Annual Report**

The annual internal audit report for 2017/18 was presented for information. The report was presented to the Audit Committee on 7 August by Internal Audit and summarised internal audit activity for 2017/18. 90% of audit actions have been completed and any that are overdue are followed up. The report was presented by the internal auditors to the Finance and Audit Governor Group recently.

The Chief Executive pointed out that internal audits are identified in areas where there are known to be issues. It is good practice which will continue.

Mr Baren informed the Board that the Internal Audit Manager Robert Bassham is

retiring shortly and will be replaced by Sue Kendall.

**Resolved:** The report was noted

188/18 **Health & Safety Report**

The Health and Safety (H&S) report provided the Board with assurance that there are appropriate arrangements in place for managing health and safety risks across the Trust and that the Trust Complies with Health and Safety legislation and policies. Prior to submission to the Board this report has been considered by the Health and Safety Group and the Finance Committee.

For the reporting period all premises have been asked to undertake a review of existing documentation and furnish the new Safety Team with electronic copies of existing Health and Safety Risk related assessments. Premises inspections continue to be undertaken, key themes relate to General Practitioner Practices and other services, which have joined the Trust. For the reporting period, 3 RIDDOR incidents have been reported. Health and Safety and fire training continues to increase in compliancy levels.

**Resolved:** The report was noted

189/18 **Annual Emergency Planning Resistance and Resilience**

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 Core Standards Matrix. This report provided the Trust's self-assessment of current compliance against the EPRR organisational core standards, the required actions and delivery time frame to address gaps. It was noted that the Non Executive Director is Mike Smith.

**Resolved:** The Board approved the signing of the compliance statement and assessment for submission to NHS England

190/18 **Smoke Free Implementation Update**

The Department of Health and Public Health England require that all health premises become Smoke free by 2018 and that appropriate support and help is offered to individuals to support abstinence during admission or attempts to quit.

Progress was noted towards implementing Smoke free across the remaining areas of the Trust that are not already from 1 October 2018. Board members also noted that the use of e-cigarettes as an approach to reducing harm from nicotine will remain under review but will not be permitted from 1 October. The Chief Executive said the organisation is not an outlier with regard to this. When the Humber Centre went smoke free, the Chairman recalled that additional activities had been planned to help service users adjust and asked if this would be the happening again. Mrs Parkinson confirmed this is planned and there are also smoke free champions which will be key.

**Resolved:** The Board noted and continued to support the implementation of a smoke free environment.

191/18 **Any Other Business**

No other business was raised.

192/18 **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.

193/18

**Date and Time of Next Meeting**

Wednesday 31 October 2018, 9.30am at Maister Lodge, Middlesex Road, Hull HU8 0RB

Signed ..... Date .....  
Chairman

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 31 October 2018 at Maister Lodge,**  
**Middlesex Road, Hull HU8 0RB**

**Present:**

- Mrs Sharon Mays, Chairman
- Ms Michele Moran, Chief Executive
- Mr Peter Baren, Non-Executive Director
- Ms Paula Bee, Non-Executive Director
- Mr Francis Patton, Non Executive Director
- Mr Mike Smith, Non Executive Director
- Mr Peter Beckwith, Director of Finance
- Dr John Byrne, Medical Director
- Mr Steve McGowan, Director of Human Resources
- Mrs Lynn Parkinson, Chief Operating Officer

**In Attendance:**

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Tracy Flanagan, Deputy Director of Nursing
- Mrs Jenny Jones, Trust Secretary
- Ms Amy Smith, Communications Officer
- Gavin, Service User (for item 197/18)
- Scott, Driffield Community Mental Health Team (for item 197/18)
- Mr John Cunnington, Public Governor
- A Member of the Public

**Apologies:**

- Prof Mike Cooke, Non Executive Director
- Mrs Hilary Gledhill, Director of Nursing

194/18     **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chairman requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

195/18     **Minutes of the Meeting held on 26 September 2018**  
The minutes of the meeting held on 26 September 2018 were agreed as a correct record.

196/18     **Matters Arising and Actions Log**  
The actions list was discussed and the following noted:-

**171/18 Publications and Highlights Report**

Mr Patton noted that under an action was identified for the Information Governance Toolkit to go to the Audit Committee. This action was not included in the action log and was not on the agenda for the Audit Committee on 6 November. Mr Beckwith explained the Information Governance Annual Report is an agenda item for the meeting and he will cover the toolki action at the meeting.

**173/18 Mental Health Legislation Committee Assurance Report**

Mr Smith referred to the action of a Managing Actual or Potential Aggression (MAPA) presentation to the Board asking if this could be arranged for the next available slot. It was suggested that a Board Development session may be more appropriate. The Trust Secretary to review the agenda's and make the necessary arrangements.



### **176/18(b) Quality Improvement Approach**

Timescales for the Board project are still to be agreed for next year.

### **182/18(a) Patient Led Assessment of the Care Environment (PLACE)**

Mr Patton felt that February 2019 was too far into the future for this action. He was informed that this was the earliest date that it could be included on the Quality Committee agenda.

197/18

### **Gavin's Story**

Gavin attended the Board meeting supported by Scott to share his story of living with clinical depression, attempted suicide, affective psychosis and the road to recovery including the journey through Counselling and Community Mental Health Services (CMHT). He told the Board his own personal story and the challenges he has faced. He felt it would be helpful for people to have more access to counselling services for both patients and carers.

Ms Bee asked if there is anything further the Trust can do to help with any of the problems he has encountered. Gavin explained that as it was his first time accessing the services so he had no expectations. The Chief Executive thanked Gavin for sharing his story explaining that it reminds the Board of why we are here. She agreed with his suggestion around more counselling services and explained there is a Suicide Prevention lead for the Trust and it might be helpful for him to make contact through the Head of Patient Engagement and Carer Services to work with Mrs Parkinson, Chief Operating Officer and share his experiences and work with the organisation and other service users. Mrs Parkinson will contact Gavin outside the meeting.

Mrs Parkinson explained that a review of CMHTS is underway as part of a continual improvement plan. In his story Gavin had referred to issues with housing, employment and better support for services users, she asked Scott what access CMHTs have to these services and what would make things easier. Scott explained that the new Universal Credit rollout is having an impact and it can take three hours to get through the on line documentation which is a challenge. He has also spent long lengths of time on hold for the Department of Work and Pensions (DWP) on service users' behalf and he suggested that having some links into the DWP to access services quicker would be helpful. Mrs Parkinson confirmed this is being considered as part of the review. Ms Bee asked if there are any working with or links into the voluntary sector. Scott said this is limited in the East Riding, but people are directed where they can be. The problem is that people cannot often get out of their homes and face to face contact is being reduced more. Issues around benefits, increased financial pressures and delays have an impact on patients adding to their mental health conditions.

Mr Baren congratulated Gavin for being brave enough to share his story with the Board. He felt he had a lot to offer society and asked how his employment search was going. Gavin explained that he no longer can work as an Occupational Therapist, but could work as an Occupational Therapist Assistant and is always looking for work. He has been working as a Health Care Assistant in physical health but ideally would like to work in mental health. The Chairman explained that discussions before the meeting had taken place with Mrs Parkinson and Mr McGowan around employment opportunities to see if any help can be offered to Gavin.

**Resolved:** The Chairman thanked Gavin for attending the meeting to share his experiences. Contact to be made with Gavin to share his experiences **Action LP**

198/18

### **Chairman's Report**

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

- Update on Governor Elections – No nominations were received for Wider Yorkshire and Humber, two nominations were received for Hull, (three seats available), five nominations received for East Riding (three seats available) and three nominations

received for non clinical staff (two seats available). Therefore elections will take place shortly for East Riding and staff. Mr Smith asked if it was possible to extend the term of office for Governors where no nominations had been received. The Chairman explained that the Constitution does not allow for this, but discussions are taking place about whether this should be changed in the future.

- Non Executive Director Reappointments – the Council of Governors has approved the reappointment of Ms Bee, Prof Cooke and Mr Smith for varying terms of office. Congratulations to them all.
- Visits continued across the services in conjunction with Governors, Non Executive Directors and attendance at the Consultants Forum. A number of networking meetings also took place.
- Attendance at the Staff Champion Patient Experience Forum where it was good to see the amount of staff from all areas of the organisation.
- Meeting held with the Freedom to Speak Up Guardian
- Attended external meetings including representatives of Matthew's Hub at the invitation of a Governor and with the Chair and Chief Executive of NAVIGO

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

199/18

### **Chief Executive's Report**

This report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive which were:-

#### **100% Attendance Letters**

The Chief Executive has personally signed 679 letters to staff who have not had any sickness over the past 12 months which is an increase on last year. She has received several positive comments from staff regarding the initiative.

#### **Lecture Theatre**

The Lecture Theatre is progressing well work is on track to support the learning the lessons conference later in November. The Chief Executive thanked Dr Byrne for his work with the University who will be supporting the venue.

#### **Step Challenge**

On behalf of the Board, the Chief Executive thanked everyone who was involved in the challenge. Staff embraced the challenge and the momentum of this needs maintaining.

#### **Speak Up Awareness Month**

October has been Speak Up Awareness month. As well as a number of national high profile planned events led by the National Guardian's office, our Trust Speak Up Guardian and Deputy, Alison Flack and Helen Young have been busy visiting teams and sites across the Trust to raise awareness of the Guardian role. They have also been raising the profile of the role by sharing regular email communication through the Trust communication channels and have also been the wallpaper setting on staff's computers throughout October.

#### **Care Quality Commission (CQC)**

The Provider Information Request (PIR) has been submitted.

#### **East Riding Place**

In the East Riding Place meeting discussions continue around the Integrated Care Service (ICS). The STPs work continues developing into an ICS with four ICPs being discussed. East Riding is focussing on the Big Healthy Lunch while Hull's priority is the Beverley Road corridor.

#### **Visits**

These continued during the month.



## **Staff Survey**

This is available to all staff to complete.

Mr Baren asked about the short term contract with Malton asking if there has been any progress. The Chief Executive explained that commissioner discussions are still taking place and the Board will be kept updated.

Mr Patton asked if Non Executive Directors could observe the Leadership Forum events. He was informed that anyone could take up this opportunity. Dates to be circulated to Non Executive Directors. He also reported hearing Mrs Woodard on Radio Humberside which he felt was positive for the organisation. In terms of the Annual Members Meeting he felt this had been a positive, impressive meeting. The Chief Executive agreed thanking Helen and Amy in the Communications Team for arranging the event.

Mr Smith asked about the Flu vaccination uptake stating that it would be useful to know whether the current position was an increase on last year's uptake. Mr McGowan explained that the most current figure is 33% which is an increase on this time last year and the previous year's total uptake had only been 33%. Mr Smith said this should be publicised through communications as it was positive news. The Executive Management Team also receive weekly updates.

**Resolved:** The report was noted  
Leadership Forum dates to be circulated to the Non Executive Directors **Action JJ**

### 200/18 **Publications and Highlights Report**

The report provided an update on recent publications and policy with updates provided by the Lead Executives. Of particular note was the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report.

**Resolved:** The report was noted

### 201/18 **Finance Committee Assurance Report**

The report provided assurance to the Board on the financial performance of the Trust. Mr Patton reported that some good open discussions took place at the meeting and drew the Board's attention to the following areas:-

- Budget Reduction Strategy and the challenge services are having in meeting the targets
- The current financial position
- Deep dive into creditors and debtors and the issues with NHS Property Services
- Board Assurance Framework and the view of the Committee that some financial risks will need to be reviewed when other discussions have taken place

**Resolved:** Board members noted the report

### 202/18 **Appointment/Re-appointment of Associate Hospital Managers on Honorary Contracts**

Under Section 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people were recommended for appointment / re-appointment:-

#### **Appointment:**

Tim Durkin  
Alwyn Onley

#### **Re-appointment:**

John McGorrigan  
Sheila Trever

Anne Crick

Mr Smith explained the role of the Hospital Managers to Board members suggesting that he produce a brief that can be used for induction purposes. Dr Byrne explained that the Mental Health Legislation Team offer one to one or group sessions and that Board members may benefit from this. It was agreed to add this offer to the induction programme for Board members.

**Resolved: The Board approved the appointment of two Associate Hospital Managers and the reappointment of three Associate Hospital Managers**  
**Inclusion of Mental Health Act information session to be added to the induction programme for Board members. Action JJ**

203/18

### **East Riding Adult Mental Health and Dementia Strategy 2018-23**

A consistent framework where all future strategies and plans across the East Riding system align has been developed. The Adult Mental Health and Dementia Strategy 2018 – 23 is the first strategy to be developed taking this system approach to co-production. The strategies ambition is to make a significant change in the way people see and experience mental ill health and dementia. It recognises that good mental health is resilience to deal with daily challenges. The strategy has been approved by the East Riding Health and Wellbeing Board and East Riding CCG.

The new charring arrangements for the group with the departure of David Smith will be jointly by Mrs Parkinson and Ms Paula South.

The Board's attention was drawn to the key priorities that are monitored by the group. The Chief Executive suggested that updates are provided to the Quality Committee and to the Executive Management Team. Mr Baren commented that in the digital world and with progress sometimes older people are left behind and he queried whether the GP surgeries relied on a telephone key pad system to make an appointment. Mrs Parkinson said that some practices may do and that with digital transformation of services. She accepted that this may not be the right way for some people. The Chief Executive felt this was a valid point which will be taken back to the Executive Team for further consideration as there are some people who either cannot or do not want to use technology. Ms Bee noted that there are real challenges which are worse for people with Dementia. She felt that the scope around Dementia is critical in the community and a massive change has to be seen in this area. She was pleased that the Trust will be looking at this.

Mr Smith referred to the priority around improving crisis care and responsiveness including the Criminal Justice System commenting that the organisation may partner in the future with other organisations and asked if East Riding is included. He was informed they are through the Criminal Justice System and the Crisis Care Concordat.

Ms Bee provided for information some recent published statistics:

- 2 in 5 of 18-24 year old believed there is no way to escape Dementia when they get older
- 1 in 4 believed it is normal to be unhappy/depressed when they get older

Mrs Flanagan said there are some tools and a check list that allow assessment of the environment and accessibility to people with Dementia. Mrs Parkinson said the key ambitions with the strategy is through the co-production of it with service users and stakeholders.

Mr Patton found this an interesting document however noted the key measures were not SMART which would assess how successful it is. The Chief Executive said there will be clear measurable outcomes going forward.

The Chairman liked the diagrams included in the strategy. She noted that recovery was briefly mentioned early in the strategy, but nowhere else.

**Resolved:** The strategy was noted  
Updates on progress to be submitted to the Quality Committee and Executive Management Team meetings **Action MM**  
Executive Team to consider the needs of older people in digital transformation discussions  
**Action MM**

204/18

### **Performance Report**

The report provided an update on Board approved key performance indicators as at the end of September 2018. The Trust Safer Staffing and Mortality Dashboards as at the end of August 2018 are also presented within the body of the report.

Mr Baren noted that Malton Hospital was currently at 37% for training and asked when this figure is expected to improve. Mrs Parkinson confirmed there are trajectory improvement plans on place for all non compliant areas. She could not give a timescale at the meeting, but would circulate more detail outside the meeting. Mr Baren picked up some minor issues in terms of the scales on the first couple of pages asking that this be looked at. He suggested that the Budget Reduction Strategy (BRS) figures were very backward facing and needed to include some forward looking. He also commented on the rag ratings which he found useful, but thought that the BRS rating needed reviewing. Mr Beckwith said that the rag rating was correct as it was green within the month. Mr Baren felt that given there was differing information in the public Board meeting and what the organisation is saying to staff about financial pressures there were conflicting messages. Mr Patton felt the wording in the narrative around “materialisation” should be reworded.

In relation to Return to Treatment (RTT), Mr Patton asked what action is going to be taken to improve the over 52 week waiting times. Mrs Parkinson explained that the waits are in specific areas. A paper has been taken to the Quality Committee with a focus and emphasis on these areas and the plans in place to address the issues. In terms of Autism for both Adult and Children, additional funding is being provided by commissioners to address the waiting list. The funding will come in January. The Chairman suggested the Board receive a further update in January in relation to this issue. The Chief Executive asked for this to be articulated on the front sheet of the report to show what is being done. She also asked for clarification of the waiting lists to be split into what the Trust is responsible for and which are commissioner responsibilities which the Trust is not funded for. The Chairman agreed this is required as the narrative helps, but it still is a waiting list for the Trust, which technically some of it is not. Mr Smith commented on the 243 children with a diagnosis of ASD who are waiting for treatment which was concerning. He felt that this has been known about since June and that funding in January is too late. The Chief Executive said that dependent on the outcome of the split lists, the Board may wish to write to commissioners to express its concerns at some point in the future.

The Chairman commented that on the Safer Staffing Dashboard four out of six of the indicators for Whitby were red. She also noted that Basic Life Support (BLS) training compliance has reduced since last month asking what is being done to address this. The Chief Executive said that deep dives into BLS training and clinical supervision are being undertaken. An update will be included in the narrative next month.

The number of vacancies was raised by the Chairman as there has been a significant increase since March. She felt the Board needed to understand why this is. Mr McGowan to review outside the meeting and feedback to the Board. For Improving Access to Psychological Therapies (IAPT), the Chairman asked if it was usual for there to be a reduction. Mrs Parkinson said that it was within normal variances for recovery.

**Resolved:** The report was noted  
Timescale for training compliance for Malton to be achieved to be circulated outside the

meeting **Action LP**

Budget Reduction Strategy detail to be more forward facing **Action PBec**

Rag ratings to be reviewed by the Executive Management Team and the frequency **Action MM**

Wording of “materialisation” in Budget Reduction Strategy to be reviewed **Action PBec**

Update on additional funding and impact on over 52 week waiting times to come to the January Board **Action LP**

Waiting list details to be split between Trust and Commissioner responsibilities **Action LP**

Results of deep dive into BLS and clinical supervision training to be included in the next report **Action HG**

Understanding of the increase in vacancies to be reviewed and feedback to the Board **Action SMcG**

205/18

### **Finance Report**

Mr Beckwith presented the report which provided the Board with an update of the financial position of the Trust at month six. Key issues included:-

- A deficit position of £1.648m was recorded to the 30<sup>th</sup> September 2018, after the inclusion of £1.113m BRS contingency.
- The cash balance in the period was £8.794m.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

A detailed discussion was held at the Finance Committee and reflected in the Finance Assurance report provided to the Board.

**Resolved:** The report was noted

206/18

### **Sustainable Development Management Plan Update**

The report provided a six month update on progress with the plan. Positive progress is being made across the targets. It was noted that the CO<sup>2</sup> emissions need to reduce by a third over the next four years. Mr Beckwith explained that the targets were set pre Transforming Care Services (TCS) with six assets transferred including two hospitals which are high users of energy.

Mr Fowler’s enthusiasm and passion for this work was recognised by the Board who asked for their thanks to be passed on to him.

**Resolved:** The Board noted the update and supported the direction of travel

207/18

### **Any Other Business**

No other business was raised.

208/18

### **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.

209/18

### **Date and Time of Next Meeting**

Wednesday 28 November 2018, 9.30am in the Conference Room, Trust Headquarters

Signed ..... Date .....

Chairman

**Agenda Item 11**

Title & Date of Meeting:	Council of Governors – 17th January 2019			
Title of Report:	Performance Report			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	<input checked="" type="checkbox"/>
	To discuss		To ratify	
	For information		To endorse	
	The Council of Governors are asked to note the report.			
Purpose of Paper:	This purpose of this report is to provide the Council of Governors with an update on board approved key performance indicators as at the end of November 2018.			
Key Issues within the report:	Performance in the attached report is presented using statistical process chart (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.			
	Exception reporting and commentary is provided for each of the reported indicators.  The Trust Safer Staffing Dashboard as at the end of October 2018 is also presented within the body of the report.			

**Monitoring and assurance framework summary:**

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



Financial Year  
2018-19

# INTEGRATED BOARD REPORT

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

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



Reporting Month:  
Nov-18

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: **43405 43405**

**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.

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

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

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending: **43405 43405**

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



# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Incidents**

Total number of incidents reported on Datix

Executive Lead  
Hilary Gledhill

KPI Type

IQ 6

### Narrative

within tolerance

UCL: 634

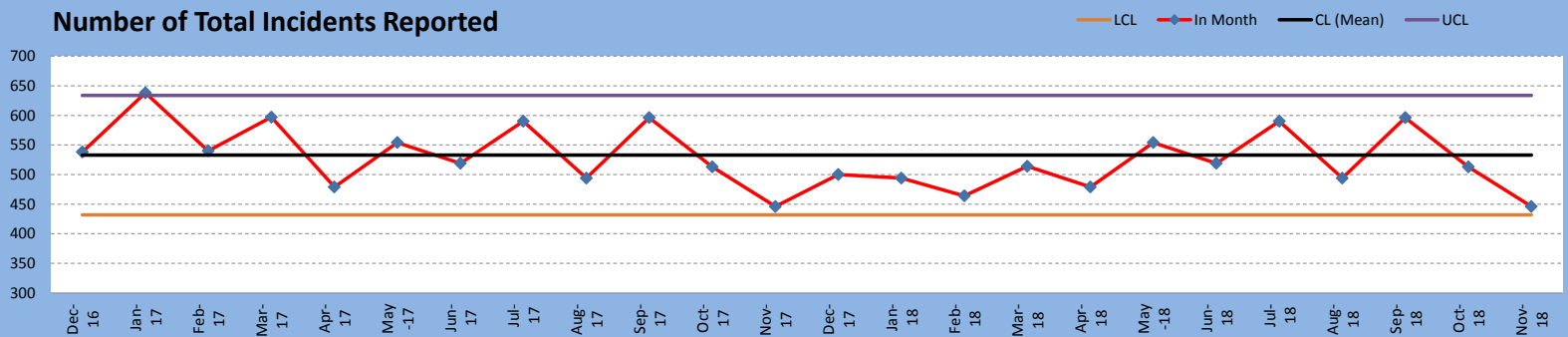
LCL: 432

Current month stands at 446

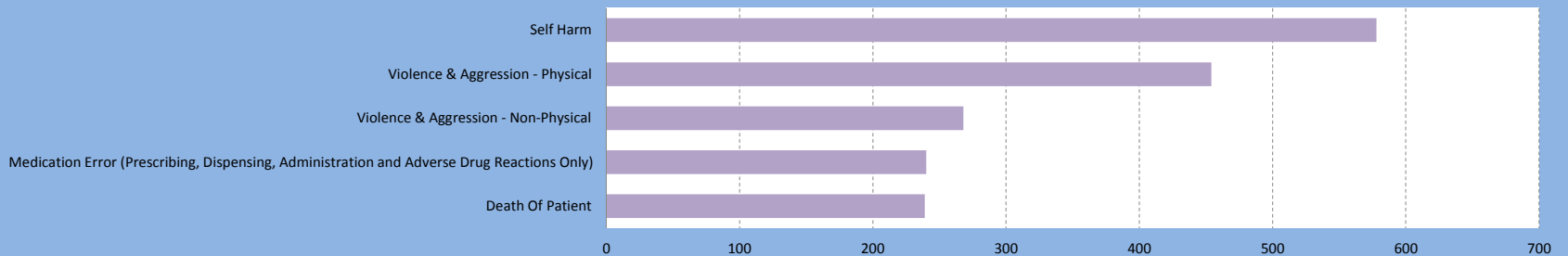
### Top 5 Themes

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

### Number of Total Incidents Reported



### Top 5 Themes



### Exception Reporting and Operational Commentary

There has been a reduction in the number of incidents reported between September 2018 and November 2018. This reduction occurred in the same period in 2018. Work is underway to understand this trend. A recent NRLS report demonstrated that HTFT is the highest nationally in our cluster for reporting medicines errors with no/low harm.

### Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits. There are plans to include data split by level of harm in future reports

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Mandatory Training**

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

Executive Lead  
Steve McGowan

KPI Type

WL 5

### Narrative

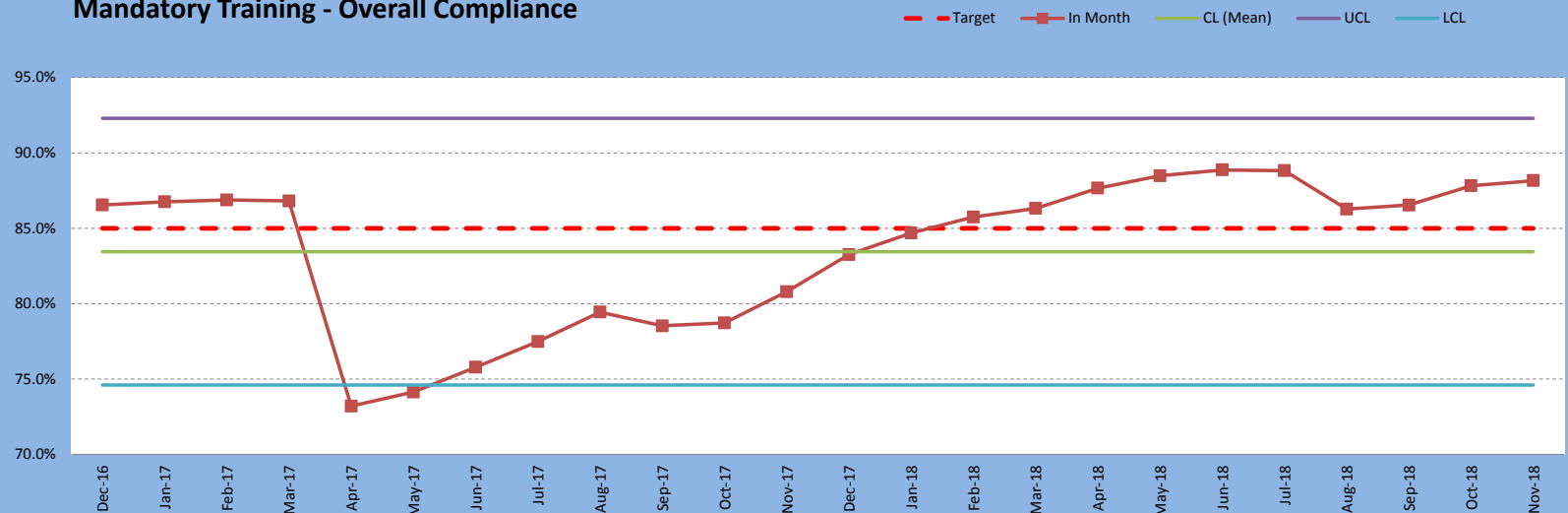
**Above Target**

Target: 85%

Amber: 75%

Current month  
stands at  
88.2%

### Mandatory Training - Overall Compliance



### Exception Reporting and Operational Commentary

Performance remains above target and 7.4% higher than the same time last year. Managers continue to receive information on a monthly basis of staff that have not completed their training so that they can take the necessary action. Of the two 'red' courses (PATs 71%, BLS 69%), both are significantly better than at the same time last year (PATs 51.2%, BLS 56.1%). These areas remain a focus for the Chief Operating Officer and are being actively managed.

### Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. Four courses rated Amber (MAPA 77.1%, ILS 75%, MHA 83.5% and IG 89.7%). Only two remain in the red (PATs 71% and BLS 69%). Both of which have improved on last month.

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Vacancies (WTE)**

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

Executive Lead  
Steve McGowan

KPI Type

WL 2 VAC

### Narrative

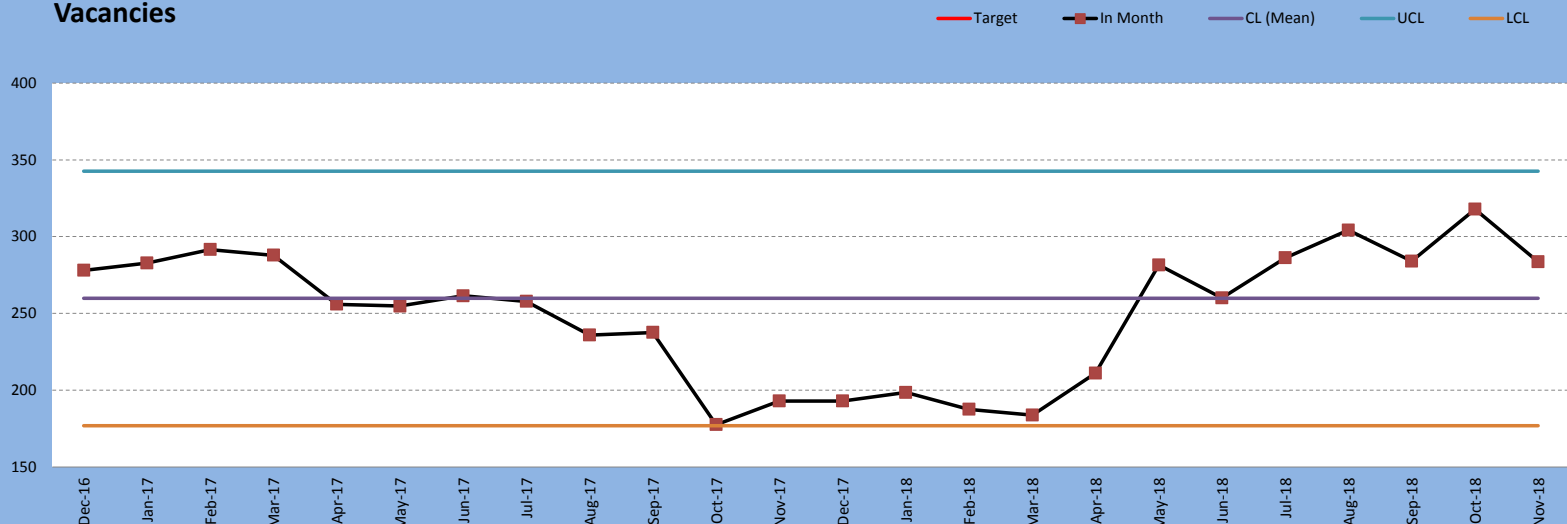
no target

Target: TBC

Amber: TBC

Current month  
stands at  
283.6

### Vacancies



### Exception Reporting and Operational Commentary

Vacancies reduced by 34 during November. Of the 283.3 vacancies, the two largest groups are Nursing (82.4 FTEs 10.5% vacancy level) and Healthcare Assistants (85.8 FTE 20.4% vacancy level). Recruitment plans for both of these occupational groups are being drawn up by the Chief Operating Officer. It should be recognised that there is a national shortage of registered nurses. The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position.

### Business Intelligence

Number of Vacancies as @ 31/11/18  
 Corporate 62.07 (12.6%)  
 Mental Health Services Care Group 95.13 (10.8%)  
 Primary Care, Community, Children's and LD Services 89.34 (9.1%)  
 Specialist Services 37.04 (14.3%)  
 Total 283.58 (10.8%)

# PI RETURN FORM 2018-19

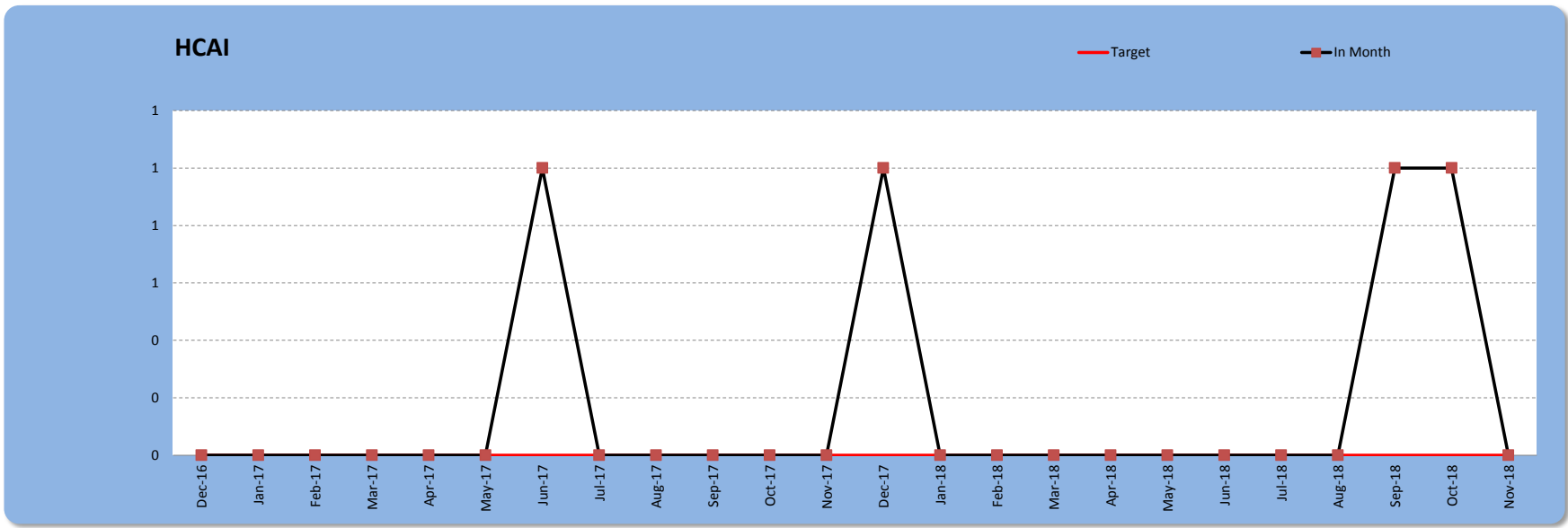
## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

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

KPI Type
HCAI

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



### Exception Reporting and Operational Commentary

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

Whitby C.Diff update: Final stages of completion in process, however, to fully complete further information is required from York. Will report in next month's IBR.

### Business Intelligence

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

Conclusion of the C.Diff case at Whitby in October is provided in the operational commentary box.

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

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

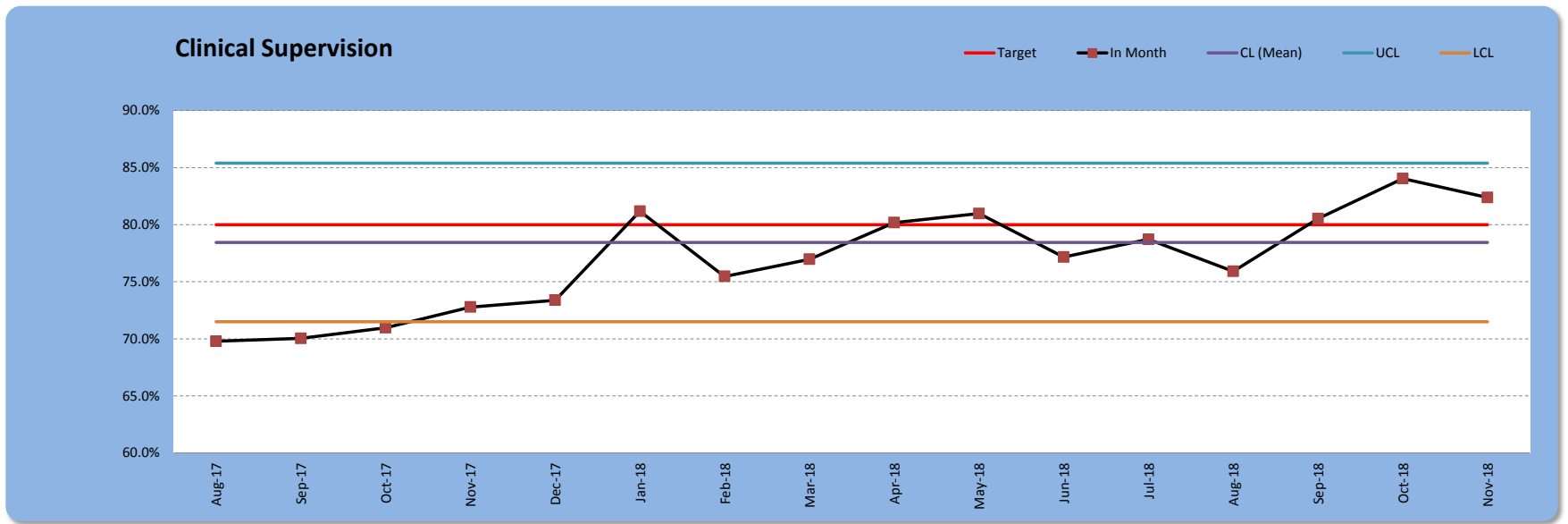
**Narrative**

Target achieved

Target: 80%

Amber: 75%

Current month stands at 82.4%



### Exception Reporting and Operational Commentary

We have seen a sustained improvement in supervision returns by individual teams and supervision compliance overall has been above target from sept . Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have strutures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting from April 2019

### Business Intelligence

The mean average and the Upper and Lower Control limits are based on data points since Nov-17 (12 data points).

Clinical Supervision data was not collected prior to April 2017 so is not able to be shown in the chart above. Teams who do not provide a return are being actively managed by the Care Group.

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2018-19
Reporting Month:	Oct-18



Speciality	Units			Bank/Agency Hours					Average Safer Staffing Fill Rates				High Level Indicators												
	Ward	Speciality	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (YTD 2018-19)				STAFF QUALITY INDICATORS						Indicator Totals		
									Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Previous Month	Current Month
Adult MH	Avondale	Adult MH Assessment	62%	14.92	24.3%	↑	0.8%	↓	94%	86%	81%	128%	1	15	0	3	No Ret	93.6%	91.7%	100.0%	88.0%	0.0%	5.0	1	1
	New Bridges	Adult MH Treatment (M)	101%	8.11	16.1%	↑	4.6%	↑	94%	90%	95%	105%	2	32	0	3	86.1%	92.3%	88.9%	91.7%	69.8%	11.3%	1.0	2	3
	Westlands	Adult MH Treatment (F)	92%	9.65	26.8%	↑	2.1%	↓	69%	111%	71%	120%	10	27	0	0	81.3%	86.3%	50.0%	70.0%	61.1%	7.0%	5.2	3	5
	Mill View Court	Adult MH Treatment	98%	8.15	18.4%	↓	0.0%	↑	102%	98%	95%	106%	1	17	0	6	88.9%	93.0%	73.3%	86.7%	100.0%	2.7%	1.0	1	1
	Hawthorne Court	Adult MH Rehabilitation	85%	7.22	31.2%	↑	0.0%	→	74%	93%	97%	102%	1	4	0	2	40.0%	87.2%	100.0%	87.5%	76.9%	11.0%	1.0	2	3
	PICU	Adult MH Acute Intensive	62%	16.96	19.4%	↑	2.8%	↓	68%	123%	63%	118%	0	151	0	1	74.1%	90.6%	84.6%	75.0%	83.9%	4.8%	7.0	2	3
OP MH	Maister Lodge	Older People Dementia Treatment	99%	13.35	20.9%	↑	0.0%	→	76%	129%	110%	125%	9	41	0	56	85.0%	87.5%	83.3%	56.0%	95.1%	3.6%	2.4	3	2
	Mill View Lodge	Older People Treatment	105%	11.75	15.6%	↑	0.0%	→	89%	103%	97%	106%	0	1	0	23	66.7%	96.4%	100.0%	81.8%	88.9%	3.9%	1.0	2	2
Specialist	Darley	Forensic Low Secure	100%	11.23	23.5%	↓	0.0%	→	53%	66%	98%	98%	0	8	0	1	81.8%	94.8%	75.0%	86.7%	87.0%	19.4%	2.2	4	4
	Bridges	Forensic Medium Secure	92%	8.87	1.7%	↑	0.0%	→	57%	81%	102%	101%	3	9	0	0	77.6%	92.1%	100.0%	64.7%	90.9%	14.8%	4.0	2	4
	Swale	Personality Disorder Medium Secure	77%	16.27	44.7%	↑	0.0%	→	72%	111%	117%	193%	2	4	0	0	92.3%	91.1%	84.6%	81.3%	88.5%	2.9%	2.0	2	1
	Ullswater	Learning Disability Medium Secure	100%	13.25	47.5%	↑	0.0%	→	67%	118%	106%	105%	3	9	0	8	64.0%	93.8%	100.0%	87.5%	71.4%	9.4%	1.0	4	5
LD	Townend Court	Learning Disability Assessment/Treatment	50%	32.77	23.5%	↑	0.0%	→	66%	91%	100%	75%	0	72	0	3	97.5%	93.6%	75.0%	88.5%	64.4%	3.3%	-0.1	4	3
	Granville Court	Learning Disability Nursing Treatment	Not Avail	0.00	39.4%	↓	0.0%	→	101%	91%	101%	91%	1	1	0	3	100.0%	81.9%	90.0%	64.7%	76.5%	6.1%	0.8	2	2
CH	Whitby Hospital	Physical Health Community Hospital	70%	7.58	0.0%	→	0.0%	→	79%	93%	99%	100%	14	2	0	36	77.8%	77.5%	56.3%	22.7%	52.5%	13.8%	1.2	6	5
	Malton Hospital	Physical Health Community Hospital	86%	7.08	Not on eRoster	→	Not on eRoster	→	99%	97%	107%	105%	0	0	0	9	Not reportable	65.4%	11.8%	9.1%	31.7%	7.0%	2.5	5	5

### Exception Reporting and Operational Commentary

BLS uptake remains a concern for Whitby and Malton Hospitals. November performance is Malton (86% BLS and 38% ILS) and Whitby (41% BLS and 56% ILS). More training dates scheduled throughout December. Hawthorne Court supervision has improved significantly from September but remains below target. Ullswater has recently recruited to 3 RNLD posts and after April will have only one vacancy. A revised clinical supervision structure has been launched in Ullswater which should improve the position. All PADRs are either completed or booked for Ullswater and Westlands. ILS training has recently been delivered for staff in Westlands. The Deputy Director of Nursing will be reviewing Safer Staffing Dashboard with all units and initial focus will be on those areas of concern including Forensic units, Whitby, Malton and Westlands.

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

### Registered Nurse Vacancy Rates

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

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

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

Executive Lead  
John Byrne

KPI Type

Friends and Family Test

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

FFT %

### Narrative

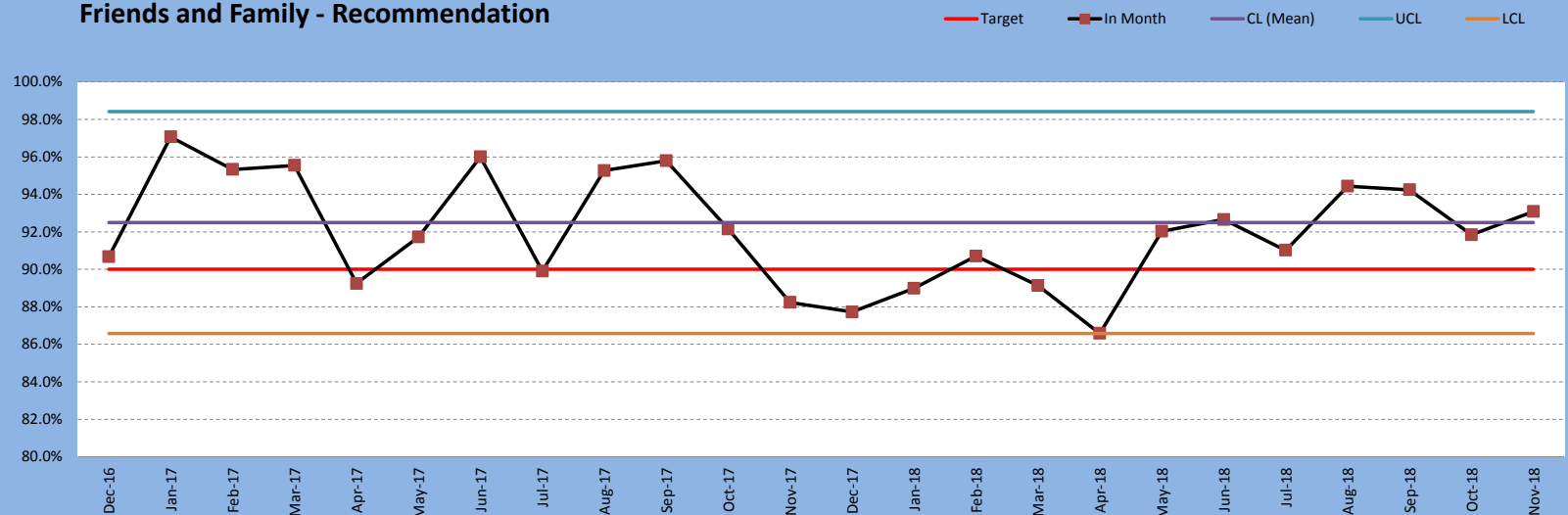
In month target achieved.

Target: 90%

Amber: 80%

Current month stands at 93.1%

### Friends and Family - Recommendation



### Exception Reporting and Operational Commentary

Patients likely to recommend our services continues to remain high. The national target is 90% and the Trust is consistently performing in excess of 90%.

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

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

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

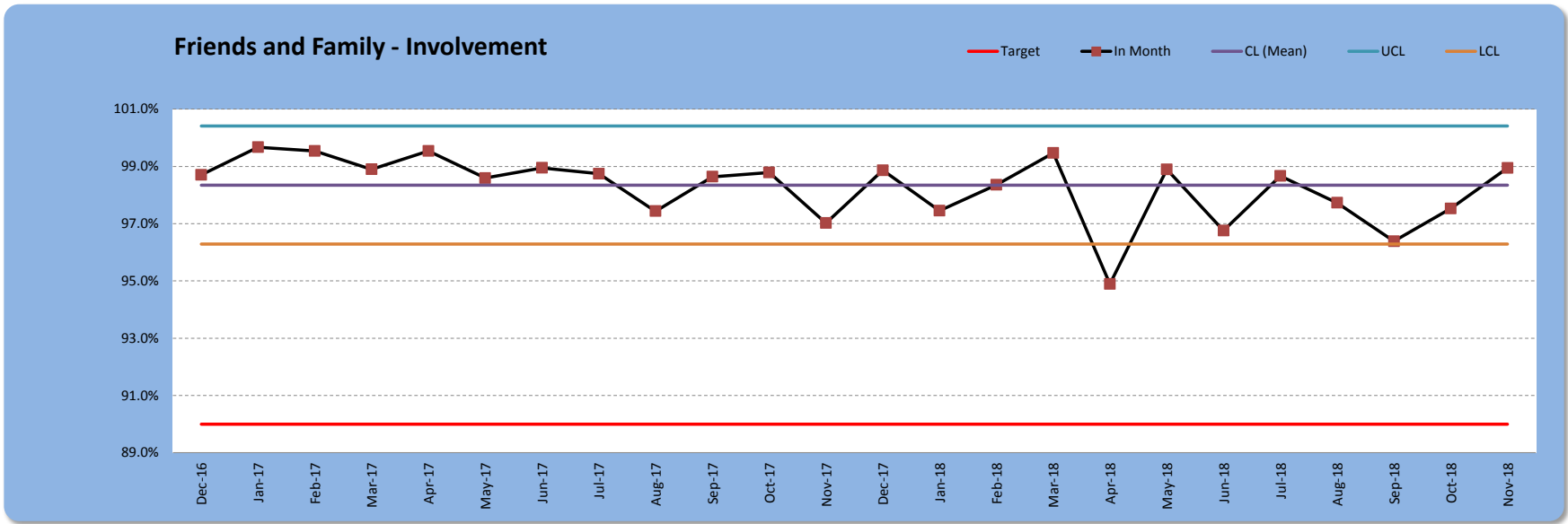
KPI Type
CA 3c %

**Narrative**

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 98.9%



### Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement.

### Business Intelligence

The remaining two Core Questions (Staff Helpfulness and Sharing Information) show a return of 99.5% and 99.7% respectively.

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



# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

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

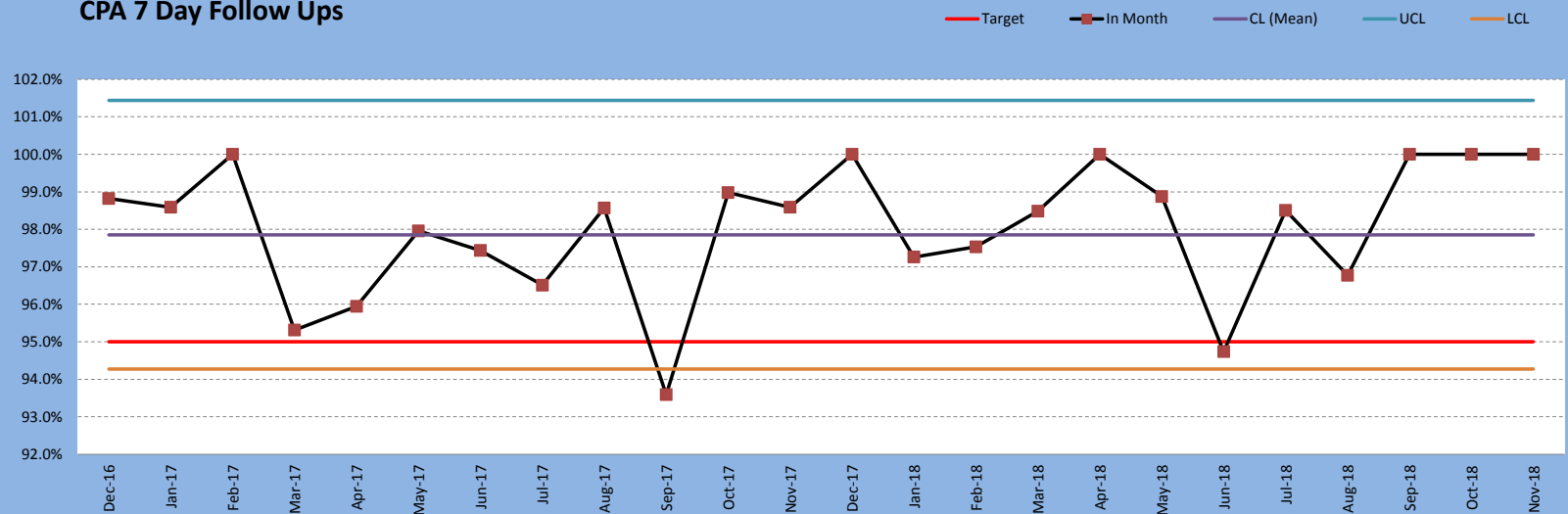
Fully achieved

Target: 95%

Amber: 85%

Current month stands at 100.0%

### CPA 7 Day Follow Ups



### Exception Reporting and Operational Commentary

The Trust has achieved full 100% follow up rate for November

### Business Intelligence

All 60 discharges in October were followed up within timescale. Discussions taking place with the Care Group to identify timescales of completion. 60% of follow ups achieved within 3 days.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

Indicator Title	Description/Rationale	Executive Lead
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson

KPI Type

OP 7

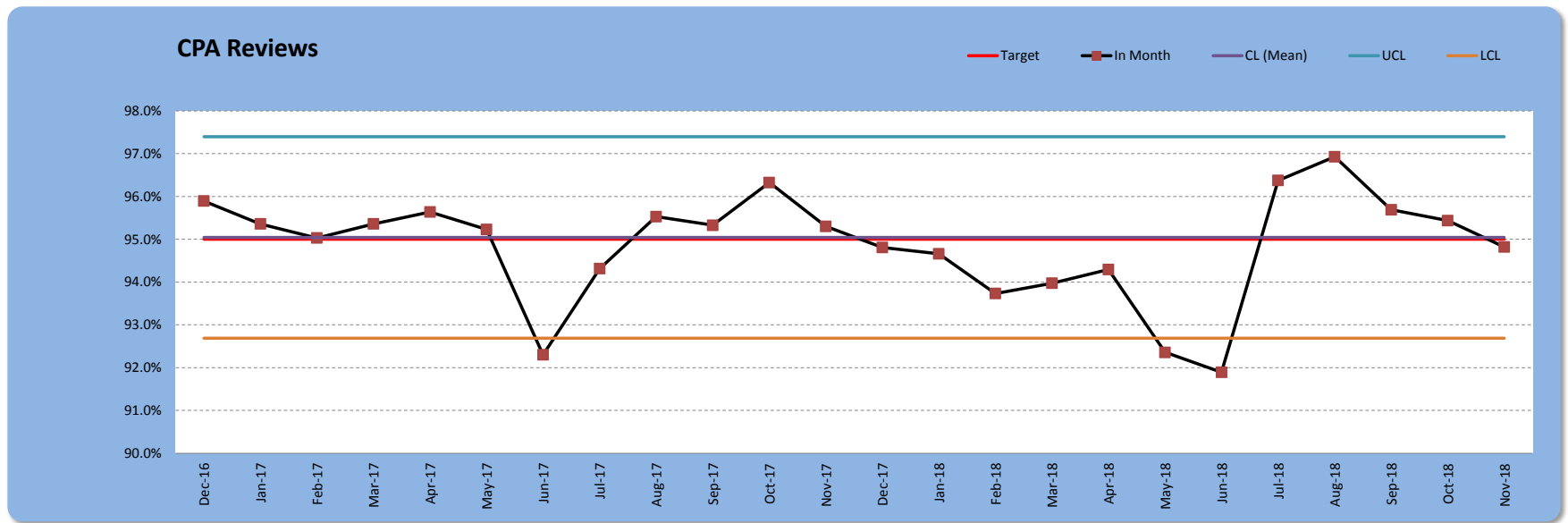
**Narrative**

Target achieved

Target: 95%

Amber: 85%

Current month stands at 94.8%



### Exception Reporting and Operational Commentary

The CPA compliance has slipped slight to 0.2% below target. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occurs the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

KPI Type

OP 20

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

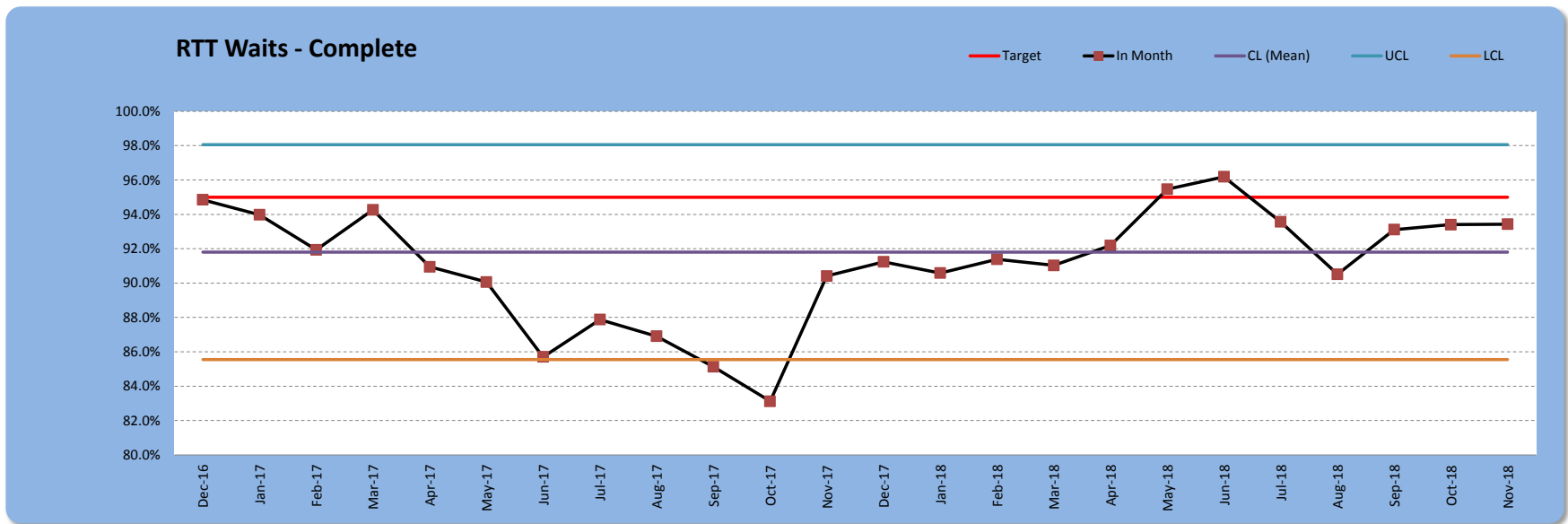
**Narrative**

Slightly below target but improving

Target: 95%

Amber: 85%

Current month stands at 93.4%



### 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.

### Business Intelligence

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

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

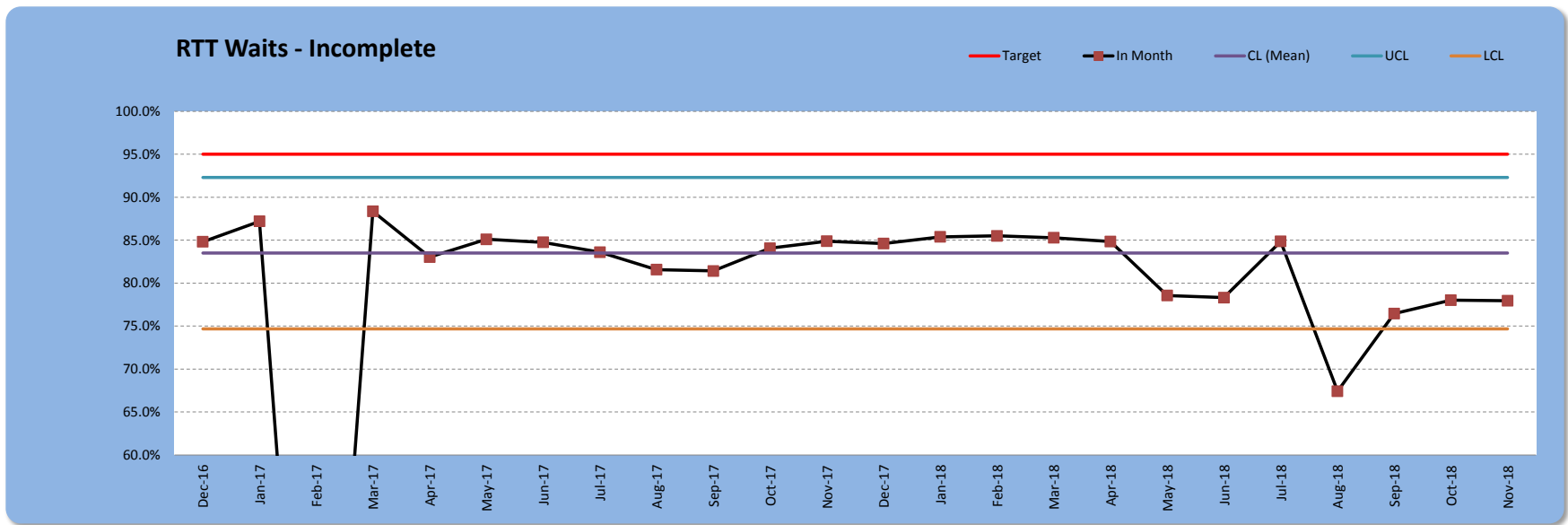
**Narrative**

Improvement on previous month

Target: 95%

Amber: 85%

Current month stands at 78.0%



### 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.

### Business Intelligence

There was no data available in February 2017 which explains the dip in the chart above for that time period.

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

52 Week Waits

Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks

Executive Lead  
Lynn Parkinson

KPI Type

OP 22a

### Narrative

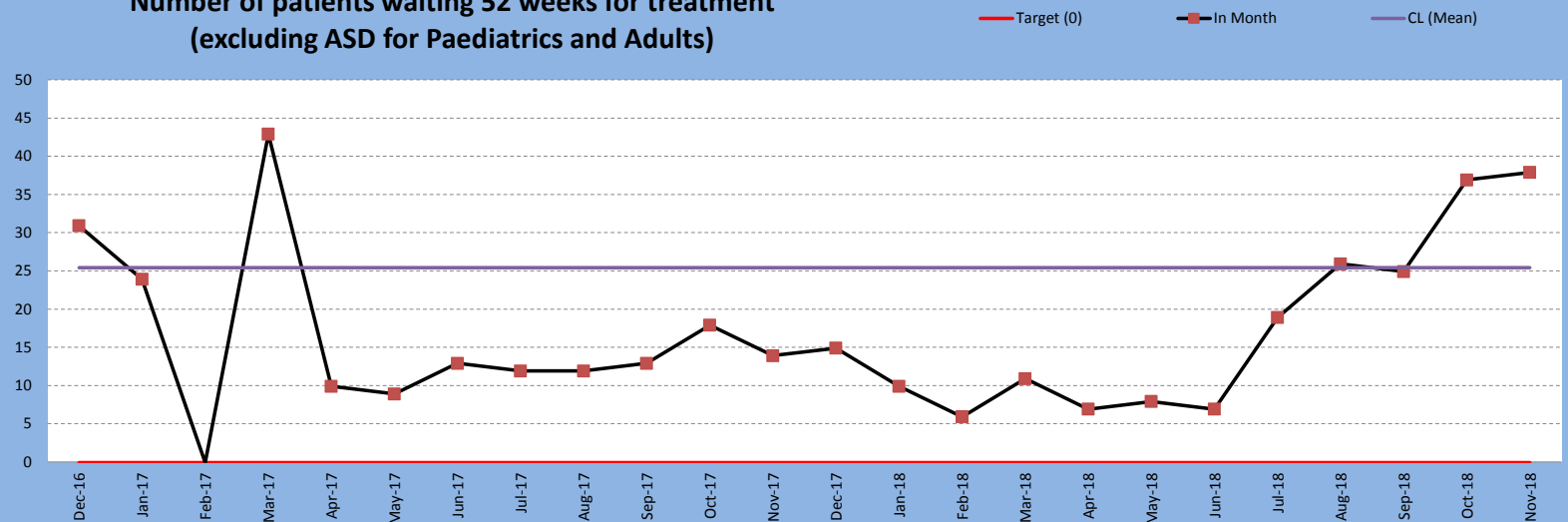
Increase of 12 since last month

Target: 0

Amber: 0

Current month stands at 38

Number of patients waiting 52 weeks for treatment (excluding ASD for Paediatrics and Adults)



### Exception Reporting and Operational Commentary

Waiting times continue to be an area for significant operational focus and review. As reported previously the reason for the significant recent rise is impacted by our ability to report the waiting position for adult and paediatric autism referrals. We continue to work with the commissioners. Funding has been agreed for additional capacity to commence 01/01/2019. Another area of focus is the slight increase in the number of patients waiting over 52 weeks for CAMHS in Hull, we are continuing to put a range of actions in place to do so.

### Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

31 of the 38 waiting >52 weeks as at 30/11/2018 relate to Hull CAMHS.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

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

KPI Type

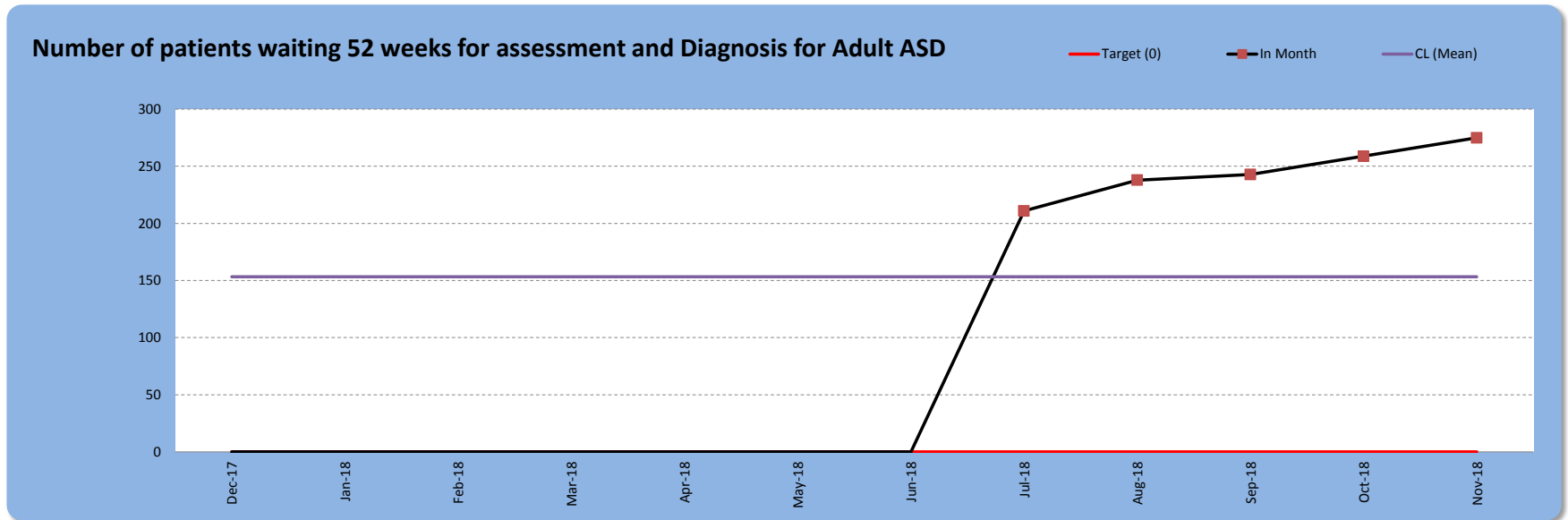
OP 22s

**Narrative**

Increase of 16 since last month

Target: 0  
Amber: 0

Current month stands at 275



### Exception Reporting and Operational Commentary

This service is commissioned by Hull and East Riding CCGs as a cost per case service only and therefore the Trust is currently delivering the service to the available income and staffing capacity. The full waiting list had not been incorporated in our RTT reports due to the cost per case arrangements until June this year. Commissioners are aware of the current waiting times and an internal business has been developed to support additional capacity to improve waiting times – funded by cost per case income from CCGs. The business case is to be considered by the commissioning Operational Delivery Group in November 2018. If successful capacity/resources are expected to be in place by January 2019 and a reduction of waiting list to an 18-week compliant service expected by July 2019. We are still waiting for confirmation from the CCG's as to what approach they want to take.

### Business Intelligence

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

BI will introduce SPC once 10 data points is reached.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

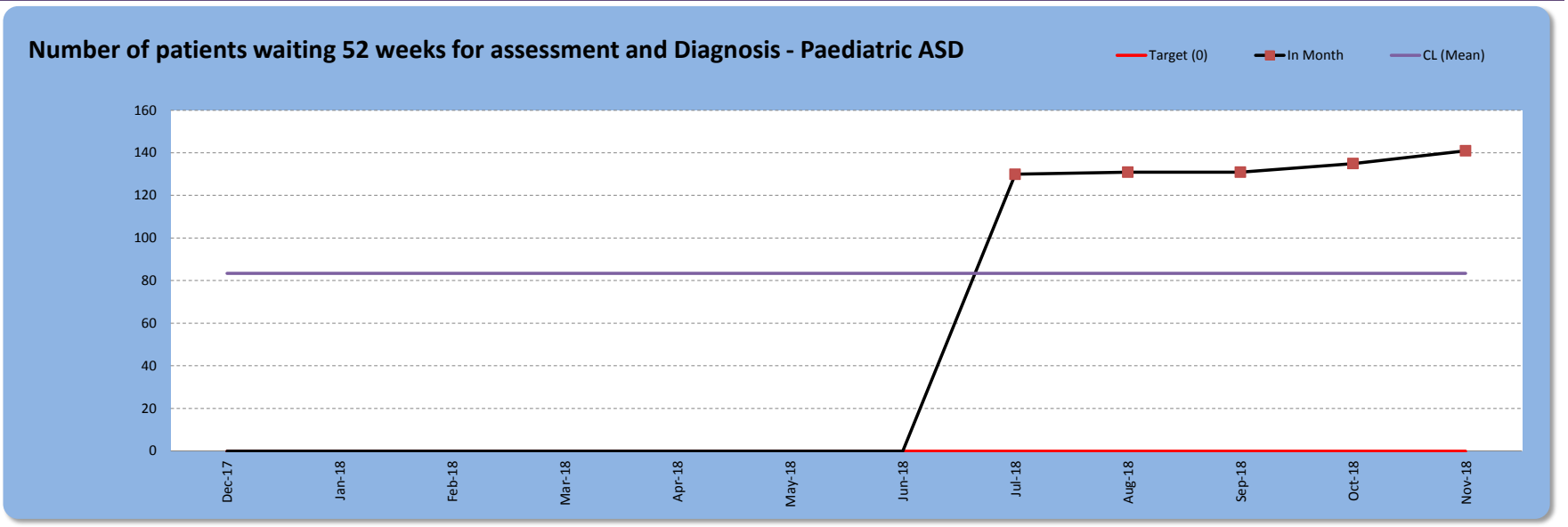
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

**Narrative**

Increase of four since last month

Target: 0  
Amber: 0

Current month stands at 141



### Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. The collation of the appropriate documentation often requires prompting by us from Contact Point in order to have complete documentation prior to consideration by assessors - during which time they remain on the waiting list. Work is being led by the commissioners to improve this process. We identified that referrals for children's ASD for the Hull service were significantly over the commissioned level towards the end of 2017/18. The Trust developed a business case and submitted it to Hull CCG in May 2018. Hull CCG confirmed outcome of the Trust business case through their governance processes after their July 2018 Board meeting. Funding approved by the CCG was less than the business case submitted by the Trust, and during the period of approval the waiting list had further deteriorated. Further negotiations with CCG took place on the value of the contract variation and the associated trajectory from August to October 2018 and we now have reached an agreed position. Trust did begin recruitment against key posts through this period and service delivery expected to commence from January 2019.

### Business Intelligence

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

BI will introduce SPC once 10 data points is reached.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

**Nov 2018**

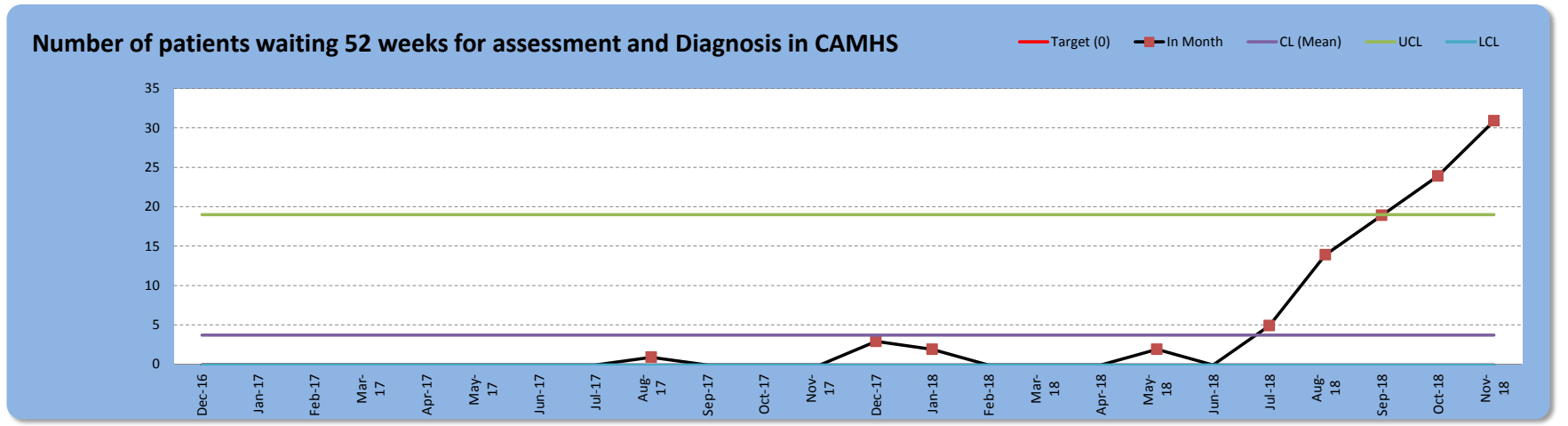
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks	Lynn Parkinson	OP 22j

**Narrative**

Increase of five since last month

Target: 0  
Amber: 0

Current month stands at 31



### Exception Reporting and Operational Commentary

Trust began delivering an ADHD service for Hull CCG in 2016 – this was following the development and approval of a business case. From July 2017 referrals for ADHD significantly increased and continued to increase when the Community Paediatricians in CHCP ceased undertaking these assessments. Operationally every referral over 18 weeks will have had some form of assessment – the RTT pathway is stopped when the young person is either assessed by a Consultant Psychiatrist following this comprehensive assessment or assessed as not requiring a Specialist Assessment

A number of measures have been put in place and continue to be reviewed.

- The pathway has been reviewed to streamline the assessment process
- The number of ADHD Consultant Psychiatrist clinics have been increased to 2 every week
- An experienced Advanced Nurse Practitioner/Prescriber has been recruited to backfill the Consultant Psychiatry capacity for non-ADHD cases however this person is on maternity leave at the moment, so temporary staff are being recruited
- Increased capacity in ADHD pathways by opening the Learning Disability Sleep Clinic intervention to this client group

Immediate additional measures to put in place:

- A new initial assessment screening form has been designed to screen out young people who require a full specialist ADHD assessment
- Temporarily moving staffing resources from another intervention team to support ADHD assessment appointments
- Looking to a longer term ADHD pathway which works more closely with the Autism Service and the use of SENCOs having more of a role in screening appropriate assessments
- Ensuring that the appropriate local authority early help and safeguarding services
- Further review of the pathway held on 25th October 2018 to look at the types of referrals that are received and whether there is a different model that the service can adopt.

### Business Intelligence

All long waiters have been validated by the service. All waiters over 52 weeks are in the Hull CAMHS Service.

The main reason for the increase in long waiters in Hull CAMHS is due to the ongoing high demand for ADHD assessments.



# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

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

KPI Type

OP 9

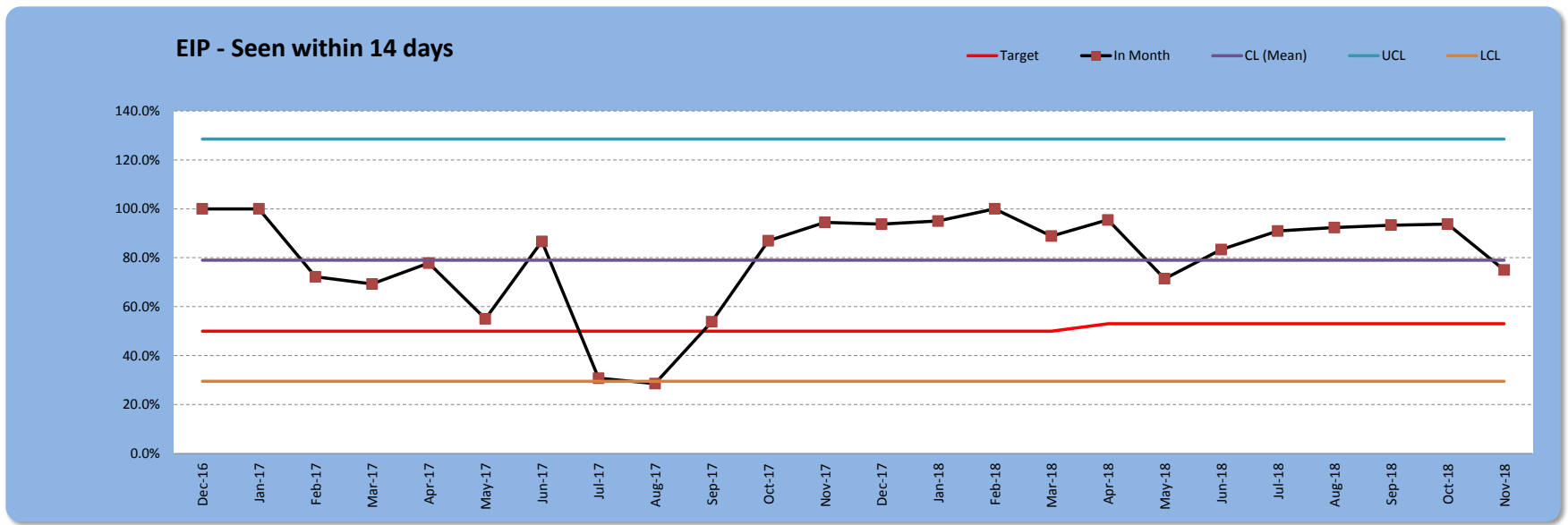
**Narrative**

Target achieved

Target: 53%

Amber: 48%

Current month stands at 75.0%



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

### Narrative

**Target achieved**

Target: 75%

Amber: 70%

Current month

98.7%

### Narrative

**Target Achieved**

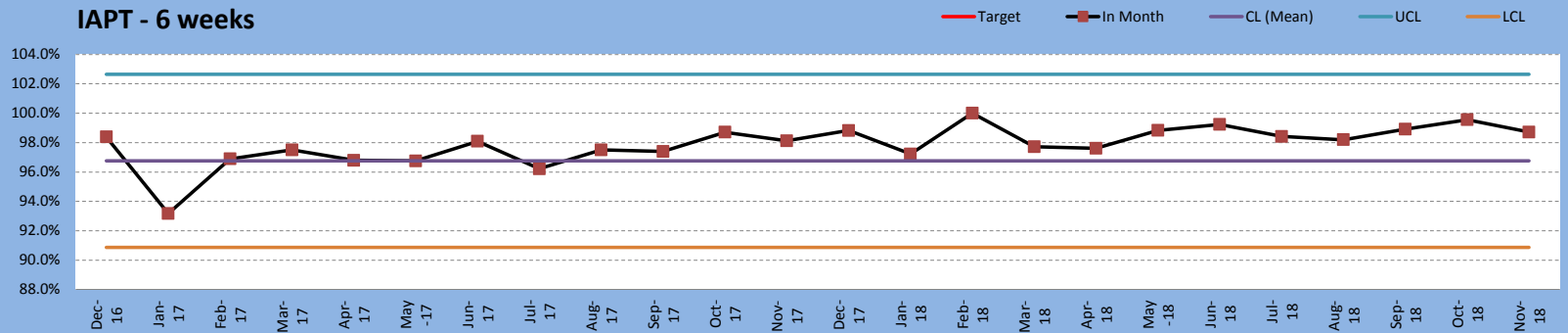
Target: 95%

Amber: 85%

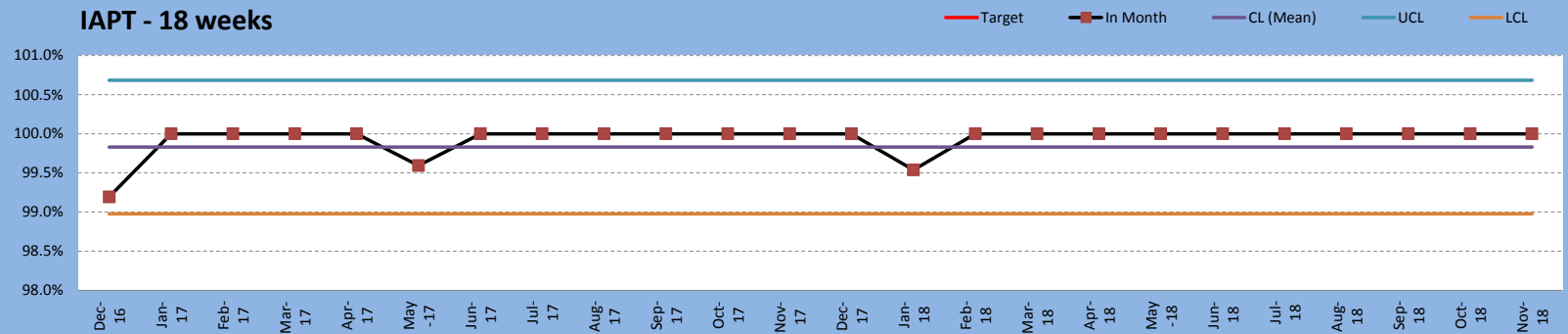
Current month

100.0%

### IAPT - 6 weeks



### IAPT - 18 weeks



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 11

### Narrative

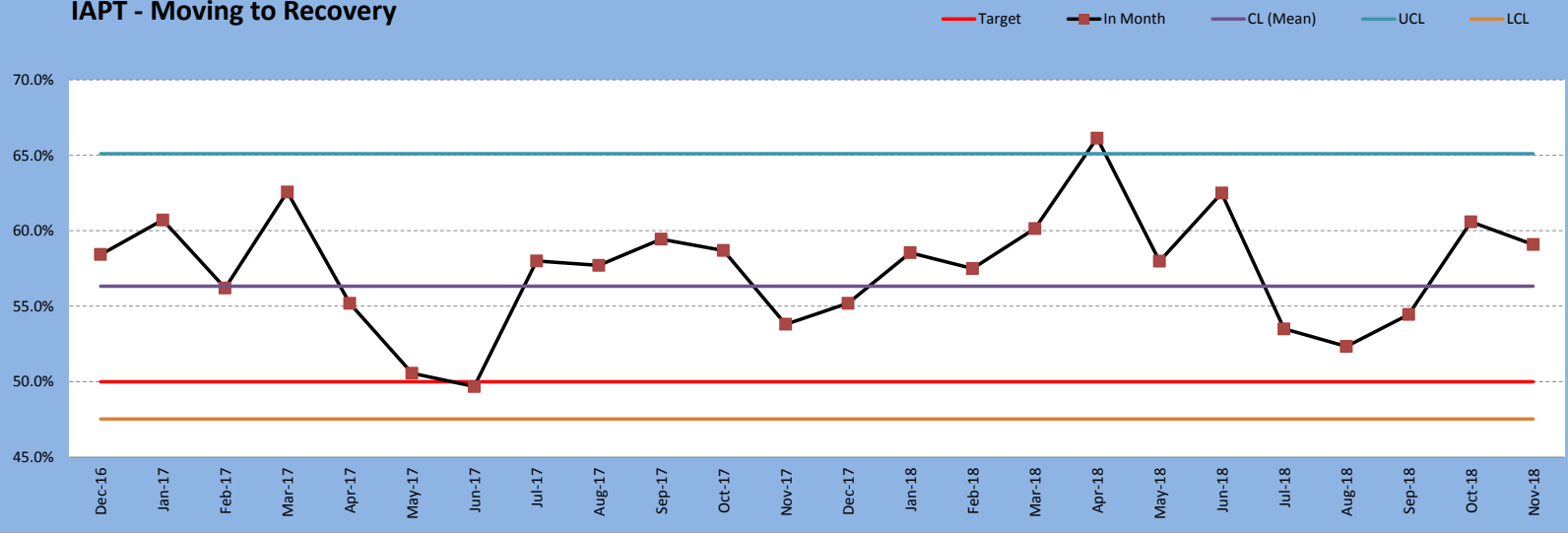
**Target Achieved**

Target: 50%

Amber: 45%

Current month stands at 59.1%

**IAPT - Moving to Recovery**



### Exception Reporting and Operational Commentary

The service has met the standard for achieving the recovery outcome measure in November and remains within the control limits set. Performance for November has reduced slightly but remains above the national 50% target.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2018**

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

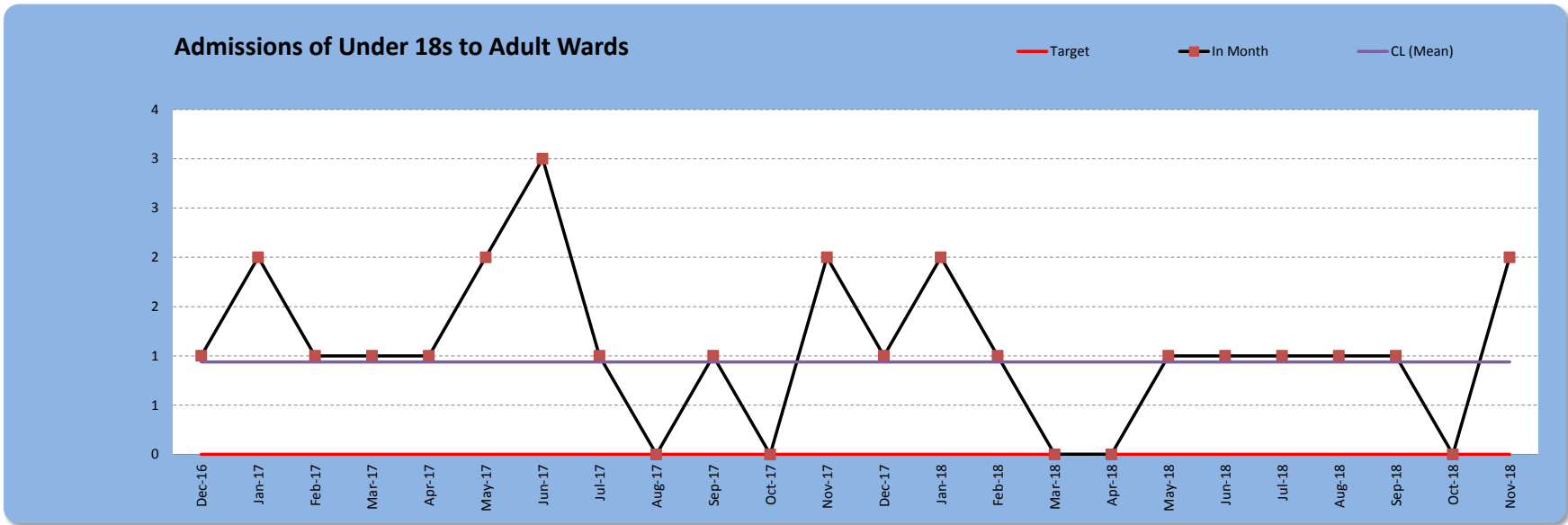
KPI Type
ST 1

**Narrative**

Target Achieved

Target: 0  
Amber: 1

Current month stands at 2



### Exception Reporting and Operational Commentary

There were two admissions of under 18s during November.

Both admitted due to safeguarding issues. One transferred to suitable placement same day and the other transferred the following day.

### Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	6	1	7

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2018**

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

KPI Type

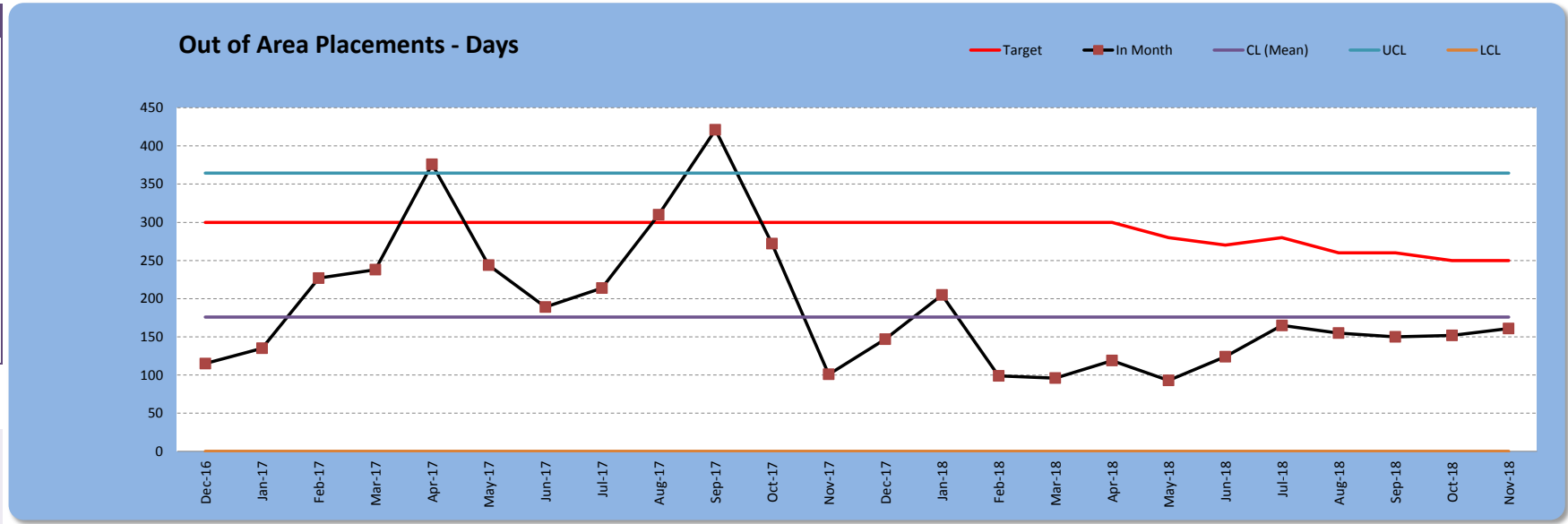
ST 4b

**Narrative**

**Target Achieved**

Target: 250  
Amber:

Current month stands at 161



### Exception Reporting and Operational Commentary

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

### Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	95	Adult	43
Safeguarding	28	OP	30
Offending restrictions	0	PICU	88
Staff member/family/friend	30		
Patient choice	0		
Admitted away from home	8		

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

Executive Lead  
Lynn Parkinson

KPI Type

Delayed Transfers of Care

Results for the percentage of Mental Health delayed transfers of care

OP 14

### Narrative

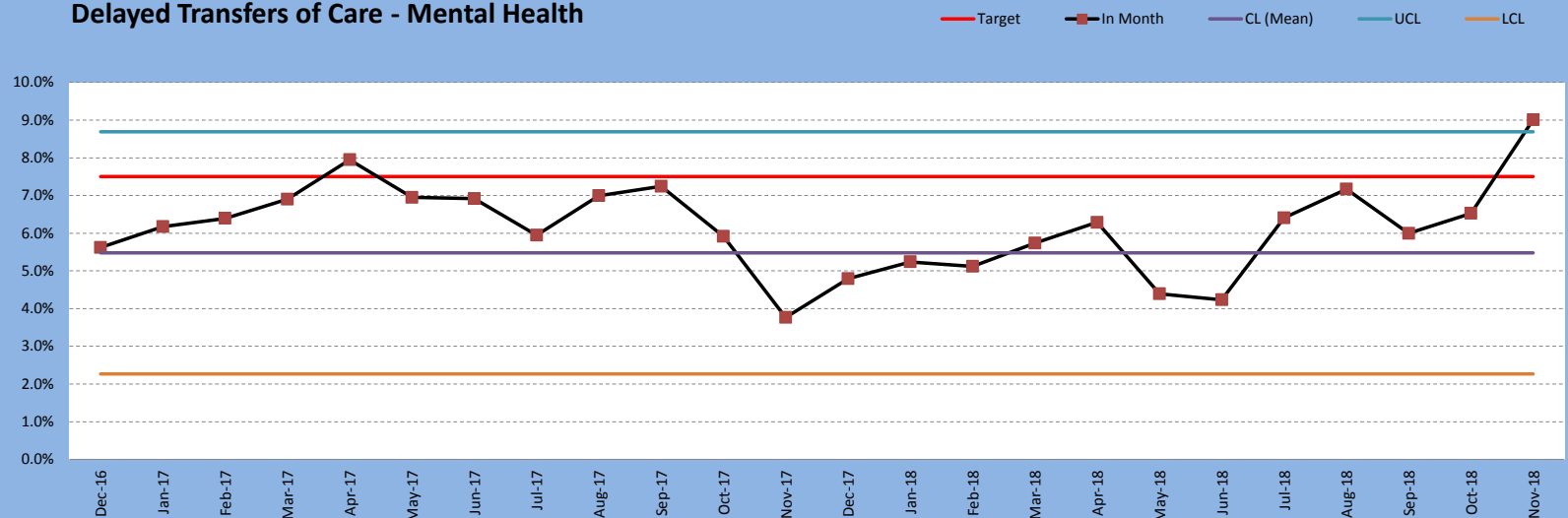
Target Achieved

Target: 7.5%

Amber: 7.0%

Current month stands at 9.0%

### Delayed Transfers of Care - Mental Health



### Exception Reporting and Operational Commentary

Delayed transfers of care for mental health beds are below the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Systems are in place to escalate delays to system partners where that is appropriate. Ongoing partnership with Local Authorities continues to be developed.

### Business Intelligence

The chart is based on delays in Mental Health services only. A significant drop in occupied bed days in November (aprox 500 days) and an increase in the number of delays in Older People MH has adversely impacted on the percentage compliance rate.

There were no delays in Learning Disabilities and 18.3% in Community Hospitals.

# PI RETURN FORM 2018-19

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

Sickness Absence

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

Executive Lead  
Steve McGowan

KPI Type

WL 1

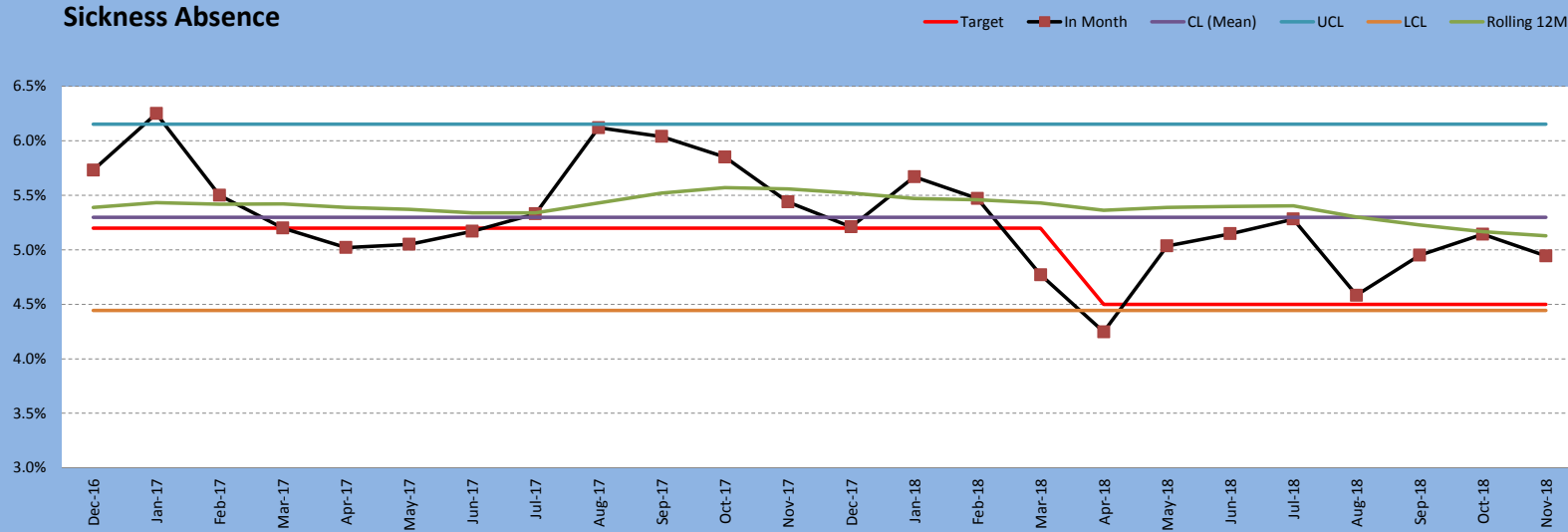
### Narrative

In month target not achieved.

Target: 4.5%  
Amber: 5.2%

Result as at previous month  
5.1%

### Sickness Absence



### Exception Reporting and Operational Commentary

Board are aware of the time lag with sickness reporting (remedied by ESR from 1st April 2019). Therefore the narrative around October data is more meaningful. October 2018 was an improvement based on October 2017 (5.2% compared to 5.9%). This is the third consecutive month sickness has improved compared to the same time last year. Overall the rolling 12 month figure continues to reduce, it is now at 5.17% - the best it has been in the last two years. Sickness rates are reported to managers on a monthly basis, form part of accountability reviews and feature in Leadership Forums. The trust recognises good attendance (thank you letters, extra day annual leave etc.) and has in place a robust policy to help manage sickness absence. Model hospital data shows the median sickness figure for comparable trusts as 4.78%.

### Business Intelligence (previous month)

Trustwide - Oct
5.16%
Rolling 12m
5.17%
WTE
2308.54

Care Group Split Below	Oct %	Rolling 12m	WTE
Specialist Services	7.45%	8.22%	214.73
Mental Health Services	5.66%	6.00%	601.16
Older Peoples MH	6.87%	5.86%	174.65
Community Services	4.63%	5.26%	328.48
Children's and LD	4.76%	4.70%	473.69

Corporate Split Below	Oct %	Rolling 12m	WTE
Medical	8.53%	5.38%	27.88
Human Resources	4.07%	3.84%	58.12
Finance	3.90%	3.54%	216.39
Nursing and Quality	6.80%	3.26%	37.02
General Practices	1.42%	1.80%	85.36
Chief Executive	13.39%	3.87%	8.49
Chief Operating Officer	1.50%	1.39%	82.57

# PI RETURN FORM 2018-19

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

KPI Type

**Staff Turnover**

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

Executive Lead  
**Steve McGowan**

WL 3 TOM

Narrative

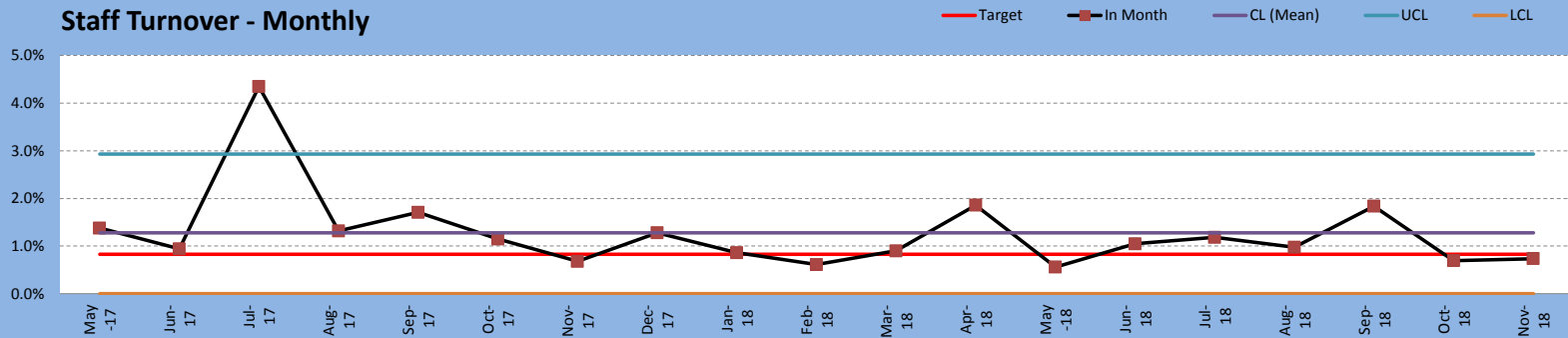
Within Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.7%

**Staff Turnover - Monthly**



Narrative

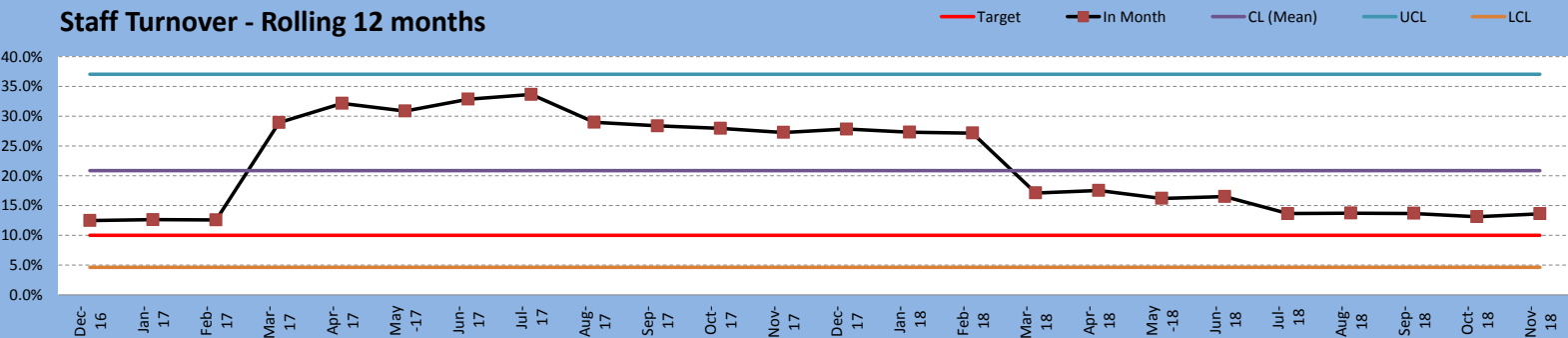
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 13.6%

**Staff Turnover - Rolling 12 months**



### Exception Reporting and Operational Commentary

Turnover was within target in November, the second consecutive month. The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures March 17 to March 18. The Trust is putting in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust (vacancies reduced by 34 during November).

### Main Reasons for Leaving - Year to Date

Voluntary Resignation	118
Retirement	65
Worklife Balance	33
End of Contract	4
Other	7
<b>Total Leavers</b>	<b>227</b>



# PI RETURN FORM 2018-19

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Nov 2018**

Indicator Title

Description/Rationale

**Performance and Development Reviews**

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

Executive Lead  
Steve McGowan

KPI Type

WL 4 (i)

### Narrative

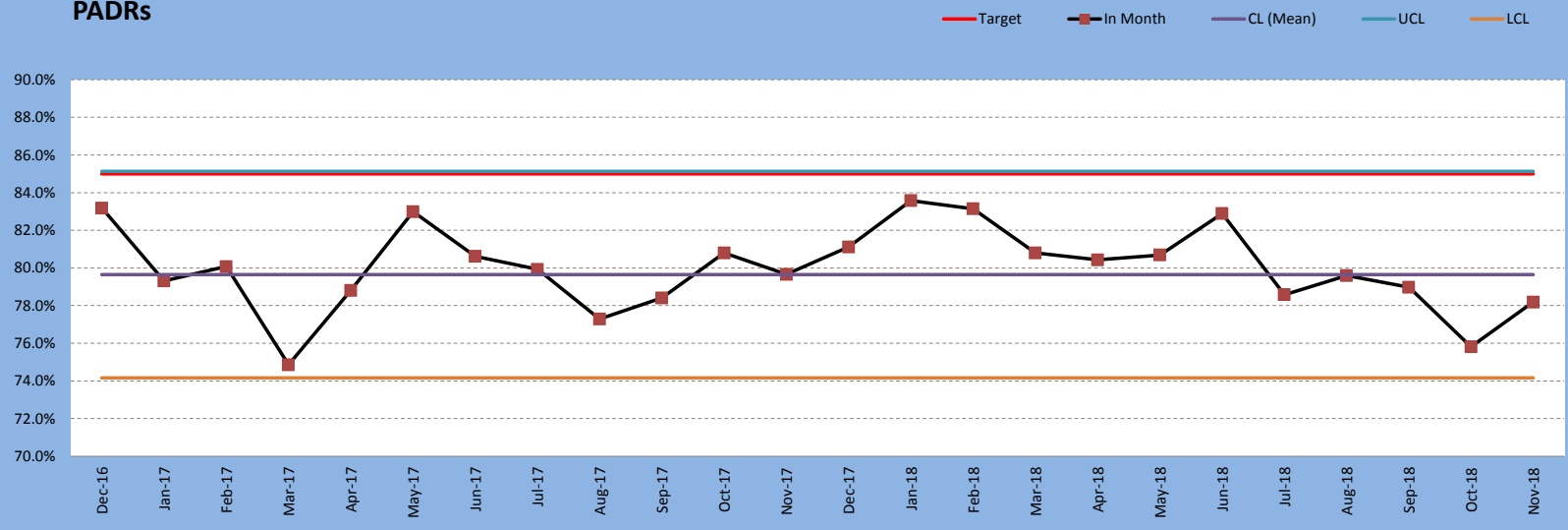
In month target not achieved by 9.2%.

Target: 85%

Amber: 75%

Current month stands at 78.2%

### PADRs



### Exception Reporting and Operational Commentary

Corporate functions continue to perform well at 90.1% completion, however performance in the Mental Health Service and Primary Care, Childrens and LD Service continues to remain a concern. This is being addressed by the Chief Operating Officer in the Operational Performance Group. All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Accountability Reviews and discussed at quarterly Leadership Forums. The pilot ESR supervisor self service went live on 1st December, with full roll out in April 2019. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. The PCCLD and Mental Health Care Groups have been requested to attend EMT in January to discuss improvement plans.

### Business Intelligence

#### Care Group and Corporate Splits Below

Mental Health	78.5%
Corporate	90.1%
PCCHLD	71.2%
Specialist	84.6%

#### Corporate Split by Service

Finance	91.2%
Chief Executive	100.0%
Chief Operating Office	76.0%
Nursing and Quality	75.6%
Human Resources	100.0%
Medical	87.9%

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2018**

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

KPI Type

F 2a

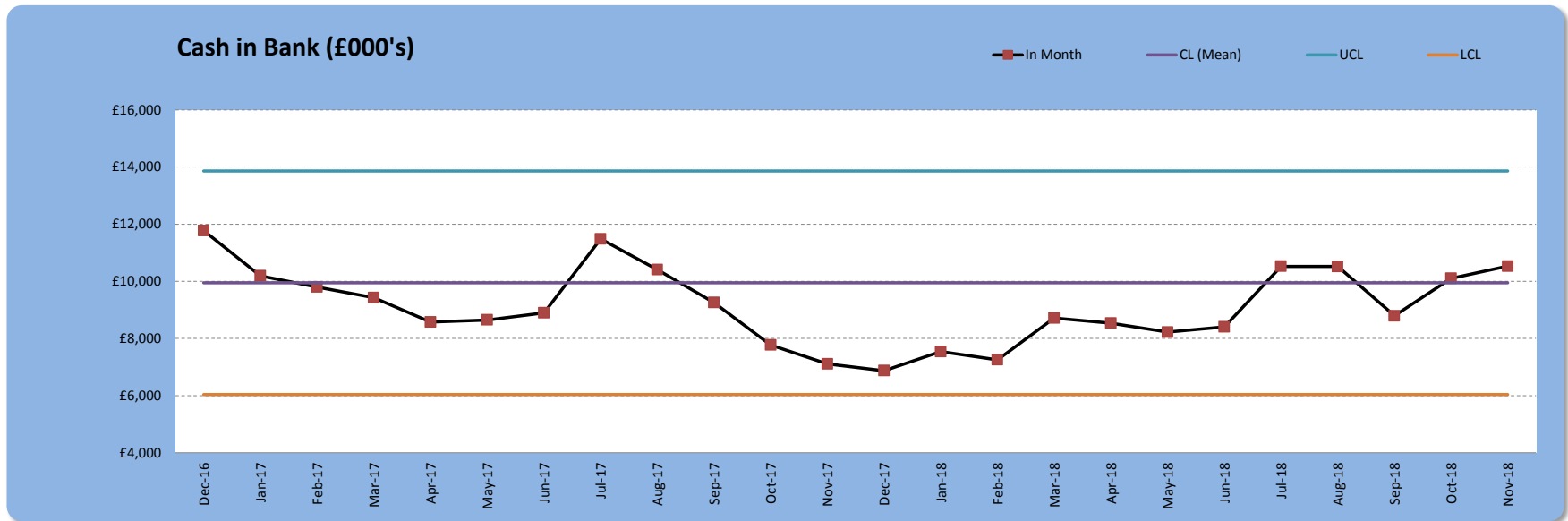
**Narrative**

No Target to note.

Target:

Amber:

Current month stands at £10,530 ,000



### Exception Reporting and Operational Commentary

As at the end of October 2018 the Trust Cash Balance was £10.530m, this represents an increase in month.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2018**

Indicator Title	Description/Rationale	Executive Lead
Budget Reduction Strategy (£000's)	Review of the cost improvement variance against plan	Peter Beckwith

KPI Type

F 6

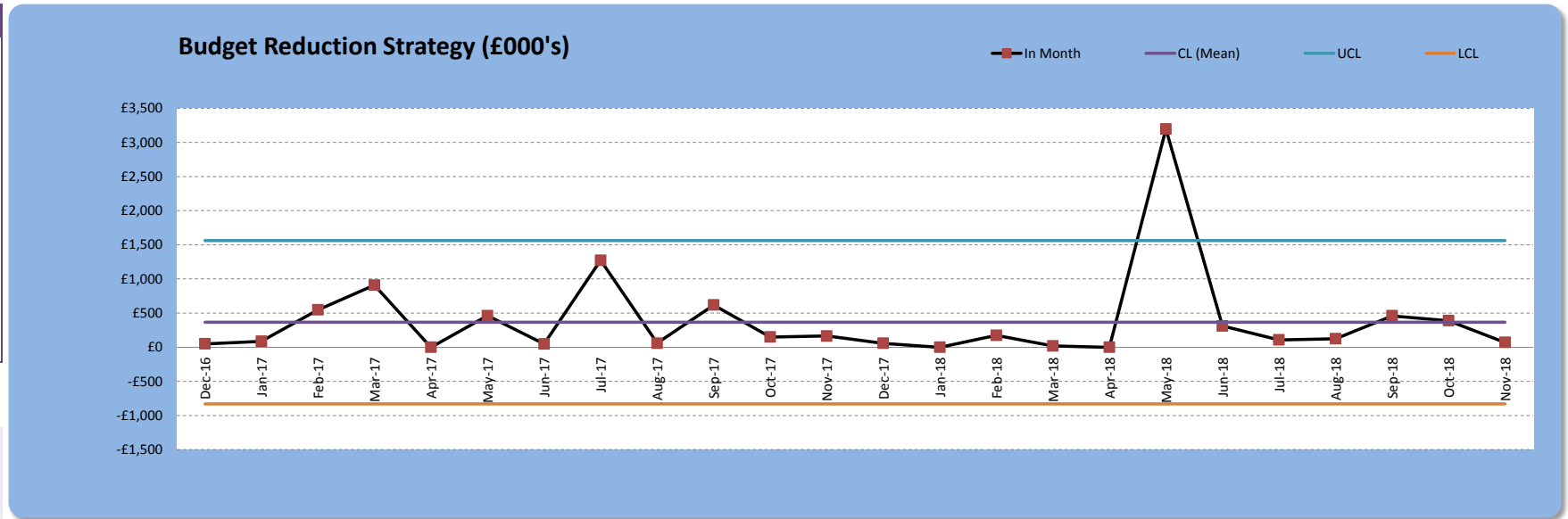
**Narrative**

No Target to note.

Target:

Amber:

Current month stands at £71 ,000



### Exception Reporting and Operational Commentary

Within November (Month 8) additional BRS savings of £0.071m were achieved against the profiled target savings. Overall the profiled YTD savings are behind by £0.935m and mitigating actions are being sought to offset this pressure.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2018**

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

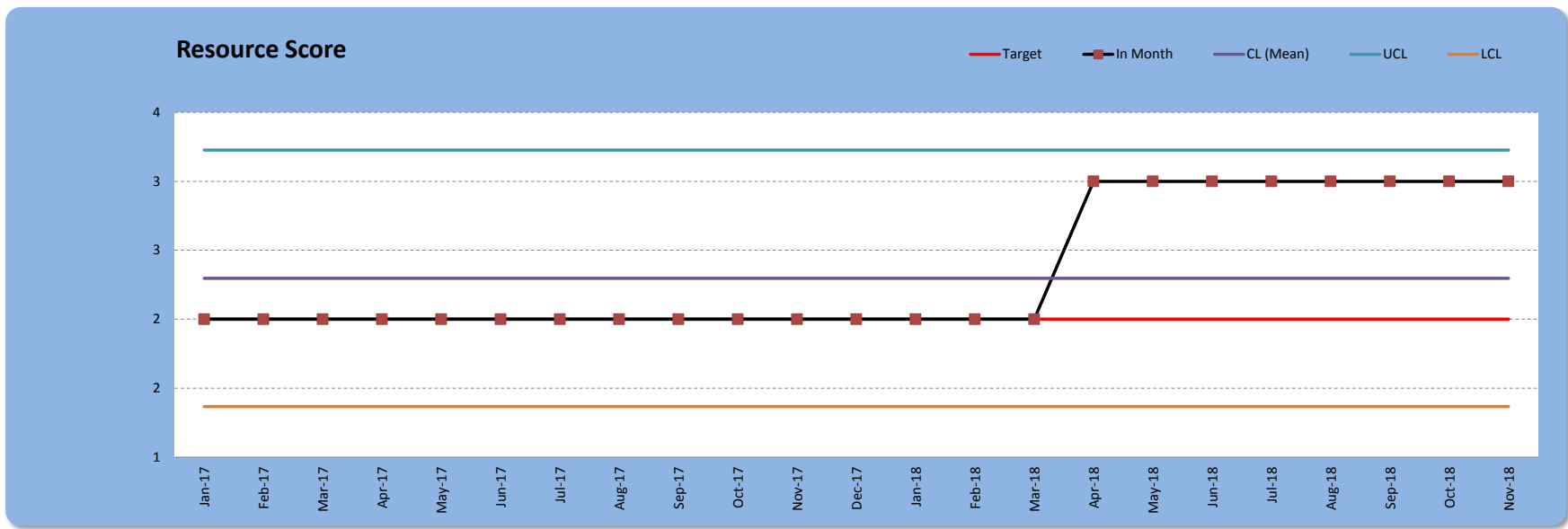
KPI Type
F 2b

**Narrative**

Consistent

Target: 2  
Amber: 3

Current month stands at 3



### Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score has been consistent over the financial year at a 3, which is consistent with our NHS Improvement plan.

### Business Intelligence

Collection of Resource Scoring changed in August 2016. Therefore the scores prior to that date are not shown in the chart above

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2018**

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

KPI Type

F 4b

### Narrative

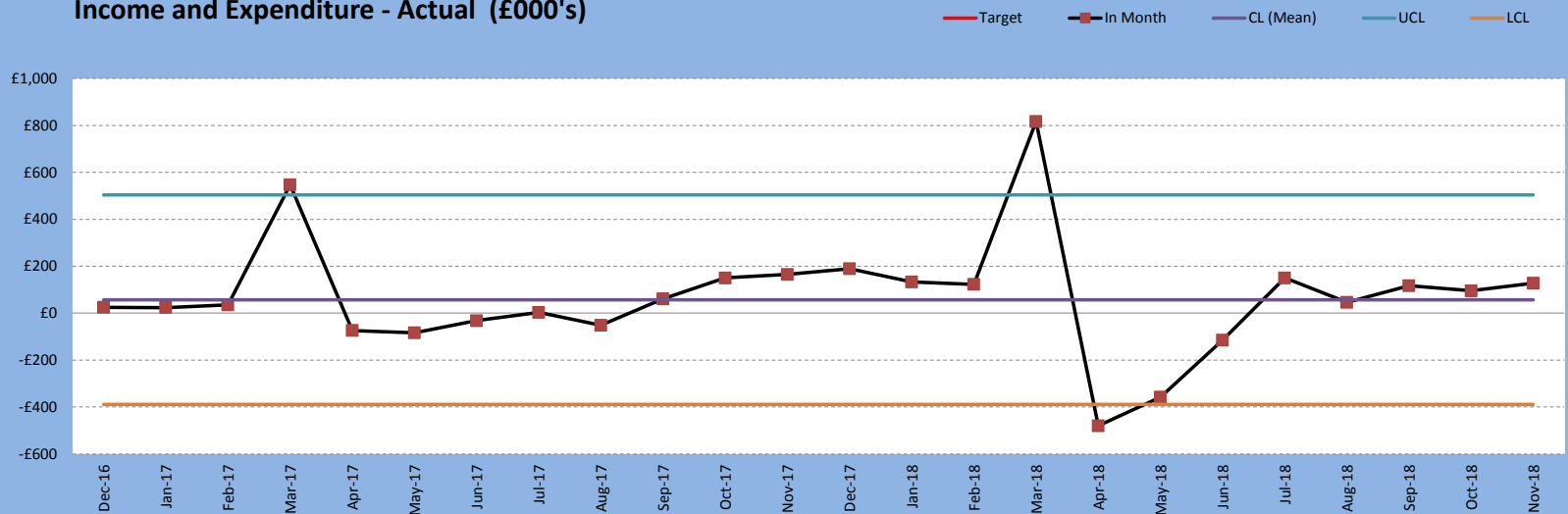
Reporting a deficit

Target:

Amber:

Current month stands at £128 ,000

### Income and Expenditure - Actual (£000's)



### Exception Reporting and Operational Commentary

The Trust reported a year to date deficit position of £2.062m as at the end of September 2018, this was inclusive of contingency for the non delivery of Budget Reduction Schemes in the remaining months of the year.

The Reported Operational position was a deficit of £0.418m, this was inclusive of 8 months Provider Sustainability funding of £1.106m.

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

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Nov 2018**

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

KPI Type

F 5

### Narrative

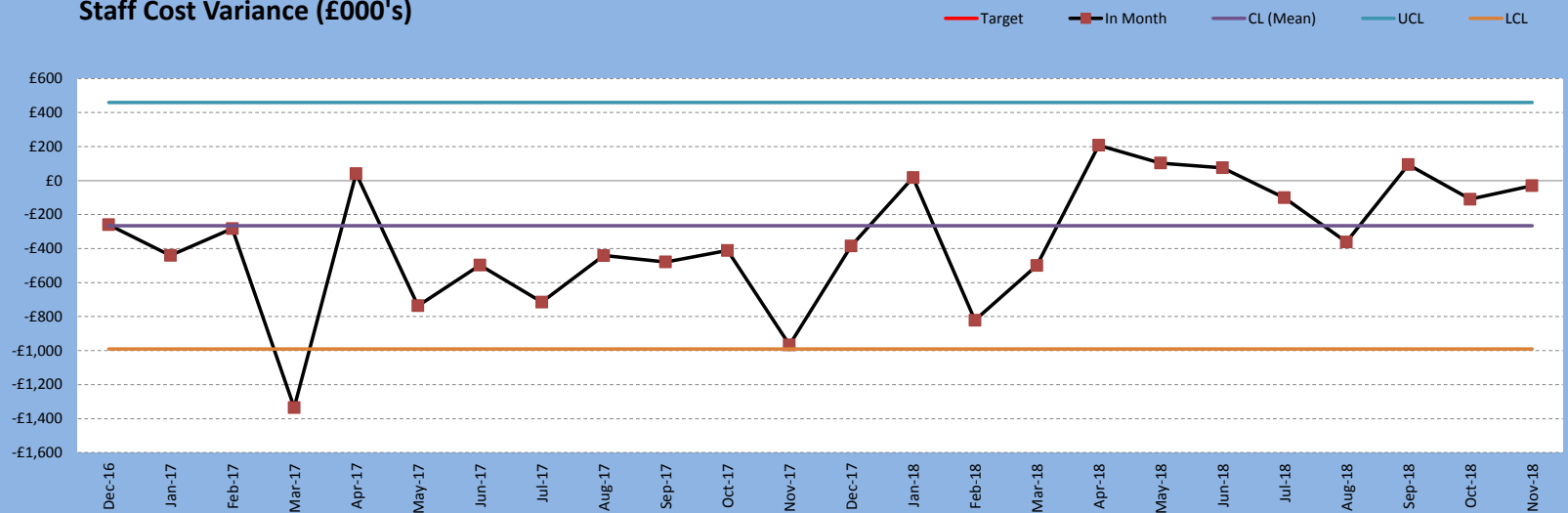
Data points below the zero are a deficit. Data points above the zero are an underspend

Target:

Amber:

Current month variance stands at -£30 ,000

### Staff Cost Variance (£000's)



### Exception Reporting and Operational Commentary

The staff costs are below the planned budget for November.

### Business Intelligence

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

# PI RETURN FORM 2018-19

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

For the period ending:

**Nov 2018**

Indicator Title

Description/Rationale

KPI Type

**Complaints**

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

Executive Lead  
John Byrne

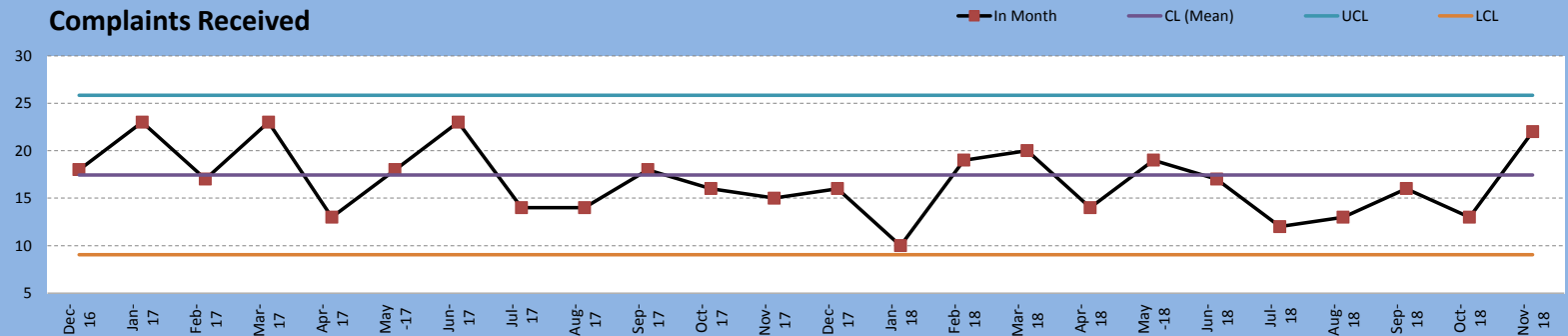
IQ 1

Narrative

within tolerance

Current month stands at 22

**Complaints Received**

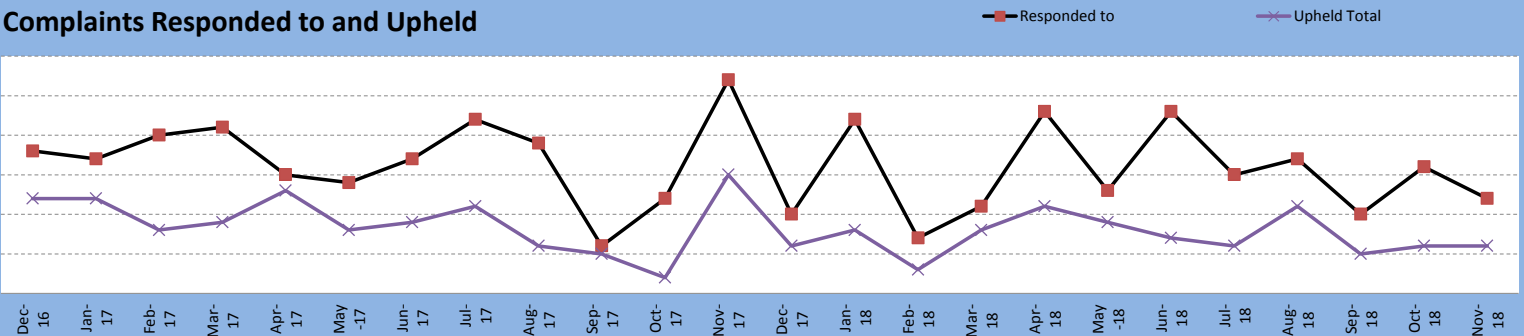


Narrative

55 upheld YTD (47%)

Current month stands at 6

**Complaints Responded to and Upheld**



### Exception Reporting and Operational Commentary

The Trust responded to 12 complaints in the month of November 2018 of which 6 complaints were not upheld (50%) and 6 complaints were partly or fully upheld (50%). The top theme for complaints responded to (year to date) continues to be patient care.

The Trust received 18 compliments during the month of November 2018.

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

Patient care	31
Values and behaviours (staff)	19
Appointments	18
Communications	13
Trust admin/policies/procedures including patient record management	9

YTD 129



Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Human Resources: Steve McGowan

Medical Director: John Byrne

Director of Nursing and Quality: Hilary Gledhill

Issue Date: 19/12/2018





**Agenda Item: 12**

Title & Date of Meeting:	Council of Governors Public Meeting– 17 <sup>th</sup> January 2019			
Title of Report:	Finance Update Report (November 2018)			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
	The Council of Governors is asked to note the Finance report and comment accordingly.			
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2018 to November 2018.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>			
Key Issues within the report:	<ul style="list-style-type: none"> <li>• The Trust reported a net deficit of £0.278m to the end of November 2018, this represents a favourable variance to the profiled budget plan of £0.070m.</li> <li>• The Trust has a Control Total to deliver a £1.151m Surplus by the end of the financial year.</li> <li>• The Cash Balance at the end of November 2018 was £10.530m.</li> <li>• Agency Costs continue to remain within the ceiling set by NHS Improvement and represent a reduction on previous years expenditure.</li> <li>• Capital expenditure at the end of November 2018 was £3.017m.</li> <li>• The current Use of Resource Score for the Trust is 3, this is as planned but reflects a worsening from the final 2017/18 year end position.</li> </ul>			

**Monitoring and assurance framework summary:**

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



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



# Council of Governors

## Finance Update Report (November 2018)

### 1. Introduction and Purpose

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period September 2018 to November 2018

### 2. Performance 2018/19

The table below summarised the reported income and expenditure position for the Trust across the reporting period (*reported figures are cumulative*).

**Table 1: Reported I&E Position**

	September 2018 £001	October 2018 £002	November 2018 £003
Income	(62,056)	(72,548)	(83,204)
Expenditure	60,685	70,832	81,096
<b>EBITDA</b>	<b>(1,371)</b>	<b>(1,716)</b>	<b>(2,108)</b>
Finance Items	2,715	3,168	3,633
STF Funding	(703)	(905)	(1,106)
<b>Net (Surplus)/Deficit</b>	<b>641</b>	<b>547</b>	<b>419</b>
Exclude: Donated Asset Depn	(106)	(123)	(141)
<b>Net Position</b>	<b>535</b>	<b>424</b>	<b>278</b>
<b>Profiled Trust Budget Plan</b>	<b>792</b>	<b>548</b>	<b>348</b>
<b>Variance to Plan</b>	<b>(257)</b>	<b>(124)</b>	<b>(70)</b>
<b>EBITDA</b>	<b>-2.2%</b>	<b>-2.4%</b>	<b>-2.5%</b>
<b>Deficit %</b>	<b>-0.9%</b>	<b>-0.6%</b>	<b>-0.3%</b>

As at the end of November 2018 the Trust had reported a year to date deficit of £0.278m, which is inclusive of 8 months Sustainability and Transformation Funding (STF) of £1.106m, this is not a sustainable position.

A more detailed summary of the income and expenditure position as at 30<sup>th</sup> November 2018 is shown at appendix A, it should be noted that the plan for the year is to deliver a £1.151m Surplus;

The Trust's profiled budget plan is set at a pace to deliver more quickly than the profiled plan submitted to NHS Improvement (NHSI). Within the reported position to NHSI a Budget Reduction Strategy contingency is included to avoid a significant



favourable variance being reported, this is not included in the table above but is highlighted in Appendix A. At the end of November 2018 the Trust has reported a position slightly ahead of its NHSI Plan.

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

**Table 2: Key Variance at February 2018**

<b>Children's, Learning Disabilities, Community Services and Primary Care</b>	<p>Year to date expenditure of £28.508m represents an underspend against budget of £0.263m.</p> <p>Expenditure for the Scarborough &amp; Ryedale contract has been included in the position from May. Areas of notable overspends relate to higher than budgeted costs for Hull LD patients residing in The Priory unit and the use of Locums in Primary Care.</p>
<b>Specialist.</b>	<p>An underspend of £0.091m was recorded YTD for Specialist Services and is mainly due to non-pay savings from efficiencies around testing and travel.</p>
<b>Mental Health</b>	<p>An overspend of £0.284m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.</p>
<b>Corporate</b>	<p>The overall Corporate Services expenditure was £0.160m underspent year to date.</p> <ul style="list-style-type: none"> <li>• The Chief Executive overspend is related to higher than budget pay costs to date, primarily in relation to vacancy factors.</li> <li>• The Chief Operating Officer directorate has a year to date overspend of £0.123m due to higher than budgeted pay costs and the non achievement of the vacancy factor.</li> <li>• Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs, the reclaim of the VAT on Lorenzo.</li> <li>• The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.</li> </ul>

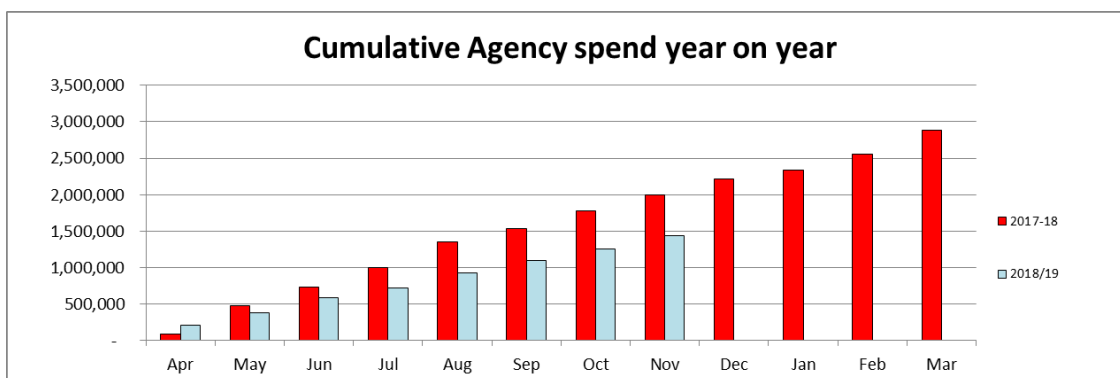
### 3. Agency costs

For 2018/19 NHSI has allocated the Trust an agency expenditure ceiling of £2.828m.

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

**Table 3.1: Agency Spend compared prior year**





### 3. Cash

The cash balance at 30<sup>th</sup> November was £10.530m, cash balances across the reporting period are summarised below:

**Table 3: Cash Balances**

	September 2018 £001	October 2018 £002	November 2018 £003
Government Banking Service	8,577	9,946	10,382
Nat West	189	129	117
Petty Cash	28	31	31
<b>Net Position</b>	<b>8,794</b>	<b>10,106</b>	<b>10,530</b>

The cash balance is bolstered by funding for the CAMHS Capital Build and IT projects the Trust is hosting, the underlying cash position is circa £8.5m

### 4. Capital

The year to date capital expenditure of £3.017m comprises expenditure for IT (£0.612m) and Estates Capital (£2.405m) including £1.813m relating to the CAMHS project.

Capital funding grants for the EPMA project and the Cottingham clinic extension are expected to be received by the end of the financial year, though they are currently not included in the CDEL limit

### 7. NHSI Use of Resources Assessment

Performance against the NHSI Single Oversight Framework (SOF) is summarised in the table below. The SOF assesses the Trust's financial performance across different metrics, the Trust can score between 1 (best) and 4 (worst) against each metric, with an average score across all metrics used to derive a use of resources score for the Trust.



The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. This demonstrated that the Trust will show an initial I & E Margin that is rated as a 4 moving to a 2 by the year end. For May the overall use of resources rating for the Trust is a 3, which is consistent with the rating on the NHSI Plan.

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

**Table 8: Use of Resources**

Use of Resources Metrics	Weight	Planned Rating	Actual Rating
Capital Service Cover rating	20%	4.0	4.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	4.0	4.0
Variance From Control total rating	20%	1.0	1.0
Agency	20%	1.0	1.0
<b>Weighted Average Risk Rating</b>		<b>3.0</b>	<b>3.0</b>

## 9. Recommendations

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



2018/19 Income and Expenditure Summary (As at 30<sup>th</sup> November 2018)

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>	125,998	10,622	10,656	33	83,180	83,204	23
	<b>125,998</b>	<b>10,622</b>	<b>10,656</b>	<b>33</b>	<b>83,180</b>	<b>83,204</b>	<b>23</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Childrens, Learning Disability & Primary Care	43,645	3,715	3,763	(48)	28,771	28,508	263
Specialist Services	11,763	1,015	1,002	13	7,741	7,651	91
Adult Mental Health Services	36,904	2,941	3,104	(163)	24,734	25,019	(284)
	<b>92,312</b>	<b>7,672</b>	<b>7,869</b>	<b>(197)</b>	<b>61,247</b>	<b>61,178</b>	<b>69</b>
<u>Corporate Services</u>							
Chief Executive	1,622	135	145	(9)	1,081	1,140	(59)
Chief Operating Officer	4,343	364	357	7	2,887	3,010	(123)
Finance	15,299	1,256	1,050	206	10,369	10,118	251
HR	3,134	272	239	33	2,199	2,120	79
Director of Nursing	1,526	127	135	(8)	1,017	1,065	(48)
Medical	1,837	166	163	3	1,211	1,279	(68)
Finance Technical items (including Contingency)	1,921	158	307	(149)	1,315	1,187	128
	<b>29,682</b>	<b>2,478</b>	<b>2,395</b>	<b>83</b>	<b>20,078</b>	<b>19,918</b>	<b>160</b>
<b>Total Expenditure</b>	<b>121,994</b>	<b>10,150</b>	<b>10,264</b>	<b>(114)</b>	<b>81,325</b>	<b>81,096</b>	<b>229</b>
<b>EBITDA</b>	<b>4,004</b>	<b>472</b>	<b>392</b>	<b>(80)</b>	<b>1,856</b>	<b>2,108</b>	<b>253</b>
Depreciation	2,645	220	227	(7)	1,763	1,834	(71)
Donated Depreciation	300	25	18	7	200	141	59
Interest	198	17	28	(12)	132	119	13
PDC Dividends Payable	2,022	168	192	(24)	1,348	1,539	(191)
PSF Funding	(2,012)	(201)	(201)	(0)	(1,107)	(1,106)	(1)
<b>Operational Position</b>	<b>851</b>	<b>243</b>	<b>127</b>	<b>115</b>	<b>(480)</b>	<b>(418)</b>	<b>(62)</b>
BRS Risk	-	388	217	170	1,847	1,733	114
<b>NHS Improvement Control Total</b>	<b>851</b>	<b>(145)</b>	<b>(90)</b>	<b>(55)</b>	<b>(2,327)</b>	<b>(2,151)</b>	<b>(176)</b>
Excluded from Control Total (Donated Depreciation)	300	25	18	7	200	141	59
<b>Adjusted NHS Improvement Control Total</b>	<b>1,151</b>	<b>(120)</b>	<b>(72)</b>	<b>(48)</b>	<b>(2,127)</b>	<b>(2,010)</b>	<b>(117)</b>
EBITDA %	3.2%	4.4%	3.7%		2.2%	2.5%	
Surplus %	0.7%	2.3%	1.2%		-0.6%	-0.5%	



**Agenda Item: 13**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Feedback from Governor Groups and Governor Activity			
Author:	Authors: Peter Lacey, Chair of Strategy and Business Development Governor Group Julie Hastings, Chair of Appointments, Terms and Conditions Governor Committee Huw Jones, Chair of Finance and Audit Governor Group			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide the Council of Governors with an update on matters discussed at the meetings.			
Key Issues within the report:	Identified in the report			

**Monitoring and assurance framework summary:**

**Links to Strategic Goals**

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

Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	





## **Feedback from Governor Groups and Governor Activity**

### **Report from the Finance & Audit Group Meeting – 8 January 2019**

Verbal update to be provided at the meeting.

### **Report from the Engagement with Members Group**

A separate item is on the agenda.

### **Strategy Business & Development Group**

No meeting held between this and the last Council of Governors meeting

### **Appointments Terms and Conditions Committee**

No meeting held between this and the last Council of Governors meeting.

### **Governor Activity**

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

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

### **Staff Governor Meeting**

December meeting cancelled.

### **Public Governor Meeting**

6 December 2018



**Governor's Activity Report**

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

**Name ; Anne Gorman Months March - December 2018**

<b>Governor Visits</b> 13.3.18 – Visit to Westlands (13:00 – 15:30)
<b>Service Area Interests Activity</b> 30.4.18 – Health and Wellbeing Meeting (09:30 – 11:30) 9.10.18 – Business Development Team meeting – (09:30 – 10:45) 12.11.18 – Health and Wellbeing Meeting (09:30 – 11:30) 6.12.18 – Wellbeing review meeting (13:00 – 14:00) 6.12.18 – Staff Awards (18:00 – 21:30)
<b>Regional Governor Meetings</b> 12.9.18 – Governor Training event London
<b>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</b> 14.3.18 – Governor meeting Huw Jones(13:30 – 14:30) 12.4.18 – COG and IG training (13:00 – 17:20) 1.5.18 – Governor Development Session (09:00 – 13:00) 10.5.18 – Staff Governor Meeting (09:00 – 11:30) 6.6.18 – Meeting with Sharon Mays (09:30 – 10:20) 28.6.18 – Finance and Audit Group (13:30 – 15:15) 3.7.18 – Governor Development Session (09:00 – 14:00) 11.9.18 – Governor Development Session (09:00 – 11:30) 25.9.18 – Finance and Audit Group (12:00 – 13:45) 4.10.18 – Staff Governor Meeting ( 13:00 – 15:00) 11.10.18 – COG (13:30 – 16:00) 13.11.18 – Governor Development Session (09:30 – 11:30)
<b>Other</b>



## **Governor's Activity Report**

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

**Name Huw Jones Month November/December 2018**

<b>Governor Visits</b>
<b>Service Area Interests Activity</b>
<b>Regional Governor Meetings</b>
<b>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</b>  <b>13/11 – Governor Development</b> <b>28/11 – Board</b> <b>6/12 – Governors</b> <b>14/12 – Christmas Fair</b>
<b>Other</b>

## **Governor's Activity Report**

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

**Name Huw Jones Month October 2018**

<b>Governor Visits</b>
<b>Service Area Interests Activity</b>
<b>Regional Governor Meetings</b>
<b>Governor meetings – i.e PLACE inspections, membership recruitment events, Board/Governor meeting etc</b>  <b>9/10 Business Development session</b> <b>10/10 Strategy Group</b> <b>11/10 Council of Governors</b>
<b>Other</b>

## Governor's Activity Report

**Name:** Martin G Clayton

**Month:** Apr-Sep 2018

12-04-2018 Council of Governors

13-06-2018 Public Governors

12-07-2018 Council of Governors

19-07-2018 Public Governors

19-09-2018 AMM

**Agenda Item 14**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Responses to Governor Questions			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	A summary of the questions submitted by Governors is attached			
Key Issues within the report:	Contained within the report			

**Monitoring and assurance framework summary:**

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



**Action Log:**

**Response to Governor's questions and requests for information**

<b>Date of Meeting/Query</b>	<b>Minute No</b>	<b>Agenda Item (title)</b>	<b>Action/Question</b>	<b>Lead (initials)</b>	<b>Timescale</b>	<b>Update Report</b>
24.11.18	N/A	N/A	<p>Question received from Mr Craig Enderby Clinical Staff Governor</p> <p>Is the text below correct in Humber Voice Nov 17, that only non-clinical staff can vote for the non-clinical 'Staff Governor Role'?</p> <p>If so when / who decided this &amp; how is it ascertained which staff are non-clinical?</p>	MH	November 2018	<p>The response below was provided to Mr Enderby</p> <p>The information is correct. Changes were made to the Constitution when it was reviewed in September 2017 including splitting the staff constituency into clinical and non clinical governor roles. For this election the two seats are both non clinical as the current non clinical Governors have been in post for nearly a full term (three years).</p> <p><u>If so when / who decided this &amp; how is it ascertained which staff are non-clinical?</u></p> <p><b>Response</b>            This voting process, actioned by ERS on the Trust's behalf, has been used since the Trust was authorised as a Foundation Trust in 2010.</p>



						<p>Only members of a constituency can vote in that constituency – the same with public constituencies for example East Riding public members can only vote for East Riding candidates. In the same way non clinical staff can only vote for non clinical candidates and clinical staff can only vote for clinical staff.</p> <p>In terms of how staff are categorised this information was provided to ERS for the membership database by HR.</p> <p>Since then, on an ongoing basis, Katie receives a monthly report from the HR team on new starters, leavers, name change and change of address which includes details on whether they are non-clinical or clinical, for updating on the database.</p>
<b>Outstanding Actions arising from previous meetings for feedback to a later meeting</b>						
11.1.18	04/18	The Reluctant Runner	Social Prescribing presentation to be arranged	KC/JJ	January 2019	Item on the agenda



**A copy of the full action log recording actions reported back to X group/committee and confirmed as completed/closed is available from the Administrator/Secretary of the meeting**

**Diary Dates**

**Council of Governors Meeting Dates 2019, all start at 2.00pm in the Conference Room, Trust Headquarters**

Tuesday 9 April 2019	Thursday 11 July 2019	Thursday 17 October 2019
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**Council of Governors Development Dates 2018/19 – all take place in the Conference Room, Trust Headquarters at 9.00am – 12.00**

12 February 2019	30 April 2019	18 June 2019	10 September 2019	12 November 2019
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**Public Board Meeting Dates 2018/19 all starting at 9.30am**

30 January 2019 - Conference Room, Trust Headquarters	27 February 2019 - Board Room, Gosschalks, Dock Street, Hull HU1 3AE	27 March 2019 - Conference Room, Trust Headquarters	24 April 2019 - venue tbc	22 May 2019 - Conference Room, Trust Headquarters	26 June 2019 - venue tbc	24 July 2019 - Conference Room, Trust Headquarters	25 September 2019 - venue tbc	30 October 2019 - Conference Room, Trust Headquarters	27 November 2019 - venue tbc
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**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 January 2019			
Title of Report:	Governor/Director Visit Update			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	The current Governor/Director visit programme is attached for information			
Key Issues within the report:	Anyone wishing to take part in a visit to contact the Membership Officer			

**Monitoring and assurance framework summary:**

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





**Governor/Board Visibility Visits - 2019**

<b>Unit/Team</b>	<b>Date/Time</b>	<b>NED/Director</b>	<b>Governors</b>	<b>Unit /Team/Service Managers Confirmed with</b>	<b>Booked with/Comments/Info</b>
<b>Townend Court - Learning Disabilities Inpatient Unit</b> 298 Cottingham Road Hull HU6 8QG	Wednesday 16 January 2019  10.00am - 12noon	NED - Sharon Mays Exec - Lynn Parkinson	1. John Cunnington 2. Sam Grey 3. Ros Jump	Trish Bailey Gary Green Debbie Carhill	Date booked 14/11/2018 Staff booked with Tess Smith Telephone number 01482 336775  Date confirmed visit <b>Thursday 10 January 2019</b>
<b>Patient and Carer Experience Forum</b> The Lecture Theatre Willerby Hill Beverley Road Willerby HU10 6ED Conference Rooms A&B	Wednesday 23 January 2019  1.30pm - 3.30pm	NED - Sharon Mays Exec - John Byrne (Chair)	1. John Cunnington 2. Huw Jones 3. Mike Oxtoby	Mandy Dawley Lorna Barratt	Date booked 14/11/2018 Staff booked with Mandy Dawley Telephone number 389378  Date confirmed visit
<b>Consultant Forum</b> Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED Boardroom	Thursday 31 January 2019  9.00am - 11.00am  <b>This visit needs to be re arranged, once confirmed we will let the Governors know</b>	NED - Exec - John Byrne	1. John Cunnington 2. Huw Jones	John Byrne Gillian Hughes	Date booked 15/11/2018 Staff booked with Jennie Rimmington Telephone number 389113  Date confirmed visit
<b>Hawthorne Court - Adult Mental Health Inpatient Unit</b> St Mary's Lane Beverley HU17 7AS	Thursday 7 February 2019  10.00am - 12noon	NED - Exec - Pete Beckwith	1. John Cunnington 2. Mike Oxtoby 3. Ros Jump	Nigel Hewitson Jenni Jordan Sue King Hollie Wadsworth	Date booked 14/11/2018 Staff booked with Jak Preston Telephone number 336830  Date confirmed visit
<b>Maister Lodge - Older People/Dementia Inpatient Unit</b> Middlesex Road Hull HU8 0RB	Monday 18 February 2019  9.30am - 11.30am	NED - Peter Baren Exec - Lynn Parkinson Paula Bee	1. John Cunnington 2. Mike Oxtoby 3. Ros Jump	Jo Inglis Nicola Gendle Catherine West	Date booked 14/11/2018 Staff booked with Claire Knowles Telephone number 303775  Date confirmed visit

<b>Drugs &amp; Therapeutics Team Meeting</b> Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED	Thursday 28 February 2019  9.30am - 12noon	NED - Exec - Hilary Gledhill	1. John Cunnington 2. Anne Gorman	John Byrne Liat Chong	Date booked 15/11/2018 Staff booked with Jennie Rimmington Telephone number 389113  Date confirmed visit
<b>Humber Centre - Forensic Medium Secure Inpatient Unit</b> Willerby Hill Beverley Road Willerby HU10 6ED	Thursday 7 March 2019  1.30pm - 3.30pm	NED - Mike Cooke Exec - Hilary Gledhill	1. John Cunnington 2. 3	Gill Gilbert Karen McDonnell	Date booked 14/11/2018 Staff booked with Rachel Boulton Telephone number 336200  Date confirmed visit
<b>PICU - Adult Psychiatric Intensive Care Unit</b> Miranda House Gladstone Street Hull HU3 2RT	Thursday 28 March 2019  10.00am - 12noon	NED - Sharon Mays Exec - Steve McGowan	1. John Cunnington 2. Paul McCourt 3	Claire Antley Grace Gava Jenni Jordan Gemma Cheetham Tim Wilson	Date booked 14/11/2018 Staff booked with Sarah Dolphin Telephone number 617508  Date confirmed visit
<b>Westlands - Adult Female Mental Health Inpatient Unit</b> Wheeler Street Hull HU3 5QE	Wednesday 10 April 2019  10.00am - 12noon	NED - Mike Cooke Exec -	1. John Cunnington 2. 3	Nigel Hewitson Jenni Jordan	Date booked 3/12/2018 Staff booked with Sian Johnson Telephone number 335645  Date confirmed visit
<b>Granville Court - Learning Disabilities Inpatient Unit</b> 4 Esplanade Hornsea HU18 1NQ	Thursday 25 April 2019  1.30pm - 3.30pm	NED - Sharon Mays Exec - Lynn Parkinson	1. John Cunnington 2. 3	Gary Green Tracey Robinson Trish Bailey	Date booked 15/11/2018 Staff booked with Louise Croft Telephone number 01964 561322  Date confirmed visit

<b>Newbridges - Adult Male Mental Health Inpatient Unit</b> Birkdale Way Hull HU9 2BH	Thursday 2 May 2019 9.30am - 11.30am	NED - Exec - Hilary Gledhill	1. John Cunnington 2. Paul McCourt 3	Nigel Hewitson Jenni Jordan Jon Paul Robinson	Date booked 15/11/2018 Staff booked with Alison Whitfield Telephone number 335829  Date confirmed visit
<b>Avondale</b> Miranda House Gladstone Street Hull HU3 2RT	Tuesday 14 May 2019 9.30am - 11.00am	NED - Sharon Mays Exec - Steve McGowan	1. John Cunnington 2. 3	Grace Gava Jenni Jordan Dawn Houston	Date booked 15/11/2018 Staff booked with Sam Aves Telephone number 617565  Date confirmed visit
<b>Children's &amp; LD Business Meeting</b> Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED Conference Room B	Thursday 30 May 2019 9.30am - 12noon	NED - Exec - John Byrne	1. John Cunnington 2.	Trish Bailey Julia Mizon	Date booked 15/11/2018 Staff booked with Angie Watkin Telephone number 389196  Date confirmed visit
<b>Business Development Team Meeting</b> Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED ROOM TBC	Wednesday 5 June 2019 9.30am - 11.00am	NED - Exec -	1. John Cunnington 2. 3	No need to inform anyone else Liz will	Date booked 15/11/2018 Staff booked with Liz Bowman Telephone number  Date confirmed visit
<b>Health Trainers Full Team Meeting</b> Alfred Bean Hospital Bridlington Road Driffield YO25 5JR	12 June 2019 9.00am - 12noon	NED - Exec -	1. John Cunnington 2. 3	Natalie Belt	Date booked 4/12/2018 Staff booked with Charlotte Crake Telephone number 01262 605529 / 07515 788264  Date confirmed visit
<b>Millview Lodge - Older People Mental Health Inpatient Unit</b> Castle Hill Castle Road Cottingham HU16 5JQ	Tuesday 18 June 2019 1.30pm - 3.30pm	NED - Exec -	1. John Cunnington 2. Paul McCourt 3	Angie Raby Stacey Appleby	Date booked 15/11/2018 Staff booked with Karen Olszewski Telephone number 344537  Date confirmed visit

<b>Millview Court - Adult Mental Health Inpatient Unit</b> Castle Hill Castle Road Cottingham HU16 5JQ	Tuesday 2 July 2019  12.30pm - 2.00pm	NED - Exec - Steve McGowan	1. John Cunnington 2. 3	Nigel Hewitson Jenni Jordan Jess Slingsby	Date booked 15/11/2018 Staff booked with Sam Quarshie Telephone number 344530  Date confirmed visit
<b>Whitby Hospital</b> Springhill Whitby YO21 1DP	Tuesday 16 July 2019  11.30am - 1.30pm	NED - Exec -	1. 2. 3	Ian Tweddell	Date booked Staff booked with Ian Tweddell Telephone number 01947 899201  Date confirmed visit
<b>Malton</b> Malton Hospital Maiden Greve Malton YO17 7NG		NED - Exec -	1. 2. 3		Date booked Staff booked with Telephone number  Date confirmed visit
<b>Scarborough</b> Springhill House 19 Springhill Close Scarborough		NED - Exec -	1. 2. 3		Date booked Staff booked with Telephone number  Date confirmed visit
<b>Operations Delivery Group Meeting</b> Trust Headquarters Willerby Hill Beverley Road Willerby HU10 6ED		NED - Exec -	1. 2. 3	Lynn Parkinson	Date booked Staff booked with Telephone number 389112  Date confirmed visit