NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 27 February 2019
Agenda - Public Meeting

For a meeting to be held at 9.30am in the Board Room, Gosschalks, Dock Street, Hull HU1 3AE

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 30 January 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – "From Both Sides of the Lens" – Clare Hilton, Consultant Clinical Psychologist for Older People attending	JB	To receive & note	√
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & ratify	√
8.	Publications and Policies Report	MM	To receive and note	√
	Assurance Committee Reports			
9.	Quality Committee Assurance Report & Minutes of 7 November 2018 Meeting	MC	To receive & note	√
10.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
11.	Finance and Investment Committee Assurance Report & Terms of Reference	FP	To receive & approve	√
12.	Audit Committee Assurance Report	PB	To receive & note	√
13.	Charitable Funds Committee Assurance Report	PBee	To receive & note	√
14.	Amendment to Standing Orders, Scheme of Delegation and Standing Financial Instructions	MH	To receive & approve	√
	Quality & Clinical Governance			
15.	Quality Account Update	HG	To receive & ratify	√
16.	Six Month Review of Safer Staffing In-patient Units	HG	To receive & note	√
	Performance & Finance			
17.	Performance Report	PBec	To receive & note	√
18.	Finance Report	PBec	To receive & note	√
19.	Council of Governors Meeting Minutes 11 October 2018	SM	To receive & note	√
20.	Items for Escalation	All	To note	verbal
21.	**Any Other Business**			
22.	**Exclusion of Members of the Public from the Part II Meeting**			

23.	**Date, Time and Venue of Next Meeting** Wednesday 27 March 2019, 9.30am in the Conference Room, Trust Headquarters	

Agenda Item: 2

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

Monitoring and assurance framework summary:

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

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

Directors' Declaration of Interests

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

Mr Mike Smith, Non Executive Director (Voting Member)	• Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Owner MJS Business Consultancy Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Lord- Lieutenant's Officer for South Yorkshire • Council Member Barnsley and Rotherham Chamber of Commerce
Mr Francis Patton, Non Executive Director (Voting Member)	• Chairman, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director and Chairman, SIBA, The Society of Independent Brewers • Director, Fleet Street Communications • Chairman, Barnsley Facilities Services Limited • Director, Walrus & Carpenter Limited • Non Executive Director Barnsley NHS Foundation Trust

Item 3

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

Present:	Mrs Sharon Mays, Chair Ms Michele Moran, Chief Executive Mr Peter Baren, Non-Executive Director Prof Mike Cooke, Non Executive Director Mr Francis Patton, Non Executive Director Mr Mike Smith, Non Executive Director Mr Peter Beckwith, Director of Finance Dr John Byrne, Medical Director Mr Steve McGowan, Director of Human Resources Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Tracy Flanagan, Deputy Director of Nursing Mrs Michelle Hughes, Interim Head of Corporate Affairs Mrs Jenny Jones, Trust Secretary Ms Amy Smith, Communications Officer Ms Jennie Bradley, Business Consultant Quality Health (for item 04/19) Dr Lucy Williamson, Consultant Forensic Psychiatrist & Guardian of Safe Working (for item 13/19) Ms Cathryn Hart, Assistant Director of Research and Development (for item 14/19) Mrs Alison Flack, Freedom to Speak Up Guardian (for items 15/19, 16/19, 17/19 & 18/19) Mr Huw Jones, Public Governor A Member of the Public
Apologies:	Ms Paula Bee, Non-Executive Director Mrs Hilary Gledhill, Director of Nursing

01/19 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

02/19 **Minutes of the Meeting held on 28 November 2018**
The minutes of the meeting held on 28 November 2018 were agreed as a correct record.

03/19 **Matters Arising and Actions Log**
The actions list was discussed. Mr Patton commented that there were some actions resulting in discussions or presentation at the March Time Out when there has been previous Board agreement to concentrate on Board Development and key issues and restrict the number of items on the agenda. The Chair explained that the main agenda item for the March Development Day is the long term plan and system leadership which is likely to cover some of the areas identified. It was also felt that the new Workforce Committee would cover some of these including 204/18(h)

176/18(b) Quality Improvement Approach
The Chair asked Dr Byrne what the timeline is for the Trust Board project. Dr Byrne agreed

to bring something to the next meeting.

04/19 **Community Mental Health Service User Survey Presentation**

Ms Jennie Bradley, Business Consultant from Quality Health attended the Board meeting to present the findings from the recently published Mental Health Community Service User Survey 2018 report. The survey is organised by the Care Quality Commission (CQC) and delivered by Quality Health.

The survey was sent to a random sample size of 829 service users on the Care Programme Approach (CPA) and non CPA register during the period 1 September 2017 – 30 November 2017 and the survey was undertaken between February and June 2018. 274 (33%) responses were received. For this survey there were some changes to the questions with six questions being removed and replaced with new questions, however the majority of scores were in the intermediate and top 20% ranges.

Mr Smith asked if there was anything in the survey asking about understanding the language used in the questions as he was concerned that some people who were sent the survey may not understand the questions. He asked if there was any help available for completing it. Ms Bradley said that someone could complete the survey on behalf of the recipient and indicate this at the end of the survey. Mr Smith asked how many people had identified that they had received help in completing the survey and whether this would have affected the scoring. Ms Bradley did not have that information, but would find out and it will be included as a post meeting note.

Professor Cooke commented that the previous survey looking at 2016 had been extremely positive for the organisation and recognition that it would be difficult to retain some of these scores. He asked if there is an action plan to address the areas where improvement needs to be progressed. The Chief Executive said that the report was published in November 2018 and since that time the Trust has produced an action plan. She suggested that an update on the actions be prepared for the February meeting to show the Board what progress has been made. When future surveys are presented, an updated will also be provided on the actions that have been taken since the publication of the report.

The Chief Executive acknowledged the results were not as positive as the previous report and felt a trend analysis would help to show the changes in more detail.

Mrs Parkinson confirmed that the action plan has been developed and reviewed by the Quality Committee. She was disappointed with the reduction in the physical health care scores, but there has been a significant focus in this area this year and also on engagement. She felt it was difficult to look at these results in isolation and without triangulating them with other key results including Quality Accounts workshops and mental health benchmarking information. Community Mental Health Teams (CMHTs) are part of the transformation work currently taking place and is part of the Trust's long term plan around integration.

A physical health dashboard will be rolled out to teams showing performance in the near future. Dr Byrne recognised that the survey is a snapshot at a specific time however it does not dilute the importance of the results. The information will be shared with teams, services and patients to help influence future surveys.

Ms Bradley recognised that work has already started to look at the areas where the scores had reduced which should be reflected in the next survey results.

The Chair thanked Ms Bradley for attending to present the results of the survey.

Resolved: The presentation was noted
A response to be provided on the number of people who identified they had help to complete the survey to be circulated to the Board
An update on the action plan and work being done to come to the next Board meeting as part

of the Chief Executive's report **Action JB**

05/19 **Chair's Report**

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

- Unit visits with the Chief Operating Officer at Christmas to thank staff for their continued work
- Visits to Townend Court and other teams within the organisation. The Director/Governors visibility programme is filling up, but there are still opportunities for Board members to participate.
- Attendance at a stakeholder event held in Scarborough about Scarborough Hospital
- Attendance with other Board members at a Humber Coast and Vale Partnership event to discuss the developing Integrated Care Service (ICS) and Integrated Care Partnerships (ICP).
- Induction for new Governors. Some Governors come to the end of their terms of office at the end of January. This also includes the Lead Governor and an election is currently taking place for a replacement. Governors are also becoming involved in Quality Improvement agenda
- Attending the Patient and Carer Forum where two participants will be attending national events accompanied by the Head of Patient and Carer Engagement

Resolved: The verbal update was noted.

06/19 **Chief Executive's Report**

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

Ian Trenholm, Chief Executive of the Care Quality Commission (CQC) visited the Trust on the 18 January 2019. It was good to have such a high profile visit and follows on from Chris Hobson's visit last year. Claire Murdoch is also scheduled to visit Humber and the Sustainable Transformation Partnership (STP) Mental Health work on 8th February. Professor Cooke commented that these visits allowed the organisation to showcase its good work.

A Brexit steering Group has been formed to look at supporting the health and care system to prepare for the UK leaving the EU prior to 29 March 2019. To help staff understand the issues regular updates will be provided.

An Integrated Care Partnership/Integrated Care Service event was held recently to stock take the position. Focus remains on six PLACE areas and it is about getting the architecture right in relation to the long term view. A planning event is being planned in February.

The Chief Executive has been interviewed by the Health Service Journal (HSJ) around the good work that is taking place which will be published shortly.

#PROUD has been launched at the Leadership Forum which is an Organisational Development programme working with the Institute of Organisational Development. Mr McGowan explained that this is a developed and costed programme over the next three years. There is a lot of work to do but the coaching and mentoring programme is a significant investment in our staff to help deliver organisational goals. Mr Patton asked if there are any actions that can be taken quickly to provide benefits to the organisation. Mr McGowan explained that the programme is at an early stage, but by the end of March there will be some delivery of some of the programme and some movement in indicators. Regular updates will be provided to staff and to the Board via the Workforce and Organisation Development Committee to demonstrate the impact the programme is having.

Professor Cooke asked for an update on the position with Whitby and Child and Adolescent Mental Health Services (CAMHS). The Chief Executive explained that for Whitby the Clinical Commissioning Group (CCG) business case has been finalised by the governing body. Joint working is taking place on the clinical model which will go through the Quality Committee and come to the February Board.

The Child and Adolescent Mental Health Services (CAMHS) project has seen some slippage, however this has not affected the recruitment programme. Dr Byrne confirmed that a significant amount of time and effort has been put into the recruitment for the medical posts. There is a detailed programmed recruitment plan in place which includes provision for existing staff applying for the new posts.

Mr Patton asked if there was Key Performance Indicators (KPIs) identified for the Mental Health Response Service (MHRS) and if so whether these are being met. He was informed there are internal and contractual KPIs which are monitored, but pressures are rising in the service, but the trajectory is an improving picture due to additional resource and operational changes in the service.

Mr Baren commented on the Quality Improvement update noting that some of the projects did not appear to link to the strategic objectives. He asked how assurance will be given to the Board that the projects are appropriate and delivering as planned. Dr Byrne explained that the teams have chosen these projects supported by the Quality Improvement team. There have been some slow starts, but improvement is now being seen. Three monthly reviews are undertaken and regular updates will be provided through the Quality Committee.

A "Refer a Friend" scheme has been agreed by the Executive Management Team to help with recruitment. The details of the scheme are still being worked through.

Resolved: The report was noted
The Clinical Model for Whitby will go to the next Quality Committee meeting **Action LP**

07/19 **Publications and Highlights Report**

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

Professor Cooke noted the report in the Long Term Plan. He explained that at the partnership event recently it was a good stock take of the current position. There is a lot going on in the six PLACES and how these fit into the Trust's plans and also the Sustainable Transformation Partnership (STP) area. Workforce is a big issue for the organisation and opportunities for the future need to be maximised.

Dr Byrne highlighted the Care Quality Commission (CQC) recommendations report and the commitment to patient safety strategies. The Trust's patient safety strategy is being updated in conjunction with the Nursing Directorate using the Quality Improvement methodology. During the next few weeks views from the Board, patients and carers will be sought to help influence the strategy.

Mr Smith reported that the Review of the Mental Health Act publication suggested changes to the roles of the Hospital Managers to Hospital Advisers and removing their discharge powers which could have an impact on the organisation if taken forward. Dr Byrne explained that the Trust is already taking forward the Community Treatment Orders (CTOs) work.

Resolved: The report was noted

08/19 **Finance and Investment Committee Assurance Report**

An executive summary of discussions held at the meeting held on 23rd January 2019 and a summary of key points for the Board to note was presented. Of particular note were:-

- Month nine performance showed that the Trust had reduced its year to date operational deficit to £0.310m (6th consecutive month of improvement), improved its cash position and seen a reduction in trade debtors. Work is needed on performance in all areas to improve the year end outturn as a number of areas a forecasting a worsening position.
- An update on the Humber Coast and Vale financial position.
- The Terms of Reference for the newly combined Finance and Strategic Investment Committees that was agreed at the Board timeout in December following previous discussions had been discussed in Committee and some changes suggested. They will be brought back to the next meeting for approval and presented to Board in February.
- Committee were discussed and some changes suggested. They will be brought back to the next meeting for approval.

Resolved: The report was noted

09/19 **Charitable Funds Committee Minutes 13 November 2018**

The minutes of the meeting held on 13 November 2018 were presented for information. The assurance report will be presented to the next meeting.

Resolved The minutes were noted
The assurance report will be presented at the February meeting **Action PBee**

10/19 **Charitable Funds Annual Accounts**

The Charitable Funds Accounts were presented for ratification. Three Financial statements are included which were approved, subject to minor changes, by the Charitable Funds Committee on 17 January 2019. The revised accounts have been circulated to the Committee and received approval. It was noted that the lateness of the accounts was due to the change to a local firm of accountants.

Professor Cooke noted the increase in the total of the fund which he was pleased to see. He asked if this was as a result of fund raising or additional income. Mr Beckwith said it was through fund raising efforts although a legacy was received in the last year which added to the income.

Mr Patton commented that it was a large amount of money and asked if consideration had been given to investing it. Mr Baren confirmed that this is on the agenda for the next meeting and invited Mr Baren to attend the next meeting.

No issues were highlighted with the accounts which have been independently examined by 360 Accountants and which fell below the threshold for an audit.

The Chair made reference to the delegated limits for the Impact Appeal and suggested that some forward planning may be required if Board approval is required. It was clarified after a query that the names of the Board members listed in the accounts was correct at the time the accounts were presented.

Clarification was requested around whether the reference to employees was accurate on page 13 of the accounts. A post meeting note will be provided to clarify this point.

Resolved: The Board ratified the Charitable Funds Annual Accounts
A post meeting note to be provided regarding the employee reference on page 13 of the accounts **Action PBec**

Post Meeting Note

The two employees referred to are the Head of Fundraising, Mrs Woodard and the previous post holder Mrs Preston

11/19 **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 had contracts ending on 31 December 2018:

- David Boswell
- Angela Loughlin
- Martin Parry

The re-appointees have been observed and fully appraised. All three are recommended for reappointment for three years, expiring on 31 December 2021.

Resolved: The Board approved the re-appointment of the three people identified above.

12/19 **Workforce and Organisation Development Committee Terms of Reference**
The Terms of Reference for the new Workforce and Organisational Development Committee agreed by the Executive Management Team (EMT) were presented to the Board. The Chair will discuss membership of the Committee with the Non Executive Directors.

Mr Patton noted there was a word omitted under the functions section in the first bullet point. Professor Cooke suggested including in the functions about taking a view on the bigger risks facing the organisation. He also felt more emphasis was needed on equality and diversity and more innovation.

Dr Byrne asked if Medical Education would be a role for this Committee. The Chair felt that as this is a new Committee there would likely be some changes to its remit as it becomes clearer. She suggested that the Terms of Reference are accepted at this time and they can be reviewed as the Committee develops.

The Chair queried why there were Executive Directors and only one deputy Director. It was explained that this was due to the work Mrs Flanagan has done on a professional strategy and the link with Matrons which is seen as a good fit with this Committee's remit. The Chief Executive did not want all of the Executive Team as members and will keep the membership under review.

In approving the ToR, Mrs Hughes asked for approval to make the appropriate inclusion in the Trust's Standing Orders, Scheme of Delegation and SFI document where sub committees are referenced. As this will also affect the Finance and Investment Committee ToR that are being presented to the February Board, it was agreed that amendments required to the Standing Orders, Scheme of Delegation and SFI for both committees will be presented to the February Board for approval.

Resolved: The Terms of Reference were approved
Amendments required to the Standing Orders, Scheme of Delegation and SFIs in relation to Workforce Committee and Finance & Investment Committee will be presented to the February Board for approval **Action MH**

13/19 **Guardian of Safe Working Quarterly Report**
The paper provided details on the safe working conditions of junior doctors from September – December 2018. Dr Williamson explained there are now 25 doctors on contracts and work continues with doctors on old contracts. The rota is challenging and a piece of work is taking place to review this. Trainees are covering night shifts which reduced their day time hours. It was felt that this could be a blip but it is being closely monitored. Dr Byrne explained that meetings will take place with Matrons to reiterate the work that Dr Ma has done around the roles of junior doctors. Rotas do get complex and there are issues of equity and fairness that need to be considered.

Resolved: The Board noted the report

14/19 **Research & Development Report**

The report provided assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, to trial new interventions and enhance quality.

Ms Hart drew the Board's attention to:

Appendix 1 of the report which was an infogram summary of the last year's performance. She also reported that of the 660 target this year for people taking part in national studies, the Trust had already exceeded this. The Care Quality Commission (CQC) is now including research in its inspections and the NHS Long Term Plan also focuses on research.

The 2019 Research Conference is taking place in May 2019 and the majority of places have been taken.

There is a potential for working with a commercial research company MAC Clinical Research Ltd which will bring more opportunities for patients to potentially try out treatments that they would not normally get access to.

Claire Marshall, Specialist Nurse and Clinical Lead with the Trust Perinatal Mental Health Liaison Team, will be further developing her research skills and contributing to high-calibre research at the University of Hull as part of the Health Education England and NIHR Integrated Clinical Academic Programme. Only 40 of the 146 clinicians that applied nationally for this pre-doctoral clinical academic fellowship were accepted onto the programme.

Professor Cooke said that research participation should be thought about as the Trust is good at getting people involved on other people's trials rather than its own. In his view it is one of the best ways of measuring interest for example how many people are research active in work and trying to get people research aware whilst bringing in something interesting and being able to talk about research with individuals. There are opportunities and it is how these are built on and reap the benefits and transferring them into services.

Mr Patton liked Appendix 1 and what it showed. He felt it would be beneficial to show how many people in the Trust are involved and the benefits that have been realised to help promote the message further. The Chief Executive agreed that more outcome focus would add to the picture. She felt that more focused work on the digital component would help and suggested a review of what Apps are being used, where they are being used and what the benefits are and how these can be built on.

Resolved: The report was noted

15/19 **Freedom to Speak Up Annual Report**

The annual report provided an update on the work completed and included:-

- completion by the Trust Board of the self- assessment tool developed by NHSI.
- the types of concerns that are being raised with the Guardian and Deputy.
- continued sharing of information and close working between the Guardian, the National Guardian's Office and the Regional Network. We are hosting the Regional Network meeting In June 2019.
- the work plan for the next 12 months and the development of a Freedom to Speak Up Strategy.

An increase from 19 to 42 cases was reported up to the end of December 2018. The Guardian and Deputy Guardian have also met with over 700 staff to raise awareness and the

visibility has been key in raising the profile of their roles. Mr Baren, in his Senior Independent Director (SID) role attends regular meetings to gain assurance that all cases are dealt with appropriately.

Professor Cooke asked what the benefits have been from having these roles. Mrs Flack explained that the increase in the number of cases demonstrated that people were raising concerns and felt able to do this whereas previously they may not have. She felt that the process which included exit interviews provided individuals with confidence that their cases would be investigated. It was pointed out that some of the cases may have been about similar issues even though each case is counted separately. An improved link with Human Resources is also being seen. Mr McGowan felt the process showed that people within the organisation have the confidence to speak up. Human Resources investigations are now being done in a different way as a consequence of some of the outcomes of the cases. The Freedom to Speak Up is additional to other processes rather than overriding them.

Resolved: The Board noted the annual report and supported the work programme for 2019/20.

16/19 **Freedom to Speak Up – Self Review Tool**

The self-assessment tool has been developed by the National Guardians Office (NGO) and NHSI to set out expectations of boards in relation to Freedom to Speak Up. The tool will help boards to create a culture that is responsive to feedback and focused on learning and continual improvement.

Board members have completed the self-assessment on two occasions during July 2018 and December 2018. The report provided an update on the expectations and how these have been met and where further work is required. A review will be added to the June 2019 part III agenda.

Resolved: The report was noted
Self assessment review to take place at the June 2019 part III meeting **Action MM**

17/19 **Freedom to Speak Up Vision and Strategy**

The report was presented to the Board who have previously discussed the key principles that should be included within the strategy for consultation with our staff and staff governors during February 2019.

Professor Cooke felt the report read as if it was being reactive to the Francis 2015 review, but emphasised that it was the Board's decision to co-produce this in the context of the Care Quality Commission (CQC) and what was pushing this forward. There has been clear steer on engagement, resources required and how they are spent, including supporting 42 people so far as stated in the annual report. He felt this was not just a task but work that linked into the Human Resources and Organisational Development work responding to external requirements, but also driven by the Board.

Resolved: The Board noted the draft strategy
The final Strategy will come to the March Board for approval **Action MM**

18/19 **NHS Long Term Plan**

The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the right place. Almost everything in the plan is already being implemented successfully somewhere in the NHS and it will be essential that we use this work to spread good practice across the whole of the NHS.

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

- Mental health services for adults, children and young people;

- Learning disability and autism;
- Primary care and community services

From a Sustainable Transformation Partnership (STP) and Mental Health Partnership view it will be linked to the Five Year Forward View. A visioning event is planned in March to look at taking the partnership context further. The Chief Executive proposed a detailed piece of work at the next Board Time Out to consider the strategic direction and links to objective and a review of the current position, future direction and fit with the Long Term Plan.

Mrs Flack explained that there is more support for providers to work closely with Clinical Commissioning Groups (CCGs) for allocations for Mental Health and how this money is spent. The Plan will focus on prevention and recovery and there is a big focus on education, schooling and families. Children and young people is a priority for the Partnership Board. New models of care and how services will be developed is another area of focus. New models of care are being driven through the organisation through Forensics and perinatal services. Working with national teams and NHS England to see how these can be developed.

Mr Baren asked if this plan will bring forward the organisation's vision to have a Mental Health campus. The Chief Executive said that it would help in the long term.

Mr Smith asked about the funding and what this would mean to the organisation. There is £2.3 billion for mental health which is going to CCGs, but it was unclear what this would equate to for the Trust at this time. There will be increased focus on CCGs and guidance on mental health spend. Professor Cooke suggested that when discussions take place it might be helpful to have CCG representation to give another perspective on system plans. A session that included scenarios and what the Integrated Care Partnership would look like and how this fits with the Trust's plans could be useful. The Chair thought these were valid points and that the March Time Out and other sessions with Executives could be used to discuss principles and scenarios with other partners. The Chair will discuss further with the Chief Executive.

Resolved: The Board noted the report

19/19 **Performance Report**

An update on Board approved key performance indicators as at the end of October 2018 was presented. Of particular note were:-

- PADR compliance has risen to 80.5% against a target of 85%, this is the second month of improvement.
- Increase in Delayed Transfers of Care for MH Services. 13.4% in December.
- Care Programme Approach (CPA) formal reviews in 12 months, performance is 94% for December.
- Admissions for Under 18s – one admission in December with a total of three admissions in Q3.
- Out of Area Placements has increased in December with 194 days spent out of area in the reporting period (Mainly in Older People's services, however it does remain within target parameters).
- Sickness has increased to 5.8% in December (provisional data) which is above the 4.5% target set by the Board

Mr Patton highlighted Darley, Newbridges and Whitby as showing a high number of red indicators across most areas. Mrs Flanagan said that some of this is due to the diary fill rates which artificially increases the red flags for Darley ward. The data is accurate but reports on staffing are not provided in time to be included in the report. There has been significant long term sickness and actions taken to improve this and also clinical supervision. She felt it was

difficult seeing the figures in isolation to see the full picture as the data is two months behind. There is an issue with fill rates at Newbridges and inclusion of the band 6s. Some issues have been raised at Whitby and the Director of Nursing has visited and discussed key areas with staff.

The Chair asked why fill rates could not be updated to reflect the true picture. Mr Beckwith explained that the data that is on the system is used to create the reports. If they are manually updated without changing the source data it will not have been validated. Mrs Parkinson explained that the Humber Centre is using staff flexibly to avoid using bank and agency.

Return to Treatment (RTT) was raised by Mr Patton as an area needing improvement. Mrs Parkinson said this has increased and a report is going to the Quality Committee as a deep dive to identify what has contributed to over 52 week waits. Adult and Children's Autistic Spectrum Disorder (ASD) and Child and Adolescent Mental Health Services (CAMHS) have seen increase in waiting times. The Trust is working with commissioners as the service is either not commissioned at the right level or not commissioned at all. Mr Baren said that the comparators did not provide assurance of where this should be going in the future or when it is expected to peak or reduce. Mr Patton referred to other areas of 52 week waits where various actions have been taken, but the trajectory is not reducing. He asked when some improvement is expected to be seen. Mrs Parkinson said the services are working with improvement trajectories and understanding the variation and demand and being able to predict what it means for the future. Speech and Language Therapies for paediatrics is 52 week compliant but not 18 week compliant. The CAMHS increase is due to demand and work is ongoing with commissioners to identify the full picture. The Quality Committee paper will also help to understand the issues. All Non Executive Directors will be sent Quality Committee papers so they receive this report. The Chief Executive felt it would be useful to include a separate graph as part of the front sheet to show the current position and where the trajectory is heading. Any feedback from the Quality Committee could also be included.

Professor Cooke commented on delayed transfers of care which mainly were for mental health, but there were some for community hospitals. He asked what is being done to ensure this does not continue. Mrs Parkinson responded that there has been a rise overall in mental health and older people dementia and demand for beds which has contributed to the rising pressures in the system over the winter period. The situation has been escalated to the Local Authority, particularly Hull City Council who acknowledge the issue. The issue continues to be raised with them as the wider system is supported.

Mr Patton referred to staff sickness and the comparison of trends for the last year and current year. The Chief Executive explained that the graph showed a variation in comparison to last year which was much improved apart from December's position which was the function of the statistical process chart. It was agreed to discuss this further outside the meeting.

Resolved: The report was noted.
Quality Committee papers to be circulated to all Non Executive Directors **Action JJ**
A graph showing the current position and trajectory of waiting times to be included on the front sheet for the next report **Action PBec**

20/19 **Finance Report**

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

- A deficit position of £1.546m was recorded to the 31st December 2018, after the inclusion of £1.236m risk for unidentified BRS.
- Income year to date was £0.230m behind budget.
- Expenditure for clinical services was lower than budgeted by £0.134m year to date
- The cash balance in the period was £12.125m.

- £4.332m year to date Capital expenditure, relating to IT (£0.895m) and Estates (£3.537m) including £2.844m relating to the CAMHS project.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

Mrs Parkinson reported that significant pressure remains around medical staffing and all actions possible are being taken to reduce this and replace high costs of agency spend. Some has been made on other pressure areas and the care groups are ensuring that agency usage is minimal by recruiting to substantive posts. Professor Cooke noted the pressures in the Budget Reduction Strategy and the issues with leadership and ownership. He asked if there was any progress with the consultant position. Dr Byrne said there are three consultants joining the organisation in the next few months, two of whom were our trainees. In terms of 2019/20 there will be no red schemes only schemes where there is a high confidence of delivery.

Resolved: The report was noted

21/19 **Health Stars Annual Review**

An annual progress of the charity measured against the agreed strategic plan was presented. This report was previously presented to the Charitable Fund Committee on 17 January 2019 and a number of suggestions put forward and agreed by the Committee for future reporting including a work plan and clear graphical representation of measures/spends. These will be reflected in upcoming papers and the 2020 Health Stars Annual Review.

The Board noted the amount of work that has been done over the year and the success so far of the Impact Appeal. The Board thanked the team for their continued work .

Resolved: The annual report was noted.

22/19 **Any Other Business**

No other business was raised.

23/19 **Exclusion of Members of the Public from the Part II Meeting**

It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

24/19 **Date and Time of Next Meeting**

Wednesday 27 February 2019, 9.30am in the Board Room, Gosschalks, Dock Street, Hull HU1 3AE

Signed …… Date …….
Chair

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from January 2019 Board meeting and update report on earlier actions due for delivery in February 2019 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
30.1.19	04/19(a)	Community Mental Health Service User Survey Presentation	A response to be provided on the number of people who identified they had help to complete the survey	Business Consultant, Quality Health	February 2019	E mail sent to Board 11.2.19
30.1.19	04/19(b)	Community Mental Health Service User Survey Presentation	An update on the action plan and work being done to come to the next Board meeting as part of the Chief Executive's report	Medical Director	February 2019	Update included in Chief Executive report
30.1.19	06/19(a)	Chief Executive's Report	The Clinical Model for Whitby will go to the Quality Committee next meeting	Chief Operating Officer	February 2019	Discussed at the Quality Committee
30.1.19	09/19	Charitable Funds Committee Minutes 13 November 2018	The assurance report will be presented at the February meeting	Ms Bee, Non Executive Director	February 2019	Item on the agenda
30.1.19	10/19	Charitable Funds Annual Accounts	A post meeting note to be provided regarding the employee reference on page 13 of the accounts	Director of Finance	February 2019	Included in the minutes
30.1.19	12/19	Workforce and Organisation Development Committee Terms of Reference	Amendments required to the Standing Orders, Scheme of Delegation and SFIs in relation to Workforce Committee and Finance & Investment Committee will be presented to	Interim Head of Corporate Affairs	February 2019	Item on the agenda

			the February Board for approval			
30.1.19	16/19	Freedom to Speak Up – Self Review Tool	Self assessment review to take place at the June 2019 part III meeting	Chief Executive	February 2019	Item added to Part III agenda
30.1.19	17/19	Freedom to Speak Up Vision and Strategy	The final Strategy will come to the March Board for approval	Chief Executive	March 2019	Item not yet due
30.1.19	18/19(a)	Performance Report	Quality Committee papers to be circulated to all Non Executive Directors	Trust Secretary	February 2019	Papers e mailed 1.2.19
30.1.19	18/19(b)	Performance Report	A graph showing the current position and trajectory of waiting times to be included on the front sheet for the next report	Director of Finance	February 2019	Report updated
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
23.5.18	119/18(b)	Health & Safety Annual Report	2019 report to include the size of the team in the Health and Safety Training rate table	Director of Finance	May 2019	Item not yet due
23.5.18	121/18(b)	Annual Fire Safety Report	Next year's report to include all Trust properties	Director of Finance	May 2019	Item not yet due
25.7.18	149/18(a)	Chief Executive Report	More information to be provided at the next meeting on the Humber Acute Services Review Steering Group	Chief Executive	September 2018	The Chief Executive has suggested this item is closed and removed from the action log. Any issues will be escalated to the Board as required
26.9.18	176/18(b)	Quality Improvement (QI) Approach	The Chairman will discuss further with Dr Byrne around appropriate timescales for the Trust Board project	Chairman/Medical Director	October 2018	Report on the part II agenda
31.10.18	203/18(a)	East Riding Adult	Updates on progress to be	Chief Operating	February 2019	Updates being provided to

		Mental Health and Dementia Strategy 2018-23	submitted to the Quality Committee and Executive Management Team meetings	Officer		EMT and will agenda item for the Quality Committee in April 2019.
31.10.18	203/18(b)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Executive Team to consider the needs of older people in digital transformation discussions	Chief Executive	November 2018	Will be covered in our discussions within PLACE
31.10.18	204/18(h)	Performance Report	Understanding of the increase in vacancies to be reviewed and fedback to the Board	Director of Human Resources & Diversity	November 2018	The Chief Executive has suggested this item is closed and removed from the action log. Any issues will be escalated to the Board as required
28.11.18	215/18(b)	Chief Executive's Report	Future development session to be held on vacancies including clinical supervision and the work being done to use staff in different ways	Chief Executive	March 2019	The Chief Executive has suggested this item is closed and removed from the action log. Any issues will be escalated to the Board as required
28.11.18	215/18(c)	Chief Executive's Report	Development session to be planned for ICS, ICP and PLACE	Chief Executive	March 2019	Included on Board Development programme for March
28.11.18	215/18(d)	Chief Executive's Report	Feedback on the CMHT work to be provided when concluded	Chief Operating Officer	February 2019	Update included in the part II Topical Issues item
28.11.18	215/18(f)	Chief Executive's Report	Recruitment within military families to be considered/reviewed	Director of Human Resources & Diversity	January 2019	This will be picked up by the new E&D lead who starts in February.
28.11.18	224/18(b)	Performance Report	Work that has been done on waiting times to be presented to the Quality Committee	Chief Operating Officer	February 2019	Included in the Director of Nursing /Chief Operating Officer Insight report at the Quality Committee 6th February meeting
28.11.18	224/18(c)	Performance Report	The number of people on the waiting lists who do not maintain contact to be included in the report.	Chief Operating Officer	February 2019	Included in the Director of Nursing /Chief Operating Officer Insight report at the Quality Committee 6th

						February meeting
28.11.18	226/18(a)	Board Assurance Framework Report	Gaps in assurance to be made clearer for future reports	Chief Executive /Corporate Risk Manager	March 2019	Item not yet due

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

Agenda Item: 5

Title & Date of Meeting:	Trust Board Public Meeting - 27th February 2019
Title of Report:	Patient Story – 'From Both Sides of the Lens'
Author:	Name: Clare Hilton Title: Consultant Clinical Psychology for Older People
Recommendation:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	To inform Board members about the new process in place for older people with enduring mental health conditions and to tell the story of our patients, explain the outcome of the plans in terms of patient and staff anxiety and discuss what is required going forward.
Key Issues within the report:	The key messages of the story are: • A patient journey that reflects the behavioural management plans put in place in the Older People's Mental Health service over the last year and how effective they have been. • The story is called 'From Both Sides of the Lens' as it was filmed by someone who is also a service user who came to the service with depression and suicidal ideation.

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	

Agenda Item: 7

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

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1. Around the Trust

1.1 Visits

I spent time during the month with the Psypher team at their Multi Disciplinary Team meeting. I observed lots of patient centred care and formulation of care taking place.

During the month I also attended a staff reflection session at the Humber Centre whilst I spent time attending corporate meetings which are a valuable source of information and a good place to meet and discuss issues with staff.

1.2 Care Quality Commission Well Led Inspection

The CQC well led week concluded on the 14th February. The report will be several weeks before publication.

1.3 Health System Led Investment (HSLI)

The Trust has been awarded two Health System Led Investment (HSLI) programme capital schemes. One is for £184k and called digitised personal healthcare, which provide assistive technologies for our patients. There has been a meeting with the Scarborough and Ryedale community services regarding the implementation of this technology. The second is £450k to provide care homes technology to access patient records, skype and secure communication with other healthcare organisations.

1.4 Yorkshire & Humber Care Record (YHCR)

The Trust is one of the six pilot site for the Yorkshire & Humber Care Record (YHCR) Local Health Care Record Exemplar (LHCRE). Leeds and Rotherham have started transferring test information using the new YHCR LHCRE technology, we will also start transferring test information in February 2019.

2. Around the Region

2.1 Health and Wellbeing Board Highlights

- Safeguarding board feedback, no issues for Trust.
- Housing strategy demonstrating focus on independent living.
- More investment in liaising with health partners.

2.2 Academic Health Science Networks (AHSN)

The Academic Health Science Networks **(**AHSN) is developing their links into the ICS/STP areas and programmes. The AHSN is pleased with the long term plan especially the aspects relating to innovation.

The launch of Propel digital health accelerator to provide solutions and supported access with companies was held.

The designing of the business plan for the next three years is being undertaken. Performance of AHSN is good.

2.3 Humber Coast and Vale (HCV) Executive Timeout

A session was held to look at development of Integrated Care Service (ICS) Aspirant integrated care system. A changed status was noted from 'challenged' to 'making progress'

2.4 East Riding Place

All partners are now using the 'Big Healthy Link up Logo'. A risk log has been developed and a detailed session held on population health.

2.5 Chief Executive Appointment

Simon Morritt has been announced as the new Chief Executive of York Teaching Hospital, succeeding Mike Proctor. Simon is currently Chief Executive at Chesterfield Royal Hospital NHS Foundation Trust, and has over 25 years' experience in the NHS, largely in Yorkshire, both in commissioning and provider organisations.

3 National News

3.1 Brexit

A significant amount of work continues on Brexit which we are progressing throughout the steering group.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Mental Health Rehabilitation Service

Through collaboration with our Commissioners we developed a longer term, more sustainable proposal for a specialist mental health rehabilitation service, delivered by a new community team and working closely with Social Care and Voluntary and Community Sector Organisations. Our proposal set out how current services can be reconfigured to implement robust community pathways for adults with rehabilitation and enduring complex needs. The proposal will see the re-patriation of people currently in out of area placements who have the potential to live in supported housing, with "through the door" services to enable them to remain independent
The key elements to the proposal are:

1. The development of a specialist Community Reablement & Recovery Team (CRRT)
2. Reduction of inpatient rehabilitation beds
3. Transfer of part of the CCG Out of Area specialist placement budget to HTFT through repatriation of 12 individuals (phase 1) commencing this year and into 2019/20.

This proposal has now been approved by the CCG's and we are currently finalising a new contract service specification. Initially in early 2019 services users will move back to Hawthorn Court, the new community team will be established and as the model will require fewer beds in the future, the inpatient element of the service will move to Beech Ward at Townend Court later in the year.

4.1.2 Perinatal Mental Health

The Humber, Coast and Vale STP successfully bid and were awarded NHSE funding to develop perinatal mental health community services further across the area. The funding supports the ambition in the Mental Health Five Year Forward View (MHFYFV) that, by 2020/21, there will be increased access to specialist PMH support in all areas in England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. Humber Teaching NHS FT are the identified lead provider and are contracted to deliver PMH services across the Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire geographic areas on behalf of each respective CCG. The Trust sub-contract provision of services on the South Bank to RDASH and NAVIGO. The service commenced in October 2018. Recruitment to some posts is still be undertaken but as the service is now operational a full service launch will take place from February with service user engagement and patient stories being at the heart of this. External evaluation has commenced with outcomes measures in use by clinicians. Funding has been received from the Local Maternity System (LMS) for a whole time equivalent STP wide transformation midwife post for one year to support perinatal mental health developments. The national NHS England team responsible for the development of perinatal services will be undertaking a site visit in early March to assess and provide feedback about the progress we have made in developing the service

4.2 Director of Human Resources Update

4.2.1 Staff Survey 2018

Results will be announced nationally in 26th February. There will be internal communications across the Trust detailing our survey results and the work we have planned for 2019/20.

A detailed report on the Trust's results will be taken to Workforce Committee.

4.2.2 Pay Progression

The 2018 framework agreement on the reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer pay step points.

The new pay progression system will be underpinned by local appraisal policies that deliver the mandatory annual appraisal process. It is intended to ensure that within each pay band, staff have the appropriate knowledge and skills they need to carry out their roles, allowing them to make the greatest possible contribution to patient care.

The new system comes into effect on 1 April 2019 for new starters or those promoted to a new role on or after 1 April 2019. For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021, after which time they will also be subject to the new provisions.

The Trust is currently implementing the new arrangements in anticipation of the 1st April start date.

4.2.3 NHS Recruitment

The third phase of the national We Are the NHS campaign was launched in early February, to encourage applications for existing job vacancies for both clinical and non-clinical roles.

The campaign highlights the range of interesting roles available across the NHS and specifically highlight IT and administrative roles and how they work closely with clinical colleagues.

The campaign is run jointly by NHS England, the Department of Health and Social Care, Health Education England and NHS Improvement, and aims to help support and enhance local recruitment activity.

4.2.4 NHS Workforce Race Equality Standards (WRES)

A new data analysis report on the NHS Workforce Race Equality Standard has been published by NHS England and highlights the experience of black and minority ethnic (BME) people working in the NHS.

The report presents three years of Workforce Race Equality Standard (WRES) data against all nine WRES indicators including representation, experience of discrimination and access to senior roles.

The analysis details trends over time regarding the level of progress made by NHS trusts across the country, as well as shining a light on those areas where further concerted support and action is required.

A detailed report on the WRES will be taken to Workforce and OD Committee in March.

4.3 Director of Nursing

4.3.1 Medicine Management Standards- non medical prescribers

The Nursing and Midwifery Council (NMC) Standards for medicines management (2007) and underpinning NMC Circulars were withdrawn on 28 January 2019 as it is no longer within the NMCs remit as a regulator to provide this type of clinical practice guidance. However, the NMC recognise that it is important that all healthcare professionals have access to accurate information on the safe and effective handling, management and administration of medicines and guide staff to refer to the following publications to provide a best practice framework:

- Professional guidance on the administration of medicines in healthcare settings; Royal College of Nursing (RCN)
- Professional guidance on the safe and secure handling of medicines; Royal Pharmaceutical Society (RPS)
- Advisory guidance on administration of medicines by nursing associates; Health Education England

The Trust's safe and secure handling of medicine procedures adheres to the RCN professional guidance on the safe and secure handling of medicines. Work is now ongoing to review the guidance referred to by the NMC and consider where changes can be made to the Trust procedures to improve access to medications for patients with a focus on ensuring patients receive medication at the right time from staff who are competent to administer. This will require the Trust revisiting who can administer and delegate the administration of medicines. Within our services there are health care assistants who administer specific medications under delegation, this guidance gives us the opportunity to review the medications they can give.

Some other examples of changes are that verbal orders are indicated in the guidance, whereas the NMC previously had said that the remote prescription order had to be given by electronic means before administration. The guidance also states that transcribing can be undertaken by those identified in policy and who are appropriately trained and assessed as competent. The NMC previous stance for nurses was only in exceptional circumstances or in nursing homes. Therefore currently only at Granville court.

The changes to the guidance are being reviewed initially by the Trusts Non-Medical prescribing lead with any proposed changes including competency requirements being taken through the Professionals Forum, the Drugs and Therapeutics meeting and the Quality and Patient Safety Group. A quality impact assessment will be undertaken should any changes to current practice be proposed.

4.4 Medical Director Update

4.4.1 1st Year Timetables

This year we're supporting 99 year 1 HYMS students on their Mental Health/Psychological Medicine placement. This is an increase of 27 students this year (this will increase again in 2019/20). Students work in groups of 4 or 5 and must have exposure to both Community and Inpatient, we have co-ordinated in total 46 placements to take place over a 4 week period (5th March – 26th March 2019). 32 medics are involved in facilitating placements (consultant and non-consultant grades). We're now on with the 4th set of year 3 timetables.

4.4.2 Community Mental Health Service User Survey

The Clinical Care Director has discussed the report including recommendations with the Mental Health Clinical Network and Community Mental Health Services Subgroup Clinical Network and actions have been identified. This work is now included in the Quality Improvement Plan for the care group and is focusing on quality of Care Programme Approach (CPA) of care co-ordination and care planning. This is being led by Steve Greenway as one of the Family Intervention leads.

5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Pressure Ulcer Prevention and Management Policy and Procedures	Quality Committee	6th February 2019	Director of Nursing

6 Communications Update

External

- 20 stories were posted on the Trust's website between 18 January and 14 February 2019. They included:
  - Top tips to help you stay well
  - Spectacular NHS Charity 'Springtime Ball' announced
  - How have we done? Read our latest Family and Friends Test results...
  - Show your heart some love this Healthy Heart Month
  - Children's Mental Health Week 2019: Being healthy inside and out
  - 7 February is Time to Talk Day
  - Humber Teaching NHS Foundation Trust supports Time to Talk Day
  - NHS charity appeal launches a mental health challenge to schools across Humber
  - February is National Healthy Heart Month
  - #TalkSuicide campaign encourages people in Hull and East Riding to complete short online suicide prevention training
  - Health team promote Cervical Cancer Prevention Week throughout East Riding
  - How have we done? FFT results for January
  - We listened again! Find out what our latest event 'Building Our Priorities' was all about
  - Winter health warning issued as cold weather approaches
  - Sharing the love on #NationalComplimentDay
  - Have your say to shape the future of General Practice in the East Riding
  - GPs encourage patients to get online to help combat missed appointments
  - Scarborough services have a new home in the 'North Hub'
  - 'Don't be blue, enjoy a brew' – All you need to know about Blue Monday
  - Palin Painting Presentation: Specialist Speech and Language Therapist presents Sir Michael Palin with portrait painting

- Between 18 January and 14 February 2019, the Communications team dealt with 16 enquiries from local and national media.
- The team reconfigured the Trust's internet services directory in line with patient and user feedback.
- The External Communications Officer attended a Humber, Coast and Vale Health and Care Partnership Comms and Engagement Network meeting which saw us report on our latest news and provide support for the new suicide campaign.
- The team have supported the HCV wide #TalkSuicide campaign which has received positive press coverage.
- The latest edition of Humber People has been signed off and will be printed by the end of the month.
- The team have shared the first Trust wide CAMHS build update and this will now be a running feature in the first Global of each month. A dedicated webpage has been created to track the build's progress.
- The team have had positive meetings with the Recruitment department and implemented a system to advertise key vacancies on social media.
- The team continue to work with partners system wide to deliver the Stay Well This Winter campaign which has promoted mental health signposting for the public on social media.

- On Facebook we now have 1,663 followers and our Trust Instagram has 396 followers.
- We have 4,289 followers on Twitter as of 14 February 2019.

Internal

- Prepared and issued the sixteenth edition of *Humber Voice,*
    - the 21th edition of *Board Talk* and
    - the 18th edition of *Team Talk*;
- Wrote and issued the latest blog from the Chief Executive;
- Managed the Communications and Contact Us inboxes
- Supported:
    - Trust Health and Wellbeing Steering Group
    - The Trust's Brexit Project group
    - The #PROUD programme by obtaining quotes to create a logo for the scheme
    - The Ian Trenholme and Claire Murdoch visits by helping to set up the market stall events and ensure the Trust's Continuing to Care, Learn and Grow video played correctly.
- Developed an all staff email to support the national Time to Talk Day on 7 February 2019.
- Supported the Trust's Employee of the Month competition;
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared and issued MDM and the Midweek Global
- Trained staff from the IG team on how to extract information from the new FOI form, which is now live on the Trust's website.
- Facilitated intranet training for staff to help them manage their intranet pages.
- Re-filmed (in December and February) and edited the Trust's Hospital Associate Managers video.
- Worked with NDE Films to develop the staff awards video which is now live on the Trust's intranet.

7 Health Stars Update

7.1 The Circle of Wishes

The Circle of Wishes scheme is the application process for accessing charitable funds. It operates on the Health Stars website and is available for anyone to "make a wish".

The scheme continues to go from strength to strength with over 360 wishes received to date. We are now looking are broaden our reach and are actively encouraging patients, cares and the wider community to tell us how they would like to see charitable fund put to good use to improve local health care provisions.

Health Stars is working closely with the Patient and Carer Experience Team as well as local community groups such as League of Friends and Rotary International.

Health Stars is updating its marketing material to help encourage more people to support the charity and to make the most of the charitable funds we have available to further benefit the wider community across the Humber service area. We are also highlighting the process of how to apply to the charity on our social media platforms and internally through the Trust Comms team

Everyone is encouraged to go on line and submit their wishes www.healthstars.org.uk/submit-your-wish

7.2 The Impact Appeal #HumberCAMHSAppeal

Fund Balance as of 12/2/2019 £109,162.19
Additional Funds pledged/pending £50,000.00

The next step of the fundraising and awareness plan is to further engage our local business and schools community.

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

All secondary schools in the Humber region have been contacted and have received a "box" containing information about the Impact Appeal and ideas on how they can help fundraise, the schools campaign is called "For Young People, By Young People" . They also have details about the new CAMHS Unit as well as useful resources for the school to use when it comes to a speaking to young people about mental health.

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

7.3 The Big Tea – NHS Day 5th July 2019

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

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

7.4 Health Stars Events

There are lots of events planned in 2019 these include:

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

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

Michele Moran, Chief Executive
February 2019

Agenda Item: 8

Title & Date of Meeting:	Trust Board Public Meeting – 27th February 2019
Title of Report:	Publications and Policy Highlights Report
Author:	Name: Michele Moran Title: Chief Executive
Action Required:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	To update the Trust Board on recent publications and policy.
Key Issues within the report:	1. Future proofing health and care will require investment in both staff and technology 2. Workforce challenges must be urgently addressed to meet ambitions of the long term plan 3. Views of trusts must be heard in response to regulation of NHS managers 4. 'No deal' Brexit carries great uncertainty for the NHS 5. More to do to support more people from BME backgrounds into senior NHS roles NHS Providers 6. Clinical leadership — a framework for action 7. Email must replace paper in the NHS

Monitoring and assurance framework summary:

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

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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1. **Future proofing health and care will require investment in both staff and technology** NHS Providers 12 February 2019

The final report *The Topol Review – Preparing the healthcare workforce to deliver the digital future* has been published. It recommends that patients need to be included as partners and informed about health technologies and that the healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.
It suggests that wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients.

Lead: Director of Finance/Director of HR

The Topol review will be taken to the next meeting of the Digital Delivery Group, and an update will be provided to the Finance Committee.

2. **Workforce challenges must be urgently addressed to meet ambitions of the long term plan** NHS Providers 12 February 2019

The Health Foundation publishes *'A Critical Moment'* - its annual workforce report.
It finds that NHS staffing is failing to keep pace with the level of activity and demand, notably in some critical roles such as GPs and nurses. It also highlights continued difficulties with NHS staff retention and stability.

It argues that international recruitment remains vital to achieving overall staffing numbers, but it is being constrained by broader migration policies and the uncertainties of Brexit.
The deputy chief executive of NHS Providers,
welcomed the report noting it is vital that we continue to shine a light on workforce concerns which remain the number one issue for NHS trusts and that the ambitions of the long term plan for the NHS will not be met unless we act immediately to address the challenges we face in recruiting and retaining the skilled staff that we need within health and care services.
We will not meet the ambitions of the long term plan for the NHS unless we act immediately to address the challenges we face in recruiting and retaining the skilled staff that we need.

Lead: Director of HR

The details in the report are being considered and the Trust is currently working to recruit from overseas via both trust based and STP initiatives.

3. **Views of trusts must be heard in response to regulation of NHS managers** NHS Providers 06 February 2019

The review of the *Fit and proper person test* carried out by Tom Kark QC has been published and recommends that all directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. Where necessary, training should be available. It recommends that a central database of directors should be created holding relevant information about qualifications and history. A number of recommendations set out in the review have been accepted by

the government, while others have been folded into the wider workforce review being led by the NHS Improvement chair, Baroness Dido Harding.

Lead: Trust Secretary

The review identified a range of issues with the Fit and Proper Person Test and the way it is currently interpreted and applied. The recommendations are currently being considered to understand any implications for the Trust.

4. **'No deal' Brexit carries great uncertainty for the NHS** NHS Providers 30 January 2019

Trusts are continuing to prepare for the possibility of a 'no deal' exit from the EU. Media outlets have been reporting that NHS trusts could "quickly run out of vital medicine" in the event of a 'no deal' Brexit. NHS Providers published a briefing to support trusts' development of their 'no deal' Brexit contingency plans.

Lead: Director of Finance

The Trust have established a project team which meets weekly to review latest guidance and advice from the Department of Health and Social Care, guidance is for Trusts not to Stockpile medicines, however assurance has been sought from the supply chain in terms of capacity in the event of a no-deal Brexit.

5. **More to do to support more people from BME backgrounds into senior NHS roles NHS Providers** 17 January 2019

NHS England has published the 2018 Workforce Equality Standard data report. It shows that 19.1% of staff working for NHS trusts in England are from a BME background; this has increased year on year. However BME staff are still underrepresented in senior roles. NHS Providers commented that it is good to see BME representation among the NHS workforce growing year on year, but as this data shows there is still much to do to encourage and support more people from a BME background into senior roles.

Lead: Director of HR & Diversity

A report on this matter will be considered at Workforce Committee on 20th March.

6. **Clinical leadership — a framework for action** NHSI 30th January 2019

Professionally diverse leadership teams including senior clinicians at board level increase the likelihood of meeting the complex challenges facing the NHS. NHSI have created a framework to help providers make the most of the talents of all their existing workforce. The NHS Long Term Plan highlights the importance of visible senior clinical leadership in enabling and assuring the delivery of high quality care both within organisations and in the new system architecture.

The guide looks at how existing structures and expectations may stand in the way of allied health professionals, doctors, midwives, nurses, pharmacists, psychologists, healthcare scientists and social workers contributing to strategic leadership.

Lead: Director of HR

The report is being considered by the HR leadership team

7. **Email must replace paper in the NHS:** Department of Health and Social Care 13 February 2019

The NHS must stop relying on pen and paper and should use modern, secure forms of communication instead, Health and Social Care Secretary Matt Hancock has said.

Email is as secure and cheaper than communicating through paper and fax machines, and he outlined an ambition for healthcare staff to email patients directly with information on appointments to reduce delays, boost cyber security and cut wastage. NHS organisations will be able to use any secure email provider – not just NHSMail – if it meets the required security settings. This is so that NHS organisations can choose the best service for their needs and email providers are encouraged to innovate. The move is part of Matt Hancock's tech vision for helping NHS organisations to introduce innovative technologies for the benefit of staff and patients.

Digital services and IT systems will soon have to meet a clear set of open standards to ensure they can talk to each other across organisational boundaries and can be continuously upgraded. Any system that does not meet these standards will be phased out and the government will look to end contracts with providers that do not understand these principles for the health and care sector.

Lead: Director of Finance

The Trust's Digital Plan has the ambition to become paperless by 2020, and work is already underway via the Digital Delivery Group to understand the use of Faxes and how their use can be stopped. The outcome from this publication will be taken to the next Digital Delivery Group to provide assurance on the planned actions within the Trust's approved plan

Agenda Item: 9

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Quality Committee Assurance Report & Minutes of the Meeting held on 7 November 2018
Author:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 6th February 2019 and a summary of key issues for the Board to note. The minutes of the meeting held on 7 November are presented for information.
Any Issues for Escalation to the Board:	• **Policies approved at Quality Committee** The Pressure Ulcer Policy was refreshed in line with NHSI new definitions for monitoring from April 2019. The Quality Committee approved the policy and request ratification from the Trust Board. • **Annual Effectiveness Review** Discussed and updated for approval at Trust Board

Executive Summary – Assurance Report:

The key areas of note arising from the Committee meeting held on 6th February 2019

The minutes of the last meeting were agreed, the action log was confirmed and it was noted the Quality Committee has programmed six meetings this year including one meeting to review the draft Quality Accounts. The new Workforce Committee was welcomed and the chair thanked Steve McGowan for his past reports to the Quality Committee.

- **The Quality Insight Report** was really helpful this month and discussed the National Patient Safety Strategy and 'Just Culture' and the opportunity to refine our patient safety strategy in the right way. Noted the CQC update provided and the relationship we have with the inspectors who were in attendance at the meeting. MC thanked Hannah Schofield, CQC Inspector, for attending today's meeting to observe. Noted the Nursing Associate training update and the Sexual Safety proactive approach. The learning from deaths was noted with the importance of clinical supervision and achieving the learning from this. The Quality Impact Assessment update gave clarity on the reviewed process and the newly introduced documentation. The Committee was assured in relation to the tailored plans in place for patients bringing high challenges in relation to incidents.
- **Waiting List Update report** – gained assurance from the accuracy of data and clarity and trajectory. Agreed the need for commissioning discussions and discussions with the voluntary and third sector in relation to how we can be creative with support.

- **The Safer Staffing report** received some good comments on benchmarking positively according to latest information and the committee encourages more benchmarking comparisons moving forward.
- **The Patient and Carer Experience Report** noted strong progress made.
- **PLACE Report Presentation**. The chair thanked Pete Beckwith for the presentation. It was noted a good service user involved approach with results showing we needed to work on food, dementia and disability awareness areas.
- **Care Group Quality Improvement Plans (2018-2020**), noted good discussion around plans and thanked everyone for their reports.
- **Quality Accounts update report** noted progress, with the full draft Quality Accounts being scrutinised at the 1 May 2019 meeting.
- **Revised process for Clinical Audit** report was approved and a summary of the previous audits was requested in the next clinical audit update paper.
- **The Quality Committee Risk Register** was discussed. Noted this will be discussed in more detail at the next meeting.
- **The Board Assurance Framework** was discussed and noted.
- **Annual Effectiveness Review.** The Terms of Reference were reviewed and the annual effectiveness paper discussed and agreed with updates from the meeting.
- **Policies for Approval from QPaS** – The Pressure Ulcer was approved by the Quality Committee and ratification requested from the Trust Board at the next Board meeting. The following policies have been approved through QPaS as having minor changes:
  - N-046 Clinical Audit and Service Evaluation Policy and Procedure
  - N-026 NICE Policy and NCAR Terms of Reference
  - N-031 Serious Incidents and Significant Events Policy and Procedure
  - N-050 Pressure Ulcer Prevention and Management Policy and Procedure
- **Minutes of Committees Reporting to Quality Committee** –The committee noted the minutes from the Quality and Patient Safety Group, Drugs and Therapeutic Group and the Research and Development Group.
- **Any Other Business** – MM noted with the launch of Let's Talk and requested everyone to encourage staff to complete the suicide awareness training.

Key Issues from the meeting held on 7th November 2018:
The approved minutes from the November 2018 meeting are attached below.

Quality Committee

Minutes of the Quality Committee

Held on Wednesday 7 November 2018, in the Boardroom, Trust Headquarters

Present		
Mike Smith	Non-Executive Director (Chair for this meeting)	MS
Hilary Gledhill	Director of Nursing	HG
John Byrne	Medical Director	JB
Peter Baren	Non-Executive Director (Chair of Audit Committee)	PBa
Francis Patton	Non-Executive Director (Chair of Finance Committee)	PB
Sharon Mays	Non-Executive Director (Chair of Trust Board)	SM
Michele Moran	Chief Executive	MM
Lynn Parkinson	Chief Operating Officer	LP
Caroline Johnson	Assistant Director for Quality Governance & Patient Safety	CJ
Oliver Sims	Corporate Risk Manager	OS
Steve McGowan	Director of HR and Diversity	SMc
Paul Johnson	Clinical Care Director, Adult Mental Health	PJ
Claire Antley	RRI Lead	CA
Alison Flack	Freedom to Speak up Guardian (Item 10)	AF
Mandy Dawley	Head of Patient, Carer, Engagement and Experience (item 17&18)	MD
Su Hutchcroft	Governance Co-ordinator (minutes)	SH

82/18	**Apologies for Absence received** Apologies were received from • Mike Cooke, NED (Chair) • Paula Bee, NED • Tracy Flanagan, Deputy Director of Nursing MS welcomed both Peter Baren and Francis Patton attending (Chair of Audit and Finance Committees)
83/18	**Minutes of the last meeting – 1 August 2018** The Minutes were approved as an accurate record.
84/18	**Action log and matters arising** **Matters arising** 66/18 MS requested that the PICU action be kept on the action tracker to ensure the outcome of the PICU review is reported once complete. **ACTION – to update action 66/18 to ensure feedback from the PICU review** **Action list** The action list was noted as complete MM noted it was good to see the action list completed, however some items would have benefitted from more detail for the assurance purposes.

85/18	**Changes to the Terms of Reference** It was noted that the Board had agreed that the Information Governance will now be reporting in to the Audit Committee and the terms of reference will be updated to reflect this change at the next meeting of the Quality Committee. **ACTION - TOR to next committee meeting to show information governance removed. SH**
86/18	**Discussion item** **Prone restraint (Action from MHLC)** The Mental Health Legislation Committee (MHLC) asked the Quality Committee to discuss the continued use of prone restraint. It was noted that this is addressed in the Q2 RRI report. Prone restraint outside of Trust policy is a Trust zero event. While data relating to prone restraint shows an overall downwards trend there are instances still occurring. It was noted by MHLC that a number of the incidences relate to one patient's preferred option of prone position for medication administration. Assurances were given to the Quality Committee in relation to the robust governance processes that are in place to review and address any issues regarding the use of all restraint which includes review of all incidences by the Positive Engagement Team (PET) and the Clinical Risk Management Team. It was noted that prone restraint was included in the RRI report in agenda item 18.
87/18	• **Quality Insight Report** HG updated the meeting with the key highlights of the report, which was discussed. Nursing Associate – Registration with NMC opens in January and staff will be registered practitioners when they finish the course. The latest intake is open for expressions of interest however only received one application has been received so far. Further communications are being sent out to raise awareness of the course and key teams are being targeted for potential applicants. HG noted care groups are building the role into the future plans and we should have four qualified Associate Nurses in post by April 2018. The new NHSI definition and measurement guidance for pressure ulcers was noted for implementation by April 2019. The Pressure Ulcer Policy is being reviewed to ensure aligns with the new guidance which introduces the reporting of pressure ulcers caused by medical devices. MM requested an assurance report from the Quality Committee to the Trust Board prior to the April deadline regarding the reviewed policy and terminology. **ACTION – to add refresh Pressure Ulcer Policy to Quality Committee agenda February 19 for approval SH** The Committee commended the work undertaken to submit the CQC PIR and noted that the unannounced inspections will likely commence from November with the well-led around February time. <u>Quality Dashboard Exceptions – Zero Events – midyear review</u>

- 2 blanket restrictions reported in Maister Lodge arising from the refurbishment.
  1) No lockable storage. This has been resolved.
  2) Patients not being able to lock their bedroom doors due to keys having gone missing during refurbishment. Immediate action was taken to risk assess all patients to establish if it is safe for them to have a key to their rooms. At present none are deemed safe to have a key to their door. Locks have been ordered and will be fitted as soon as received to allow 4 rooms to be lockable if required.
- Unlawful MHA Detentions - these had been reported to MHLC along with assurance of actions taken to prevent repeat issues. Refresher training has been held.
- Failure to escalate a deteriorating patient in line with the Physical Health policy –the Patient Safety Manager is working alongside the teams where the issues arose to ensure all staff are up to date and competent in the use of NEWS2.
- Inpatient Death - HG confirmed that the investigation is not yet complete but that interim feedback from the external investigator had not raised any major concerns regarding practice. PJ confirmed there is an SI Panel Review meeting next week to discuss the SI further.

Training Compliance – overall 86.5% and we still continued to target focus on low areas. The general trend is showing an improvement.

Care Group Risk Registers – It was noted there were three 12+ risks

- Increased demand for limited services within CMHTs, with an impact on waiting times.
- Mental Health significant vacancies – noted that the narrative does not provide any detail in relation to the nature of the vacancies and action required. It was agreed that it would be helpful to see the full risk registers in subsequent meetings.
- Capacity best interest assessments, this is following an incident involving a service user on Greentrees. A programme of staff training has taken place and is ongoing.

MS felt they had a useful discussion at the Audit Committee in relation to the capacity best interests assessment risk and MM asserted that physical health is everyone's responsibility and is basic nursing and medical care.

MM questioned that there were only three reported 12 and above risks in the Care Groups. HG confirmed that these were the only clinical quality risks rated 12+. MM stated she was aware of risks around RRI, PICU and the Humber Centre which she would have expected to see. LP confirmed these are all on risk register but rated under 12. MM requested a full review of the scoring of risks and requested noting in the minutes that she found it surprising that the Quality Committee was only presented with these 3 risks today in relation to quality given the known pressures in the system.

It was noted the Report flagged number of issues that will be escalated

ACTION - MM requested an urgent review of care group risk register scoring with risks relating to Quality to be presented to the next Quality Committee (LP)

88/18	**HR & Diversity Insight Report** The report was discussed with the following key items: • Vacancies. Vacancies on the ledger total 561, which shows actual vacancies and then show the number of roles which are over establishment. By taking this off the actual vacancies there are 284 net effect vacancies. There is a detailed piece of work being undertaken to ensure the variance between the establishment and vacancies is reduced and the ledger is completely accurate. This involves: o Checking the accuracy of the information (source of establishment and vacancy data) and correct where necessary o Workforce planning to commence at care group/directorate level in line with the business planning to agree what the workforce should look like in 12 months' time. This should be available in March 2019 o Review skill mix and draw up clear recruitment plans for vacancies to ensure we have the staff we need and have a clear view of what staff we will need in 12 months' time. The Work will be discussed through EMT then SMT and will be implemented. FB – asserted that as staff are our biggest resource only spending a short time every 3 months at Quality Committee does not feel enough. MM confirmed she has already had discussions with SMcG and asked him to look at the governance processes for workforce, as it currently sits within the Quality Committee but feels given the agenda it needs to be looked at to see if we need a separate sub-committee of the Board. FB felt that the report did not contain enough detail regarding staff well-being and the timeline from advert to appointment and how we track this. The NEDs present asserted that in order to understand what is safe number of staff to deliver a safe service to patients; there is a need for definitive staffing figures to be presented to the Board. They have seen the figures presented in 3 different ways. SMcG explained that the information in the report is provided from the ledger but presented in different way to how the Board have previously received it. The data in the report is all vacancies but the information at Trust Board is netted off and the report to the Finance Committee presents the financial picture. MM noted she has asked for the workforce staffing requirement to ensure we share correct data and the Exec Team needs to take time out to look at figures and what is being presented. LP confirmed that where vacancies are showing in care groups the teams are reporting on whether the post is required can be reskill mixed or removed. She will be able to report back on this work shortly. MS concluded that we have received the information and have challenged the data. The committee is aware this is a live issue for the Trust as whole and will wait to see the updated report. **ACTION – It was agreed for the need to do full review of the workforce and**

	present the findings to the Quality Committee • Sickness – the figures presented show an improvement on the previous 12 months. September is looking to be improved also. Further improvement is still required but sickness levels are moving in the right direction, with figures down to the same level as November 2016. • Staff health wellbeing group chaired by Kate Yorke held a time out event on the 27th November 18 with key managers in the organisation and staff governors to look at what more could we do to look at the staff wellbeing. This will be reported back to the next Quality Committee • Flu vaccinations – making good progress with improvement on uptake compared to this time last year FP complimented the report and noted he felt sickness should be looked at as a trend rather than monthly as monthly figures will be fluid. Regarding the stress/anxiety category enquired if we understand the type and reasons. SMcG confirmed we have a lot of data provided to EMT, which is broken down to team levels and has shown this is predominantly operational teams. JB and LP are looking at working in the teams with the highest rates of stress related illness. LP confirmed an operational deep dive into sickness absence which will include a comparison of areas with higher sickness levels against with lower sickness. LP noted that nationally secure services have high levels sickness but Humber Centre sickness is coming down. A number of factors are coming together to support this position and we are keeping the focus ongoing with signs showing the work so far is having a positive impact MM noted this was really good news. MS echoed the comments and noted work plan. SMcG also highlighted the significant reduction in disciplinary cases we have. This is due to increased use of personal responsibility framework and LP's team and the HR team work in this area
89/18	**National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report** JB gave short presentation for discussion (emailed out to attendees). JB noted the Confidential Inquiry has been going for over 20 years and the Annual Report comes out in October each year. The highlight report was discussed at the Trust board the previous week. • Suicide rates trending down, highest rates are in middle age group • 2016, 7% of suicide rates were inpatient but this has been declining over the period of time but decline is now flattening out and the report discusses next steps needed to take rate down further. Improvement to get down to 7% due to work with mitigation around ligature points and those pieces of work. Lowering down from 7% will be more complicated issues • Highest risk of suicide is within two weeks of discharge with day three being the highest occurrence. JB noted although suicide following discharge not common occurrence in Trust, we have had a day three event so can see correlation. A discussion tool place regarding the report. The key aspects of this discussion for noting were: • Work is required to bring follow up within 7 days down to 3 days and making sure that the 3 day review is completed effectively.

	• MM asserted we have to do more as an organisation in lobbying the CCG and local authority in relation to their suicide prevention work, especially for those not known to services. • A report is required to the Quality Committee showing how we have learnt from suicides over the last 12-18 months, showing what has changed. • Need to look at an internal target of within 3 days for follow-up, as the National Confidential Inquiry shows we can make a difference with 3 day follow up. It is possible the national target will come down from 7-days at some in future following this report. • PJ noted it is difficult as we still have people taking their life by suicide but we also need to celebrate some of the work that has been done over the last couple of year such as the work with the home based treatment team and the link in with assessment unit for people going on leave and being routinely discharged. September was the first time that we did not exceed the within 7 days follow-up target. PJ stressed that it is important to understand that risk assessments do not predict if someone is going to take their own life, however, the SASH training provides staff with other tools that can be used to work with service users in formulating a plan of risk. • LP noted the importance of looking at risk and safety planning. A lot of organisations are changing the risk assessments to safety assessments and safety plans. Feel there is more we can potentially do as a Trust particularly in the teams with high demand at the moment. • JB noted that when there is a suicide we need to ensure we don't underestimate the impact of all of the staff involved. We have done quite well with support of Governance Team who hold the administration on the investigations, not only do we conduct the investigations but we are also seeking to support all members of staff at the same time, both informally and formally. Other development we have also started is the SIs are being discussed back with the teams and ensuring that facilitated conversation back with the teams. CJ noted that the daily work in the safety huddle reviewing all incidents coming through is a preventative piece of work which picks up low level incidents before they escalate. The proactive preventative piece of work is growing in its engagement across the organisation is having a significant impact. MS concluded that this was a really productive discussion and thanked JB **ACTION** - **SH to forward copy of presentation and link for the executive summary and report to all attendees** - **A report is required to the Quality Committee showing how we have learnt from suicides over the last 12-18 months, showing what has changed (DB)**
90/18	**Sexual Safety on Mental Health Wards** HG explained she is the executive lead for this piece of work and we became aware the CQC were completing a review of this risk area, particularly on mental health units so we have undertaken our own internal review. CQC have now published their findings and recommendations Their findings are very similar to ours but our review was much wider as we did not just look at mental health inpatient units but looked across all our services. There are a

	number of recommendations made in our review and a group has been set up to lead delivery of the required actions, with the first meeting end of this month. MM stated it was great to see this good work. She felt it would be helpful to have clear timelines for the actions and HG confirmed this will be agreed when group meets at the end of the month. **ACTION – Update report to next Quality Committee – February 2018**
91/18	**Freedom to Speak up Highlight report** AF presented report which was noted with the following key points: • The Board have completed a self-assessment developed by NHSi in relation to FTSU systems and processes. This is will inform the plan of actions over the next 12 months. • AF and Helen Young have completed the national training required to be accredited as Speak Up Guardian. Helen has applied for further training and been successful in her application. • Have created links with the National and Regional offices to increase networking and shared good practice. • The Freedom to Speak Up Strategy should be completed and signed off by the end of 2018. • Seeing a slight increase in Speak ups received but the guardians feel this is more about the higher visibility within teams, roadshows and building of relationships with staff • Peer reviews have flagged areas that need to be targeted to raise awareness of the role. The Guardians have immediately visited these areas. • Looking at the 'so what' around developing what has changed from people speaking up which will form part of the strategy MS thanked AF for the report. SM commented it was a really good report and commended Alison and Helen in their drive to be more accessible to the staff, and staff have fed back this is appreciated. The Staff Governor meeting found their visit really useful.
	SMcG and AF left the meeting at 11.00am
92/18	**QIA Risk Register** The report was noted. LP briefed the meeting and explained following the request from the last meeting to review the risk register in relation to the schemes on an ongoing basis, the paper includes all the risks currently on the risk register, across the care groups. This work is still ongoing, and LP expects more risks to emerge as the schemes are progressed. Risks are being mitigated with actions where relevant. LP confirmed she feels comfortable that we now have the right approach. The process in relation to BRS and Quality Improvement plans has been new to organisation this year, and it has taken some bedding in, but the evidence is we are improving as we progress through the schemes. The learning from the process is that the risk associated with BRS schemes needs to be considered earlier in the process, in order to reach a position where we fully understand the associated risks.

	HG noted this is the first iteration of the risk register, following the QIA process, which flagged areas of high risk that required adding to the risk register. The next stage is for the quality team to sit down with the care groups to agree some critical to quality indicators which will be monitored closely and flagged when required. FB asked for clarification that the risks presented relate to schemes which have already been approved. LP confirmed they do. He expressed surprise that there were only five. LP agreed with the comments and noted that moving forward as soon as the BRS are proposed, we need to understand the quality impact of the scheme is and set out the risks more explicitly at that point. It is fair to say this has been an incremental progress this year, but we are ensuring that we are capturing all the current schemes on the risk register as we work through them. The BRS schemes are incorporated into the same approach, that the care groups have in place for the rest of their risk register and not seen as something separate. FB noted as the Chair of Finance Committee it give him assurance that this process going on and would like to attend the Quality Committee occasionally to receive that assurance. MS thanked LP for report.
93/18	**Quality Accounts Update** The report was discussed and CJ updated the committee on the progress of the Quality Accounts. It was noted the 17/18 Quality Accounts were delivered on time. The report gives updates on the progress of the quality priorities identified Quality Accounts for this financial year. It also notes how we have reflection on last year process to allow improvement this year. CJ noted it had been helpful to align the work with patient experience strategy which has meant we have got some positive tangible progress against the patient experience areas. Progress in all other areas is in line with required timescales. The Quality Accounts are on track for delivery and we have made amendments to the timeline for next year's accounts so we are not so pressurised to get them approved at Trust Board next year. MS felt it was a really positive report and timeline looked well ordered. **ACTION - HG request that Quality Accounts go QPaS in December for QPaS to look at what outcome measurements we are looking for, with a report back to Quality Committee February 2019.** SM asked if the timeline could include sending a draft to Governors for comment, and could we ensure that the dates are in the right order to ensure it comes to the Quality Committee before the board, as some of the dates are still to be confirmed. MM commented this was really good work and was pleased to see it.
94/18	**CQC Briefing Report** The report was discussed and approved. CJ updated the meeting.

	The paper provided assurance in relation to the delivery of the 'should' and 'must' do actions arising from the 2017 inspection. All must do actions have been completed with the exception of Regulation 18, Safer Staffing which is continuing with a review of safer staffing being undertaken by the Deputy Director of Nursing utilising NHSi tools to check that the actions taken to address safer staffing have been embedded in practice . The 'Should do' action plan has only one action outstanding which was reliant on CHCP engaging with us around the Prisons. Progress has been made and the work on this action is moving forward The Peer Review process is also supporting both the process of frontline engagement in continual improvement and preparation for the CQC inspection. The majority of inspection feedback has been positive and where there have been issues found they have been immediately addressed. In the community services there are some particular issues that have been raised particularly in relation to Hull CMHT. It was noted HG is due to visit one of teams this week to engage with the team and explore the issues that are emerging. The peer reviews have identified some areas for the Freedom to Speak up guardians to target to publicise their role. This is especially important with it being noted as a regulation breach by CQC last time. The reviews are bringing out issues but the care groups are addressing the issues as soon as they emerge which is supporting our preparation for the forthcoming CQC inspection. We are now looking at the planning of peer reviews for 2019/20 . The Quality Committee was pleased to note the work that has taken place
95/18	**Care Group QIP (Adult Mental Health)** The report was noted and discussed. PJ updated meeting, explaining this was of review of the 2017/18 plan and explained that they have acknowledged over last few years that although this is a yearly plan it usually runs over 18 months. Last year was a large plan but it did not cover everything the care group has been working on. It was noted there are three red areas: • Development of drug and alcohol pathway – when the work started, the Trust was working with Renew, but with changes in commissioning the arrangements have changed so working the full end to end pathway has been difficult to progress. • Documentation standards - The care group has completed the work they were able to do but red rating is around the Perfect Ward and taking this into the community where they are looking to use MyAssurance MS asked for a further explanation regarding the change of the systems. PJ and CJ explained that Perfect Ward has been excellent, but one of the draw backs has been the ability to generate reports and the cost of rolling it out across the organisation. MyAssurance is almost identical to the Perfect Ward but has the additional facility to generate bespoke reports and add our own audits. There is also one cost for the full organisation so this has unlimited usage. • Development of band 5-6 development programme. This has been included in the 2018/19 QIP as more time is needed to finalise the action.

	MM noted it was really great to see the fantastic work that has been done and said well done to all the work completed. She enquired about more information on three areas that were noted as blue but the dialogue stated more work was required. It was agreed they should all be green and carried across the following year's plan. It was noted that the current plans should be finalised and the draft plans for 2019/20 should be being prepared. MM also requested the QIPs should include KLOEs (improvement from CQC) as well as the other work. **ACTION - MM requested the finalised QIP plans 2018/19 and the draft 2019/20 plans for all Care Groups to be presented at Quality Committee in February 2019.** MS noted there were some process improvements, some governance requirements and terminology changes but also noted this should not detract from the achievements on the plan. PJ noted the staff have worked really hard through year as they have done year on year.
96/18	**RRI Quarter 2 report** LP introduced CA to the meeting who has been released 2 days per week from her substantive post on PICU to work on the RRI. The Quarter two report was discussed. • The Trust continues to be committed to reducing restricted practices and promoting positive engagement through a series of pledges • The Positive Engagement Team (PET) continue to deliver training across the trust, are involved in de-briefs, attend incident review meetings and the team leader reviews every Datix involving restraint and other aspects of RRI to ensure ongoing learning in this area • Training compliance in this area is monitored and reported • Team can respond very close to event and support staff and put improvements on • Prone restraint has improved however seclusion has increased, whilst this work remains important to us, there are areas of improvement we still need to focus on CA noted the work with her and the PET along with the Governance Team, resulting in the data being used for these reports being much more accurate. Work has been completed with staff in relation to how they report on Datix. CA has been involved in national workshops and the subject of prone restraint still continues to be an emotive subject nationally. Main points discussed • Rapid tranquilisation and seclusion has risen from the previous quarter, but the report does not provide a reason for this, this is required in future reports as assurance. CA explained that there were a small number of specific patients involved in episodes of RT and seclusion but will ensure the further information is included in the next report. • Rapid tranquillisation, which has in the past been a regulation issue with CQC. CA was asked if she was comfortable that we were not going to have issues in this area in a future inspection. CA confirmed that the team were completely confident. • Training – was noted lots of areas amber or red compliance. CA explained the team leaders receive the 2 mandatory training report which keeps

	compliance in focus. CA explained that percentages can be misleading for example the 50% in PICU was for two staff who have both booked on their training but doesn't show as compliant. CA is working with the training department to look at how we can show staff booked on courses also. • It was noted that there is an annual trend for a rise in incidents resulting in a restriction intervention in April/May/June (figure one, section 5-Page 9) CJ suggested that this could be due to peaks in admission and peaks in acuity which is not uncommon around this time of year. MM suggested it might be worth reviewing to check against staff holidays and understanding if there is anything else happening at the same time. PJ confirmed this year there were also a number of patients waiting to transfer out of area. **ACTIONS** - **to review data against staffing numbers and holiday, to see if any reason behind the peaks (CA)** - **Performance - needs a little more narrative comparison against performance of last year (CA)** - **Quality - needs a section to show what the compliance is against the code of practice on all of issues reported on, along with assurance that this has been reviewed and if not compliant what is action is being taken. (CA)** MM commented that it would also be helpful to benchmark wherever we get the opportunity. MS concluded the discussion stating it was a good report and thanked CA for picking up the work really well. Suggestions for moving forward include more assurance in future reports regarding compliance with the Code of Practice, with more narrative and a conclusion.
97/18	**Board Assurance Framework (Quality, HR, Operations)** The BAF was presented. It was noted that new risks have been added to the document since the last Quality Committee. These include: • Page 3 – three new risks in the Quality Section o NQ38 – Failure to achieve a future rating of good in the Safe domain. Discussed at EMT and agreed the need to highlight the potential risk of not receiving a good at CQC inspection but also to reference the number of controls and actions that have been taken in the ongoing work with the organisation. Current rating is now 8 with a target of 4. o NQ39 – Failure to have a robust system in place for the management of CAS alerts. We have received good assurance from Internal Audit around CAS alerts. There are some actions which are outstanding but once completed will bring the level of risk down, and we should be in a position where we could potentially close the risk down. We have a new process in place which is being followed, new management around drug alerts and how they are recorded o NQ44 – Failure to corporately collate clinical supervision. We did have a risk in HR but that was specifically to the CQC regulation breach last CQC inspection and this is a review of that risk in order to make it more relevant in terms of our current management.

	Questions/Comments included: SM had an observation regarding the number of gaps in control relating to e-rostering and full implementation. It has been discussed a number of times and it needs to be rolled out. LP confirmed there is a work plan in place and report is going to EMT as to where we are up to with this work and we are progressing at pace. MS thanks OS for the report
98/18	**Mental Health Community Service Users Survey 2018** The report was noted. It was noted the survey must not be shared with anyone outside the organisation until the publication date, which has not yet been announced. MD had met with clinical leads to discuss two targeted areas of the survey for the care groups to focus on. These being question five and question ten. • Question 5 - Did the person or people you saw understand how your mental health needs affect other areas of your life? • Question 10: Have you agreed with someone from NHS mental health services what care you will receive? A focussed piece of work is underway in relation to CPA and family inclusive care co-ordination. JB noted that 1-2% above or below are classed within normal range, and the figures vary from year to year as it is not the same cohort. He feels we are doing reasonably well on most areas, and feels positive with the care group response and how we are going to target these areas. MM felt question 38 stood out (treated with respect and dignity) which PJ confirmed the CPA work and physical health work would address. LP confirmed the physical health work is within the QIP. **ACTION** - **The Quality Committee agreed questions five and ten for the targeted pieces of work but requested that physical health also be included. MM also asked that MD to ensure question 38 is covered in work we are already doing regarding respect and dignity.**
99/18	**Patient Experience Improvement Framework** MD explained that this is a self-assessment framework which comprises of 57 questions and we have scored ourselves three and above for all questions with the exception of two questions which we scored ourselves two:- • Question 2A – Patient experience is embedded in all areas leadership. We are developing a revised leadership programme • Question 10D – Feedback about how a complaint is handled routinely is collected. An electronic complaints questionnaire will be placed on the Trust website to allow feedback to be completed, with a link on the bottom of the complaint letters for the Trust website address. MD also noted that an action plan is also being developed for other areas where a score of three was obtained.

	JB stated this is a huge piece of work and commended MD. He also thanked the board members, both executive and NED for their support with this piece of work and which highlights some of the great and some of the good work we are doing as well as those areas we are seeking to improve. MS noted this is about improvement and this is the launch pad for improvement. It feels comfortable and suggested the Trust uses this as a springboard to move forward. MM thanked MD and felt it will help with the CQC preparation.
100/18	• **Policies for Approval** There were no policies this month.
101/18	**Internal Audit Reports** **CQC Systems and processes** The report was noted, which provided substantial assurance **Patient Safety Alerts** The report was noted, which showed a good level of assurance. All of the actions from report have been immediately worked on and addressed. • Drug alerts systems and process put in place governed along with the rest of the alerts • CAS alerts module on HealthAssure has just been installed by the company to start managing the alerts.
102/18	**Quality and Patient Safety Group Minutes** The minutes were noted
103/18	**Research & Development Group minutes** The minutes noted
104/18	**Drugs and Therapeutics Group Minutes** The minutes noted
	It was noted the Chief Pharmacist was absent from a number of meetings, but was explained that he was away for a period of time due to a personal matter. It was agreed deputies should attend wherever possible.
105/18	**Items arising from the meeting requiring communication, escalation or Risk Register consideration and any lessons learnt** The following items were noted • Learning from suicide – to explore moving from 7 day follow up to 3 day follow up (LP) • It was agreed that MM and SM should discuss how to allocate more time to discuss the HR and explore the possibility of a separate sub-committee of the Board related to workforce.(MM) • An urgent review of the risk register was requested by MM prior to the next Quality Committee (LP)

106/18	**Any other business** MM thanked everyone for a good meeting. **ACTION – MM to discuss with Mike Cooke (Chair of Quality Committee) re meeting timings** Benchmarking - MM noted there is a lot of data on model hospital and feels this needs to be seen in papers presented to the sub-committees. For example when we talk about safer staffing we need to look at what the model hospital is telling us about safer staffing. Any paper should to have as much benchmarking data as possible, as this is the assurance. LP noted we have just received the national benchmarking report and we can use this. PB noted that he attends periodically to see if any gaps between the Audit and Quality Committee and noted today there has been nothing mentioned today in relation to NICE guidelines, and not sure where the assurance comes in on that area. HG confirmed there is a report on the work plan scheduled for the February committee, and is now due every six months, having changed from quarterly reporting through the Quality Dashboard. MM commented that when the timings of the meetings are looked at, the reporting schedule needs to be reviewed at the same time.
107/18	**Date and time of the next meeting** The next meeting will be held on Wednesday 6th February 2018, 9.30am in the Boardroom, Trust Headquarters.

Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 07 February 2019.
Author:	Name: Michael Smith Title: Non Executive Director and Chair of Mental Health Legislation Committee
Recommendation	To approve: ; To note: ; To discuss: ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Mental Health Legislation Committee is one of the sub Committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 07 February 2019 and a summary of key issues for the Board to note.
Any Issues for Escalation to the Board:	**Items for Communication, Escalation or Inclusion on the Risk Register** Items for communication to the Trust Board: Retention and recruitment of Approved Mental Health Professional (AMHP's) – to advise the Board of the current position in the retention and recruitment of AMHP's and to outline key actions for the development of a sustained approach to AMHP recruitment and retention sufficient to meet the delegated responsibility from Hull City Council.

Executive Summary - Assurance Report:

Reporting of Restrictive Practices Q3

- Training compliance remains high, engagement in improvement work remains purposeful and specific initiative work is ongoing.
- Services continue to receive bespoke support from the Positive Engagement Team Trainers (PET) with one recent example involving support to the team at Whitby in managing a complex patient.
- The PET Trainers continue to deliver a range of training opportunities to staff across the Trust, including MAPA, Personal and Team Safety (PATS), search training, handcuff training (Humber Centre Staff only) and have recently commenced offering Basic Life Support Training as an additional element in a number of their core training programmes to assist in the Trust reaching the required levels of compliance.
- There is presently a significant amount of work underway within the Trust to improve seclusion reporting and monitoring in general.
- A recent Practice Note has been circulated to all staff to make them aware of the correct reporting processes for seclusion, and the impact of this will be reviewed in two months to determine whether this has made the required positive impact
- During this Quarter the seclusion audit template has been reviewed to further strengthen the assurance levels obtained through the completed reports.

- Overall, there had been an increase in the number of seclusion incidents reviewed via perfect ward
- The number of episodes of seclusion reported through Datix has reduced in Quarter 3, following a rise during Quarter 2 - reviewing these incidents over time does not identify any trends or patterns
- All restraint incidents continue to be reviewed by the Positive Engagement Team Lead to ensure compliance with Trust Policy and the training delivered.
- The use of prone restraint reported has reduced overall.
- The use of Rapid Tranquilisation continues to reduce.
- The Trust continues to closely monitor and review patients who are managed within conditions of Long Term Segregation.
- The continued development of the daily incident review meeting has had significant positive benefits on the quality of data, although further work is still required beyond this forum to ensure a consistent picture is available in relation to restrictive interventions.

Mental Health Legislation Quarterly Performance Report

- The structure of the report is currently under review

Exceptions:

- There were six exceptions to the MHA in quarter three; one S5(4) lapse, one patient being treated without legal authorisation, one unlawful detention in relation to DoLS, one S17 leave expiry during patient's leave, one outstanding extended seclusion review, and one delay in admission due missing authority to transfer – actions agreed to address the issues and prevent further occurrence.

CQC Mental Health Act visits

- Six MHA visits took place in Q3. Common themes being identified include issues in relation to assessment of capacity to consent to treatment, patient and carer involvement in care planning, S17 leave, and S132 rights. Provider action statements reflect actions required addressing the issues and the MHA Manager regularly monitors completion of the identified actions. The outstanding action from 2017, which is an environmental issue at Millview Lodge, is currently being addressed via Estates.

Mental Health Legislation Steering Group

- Group now meets every two months – attendance remains an issue however this will be addressed further following reorganisation in the new structure.

Associate Hospital Managers' Forum

- Continues to be well attended. Forum is updated on issues raised at Mental Health Legislative Committee. Issues raised by the Forum are discussed at Mental Health Legislation Steering Group and feedback given. Nine AHMs have had their reappointment reviews during Q3, one Hospital Manager has retired and one new AHM has been appointed and will be joining the panels following some shadowing experience.

Key Issues:

The key areas of note arising from the Committee meeting held on 07 February 2019 are:

- Received paper on AMHP strategy in Hull only 18 out of 'nominal establishment of 34 staff currently in post - working towards increasing cohort, in particular by sourcing from non-social work staff. Additional 2 AMHPs already in training and active discussions taking place with HR.

- Agreed that the current 'Publications and Highlights' and ''Themes Issues and Partnerships reports be merged into a single 'Insights' report for future meetings
- Considered Sir Simon Wesseley's Report on review of the Mental Health Act and potential effect on Associate Hospital Managers
- Received a briefing on the Mental Capacity Amendment Bill (due to receive Royal assent on 1 April 2019 and including self-authorisation of Deprivation of Liberty (DOLs)
- Discussed the future composition and chairing of the Mental Health Legislation Steering Group which is to be chaired by a Clinical Director.
- Examined the Section 136 (Police detention to Place of Safety) and noted positively that length of stay is consistently under 24 hours, but that only 22% of detentions are preceded by normal statutory requirement for consultation with a mental health professional.
- Noted that the use of section 4 (emergency detention where a second doctor is not available) has improved (reduced) dramatically.
- Received baseline statistics on ethnicity and noted that there was a developing educational component on unconscious ethnic bias for medical staff and Approved Mental Health Professionals (AMHPs)
- Considered a report on Reducing Restrictive Interventions (RRI) and a 'deep dive' concerning seclusions. Commended the work on Avondale ward which had had no seclusions during quarter 3.
- Asked for further investigation of two issues raised by the Trust's security lead at an Audit Committee meeting.

Humber Teaching NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Finance and Investment Committee Assurance Report
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance and Investment Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Finance and Investment Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting held on 20th February 2019 and a summary of key points for the Board to note.
Any Issues for Escalation to the Board:	The committee recommends that the Board:- • Notes the delivery of the cumulative operational financial plan in month ten with an improved position on month nine. • Signs off the new Terms of Reference. • Notes the committee's review of the quarterly updates from Health and Safety, the Estates strategy and the Digital Delivery plan. • Notes the sign off of the Forensic Outreach Liaison Service (FOLS) business case and draft Brexit business continuity plan.

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that the financial performance was reviewed in detail.

Month ten performance showed that the Trust had reduced its year to date operational deficit to £0.093m (7th consecutive month of improvement), improved its cash position but seen an increase in trade debtors.

Primary Care, Community, Children's and Learning Disabilities (PCCCLD) and Specialist continue to deliver but Mental Health and Corporate continue to be an issue.
The committee reviewed the amended Terms of Reference for the new Finance and Investment Committee and signed them off. A copy is attached
The committee received quarterly updates on Health and Safety, Estates strategy and Digital delivery and signed all 3 off with a number of recommendations going forward.
The committee received the final Forensic Outreach Liaison Service (FOLS) business case and signed it off.
The committee received the draft Brexit business continuity plan and signed it off.

Key Issues:

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

- In terms of financial performance at month 10 the Trust recorded a deficit position of £0.643m made up of an Operational Deficit of £0.093m (previously £0.310m) and the inclusion of a Budget Reduction Strategy (BRS) risk of £0.550m. Year to Date staff costs of £81.753m are £0.192m higher than budget and the cash balance at the end of January 2019 was £12.119m (this includes £0.532m of Local Health and Care Record Exemplar (LHCRE) and £1.006m of Child and Adolescent Mental Health Services (CAMHS) capital funding). Capital Spend as at the end of January was £5.116m, mainly related to the CAMHS unit, IT hardware and Backlog Maintenance.
  In terms of the divisions Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.692m, mainly relating to the new Scarborough & Ryedale contract with a yearend forecast of a £0.688 underspend. The Mental Health Division has a year to date overspend of £0.386m with a yearend forecast of a £0.800m overspend due to pressures in medical staffing. The Specialist Division is showing a year to date underspend of £0.199m relating to non-pay efficiencies in addictions services with a yearend forecast of a £0.187m favourable outturn The Corporate Divisions are showing a year to date overspend of £0.532m with a yearend forecast of a £0.991m overspend.
  The predicted BRS yearend underachievement is £2.990m and this is included in the forecast outturn position. The aged debtors outstanding at the end of January were £6.085m, a £0.423m increase on the previous months balance partly due to invoice timing.
- The committee reviewed the amended Terms of Reference for the new Finance and Investment Committee and signed them off. These are attached as an appendix and are recommended to Board for sign off.
- The committee received the quarterly Estates strategy update. The plan for Bridlington was also discussed and this will be discussed in more detail as part of the refreshed Primary Care strategy at the next committee meeting. That apart the committee were happy with the progress made to date but agreed with the recommendation that the strategy needed a refresh which would come via Executive to Finance and Investment Committee (FIC) and then to Board.
- The committee received the Health and Safety quarterly update which showed that for the reporting period all premises had been asked to undertake a review of existing documentation and furnish the new Safety Team with electronic copies of existing Health & Safety (H&S) Risk related assessments. Premises inspections continue to be undertaken with key themes relating to General Practitioner Practices and other services, which have joined the Trust. For the reporting period, 2 Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) incidents have been reported and the committee asked for further detail. H&S and Fire training continue to increase in compliancy levels. The committee noted the report.
- The committee received the Digital Delivery quarterly update which showed that Interoperability with NHS organisations' systems is currently behind plan, there have been some changes to the approach for this piece of work therefore it will be re-planned to include all elements in the new approach Progress is being made to improve the capability of business intelligence for making informed decisions and the Trust are currently considering the introduction of a number of Business Intelligence (BI) Tools. A Plan is being developed to roll out Skype for Business across the Trust. The N3

connection at Hornsea Cottage Hospital has now been completed The Electronic Prescribing Project is progressing well and a provisional go live date to complete the SmartComms at Willerby Hill Site for 4th March 2019. The committee asked a number of questions around LHCRE and then requested that from a governance perspective that LHCRE was reported from a Trust perspective and separately from system perspective and that this came to the next meeting with a full risk register.

- The committee received the final proposal for the development of a Learning Disability (LD) Forensic Outreach Liaison Service (FOLs) and were happy to sign it off and recommend it to Board.
- The committee received the draft Brexit Business Continuity Plan (BCP). The draft BCP covers the most up to date position in respect of the 7 key areas of risk. The Brexit Project Team meets weekly and have assessed the Trust's current position against the 7 key areas. Brexit guidance is emerging from the central team on a daily basis and the BCP will be further developed accordingly. The committee were happy to sign off the draft plan but asked the project team to look at the potential longer term impact of a no deal in terms of issues such as fuel, managing the docks and parking, EU healthcare etc.

NHS
Humber Teaching
NHS Foundation Trust

Terms of Reference

Finance and Investment Committee

Authority	The Board has resolved to establish a Committee of the Board to be known as the Finance and Investment Committee. The Committee is a Non-Executive Director Committee (This is a non-voting committee). The Committee is delegated by the Board to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. The Committee may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research. The Committee is authorised by the Board to obtain outside legal or other independent professional advice as it requires and to secure the attendance of those with relevant experience and expertise if it considers this necessary and appropriate by the Chair.
Overall Aim/Purpose	The Finance and Investment Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required. The Committee is authorised to require any Trust Officer to attend a meeting and provide information and/or explanation as required by the Committee
Duties	The Finance and Investment Committee will:- • Challenge the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It should ensure performance and relevant action plans are reviewed and managed in pursuit of Trust objectives. • Scrutinise all financial plans, including the Trust's annual financial plan, prior to seeking Board approval • Monitor delivery of the Trust's budget reduction strategy (BRS) and other financial savings programmes • Approve the processes and timetable for annual budget setting, and budget management arrangements • Review and challenge delivery of the Trust's Capital Investment Programme and approve the processes for managing the Trust's capital programme

	• Review and endorse the Trust's medium and long term financial plans prior to Board approval • Monitor the detailed monthly income and expenditure position of the Trust, overall financial performance (capital and revenue) against plan, and projected final outturn • Receive assurance from the Operational and Corporate Directors in respect of performance against annual budgets, capital plans and the BRS, quality, innovation, productivity and prevention plans, commissioning for quality and innovation plans (CQUIN), activity and key performance indicators, corporate governance activities and responsibilities; • Monitor effective balance sheet management, including asset management and cash planning • Monitor financial performance indicators, including compliance with Public Sector Payment Policy • Monitor the development, application and delivery of financial recovery plans • Monitor the development, application and delivery of financial contingency plans • Review the robustness of the risk assessments underpinning financial forecasts • Review the Finance Directorate risk register, including delivery of action plans • Approve financial policies & procedures, including standing financial instructions • Work with the Audit, Workforce and Quality Committee's advising on the non-clinical aspects of risk management. • Identify opportunities for improvement and encourage innovation • Monitor contract negotiation and performance noting the position of contracts and raising any concerns; receiving assurance from the Executive Directors in respect of the organisation meeting the contractual requirements and expectations of commissioners, meeting the legislative / regulatory requirements of regulators and other bodies'. • Will review and challenge both the Estates & Facilities Work Programme, Policies & Procedures and the delivery of the Trust's Estate Strategy.. Will review and challenge the Digital Delivery work programme, policies and procedures • Oversee the work of the Special Purpose Vehicle (SPV) Task and Finish Group • Scrutinise all business cases for new business and investment, in line with the Trusts Scheme of Delegation and Standing Financial instructions review all tenders presented to the Committee taking on board the views provided by the Executive Management Team. This will be achieved by:-

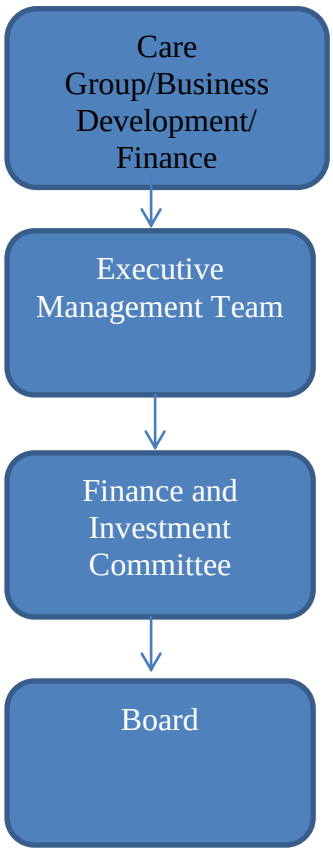
	• reviewing and approving the business development and investment framework to support and govern all investments, contracts and projects as set out in the TOR. • evaluating post implementation the financial performance of approved investments, contracts and development projects, and report the findings to the Board. • considering the Trust's medium and long term strategies in relation to both revenue and capital investment expenditure, and make recommendations to the Board on a regular basis • reviewing and assessing the business cases for: o Capital expenditure over £500k o New business development projects with an annual value in excess of £500k in total o Any reconfiguration project which has a financial and/or resource implication over £500k per annum o Leases, contracts or agreements with revenue, capital and/or resource investment/commitment in excess of £500k per annum o The purchase or sale of any property o The purchase or sale of any equipment above £250k o All Borrowing or investment arrangements o Horizon scanning regarding business opportunities. o To periodically consider strategic risks to business and ensure these are reflected and mitigated within any business cases. • Have due regard to the public sector equality duty and the Trust's equality objectives • Refer issues arising to other Trust committees or groups • Maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the financial year. The Committee shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice: • the Board (who may at any time request additional information, or information in a different format) and committees

	• commissioners, including CCGs and NHS England • public and patients staff • budget holders • other stakeholders, e.g. other Trusts, local authorities
Membership	Membership of the committee shall be comprised of the following: • 2 x Non-Executive Directors (1 of whom shall chair the committee) • Chief Executive • Chief Operating Officer • Director of Finance • Deputy Director of Finance/Financial Controller • Clinical Director (Operational Services) General Managers and Deputy Directors will not be members but will attend for all or any part of a meeting as appropriate. Senior Clinical Leadership will be requested / invited to attend the Committee a minimum of 3 times per year, a reciprocal arrangement will be take place for Finance attendance at the Quality Committee Non-Executive Directors are entitled to attend any Trust committee meeting. The Chair of the Trust has the right to come to any committee at any time. **Declarations of interest** Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the Trust's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the Chairs' discretion. Declarations shall be recorded in the minutes.
Quorum	A quorum shall be three of the above, comprising at least one Non-Executive Director. • Decisions will normally be reached by consensus, but where voting is required, decisions will be made by a simple majority of the members present. For the avoidance of doubt, designated members of the committee shall be entitled to vote; other attendees are not. Members declaring an interest do not count towards a quorum for the relevant item(s), nor are they (nor their deputy) allowed to vote thereon.
Chair	• The Committee shall be chaired by a Non-Executive Director with appropriate experience who will be appointed by the Trust Chair and confirmed annually in a

	Board minute. • In the absence of the Committee Chair, the remaining Non-Executive present at that meeting shall act as Chair for that meeting. Deputies may attend by agreement with the Chair.
Frequency	• The Committee shall meet monthly, however additional meetings will be diarised and held as necessary. • There is a requirement for flexibility when working to new Business deadlines and virtual meetings may be required for investment decisions.
Agenda and Papers	• Notice of each meeting, including an agenda and supporting papers shall be forwarded to each member of the Committee not less than 5 working days before the date of the meeting. • Minutes of all meetings of the Committee shall be taken by an appropriate and identified secretary and will kept by the Trust Secretary • A record shall be kept of matters arising and/or issues to be carried forward at each meeting. • A record shall be kept of all investment decisions for the purposes of performance monitoring and reporting. • All investment papers submitted must be considered by the Executive Management Team prior to consideration by the Committee in line with the flow of investment decision making.
Minutes and Reporting	• All meetings of the Committee shall be called at the request of the Chair. • Meeting agenda will be agreed with the Committee Chair before circulation and when circulated it will confirm the venue, time and date. • The Committee Chair shall report formally to the Board on the Committee proceedings and its findings after each meeting. • The Committee Chair shall produce an annual report for the Board on the performance of the Committee and make whatever recommendations it is deemed appropriate to improve Committee performance and outcomes. This report will form part of the Board's annual cycle of business.
Monitoring and Review	• The Terms of Reference of the Committee shall be reviewed annually and recommendations submitted to the Board for approval

	• Monitoring of the Committee activities will be carried out by the Board via a yearly effectiveness review
Approval Date	January 2019
Review Date	January 2020

Flow of decision making process re Investments



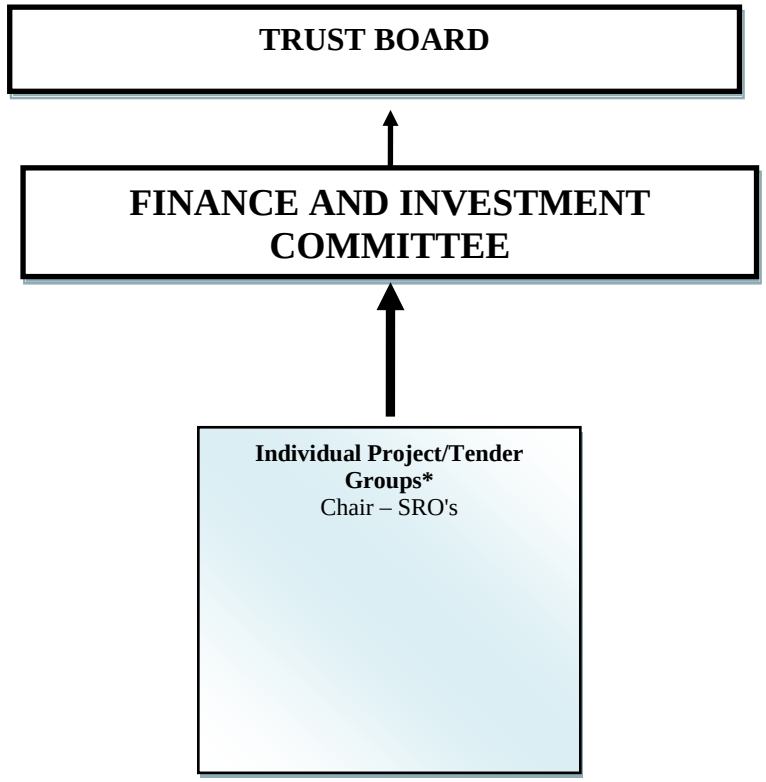
Initial consideration of opportunity – to progress or not

Consideration of schemes to be progressed and advise StIC

Consideration of schemes to progress and advise Board

Consideration of schemes to progress

FINANCE AND INVESTMENT COMMITTEE REPORTING STRUCTURE



** Not a formal sub group of the Finance and Investment Committee, relevant groups established based on each tender requirements.*

Agenda Item: 12

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Audit Committee Assurance Report
Author:	Name: Peter Baren Title: Non Executive Director, Chair of Audit Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Audit Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting held on 5 February 2019 and a summary of key issues for the Board to note.
Any Issues for Escalation to the Board:	The main area for the Board to note/approve was the generally good or above assurance given through Internal Audit.

Executive Summary - Assurance Report:

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

Key Issues:

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

Internal Audit Progress Report
Counter Fraud Progress Report
Pre-Employment Checks Report
External Audit Plan 2018/19
Board Assurance Framework
Risk Register – Board and deep dive Primary Care, Community, Children's and Learning Disability
Procurement Activity Report
Review of Single Tender Waivers
Information Governance Report
Security Management Update
Insurance Provision
MEA valuations assumptions
Update on changes to Contracts/Agreements
Whistleblowing/Raising Concerns Update

Risks and Major Items Discussed

Five Internal Audit Assurance Reports were received and discussed:

Non-Healthcare Contract Management	**Good Assurance**
Malton Hospital Establishment Visit	**Good Assurance**
Payroll	**Good Assurance**
Patients' Property, Valuables & Monies	**Limited Assurance**
Bank, Agency and Locum Staffing	**Good Assurance**

There was substantial discussion on the reports and it was noted that the overall levels of assurance obtained were yielding at least good assurance, bar one.

Generally speaking, the target implementation dates for management actions on the first four reports were all historic, and the Committee therefore sought assurance that they had already been completed. It was disappointing that this could not be done in any detail during the meeting, and the Committee requested a follow up report from Executives, detailing the follow up actions, within three weeks. The Limited Assurance report was discussed and assurances sought that we had learnt from previous establishment visits, particularly last year at the Humber Centre.

The Director of Human Resources and Diversity gave reassurance that the actions in the Bank, Agency and Locum Staffing Report were all completed as appropriate.

With regard to follow up actions completed within the agreed implementation date, the Committee heard that this had dropped from the usual c90% to c80%, and asked that increased resource and endeavour be made to bring this up, ahead of the May meeting.

The Committee noted that the draft Establishment Visit at Field House Surgery had not been finalised since the 30 October 2018 initial draft. The draft showed Limited Assurance, and the Audit Committee requested that this also be included in the follow up report to be received within three weeks.

The Counter Fraud Progress Report and Pre Employment Checks Report evidenced the work done and good levels of assurance being obtained that sufficient attention was being given to these areas, in terms of awareness and actions to enhance controls. The Committee asked the Internal Auditors to consider grading these reports in future.

Deloitte's presented the External Audit Plan for the forthcoming year end, including identifying risk areas and materiality levels. The Plan and timescales were approved. A benchmarking report, covering NHS Trust's financials to the half year, was received and discussed. In most areas it showed Humber as being 'in the pack'.

There was a full discussion on the Board Assurance Framework, Trust Risk Register and the Risks for PCCCLD care group, and particularly the degree to which risk management is embedded in the organisation. The new risk NQ45 regards the demonstration of learning from SEAs was noted and discussed, together with the movement in assurance from red to amber for Strategic Goal 5.

The Primary Care, Community, Children's and LD Care Group Risk Register (PCCCLD) risk register was discussed at length. A number of new risks that were transferred from the Scarborough and Ryedale project risk register were noted. These four risks had initial risk scores at 15, but currently sat at 12. The Committee enquired whether there were any gaps in assurance when risks sat on a project risk register, yet to be transferred to the main risk register, as regards review by the Executive. The Executive promised to review the processes and systems for monitoring project risk registers. This was particularly important with the current Child and Adolescent Mental Health Services (CAMHS) project ongoing.

The Information Governance (IG) Report was noted and it was felt could be expanded in future to enable discussion on IG incidents.

Very good assurance was received on procurement management and one single tender waiver signed in the period, relating to the Whitby GP Out of Hours service.

The management of insurances and generally slightly lower premiums yielded good assurance in this area, as did the report from the Local Security Management Specialist.

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

Matters Deferred for Future Consideration
While all above reports were received there were a number which require follow up action as noted above

Matters to be Brought to the Attention of the Trust Board
The main areas for the Board to note/approve are

The follow up action tracker report requested in relation to the Internal Auditors' recommendations.

The Limited Assurance report on Patients' Property and Monies (and draft Field House establishment visit)

The system for review and assurance at Exec level and above for risks that are maintained on project risk registers is being undertaken.

Agenda Item: 13

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Charitable Funds Committee Assurance Report
Author:	Name: Paula Bee Title: Non Executive Director and Chair of Charitable Funds Committee
Recommendation	To approve: ; To note: √ To discuss: √ ; To ratify: For information: ; To endorse:
Purpose of Paper:	The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. The report includes details of the meetings held on 18 September, 13 November 2018 & 17 January 2019. Minutes of the meeting held in September have previously been presented to the Board. The November minutes are attached to the report for information.
Any Issues for Escalation to the Board:	Identified within the key issues

Key Issues:

18 September 2018 Meeting
A meeting of the Charitable Funds Committee was held on 18 September 2018.

A report was presented on the Operational Plan covering the period April to August 2018. The report provided an update on the Health Stars team resource, a financial overview and staff engagement update. Total income was a pleasing outcome and represented positives on both grant applications and community and corporate partnerships. The lack of legacies received was noted.

The Trust's Circle of Wishes process implemented from the beginning of Smiles term has been highly successful in enabling services across the Trust to access funds, gifts in kind and transfer assets**.**

Wishes regular improve patient experience as reported on in the Wish update at each CFC meeting, a total of 270 Wishes submitted and only 42 declined or withdrawn. Giving enhancements of all shapes and sizes across the Trust estate.

The Impact (CAMHS Appeal) is up and running and generating income with a wish list of over £400k which we anticipate growing to £600+. A Whitby Appeal is in the process which will have a significant impact on that community. An update on the Impact Appeal was presented. Work is progressing behind the scenes as the public appeal has not yet been launched.

An overview report on the allocation of costs was received. 12p from every £1 goes back into general funds, however if additional support is required this is 15p from every £1. A flow chart was suggested to show the classification of funds to demonstrate how this is done.

The minibus proposal will be discussed at the next meeting. Additionally an update on Whitby equipment will be provided along with details of what the Whitby appeal will look like.

13 November 2018 Meeting
Discussion took place around the format of the operations plan with the Chair asking for a summary document that included extracts from the operational plan on what the priorities and actions are.

Income was reported to be behind target due to the delayed start of the appeal. Applications for funding have been made and the outcome awaited

Revised Terms of Reference were reviewed and will come back to the next meeting for approval.

Circle of wishes update discussed. It was noted that Wishes that are being granted as relatively small. It was agreed that Health Stars would attend a future Staff Governor meeting to promote the charity.

An update was provided on the fundraising activity undertaken since the last meeting. Funds have been donated for the minibus and a decision needs to be made as to whether this will be purchased or leased.

Donation from Help for Health has been received for the Impact appeal. The Clinical Lead for the Child and Adolescent Mental Health Services (CAMHS) Inpatient Service attended to provide an update on the wish list for the new development.

Two significant donations have been received and acknowledgement/thank you letters sent.

Details of the Whitby appeal were shared with the Committee. Health Stars has been approached by Hambleton and Richmondshire Clinical Commissioning Group to help fund new radiology equipment for the hospital. It was felt the Executive Management Team should review the request and make the final decision.

A proposal to trial BrowseAloud a flexible, cost effective solution to enable patients, service users, carers and staff to access Trust information in other languages and formats employing a language assistive software package was presented to the Committee.

17 January 2019 Meeting
An update on the financial position for the charity was provided. Included in the expenditure position was the subscription fee for BrowseAloud.

A report on costs allocation was discussed. In terms of major appeals a total of 12% of funds has been allocated to the Big Thank You fund zone.

The Terms of Reference discussed at the last meeting have been amended and were approved by the Committee.

An update on the minibus fund zone was given to the Committee. Discussion included existing minibus usage and details of the fund raising completed to date. A further scoping report will be provided to the next meeting.

The Accounts for the Charitable Funds were presented by 360 Accounts. Some minor amendments were requested by the Committee prior to submission to the Trust Board for approval.

Updates on the Circle of Wishes during 31 October to 31 December were presented to the Committee. There had been an increase in the number of wishes through the Christmas period. A meeting of the Fund Guardians will be arranged as the previous meeting had low numbers. A suggestion was made to prepare a newsletter on a regular basis.

An update on the Staff Engagement Fund Zone was discussed. The fund has been created to encourage

team building, staff motivation and to help enhance morale. Fund guardians will be reviewed to ensure they are in the right places.

Health Stars Annual Review was presented for discussion. It was suggested that next year's report be more visual and perhaps be a patient or staff story in relation to Health Stars be considered at the Board.

125 wishes have been received for the Impact Appeal, a few of which may require approval by the Committee due to the amount. The Chair asked for clarification on how these are prioritised and the approval process.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Tuesday 13 November 2018, 2.30pm – 4.30pm in Conference Room B, Trust Headquarters

Present: Paula Bee, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director

In Attendance: Sharon Mays, Chairman
Andy Barber, Hey Smile Foundation Charity Director
Clare Woodard, Head of Fundraising, Health Stars
Ann Newlove, Smile Health Operations Manager
John Byrne, Medical Director
Annette Clough, Financial Controller
Paul Warwick, Clinical Lead, CAMHS Inpatient Service (for item 6.2)
Mandy Dawley, Head of Patient & Carer Experience & Engagement (for item 8.1)
Kerrie Neilson, PA (minutes)

Apologies: Michele Moran, Chief Executive
Peter Beckwith, Director of Finance
Hilary Gledhill, Director of Nursing
Lynn Parkinson, Chief Operating Officer
Mervyn Simpson, Financial Services Manager
Adrian Jenkins, Communications Manager
Michelle Hughes, Interim Head of Corporate Affairs (representing Communications)

64/18 **Declarations of Engagement**
None declared.

65/18 **Minutes of the Meeting held on 18 September 2018**
The minutes of the meeting held on 18 September 2018 were agreed as a correct record subject to the following amendment:

60/18 Impact Appeal Update
It was noted the item should be amended to read:-

Ms Newlove presented the report which updates on the Impact Appeal supporting the provision of enhancements at the forthcoming CAMHS in-patient unit. We are gaining attraction behind the scenes and we have not yet done the public launch. There are two elements one is fundraising and Mrs Woodard is the face of alongside the bid applications and the other side is how the money is being spent.

The Children's partnership group meets for the first time next week.

Ms Newlove said that she is looking at scheduling the build programme against the fundraising programme. There is a need to marry those two elements off together.

Houlton's has been confirmed as a contractor and work is on-going.

Mr Barber updated on the engagements group because Mrs Newlove was on annual leave. The soft launch was really well received. It was noted that Alan Johnson declined to be a

patron but did say he would do a foreword for all bids. The Committee noted we have thanked Alan Johnson's input to date and recognise the need to move on and fund a patron for the project going forward.

A perspective donor wants to be involved but does not wish to sit on the appeal. Mr Barber is working through the dates.

We are expanding our capacity within the team and how we communicate.

Ms Newlove referred to and discussed the draft appeal communications plan. She highlighted one particular area on the Comms plan in that the impact appeal task and finish group has a new structure. There was discussion of the different groups and Mrs Hughes asked about the governance of the groups and who reported to who, and the membership of each.

In terms of communications, she stated there are two elements, the impact element and the build element. The build element is led by the Trust Comms team and the impact element is led by Ms Newlove with support from the Trust. Clarity on the governance of the groups and how they related to each other and the membership would be helpful.

Ms Bee then expressed her concern on the need to have some delegated responsibility.

Mr Beckwith said he will re look at ToR for the Impact Appeal and see if some of that lends itself to the ToR for the partnership group.

Mr Barber referred to the marketing budget. He asked for top total committee approval to allocate 12k towards marketing from the Impact Appeal. We have generated 161k but we now need to buy some things and need to start promoting the appeal.

Ms Bee thanked everyone on all of their hard work.

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

66/18 **Matters Arising and Actions Log**

The actions list was discussed and the following noted:-

48/18 Staff Engagement Fund Update

Mr Barber reported that the list of up to date fund zone managers has been circulated and a meeting has been arranged for Wednesday 5 December with all of the fund zone managers. This item will be closed off at the next meeting in January.

56/18 Health Stars Update

This item was on the November meeting agenda – action closed.

57/18 Allocation of Costs

In Mr Beckwith's absence, it was agreed this item will come back to the next meeting.

58/18 Fundraising Activity Update (Including Step Challenge)

It was noted there is ongoing support with Homebase for now happy to help with GIK and discounts. Therefore this item can be closed off.

59/18 Circle of Wishes Update

Annette Clough has written a business case regarding a payments system for the whole Trust including GP's therefore this would negate the need for card machines. This action is with Mr Beckwith as it needs capital funding. An update to come to a future meeting. Action remains open.

59.2/18 Request for Discussion (My Health Guide)
Mr Barber explained that a revised paper may come back to a future meeting with a different proposal. Although it is still a challenge as the Trust cannot continue to fund, as there has been a significant price increase on each device. External charities now being looked at. This item can be closed off.

60/18 (a) Impact Appeal Update
Mr Barber confirmed that this item is on the agenda and he has met with Lynn Parkinson about where it sits – action complete.

54/17 CAMHS Campaign
This item has been covered as part of Impact Appeal agenda item for the November meeting. This item can now be closed.

26/18 Circle of Wishes Update – Annual Report Update
It was noted that the Smile credit card now in use for Health Stars - this action is complete.

23/18 Staff Engagement Fund
This action is now complete.

35/18 (b) Health Stars Operations Plan Update
This item was on September's CFC agenda – this action is now closed.

36/18 (a) Health Stars Update
The Committee agreed to leave this action open – update to come to the January meeting.

46/18 (a) Health Stars Update
Printed and in use – action complete.

46/18 (b) Health Stars Update
It was confirmed that this action relates to how we purchase items. All fund zone guardians have been contacted and a presentation will take place on 5 December – action is closed.

48/18 (b) Staff Engagement Fund Update
Update to come to the next meeting in January on staff engagement publicity and communications and what activity is taking place and what the parameters are including how it operates.

49/18 (a) Circle of Wishes Update
Action complete.

Resolved: The verbal updates were noted. The actions log will be updated accordingly. **ACTION KN**

67/18 **Key Operations Plan Highlights including Finances**
Mr Barber presented the operational plan update report for November 2018. He welcomed views and comments on the format of the report. Ms Bee explained that she would like to see an A4 one sided document with extracts from the operational plan on what our priorities and actions are. She asked if it could be done in a really simple tabulated format and reference where the reference is, what is was we are going to do and were the process is.

Mr Barber took the Committee through the financial update (as at 31 October) on page 3. Key issues discussed within the report were:

- Income is £199,980 behind target by £26,020, due to the delayed start on the appeal (8 applications in for funding, if successful we will be back ahead of target)
- We are slightly behind on core expenditure (Positive)
- We remain behind on investment into services, mainly due to spending the appeal

income. (Anticipate draw down of Impact Appeal funding to begin in Jan/Feb 19, against plan that anticipated Aug 18 onwards)

- Wish activity is higher than expected, but we have been able to generate significant gifts in kind so we still have an action to invest further funds in our service enhancements. (Action: Fund guardian meeting planned)
- We have not drawn any income down from the Trust for the Charity manager salary, as per the plan. This will effect closing balance (Action: AB to meet with PB)

Mr Barber referred to and discussed the 2018/2019 plan on page 6. He pointed out that we are still on track financially but delayed slightly on the operational plan, as the appeal did not start on time. In terms of the volunteering funding secured August 2018, Mr Barber stated that we had the opportunity to apply for 40k over 2 years. However, that has been superseded by an organisation called by Helpforce, a lottery funded programme backed nationally. We are currently reviewing our best approach.

Mrs Mays commented on the 2018-2019 plan on page 6. She said she is not quite sure if the red means we are on or off target. Ms Bee added to this and said that she cannot see what this is measured against. Mr Barber asked if someone could inform him from a Trust perspective how to report that to ensure consistency.

Mr Barber acknowledged the great work that Clare Woodard and Laura Atkinson have both done not just in terms of spending the money but generating resource from the community.

Mrs Mays asked what we will do if we don't hit the target. Mr Barber provided assurance and said he is extremely confident that we will hit the 600k target.

Ms Bee raised a question about the volunteering fund and how that relates to volunteering in the Trust. Mr Barber provided clarity on this and confirmed it is Trust volunteering.

Mrs Mays asked if we measure gifts in kind. Mr Barber confirmed yes. She then referred to the geographical split and asked if that still includes CHCP funds. Mr Barber confirmed no, it is all of our funds and includes the Bridlington funds, which is why the community funds are so large. Mr Barber updated on the ongoing conversations with the Charity Commission about been able to move that from been a hospital fund to a community fund so we can spend it within the community on health and wellbeing. This is something that the Charity Commission are happy for us to do. Communication had been made with Bridlington through Health Watch in Bridlington.

Mrs Mays then referred to the children's and young person's fund. Mr Barber confirmed that it includes CAMHS and there is another 100k that will go into that.

Resolved: The report and verbal updates were noted by the committee.
Mr Barber agreed to look at why Driffield and Bridlington are separate from East Yorkshire when they are both East Yorkshire. **ACTION AB**

68/18 **Costs Allocations**

In Mr Beckwith's absence, it was agreed this item be deferred until the next meeting. Mr Barber verbally reported that cost allocations are being done the same way as the Trust has always done them.

Resolved: The report and verbal updates were noted.
It was agreed cost allocations will come back to the next meeting in January. **ACTION AB/PBec**

69/18 **Revised Terms of Reference (ToR)**

Ms Bee presented the revised ToR and welcomed feedback. Mrs Mays referred to the second paragraph on page 1 and asked that we check when the strategy last went to the Board for approval and when it is next due. The Trust name through the document needs to be

amended. The third sentence within the membership section, states the Chief Executive will be a member of the Committee for 12 months and this will then be reviewed. It was agreed this sentence should be amended to "The Chief Executive will be a member of the Committee".

Resolved: The verbal updates were noted.
KN agreed to check when the strategy was last approved by the Board and when it is next due. The Trust name throughout the ToR needs to be corrected. The third sentence within the membership section will also need amending to "The Chief Executive will be a member of the Committee". To come to the next meeting for final approval. **ACTION KN/PBee**

70/18 **Wish Highlights**

Mrs Woodard presented the circle of wishes update report, which includes gifts in kind information. She reported that the amount of stuff that has been donated for free of charge is making our lives difficult in terms of spends but in terms of community engagement it's been fantastic. However, the wishes that the Trust are granting are on the smaller side so we really need to push for some big wishes. Mrs Mays asked Mrs Woodard to attend a future staff governor meeting to promote Health Stars.

The Committee discussed Mrs Moran's email which was sent prior to the meeting, whereby she noted that COW wish number 283 (drip stand for Ryedale hub) is an NHS not a charitable fund request. Mrs Woodard confirmed that she has visited Malton and met the nurses and they have said it is for overnight drips for inpatients that are having end of life treatment. The LoF are looking to fund this item.

Resolved: The report and verbal updates was noted.

71/18 **Fundraising Activity**

Mrs Woodard presented the report which updates on Health Stars progress. The key issues within the report were:

- Fundraising, Gifts in Kind and Staff Engagement update
- Marketing and Communications
- North Yorkshire Updates/League of Friends

Mrs Woodard verbally reported that the Trust will receive just short of 5k from Co-Op, not £4,100 as stipulated in section 1.1 of the report. The Trust receives 1% commission from the sales of funeral plans from the general population.

It was noted that the money from Co-Op and other funds donated from Tesco is specifically for the volunteer service and the minibus. Mr Barber said we are now at the stage where we need to discuss whether we should purchase or hire a minibus. He stated that the volunteers have said that they will use it to their capacity but wondered if it could be more used by other services within the Trust.

The Committee briefly discussed the radio coverage whereby Mrs Woodard was on BBC Radio Humberside on 15 October promoting the Impact Appeal.

Mrs Woodard asked if it is viable and depending on capacity and diary commitments, the Health Stars office at Trust HQ will now be open from Monday to Thursday 8.30am to 5pm with phones transferred to Smile on Friday. Mrs Woodard and Laura Atkinson both work part-time and this change should allow both staff to make the most of their working pattern and take their entitled time off more effectively. The Committee had no objections to this request.

Resolved: The report and updates were noted.
A minibus proposal to come to the next meeting in January. **ACTION AB/CW**
An update on fund zone guardians meeting to come to the January meeting. **ACTION AB/CW**

72/18 **Impact Appeal Update**

Ms Newlove presented the report which updates on the Impact Appeal supporting the provision of enhancements at the forthcoming CAMHS in-patient unit. The Committee attention was drawn to the following:

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

Since the report was written the first half of the help for health money has come in. The current task now that we are launched is working through the wish list and fitting it in with the build programme and scoping out what everything looks like. Work is on-going with the builders.

Resolved: The report and verbal updates were noted.

73/18 **Development Update**

Paul Warwick, Clinical Lead CAMHS Inpatient Service attended to provide a verbal update on the current draft wish list and the different phases of the development. The next phase is a series of young people events over the next two months, which involves engaging with young people about how they want to be part of this from a volunteer point of view, a charitable point of view, a developing and co-productive point of view, followed by more specific ones around interior and exterior design.

Mrs Mays asked about contingencies and sustainability. Mr Barber and Paul Warwick provided assurance on that.

A detailed discussion on the furniture was noted.

Ms Bee asked how we are going to pin, prioritise and test the ideas to ensure we are being really robust. Paul Warwick provided assurance and said that the next engagement group with young people is scheduled for 28 November. Mr Barber noted that things will go through the task and finish groups for the CAMHS building as a whole. Mr Barber and Health Stars are part of that group. Items will come to this Committee as and when required. Mr Baren asked if the procurement of items will go through the team. Mr Barber confirmed yes.

Ms Bee emphasised the importance to be clear on what we are spending and why. Mrs Woodard stated that all of the wishes will go through the usual process to ensure transparency.

Ms Bee referred back to engagement and said there are more than young people to engage with for example staff. Paul Warwick said engagements with staff are already set up. Annette Clough asked about recurrent costs and VAT exemption.

Resolved: The verbal update was noted.
It was agreed a more definitive paper with proposals should come to the next meeting.
ACTION AB/CW/PW

74/18 **Formal Acceptance of Significant Grants (H4L, MADL)**

Mr Barber verbally updated the Committee on the two significant donations received, which include 100k from help for health and 40k from making a difference locally. A letter of thanks has been sent for the donations.

Ms Bee made reference to grant applications and asked how those would be signed off. Mr Barber advised the Trust would sign them off as the Trustees.

Resolved: The verbal update was noted.

The Committee noted the two significant donations from help for health and making a difference locally.

75/18 **Whitby Request**

Mr Barber presented the report which clarifies Health Stars position with regards to the redevelopment of Whitby Hospital and the enhanced equipment and environment. The critical issues within the report are as follows:

- Should we be funding a piece of capital equipment
- Next stages of appeal development

As part of the operations plan we had a planned in appeal for Whitby. There was a strong feel that the Trust and Charitable Funds Health Stars should be represented well and should be investing into that area and showing our investment in Whitby. That was scheduled to begin in December 2018 and subsequent to that Health Stars have been approached by the Hambleton and Whitby CCG with regards to the development of a capital appeal to fund new radiology equipment for Whitby Hospital costing approximately 168k. It was noted the current piece of equipment is well out of date and will be decommissioned and potentially recommissioned in a new area of the building. This has resulted in concerns around whether the equipment will work or not when switched back on in the new area. We have had conflicting arguments on whether or not it should be fundraised or it is a statutory item.

Mr Byrne said he is happy with the detail in the paper but noted there is a political debate around this, so felt this should be an Executive Management Team (EMT) decision. The Committee had a lengthy discussion on who runs, owns and redesigns Whitby.

Resolved: The verbal update was noted.
In Mr Beckwith's absence Mr Byrne agreed to raise the Whitby request at EMT ASAP and discuss further with Mr Beckwith tomorrow. **ACTION JB**

76/18 **Translation for the Trust Website**

Mandy Dawley, Head of Patient, Carer Engagement & Experience attended to provide a verbal update on BrowseAloud, which is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. BrowseAloud offers the following features:

It is a flexible, cost effective solution to enable patients, service users, carers and staff to access Trust information in other languages and formats employing a language assistive software package called BrowseAloud designed by Texthelp Ltd. It is used by the General Medical Council, many local councils and around 40% of NHS Trusts across the UK. Also two local NHS organisations are using the software; Hull & East Yorkshire Hospitals Trust and East Riding of Yorkshire CCG. Over an eleven month period Hull & East Yorkshire Hospitals Trust had a total of 15,614 people using the BrowseAloud feature.

The proposal is to trial BrowseAloud for 1 year on our Trust website only. If this is successful to look to purchase for other subsites across the Trust, to consider; Trust intranet, Recovery College, Health Trainers and CAMHS websites. It is an additional £495 plus VAT for each additional subsite. This proposal is to focus on the Trust main website only due to the cost implications and to gauge the activity.

Mr Barber informed the group that he wanted the Committee to have an informal discussion on this before a formal paper was submitted to the Committee, due to the very conflicting views on this. Ms Bee asked Mr Byrne if this has been discussed at EMT. Mr Byrne confirmed it has but there are different views on how we access some of the information. It was agreed at EMT that the licence be paid from Charitable Funds.

The licence costs 5,682 per year (inclusive of VAT) and an additional 600 for each additional website or intranet site.

The Committee had a detailed discussion on the translation costs.

Mr Barber suggested that the Trust uses a standard business plan proforma template for use going forward on wishes that come forward. The Committee agreed to the suggestion.

Resolved: The verbal update was noted by the committee.
The Committee agreed to evaluate and review as long as a robust evaluation and comparison are completed.
Mandy Dawley agreed to send Ms Neilson the BrowseAloud summary paper so that it can be circulated to Committee members after the meeting. **ACTION KN**
Mr Barber agreed to circulate the standard business plan proforma template to Committee members. **ACTION AB**

77/18 **Items for Escalation or Inclusion on the Risk Register**
Update on staff engagement fund which includes parameters to come to the next CFC meeting in January.

Reporting template for the operational plan to be agreed.

Impact appeal investment proposals paper to be submitted to next CFC, including investment criteria, approaches to engagement and support for investment and risk.

Bridlington funds report to come to the next CFC meeting.

Costs allocations deferred to the next CFC meeting.

CFC terms of reference (ToR) to be updated accordingly.

Paper for the minibus proposal to come to the next CFC meeting.

Update on Whitby equipment to come back to the next CFC meeting along with a simple update on the Whitby appeal and what that is going to look like.

An evaluation to be set up for BrowesAloud which is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. It was agreed this will come back to CFC in 12 months' time.

Statutory accounts to be submitted to the January Trust Board.

Resolved: The verbal updates were noted.
It was noted that all of the above will be included in the November Board Assurance Report.

78/18 **Any Other Business**
Mr Baren queried the statutory account for last year end. Mr Barber reported that it has been done by the 360 accountant. There was a slight delay relating to the signature of the Trust however, that has now been resolved. Mr Barber said the deadline is 9 months after year end and the information can be circulated via email if necessary.

Resolved: The verbal update was noted.
Mr Barber agreed to go back to 360 and progress. **ACTION AB**

79/18 **Date and Time of Next Meeting**
Thursday 17 January 2019, 11.30-1.30, Boardroom, THQ

Post Meeting Note from Mr Baren

78/18 Any Other Business
Mr Baren reported that following on from the last meeting the deadline for the Trust year end accounts is now 10 months not 9 months as stated in item 78/18.

Signed: …….Chair: Paula Bee

Date: …….

Humber Teaching NHS Foundation Trust

Agenda Item: 14

Title & Date of Meeting:	Trust Board Public Meeting 27th February 2019
Title of Report:	Amendment to Standing Orders, Scheme of Delegation and Standing Financial Instructions
Lead:	Name: Michelle Hughes Title: Interim Head of Corporate Affairs
Recommendation	To approve: x; To note: ; To discuss: ; To ratify: ; For information: ; To endorse:
Purpose of Paper:	To present amendments for approval following changes to the assurance framework.
Key Issues within the report:	• Inclusion of a Workforce Committee • Combining of Finance Committee and Strategic Investment Committee into the Finance and Investment Committee

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	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?		√		

Humber Teaching
NHS Foundation Trust

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

Introduction:

Following changes to the assurance framework - the introduction of a Workforce Committee and the amalgamation of Strategic Investment Committee and Finance Committee into the Finance & Investment Committee, the Trust's Standing Orders, Scheme of Delegation and SFI document require amendment . The following amendments require Board approval.

(a) Workforce Committee

This is a new committee introduced into the assurance framework and inclusion at the following sections are required:

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

(b) Finance Committee

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

(c) Strategic Investment Committee

- Remove references throughout the document.

Recommendation:

To approve.

Agenda Item 15

Title & Date of Meeting:	Trust Board Public Meeting - 27 February 2019
Title of Report:	Quality Account Update
Author:	Executive Lead : Hilary Gledhill, Director of Nursing Author: Caroline Johnson, Assistant Director of Quality Governance and Patient Safety.
Recommendation:	To approve ( ) To note ( ) To discuss ( ) To ratify (✓) For information ( ) To endorse ( )
Purpose of Paper:	To provide the Board with an overview of the changes to the requirements for the 2018/19 Quality Accounts. To provide the Board with the detail necessary to consider and : a. Ratify the mandated and local indicators b. Approve the quality priorities for 2019/20
Key Issues within the report:	The 2018/19 Account has a new requirement to report on mechanisms in place to enable staff to speak up about concerns. Clinical Supervision compliance has been suggested as a local indicator by the Governors. Deloittes have agreed to undertake the audit across a sample of teams across a sample of months to look at: 1. Accuracy of the data being sent in from the teams 2. How they are capturing the data at team level 3. That all clinical staff are included 4. Bank staff are included The mandated indicators remain unchanged from 2017/18: 1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral 2. Inappropriate out-of-area placements for adult mental health services. A 'Building our priorities' event was held on 25 January 2019 with a range of stakeholders to review and suggest areas for consideration for the priorities in the 2019/20 Quality Account. These were approved by the Quality Committee 6 February 2019. The Board is asked to approve the suggested priorities.

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	

Quality Accounts
2018/19

1.0 Introduction

In order to provide patients and carers with the assurance that they are receiving the very best quality of care, providers of NHS care are required to publish Quality Accounts each year. These are required by the Health Act (2009) and in the terms set out by the National Health Service (Quality Accounts) Regulations (2010).

The purpose of this paper is to provide the Board with

1) An update in relation to the requirements for the 2017/18 Quality Account, outlining the changes from the 2016/17 guidance
2) The required mandated indicators for ratification
3) The local indicator proposed by the Governors for ratification
4) The quality priorities suggested by external stakeholders for ratification.

2.0 Requirements for the Quality Accounts 2018/19

2.1 New requirements for 2018/19

In its response to the Gosport Independent Panel Report the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up. Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust. This information will be included in the 2018/19 quality accounts.

There is also a requirement to include a statement in the account relating to the consolidated annual report on rota gaps and the plan for improvement to reduce these gaps for NHS doctors in training.

2.2 Selection of the Local Indicator for External Assurance

A session on the Quality Accounts was held with Governors on 17th January 2019. Governors requested that clinical supervision compliance is the local indicator for the 2018/19 Quality Account. In discussion with the Director of Nursing and Deloittes it is proposed that the scope of the audit should be:

To undertake the audit across a sample of teams across a sample of months to look at:

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

2.3 The Mandated Indicators for External Assurance

The mandated indicators remain the same as in the 2017/18 account. These are as follows:

1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral

2. Inappropriate out-of-area placements for adult mental health services.

3. The Quality Priorities for 2019/20

An event was held on 25 January 2019 with attendance from carers, patients, staff, governors, non-executive directors, commissioners, voluntary sector and representatives from community groups. The purpose of the event was to review the 2018/19 priorities and suggest priorities for 2019/20.

It was agreed that the 2018/19 priorities were still relevant; however a number of suggestions for further stretch were made as outlined below. These were presented to the February 2019 Quality Committee and were agreed for submission to the Board for ratification.

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

2018/19 Actions	**Proposed 2019/20 Actions**
• Always ask you who you want us to share your information with • Ensure our staff are empowered to involve you • Ensure that our methods of engagement are accessible and adapted to meet the needs of our community, using a range of communication methods • Always involve you in the planning of your care	• Develop clear guidance for staff in relation to carer and family involvement in care • Actively support carers groups • Involve patients and carers in assessments of the quality of care – for example peer review process and the development/review of the live dashboard • Involve patients, service users and carers more in service redesign. • Capture and share patient success stories wider than Board, to offer hope to others and also raise staff morale • Use a range of approaches to capture feedback – such as the brown paper exercise (piece of brown paper on a wall left for a couple of weeks for anyone to write comments on). • Strengthen involvement of faith leaders in the delivery of care and support to patient's carers and families. • Provide greater access to Faith rooms • Strengthen the staff understanding of sexuality issues.

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

2018/19 Actions	Proposed 2019/20 Actions
• Develop a leadership style that encourages new ideas and develops a culture of continual quality improvement underpinned by developing our approach to quality	• Continue to embed a leadership style that encourages new ideas and develops a culture of continual quality improvement • Continue to develop the skills of our staff in relation to quality improvement and the use of technology

improvement • Develop the skills of our staff in relation to quality improvement and the use of technology • Embed a culture of asking ourselves "what have we done that has made a difference to our patients and carers" by utilising feedback from patients and carers in our clinical staff appraisal process • Develop a meaningful and effective approach to learning from incidents, compliments, complaints and feedback with our staff, patients and carers. • Reduce harm to our patients through taking action to reduce the incidence of pressure ulcers acquired in our care • Enhance our focus on patient safety incidents by supporting our staff to identify report and learn from patient safety incidents.	• Continue to embed a culture of asking ourselves "what have we done that has made a difference to our patients and carers" by utilising feedback from patients and carers in our clinical staff appraisal process • Develop and launch a 'live' dashboard to enable teams to triangulate learning from incidents, complaints, compliments and FFT. • Embed team level processes for using experience and incident data to improve service delivery. • Involve patients, service users and carers in quality improvement initiatives • Involve patients and carers in the thinking around developing innovative solutions to staffing pressures – peer support etc. • To continue to embed a safety culture through the launch of the patient safety strategy

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

2018/19 Actions	Suggested 2019/20 Actions
• Implement the NICE guidance informed depression pathway across our Adult Mental Health Services • Roll out PROMS and CROMS across identified services within Adult Mental Health • Evaluate the effectiveness of our services using the agreed outcome measures.	• Continue to roll out PROMS and CROMS across services • Develop carer related outcome measures • Develop and implement a process for utilising outcome measures in assessing the effectiveness of services.

4.0 Collation of the 2018/19 Quality Account

Requests were sent out to all the appropriate departments for completion of the Q1-Q3 data and narrative requirements of the Quality Account. These have now been received and the Account is in the process of being developed in preparation for external stakeholder consultation throughout April 2019. Following the external consultation period the draft report containing the addition of the Q4 data will be presented to the 1 May 2019 Quality Committee with the final draft presented to the 21 May 2019 Audit Committee before ratification by the 22 May 2019 Board.

5.0 Conclusion

The development of the 2019/20 Quality account is on schedule for delivery. The new requirement to report on the mechanisms in place to enable staff to speak up are noted for inclusion. The local indicator has been suggested by Governors for Board consideration and the 2019/20 priorities have been refreshed for consideration by the Board.

6.0 Next Steps

The Board are asked to consider the Governor proposal of Clinical Supervision as a local indicator.

The Board are asked to approve the 2019/20 suggested Quality priorities as suggested by stakeholders in section 3.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting - 27 February 2019
Title of Report:	Six Month Review of Safer Staffing –In patient units (April - September 2018)
Author:	Executive Lead: Hilary Gledhill, Director of Nursing Author: Tracy Flanagan Title: Deputy Director of Nursing
Recommendation:	To approve ☐ To note ☐ To discuss ☐ To ratify ☐ For information ☐ To endorse ☐
Purpose of Paper:	This report outlines the outcomes of a review of safer staffing requirements across our in-patient units using new resources published by the National Quality Board (NQB) which states the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. The report also provides information in relation to the requirements for Trusts in relation to 'Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing' (NHSI, Oct 2018), which describes the role of the Board in terms of oversight and gaining assurance in respect of safer staffing. The report has been presented to the Quality Committee in February and is presented to the Board to note the findings from our review of safer staffing across our in-patient services and the work that is ongoing across all in patient services to further strengthen the Trust approach to safer staffing. The Board are also requested to note the benchmarking data which shows a relatively positive picture for the Trust particularly in relation to Care Hours per Patient Day where overall we are above the regional and national average.
Key Issues within the report:	• Overall the majority of units are performing well against fill rate requirements and performance • The Trust in patient units are performing well in relation to care hours per patient day when compared on a regional foot print. • New data shows that areas with lower fill rates are still providing good Care Hours Per patient Day due to improved patient flow and lower bed occupancy • 3 forensic units are flagging as requiring some immediate work to review their establishments and agree minimum staffing requirements. This work is underway. • PICU would have flagged as a concern due to patient acuity and the ability therefore to safely staff the unit but management action has been taken and bed numbers have been reduced. • Safer staffing incidents via datix show reporting of 2 episodes of low harm associated with cancelling leave • General improved performance in training, supervision and PADR across most areas

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	

Six Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period April- September 2018 using new resources published by the National Quality Board (NQB). It provides a current position in relation to key performance indicators (KPI) for each unit and a review of current minimum safe staffing levels against budgeted establishment

The review includes triangulation at team level of what an efficient use of staffing establishment from a finance/rostering perspective looks like alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction (where this information is available). The full report with information by unit is available from the Deputy Director of Nursing upon request.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports with planned staffing not always being met due to sickness, vacancies and high levels of patient acuity.

Where fill rates were not achieved, patient safety on in-patient wards was maintained by nurses working additional unplanned hours, staff cross covering across wards, use of bank staff and members of the multi-disciplinary team and ward manager supporting nursing staff in the delivery of planned care and patient care being prioritised over non-direct care activities. Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place in line with the protocol of escalation which on occasion results in temporary closure of the unit to admissions by the executive director to maintain safer staffing requirements.

Specific exceptions where safety concerns have arisen have been reported through Datix and escalated through operational management to action. During the reporting period safer staffing incidents via datix show reporting of 2 episodes of low harm associated with cancelling leave.

3. Background and Context

In January 2018 the National Quality Board published safer staffing resource tools for both Mental Health and Learning Disability services (NQB 2018). These build on the previously published guidance '*Supporting NHS providers to deliver the right staff, with the right skill, in the right place at the right time- Safe, sustainable and productive staffing`. (NQB 2016)*.

The latest NQB improvement resources reiterate the need for a comprehensive review of staffing at team/service level which should be reported to the Board twice a year. This has been reinforced in the recently published 'Developing Workforce Safeguards', NHSI (October 2018) which outlines the intention to commence assessment of compliance

with deciding staffing requirements using a triangulated approach. NHSI will also use their yearly assessment to ensure organisations are using evidence based tools; professional judgement and outcomes as part of their safer staffing processes. In all the publication makes 14 recommendations which are attached (appendix 1).

4. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) met with all clinical care directors (CCD), modern matrons (MM) and service managers to scope and outline the position for each unit based on the following:

- April- September 6 months safer staffing figures (fill rates and quality indicators)
- Effective use of e roster based on a review of the demand template, inclusion of Allied Health Professionals (AHPs) and shift patterns
- Review of safer staffing requirements based on original Hurst tool calculations and professional judgement and how this has informed setting of budgeted establishment including head room.

Each unit is reviewed for the 6 month reporting period (April- Sept 2018) against a range of KPI (appendix 2).

During quarter 2 the DDN met with members of each mental health, learning disability and low/medium secure in patient team. This included meeting with service managers; charge nurses (CN), clinical leads, matrons, clinical care directors, finance and unit staff to discuss self-assessment data gathered at team level utilising the 'Strategic clinical team establishment methodology' from the NQB MH resource. Going forward 6 monthly review meetings will be routinely undertaken across all in patient units.

4.1 Rating Methodology

Following review of the self-assessment data and discussion at team level each unit was rated based on the following:

Strength of performance across the range of quality and productivity KPIs (appendix 2).

- No immediate action required. Reflects 1 or less KPI not meeting target. Review of staffing establishments using a validated tool to be undertaken within 4 months*.
- Action required to review staffing establishments using a validated tool within 3 months* if 2-3 KPI not meeting target
- Review of staffing establishments to be undertaken within 2 months* if 4 or more KPI not meeting target

*If safer staffing establishments recently undertaken they must be reviewed annually going forward unless monthly safer staffing reports indicate review earlier.

4.2 Results

Unit	Rating
Granville Court	DDN and charge nurse agreed that the unit is safely staffed; quality and safety indictors confirm this to be the case- minimum safer staffing levels have recently been reviewed awaiting finalisation of budgeted establishment from finance. Review staffing establishments in 12 months
Townend Court	DDN, clinical lead; Matron; charge nurse and service manager agreed that the unit is safely staffed; quality and safety indictors reflect this. Fill rates look low but these reflect the reducing bed occupancy. Care Hours per patient day CHPPD) are high. Review staffing establishments within 4 months
Ullswater	DDN; Clinical Care Director (CCD); Matron agreed that clinical acuity has changed since minimum staffing levels were agreed. The funded establishment does allow for minimum staffing levels to be achieved. Bed occupancy is at 100% including service users with significant complex needs. The unit experiences high sickness and the fill rates are 8% below the threshold for RNs. Review staffing establishments within 2 months
Darley	DDN; CCD; Matron agreed that clinical acuity has changed since minimum staffing levels were agreed. The funded establishment does allow for minimum staffing levels to be achieved. The fill rates are below threshold for RNs and the overall fill rates are also below target however the CHPPD are slightly higher than other units in the Humber Centre which is positive. Bed occupancy is 100 Review staffing establishments within 2 months
Derwent & Ouse (Bridges)	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests good performance and reasonable fill rates. RN fill on days is however below target at 70%; overall fill rates are only just above target (1%) and CHPPD are lower than other units (8.1). Acuity and function of Ouse and Derwent has been reviewed and changed. Sickness is high. Review staffing establishments within 2 months
Swale	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests good performance and good fill rate over the 6 month period, however the fill rate has dropped significantly for RNs in August and September and the use of bank is high. Review staffing establishments within 3 months
PICU	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests reasonable performance and commendable sickness rates but consistent issues with RN fill rates, vacancies and use of bank. Minimum required staffing levels have been reviewed. Until they can be implemented the number of beds has reduced with commissioner agreement. Review staffing establishments within 12 months
Newbridges	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests reasonable to good performance and good fill rates- additional staffing has been introduced including additional DCN capacity but no formal review of minimum staffing requirements has been undertaken. Supervision is below upper target , sickness levels higher than trust target.

Unit	Rating
	Review staffing establishments within 3 months
Westlands	DDN review of data with the Charge Nurse, Senior Managers and Clinical Care Directors suggests reasonable performance in most areas. Vacancies are a concern. Fill rates are below acceptable levels for RNs and bank use is high. Supervision is low at 60% Review staffing establishments within 3 months
Mill View Court	DDN review of data with the Charge Nurse, Senior Managers and Clinical Care Directors suggests good performance and good fill rates Review staffing establishments within 4 months
Avondale	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests good performance with the exception of supervision and good fill rates; sickness rate in commendable. Use of bank high Review staffing establishments within 4 months
Hawthorn Court	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director suggests reasonable performance in PADR and training but clinical supervision is a concern. Fill rates are acceptable but CHPPD lowest across all adult services. Sickness and bank use is quite high. Review staffing establishments within 4 months
Maister Lodge	DDN review of data with Charge Nurse, Senior Managers and Clinical Care Director shows strong performance across all quality and productivity measures. Fill rates of registered nurses on days is steadily improving and is at just below the minimum threshold. Review staffing establishments within 4 months
Mill View lodge	DDN review of data with the Charge Nurse, Senior Managers and Clinical Care Directors review of the data shows good fill rates and CHPPD. Performance against quality and productivity measures is strong with the exception of supervision which is slowly improving. Review staffing establishments within 4 months
Whitby	DDN review of data with Senior Managers and Clinical Care Directors shows acceptable fill rates but performance in sickness, supervision and PADRs requires improvement. Review staffing establishments within 3 months
Malton	DDN review of data with Senior Managers and Clinical Care Directors Charge Nurse, Senior Managers and Clinical Care Directors shows good fill rates but reporting and performance in training supervision and PADRs requires improvement. FFT reporting needs to commence. Minimum staffing requirements have not been established using an evidence based tool. Review staffing establishments within 3 months

5. Reported Incidents

During the 6 month period 104 incidents were reported on datix categorised by the reporter as safer staffing incidents. Of these 102 were no harm incidents with 2 incidents of low harm reported due to cancelled leave that was not subsequently rearranged.

6. NHS Benchmarking Data 2017/18 and Model Hospital Summary

The NHS Benchmarking data has recently been published from which the following points are noted:

Low/ Medium secure inpatient services

- For both medium and low secure services we have higher than average (above upper quartile) length of stay and lower than average bed occupancy (below the lower quartile)
- We have higher than the upper quartile number of consultant psychiatrists per 10 beds (for both low and medium secure); within the average range of registered nurses per 10 beds for low secure services (slightly below mean but within upper and lower quartile range) and slightly above average number of RNs per 10 beds for medium secure services.

Adult Mental Health In-patient

- We have higher than average rates of admission under the MHA per head of population; higher than average admission generally per head of population (above upper quartile); shorter length of stay and bed occupancy (73.7 compared to 91.7 national mean). We also have lower than average number of beds per head of population suggesting we have lots of activity through our units.
- Our spend on bank is above the national average (above the upper quartile range). Our spend on agency is slightly above the mean but within upper/ lower quartile range.
- Our adult acute staff turnover is exactly the national mean; sickness and absence are above the mean but within the upper/lower quartile range.
- Our WTE vacancies are significantly lower than the national average.
- We have lower than average number of RNs per 10 PICU beds (5th lowest nationally) and are above the mean for RNs per 10 beds in adult acute services

These findings reflect an improvement on our position in relation to staffing in the context of high performing services that are performing well in relation to patient flow compared to 2016/17 data.

CHPPD (Care Hours per Patient Day)

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service and with similar wards in other organisations.

How it's calculated

Every month, the hours worked during day shifts and night shifts by registered nurses and midwives and by healthcare assistants are added together.

Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average.

Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day.

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive. It should therefore be considered alongside measures of quality and safety. At present it does not include the resource provided by our Allied Health Professional staff including our associate practitioner roles for OT, Psychology and Social Care.

The CHPPD data for Registered and Healthcare Support Workers was submitted for the first time in November 2018. Below is a table of the Benchmarking results for the first reporting period. This shows we have achieved a favourable position regionally but remain slightly below for registered nurses when compared nationally.

November 2018	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers
Trust	11.8	4.0	7.8
Regional *	11.0	3.9	7.1
National	8.7	4.8	4.0

*Regional Trusts being RDASH, Leeds & York, South West Yorkshire, TEWV, and NTW.

7. Summary

- Overall the majority of units are performing well against fill rate requirements and performance.
- New data shows that areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- From the review of safer staffing using the NHS I methodology, 3 forensic units are flagging as requiring review of establishment within the next 2 months. This is due to a combination of low RN fill rates and failure to meet KPI targets- specifically high levels of sickness. All of these units require a review of their staffing establishments and agreement about minimum staffing requirements
- Management action for PICU has been taken and bed numbers have been reduced to address safer staffing concerns.
- Safer staffing incidents via datix show 2 episodes of low harm associated with cancelling leave
- Establishments and minimum staffing requirements do not reflect current activity in forensic and adult MH units
- Improved performance in training, supervision and PADR across most areas

8. Recommendations

- Work to be undertaken on Bridges to re-establish reporting for Ouse and Derwent separately and focus across forensic services on improving sickness (This work is already underway led by the Chief Operating Officer).
- PICU model and staffing establishment to be agreed and implemented. (This work is already underway led by the Chief Operating Officer).
- Focussed review and support by Matrons and Clinical Care Directors with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with the KPIs (appendix2)
- Forensic services quality network to be approached for a suitable tool to review establishments.
- CHPPD benchmarking data to be reviewed and shared with teams locally and nationally (first national data becoming available)
- End of shift questionnaire to be built into perfect ward to collect staff feedback
- Programme of review of establishments to be undertaken in line with results (section 4.2) and thereafter annually (unless monthly reports indicate an earlier review is required) in line with NHSI Developing Workforce Safeguards
- Improved performance indicated by benchmarking data needs to be shared with teams
- Continue with programme of continuous recruitment of staff to include targeted recruitment drives for units that are hard to recruit to.

9. Next steps

1. Implementation of recommendations to be overseen by the Deputy Director of Nursing with regular reports of progress to the Executive Management Team for any further actions to be taken as required and the Quality Committee for assurance processes.

2. The Director of Nursing (DON) and Chief Operating Officer (COO) to establish regular meetings with all in patient charge nurses to:

- Discuss the findings from this report
- Ensure there is a collective view on when and how to escalate concerns
- Identify and collectively agree actions required to further strengthen staffing establishments

(Meeting held during November 2018. Quarterly schedule of meetings now established to strengthen engagement between the Charge Nurses, the COO and DON.)

3. DDN to schedule safer staffing visits to teams throughout the year to provide additional support to teams, capture concerns and good practice, offer an opportunity for discussion and oversee self-assessments to inform the 6 monthly reports going forward.

4. Trust to take forward all recommendations from Developing Workforce Standards NHSI 2018 (appendix 1).

Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing (NHSI, Oct 2018)

Recommendations

Meeting NQB's expectations helps providers comply with CQC's fundamental standards on staffing – for example, in the well-led framework3 – and related legislation.

In support of the NQB expectations, we will ensure that trusts take the required action to ensure that these principles are in place. Therefore:

1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.

2. Trusts must ensure the three components (see Figure 1 below) are used in their safe staffing processes:

– evidence-based tools (where they exist)

– professional judgement

– outcomes.

We will check this in our yearly assessment.

3. We will base our assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable.

4. We will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.

5. As part of this yearly assessment we will also seek assurance through the SOF, in which a provider's performance is monitored against five themes.

6. As part of the safe staffing review, the director of nursing and medical director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

7. Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting.

NQB guidance contains further principles boards **must** follow:

8. They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality

metrics such as the Model Hospital dashboard.4 Trusts should report on this to their board every month.

9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.

10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.

11. As stated in CQC's well-led framework guidance (2018)6 and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.

12. Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA.

13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.

14. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.

Appendix 2

April to September 2018 Quality Indicators for Units

Apr-Sep18		Fill Rates (RN)	Fill Rates (overall)	OBDs (exc leave)	CHPPD (Nursing)	Bank and Agency (overall)	Vacancies (RN)	Sickness	FFT	Clinical Sup'n	PADR	Training
Avondale	Day	85%	86%	58%	15.0	28%	22%	1%	87%	62%	91%	95%
	Night	91%	106%									
New Bridges	Day	89%	91%	94%	8.4	24%	20%	7%	83%	72%	85%	96%
	Night	94%	100%									
Westlands	Day	70%	89%	75%	9.9	29%	29%	6%	91%	60%	79%	89%
	Night	75%	95%									
MVC	Day	98%	97%	90%	8.8	19%	17%	6%	82%	77%	94%	92%
	Night	95%	98%									
PICU	Day	66%	105%	73%	14.3	36%	40%	6%	71%	78%	86%	87%
	Night	79%	121%									
Hawthorne	Day	79%	88%	80%	6.7	31%	11%	8%	100%	40%	75%	86%
	Night	98%	100%									
Maister	Day	73%	100%	77%	18.3	18%	17%	4%	100%	91%	99%	89%
	Night	104%	112%									
MVL	Day	84%	91%	90%	12.0	20%	12%	5%	100%	46%	81%	94%
	Night	101%	105%									
Darley	Day	68%	70%	100%	13.4	20%	18%	9%	89%	89%	92%	96%
	Night	99%	107%									
Bridges	Day	70%	76%	93%	8.1	16%	10%	15%	71%	79%	97%	90%
	Night	100%	98%									
Swale	Day	78%	100%	84%	12.2	44%	8%	6%	75%	81%	96%	95%
	Night	107%	133%									
Ullswater	Day	67%	83%	100%	12.9	47%	8%	14%	74%	88%	87%	92%
	Night	101%	96%									
Townend	Day	54%	77%	60%	22.1	24%	17%	5%	*	80%	84%	95%
	Night	100%	80%									
Granville	Day	109%	93%	n/a	0.0	38%	7%	5%	*	93%	88%	65%
	Night	101%	95%									
Whitby	Day	86%	88%	80%	6.6	2%	7%	10%	100%	54%	64%	79%
	Night	101%	99%									
Malton	Day	93%	94%	84%	6.4	not on e-roster	16%	3%	**	**	18%	41%
	Night	101%	100%									
		Targets	Fill Rates	OBDs	CHPPD	B&A	Vac	Sick	FFT	Sup	PADR	Trg
		Red	75%	92%				5.2%	80%	70%	75%	65%
		Green	90%	87%				4.5%	90%	80%	85%	75%

***** Townend Court are working on an easy read version of the FFT survey form; Due to the profound disabilities of the residents at Granville Court they are unable to communicate using the FFT survey form process so the team measure experience by smiles.

****** Malton are in the process of implementing supervision- peer supervision has commenced – structures are in place for 1:1 supervision and support to instigate reporting via survey monkey in is place**.** Patient and carer experience lead is liaising with CN to look at FFT reporting

NB- Sickness for Townend Court is 4.9% (amber) and Granville is 5.4% (red). Going forward the report will show decimal points.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 17

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting 27th February 2019</td></tr>
<tr><td>Title of Report:</td><td>Performance Report – January 2019</td></tr>
<tr><td>Author:</td><td>Name: Peter Beckwith
Title: Director of Finance</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To note</td><td>✓</td></tr>
<tr><td>To discuss</td><td></td><td>To ratify</td><td></td></tr>
<tr><td>For information</td><td></td><td>To endorse</td><td></td></tr>
</table>

The Board is asked to note the report.</td></tr>
<tr><td>Purpose of Paper:</td><td>This purpose of this report is to provide the Trust Board with an update on board approved key performance indicators as at the end of January 2019.

The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</td></tr>
<tr><td>Key Issues within the report:</td><td>Exception reporting and commentary is provided for each of the reported indicators:

The Trust Safer Staffing as at the end of December 2018 is also presented within the body of the report

PADR compliance has improved and risen above the 85% target to 85.2% (85.5% for those with 12 month plus tenure).

An improvement of 1.9% in Delayed Transfers of Care for MH Services in January (performance currently stands at 11.5%, a total of 22 patients remain delayed as at the end of the month).

Waiting times – 52 week waits have increased in January (Currently 49 patients waiting (excluding ASD), an increase from last month)

Admissions for Under 18s – one admission in January

Out of Area Placements has increased in with 159 days spent out of area in the reporting period. Mainly in Older People’s services, performance remains within target parameters.

Sickness is currently reported at 5.5% for January (provisional data).

CPA 7 day follow ups – one breach in January due to patient disengagement with services despite several attempts to contact</td></tr>
</table>

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

Financial Year
2018-19

Humber Teaching
NHS Foundation Trust

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:
Jan-19

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Jan 2019

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the new format and the use of Statistical Process Control (SPC) in the following charts. SPC charts contain upper and lower control limits which are based on 2 standard deviation points above and below the 2 yearly average.
What are SPCs?	Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable. SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Jan 2019

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

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

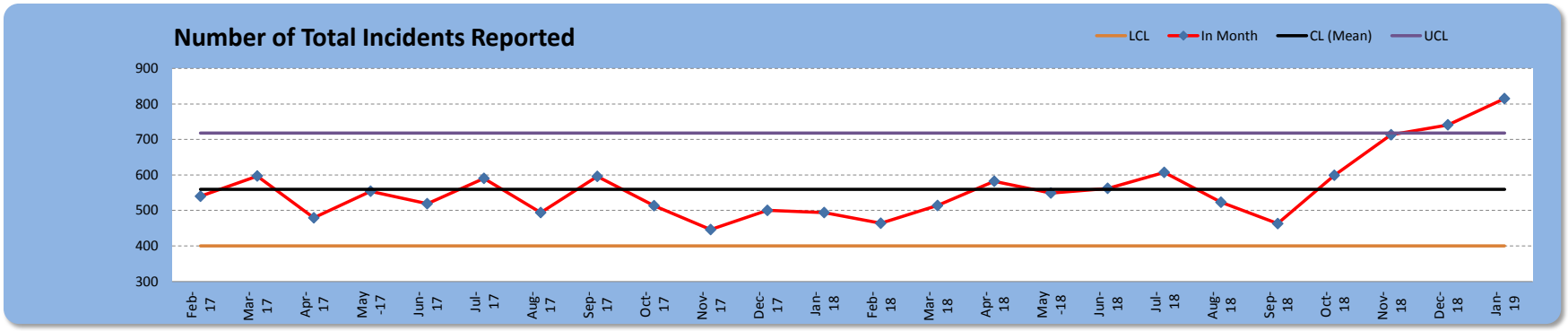
Narrative

above Upper Control Limit

UCL: 718

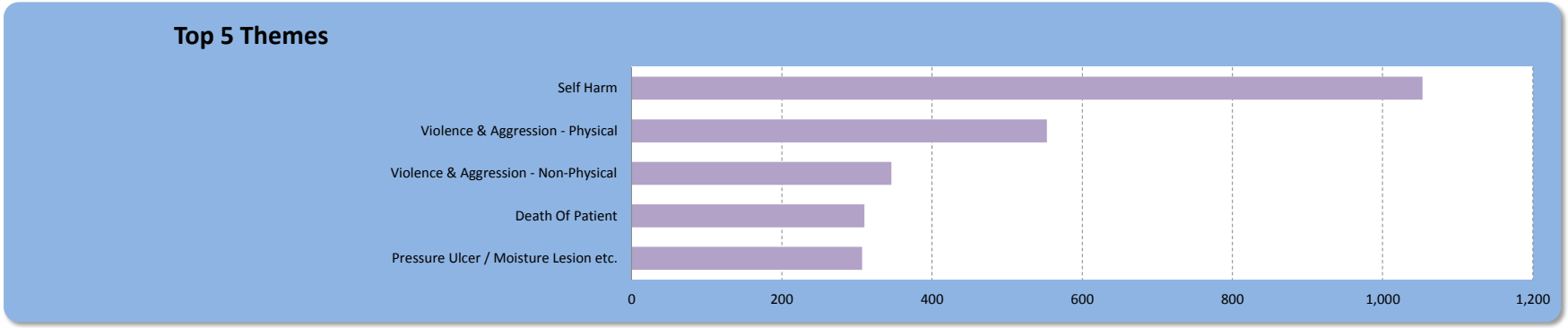
LCL: 400

Current month stands at 815



Top 5 Themes

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



Exception Reporting and Operational Commentary

There has been an increase in the number of incidents reported in January 2018 which exceeded the upper control limit. The highest increase occurred in the self harm category due to an increase in self ligatures (not to a fixed point), all which resulted in either low or no harm. The incidents are being closely monitored through the daily safety huddle and multi-disciplinary professional meetings are continuing to be held to ensure robust management plans are in place to manage the risk and reduce incidences for the patients affected.

Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits. There was an issue with reporting mechanisms for November/December which has now been rectifies. This shows an increase in the number of incidents reports in the charts from this point. There are also plans to include data split by level of harm in 2018/19.

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Executive Lead Steve McGowan	WL 5

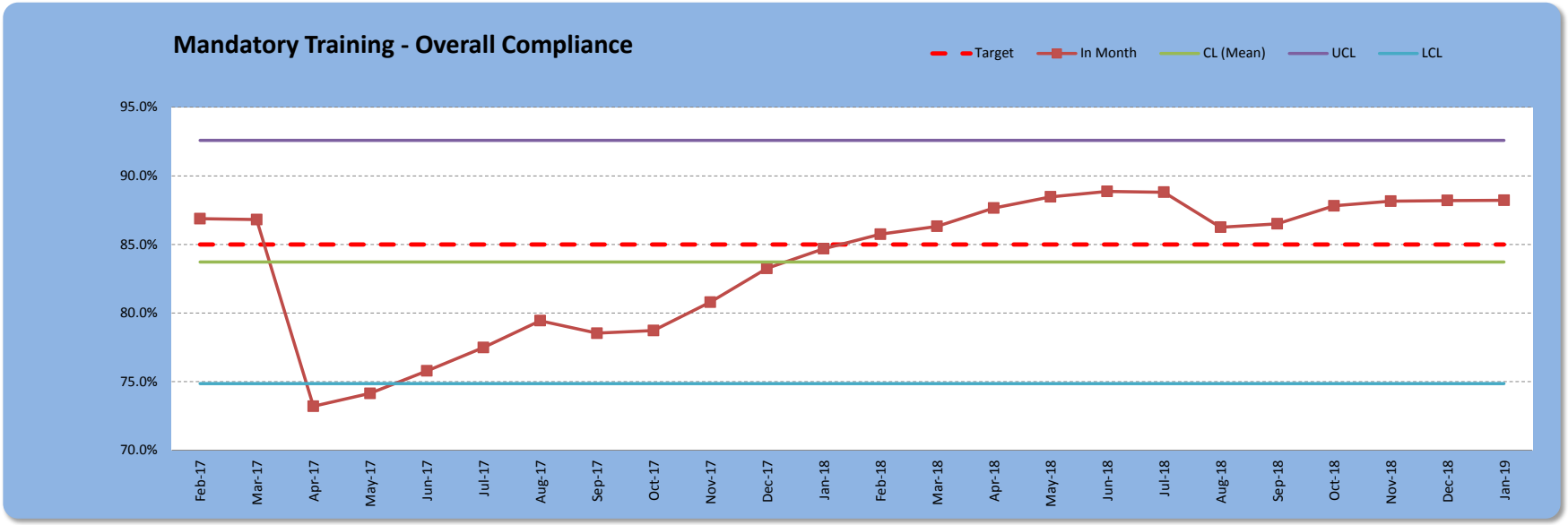
Narrative

Above Target

Target: 85%

Amber: 75%

Current month stands at 88.2%



Exception Reporting and Operational Commentary

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

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. Four courses rated Amber (MAPA 77%, IG 89.9%, ILS 77.9% and MHA 80.9%). PATS and BLS remain in the red (PATs 66.1% and BLS 81.4%).

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Executive Lead Steve McGowan	WL 2 VAC

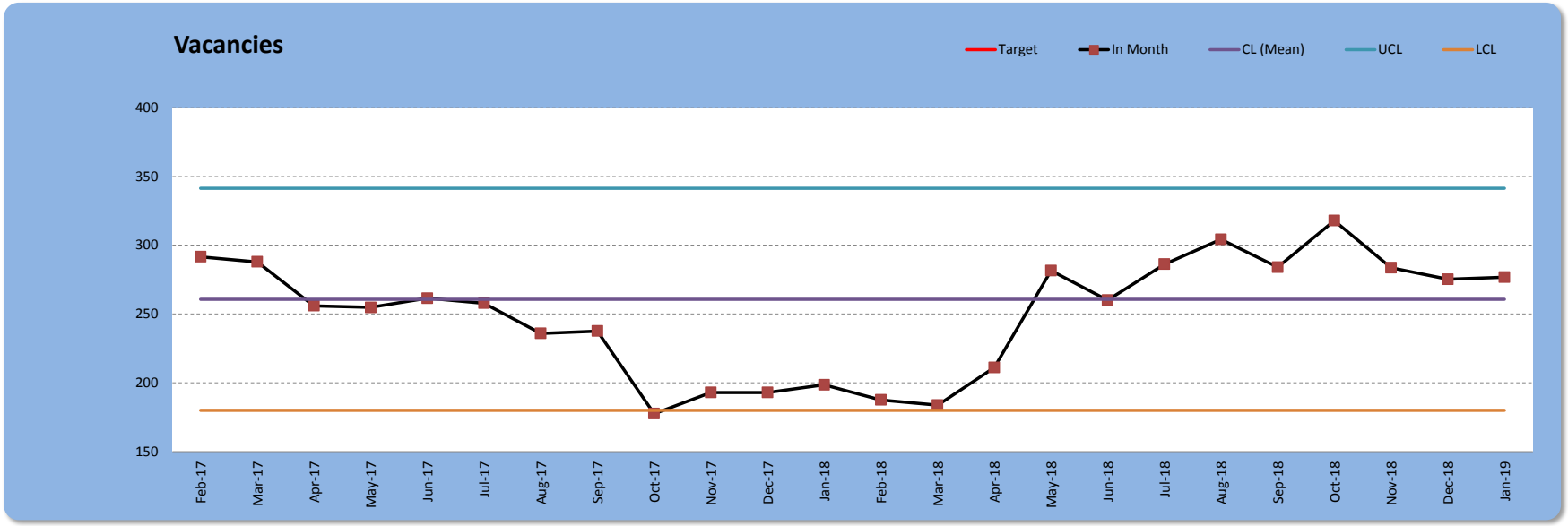
Narrative

within control limits

Target: TBC

Amber: TBC

Current month stands at 276.8



Exception Reporting and Operational Commentary

The process for advertising a vacancy has been streamlined and over 50 roles are currently out to advert on NHS jobs and other media. Work has commenced on the 'hard to fill roles' recruitment plan. The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/01/19
Corporate 59.3 (12.06%)
Mental Health Services Care Group 92.2 (10.49%)
Primary Care, Community, Children's and LD Services 86.8 (14.91%)
Specialist Services 38.5 (15.48%)
Total 275.2 (10.61%)

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

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

Narrative

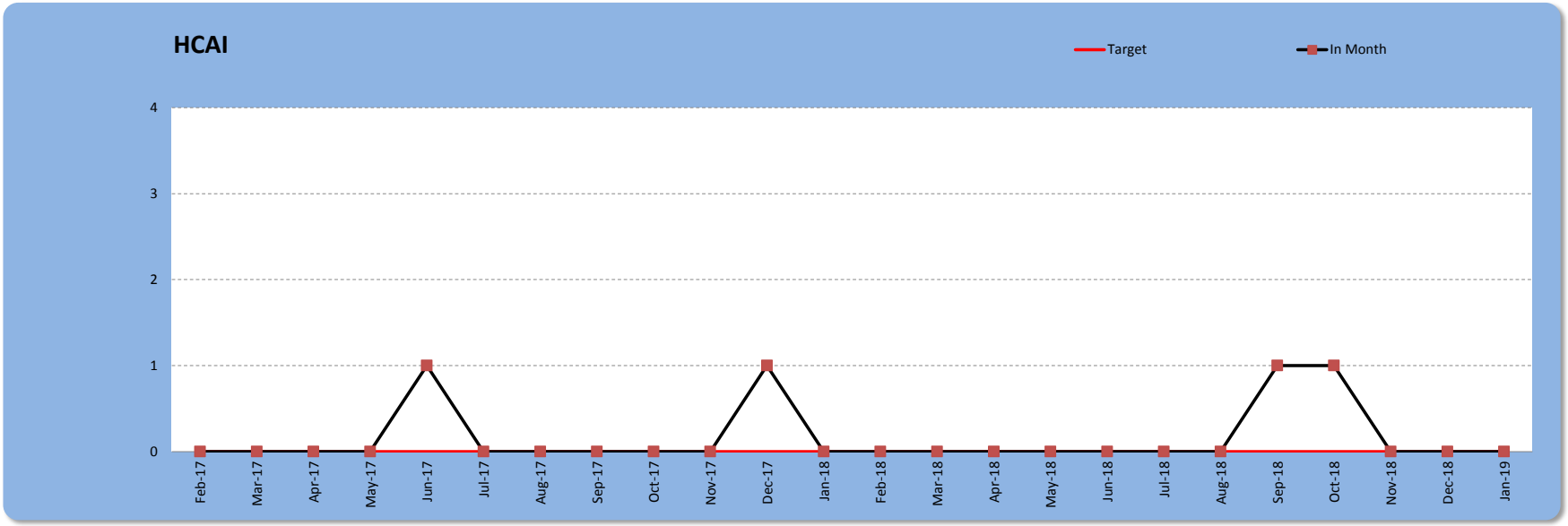
Within YTD tolerance

YTD Target: 4

Amber: 1

Current month 0

YTD 2



Exception Reporting and Operational Commentary

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

No cases to report for January.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Executive Lead Hilary Gledhill	WL 9a

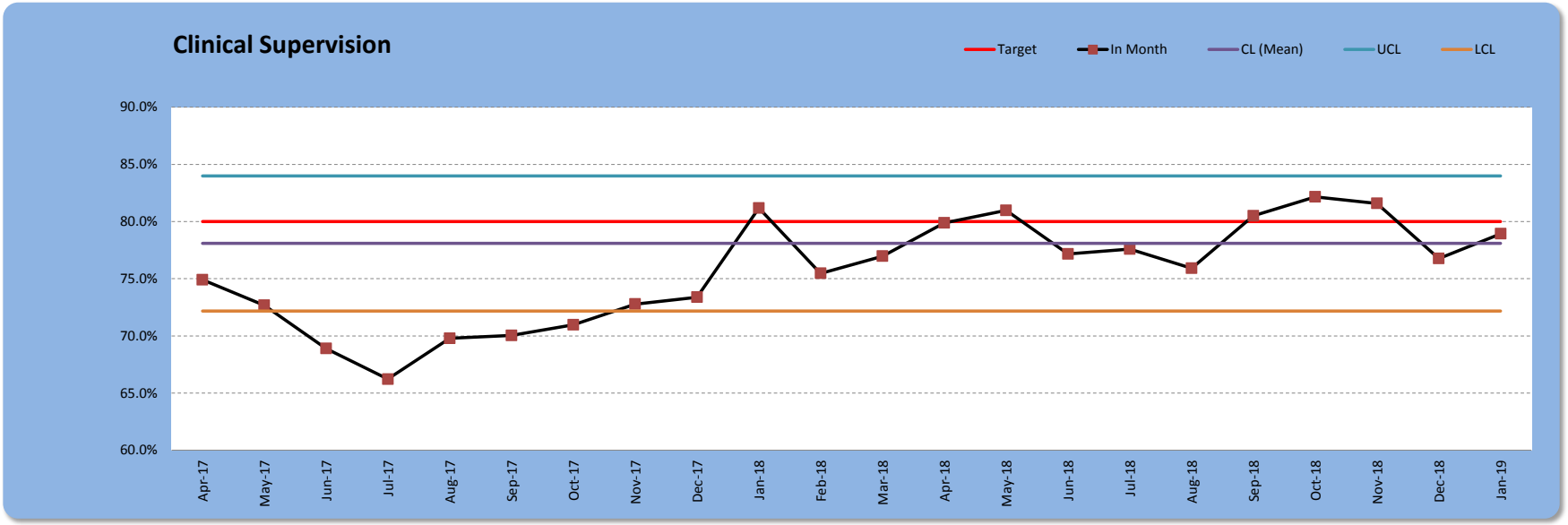
Narrative

Increase in achievement but still under target

Target: 80%

Amber: 75%

Current month stands at 78.9%



Exception Reporting and Operational Commentary

We have seen an overall continuing improvement across the past 18 months. However the last two months have shown a slight decline. This is being addressed at an individual team level. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have strutures in place for 1:1 supervsion and group supervision is also taking place with a programme of training to support full implementation and reporting.

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

Business Intelligence

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

Teams who do not provide a return are being actively managed by the Care Group.

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2018-19
Reporting Month:	Dec-18

Humber Teaching NHS Foundation Trust

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators												
										Day		Night		QUALITY INDICATORS (YTD 2018-19)				STAFF QUALITY INDICATORS							Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Nov-18	Dec-18
Adult MH	Avondale	Adult MH Assessment	22.4	62%	16.78	28.8%	↓	0.3%	↓	88%	82%	92%	111%	1	16	0	4	76.0%	93.1%	72.7%	91.7%	96.3%	0.7%	3.0	1	1
Adult MH	New Bridges	Adult MH Treatment (M)	38.6	91%	8.83	10.8%	↑	0.0%	↑	95%	90%	94%	99%	2	33	0	3	89.5%	96.6%	88.2%	87.0%	81.4%	10.8%	0.0	3	1
Adult MH	Westlands	Adult MH Treatment (F)	37.2	59%	15.00	16.9%	↑	0.0%	↑	88%	90%	81%	109%	10	36	0	2	82.4%	87.0%	62.5%	81.0%	74.4%	4.2%	1.6	3	2
Adult MH	Mill View Court	Adult MH Treatment	27.8	83%	9.65	20.2%	↑	0.0%	→	110%	97%	93%	101%	1	20	0	10	71.4%	93.3%	92.3%	93.3%	100.0%	4.1%	2.0	1	1
Adult MH	Hawthorne Court	Adult MH Rehabilitation	28.0	48%	12.35	25.9%	↓	0.0%	→	79%	85%	100%	98%	1	6	0	4	69.6%	89.7%	77.8%	94.1%	82.1%	3.3%	1.0	3	1
Adult MH	PICU	Adult MH Acute Intensive	25.7	44%	25.77	27.7%	↓	6.0%	↓	65%	158%	88%	129%	1	154	0	1	80.0%	88.5%	71.4%	73.3%	56.7%	10.7%	5.4	3	3
OP MH	Maister Lodge	Older People Dementia Treatment	33.8	97%	13.15	19.0%	↓	0.0%	→	66%	125%	100%	105%	13	70	0	67	41.9%	83.6%	81.8%	84.6%	87.2%	7.0%	4.2	4	3
OP MH	Mill View Lodge	Older People Treatment	22.2	108%	12.03	15.0%	↑	0.0%	→	95%	91%	103%	105%	0	6	0	25	65.2%	94.7%	92.9%	72.7%	74.1%	1.2%	1.0	2	3
Specialist	Greentrees	Forensic Medium Secure	0.0		closed		→		→					1	0	0	0	closed					Not Avail	0.0		
Specialist	Darley	Forensic Low Secure	21.4	100%	10.61	22.7%	↑	0.0%	→	52%	78%	87%	100%	0	10	0	1	88.9%	93.8%	100.0%	64.7%	83.3%	19.9%	4.2	6	4
Specialist	Bridges	Forensic Medium Secure	49.5	91%	8.88	2.5%	↓	0.0%	→	78%	86%	96%	101%	4	12	0	0	74.1%	92.3%	95.0%	76.5%	92.5%	9.6%	0.0	4	3
Specialist	Swale	Personality Disorder Medium Secure	29.4	63%	17.23	35.0%	↓	0.0%	→	119%	87%	107%	155%	2	4	0	1	100.0%	93.5%	84.6%	70.6%	86.7%	7.3%	0.0	0	1
Specialist	Ullswater	Learning Disability Medium Secure	27.6	100%	12.53	37.1%	↓	0.0%	→	59%	125%	110%	94%	3	9	0	9	100.0%	95.0%	100.0%	94.7%	96.6%	9.4%	1.0	2	3
LD	Townend Court	Learning Disability	42.7	50%	27.99	28.7%	↓	0.0%	→	52%	113%	97%	101%	0	94	0	6	70.3%	95.8%	70.6%	92.3%	88.6%	5.6%	-1.2	1	3
LD	Granville Court	Learning Disability Nursing Treatment	40.2	Not Avail	0.00	33.3%	↑	0.0%	→	121%	89%	100%	109%	1	2	0	3	83.7%	84.1%	90.0%	76.5%	80.8%	10.2%	1.2	1	1
CH	Whitby Hospital	Physical Health Community Hospital	34.0	67%	8.44	30.6%	↑	0.0%	→	90%	99%	99%	99%	18	13	0	48	66.7%	81.2%	56.3%	40.9%	64.1%	9.5%	1.2	5	5
CH	Malton Hospital	Physical Health Community Hospital	29.9	79%	8.11	Not on eRoster	→	Not on eRoster	→	94%	94%	98%	98%	0	0	0	9	45.9%	78.2%	37.5%	86.4%	85.0%	2.7%	3.6	3	2

Exception Reporting and Operational Commentary

ILS training on Westlands has improved this month. Whitby is a concern across the range of staff quality indicators. A development plan is in place with oversight by the Director of Nursing who is undertaking monthly visits to the unit. Ullswater has recruited to a registered nurse post enabling a staff nurse who was covering from Darley to move back which should improve the fill rate for Darley next month. Darley's sickness is mainly HCA who are on long term sick.

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

Registered Nurse Vacancy Rates

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

Staffing Incidents include all levels of harm/no harm

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		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	Executive Lead John Byrne	FFT %

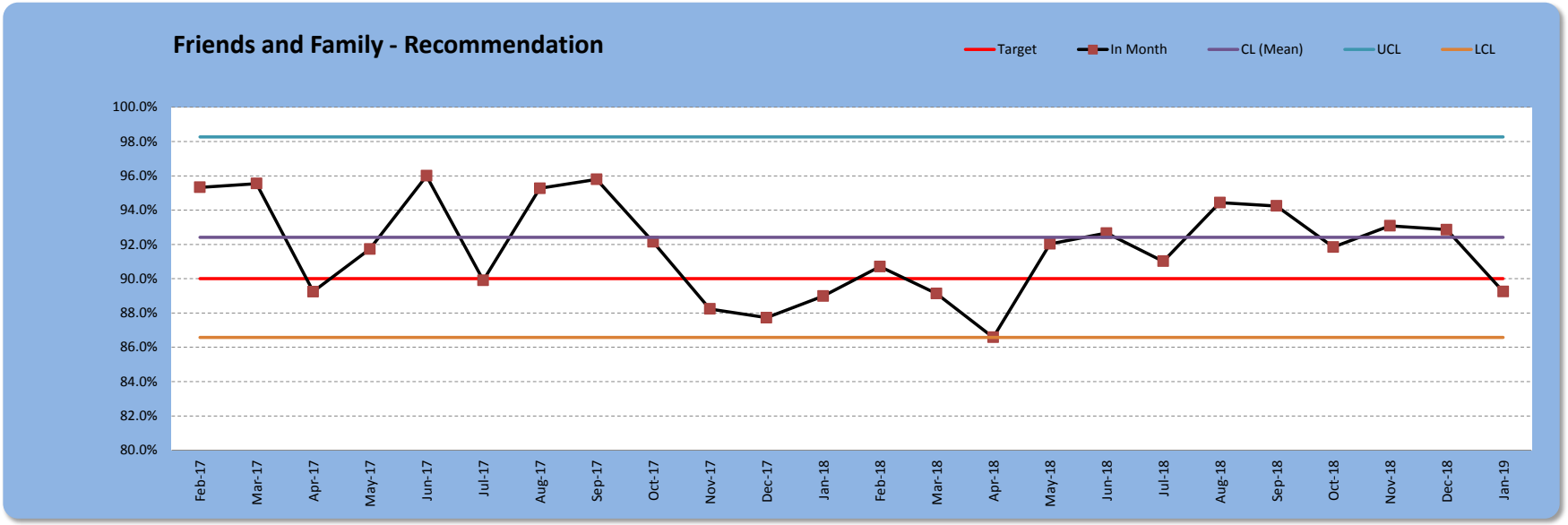
Narrative

In month target achieved.

Target: 90%

Amber: 80%

Current month stands at 89.3%



Exception Reporting and Operational Commentary

For the first time in 9 months 'patients likely to recommend our services' has dropped below the national target of 90% and is 89.3%. Of the 428 reponses received in January 19; 382 were positive, 23 neutral, 6 don't know and the remaining 17 were negative.

Of the 17 negative responses, 11 related to GP practices. The GP practices have been asked to look at the data, address the negative feedback and provide assurance to the Patient Experience Team that issues have been addressed.

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: **Jan 2019**

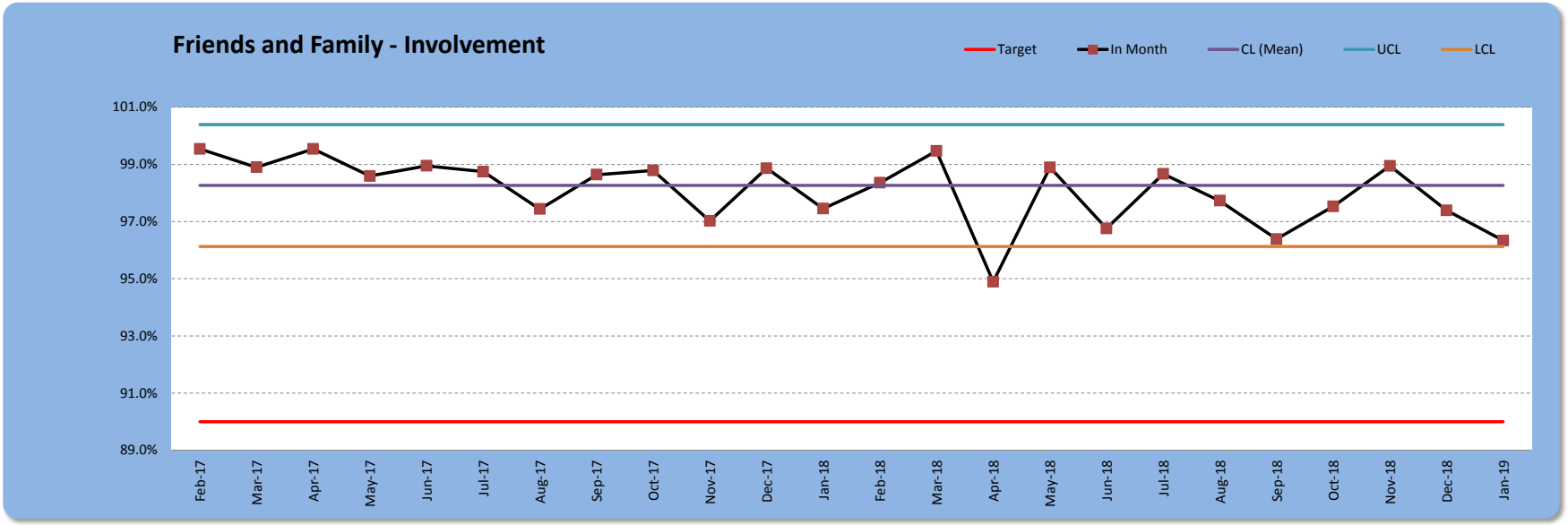
Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Executive Lead John Byrne	CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 96.3%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score 96%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	99.0%
Patients Overall FFT Information	97.0%

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: **Jan 2019**

Indicator Title	Description/Rationale		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	Executive Lead Lynn Parkinson	OP 12

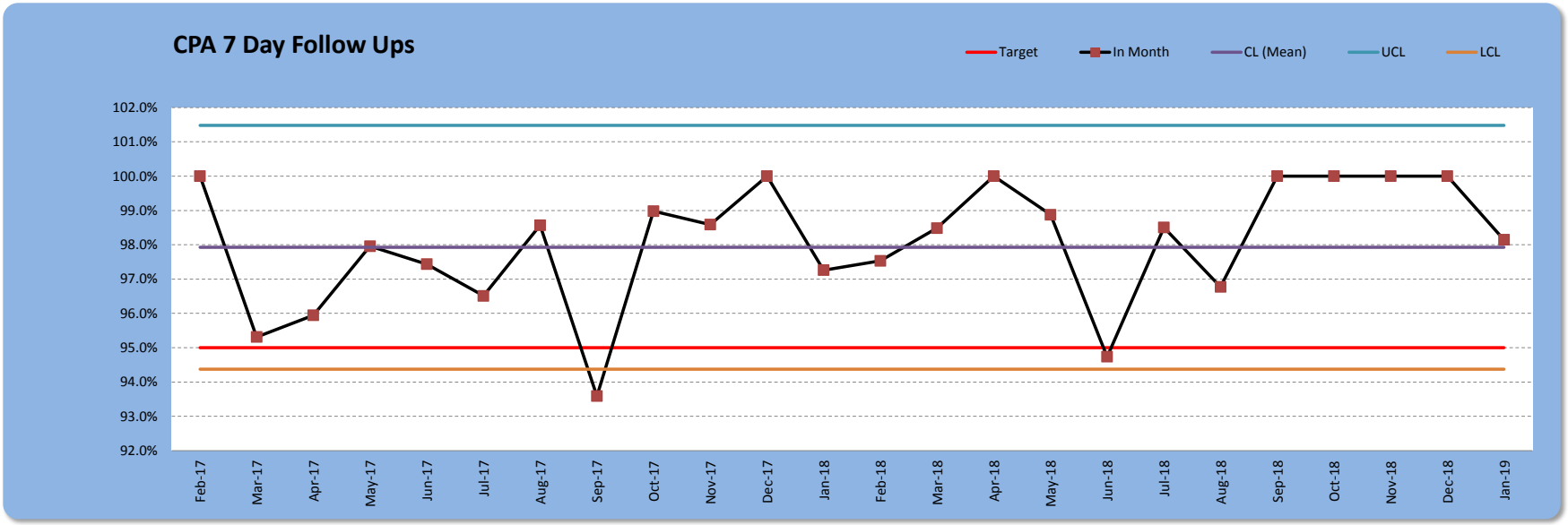
Narrative

Within target

Target: 95%

Amber: 85%

Current month stands at 98.1%



Exception Reporting and Operational Commentary

There was one breach in January where the patient refused to engage with services despite several attempts to contact by telephone and face to face.

Business Intelligence

One breach in January. 83.3% of follow ups achieved within 3 days.

Timescales of Completion	Jan	Percentage of when patients seen		
	Discharges	1-3 days	4-5 days	6-7 days
No of Discharges	54	45	5	3
Patients Seen	53	83.3%	9.3%	5.6%
BREACHES	1			

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Executive Lead Lynn Parkinson	OP 7

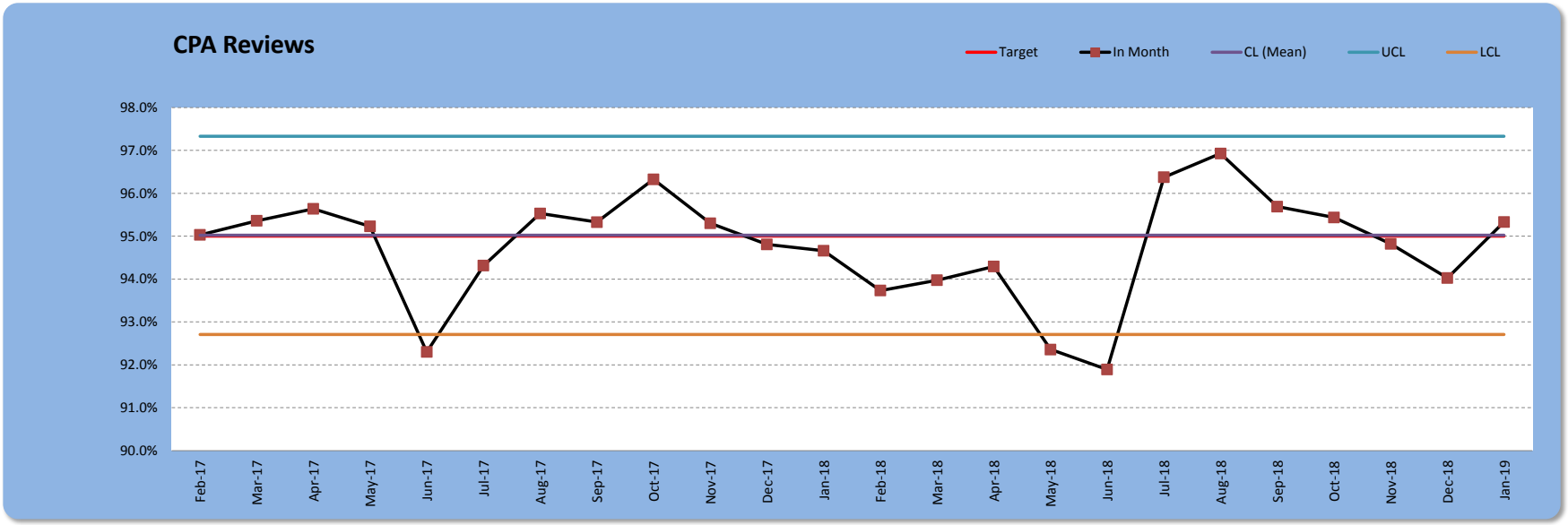
Narrative

Above target

Target: 95%

Amber: 85%

Current month stands at 95.3%



Exception Reporting and Operational Commentary

The CPA compliance has improved and now above target. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occurs the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks. The CLDT's have not reached compliance this month and this has been impacted by the introduction of the Intensive Community Service and changes in processes, work is in place to adress this and compliance is expected to be achieved by the end of January 2019

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: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
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	Executive Lead Lynn Parkinson	OP 20

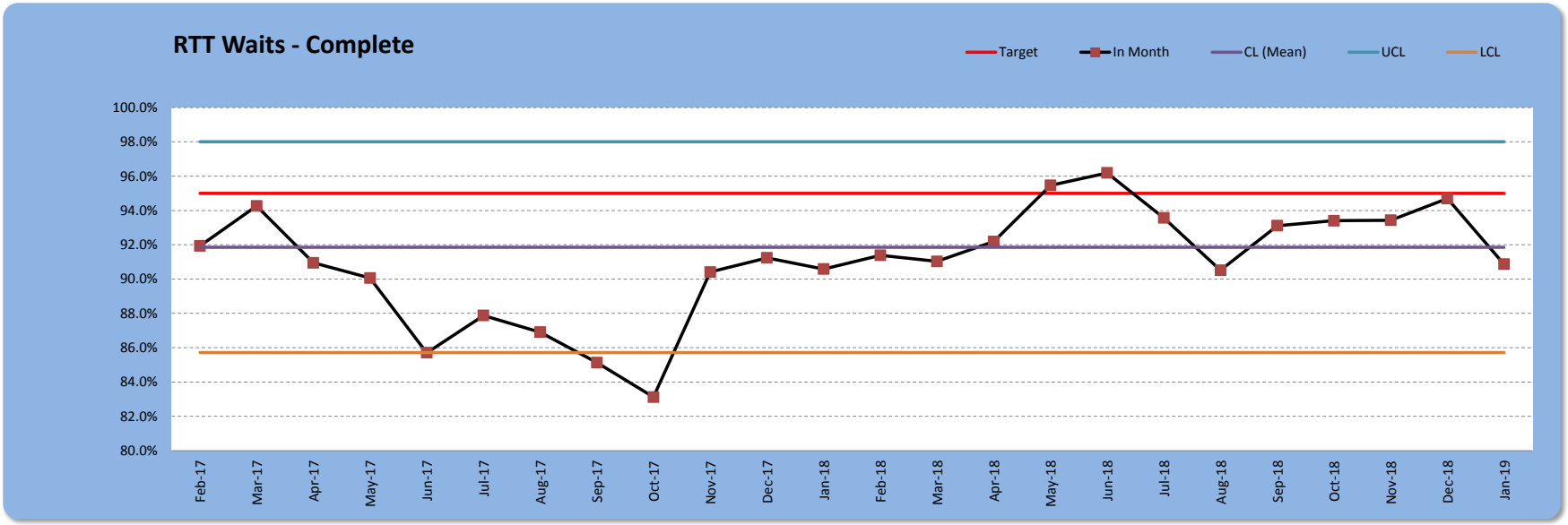
Narrative

Below the mean

Target: 95%

Amber: 85%

Current month stands at 90.9%



Exception Reporting and Operational Commentary

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

Business Intelligence

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incompleted Pathways) : Based on patients who have been assessed and continue to wait more than 18 weeks for treatment	Executive Lead Lynn Parkinson	OP 21

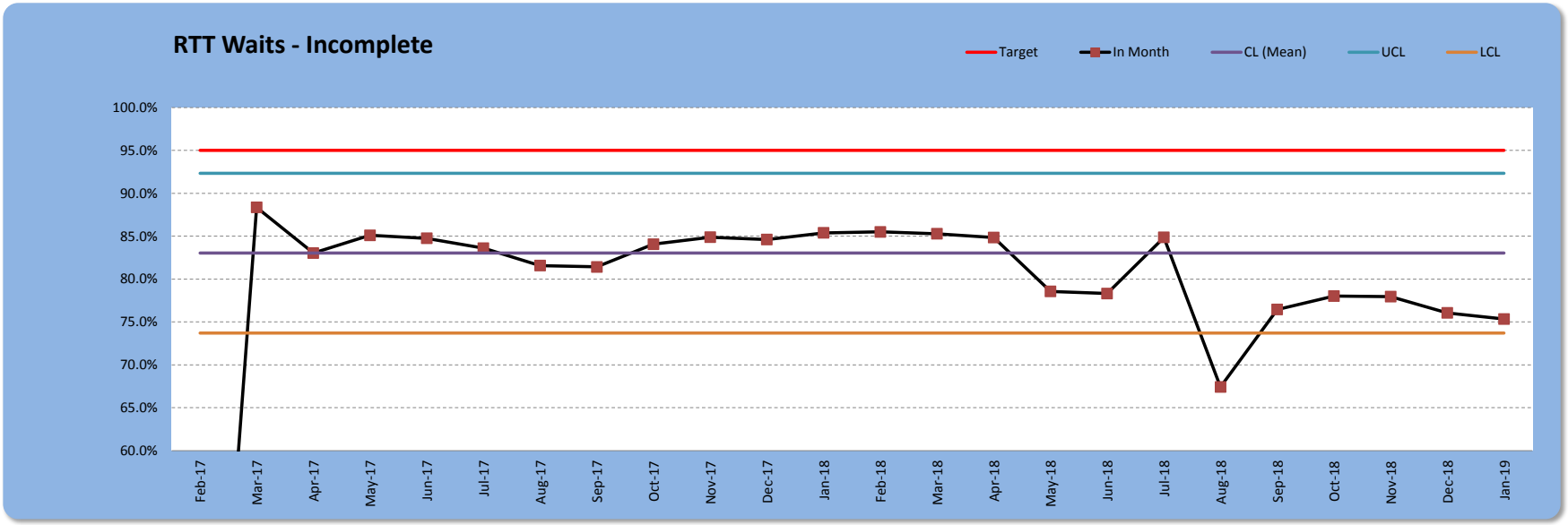
Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 75.3%



Exception Reporting and Operational Commentary

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

Business Intelligence

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: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
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	OP 22a

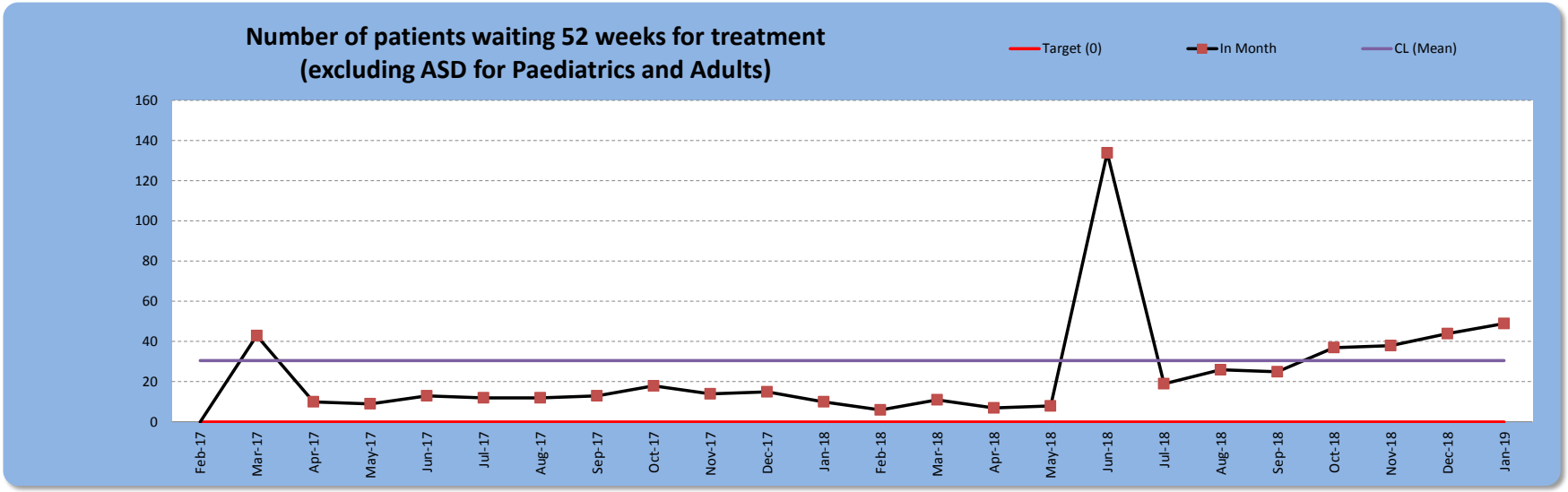
Narrative

Significant increase since last month

Target: 0

Amber: 0

Current month stands at 49



Exception Reporting and Operational Commentary

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

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
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	Executive Lead Lynn Parkinson	OP 22s

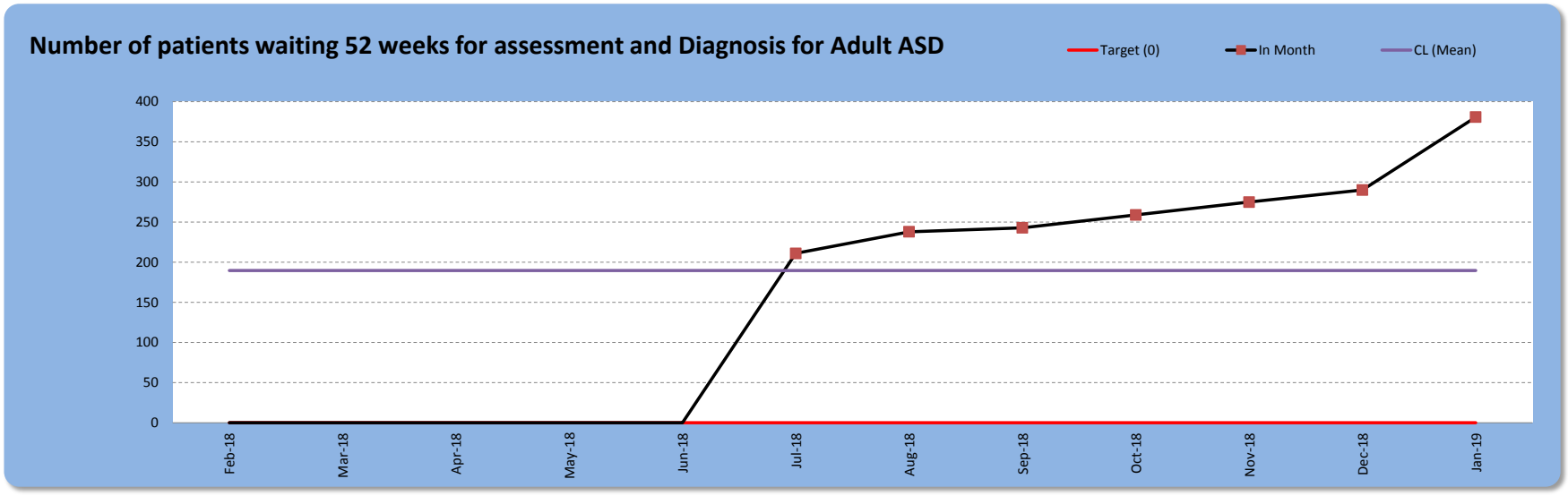
Narrative

Increase of 91 since last month

Target: 0

Amber: 0

Current month stands at 381



Exception Reporting and Operational Commentary

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

Business Intelligence

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

BI will introduce SPC once 10 data points is reached.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		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	Executive Lead Lynn Parkinson	OP 22u

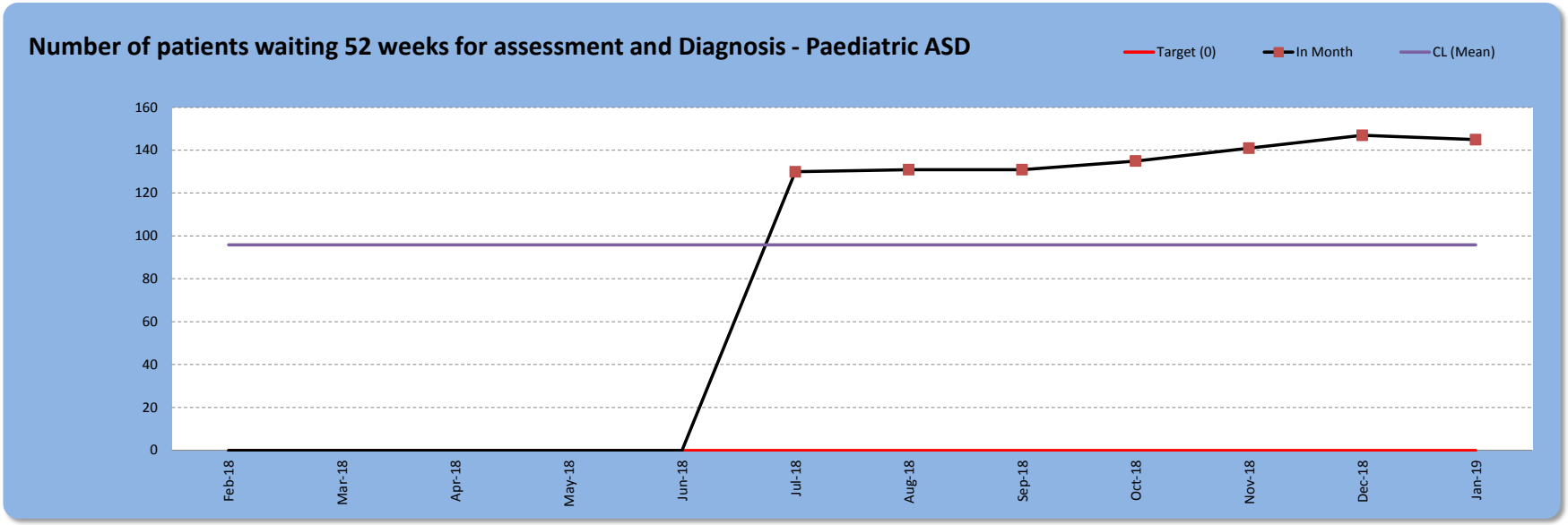
Narrative

Slight improvement on last month

Target: 0

Amber: 0

Current month stands at 145



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 the children/young people 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; following negotiations a revised position was agreed with commissioners in October 2018.

Recruitment began ahead of October 2018 with the Trust taking the risk on expected financial agreement – this is progressing well with partial service delivery expected to commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners will ensure that the agreed trajectory is monitored.

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: **Jan 2019**

Indicator Title	Description/Rationale		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	Executive Lead Lynn Parkinson	OP 22j

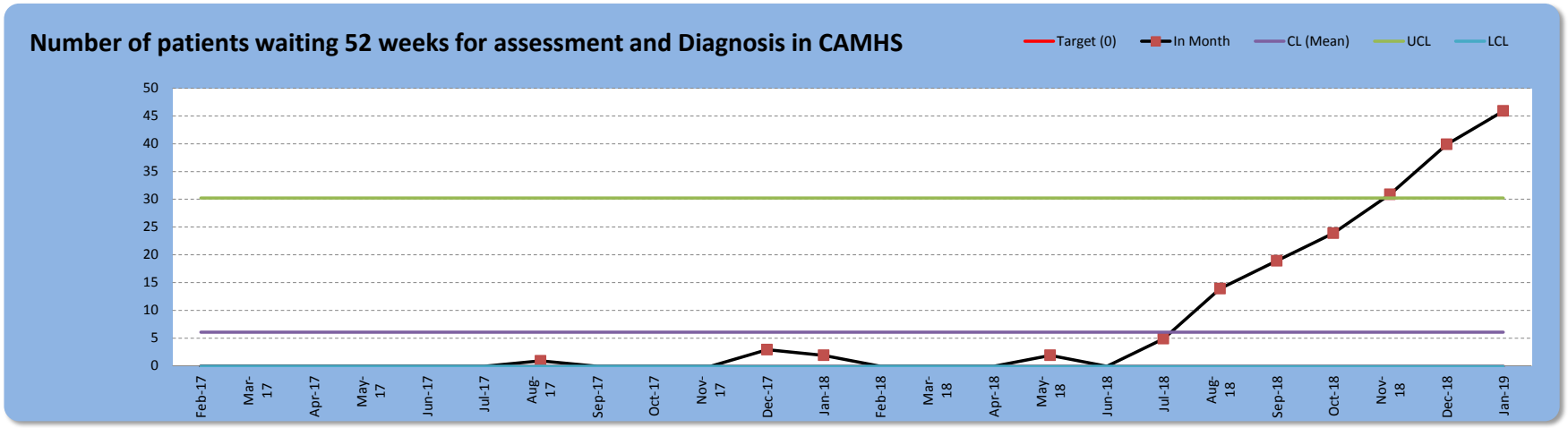
Narrative

Increase of six since last month

Target: 0

Amber: 0

Current month stands at 46



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 tp 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
- Developing a long 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
- Hull CCG is aware of the position and are assured of our progress and transparency

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: **Jan 2019**

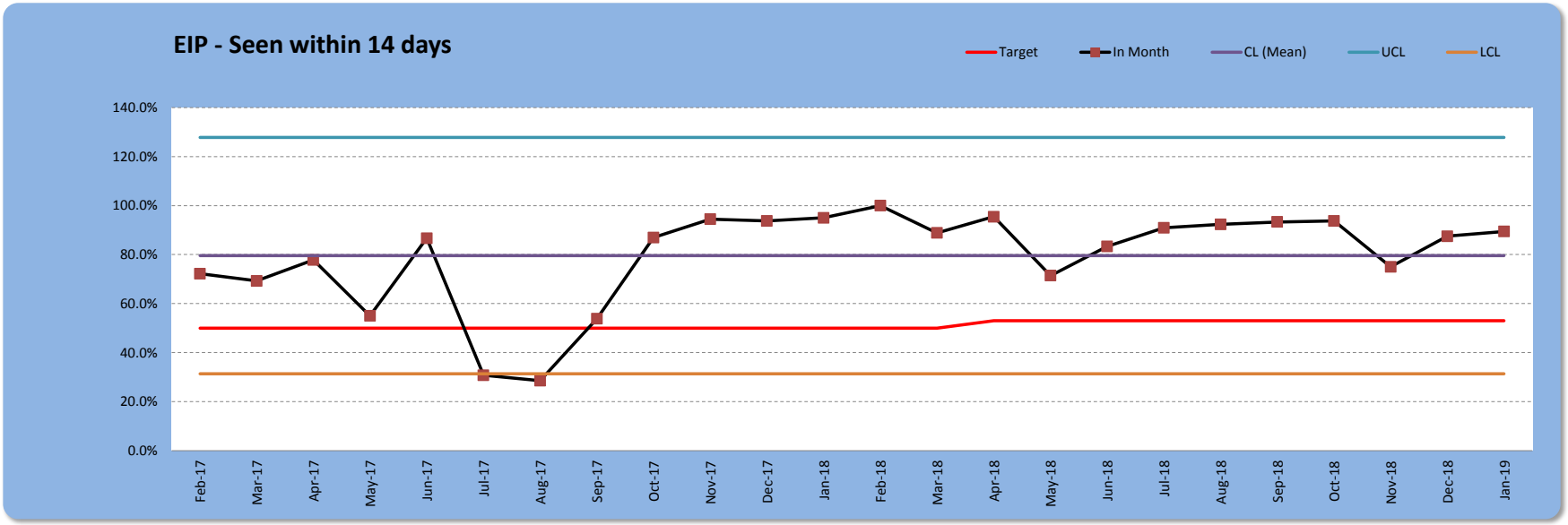
Indicator Title	Description/Rationale		KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Executive Lead Lynn Parkinson	OP 9

Narrative

Target achieved

Target: 53%
Amber: 48%

Current month stands at 89.5%



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

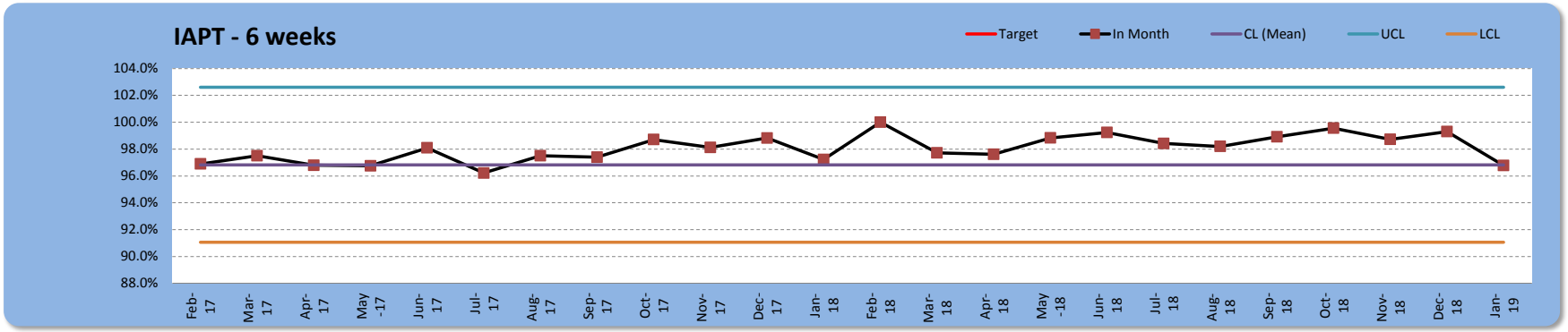
For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
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	OP 10a

Narrative

Target achieved

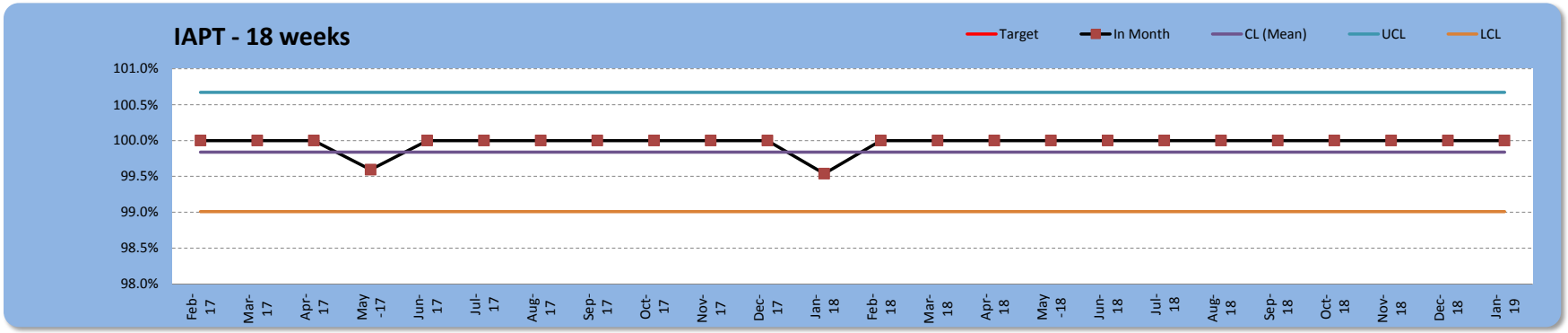
Target: 75%
Amber: 70%
Current month 96.8%



Narrative

Target Achieved

Target: 95%
Amber: 85%
Current month 100.0%



Exception Reporting and Operational Commentary

The service has met and exceeded the standard in January 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: **Jan 2019**

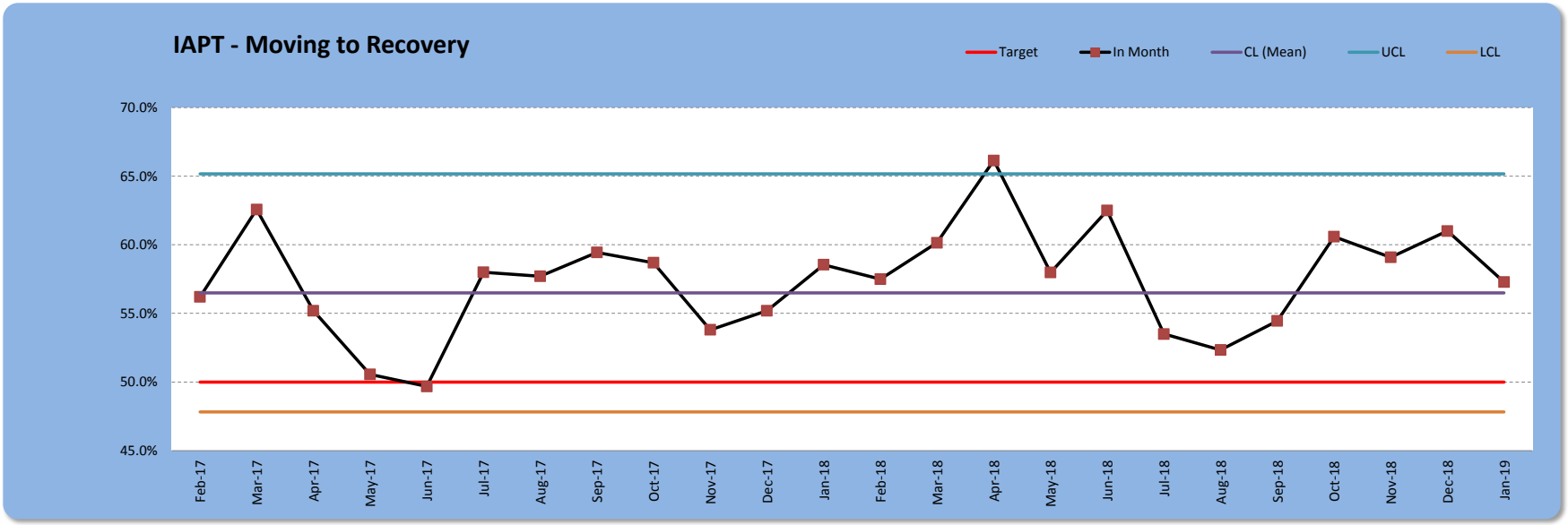
Indicator Title	Description/Rationale		KPI Type
Improved Access to Psychological Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention	Executive Lead Lynn Parkinson	OP 11

Narrative

Target Achieved

Target: 50%
Amber: 45%

Current month stands at 57.3%



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Under 18 Admissions	Number of patients aged 17 and under who were admitted to an adult ward	Executive Lead Lynn Parkinson	ST 1

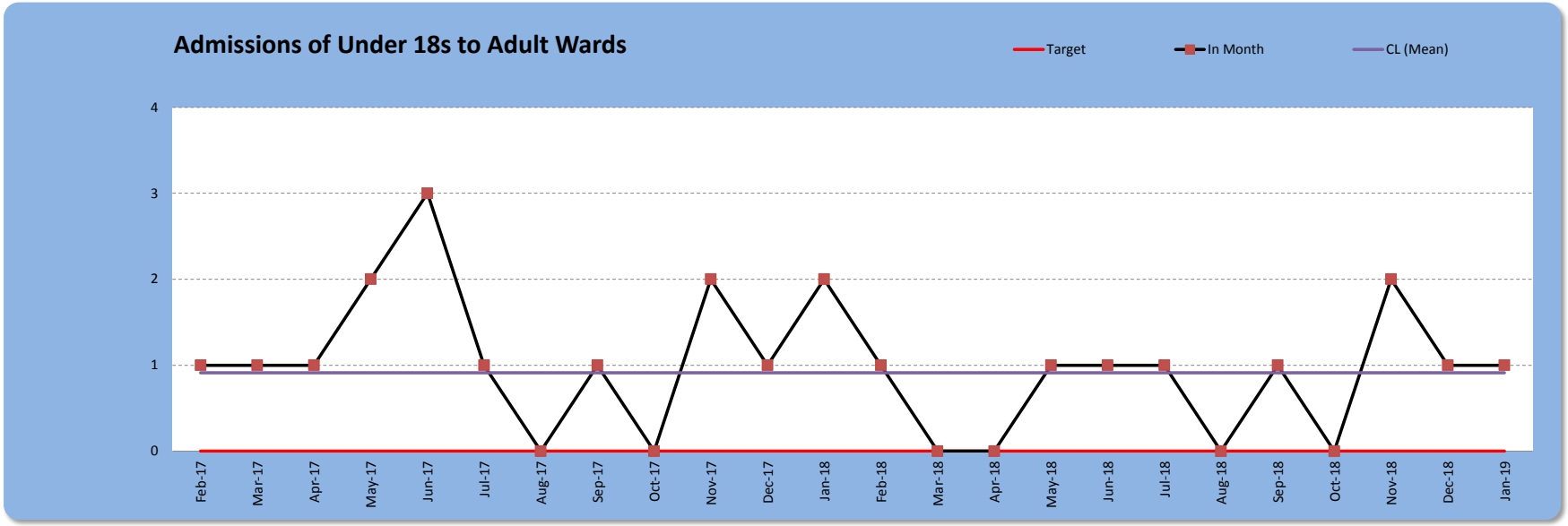
Narrative

One admission

Target: 0

Amber: 1

Current month stands at 1



Exception Reporting and Operational Commentary

One admission in January due to escalating risk of self harm. Patient was detained as a safeguarding precaution until suitable bed could be located and discharged the following day.

Business Intelligence

Current Year Summary

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

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Executive Lead Lynn Parkinson	ST 4b

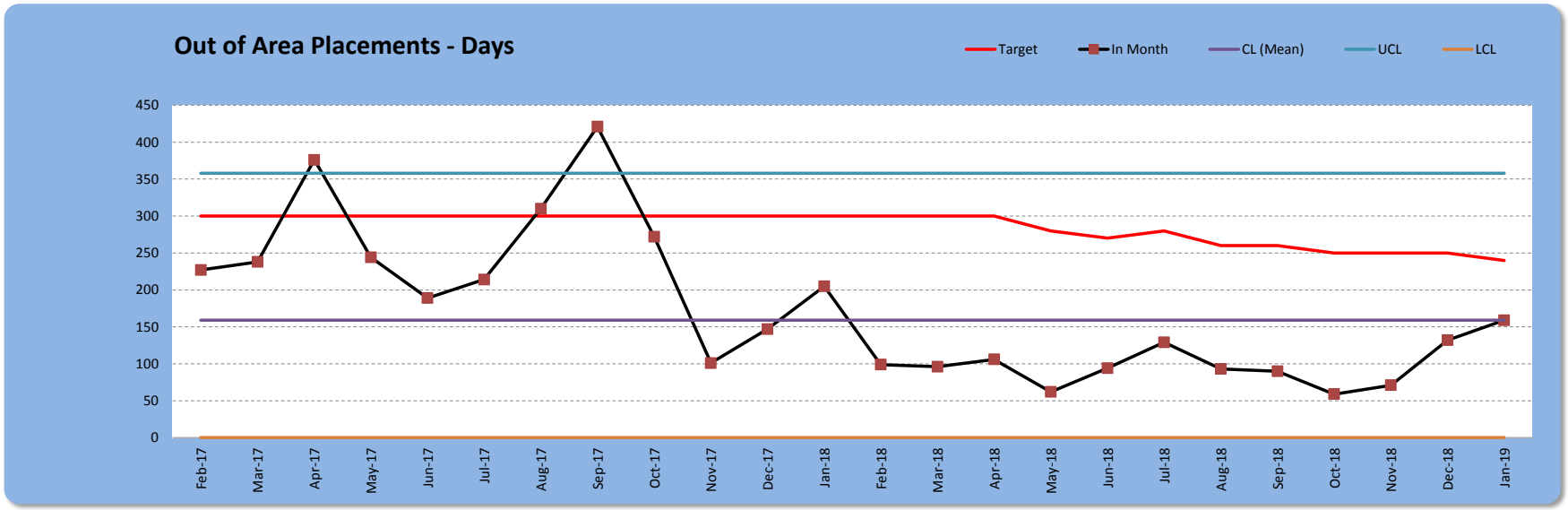
Narrative

Target Achieved

Target: 240

Amber:

Current month stands at 159



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Split of Speciality and Reasons in current month

Patients in OoA beds in month: 5

Unavailability of bed	128	Adult	31
Safeguarding	0	OP	96
Offending restrictions	0	PICU	32
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	31		

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	Executive Lead Lynn Parkinson	OP 14

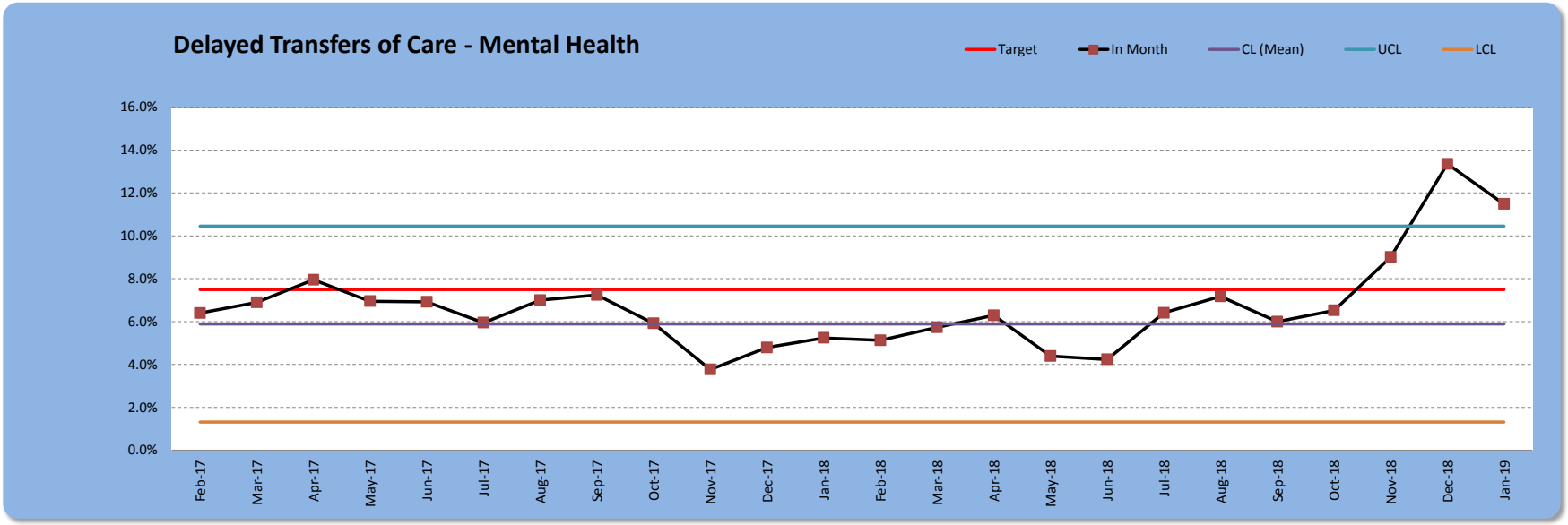
Narrative

Significant increase in the number of delays

Target: 7.5%

Amber: 7.0%

Current month stands at 11.5%



Exception Reporting and Operational Commentary

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

Business Intelligence

There were 508 delayed days in mental health during January. An improvement on the previous month. Eleven patients in Older People's, 8 patients in Adult services and 3 in Specialist. The top three reasons are:

Awaiting Residential Home	229
Housing needs	143
Awaiting further non-acute care	38

No delays in Learning Disabilities and 5.4% in Community Hospitals.

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jan 2019**

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

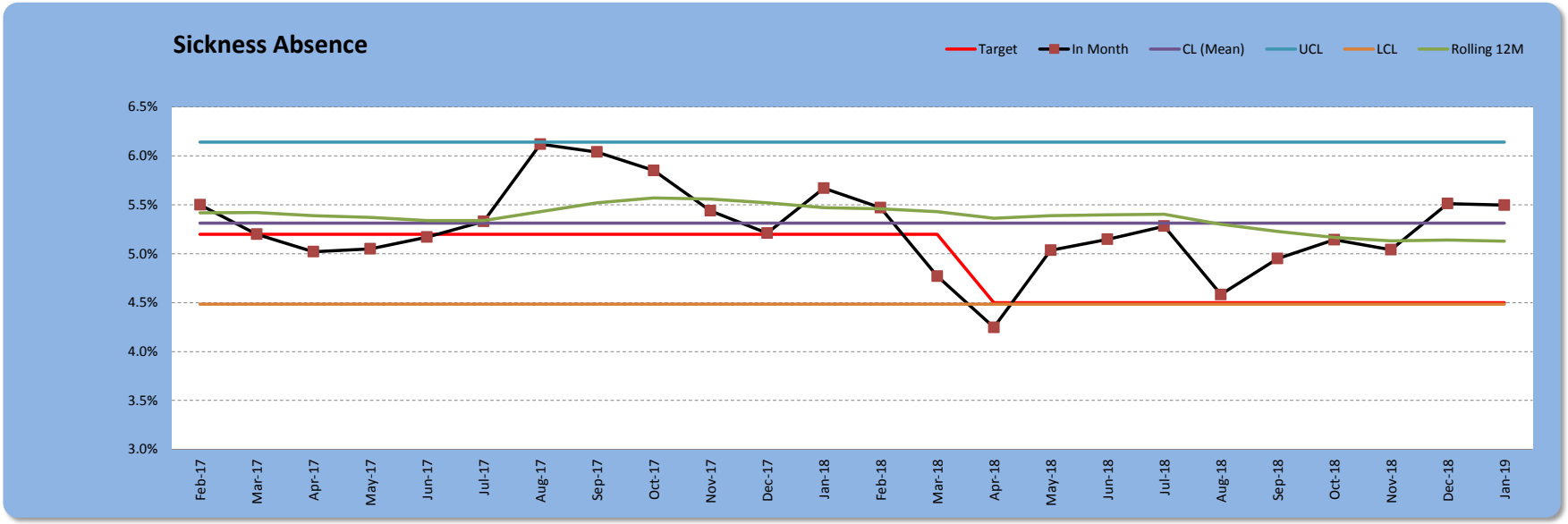
Narrative

In month target not achieved.

Target: 4.5%

Amber: 5.2%

Result as at previous month 5.5%



Exception Reporting and Operational Commentary

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

Business Intelligence (previous month)

Trustwide - Dec
5.65%
Rolling 12m
5.16%
WTE
2333.85

Care Group Split Below	Dec %	Rolling 12m	WTE
Specialist Services	9.99%	8.34%	218.78
Mental Health Services	5.59%	5.82%	600.87
Older Peoples MH	5.93%	5.95%	179.75
Community Services	4.78%	4.98%	332.04
Children's and LD	5.86%	4.76%	478.40

Corporate Split Below	Dec %	Rolling 12m	WTE
Medical	6.38%	4.81%	31.55
Human Resources	2.46%	3.89%	62.23
Finance	4.53%	3.69%	219.91
Nursing and Quality	15.03%	4.84%	34.22
General Practices	1.73%	2.05%	83.78
Chief Executive	9.79%	5.81%	10.21
Chief Operating Officer	0.89%	1.23%	82.12

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jan 2019**

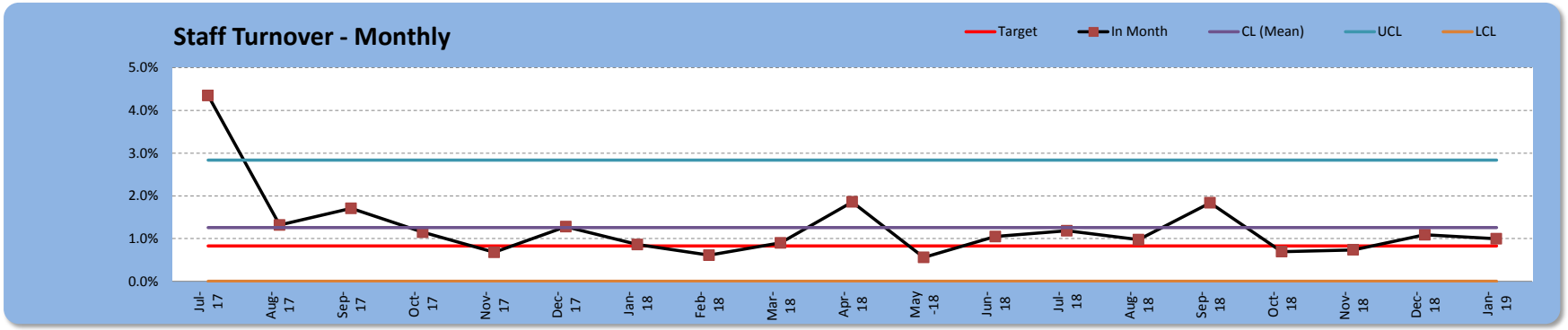
Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation	Executive Lead Steve McGowan	WL 3 TOM

Narrative

Exceeds Target

Target: 0.83%
Amber: 0.70%

Current month stands at 1.0%

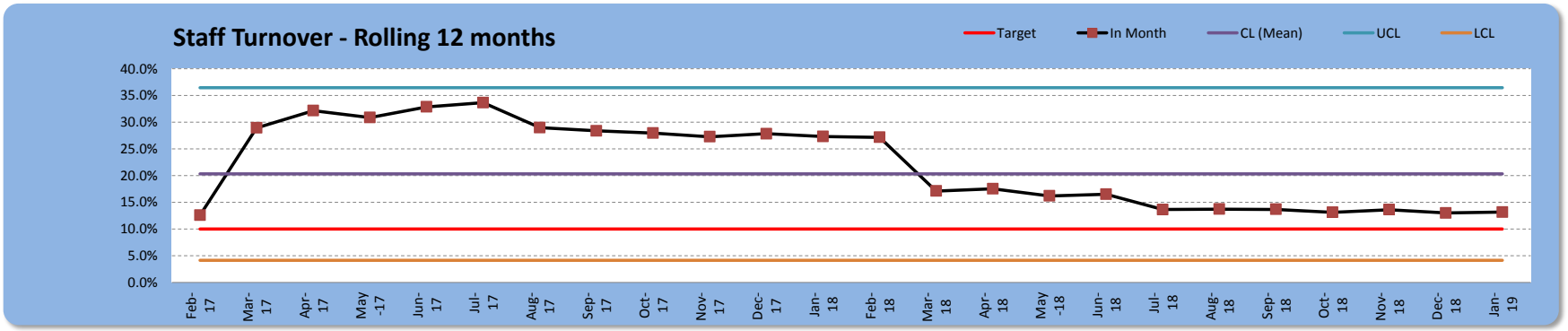


Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 13.2%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures March 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Retirement	81
Voluntary Resignations	163
Work Life Balance	42
End of Contract	15
Other	9
Total Leavers	310

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

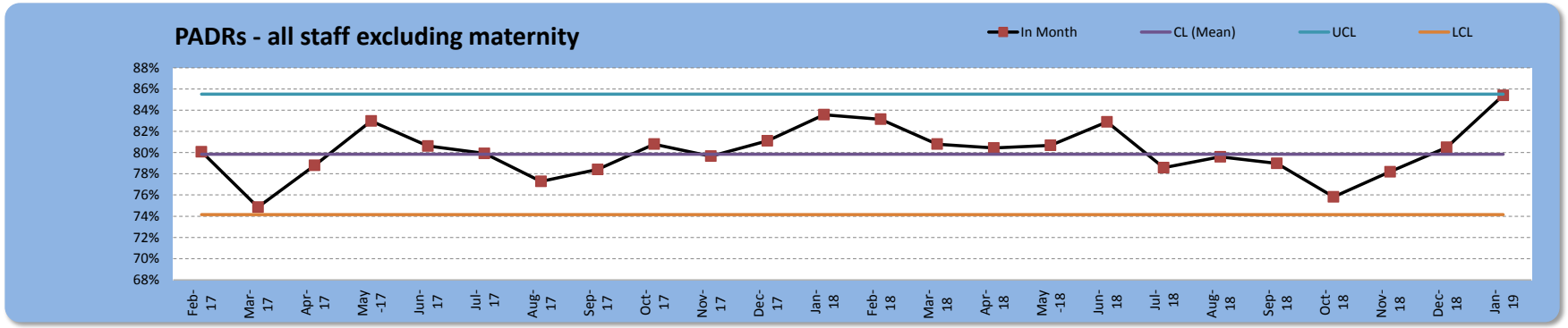
For the period ending: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Performance and Development Reviews	Percentage of staff who have received a PADR within the last 12 months (excludes staff on maternity)	Executive Lead John Byrne	WL 4 (i)

Narrative

in month target not achieved

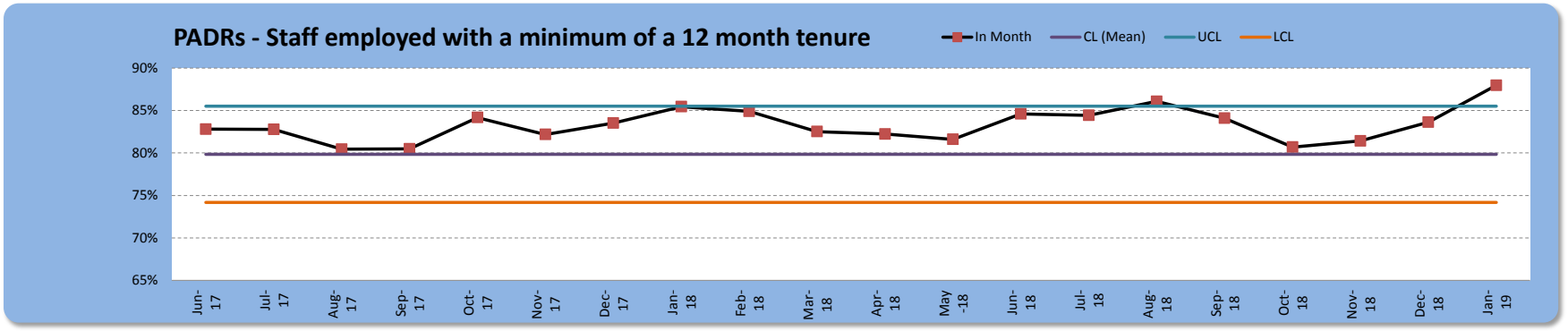
Current month stands at 85.4%



Narrative

Target achieved

Current month stands at 85.5%



Exception Reporting and Operational Commentary

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

Business Intelligence

Care Group and Corporate Splits Below

Mental Health	83.9%
Corporate	93.5%
PCCHLD	82.5%
Specialist	87.1%

Corporate Split by Service

Chief Exec	90.9%
Chief Operating Officer	56.0%
Finance	97.2%
Human Resources	98.5%
Medical	81.6%
Nursing and Quality	94.7%

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jan 2019**

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

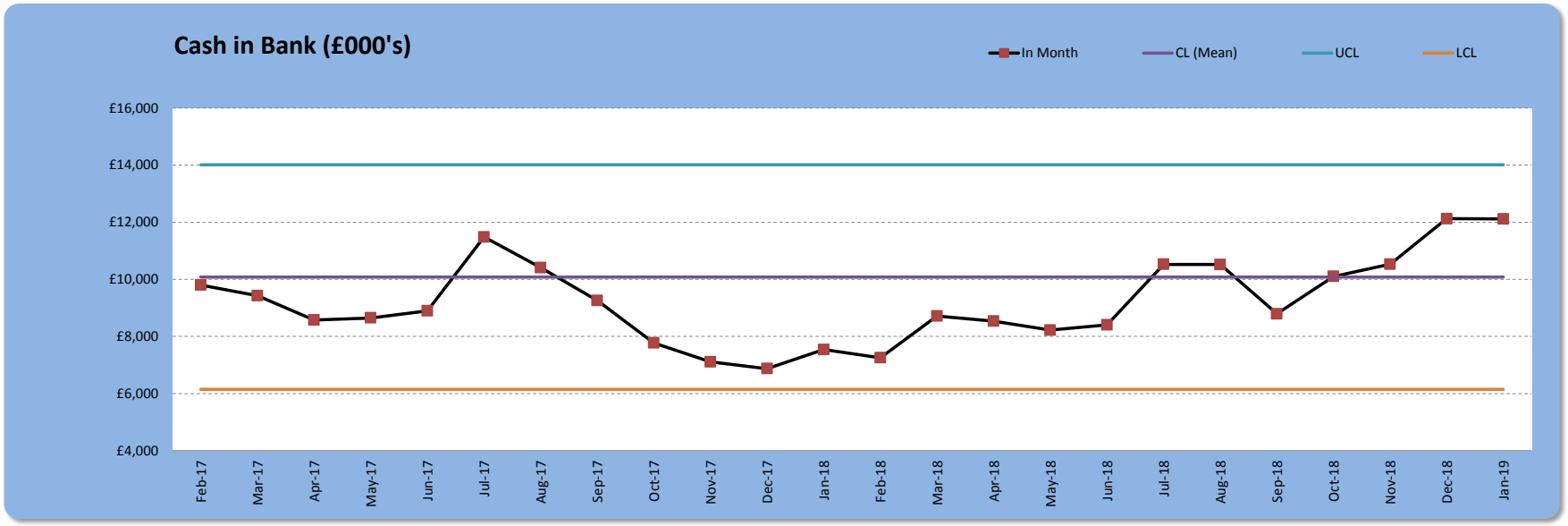
Narrative

No Target to note.

Target:

Amber:

Current month stands at £12,119 ,000



Exception Reporting and Operational Commentary

As at the end of January 2019 the Trust cash balance was £12.119m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between reciept and expenditure, the underlying balance at the end of the month was £10.213m.

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: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Budget Reduction Strategy (£000's)	Review of the cost improvement variance against plan	Executive Lead Peter Beckwith	F 6

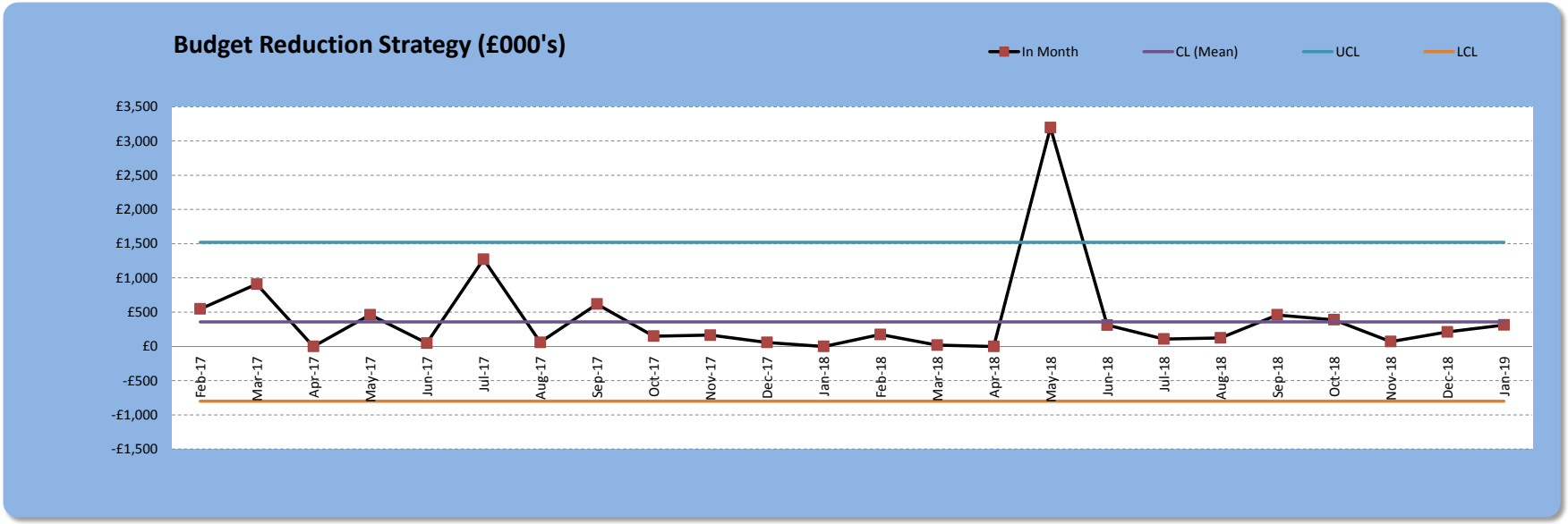
Narrative

No Target to note.

Target:

Amber:

Current month stands at £313 ,000



Exception Reporting and Operational Commentary

Within January (Month 10) additional BRS savings of £0.313m were achieved against the profiled target savings. Overall the profiled YTD savings are behind by £1.722m 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: **Jan 2019**

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

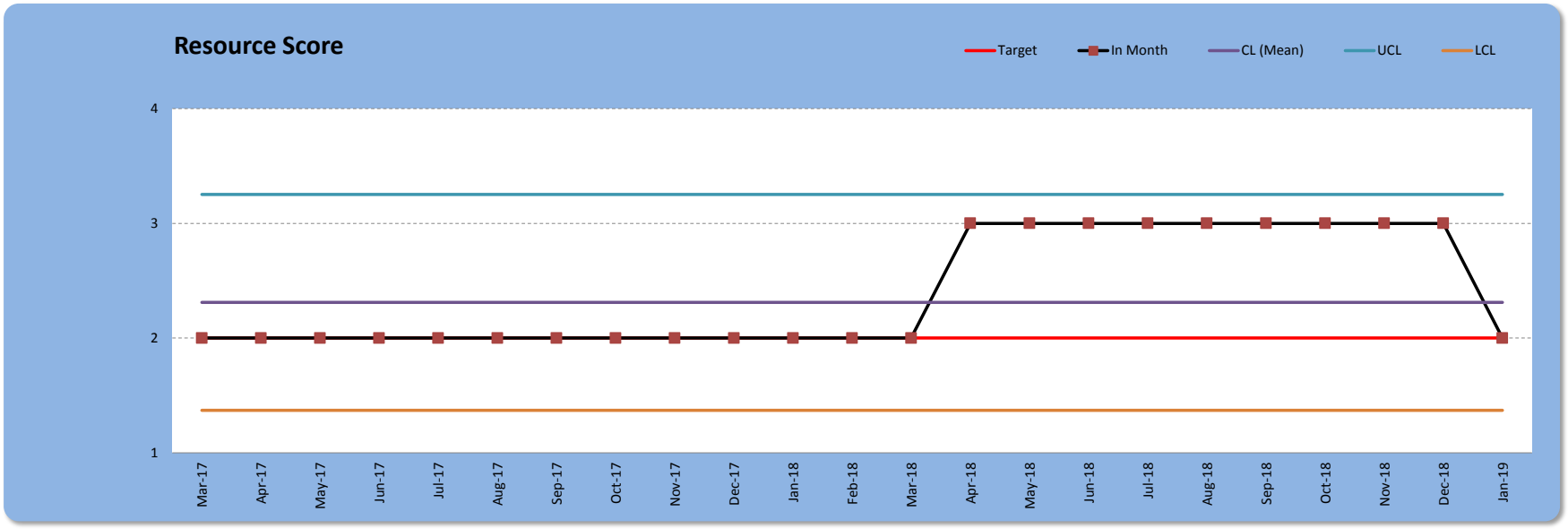
Narrative

Consistent

Target: 2

Amber: 3

Current month stands at 2



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 Resoures score has improved to a 2 and 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: **Jan 2019**

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

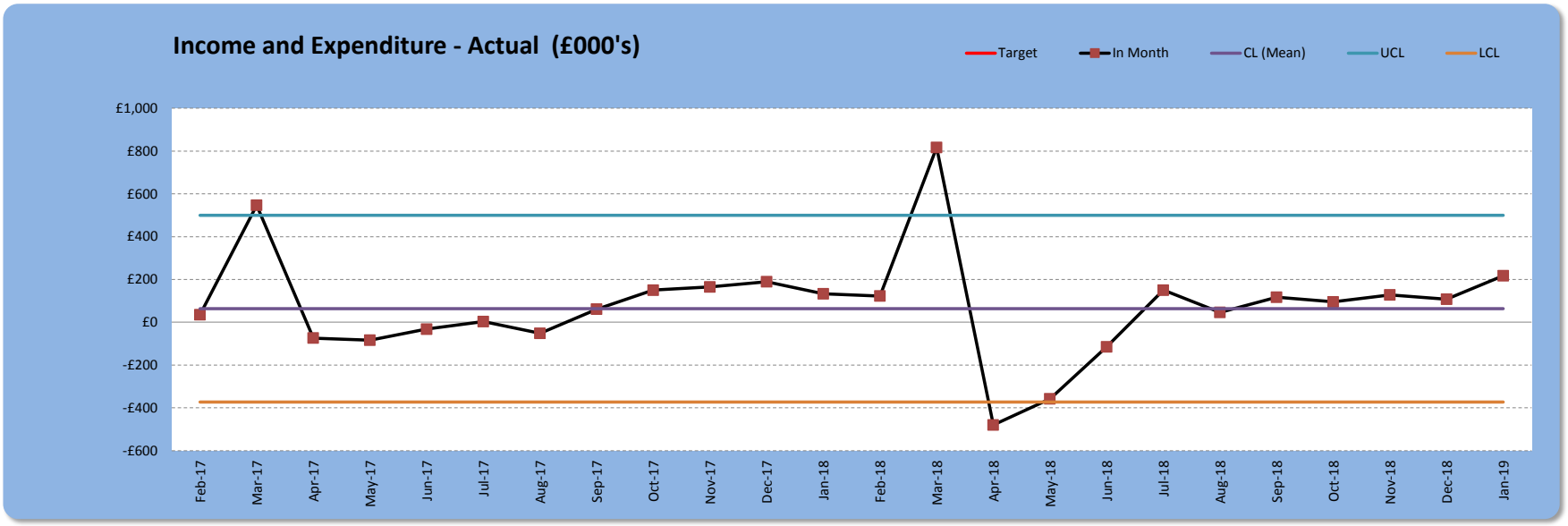
Narrative

Reporting a deficit

Target:

Amber:

Current month stands at £217 ,000



Exception Reporting and Operational Commentary

The Trust reported a year to date deficit position of £0.645m as at the end of January 2019, 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 £0.093m, an improvement of £0.217m from December 2018, this position was inclusive of 10 months Provider Sustainability funding of £1.668m.

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: **Jan 2019**

Indicator Title	Description/Rationale		KPI Type
Staff Costs (£000's)	Review of the variance of the planned and actual staff costs (£000's)	Executive Lead Peter Beckwith	F 5

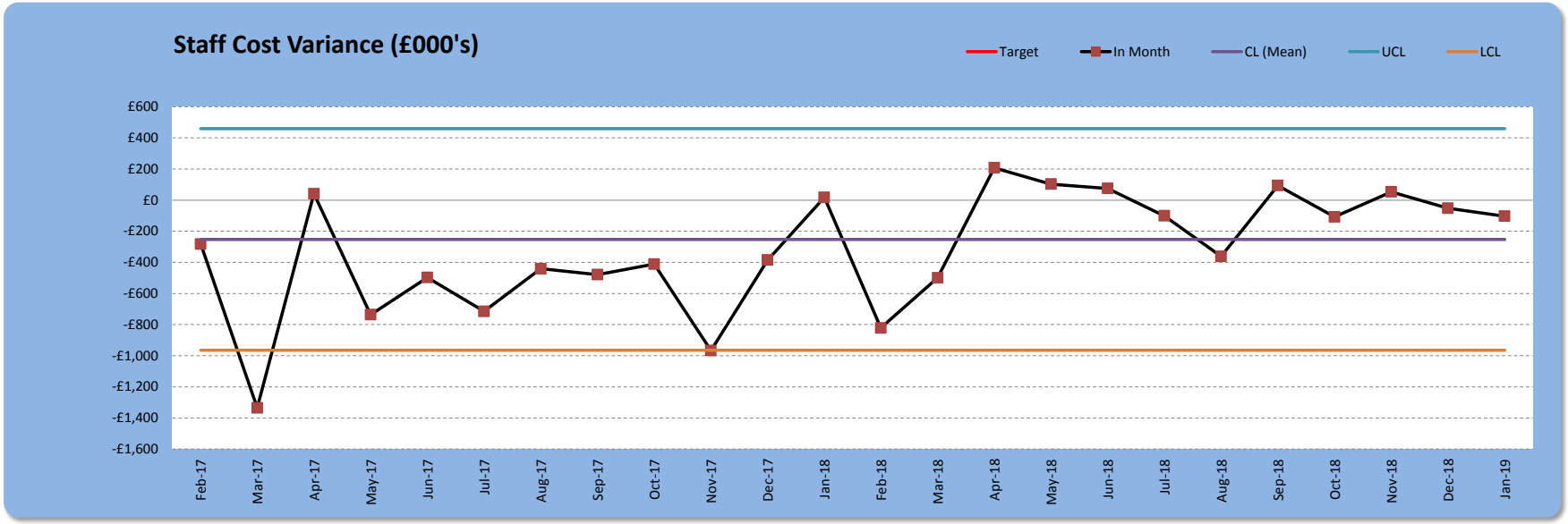
Narrative

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

Target:

Amber:

Current month variance stands at -£103 ,000



Exception Reporting and Operational Commentary

The staff costs are £0.103m above the planned budget for January.

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

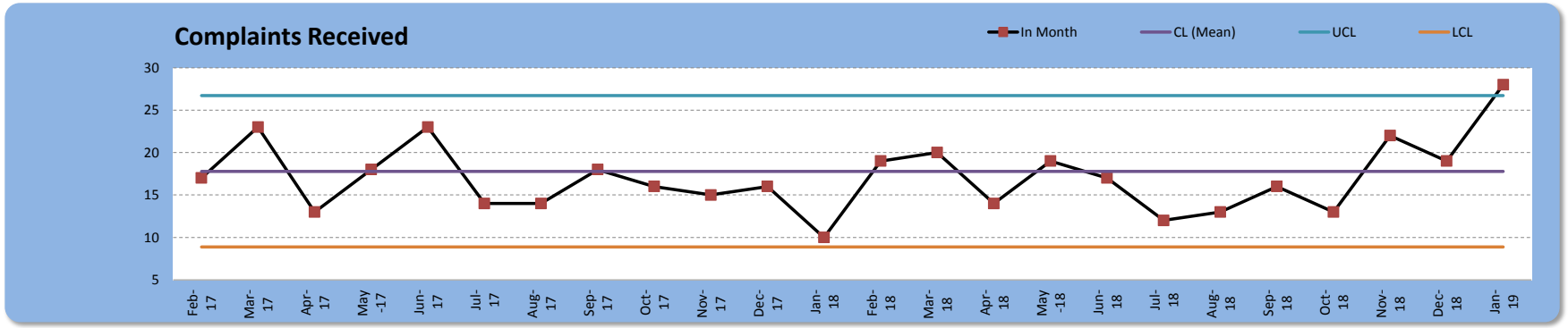
For the period ending: **Jan 2019**

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

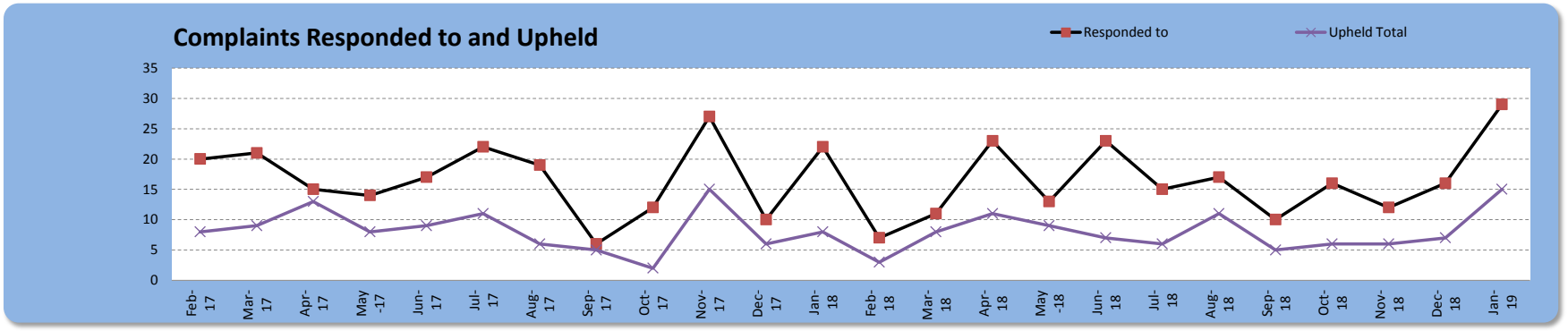
Current month stands at 28



Narrative

68 upheld YTD (44%)

Current month stands at 15



Exception Reporting and Operational Commentary

The Trust responded to 29 complaints in the month of January 2019. Of the 29 complaints, 14 complaints were not upheld (48.3%) and 15 complaints were partly or fully upheld (51.7%). The top theme for complaints responded to (year to date) continues to be patient care.

The Trust received 34 compliments during the month of January 2019.

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

Patient care	41
Appointments	26
Values and behaviours (staff)	24
Communications	20
Trust admin/policies/procedures including patient record management	13

All Complaints responded to YTD	174

Humber Teaching
NHS Foundation Trust

Executive Team:

Chief Executive:	Michele Moran
Chairman:	Sharon Mays
(Interim) Chief Operating Officer:	Lynn Parkinson
Director of Finance:	Peter Beckwith
Director of Human Resources:	Steve McGowan
Medical Director:	John Byrne
Director of Nursing and Quality:	Hilary Gledhill

Issue Date: 20/02/2019

Agenda Item: 18

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Finance Report 2018/19: Month 10 (January)
Author:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	To approve [ ] To note [X] To discuss [ ] To ratify [ ] For information [ ] To endorse [ ]
Purpose of Paper:	The report provides the Board with an update of the financial position of the Trust at Month 10
Key Issues within the report:	• A deficit position of £0.643m was recorded to the 31st January 2019, after the inclusion of £0.550m risk for unidentified BRS. • Income year to date was £0.446m behind budget. • Expenditure for clinical services was lower than budgeted by £0.092m year to date • The cash balance in the period was £12.119m. • On the SOFP, the net current asset position increased by £1.551m to £9.284m, due to an increase in cash and a decrease in Trade Creditors. • £5.116m Year to date Capital expenditure, relating to IT (£1.181m) and Estates (£3.935m) This includes £3.136m relating to the CAMHS project. • On the NHS Improvement (NHSI) return the use of resources metric is 2 .

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
Legal	√			To be advised of any future implications reports as and when
Compliance	√			
Communication	√			

Financial	√			future implications by Lead Directors through Board Required
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

FINANCE REPORT – January 2019

1. Introduction

This report summarises the financial position for the Trust as at the 31st January 2019

2. Income and Expenditure

The Trust reported a year to date deficit position of £0.643m for January against the NHS Improvement year to date plan of £0.792m. The full year NHS Improvement control total is a planned surplus of £0.851m.

The reported position is inclusive of 10 months Provider Sustainability Funding (PSF) of £1.668m and a risk of £0.550m relating to unidentified BRS.

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

Table 1: 2018/19 Income and Expenditure

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income	126,402	10,812	10,597	(215)	104,755	104,308	(446)
	126,402	**10,812**	**10,597**	**(215)**	**104,755**	**104,308**	**(446)**
Expenditure							
Clinical Services							
Childrens, Learning Disability & Primary Care	43,934	3,769	3,691	78	36,391	35,900	491
Specialist Services	11,786	1,008	977	31	9,769	9,600	169
Adult Mental Health Services	36,914	3,076	3,228	(152)	30,711	31,279	(568)
	92,633	**7,853**	**7,895**	**(42)**	**76,871**	**76,779**	**92**
Corporate Services							
Chief Executive	1,622	135	134	1	1,351	1,414	(63)
Chief Operating Officer	4,358	364	453	(89)	3,615	3,829	(214)
Finance	15,342	1,235	1,125	110	12,883	12,545	337
HR	3,127	227	300	(72)	2,673	2,635	37
Director of Nursing	1,526	127	132	(5)	1,271	1,330	(59)
Medical	1,867	162	170	(7)	1,542	1,623	(81)
Finance Technical items (including Contingency)	1,925	181	(44)	227	1,630	1,385	245
	29,765	**2,431**	**2,270**	**164**	**24,964**	**24,762**	**202**
Total Expenditure	**122,398**	**10,285**	**10,165**	**122**	**101,835**	**101,541**	**294**
EBITDA	**4,004**	**528**	**433**	**(94)**	**2,920**	**2,767**	**(153)**
Depreciation	2,645	220	227	(7)	2,204	2,289	(85)
Donated Depreciation	300	25	18	7	250	176	74
Interest	198	17	15	1	165	141	24
PDC Dividends Payable	2,022	168	192	(24)	1,685	1,923	(238)
PSF Funding	(2,012)	(235)	(235)	0	(1,668)	(1,668)	(0)
Operational Position	**851**	**333**	**215**	**(115)**	**285**	**(93)**	**(378)**
BRS Risk	-	(520)	(686)	166	1,076	550	526
NHS Improvement Control Total	**851**	**853**	**902**	**52**	**(791)**	**(643)**	**148**
Excluded from Control Total (Donated Depreciation)	300	25	18	7	250	176	74
Adjusted NHS Improvement Control Total	**1,151**	**878**	**920**	**44**	**(541)**	**(467)**	**74**
EBITDA %	**3.2%**	**4.9%**	**4.1%**		**2.8%**	**2.7%**	
Surplus %	**0.7%**	**3.1%**	**2.0%**		**0.3%**	**-0.1%**	

2.1 Income

Income year to date was £0.446m behind budget.

2.2 Expenditure

Expenditure for clinical services was lower than budgeted by £0.202m year to date.

2.3 Clinical Services Expenditure

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

Year to date expenditure of £35.900m represents an underspend against budget of £0.491m.

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

2.3.2 Specialist

An underspend of £0.169m was recorded YTD for Specialist Services and is mainly due to staff vacancies within the care group which are expected to be filled in coming months.

2.3.3 Mental Health

An overspend of £0.568m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.202m underspent year to date.

- The Chief Executive overspend is related to higher than budget pay costs to date, primarily in relation to vacancy factors.
- The Chief Operating Officer directorate has a year to date overspend of £0.214m due to higher than budgeted pay costs and the non achievement of the BRS target to date.
- Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs and the reclaim of the VAT on Lorenzo.
- The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.

3.0 Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st January 2019. In month, the net current asset position increased by £1.551m to £9.284m. This was related to a decrease in Trade Creditors due to the settlement of outstanding NHS Property Services invoices.

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

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3.1 Cash

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

Table 7: Cash Balance

Cash Balances	£000s
Cash with GBS	12,051
Nat West Commercial Account	38
Petty cash	30
Total	**12,119**

In month income of £11.864m was received compared to expenditure of £11.783m.

The income included the capital loan of £0.779m for the CAMHS and £0.300m for EPMA funding. The main expenditure for the month was for the interim payment for the CAMHS project, pay costs and purchase ledger payments including £0.406m to NHS Property Services.

3.2 Capital Programme

The year to date capital expenditure of £5.116m comprises expenditure for IT (£1.181m) and Estates Capital (£3.935m) including £3.136m relating to the CAMHS project. This is detailed in Appendix 3.

The overall capital budget has been adjusted to reflect the additional funding for the EPMA project. £0.300m of funding for this project has been received in January. A further capital funding grant is also expected for the Cottingham clinic extension, this is currently not included in the CDEL limit.

4. NHSI Use of Resources Assessment

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

The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. This demonstrated that the Trust will show an initial variance from I& E Margin that is rated as a 4 moving to a 2 by the year end. For January the overall use of resources rating for the Trust is a 2, 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%	3.0	2.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	3.0	3.0
Variance From Control total rating	20%	1.0	1.0
Agency	20%	1.0	1.0
Weighted Average Risk Rating		**2.0**	**2.0**

5. Recommendations

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

Appendix 1- Statement of Financial Position

	JAN-18 £000	DEC-18 £000
Property, Plant & Equipment	100,931	100,239
Accumulated Depreciation	21,636	21,415
Net Property, Plant & Equipment	**79,295**	**78,824**
Intangible Assets	2,149	2,149
Intangible Assets Depreciation	1,508	1,483
Net Intangible Assets	**641**	**666**
Total Non-Current Assets	**79,936**	**79,490**
Cash	12,119	12,125
Trade Debtors	6,085	5,662
Inventory	129	129
Other Current Assets	5,889	6,745
Current Assets	**24,222**	**24,661**
Trade Creditors	5,528	6,338
Accrued Liabilities	9,410	10,590
Current Liabilities	**14,938**	**16,928**
Net Current Assets	**9,284**	**7,733**
Non-Current Payables	707	707
Non-Current Borrowing	4,572	4,557
Long Term Liabilities	**5,279**	**5,264**
Revaluation Reserve	17,164	17,164
PDC Reserve	49,600	48,521
Retained Earnings incl. In Year	17,177	16,274
Total Taxpayers Equity	**83,941**	**81,959**
Total Liabilities	**104,158**	**104,151**

Appendix 2 – Capital Report

Ref	Scheme Details	Spend (YTD)	2018/19 budget	Total AUC Spend
Estates				
Prior Year Schemes		**78,472**	**-**	**1,149,912**
2018/19 Schemes:				
Precommitted Schemes				
3.6	CAMHS UNIT	3,136,448	5,629,000	3,637,973
	MIRANDA HOUSE CAR PARK	34,367	-	179,925
		3,170,815	**5,629,000**	**3,817,898**
Budgeted Schemes				
3.1	Backlog Maintenance	144,985	215,000	264,144
3.2	Ligature Works	27,378	100,000	21,426
3.3	Place	30,929	62,000	3,400
3.4	Estate Strategy	33,643	100,000	45,657
3.5	Professional Fees	194,849	320,000	323,476
3.6	CEO Innovation	-	75,000	-
		431,786	**872,000**	**658,103**
New Schemes				
4.1	MIRANDA HOUSE	24,675	100,000	23,862
4.2	MILLVIEW CT	145,242	100,000	259,374
4.3	GRANVILLE COURT	-	30,000	-
4.4	BEDROOM DOOR ACCESS	-	25,000	-
4.5	WATERLOO ALARM	-	10,000	-
4.6	PICU / AVONDALE IRONMONGERY	-	-	-
4.7	SKIDBY HOUSE REFURBISHMENT	80,774	-	80,774
	UNALLOCATED BUDGET		843,000	
		250,692	**1,108,000**	**364,010**
Awaiting Funding				
5.1	**HEALTH PLACE OF SAFETY**	-		
5.2	**COTTINGHAM CLINIC**	3,300		
		3,300	**-**	**-**
	Total Estates Capital	**3,935,064**	**7,609,000**	**5,989,923**
Information Technology				
6.1	IT - HARDWARE	689,549	1,020,000	1,502,910
6.2	IT - LICENCES	23,169	-	24,170
6.3	LHCRE	468,351	4,000,000	468,351
6.4	EPMA	-	300,000	-
	Total IT Capital	**1,181,069**	**5,320,000**	**1,995,431**
	TOTAL CAPITAL	**5,116,134**	**12,929,000**	**7,985,354**
Funded by				
	Depreciation		3,000,000	
	Cash Reserves - Other			
	Cash Reserves			
	EPMA		300,000	
	LHCRE		4,000,000	
	Loan		5,629,000	
		-	**12,929,000**	

Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 27 February 2019
Title of Report:	Council of Governors Meeting Minutes – 11 October 2018
Author:	Name: Sharon Mays Title: Chair
Recommendation:	To approve ( ) To note ( ) To discuss ( ) To ratify ( ) For information (X) To endorse ( )
Purpose of Paper:	The minutes of the Council of Governors meeting held on 11 October were presented for information
Key Issues within the report:	Identified within the minutes

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√			To be advised of any future implications 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	

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 under-estimated. 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 issued 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