NHS
Humber Teaching
NHS Foundation Trust

Trust Board Meeting 25 September 2019
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 25 September 2019, in the Ryedale Community and Leisure Centre, Scarborough Road, Norton, North Yorkshire YO17 8EG

		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 31 July 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story - Co-Production in the Development of the Peer Support Worker Role	JB	To receive & note	√
6.	Chair's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
	Performance & Finance			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	Assurance Committee Reports			
11.	Quality Committee Assurance Report & 2 May 2019 Minutes	MC	To receive & note	√
12.	Mental Health Legislation Committee Assurance Report	MS	To receive & note	√
13.	Finance Committee Assurance Reports August & September 2019	FP	To receive & note	√
14.	Workforce & Organisational Development Committee & 24 July 2019 Minutes	FP	To receive & note	√
15.	Audit Committee Assurance Report	PB	To receive & note	√
16.	Charitable Funds Committee Assurance Report, 10 July 2019 Minutes & Change of Use of Community Funds	MC	To receive & approve	√
	Quality and Clinical Governance			
17.	Child and Adolescent Mental Health Services (CAMHS) Waiting List Update	LP	To receive & note	√
18.	Patient & Carer Experience Annual Report – M Dawley, Head of Patient and Carer Experience and Engagement attending	JB	To receive & ratify	√
19.	Healthwatch Key Themes from Annual Reports - M Dawley, Head of Patient and Carer Experience and Engagement attending	JB	To receive & note	√
20.	Friends and Family Test Update - M Dawley, Head of Patient and Carer Experience and Engagement attending	JB	To receive & note	√

21.	Infection Prevention Control Annual Report 2018/19	HG	To receive & ratify	√
	Corporate			
22.	Board Assurance Framework – O Sims, Corporate Risk Manager attending	MM	To receive & note	√
23.	Risk Register - O Sims, Corporate Risk Manager attending	HG	To receive & note	√
24.	Items for Escalation	All	To note	verbal
25.	**Any Other Business**			
26.	**Exclusion of Members of the Public from the Part II Meeting**			
27.	**Date, Time and Venue of Next Meeting** Wednesday 30 October 2019, 9.30am in the Conference Room, Trust Headquarters			

Agenda Item: 2

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2019
Title of Report:	Declarations of Interest
Author:	Name: Sharon Mays Title: Chair
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. Declarations for Paula Bee have been removed and added for Dean Royles, Non Executive Director:- • Director Dean Royles Ltd • Director Inspiring Leaders Network • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG
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 (Voting Member)	• Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing (Voting Member)	No interests declared
Dr John Byrne, Medical Director (Voting Member)	• Executive lead for Research and Development in the Trust. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Human Resources & Diversity (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chairman (Voting Member)	• 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
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 • Chair, Cochrane Common Mental Disorders Expert Advisory Board
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 • Non Executive Director for The Rotherham NHS Foundation Trust
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, Over Promise and Under Deliver • Non Executive Director Barnsley NHS Foundation Trust
Mr Dean Royles, Non Executive Director (Voting Member)	• Director Dean Royles Ltd • Director Inspiring Leaders Network • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 31 July 2019 in Conference Room, Trust Headquarters

Present:	Mrs Sharon Mays, Chair Mrs Michele Moran, Chief Executive Mr Peter Baren, Non-Executive Director Ms Paula Bee, Non-Executive Director Prof Mike Cooke, Non Executive Director Mr Francis Patton, Non Executive Director Mr Mike Smith, Non Executive Director Mr Peter Beckwith, Director of Finance Dr John Byrne, Medical Director Mrs Hilary Gledhill, Director of Nursing Mr Steve McGowan, Director of Workforce and Organisational Development Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Interim Head of Corporate Affairs Mrs Jenny Jones, Trust Secretary Mr Adam Dennis, Communications Officer Mandy Dawley, Head of Patient and Carer Experience and Engagement (for item 126/19) Lorna Barratt, Senior Patient and Carer Experience and Engagement Co-ordinator (for item 126/19) Mr John Duncan, Equality & Diversity Lead (for item 138/19) Ms Rachel Kirby, Communications Manager A Member of the Public
Apologies:	None

The Chair welcomed the Communications Manager and Communications Officer to their first Board meeting since joining the Trust.

123/19 **Declarations of Interest**
Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they declare their interests and remove themselves from the meeting for that item.

124/19 **Minutes of the Meeting held on 26 June 2019**
The minutes of the meeting held on 26 June 2019 were agreed as a correct record.

125/19 **Matters Arising and Actions Log**
The actions list was discussed. Professor Cooke was delighted that the Council of Governors had approved extensions to terms of office for the Chair and Mr Baren since the last meeting.

126/19 **Patient Story – NHS Improvement Film – Culture**
The Head of Patient and Carer Experience and Engagement, Mrs Dawley and Senior Patient and Carer Experience and Engagement Co-Ordinator, Mrs Barratt attended to present one of the films that the Trust has been involved with. Mrs Dawley explained that following a visit to the Trust by NHS Improvement, the Trust was chosen to be a national exemplar for patient and carer experience for the films that were being produced.

The films' focus were very specific and five short films have been produced. The films include:

- Film 1: Culture
- Film 2A: Leadership
- Film 2B: Leadership
- Film 3: Using Patient Experience Data
- Our top tips

The films are embargoed for external use until the official launch, the dates of which are still to be confirmed, but expected early September.

Board members were played the first film, Culture, which they felt portrayed the work of the Trust. Professor Cooke commented that with patient and carer experience, the Trust has come a long way in a short space of time due to the transformational approach that has been taken.

The Chief Executive said the film was inspirational and that the team should be proud of this work. The Chair looked forward to seeing the rest of the films in due course. She commented that the work that the team are doing is excellent, noting that the staff champions group is well attended. The Chief Executive suggested that the films are shared with Humber Coast and Vale partners through the communications route and for them to be sent to specific leaders around the patch.

The Board congratulated Mrs Dawley and Mrs Barratt for their work and involvement in the films and thanked for coming to the meeting.

127/19 **Chair's Report**

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

- This meeting was Ms Bee's last Board before she leaves the Trust at the end of August. On behalf of the Board, the Chair thanked Ms Bee for everything she has done during her time with the organisation.
- The Council of Governors approved the appointment of a new Non Executive Director. Checks are still progressing on this appointment, but it is expected he will start on 1 September. As already mentioned, extensions to the terms of office for the Chair and Mr Baren, were also approved by the Council of Governors.
- Attendance with the Director of Finance at NHS Hull Annual General Meeting (AGM)
- Meetings with stakeholders including Councillor Gwen Lunn and Julia Weldon, Director of Public Health.
- Holding a meeting with Paul Spence, Chief Executive of Brain Recovery. Further links with this charity are being explored by the Chief Operating Officer.
- Meetings with both public and staff Governors were held. Staff Governors are involved with the organisational development work led by the Organisational Development Manager.
- Visits to Mill View and presentation of certificates to children who have successfully completed a stammer course through the Speech and Language Team.
- Quarterly staff awards event held for long service, retirees and employees of the month.
- Attended the launch of the Social Values report which was a well attended event. Well done to Dr Byrne and his team!

Resolved: The verbal update was noted.

128/19 **Chief Executive's Report**

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

Future Focussed Finance Level 1 Award – The Finance team have been accredited for the Future Focussed Finance Level 1 Award for quality financial services. Congratulations to the team. Mr Beckwith reported that this is a self assessment approach and the team is the only NHS Trust in the Humber Coast and Vale area to receive this accreditation.

Health Education England Annual Awards – the Chief Executive was asked to be a judge for the Health Education England Annual Awards. There were a number of applications and it was an honour to be asked to be involved.

NHS Improvement (NHSI) Films
The NHSI films that our patient and careers took part in have been published in draft form. They feature really interesting and excellent work from Mandy Dawley, Head of Patient and Carer Experience & Engagement and the team. These videos will be shared with the Board when fully approved by NHSI. The videos will then be distributed to all NHS organisations by NHSI/E

NHS Graduate Trainees Application - Humber has been successful in our application for NHS graduates trainees. The Trust has been awarded a Graduate Management trainee starting from September 2019 and they will be with us for up to 2 years (working in STP office and Humber ops). Thank you to the Transformation Programme Director for leading this. Professor Cooke was pleased to see this achievement which is good for the organisation.

Hull Health and Wellbeing Board – The Chief Executive has been asked to represent the Hull and East Riding providers on Hull's Health and Well-being Board. A positive step for providers and developing services together,

NHS England Ratings - NHS Hull Clinical Commissioning Group (CCG) has maintained its outstanding status, whilst East Riding CCG has maintained it's good rating.

Car Parking – Charges for car parking come into force on the Trust Headquarters site on 1 August.

Flu Campaign – the flu situation in Australia's is being monitored as cases are being seen earlier in the season and increasing numbers. Across the patch figures have not improved and a whole system approach is needed for this year's campaign.

Community Rehabilitation and Recovery Service - Professor Cooke referred to the update provided on the community rehabilitation and recovery service asking how we get more from the well defined things that are being done to maximise the benefit for service users and the community. Mrs Parkinson, Chief Operating Officer, explained that it starts with the specific changes to the rehabilitation pathway in mental health services at which time the Trust will be in a position to start repatriating some of the out of area service users in long term placements. The intensive community element of this is being considered, but will include peer support workers, volunteers and how they connect with social prescribing, health trainers and the whole physical health agenda. A workshop is taking place shortly to help shape this work. Professor Cooke noted the importance of metrics and measures to aid intensive treatment and offered his support, if required to help take this forward.

Mr Patton asked what the arrangements are between 8pm and 8am for the service. Mrs Parkinson explained that usual out of hours processes would be followed. For any individuals requiring regular out of hours support an assessment and review of their care plan would be undertaken to identify appropriate assistance which would then be put in place.

Student Nurse Placements - The successful bid for student nurses was noted. Mrs Gledhill,

Director of Nursing, reported that 33 nurses for this area had been secured. The Trust's complement will be working across the organisation including within the Nursing Directorate.

Proud Update – Professor Cooke noted the finalisation of the three cohorts and asked how staff who were not involved in these cohorts would be able to access the course in the future as he estimated there were approx. 200 staff leaders who perhaps would benefit from attending. Mr McGowan, Director of Workforce & Organisational Development, agreed that these staff needed to be given the opportunity to participate. He explained that until March 2020 there is unlimited support from the Institute of Organisational development, but a solution will need to be identified after that time to continue the programme.

Brexit – Mr Baren asked if there was any update on progress. The Chief Executive said that from a Sustainable Transformation Partnership (STP) perspective, feedback from each organisation is being received. The Director of Finance, Mr Beckwith reported that work is ongoing in the background. Concern is mostly around the M62/M18 traffic flow if there are any issues with the ports. Operation Wellington has been running and an action plan in production which will go through the Executive Management Team (EMT). Any further update will be included in the August Board pack that will be circulated in the absence of a meeting.

Medical Conference – Mr Patton asked how planning is progressing. Dr Byrne explained that discussions are continuing, but he was hopeful that the Trust would be able to host the conference at which between 50 & 70 GPs could attend.

Mr Smith asked if GPs were able to work in specialist areas. Dr Byrne confirmed they can if they have an area of interest for example mental health, but did not want this to be their only area of work.

Resolved: The report and verbal updates were noted.

129/19 **Publications and Highlights Report**

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

Professor Cooke referred to the Long Term Plan Implementation Framework publication explaining that this could help discussions at a future Board Development session around the STP context. Mr Beckwith explained that the Long Term Plan fits in with the work that the Strategy Manager has presented at the Leadership Forum. Sessions have been arranged over the next few weeks which any Board member is welcome to attend. A draft is planned to the Board in September and the final document at the October Board.

The Chief Executive commented that the Long Term Plan is not changing. There is a plethora of implementations of the plan and two pieces of work internally and from a provider view for mental health are being progressed through the operations business plan. The STP Mental Health Partnership is also looking at this and a paper will be submitted to a future Partnership Board meeting. A series of nine webinars for provider Chief Executives and leaders have also been arranged in the coming weeks.

The NHS Patient Safety Strategy publication was another area of particular interest in the report. Mrs Gledhill, Director of Nursing, reported that the Trust's strategy is on the agenda for today's meeting and has been aligned to the national strategy. The Trust's strategy meets the requirements of the national strategy and has been produced with user and carer involvement. It will also be discussed at the Quality Committee at the next meeting.
Mrs Hughes, Interim Head of Corporate Affairs informed the Board that the first World Patient Safety Day is taking place on 17 September and the Communications Team is working with the Nursing Directorate to take this forward.

Resolved: The report and verbal updates were noted

130/19 **Performance Report**

Mr Beckwith presented the report which informed the Trust Board of the current levels of performance as at the end of June 2019. He explained that the majority of indicators are within normal variation except for waiting times. The Trust is currently segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Mr Smith referred to the Learning from Mortality reviews data noting an increase in Scarborough and Ryedale figures. He also felt that the bar graph on the outcome of death reviews was not clear and the blank graph for Learning Disability death reviews was not helpful. Neither of which gave sufficient assurance to him. Dr Byrne will review the graphs outside of the meeting. He explained that there is a time delay with some of the data which comes from the national leader programme and this is outside the Trust's control. In terms of the increase in mortality figures for Scarborough and Ryedale, he explained that in community services it is not uncommon to have a high number, however reporting of unexpected and expected deaths is now taking place. Previously reporting of expected deaths was not done which will account for some increase in the figures. He assured Mr Smith that each incident is discussed through the daily huddle group and by the Clinical Risk Management Group. A level of assumption is made going back to last year's data to give assurance that there has not been a real rise in numbers. However Dr Byrne assured the Board that every death is reviewed in detail and a report produced. Mr Smith said the explanation provided gave him the assurance he required. Dr Byrne suggested that for the next meeting he provide an update on the validity of assumptions made to provider further assurance.

The Chair asked if a zero could be included in the mortality data rather than leaving it blank as it is a public document.

Professor Cooke asked about the trajectory for waiting times with the additional funding. Mrs Parkinson explained that for Children's, core Child and Adolescent Mental Health Services (CAMHS), Attention Deficit Hyperactivity Disorder (ADHD) and Autism and update will be provided in the report the Board requested for the September meeting. The Chief Executive asked that the report clarifies which is core CAMHS and which is ADHD. She also suggested that complaints about the service and recruitment on additional staff be included. It will also include any interventions to reduce the waiting times. The Trust is working hard with commissioners to progress this matter and some new initiatives are coming into place over the summer. The Chief Executive explained that positive discussions with all commissioners especially in Hull are working together and a piece of work is being undertaken which will be completed by the end of summer and will involve non statutory and voluntary sectors.

From a STP Mental Health Partnership perspective, the Chief Executive of Care Plus has been asked to chair a group looking at Autism and ADHD across the Humber Coast and Vale area to see what can be done across the system.

Mr Patton noted the change with community paediatricians no longer doing assessments and asked if this was done elsewhere. Mrs Parkinson confirmed it was and was seen as positive best practice which the Trust had followed.

Mr Smith referred to Care Programme Approach (CPA) Seven Day Follow Ups congratulation the team on having no breaches in June. He noted that follow ups were done within three days of discharge asking if there was a target for this and if so whether it was being achieved. He was informed that the national target is seven days, but the Trust had adopted a three day approach which is not mandated, but is good practice. Mr Smith said that whilst visiting Mill View he saw there was acceptance of the three day target, but that the reasons for doing so were not particularly communicated and he felt this would be useful for staff.

Clinical supervision per hour per day was included on the dashboard and Mr Baren asked if it

was possible to add a tick or a cross to show whether this was within or outwith of expectations. He also noted that Ouse Ward was an outlier in a few areas and that clinical supervision for Malton was low compliance. Mrs Gledhill said she would discuss with the performance team what could be done around the dashboard. In terms of Ouse Ward a Band 7 nurse, two Band 6 nurses and a Band 5 nurse have been recruited and agency staff have been secured. Clinical supervision at the end of June was 88%. The Chief Executive was pleased to hear the update on recruitment. She recognised that sickness levels continue to be a concern and suggested that other teams who have similar staffing issues, but are still maintaining a reasonable sickness level be contacted to see if there is any best practice that can be shared with the Ouse team. She suggested that the leadership be looked at by the service managers.

In terms of Malton, Mrs Gledhill explained that there is a new manager and a clinical supervision structure is now in place so improvement should be seen.

The Chair commented that occupancy rates are low at Townend Court, but this is not reflected in the staffing. The hours per patient suggested that a high level of supervision is required.

Resolved: The report and verbal updates were noted
Dr Byrne to provide an update on the validity of assumptions made to provider further assurance. **Action JB**
The addition of thresholds to show whether this was within or outwith of expectations within the care hours per patient day indicator to be explored **Action HG**
A zero to be included in the mortality data rather than leaving it blank in future reports **Action JB**

131/19 **Finance Report**

The report covered the financial position for the Trust as at the 30th June 2019 (Month 3) and provided assurance regarding financial performance, key financial targets and objectives. Of particular note were:

- An operational deficit position of £0.089m was recorded to the 30th June 2019.
- Expenditure for clinical and corporate services was lower than budget
- A Budget Reduction Strategy (BRS) Provision of £1.100m has been included in the reported position.
- The cash balance at the end of June 2019 was £12.054m and included £0.763m of Local Health Care Record Exemplar (LHCRE) and £1.644m of Child and Adolescent Mental Health Services (CAMHS) capital funding.
- Capital Spend as at the end of June was £3.551m.
- Agency expenditure to date remains within the Trust's Agency Ceiling

Professor Cooke noted the reduction in specialist income. He was informed this was due predominantly to the package of care provided for a patient in the Humber Centre. This was discussed at the Finance Committee and Mrs Parkinson provided a verbal update to the Board. She explained that work is taking place with commissioners regarding a package of care for an individual.

The Chair referred to table 1 in the report asking if the Trust income should be red as it was slightly below plan. Mr Beckwith confirmed this was correct. The Chair asked for some additional narrative to be included on lines where there had been significant movement

Resolved: The report was noted.
Additional narrative to be included on lines where there had been significant movement **Action PBec**

132/19 **Finance and Investment Committee Assurance Report**

Mr Patton presented an executive summary of discussions held at the meeting on 24 July

2019.

Mr Patton reported there had been a long discussion about primary care and its continued overspend position. A recovery plan will be submitted to the August meeting.

Positive achievement against the Better Payment Code of Practice was also noted. The Committee received the refreshed Digital Plan which was good, but it was felt that more work was needed to demonstrate other work that is being done.

The Capital Estates Strategy update was presented. Discussion around gaps in control and assurance took place when the Board Assurance Framework was presented and comments made will be taken forward.

A discussion around vacancies from a financial perspective took place including what the cost would be if all posts were filled up to the vacancy factor and if there were no sickness. The results of this work will be reported into the Workforce and Organisational Development Committee.

Mr Smith commented that financially driven models would go through this Committee and asked where non financial quality impacts were discussed. It was confirmed that these would go through the Quality Committee.

Resolved: The report and verbal updates were noted.

133/19 **Workforce and Organisational Development Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 24th July 2019 and a summary of key points for the Board to note including:-

Mr Patton reported that a good discussion was held around vacancies and whether the Trust was recruiting at the right levels. A new exit questionnaire and process is in place, but it was felt that incentives offered by other organisations was one of the key reasons for people leaving.

The Committee reviewed the Framework of Quality Assurance for responsible Officers and Revalidation Annex D, Annual Report and Statement of Compliance and recommended sign off by the Chief Executive.

The Committee supported and signed off the Professional strategy noting the need to expand this to other disciplines and also reviewed the Safer Staffing Report

Professor Cooke said there were good discussions at the meeting and that the insight report is evolving. Sickness has remained around the same levels for some months and discussions were held on what new actions could be done to improve this and what opportunities could be realised with a reduction.

Resolved: The report was noted.

134/19 **Charitable Funds Committee Assurance Report and 14 May 2019 Minutes**

The report included details of the meeting held on 10 July 2019 and the minutes of 14 May provided for information.

Ms Bee reported that the Pennies from Heaven scheme has been relaunched. At the next Board meeting a paper of the movement of restricted funds and legal documentation will be provided.

The Chair informed the Board that Professor Cooke will be taking over the chairing of the meeting.

Resolved: The report and minutes were noted.

135/19 **Research & Development Report**

The Assistant Director of Research & Development, Ms Hart, presented the report which provided the Board with 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 reported that the Trust is exceeding its annual target for National Institute of Health Research (NIHR) portfolio studies and for quarter 1 was the highest recruiter of 22 trusts in Yorkshire and Humber for Dementia research and fifth for overall research. The third annual conference was held which was a success.

Wendy Mitchell, Trust Patient Research Ambassador received honorary doctorates from the University of Hull and University of Bradford.

Mr Baren noted the work taking place with MAC Clinical Research Ltd. Ms Hart explained that they are a reputable and ethical research organisation who work with many other organisations. Any costs incurred for the Market Weighton studies will be reimbursed. This study gives people an opportunity to get involved in new treatment studies for conditions such as diabetes, dementia and menopause which are registered with the MHRA.

Board members supported the use of the infograms. Professor Cooke suggested that including how many staff were involved in research would be helpful. He asked if there are any opportunities around the Integrated Care Services (ICS)/Integrated Care Partnership (ICS). The Chief Executive chairs the Clinical Research Network (CRN) and there are links with the Academic Health Science Network (AHSN), however stronger alliances are needed to allow to improve this position. It is hoped this can be done through an Innovation Hub which will include quality improvement and other things. The Chief Executive thanked Ms Hart for all that she does to promote and support research.

Ms Bee suggested that there may be opportunities through Charitable Funds for work to support quality. Ms Hart will keep this in mind as all research income comes from the CRN to support NIHR studies. Staff are able to apply for research funding and the team works with them to pursue the opportunities.

Resolved: The report was noted

136/19 **Safer Staffing 6 Monthly Report**

The report outlined the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards' reporting requirements which states the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. Mrs Gledhill informed the Board that the report has also been presented to the Workforce and Organisational Development Committee.

Of particular note was the benchmarking data which shows a positive picture for the Trust in relation to Care Hours per Patient Day where overall the Trust is above the regional and national average.

The report will be discussed at the Quality Committee. Professor Cooke felt that the Deputy Director involvement meant there was real ward to Board connections and he looked forward to the development of the report going forward. He felt there are some issues and opportunities to engage ward and team leaders in this work. Mrs Gledhill explained that the dashboard is discussed at the regular band 7 meeting, herself and Mrs Parkinson hold which is also an opportunity to share good practice.

Mr Smith was pleased to see that Section 17 leave being included in the report. He asked if this detail could go into the Mental Health Legislation quarterly report.

Resolved: The report was noted

137/19 **Patient Safety Strategy**

The Patient Safety Strategy has been developed through extensive consultation across the organisation and as a result has been through a number of iterations.

Six priorities have been identified aligned to the overall Trust strategy which also align with the national patient safety strategy in order to deliver the key aspects of the national strategy – insight, involvement and improvement.

The strategy has been to the Quality and Patient Safety Group and also an initial draft to the Quality Committee. It is planned to use 17 September World Patient Safety Day to launch the strategy.

The strategy does not change culture within the organisation; education and training events are planned to help take it forward to maximise patient safety in the Trust and also help to change the culture.

Professor Cooke said the Quality Committee commended the approach and felt it was a good opportunity to raise awareness.

It was suggested that in the introduction a point be included to reflect that the Trust is a high reporting no harm organisation. It was agreed to add this into the document.

Ms Bee commented that individuals may not feel safe in an environment intended to keep them safe and it may be necessary to allow them to take their own risks to keep everyone safe. In asking people if they feel safe in their environment there will be different responses. If patients are asked about quality again different responses may be received. Mrs Gledhill said that the National Patient Safety Strategy mentions this point for partners and carers and a key role is a job description which is seen as a formal way of taking it forward. She recognised that the Trust does need to consider this and there will be some challenges in rolling it out. Staff champions will be identified who can help educate and advise colleagues.

Dr Byrne drew the Board's attention to point 5 of the key issues on the front sheet *(Deference to expertise: under-standing where the expertise is in the organisation and ensuring that decisions about how to deal with problems are made by those experts)* suggesting this could be a subject for a Board Development session as something that can be developed as a Board and organisation an understanding of this and ask is this way we do things on a day to day basis and allowing changes to be made and take the principles to places where higher levels of engagement are seen as a result.

The Chair highlighted an omission of wording on page 6 which will be amended. The Chief Executive thanked Mrs Gledhill and her team for producing the document.

Resolved: Subject to correction of the error identified and inclusion of the point around high reporting no harm, the Board approved the Strategy.

138/19 **Equality, Diversity and Inclusion Annual Report 2018/19**

The report reflected on Equality, Diversity and Inclusion (EDI) advances and accomplishments in relation to both patients/service users/carers and staff for the period 2018/19. In addition, the report is fundamental in order to foster positive relationships and enhance the provision and delivery of the Equality, Diversity and Inclusion agenda for all staff, service users and patients, particularly those identifying as having a protected characteristic.

The report defined how the Trust engages with and responds to patients/service users/carers as well as staff in order to shape the EDI agenda, as well as ensuring the strategy is designed to support the delivery of the Trust vision and values. The strategy places emphasis on the Patient and Carer Experience Strategy 2018/2023 and how this acts as a framework to shape the EDI agenda for patients and carers, using this as a platform to develop meaningful and reasonable objectives for the coming year.

Mr Duncan, Equality and Diversity lead attended for this item. He was asked by Professor Cooke what his view, as a newer member of staff was of the organisation in regards to equality and diversity and in particular sector rates for ethnicity. Mr Duncan said there are both advantages and disadvantages to being a new member of staff. It was helpful for him to use the report to gain a view of what has happened with the Trust over the last year. He explained that for instance in terms of disability only 4% of staff declared that they have a disability whereas the staff survey quotes 21%. Apart from correlating the figures he would like to balance and influence staff to encourage them to identify any disability to ensure appropriate adjustments are being made.

Mr Smith commented that the LGBT sample numbers were very low. For example 31% of LGBT staff don't feel that the organisation takes positive action on health and well-being. He felt that if one responder felt no positive action was taken then they probably felt it was not worth reporting.

Mr Duncan said all of these areas will be picked up in an action plan. Discussions have taken place in the Workforce Committee and an EDI workforce group has been established that will have representation from care groups and champions who will work across the organisation. Stonewall is an LGBT charity which the Trust has signed up to. It is proven that the LGBT community are disadvantaged with health care.

Dr Byrne referred to the nine protected characteristics and what this means in terms of ethnic minorities. In the last 18 months two reports have been presented to the Mental Health Legislation Committee looking at this data. There is positive assurance and monitoring in terms of mental health and minority groups.

It was commented that the Board is predominantly white British. Mr McGowan assured the Board that in the last Board recruitment process all attempts were made to encourage people from an ethnicity group to apply if they met the criteria. Methods to advertise the post that have not been used before were pursued.

Mr Baren referred to the Inclusive Trust Activities Poster suggesting that the addition of "being a Governor" would add to it.

The Chair clarified if anything would be coming to the Board in relation to section 4.3 WDES. It was confirmed this would go to the Workforce Committee and then to Board and was a new reporting area.

It was noted that under 7.3 reference was made to an attached report which was not provided.

Resolved: The Annual Report was approved subject to the changes identified in relation to addition of being a Governor and section 7.3

139/19 **Board Assurance Framework**

The report provides the Board with the Quarter 1 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. Changes made since quarter four were highlighted in the report.

The Chair noted that strategic goal 1 did not make reference to quality improvement and asked if this should be included. Dr Byrne said it is worth keeping in mind for the future.

Mr Baren commented on the three red risks linked to Child and Adolescent Mental Health Services (CAMHS) in strategic goal 3. Mr Sims explained that these are included in the Trust wide Risk Register and further consideration can be given to where they sit within this document. Executive Management Team (EMT) will review again when the document is discussed . The CAMHS project risk register is also being discussed at the next Audit Committee meeting.

The Chair asked why the gaps in control referred to East Riding rather than being both East Riding and Hull. The Chief Executive confirmed it is a gap, but there is a differing level of information available, but some level of detail from Hull.

Introduction of a yellow assurance rating has been made for strategic goal 4 as it was felt that some scoring mechanism was needed for between amber and green.

Mr Baren referred to the risks associated with the "Build state of the art care facilities" objective in strategic goal 5. He suggested EMT may want to review the rating given as the project nears finalisation.

In terms of strategic goal 6, the Chief Executive felt it was difficult to know where the assurance comes from for these objectives and how it can be demonstrated. Work is ongoing but it is how this is promoted and embedded within the organisation.

Resolved:
EMT to review the risks associated with the new build in strategic goal 5 **Action MM**

140/19 **Risk Register**

The report provided the Board with an update of Trust-wide risk register 15+ risks and detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks). There are currently 11 risks held on the Trust-wide Risk Register an increase from 5 in the previous quarter. Details of the changes in risks were included in the report.

Resolved: The report was noted

141/19 **Council of Governors Meeting Minutes 9 April 2019**

The minutes of the meeting held on 9 April were presented for information.

Resolved: The minutes were noted

142/19 **Any Other Business**

Banners

The Chief Executive informed the Board that banners advertising our Care Quality Commission rating are being displayed around Trust sites.

143/19 **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.

144/19 **Date and Time of Next Meeting**

Wednesday 25 September, 9.30am venue to be confirmed

Signed …… Date …….
Chair

Agenda Item 4

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from July 2019 Board meeting and update report on earlier actions due for delivery in September 2019 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
31.7.19	130/19	Performance Report	Dr Byrne to provide an update on the validity of assumptions made to provider further assurance.	Medical Director	September 2019	Post Meeting Note circulated 13.9.19
31.7.19	130/19	Performance Report	The addition of thresholds to show whether this was within or outwith of expectations within the care hours per patient day indicator to be explored	Director of Nursing	September 2019	Completed
31.7.19	130/19	Performance Report	A zero to be included in the mortality data rather than leaving it blank in future reports	Medical Director	September 2019	Completed
31.7.19	131/19	Finance Report	Additional narrative to be included on lines where there had been significant movement	Director of Finance	September 2019	Report updated
31.7.19	139/19	Board Assurance Framework	EMT to review the risks associated with the new build in strategic goal 5.	Chief Executive	August 2019	Reviewed and 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**
31.10.18	203/18(a)	East Riding Adult	Updates on progress to be	Chief Operating	February 2019	Sept 2019 – Item on the

		Mental Health and Dementia Strategy 2018-23	submitted to the Quality Committee and Executive Management Team meetings	Officer		agenda for the next meeting
26.6.19	114/19	Publications and Highlights Report	A Board briefing will be prepared on the Review of the Code of Conduct	Medical Director	September 2019	This was discussed in the Mental Health Legislation Committee (MHLC) and will be referenced in the MHLC assurance report.
26.6.19	115/19	Performance Report	A detailed report on the waiting lists to be available for the September Board meeting	Chief Operating Officer	September 2019	Item on the agenda

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

Agenda Item: 5

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Patient Story – Co-Production in the Development of the Peer Support Worker Role
Author:	Name: Derek Raitt Title: Co-Production of the Peer Support Worker Role Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement
Recommendation:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	To inform Board members of the progress to date in the development of Peer Support Worker roles.
Key Issues within the report:	The key messages of the story are: • To highlight the progress of the Peer Support Worker role • The value of Service User co-production in the development of the Peer Support Worker role

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	

Co-Production as Standard in the Development of the Peer Support Worker Role

1. **Introduction**
   The purpose of this update is to inform Board members of the progress to date in the development of Peer Support Worker roles paying particular attention to co-production.

2. **Attendance at the Board meeting**
   In attendance will be Gavin Hamilton (Journey Group member), Ian Graves (Journey Group member), and Derek Raitt (Professional Lead for Occupational Therapy).

   Derek, Gavin and Ian will present the background work in developing the Peer Support Worker Role, including why the role was identified, how co-production has been fundamental in its development to date, why this is important in terms of the role succeeding within the health and social care workforce, and identified plans for recruitment and ongoing support. This will be followed by a question and answer session with Derek, Gavin and Ian.

3. **Key Messages**
   Derek, Gavin and Ian would like to provide the following messages to the Board:

- To highlight the progress and importance of the Peer Support Worker role.
- To demonstrate the value of Service User involvement in co-production within the organisation, with reference to the development of the Peer Support Worker role.

Agenda Item: 7

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 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 have undertaken several clinical visits this month across a broad spectrum of services, it is great to go and work in practice and understand the challenges our staff face. Thanks go to all the staff who I have worked with during the month.

1.2 Charging Regulations for the NHS

There is a legal obligation on NHS Trusts to establish whether a person receiving care and treatment in our services is an overseas visitor to whom charges apply, by virtue of the Charging Regulations for the NHS. In order to comply with our legal duty, the Trust has developed an Overseas Visitor Charges Regulations Policy for which the Chief Operating Officer is the Executive Lead. It is important to note that where in the view of the attending clinician, a patient requires immediately necessary or urgent treatment, that treatment will be provided regardless of the ability of the patient to pay.

Consultation has been carried out on our policy and approved by EMT and is presented for ratification later on the agenda. It has been agreed that the policy will be piloted in East Hull CMHT.

1.3 External Governance Review

NHSI guidance 'developmental reviews of leadership and governance using the well-led framework' says Trusts should carry out an external review of their governance every 3 years on a 'comply or explain' basis. An external governance review was commissioned in late 2016 with the final report received in May 2017. The action plan to address the recommendations was delivered on time and confirmed to the Board in September 2017.

A number of improvements have been introduced and embedded since that time including;

- The Trust Board reviewed its effectiveness for 2017/18 at its Board development and timeout sessions in March and June 2018.
- In May 2019 a review of committee effectiveness for 2018/19 was reported to the Board which provided assurance that the work of its sub-committees were effective and the committees well managed and working to their terms of reference.
- In January and February 2019 a CQC well led inspection was undertaken and the Trust was rated 'Good'. The recommendations arising from the report are being addressed.

Given the internal and external reviews - most importantly the full well led inspection undertaken by the CQC and the rating of Good, it is proposed to postpone an external governance review on an 'explain' basis. The guidance states *'In keeping with the Single Oversight Framework we use to identify the level of support providers need, we are providing extra flexibility based on individual circumstances. This means we can agree longer timeframes for review (up to a maximum of five years) where risks seem lower…'*

Given the improvements that have been embedded since the external review in 2017 and the CQC review in 2019 where the Trust was rated Good, an external governance review will be commissioned and undertaken within a five year period.

1.4 Occupational Health

Congratulations go to the occupational health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation. This accreditation demonstrates good

practice across all areas of occupational health very well done. More detail is contained in the Director of Workforce update.

1.5 Research

At the end of Aug 2019 the Trust had recruited over 800 people into National Institute for Health Research (NIHR) Portfolio studies, already exceeding our annual target of 660. Humber is currently the highest recruiting of the 22 trusts in Yorkshire and Humber for dementia research, fifth for research overall and top across the seven mental health/community trusts. The research team have linked in with a community group aiming to make Market Weighton a 'Dementia Friendly' town, including promoting dementia research opportunities and the national 'Join Dementia Research' register. Two of the community members leading on this are people that have participated in research with us and, partly as a result of that involvement, decided they would like to do more in their community to help improve the lives of others living with dementia. The next 'Living with dementia' Recovery and Wellbeing College workshop, facilitated by Wendy Mitchell and Cathryn Hart, will take place in Market Weighton on 22 November to tie in with this initiative.

1.6 Mental Health – Provider Collaborative

Following on from the national New Models of Care programme, provider collaboratives for mental health are being established across the country. Provider collaboratives are expected to assume full responsibility for the budget for their population for a range of specialised mental health services along with the freedom to innovate and develop new services, in line with national and local plans. The services currently in scope include adult secure services, child and adolescent mental health services and adult eating disorders specialist services. Provider collaborative will assume much of the responsibility for some critical commissioning functions including contract management, quality assurance and workforce planning.

Following discussions through the Mental Health Partnership Board, it has been agreed that Humber Teaching NHS Foundation Trust will act as the lead provider for a proposed provider collaborative across Humber, Coast and Vale. Each partner has been asked to identify a lead representative to work with the partnership team to develop the application process and business case. A senior clinician and senior manager will need to be identified from the partnership to take this significant programme of change management forward. The first shadow provider collaborative board meeting will take place late September who will oversee the next stages of this development.

1.7 Mental Health – Children and Young Peoples' Pilot

The Partnership has been successful in its application to become a pilot site for a new approach to commissioning mental health services for children and young people that it is hoped will enable partners to deliver more integrated services for our local populations. The current legal jurisdictions of CCGs, Local Authorities and NHS England place restrictions on moving resources/budgets around different parts of the health and care system, which can be a barrier to implementing joined up care for our local populations.

Through the Mental Health Partnership Board, partner organisations will pilot a whole pathway approach to commissioning children and young peoples' mental health services across the Humber, Coast and Vale region. The pilot will test integrated mental health commissioning for children and young people, overseeing a single pathway and total children and young peoples' mental health budget to enable us to provide better, more joined up care

1.8 Health Service Journal Awards

I am delighted to confirm that we have been shortlisted for Four HSJ awards:

- Mental Health Provider of the Year
- Acute Sector Innovation of the Year: Frequent Attenders Service Hull
- Connecting Services and Information Award: Frequent Attenders Service, Hull
- Patient Safety Award: Frequent Attenders Service Hull

Also Humber, Coast and Vale Mental Health Partnership have also been nominated for Humber Coast System Leadership Initiative of the Year, in which the Trust plays a large part.

2. Around the Region

2.1 Clinical Commissioning Groups (CCGs)

Each of three North Yorkshire Clinical Commissioning Groups' (CCGs) Governing Bodies agreed to implement a single management team across the organisations. The CCG has been led by a single Accountable Officer since December 2018 and now have a full leadership team in place operating across the three CCGs. A merger is the natural next step to help them collectively achieve the benefits of a single, aligned, strategic organisation, consistent with the national aspirations for CCGs as described in the NHS Long Term Plan.

In May the proposed merger was announced of the three North Yorkshire CCGs (NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG). Since that time further developing of the proposal with communities, members, staff and wider partners has taken place. The aim is to submit a formal merger application to NHS England/Improvement by 30 September and, if accepted, to begin operating as the North Yorkshire Clinical Commissioning Group from 1 April 2020.

3 National News

3.1 NHS Provider Regulation Review

Key points of the recent NHS Provider Regulation Review published this month included:-

- The results of this year's survey reflect the fact that the sector is in a period of transition as new regulatory and oversight frameworks are developed which support system working, and as NHS England and NHS Improvement align their activities.
- Trust leaders are optimistic that the new national structure will be more efficient and better placed to support system leadership through providing a more joined up perspective. However, the findings indicate that, under the new joint working arrangements with NHS Improvement, there will be a need for NHS England to rapidly develop and demonstrate its understanding of the provider sector. Trust leaders also see opportunity for the national NHS leadership to use this juncture to reset the culture towards one of improvement support and to focus on shared culture, values and behaviours.
- It is encouraging that most trusts reported a sense of stability in the level of regulatory burden over the last 12 months. This is in contrast to each of the previous four years in which we have run this annual survey when the majority of trusts have said that the burden had increased. There has also been an improvement in the proportion of trusts who agree that reporting requirements are proportionate to the level of risk they manage.
- However, trust leaders' experiences of the regulatory framework reflect a mixed picture. While there are promising indications of improvement in some areas, in other respects providers' experiences have worsened over the last year. This year, fewer respondents said that the overall regulatory framework of the NHS is working well than in previous years, and there has been no increase in the proportion of trusts who believe the regulatory framework offers value for money.
- Trusts continue to feel the tension between the current institutionally-focused regulatory model and policy ambitions to develop methods of oversight for local systems. They feel that the move to greater system working and system-level oversight risks blurring existing lines of accountability and placing additional regulatory burden on providers.
- Nonetheless, trust leaders are optimistic that it is possible to develop new models of oversight to hold systems to account for the collective performance of their component organisations. However, respondents also pointed out that without legislative change, systems will remain fundamentally voluntary arrangements and questions will persist as to how whole systems can be held accountable.
- Trusts continue to tell us that NHS Improvement's approach is generally one of performance management rather than of support, despite the national focus on becoming an improvement support agency

- Trusts that took part in Care Quality Commission (CQC) local system reviews found them valuable. However, trusts' hopes for CQC's revised regulatory approach for organisations have not yet been realised

3.2 NHS Oversight Framework for 2019/20

NHS England and NHS Improvement (NHSE/I) have published the new NHS Oversight Framework for 2019/20. It outlines the joint approach the two organisations will take to oversee organisational performance and identify where providers and commissioners may need support. The NHS Oversight Framework has replaced the NHS single oversight framework (SOF) for providers and improvement and assessment framework (IAF) for clinical commissioning groups (CCGs).

Alongside the NHS Oversight Framework NHSE/I have published a document outlining the provider oversight approach in detail and a document setting out the metrics used to monitor and assess provider performance.

Key points

- NHSE/I are aligning their operating models to support system working. 2019/20 will be a transitional year, with NHSE/I regional teams coming together to support local systems. The existing statutory roles and responsibilities of NHSE/1 in relation to providers and commissioners remain unchanged. However these roles and responsibilities will be carried out by working with and through system leaders where possible.
- Four metrics have been added to the set used to identify issues at providers. These are based on the annual NHS Staff Survey and cover bullying and harassment, teamwork and inclusivity. This aspect will be developed over the course of 2019/20, and will include exploring metrics beyond the staff survey. Those organisations that most need it will begin to receive support via NHSE/I's culture and leadership programme.
- Regional directors (RDs) and their teams will lead on system oversight, working closely with organisations and systems and drawing on the expertise and advice of national colleagues.
- In line with the move to greater autonomy for better performing local systems, oversight arrangements will reflect both the performance and relative maturity of ICSs. In 2019/20 it will be for regional teams to determine the level of oversight that best meets their assurance needs.
- The specific dataset for 2019/20 set out in the Oversight Framework broadly reflects existing provider and commissioner oversight and assessment priorities. They are split by their alignment to priority areas in the NHS long term plan. Where appropriate these will be aggregated across system level and are likely to be complemented by purpose-built system metrics.
- Regional teams will use data from these metrics as well as local information and insight to identify where commissioners and providers may need support.
- From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Humber Traumatic Stress Service (HTSS)

HTSS is a well-established specialist team that forms part of the wider Complex Interventions Service (CIS), along with the Personality Disorder Service and Specialist Psychotherapy Service (SPS).

The service comprises of Clinical Psychologists, an Advanced Occupational therapist, and an

administrator. It provides a service to adults aged 18 upwards experiencing Post Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD). The PTSD presentation is usually chronic and as a result of multiple traumas. In Hull the service is provided to adults 18 upwards who are registered with a Hull GP. In East Riding the service is provided to military veterans only who are registered with an East Riding GP and presenting with service related PTSD symptoms.

The service offers:

- Individual therapy using NICE recommended treatments such as Cognitive Behaviour Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR) therapy, Compassion Focused therapy, psychotherapy and occupational therapy

- Group treatment, focusing on resilience, stabilisation, compassion focused techniques, and yoga

- Consultation to teams to support /provide advice in working with traumatised clients

The plan is to widen the scope of the service:

- To offer training / workshops to the wider Trust on topics such as: What is PTSD? / Stabilisation and Grounding techniques / Compassion Fatigue which we will facilitate staff in feeling more confident and skilled working with clients who have experienced trauma.

- To develop a more holistic approach to working with trauma, which recognises the mind-body link demonstrated in recent research that has found yoga to be as effective as medication in managing trauma symptoms.

-To support staff, especially in the East Riding where access to PTSD treatment is limited due to commissioning, in accessing treatment, for example through identified staff being training in EMDR and supervised by a member of our team.

A significant number of clients accessing mental health services have experienced trauma of some kind during their lifetime, and this service has an important role to play in supporting staff with this.

4.1.2 Multi-Agency Public Protection Arrangements (MAPPA) – Update
Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

Duty to Co-operate agencies (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

There are also a number of system meetings related to the MAPP arrangements and Humber Teaching NHS Foundation Trust is represented at the MAPPA Strategic Management Board (SMB) by the Chief Operating Officer. The Associate Director of Psychology provides senior practitioner representation at relevant panel meetings and other system meetings are attended by personnel at a suitably qualified level in the organisation.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

Recent Work:

National MAPPA guidance has been refined again very recently and this means that our protocol will need to be updated with the minor changes. This is in progress. The protocol was completely revised last year to make it more user friendly and ensure that all of the paperwork related to MAPPA referral and monitoring of offenders was easily available to our staff.

There have been recent new directives regarding the storage of information re MAPPA offenders and these have been shared across the organisation to ensure that we are meeting information governance standards. A particular concern was the electronic storage of clinical minutes since they contain so much third party and sensitive information. These are now marked with a line recommended by information governance colleagues explaining the need for redaction of some information in the light of a subject access request.

Clinical staff continue to attend MAPPA level 2 and 3 meetings as required. There are a small number of cases managed at level 3 which sometimes require the support of senior operational managers as they require the commitment of significant resources. These cases may also attract media interest. Everyone at the meetings needs to be at the level of authority to commit resources on the day, rather than checking later, so it is better if the operational manager or the Single Point of Access for the service area (SPOC) is in attendance with the member of staff holding the case.

On the issue of SPOCs, the ending of a recent secondment left a gap. This has opened up the opportunity to review the SPOCs for the different service areas. Operational managers are currently considering who is best placed to carry out this role but all tasks required have been adequately covered in the meantime.

To assist the new SPOCs in understanding the role a task and finish meeting will be set up. This will allow discussion of all of the MAPPA related tasks. Within this meeting it will also be possible to review attendance at all MAPPA related forums:

The Strategic Management Board (SMB) is a meeting of Executive level members from Duty to Cooperate agencies. Sometimes this is a development event and presentations are expected re updates from agencies on particular topics. Otherwise it reviews the statistics from the Performance and Quality Assurance meeting (PQA) and any updates to MAPPA guidance. It also addresses any non-attendance at MAPPA offender meetings from duty to cooperate organisations. It occurs 3 times a year.

PQA is the performance and quality assurance meeting and the forum for collating and discussing the statistics regarding compliance with MAPPA and reviewing cases which may require a Serious Case Review. It is held 3 times a year. There is also discussion of changes to policy and changes to processes in the wider system. This is a non-Exec meeting and can be attended by any of the SPOCs.

The Criminal Justice Board brings together senior leaders from across the Criminal Justice System. The Board promotes a joined-up collaborative approach driving forward work to address challenges facing the system, as well as maintaining oversight of the criminal justice process. The Board works to set cross-system priorities and ensure these are understood and implemented. This is an Exec level meeting. The Humberside Board meets three times a year.

There are several subgroups on topics such as reducing reoffending. These are for staff working in the field and their projects then report into the CJB. They might consider issues such as the link between mental health and offending and review services available in the local area and how local statistics benchmark on particular issues. There is a new review of the use of section 136.

It is essential that we inform MAPPA of any changes in our access pathways and help them to be knowledgeable how to refer offenders to our services. Keeping in touch with the MAPPA coordinator and developing this relationship means that we can also hear about any changes to processes and requirements from them. An example would be the recent improvements in telephone access for crisis and rapid response.

Response to National consultations- we need to ensure that we say something on issues which affect us as a service and respond to these as they arise. There is a current active consultation regarding how Level one cases are managed. A response has been made to this.

We are required to submit a couple of articles annually for the MAPPA annual report. These are generally good news stories about services recently developed or a successful case study. This year's article will be about the Forensic Outreach and Liaison (FoLS) service.

The staff training and basic MAPPA awareness programme has recently been refreshed so that we can train all staff who require it in the basics of the MAPPA process and introduce them to the people who they can link with for a more detailed knowledge as needed. Police colleagues delivered the training. A large number of staff went through it and the feedback was very good. This needs to be secured on an annual basis.

When the worst happens and an offender commits a serious further offence there is a Serious Case Review and we have one active at the moment. All agencies need to review their input with the individual.

The Information sharing agreement which supports this work needs to be reviewed and signed on an annual basis. It was recently reviewed and signed on behalf of the organisation.

Coordination is the key to successful delivery of our responsibilities to the MAPPA system and the Task and Finish group will ensure that although there is a Chair leading this, responsibilities are more widely shared than they have been recently.

4.2 Director of Nursing

4.2.1 Sexual Safety Update

The Sexual Safety Collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS Improvement (NHSI), in partnership with the Care Quality Commission (CQC), in response to a request made by the Secretary of State following the CQC report on Sexual Safety on Mental Health Wards. The collaborative aims to meet a number of objectives:

1. Produce a set of standards around sexual safety during the mental health and learning disability inpatient pathways (including a strategy to measure and support quality improvement)
2. Run a national quality improvement (QI) collaborative to support inpatient mental health teams in every mental health trust in England to use QI to improve sexual safety on their wards.
3. Produce a library of resources, building on best practice to support the work of mental health trusts to improve sexual safety.

The Trust submitted applications to join the collaborative. PICU and Avondale have been accepted on to the programme. Successful acceptance onto the programme provides the Trust with the opportunity to:

- Join a national quality improvement collaborative to improve sexual safety within inpatient mental health settings
- Attend a national learning session in London every 2 months
- Collect data within our participating unit/ward (using the measurement tools provided) to help us understand whether sexual safety is improving
- Test out changes within our participating unit/ward

We have submitted details of our project teams and how the initiative will be supported organisationally. The offer from the programme team has confirmed the following:

- Each ward will be allocated a Quality Improvement Coach who will support the ward throughout the programme, both face-to-face and virtually
- Access to resources and tools
- Access to both improvement expertise, subject matter expertise and experts by experience in order to help you tackle this topic, through the course of the programme duration
- Opportunities to learn from over 50 other teams across the country tackling the topic

This is a really exciting opportunity for our teams to enhance the ongoing work we have been undertaking in respect of sexual safety whilst developing our QI expertise and capacity.

4.2.2 CAMHS Recruitment Update

Due to supply chain issues in relation to the doors and windows we have been informed by Houltons of an ongoing delay in handing the building over. Discussions are taking place to establish a confirmed opening date with best current estimation that this will be mid-November. An open day will be arranged in the week preceding the official opening date.

Recruitment to the new unit is progressing well, with a preferred candidate identified for the post of locum consultant psychiatrist. We also have interest in the speciality doctor post which is being taken forward via a visit to the service this week. 5 additional band 6 posts have also been appointed to. A number of staff started on the 2nd September and have commenced an intensive training programme in preparation for the unit opening. Further positive discussions have taken place with NHSE around expectations in relation to the eating disorder pathway and this has enabled us to commission a comprehensive training package for the staff working closely with colleagues in paediatrics to ensure clinical competencies are validated.

4.2.3 Patient Safety Strategy 2019-22

The Trust approach to continuously improving patient safety was approved at the July board meeting. We formally launched our strategy on 17 September to coincide with the first world patient safety day. The Lecture Theatre at Trust Headquarters was used and the event raised the profile of patient safety across the Trust with a focus on raising awareness and knowledge across our workforce to drive forward the culture that is needed to maximise safety. This will be the first educational event of many in relation to patient safety to support the cultural change needed to develop a ‘high reliability’ culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

4.2.4 Professional Strategy Launch

The Professional Strategy which describes the strategic approach to developing our clinical workforce aligned to the trust overarching strategy was approved by the Workforce Committee in July.

The strategy focuses on four priority areas for improvement in relation to ; Promoting Professional Identity and Professional Collaboration, Strengthening Professional Leadership, Shaping New Models and Pathways and Developing Career Pathways.

Staff have been made aware of the strategy via the Trust usual communication routes ie Mid-Day Mail and weekly Global and will also be showcased at our Annual Members Meeting on September 12th with two formal launch events during September; one in the Lecture Theatre and one in Malton. The Strategy will also be presented to the University of Hull Strategic meeting.

The Professional Forum is responsible for the work programmes to take the strategic objectives forward with reporting of progress to the Executive management Team, the Workforce Committee and the Quality Committee as appropriate.

4.3 Medical Director

4.3.1 Training for Health Inequalities Conference

The Trust will be hosting a 'Training for Health Inequalities ' conference on November 15th . This is part of a Royal College of General practice and Health Education England initiative to encourage GP's to consider career options in areas of highest held needs. It's hoped that 60-70 Gp's and trainees will attend from across the region

4.3.2 Carer and Patient Experience Framework

NHSI formally launched its Carer and Patient experience framework in September using the work which has been done in Humber as a national exemplar. The 3 videos which have been produced around our work have now been made public ally available and Mandy Dawley has been asked to support the national work as part of a NHSI steering group.

4.3.3 Medical Conference

The Trust will be hosting its inaugural Medical conference on October 16th with a theme of clinical excellence and innovation. Professor Wendy Burn, president of the Royal College of Psychiatrists is the Key note speaker.

4.4 Director of Workforce and Organisational Development Update

4.4.1 Immigration Rules

The Home Office has announced some changes to the immigration rules which includes acceptance of the Occupational English Test (OET) for Tier 2 (General) visa applications.

From 1 October 2019, overseas individuals can use their OET certificate for both their professional registration and to obtain their visa.

4.4.2 Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) will reduce their fees for basic, standard and enhanced DBS checks from 1 October.

Fees for basic and standard checks will be reduced from £25 and £26 respectively to £23, while an enhanced check will drop from £44 to £40. The annual fee for the DBS update service will remain the same (£13).

The Trust currently passes the cost of DBS checks on to staff.

4.4.3 Developing our Bank

A closed facebook group has been set up for our bank staff and managers that require bank staff support. Administered from the Flexible Workforce Team, the purpose is to better engage with our valued bank staff and share information regarding shifts, training etc. as immediately as possible. Initial feedback has been positive and work will continue to develop the group.

4.4.4 Occupational Health (OH) Service

The Trust OH service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation.

The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines. The report also stated:-

The helpfulness and co-operation of the whole OH team during the site visit was appreciated by the assessors. We found the service very responsive to requests for information both during the remote assessment period and at the visit. They were very well prepared and had most outstanding items clearly marked and available for the assessors to view during the visit. This, along with the interviews with OH practitioners, counsellor, occupational physician and administrative staff, demonstrated that there is a strong, cohesive and effective team with excellent leadership from the OH Manager and support from the Administration Officer.

5 Trust Policies

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

Policy Name	Approving Committee	Date Approved	Lead Director
Infusions Therapies Policy	Quality Committee	7th August 2019	Director of Nursing
Recognising the deteriorating patient Policy	Quality Committee	7th August 2019	Director of Nursing
Overseas Visitor Charging Regulations Policy	Executive Management Team	2nd September 2019	Chief Operating Officer

6 Communications Update

Media

- Nine stories were posted on the Trust's external website between 16 July and 27 August 2019.
- Positive media highlights include:
  - 'Big Latch On': Mums invited to Bridlington event to promote breastfeeding Interview with the Trust's Volunteers on the positive impact of volunteers.
  - Members of the Digital Health Networks Advisory Panels revealed

Digital

- Top performing pages on Trust website between 16 July and 19 August 2019 include:

PAGE	VIEWS
Contact Us	2,416
***Services*: MHRS**	1,857
Working at Humber	1,376
Services	1,312

- Generate interest in eight Trust roles via social media promotion. Specially designed facebook adverts for CAMHS Band 5/6 Nurses lead to over 1400 clicks to view the job adverts.
- Our digital channels continue to see growth - Facebook 2,170 likes (+120), Instagram 458 followers (+14),Twitter 4,583 followers (+48 from last month)
- The August Chief Executive video blog received 197 views on youtube

Publications

- Distributed the latest edition of Humber People magazine to over 8,000 members.
- Issued key internal communications publications including; Humber and Proud, Board Talk and Team Talk.
- Published 2018/19 Annual Report
- Supported the Organisation Development team by providing design support to bring to life the Staff Charter and Behavioural Framework documents.

Events

- Working with local NHS partners on the delivery of the Health Expo. Humber is well represented with ten stands on the day (10th October).
- Supporting the delivery of World Patient Safety Day (17 September).
- Working with the Medical Education Team to support the Clinical Innovation Conference delivery
- Delivered a successful Annual Members' Meeting (12 September)..
- Continuing work to deliver Annual Staff Awards (17 October). . £5,000 of sponsorship has been raised by the team to support the event which is the highest ever level of support. New sponsors for 2019 include D3 Office Group The One Point and NRS Healthcare.

Campaign support

Key campaigns over this period included:

- Support the CAMHS build and Impact Appeal with Health Stars including news stories, design support and event organisation.
- Working with Health Stars to deliver Trust-wide activity to mark World Mental Health day on 10th October
- Supporting the delivery of a digital launch of the Professional Strategy using video and podcasts to reach as many colleagues across the Trust as possible with this key message.

7 Health Stars Update

7.1 Chief Executive (CEO) Staff Engagement Fund

The CEO Staff Engagement Fund has been accessed by several services recently, including CAMHS (Child and Adolescent Mental Health Services), Speech and Language and Clinical Systems. Staff are encouraged to submit their wishes via the Health Stars website. They need to identify the benefit their wish will have on their team as well as the end benefit to patients and service users. Wishes have been very varied and those granted include team building sessions and group activities outside work. Most wishes fit the criteria and we have been able to grant them, however in some cases where the outcomes are unclear we have stressed the CEO Staff Engagement fund is to enhance staff experiences and environments and is not to be used as a "top up" to department budgets.

So far this month the CEO fund has funded, therapeutic away days, bowling afternoons, team building days with internal talks from our services, a treasure hunt and most recently an escape rooms experience.

7.2 Impact Appeal

Appeal income as at 11/9/19 including pledges/pending: £271,397.22.

Health Stars, specifically the Impact Appeal, is through to the finals of the Persimmon Homes Building Futures programme. This is a public vote with the winner announced in early October. The top award is £100,000 with every finalist guaranteed to receive £5,000.

£250 has been awarded by a local organisation specifically for Lego items which featured on the wish list.

The Schools campaign has so far seen minimal fundraising but there has been a good response from schools who have noted their appreciation for the resources which were provided. A number

of boxes are now coming in containing artwork, positive postcards etc which we will be exploring into turning into scrap books for the unit.

A Devil's Kitchen event is scheduled to take place in early October with two of the appeal's corporate supporters using the event to raise awareness and funds.

7.3 Golf Day

We held our first ever golf day on the 6th of September and it was a fantastic success. With 22 teams taking on the course at Ganstead Park, we were set for a great event. The teams consisted of internal NHS teams, CCG partners and corporate supports. The day raised just over £1700 which for a 1st event is amazing and definitely gives us something to build on for next year.

7.4 Circle of Wishes

The Circle of wishes scheme is continuing to grow significantly, we have just hit our 500th wish and we are receiving one to two wishes a day.

7.5 Social Media

Health Stars social media profile allows us to reach a much wider audience. With updates on events, wishes granted and general fundraising awareness, we have has some very positive engagement over the past few weeks. With the continued support of Trust Communications Team we are constantly increasing our followers, likes and comments. We have increased following by over 20% so far this year and it is still growing strongly.

7.6 Pennies From Heaven Scheme

The Pennies from Heaven Scheme had been relaunched in June with Health Stars being the new beneficiary. In the past 3 months, it has generated £518.55 from employees. We have over 250 staff involved already with plans to grow these over the next few staff events.

7.7 Health Stars Health Lottery

Our charity health lottery has been running since July 2017 and had generated £8610.25 to date. This money goes straight into our Health Stars Big Thank you fund and has been used on wishes like garden furniture for inpatient units, bereavement brochures and cards, patient transfer baggage, dinning with dignity courses and other service enhancing requests.

Michele Moran,
Chief Executive
September 2019

Agenda Item: 8

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2019
Title of Report:	Publications and Policy Highlights 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 update the Trust Board on recent publications and policy.
Key Issues within the report:	I. NHS Oversight Framework 2019/20 II. Time of transition creates questions for NHS regulation and oversight III. 'NHS Passports' to help staff work flexibly and cut admin costs IV. Update on phase two of our thematic review of restraint, seclusion and segregation V. Care Quality Commission Workforce Race Equality Standard 2018/19 VI. CQC following up on recommendations made in its review of children and young people's mental health services VII. Parliamentary and Health Service Ombudsman report – *Missed Opportunities*

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. **NHS Oversight Framework 2019/20** NHS England & NHS Improvement August 2019

A new approach to oversight will set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). This framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21 https://www.england.nhs.uk/wp-content/uploads/2019/08/nhs-oversight-framework-19-20.pdf

Lead: Chief Executive

This is included on the Chief Executive's update and will be actioned in relevant meetings and performance reviewed with NHS Improvement.

2. **Time of transition creates questions for NHS regulation and oversight** NHS Providers 9 September 2019

The report *NHS regulation and oversight: a time of transition* by NHS Providers reveals that only 39% of NHS trust leaders think the overall regulatory approach adopted by NHS England, NHS Improvement and the Care Quality Commission (CQC) is working well. Despite this, there is optimism among trust leaders about the move to closer working between NHS England and NHS Improvement, in particular the opportunities that the new relationship presents for improving efficiency and shifting the culture towards one of improvement support. A report by NHS Providers reveals that only 39% of NHS trust leaders think the overall regulatory approach adopted by NHS England, NHS Improvement and the Care Quality Commission (CQC) is working well. The report reveals:

- Only 8% of respondents said that the current regulatory system was good value for money
- Only 39% of respondents said they think NHS England has a good understanding of the pressures facing trusts, compared to 74% for NHS Improvement and 52% for the Care Quality Commission (CQC)
- There is a sense of stability in the level of regulatory burden placed on trusts over the last 12 month

The report also highlights the growing tension between the current system of regulation which focuses on organisations and ambition to move towards an approach which takes system working into account.

At present only 20% of trusts agreed the regulators take local system working adequately into account in their judgements of providers. Four in five (81%) trusts agreed that NHS England and NHS Improvement need to develop new models of oversight to hold systems to account.

At present only 20% of trusts agreed the regulators take local system working adequately into account in their judgements of providers. Four in five (81%) trusts agreed that NHSI/E need to develop new models of oversight to hold systems to account.
However, they point to many issues with balancing regulation and oversight at organisational level with national policy ambitions to place greater weight on collective

responsibility at system level. This includes the danger of introducing additional demands on trusts.

While many trusts that have taken part in the CQC's local system reviews recognised the benefit, only one in four (25%) trusts agreed the benefits of their most recent CQC inspection justified the cost, and fewer than one in five trusts (19%) believe CQC's approach to regulation and inspection reflects the need of their specific sector.

Lead: Chief Executive

Contained in Chief Executive's Report.

3. **'NHS Passports' to help staff work flexibly and cut admin costs** NHS England 4 September 2019

Health service staff in England will be able to move seamlessly between sites in a bid to make it easier to take on new roles, plug gaps in staffing and improve patients' care. Following successful pilot projects, all hospitals in England are being urged to sign-up to passporting agreements, which will cut the need for up to two-day inductions and other admin when staff move between organisations. All clinicians working in hospitals that have these agreements will be able to move across different NHS sites to offer care to patients before returning to their main trust.

The scheme is part of a package of measures to build a workforce to deliver the Long Term Plan. Alongside passporting, £7 million funding is set to be put into local services to support the nationwide introduction of e-rostering, allowing staff to plan patient care rotas months ahead. The expansion of flexible work plans follows moves which have helped retain more than 1,000 nurses, midwives and other clinicians over the last 18 months through a 'retention programme' in NHS trusts, which is now also being rolled out across GP surgeries.

Supporting flexible working for staff is seen as a cornerstone of helping to improve retention rates as outlined in the NHS Long Term Plan and interim People Plan.

The Long Term Plan commits the NHS to improve staff retention rates by 2% by 2025, the equivalent of recruiting an extra 12,400 staff, with staff working in the NHS to be deployed using an electronic roster or e-job plan by 2021.

Lead: Director of Workforce & Organisational Development

The Trust is part of the regional work on 'passports'. Benefits for the Trust will depend on all local provider organisations signing up to this.

4. **Update on phase two of our thematic review of restraint, seclusion and segregation** CQC 22 July 2019

The CQC are reviewing the use of restraint, seclusion and segregation in places that provide care for people with a learning disability and/or autism and mental health problems.

Phase one looked at how segregation is used in child and adolescent mental health services and hospitals for people with learning disability and/or autism. We are now in phase two of the review which is looking at restrictive interventions in adult social care services, mental health rehabilitation and low secure hospitals, and some children's residential services. The visits in phase two will go on until the end of October and the team

will be visiting approximately 40 services.
https://www.cqc.org.uk/sites/default/files/20190722_restraint-thematic_escalation-agreement.pdf

Lead: Chief Operating Officer

The Interim report of phase one of this review is available and has already been reviewed and considered within the Trusts governance forum in order to identify how the findings can be related to our services and the recommendations applied. The phase two report will be considered in a similar way.

5. **Care Quality Commission Workforce Race Equality Standard 2018/19** CQC 2 August 2019

The CQC have published their Workforce Race Equality Standard (WRES) report for 2018/19. The third year of reporting on the experiences of BME staff to ensure equal access to career opportunities and fair treatment in the workplace.
This year's data shows progress in Indicators 2, 3 and 4:

- the likelihood of white staff being appointed from shortlisting is the same as for BME staff
- the data tells us there is no difference in the likelihood of a BME colleague entering a formal disciplinary process compared to a white colleague
- this year's data shows that there is no difference in the relative likelihood of white staff accessing non-mandatory learning compared to BME staff

The CQC have stated they still have lots of work to do in other areas such as ensuring BME representation at senior levels and reducing the gap in bullying and harassment and will be developing a robust action plan with the Race Equality Network and other colleagues to raise and accelerate our ambition in achieving a fair and inclusive workplace.

Lead: Director of Workforce & Organisational Development

The report will be considered and compared against our own, picking up any areas of best practice we can learn from.

6. **CQC following up on recommendations made in its review of children and young people's mental health services CQC 9 September 2019**

The CQC are inviting Health and Wellbeing Boards in England to tell whether their local system to support children and young people with mental health problems matches the recommendations made in their Are we listening? report. The report, published in March 2018, was the culmination of a review of children and young people's mental health services commissioned by the Prime Minister in January 2017. It included recommendations for national, regional and local action. Now we are following up on the recommendations by asking Health and Wellbeing Boards in England to complete a self-assessment process by responding to a series of questions that address key findings or recommendations in the Are we listening? report.

Lead: Chief Operating Officer

This report is being considered internally by the clinical governance group for Children and Learning Disability services. The report will also be considered by the Childrens and Learning Disability Delivery Group which is part of our commissioning

arrangements with Hull and ERY CCG's. We are able to provide comments to the Health and Wellbeing Boards where we feel it is appropriate.

7. Parliamentary and Health Service Ombudsman report – *Missed Opportunities:*
NHS England and Improvement have written to Mental Health Trust Chief Executives, Medical Directors and Directors of Nursing to highlight the report 'Missed Opportunities - What lessons can be learned from failings at the North Essex Partnership University NHS Foundation Trust.

Lead: Medical Director /Director of Nursing

This report has been shared with the Patient Safety Team and our Complaints and Patient Experience Team. The report draws out some themes with regard to a culture of leadership, learning from mistakes and improvement. This was particularly true in relation to the assessment and management of risks for fixed ligature points and sharing the learning from mistakes with staff.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 25th September 2019
Title of Report:	Performance Report – August 2019
Author:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	To approve [ ] To note [✓] To discuss [ ] To ratify [ ] For information [ ] To endorse [ ] The Board is asked to note the report.
Purpose of Paper:	This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of August 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.
Key Issues within the report:	**Exception reporting and commentary is provided for each of the reported indicators:** The majority of indicators are within normal variation, the exceptions being waiting times and cash in bank for which a detailed narrative has been provided in the body of the report. Other areas to note for which commentary has been provided - Clinical Supervision - CPA 12 month reviews - Friends and Family Test The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trusts approved Financial Plan.

Monitoring and assurance framework summary:

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

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

Agenda Item 9

Financial Year
2019-20

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:
Aug-19

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Aug 2019

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

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

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

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

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 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

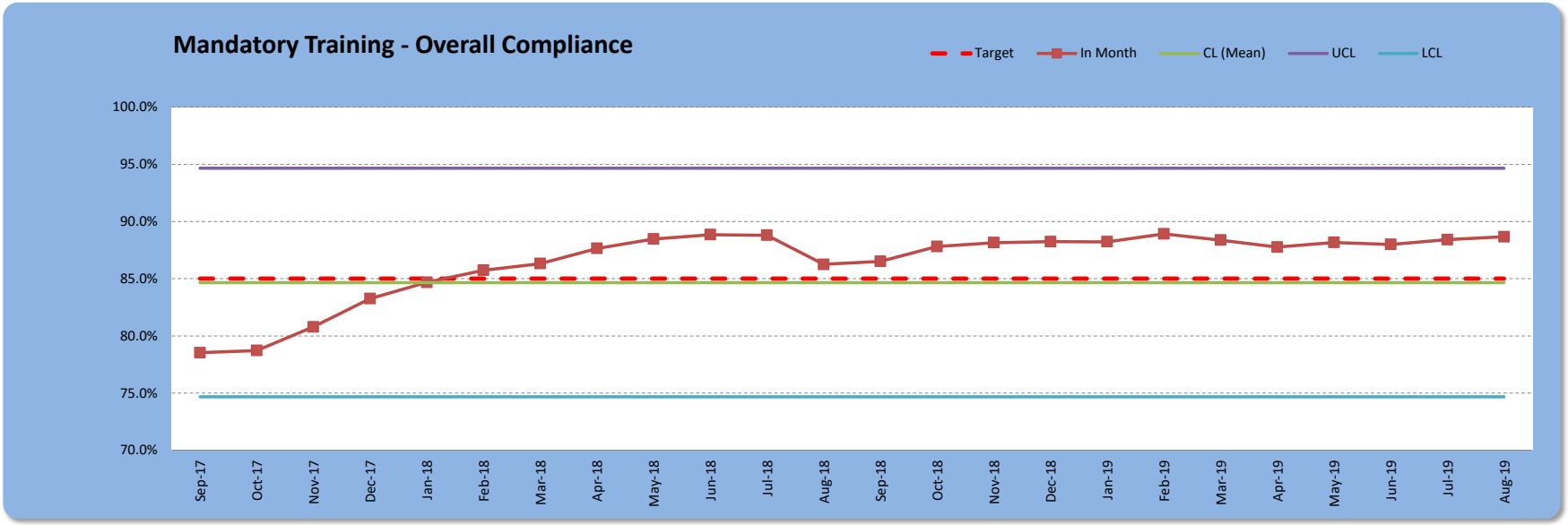
Narrative

Above Target

Target: 85%

Amber: 75%

Current month stands at 88.7%



Exception Reporting and Operational Commentary

Performance remains above target. Managers continue to receive information of staff that have not completed their training so that they may take the necessary action. All managers now have access to ESR supervisor self service so can review performance via the dashboard.

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 91.6%, Moving and Handling 83.6%, ILS 82.2% and MHA 84.9%). With two reds (PATS 73.4% and BLS 76.3%).

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

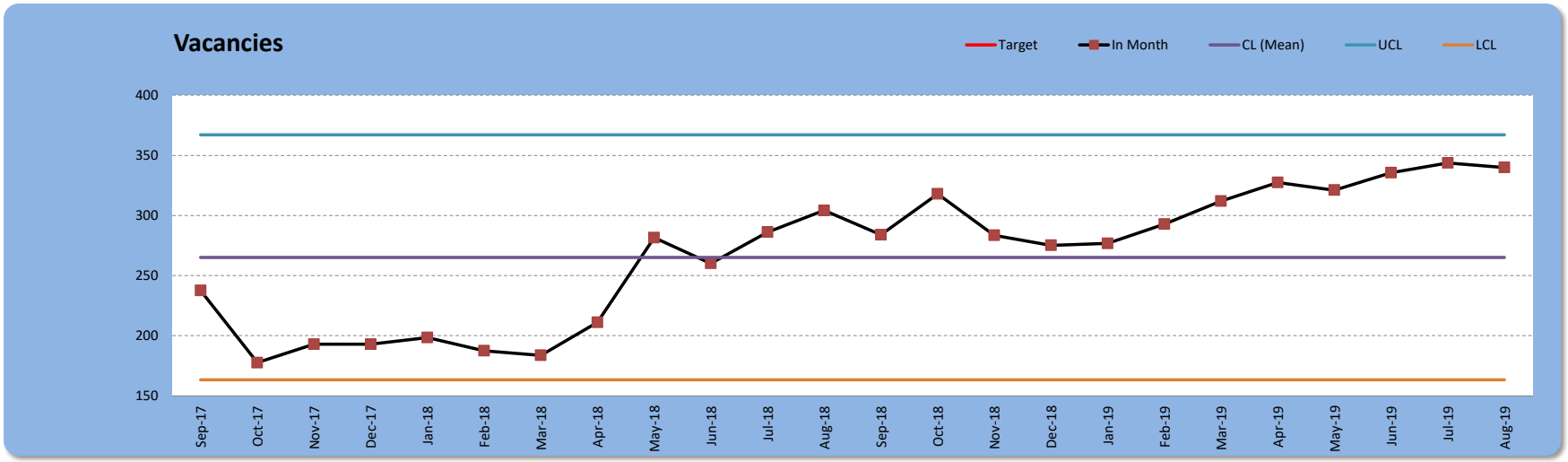
Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	Executive Lead Steve McGowan	WL 2 VAC

Narrative

within control limits

Target: TBC
Amber: TBC

Current month stands at 340.0



Exception Reporting and Operational Commentary

The Trust has high levels of vacancies in qualified nursing (120 FTE vacancies, 14.96% of establishment) Consultant roles (10.6 FTE vacancies, 23.45% of establishment), and Occupational Therapists (13.2 FTE vacancies 16.73% of establishment). Operational Delivery Group are formulating plans to address this.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/08/19
Corporate 53.61 WTE (12.2%)
Mental Health Services Care Group 123.6 WTE (16.1%)
Primary Care, Community, Children's and LD Services 145.57 WTE (15.7%)
Specialist Services 16.21 WTE (7.3%)
Total 339.99 WTE (14.4%)

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

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

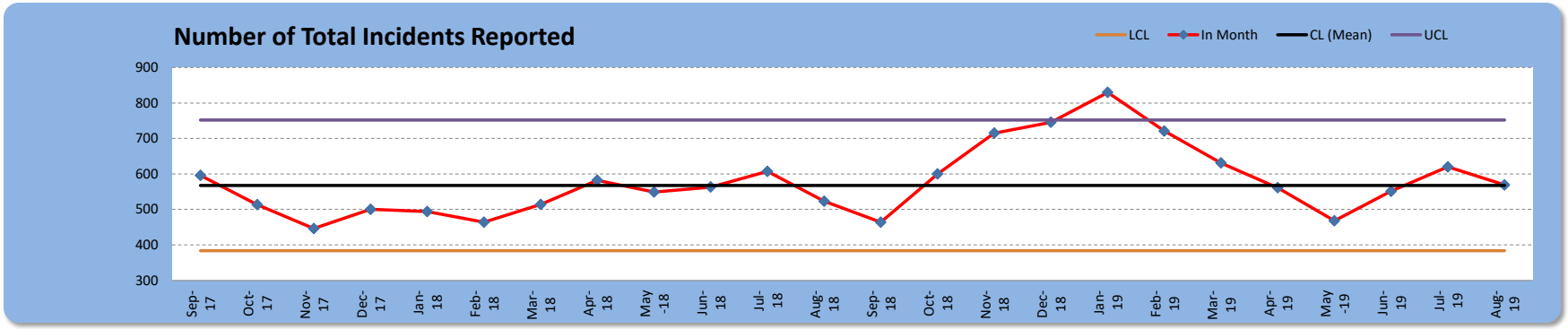
Narrative

Within Control Limits

UCL: 752

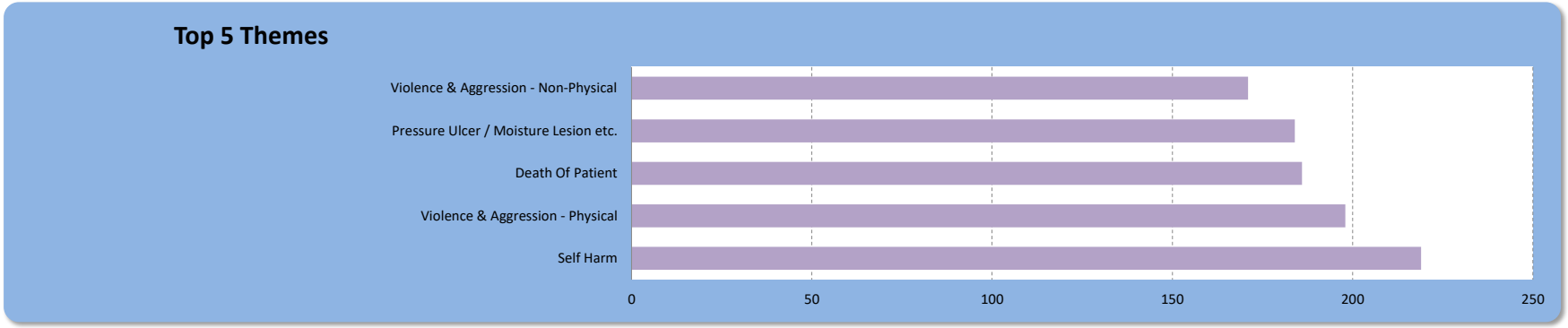
LCL: 384

Current month stands at 569



Top 5 Themes

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



Exception Reporting and Operational Commentary

Incident reporting rates across the Trust decreased for August 2019, but remained in line with the average reporting rates when compared to the previous two reporting years. For August 2019, 96% of the total reported incidents resulted in no harm or low harm.
The highest reported category of incident for the month was 'Self-Harm' and of those incidents, 98% resulted in no harm or low harm, with 2% resulting in moderate harm. This continues the reporting trends seen year-to-date, with 'Self-Harm' being the highest reported category of incidents for the current financial year (April 2019 to August 2019), 'Violence and Aggression – Physical' the next highest reported and 'Death of Patient' (inclusive of expected deaths) being the third highest reported incident category. In line with revised national guidance, the reported harm linked with pressure ulcer incidents is now reflective of the severity of the pressure ulcer and not necessarily the level of harm caused by the Trust. All reported incidents continue to be monitored on a daily basis by the Corporate Huddle.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 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

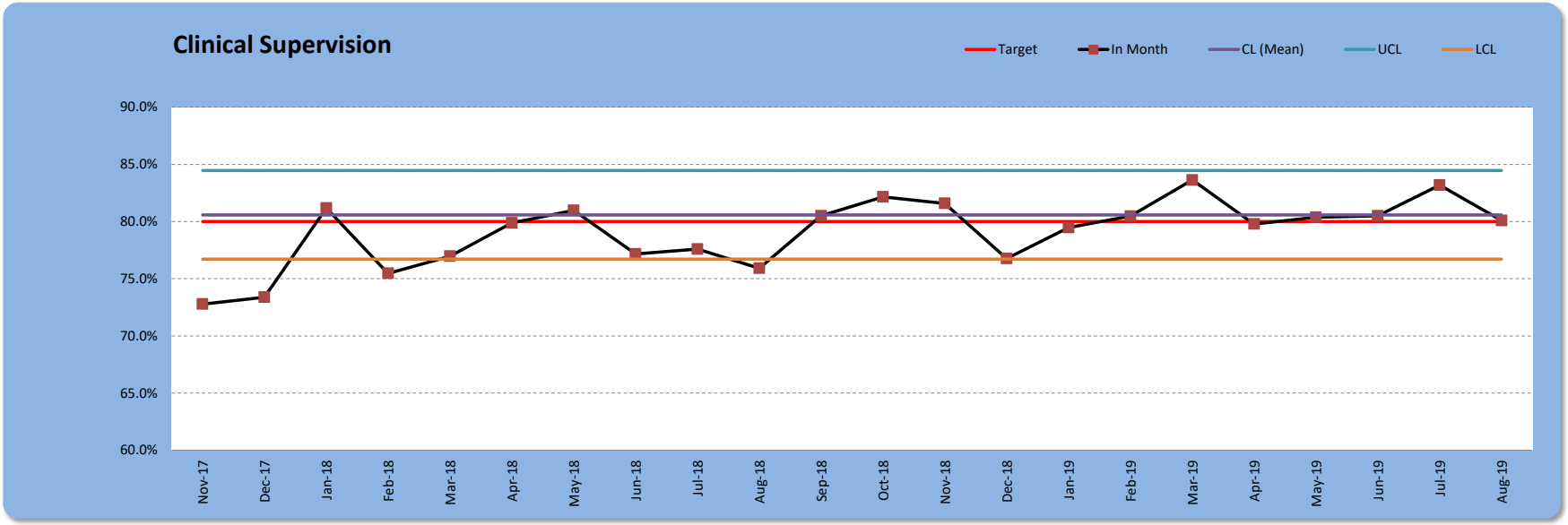
Narrative

Performance above target.

Target: 80%

Amber: 75%

Current month stands at 80.1%



Exception Reporting and Operational Commentary

There has been a slight dip in supervision compliance for August althought it it still just above target. This may be due to increased levels of Annual Leave as a similar dip in compliance is noted for August 2018. There were 24 nil returns for August compared to 15 in July. Supervision compliance is available and discussed at team level for all the inpatient teams through saferstafing reporting and new dashboards are being developed for the community teams.

Business Intelligence

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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2019-20
Reporting Month:	Jul-19

NHS Humber Teaching NHS Foundation Trust

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
										Day		Night		QUALITY INDICATORS (Year to Date)				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 (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jun-19	Jul-19
Adult MH	Avondale	Adult MH Assessment	28.8	67%	13.92	21.5%	↑	2.1%	↓	73%	77%	86%	115%	0	2	0	0	90.0%	91.9%	100.0%	85.0%	96.8%	5.4%	4.2	1	2
	New Bridges	Adult MH Treatment (M)	39.8	97%	8.66	10.5%	↑	0.3%	↑	77%	95%	84%	109%	3	4	0	0	94.7%	98.8%	86.7%	100.0%	97.7%	6.1%	1.0	2	2
	Westlands	Adult MH Treatment (F)	35.6	102%	8.33	29.2%	↓	5.4%	↓	70%	98%	89%	111%	1	9	0	0	34.8%	92.6%	100.0%	95.0%	84.6%	17.3%	2.0	4	4
	Mill View Court	Adult MH Treatment	28.8	101%	7.78	20.5%	↓	0.4%	↑	88%	97%	94%	103%	0	4	0	0	71.4%	94.8%	90.9%	82.4%	100.0%	6.0%	3.0	4	4
	Hawthorne Court	Adult MH Rehabilitation	23.8	63%	9.84	35.7%	↓	0.0%	↑	74%	86%	100%	103%	0	2	0	0	86.2%	93.2%	70.0%	100.0%	85.2%	7.6%	1.4	5	3
	PICU	Adult MH Acute Intensive	23.1	53%	21.10	38.6%	↓	2.1%	↑	67%	136%	77%	123%	0	4	0	0	No Ret	89.6%	100.0%	91.7%	88.5%	7.4%	6.0	1	3
OP MH	Maister Lodge	Older People Dementia Treatment	36.2	86%	13.62	10.3%	↑	1.3%	↓	59%	118%	100%	105%	0	0	0	0	100.0%	87.8%	100.0%	96.3%	100.0%	1.8%	1.6	1	1
	Mill View Lodge	Older People Treatment	24.8	98%	12.52	12.5%	↓	0.8%	↓	90%	85%	100%	118%	0	0	0	0	72.7%	96.7%	100.0%	100.0%	100.0%	4.4%	0.8	3	2
Specialist	Darley	Forensic Low Secure	23.3	100%	11.73	16.8%	↓	0.0%	→	78%	86%	100%	100%	0	0	0	4	95.7%	95.6%	100.0%	87.5%	78.3%	10.1%	3.5	1	1
	Derwent	Forensic Low Secure	28.5	88%	23.30	45.4%	↑	0.0%	→	69%	102%	103%	107%	0	3	0	0	75.9%	88.0%	88.9%	91.3%	66.7%	11.6%	4.4	2	4
	Ouse	Forensic Low Secure	26.2	93%	8.07	20.9%	↓	6.3%	↓	79%	84%	100%	123%	1	2	0	12	100.0%	92.8%	88.9%	84.2%	72.4%	14.2%	0.6	5	2
	Swale	Personality Disorder Medium Secure	28.5	62%	15.71	35.6%	↑	0.0%	→	66%	107%	103%	155%	0	1	0	0	100.0%	94.5%	100.0%	90.0%	77.4%	3.9%	4.0	0	1
	Ullswater	Learning Disability Medium Secure	26.2	58%	19.80	39.4%	↑	0.0%	→	76%	120%	99%	89%	0	0	0	5	100.0%	94.3%	100.0%	94.4%	96.0%	9.3%	1.0	1	1
LD	Townend Court	Learning Disability	37.7	12%	84.06	19.2%	↑	0.0%	→	44%	85%	50%	79%	0	1	0	0	78.4%	88.2%	76.9%	76.9%	84.6%	6.6%	5.7	3	4
	Granville Court	Learning Disability Nursing Treatment	39.3		Not Avail	n/a	36.5%	↑	0.0%	→	102%	89%	100%	113%	0	0	0	n/a	95.7%	88.7%	100.0%	73.5%	86.0%	6.2%	1.0	2	1
CH	Whitby Hospital	Physical Health Community Hospital	33.3	93%	6.76	0.0%	→	0.0%	→	91%	107%	103%	98%	1	0	0	n/a	89.5%	85.9%	68.4%	89.5%	71.1%	10.1%	-1.0	1	2
	Malton Hospital	Physical Health Community Hospital	29.1	77%	7.61	Not on eRoster	→	Not on eRoster	→	85%	91%	110%	82%	0	0	0	n/a	70.6%	80.1%	68.8%	86.4%	63.2%	7.2%	3.5	2	3

Exception Reporting and Operational Commentary

Reported CHPPD has now been benchmarked against the national averages and rag rated accordingly (with the exception of the community wards which we are unable to benchmark accurately). Slips trips and falls data has been included for the community and older adult wards.
Only one unit is RAG rated red for July based on unfavourable CHPPD (MVC) this appears to relate to high bed occupancy for the month (above 100%). Townend continues to show low registered nurse fill rates but their low bed occupancy means that they are showing high CHPPD
Generally the majority of wards are showing a stable or improved position in relation to bank and agency use- the exceptions being Westlands; MVC; Hawthorne Court and PICU in Adult Mental Health and Ouse in Specialist. The biggest areas of challenge remain registered nurse fill rates (only 2 teams achieving target) and sickness (only 3 teams achieving target). The performance against supervision and PADRs also requires attention in some areas.
Westlands have been experiencing significant challenges around sickness levels and vacancies. The DoN has met with the senior team to look at what support and contingencies can be provided to address these issues. HR support is being provided in those areas with the highest sickness to ensure robust sickness management processes are in place. Cancelled leave on Ouse relates to 6 patients and in the majority of instances was due to the patient declining leave

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

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

Registered Nurse Vacancy Rates

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

Slips Trips and Falls

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

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Aug 2019**

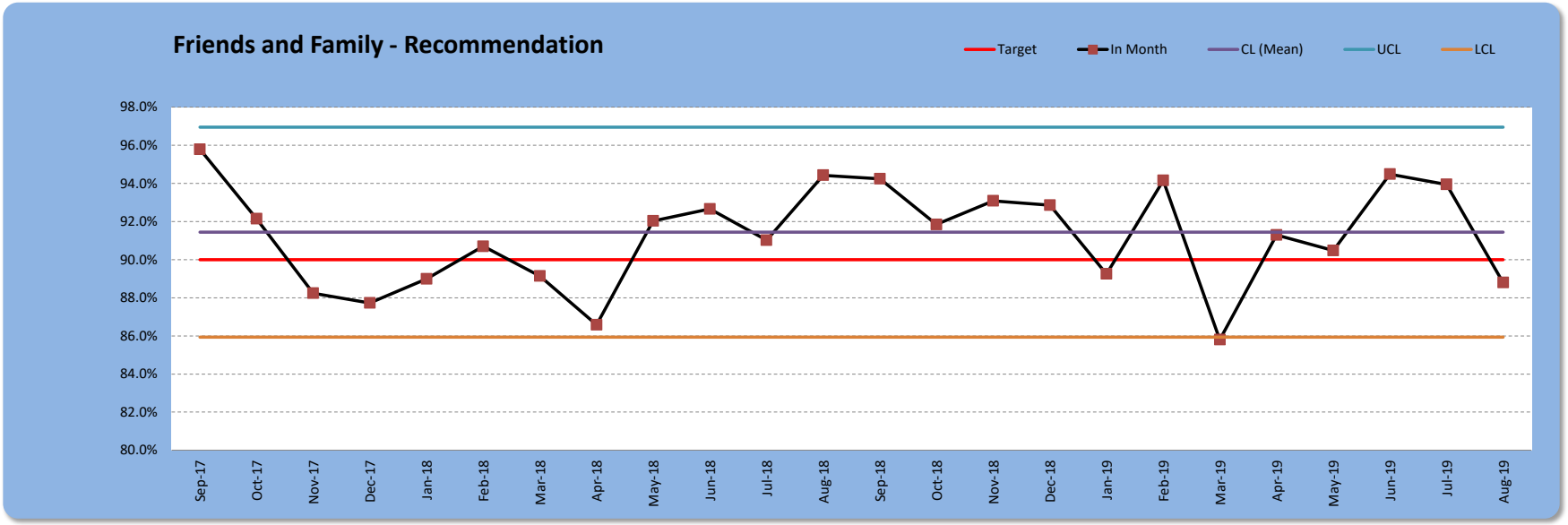
Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Executive Lead John Byrne	FFT %

Narrative

In below target by 0.5%

Target: 90%
Amber: 80%

Current month stands at 88.8%



Exception Reporting and Operational Commentary

The FFT recommendation score has dipped below the target figure of 90% by 1.2%.

NHS England and NHS Improvement have completed the review of the FFT survey and 'recommend' question. The new guidance was published on 2nd September 2019 and will replace all previous implementation guidance for the patient focused FFT. There is a new standard question for all settings: “Overall, how was your experience of our service?” The new question has a new response scale: “Very good, good, neither good nor poor, poor, very poor, don’t know” Changes will come into effect from 1st April 2020.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. From Aug-19, MJog data is now included for the two Hull GP's.

The number of Friends & Family returns received for Aug-19 is 616.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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 %

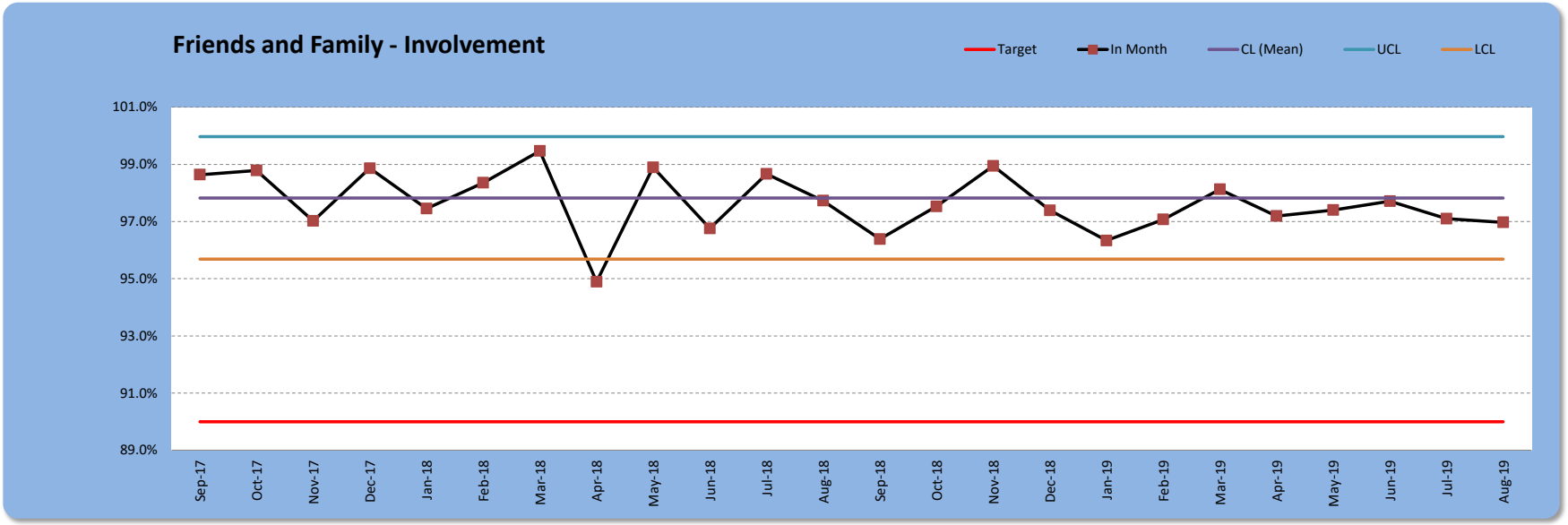
Narrative

In month target achieved.

Target: 90%

Amber: 80%

Current month stands at 97.0%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a current month score of 97.0%. The SPC chart shows normal statistical variation.

Business Intelligence

The results for the two remaining question results are:

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

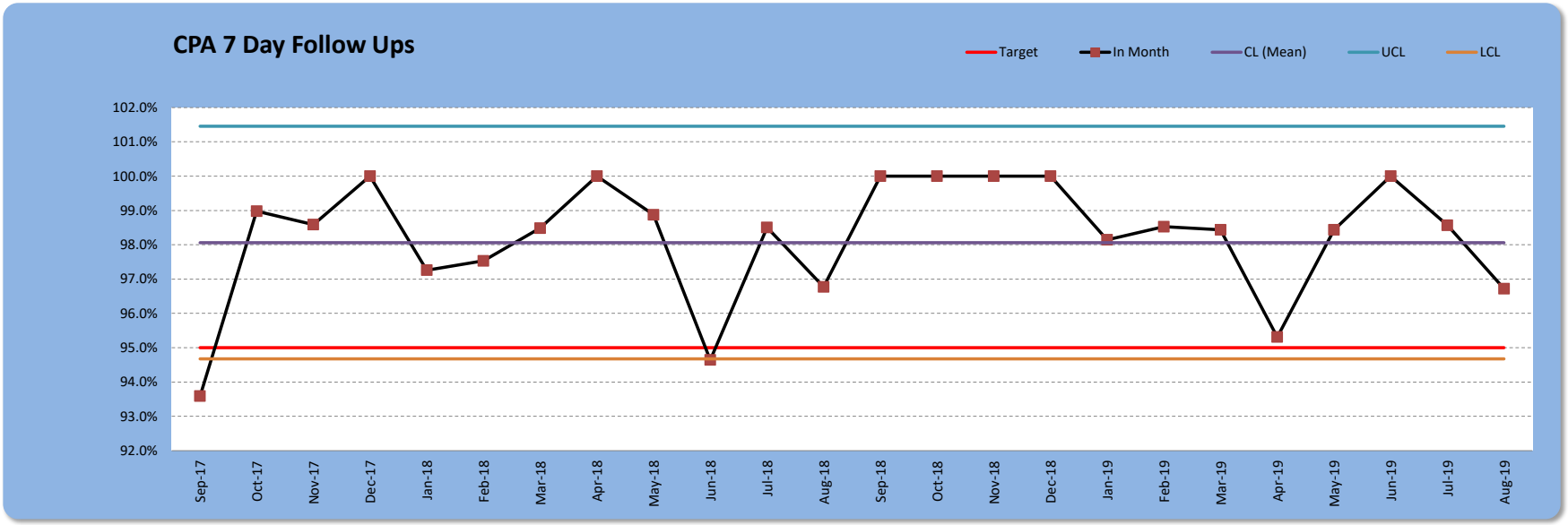
Narrative

2 breaches, but remains above target

Target: 95%

Amber: 85%

Current month stands at 96.7%



Exception Reporting and Operational Commentary

There were two breaches in August whereby the patient was unable to be contacted despite attempts to do so. Subsequently one of the cases was followed up, unfortunately the other breach was not able to be followed up despite various attempts.

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

Business Intelligence

85.1% of follow ups achieved within 3 days.

Timescales of Completion	Aug Discharges	Percentage of when patients seen 1-3 days	4-5 days	6-7 days	Unseen
No of Discharges	61	53	6	0	0
Patients Seen	59	86.9%	9.8%	0.0%	0.0%
BREACHES	2				

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

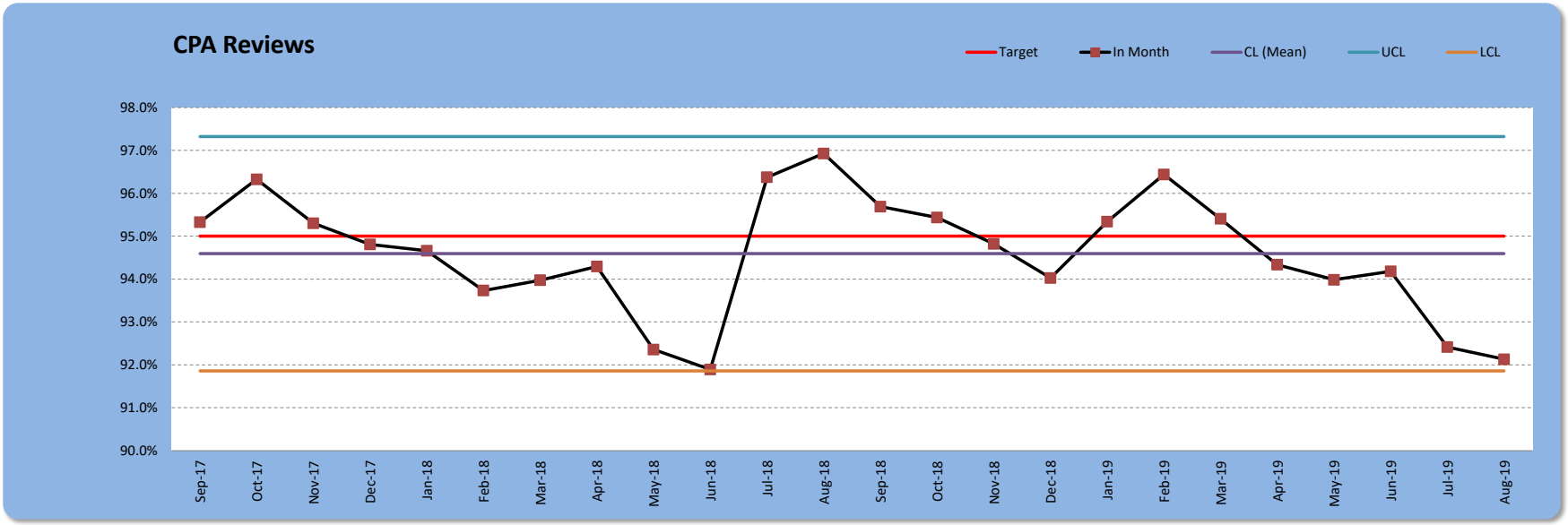
Narrative

Performance below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 92.1%



Exception Reporting and Operational Commentary

The CPA compliance is below target for Aug-19 but within control limits. The Care Groups continue to focus on ensuring this standard is met. CPA reviews are monitored within the Care Group and where required, improvement trajectories and remedial plans are put into place within service areas which provide greater oversight and ability to support teams with required improvement. Hull West and Hull East CMHT's have improvement trajectories to be compliant by the end of September 2019. Hull West have improved this month but more focus on Hull East is taking place. Other specific actions include regular provision of individuals, reports detailing levels of CPA compliance being provided to the Team Leader and Clinical Lead, who through supervision will address areas of reduced compliance with protected time and increased administrative support .

Where a failure to complete a review within 12 months does occurs the Clinical Care Group Director maintains oversight to identify and share any lessons through the clinical networks. The Chief Operating Officer is monitoring this on a weekly basis as this is a key patient quality measure given that performacne has not improved this month

Business Intelligence

Teams with overdue reviews <85%	August	On CPA	Reviewed
Hull West Community Mental Health Team	83.0%	306	254
Westlands Inpatient Team	75.0%	4	3
Personality Disorder Team	72.7%	11	8
Forensic Outreach and Liaison Service	66.7%	3	2
Specialist Psychotherapy Services	66.7%	3	2
Mental Health Response Service Home Based Treatment	60.0%	5	3
Hull CTLD	57.1%	7	4
Adults in Hull for ADHD assessment	0.0%	1	0
Mental Health Response Service	0.0%	2	0
Learning Disability Liaison Service	0.0%	1	0
Adults in Hull for ADHD assessment	0.0%	1	0
Total	92.1%	2376	2189

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

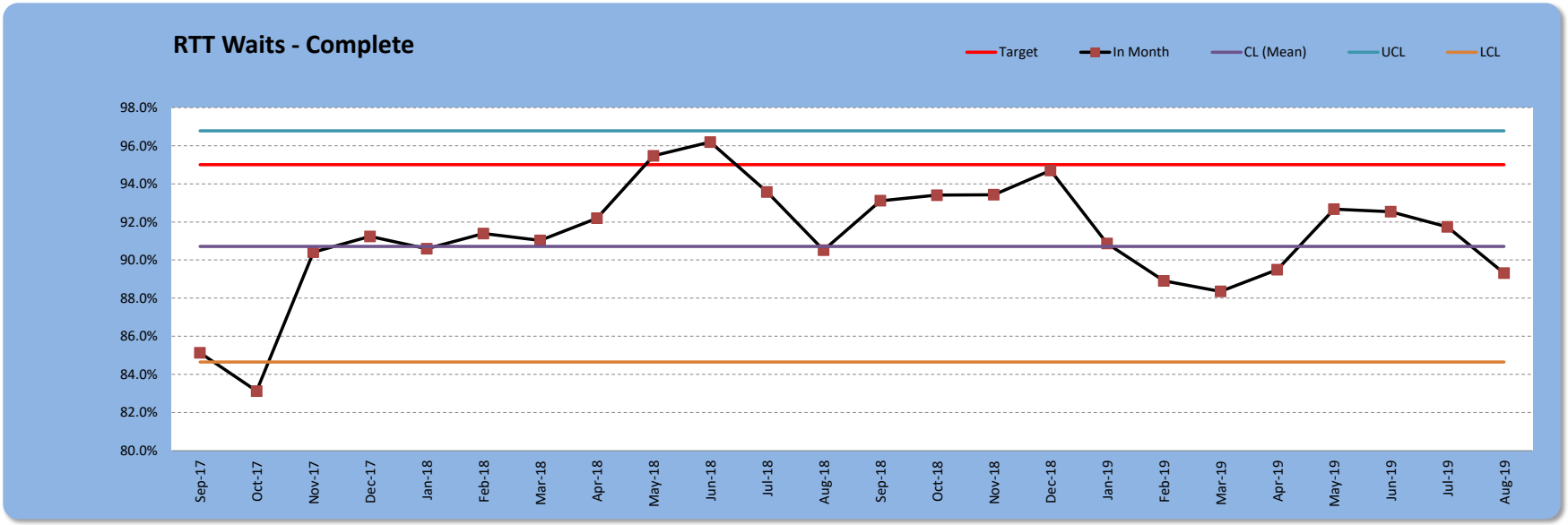
Narrative

Below the mean and slight reduction on previous month

Target: 95%

Amber: 85%

Current month stands at 89.3%



Exception Reporting and Operational Commentary

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

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2019**

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

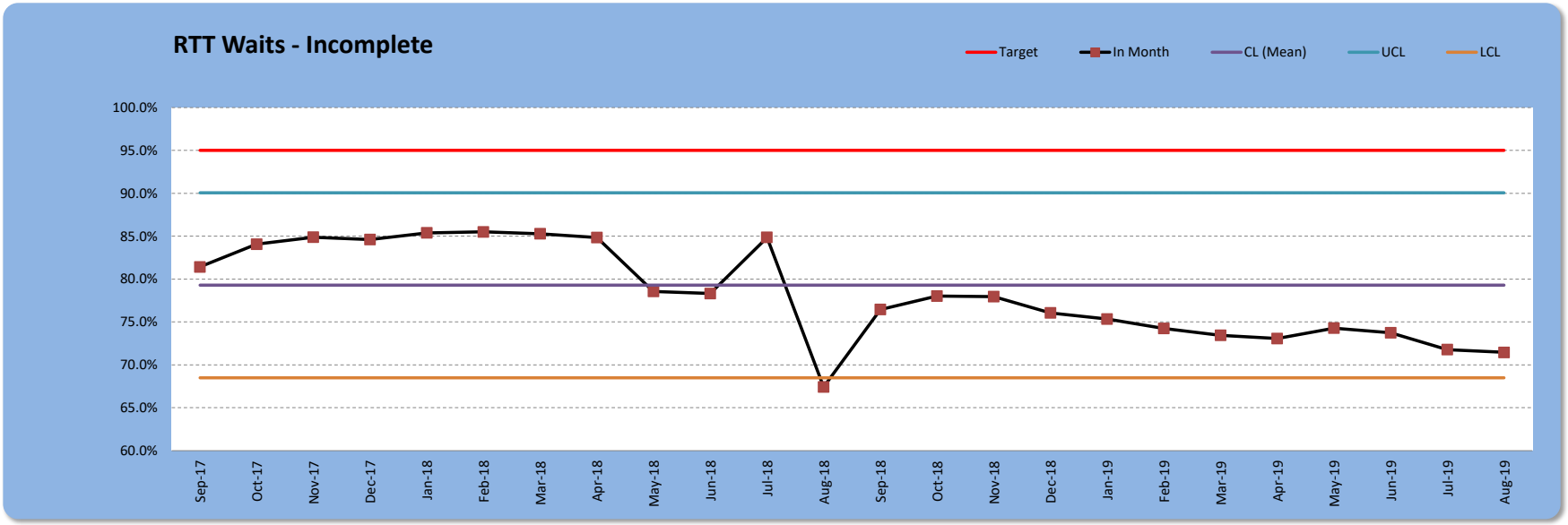
Narrative

slight improvement from previous month

Target: 95%

Amber: 85%

Current month stands at 71.5%



Exception Reporting and Operational Commentary

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

Business Intelligence

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 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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 22x

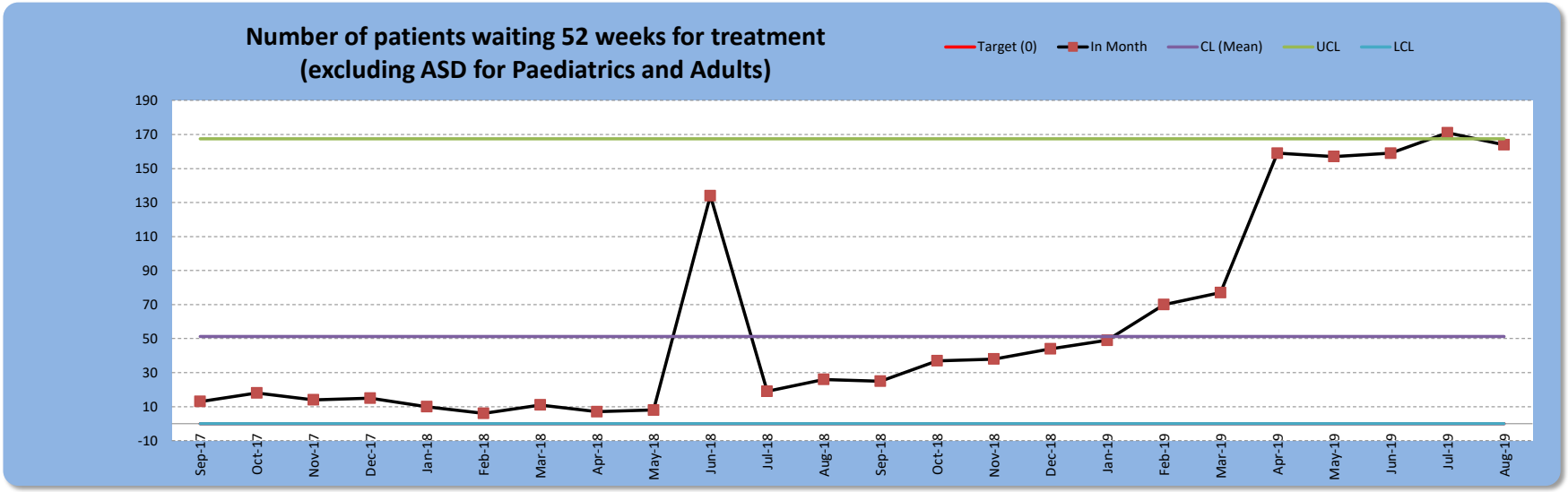
Narrative

Reduction on previous month

Target: 0

Amber: 0

Current month stands at 164



Exception Reporting and Operational Commentary

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

Narrative on the above can be found in more detail on the Adult ASD and Paediatric ASD charts.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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 22u

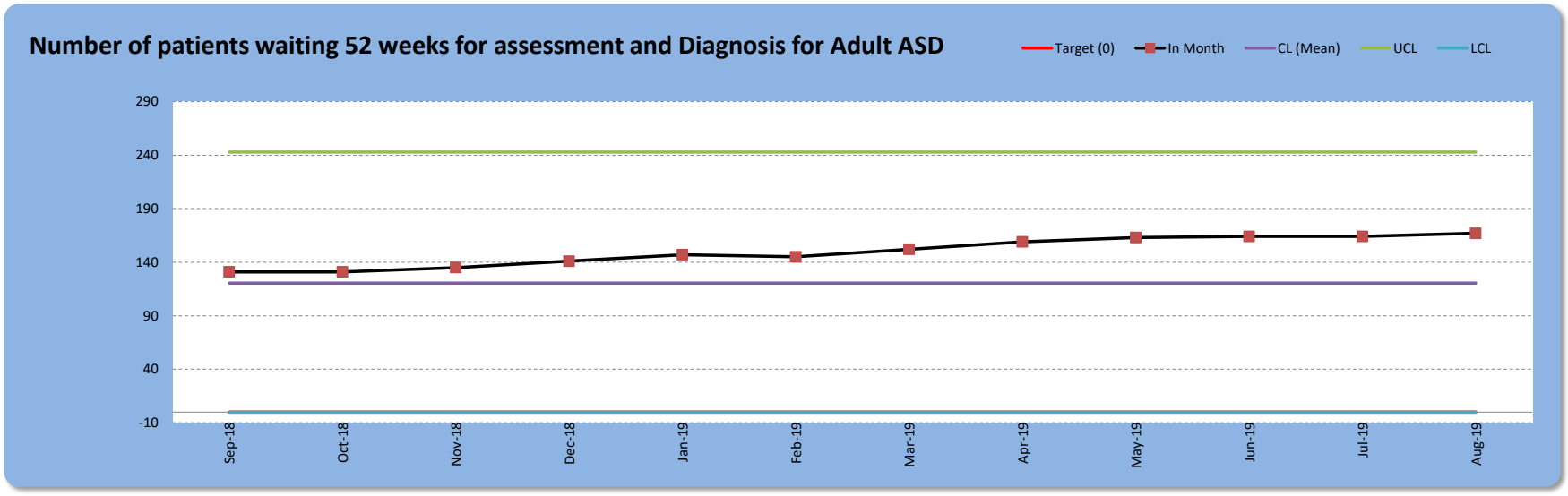
Narrative

Increase of 3 when compared on the previous reporting period.

Target: 0

Amber: 0

Current month stands at 167



Exception Reporting and Operational Commentary

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

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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 22s

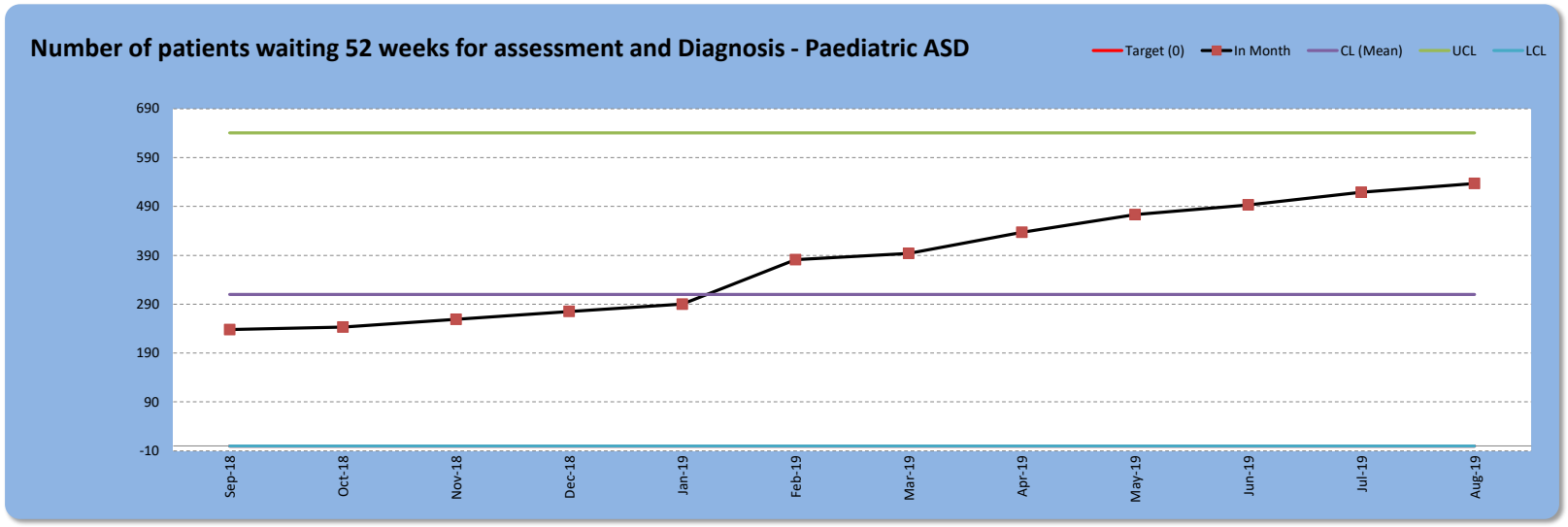
Narrative

Increase of 18 when compared to the previous month.

Target: 0

Amber: 0

Current month stands at 537



Exception Reporting and Operational Commentary

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

East Riding:
All ERY posts are now recruited to, we are awaiting start dates.

Business Intelligence

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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 (excluding paediatric ASD)	Executive Lead Lynn Parkinson	OP 22j

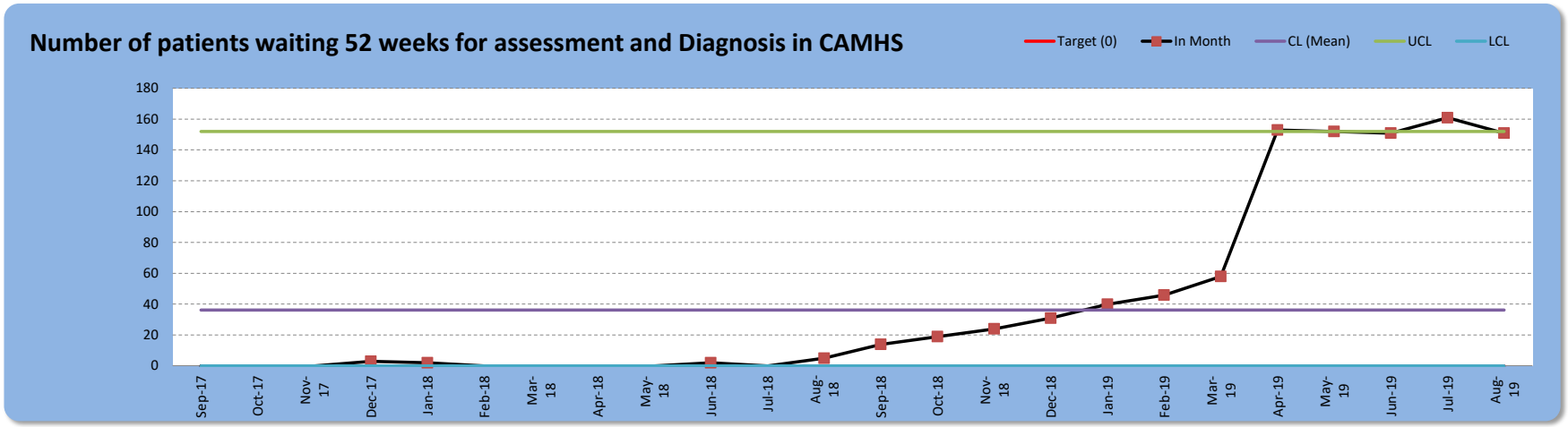
Narrative

Increase of 10 since last month

Target: 0

Amber: 0

Current month stands at 151



Exception Reporting and Operational Commentary

Hull: The number of referrals into Contact Point continues to be high, over 300 per month; all of which need to be triaged and processed. roughly one third are accepted at Core CAMHS. The additional two thirds are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list.
We have a robust waiting time reduction plan in place and as part of this: we continue to refer to Mind for CPWP or counselling input; e provide a significant amount of group work into this pathway to increase capacity; we are a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions; and temporary bank staff are being used as part of a waiting list initiative, as is an Agency CBT therapist.
Measures already in place include: CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals; Anxiety and Autism Groups continue to run to manage the high level of MH referrals for young people with Autism, although there continues to be a number of young people with Autism that need individual work; and we continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under).
Further discussions have taken place with the commissioners and a sub-contract has been placed with Helios for additional CBT for those on the anxiety pathway over 52 weeks. Commissioners have also agreed to fund additional contact point capacity via Mind.
East Riding: All ERY children waiting over 52 weeks are ADHD cases that transferred from CHCP. We are currently agreeing a business case with ERY commissioners and meetings are continually in progress.

Business Intelligence

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

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 2019**

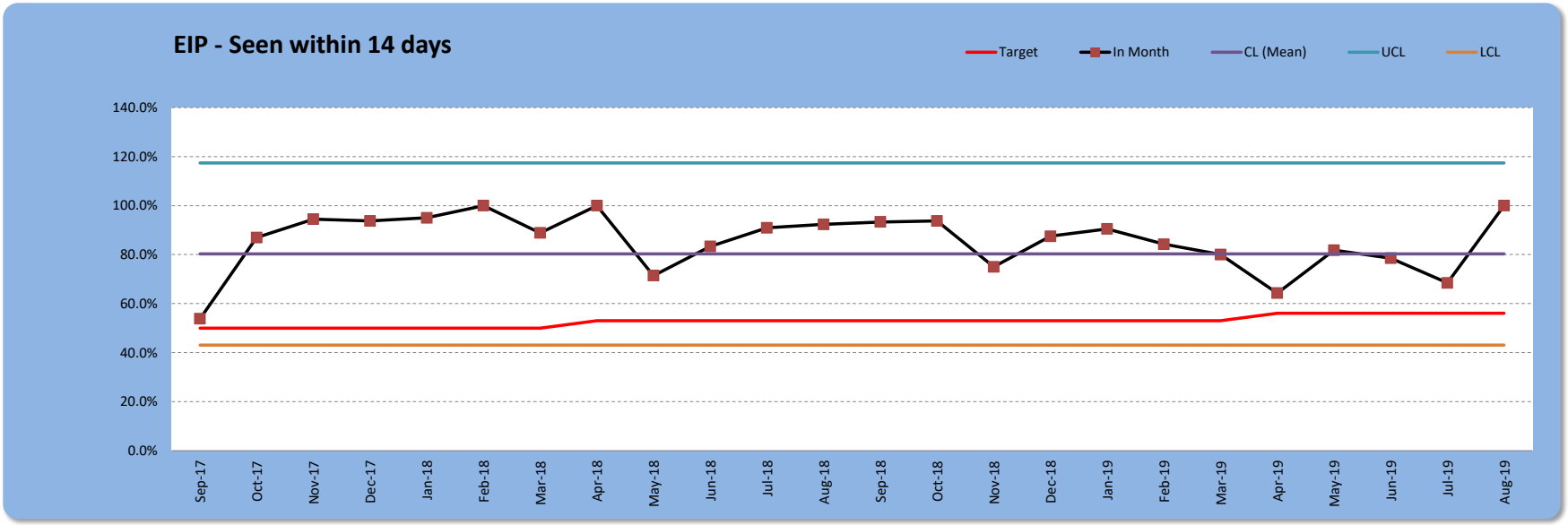
Indicator Title	Description/Rationale		KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Executive Lead Lynn Parkinson	OP 9

Narrative

Target achieved

Target: 56%
Amber: 51%

Current month stands at 100.0%



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

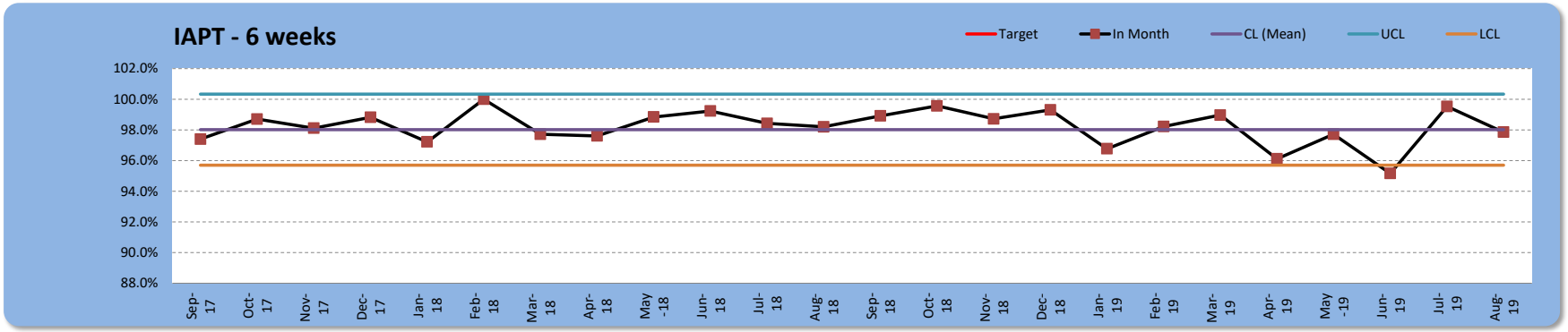
For the period ending: **Aug 2019**

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

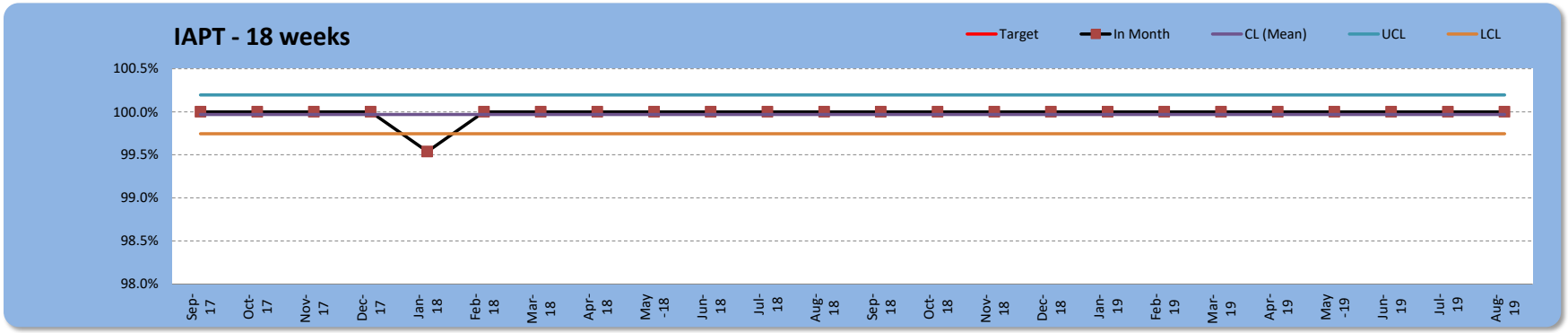
Target: 75%
Amber: 70%
Current month 97.8%



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

Business Intelligence

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

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Aug 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

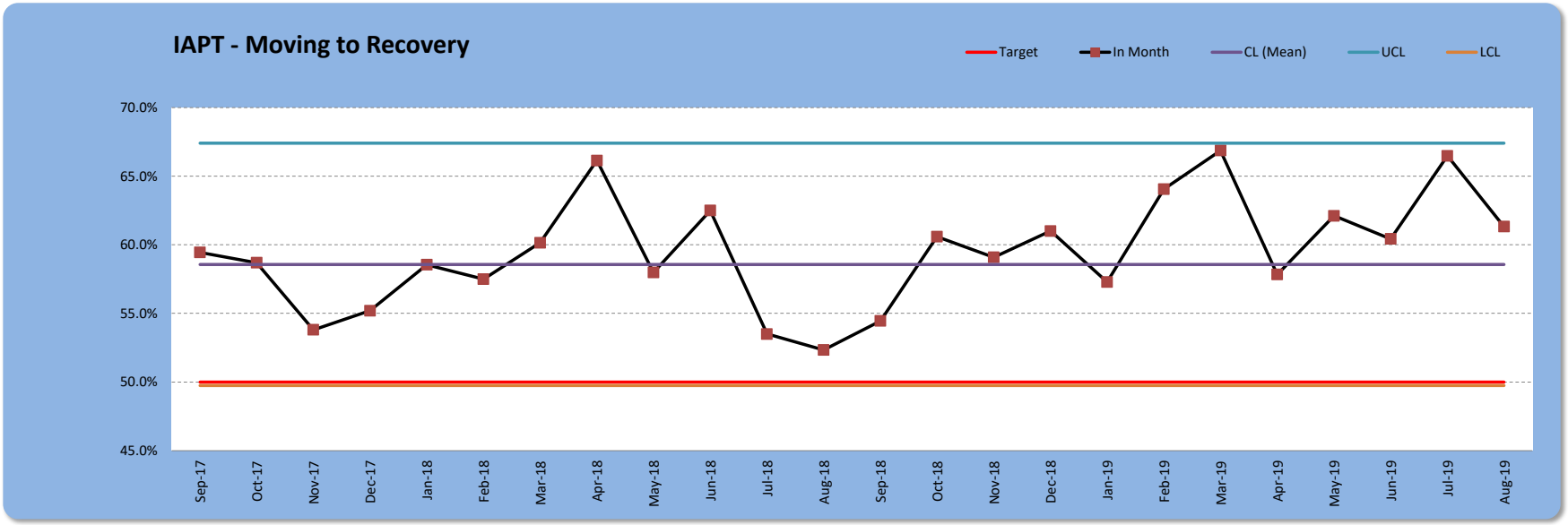
Narrative

Target Achieved

Target: 50%

Amber: 45%

Current month stands at 61.3%



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 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

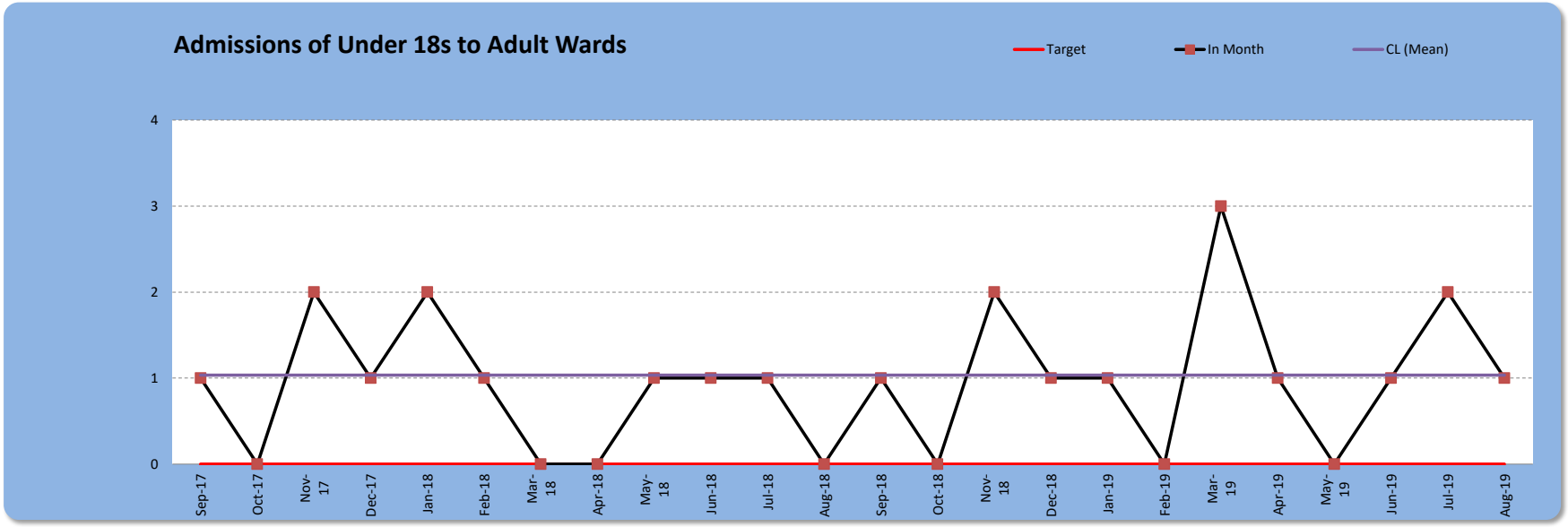
Narrative

One admission

Target: 0

Amber: 1

Current month stands at 1



Exception Reporting and Operational Commentary

There were one admission in August to Westlands. CAMHS bed not available at the time admission required, decision was to admit to Westlands. Patient was aged 15 at the point of admission.

Business Intelligence

Current Year Summary

Year	Age 16/17	Under 16	Total
2019/20	2	2	4

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 2019**

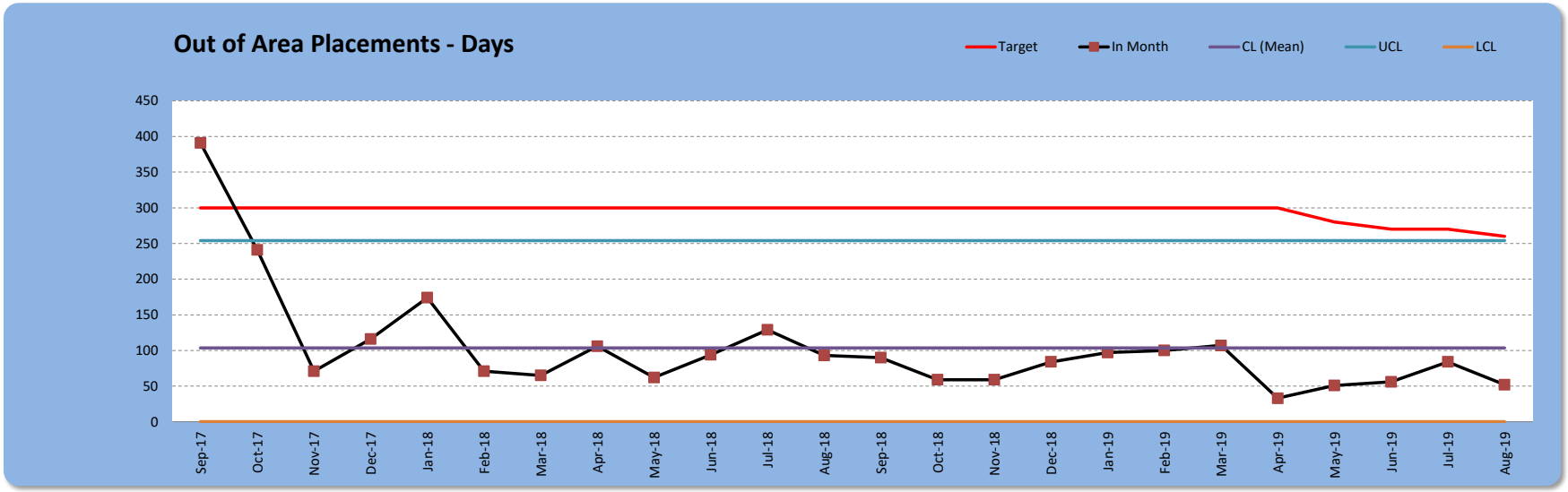
Indicator Title	Description/Rationale		KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Executive Lead Lynn Parkinson	ST 4b

Narrative

Slight increase but well within target

Target: 260
Amber:

Current month stands at 52



Exception Reporting and Operational Commentary

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

Split of Speciality and Reasons in current month

Patients out of area within month: 5

Unavailability of bed	5
Safeguarding	31
Offending restrictions	0
Staff member/family/friend	15
Patient choice	0
Admitted away from home	1

Adult	16
OP	5
PICU	31

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Aug 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

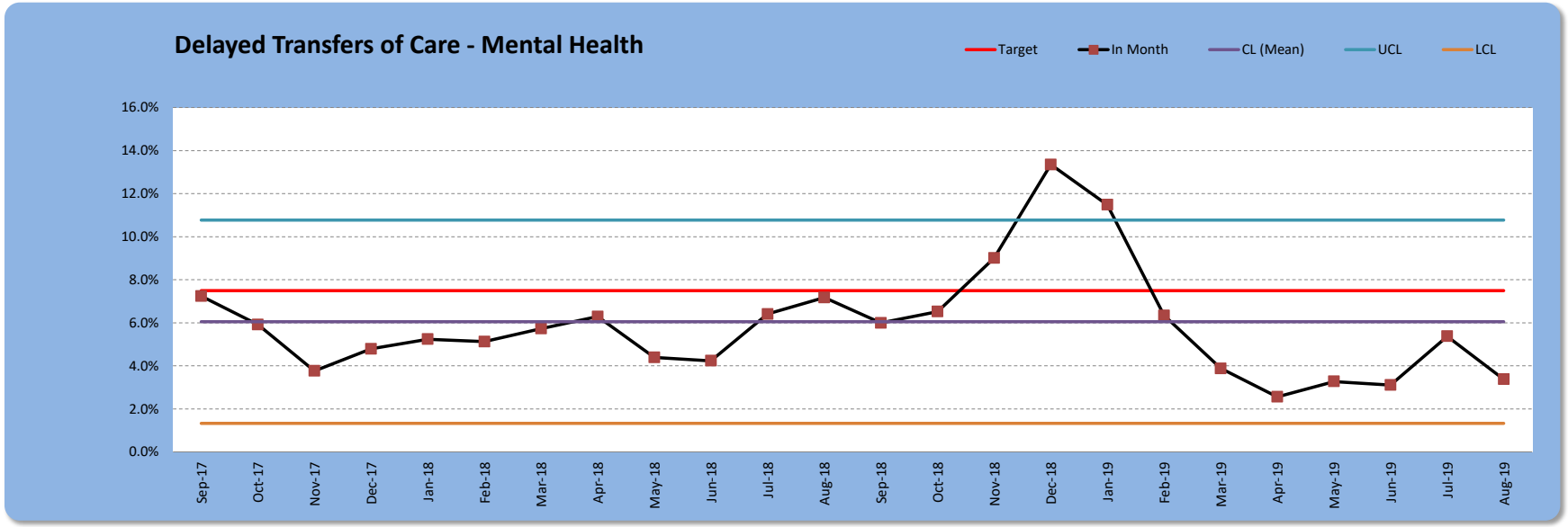
Narrative

remains well within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.4%



Exception Reporting and Operational Commentary

Remains within the required standard this month. Delays continue to be managed rigorously through the approaches in place to manage acute bed demand, capacity and flow. Systems are in place to escalate delays to system partners where that is appropriate.

Ongoing partnership with Local Authorities continues to be developed. Delays continue to be monitored through our system escalation processes with the elected Local Authorities.

Business Intelligence

There were 137 delayed days in mental health during August. This is a reduction on the previous month. Four patients in Older People's and eight patients in Adult services. Top three reasons:

Awaiting residential home placement or availability	61
Awaiting public funding	32
Disputes	13

No delays in Learning Disabilities and 10.6% in Community Hospitals.

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2019**

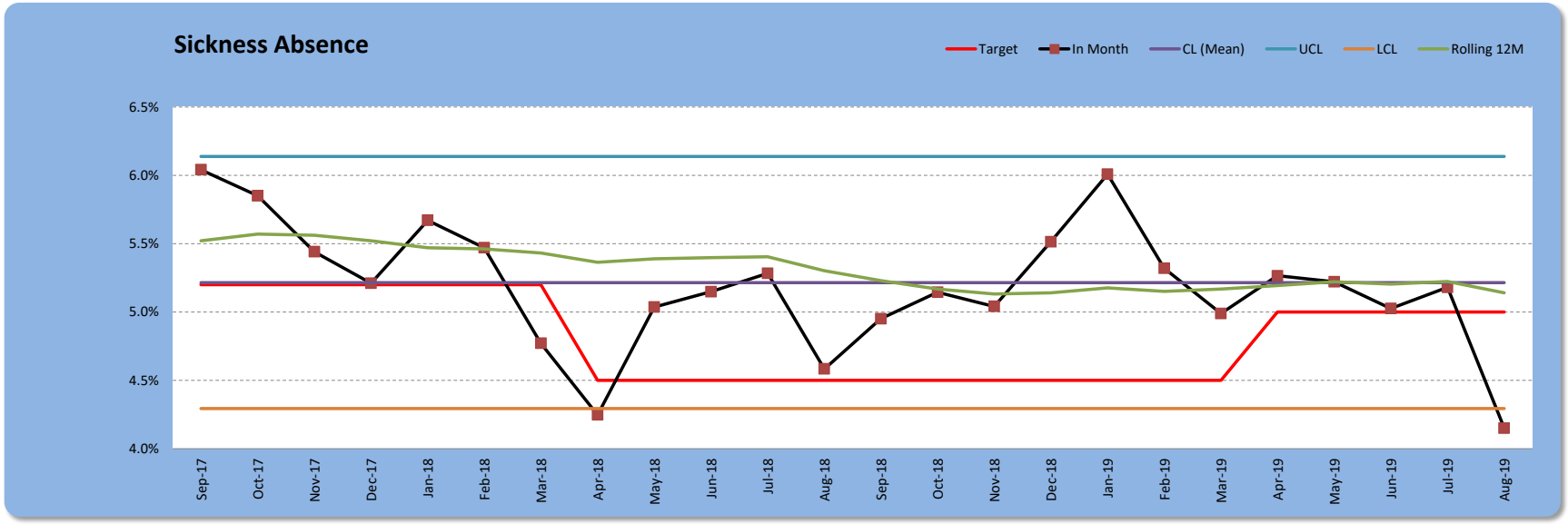
Indicator Title	Description/Rationale		KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Executive Lead Steve McGowan	WL 1

Narrative

In month target not achieved.

Target: 5.0%
Amber: 5.2%

Jul Refresh 5.1%



Exception Reporting and Operational Commentary

Long term sickness (periods of 28 days or over) represents 67% of sickness absence in the Trust. Sickness rates are reported to managers on a monthly basis and details of staff sickness can be accessed by managers via ESR. The trust recognises good attendance (thank you letters) and has in place a policy and procedure to help manage sickness absence which is being reviewed. The PROUD programme, launched in January, includes various initiatives to help develop managers to be better leaders. The trust recently launched a buying and selling annual leave scheme to give staff greater flexibility and help better manage work life balance. National median sickness figure for comparable trusts as 5.08%.

Business Intelligence (previous month)

Trustwide - Jul
5.1%
Rolling 12m
5.2%
WTE
2348.63

Care Group Split Below	Jul %	Rolling 12m	WTE
Specialist Services	8.11%	8.22%	220.94
Mental Health Services	6.07%	5.63%	587.00
Older Peoples MH	5.73%	5.54%	177.56
Community Services	6.00%	5.00%	338.21
Children's and LD	3.97%	4.80%	480.96
Corporate Split Below	Jul %	Rolling 12m	WTE
Medical	1.89%	6.04%	28.53
Human Resources	4.99%	4.34%	52.32
Finance	2.18%	3.19%	105.16
Nursing and Quality	4.32%	5.71%	37.13
General Practices	1.76%	2.25%	105.19
Chief Executive	0.00%	7.85%	13.20
Chief Operating Officer	4.30%	3.73%	202.43

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Aug 2019**

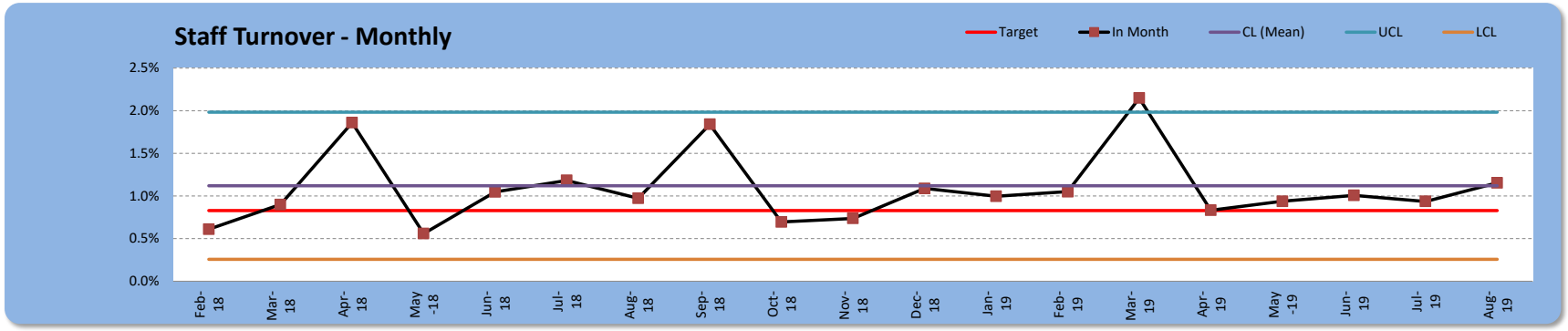
Indicator Title	Description/Rationale		KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the 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 1.2%

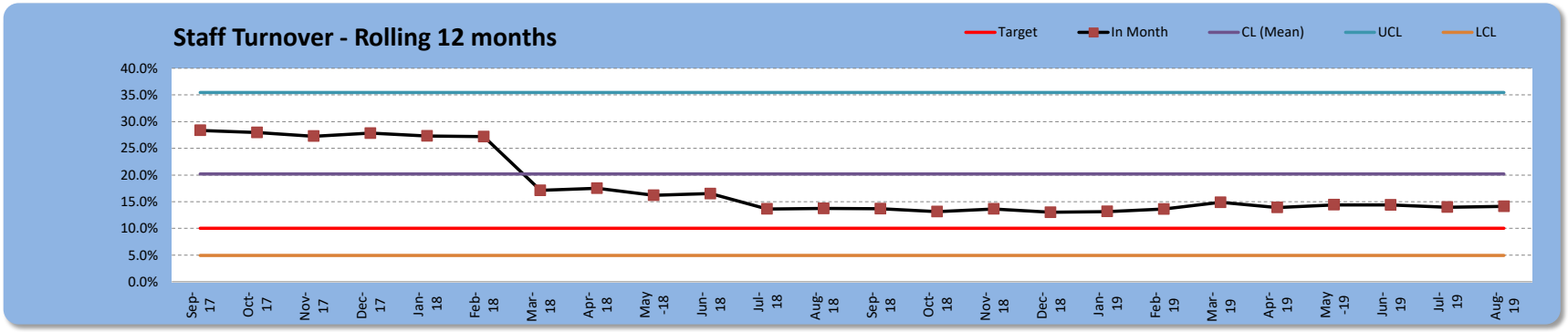


Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.1%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures from June 17 to March 18. The Trust continues to put in place the actions from the retention plan agreed last year, is actively trying to recruit to vacant posts within the Trust, and is encouraging retire and return where possible.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	39
Voluntary Resignations	71
Work Life Balance	28
End of Contract	5
Other	3
Total	146

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

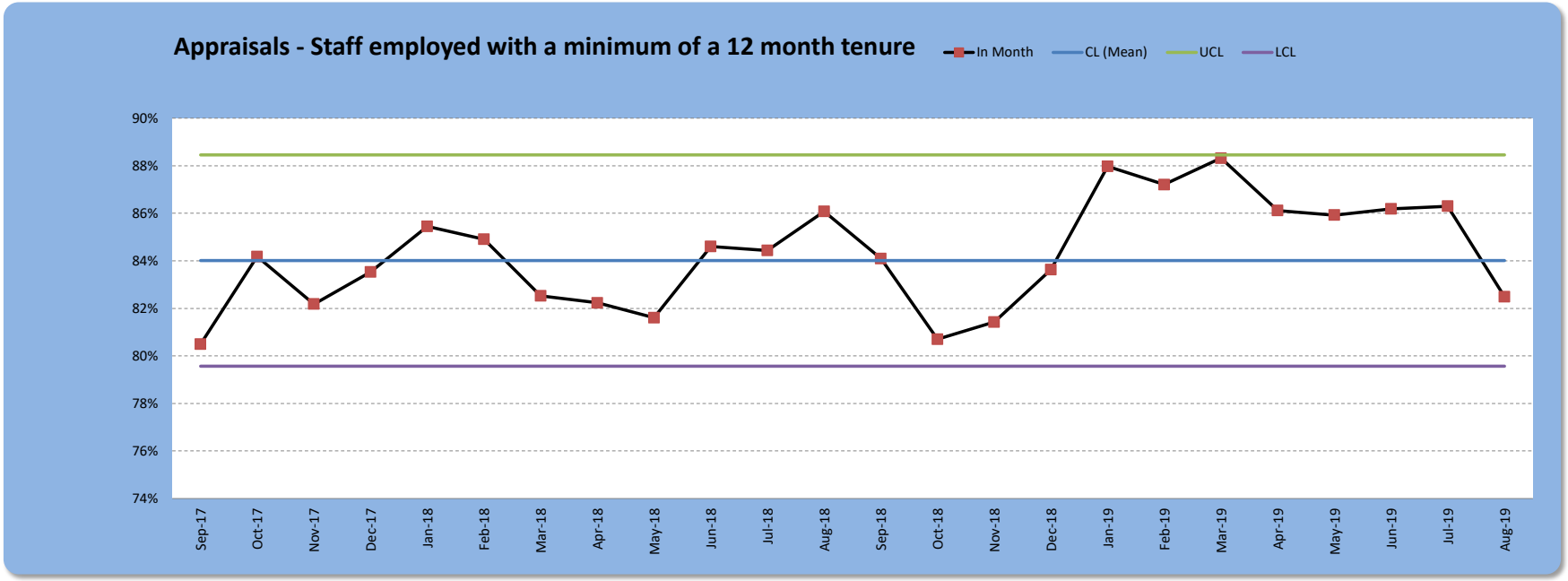
For the period ending: **Aug 2019**

Indicator Title	Description/Rationale		KPI Type
Staff Appraisals	Percentage of staff who have received an Appraisal within the last 12 months (excludes staff on maternity)	Executive Lead Steve McGowan	WL 4 (ii)

Narrative

in month target achieved

Current month stands at 82.5%



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 Operational Delivery Group and discussed at quarterly Leadership Forums. A new Appraisal process was agreed at EMT on 3rd June and this will see a three month appraisal 'window' put in place from April 2020.

Business Intelligence

Care Group and Corporate Splits Below

CG Reporting	Aug-19
Mental Health	86.3%
Corporate	82.3%
PCCHLD	79.7%
Specialist	82.2%

Chief Operating Officer	90.9%
Chief Exec	78.6%
Finance	85.1%
Medical	89.6%
Nursing and Quality	71.0%
Human Resources	94.9%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 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

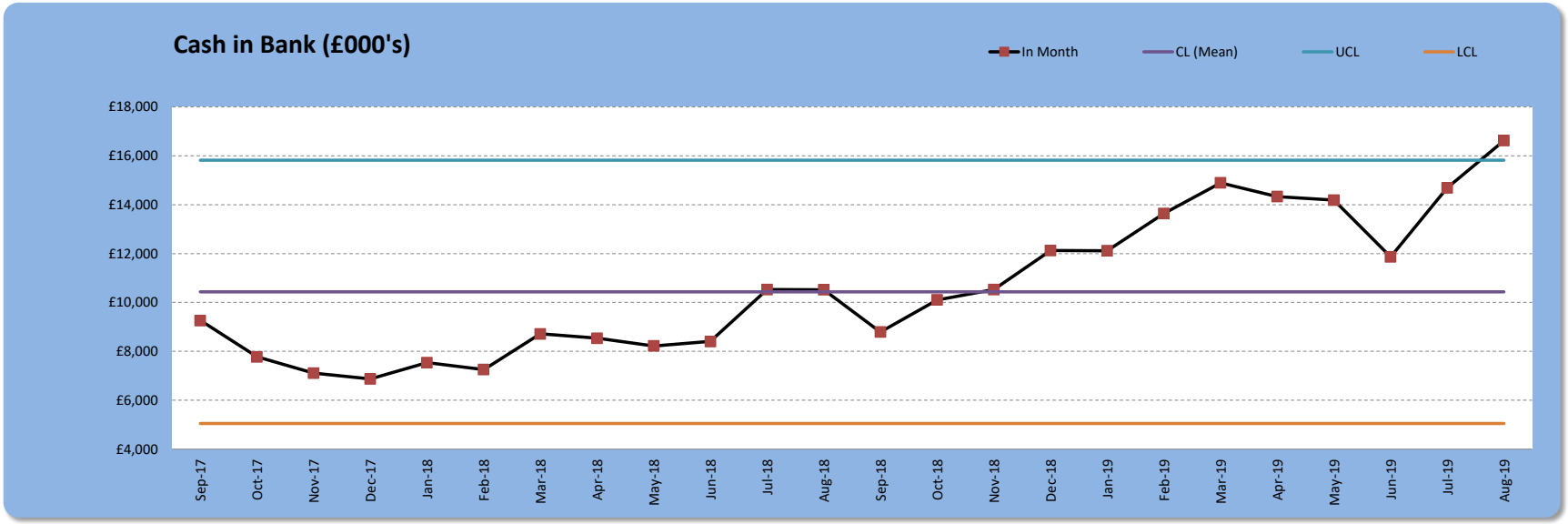
Narrative

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

Target:

Amber:

Current month stands at £16,621 ,000



Exception Reporting and Operational Commentary

As at the end of August 2019 the Trust cash balance was £16.621m.

The cash balance includes central funding for the CAMHS and LCHRE projects where there are timing difference between receipt and expenditure, the underlying balance in the Trusts Government Banking Service Account was £13.852m.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 2019**

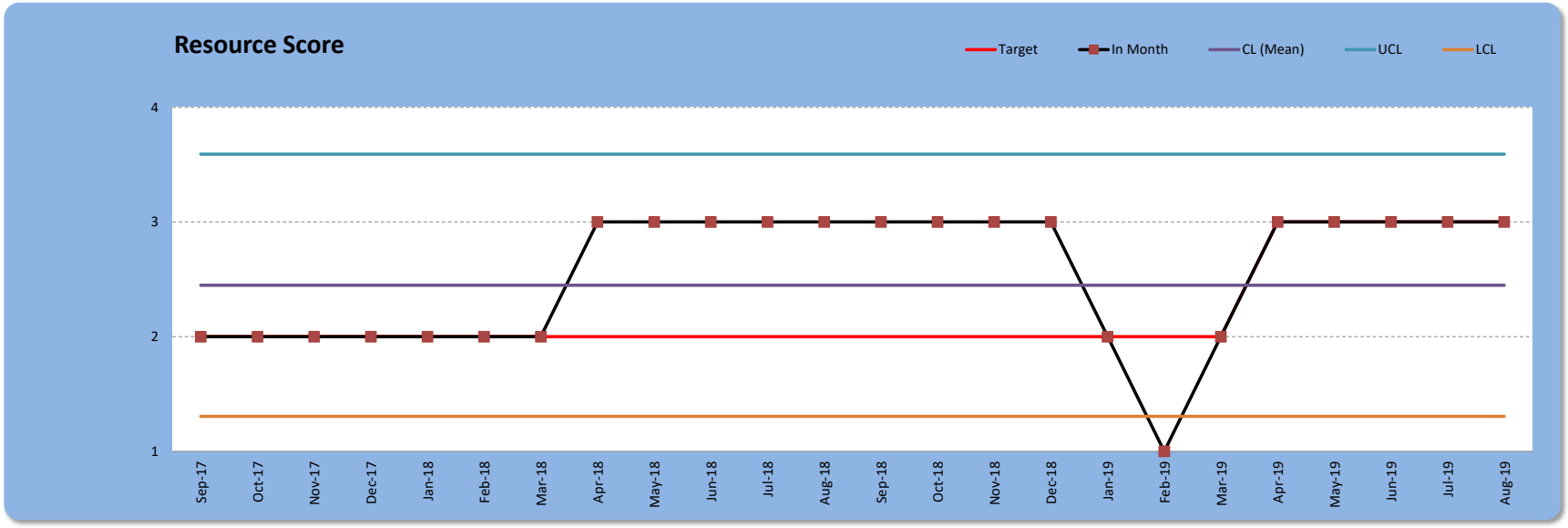
Indicator Title	Description/Rationale		KPI Type
Resource Score	The Single Oversight Framework assesses the Trust's financial performance across different metrics	Executive Lead Peter Beckwith	F 2b

Narrative

No change

Target: 2
Amber: 3

Current month stands at 3



Exception Reporting and Operational Commentary

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

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

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Aug 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

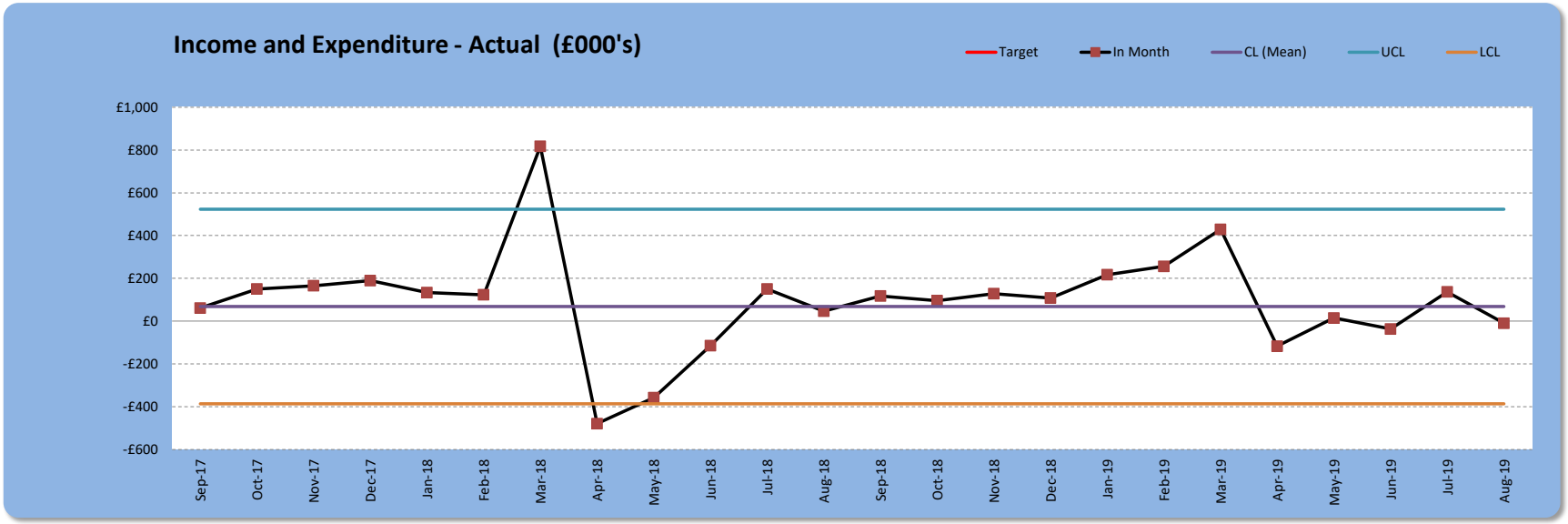
Narrative

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

Target:

Amber:

Current month stands at -£10 ,000



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

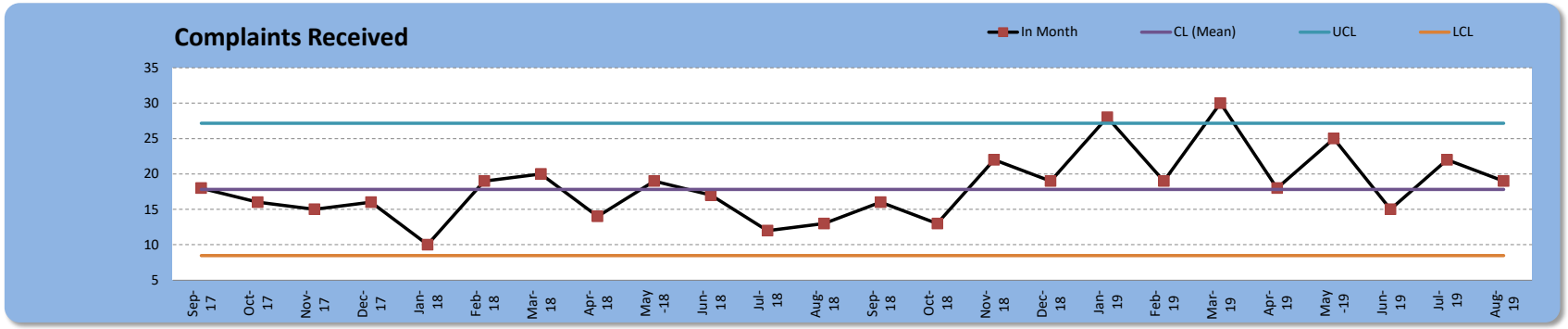
For the period ending: **Aug 2019**

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

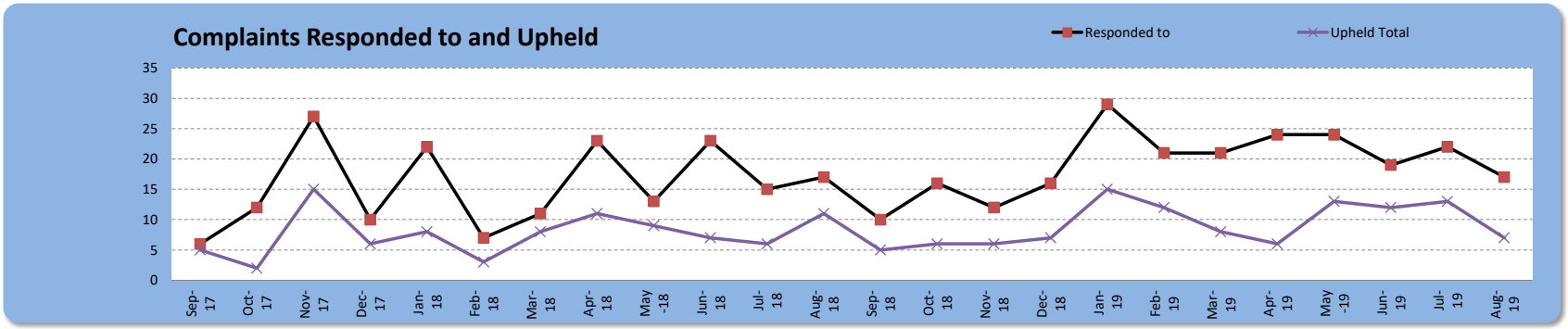
Current month stands at 19



Narrative

51 upheld YTD
48.1%

Current month upheld stands at 7



Exception Reporting and Operational Commentary

The Trust responded to 16 complaints in the month of August 2019. Of the 16 complaints, 9 complaints were not upheld (56.2%) and 7 complaints were partly or fully upheld (43.8%). The top theme for complaints responded to (year to date) continues to be patient care with 21 complaints followed by appointments with 19 complaints.

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

Patient care	21
Appointments	19
Communications	18
Values and behaviours (staff)	10
Clinical treatment	7

All Complaints responded to YTD	101

Humber Teaching
NHS Foundation Trust

Executive Team:

Chief Executive:	Michele Moran
Chairman:	Sharon Mays
Chief Operating Officer:	Lynn Parkinson
Director of Finance:	Peter Beckwith
Director of HR and Diversity:	Steve McGowan
Medical Director:	John Byrne
Director of Nursing:	Hilary Gledhill

Issue Date: 18/09/2019

Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting – 25th September 2019
Title of Report:	Finance Report 2019/20: Month 5 (August)
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:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st August 2019(Month 5). The report provides assurance regarding financial performance, key financial targets and objectives. The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.
Key Issues within the report:	• An operational surplus position of £0.072m was recorded to the 31st August 2019. • Expenditure for clinical services was lower than budgeted by £0.518m. • Expenditure for Corporate Services was £0.726m lower than budget. • A BRS Risk Provision of £1.775m was included in the reported position. • The cash balance at the end of August 2019 was £16.621m, this includes £1.348m of LHCRE and £1.186m of CAMHS capital funding. • Capital Spend as at the end of August was £4.171m. .

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
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 – August 2019

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st August 2019(Month 5). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

The Trust reported a deficit of £1.703m, £0.120m favourable to the month 5 NHSI planned deficit of £1.823m. The reported position includes BRS allowance of £1.775m, therefore the operational position pre BRS is a £0.072m surplus.

After allowing for donated asset depreciation (£0.087m) the ledger position was a £1.790m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

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

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s		In Month				Year to Date		
			Budget £000s	Actual £000s	Variance £000s		Budget £000s	Actual £000s	Variance £000s
Income									
Trust Income	**104,448**		**8,704**	**8,671**	**(33)**	-	**43,520**	**43,432**	**(88)**
Net Expenditure									
Clinical Services									
Primary Care, Community, Childrens & Learning D	37,249		3,097	2,992	105		15,516	15,114	402
Mental Health Services	34,873		2,893	2,790	103		14,495	14,148	347
Specialist Services	8,249		658	723	(65)		3,465	3,695	(231)
	80,371		**6,647**	**6,505**	**143**		**33,475**	**32,957**	**518**
Corporate Services									
Chief Executive	1,879		154	156	(2)		804	775	28
Chief Operating Officer	3,748		468	462	6		2,236	2,203	32
Finance	8,934		761	686	75		3,678	3,380	299
HR	2,740		233	213	19		1,144	1,030	113
Director of Nursing	1,805		150	159	(10)		759	742	17
Medical	1,726		143	156	(13)		724	756	(32)
Finance Technical items (including Reserves)	(62)		34	22	12		168	(100)	269
	20,770		**1,941**	**1,855**	**86**		**9,513**	**8,786**	**726**
Total Net Expenditure	**101,141**		**8,588**	**8,360**	**229**		**42,988**	**41,743**	**1,245**
EBITDA	**3,307**		**116**	**312**	**196**		**532**	**1,689**	**1,157**
Depreciation	2,745		229	211	18		1,144	1,078	65
Interest	148		12	8	4		61	40	21
PDC Dividends Payable	2,112		176	176	(0)		880	880	(0)
PSF Funding	(1,343)		(90)	(90)	-		(382)	(382)	-
Operational Position	**(354)**		**(212)**	**7**	**174**		**(1,171)**	**72**	**1,070**
BRS	-		95	275	(180)		652	1,775	(1,123)
Operating Total	**(354)**		**(307)**	**(268)**	**38**		**(1,823)**	**(1,703)**	**120**
Excluded from Control Total									
Donated Depreciation	216		18	17	1		90	87	3
Ledger Position	**(570)**		**(325)**	**(285)**	**39**		**(1,913)**	**(1,790)**	**123**
EBITDA %	**3.2%**		**1.3%**	**3.6%**			**1.2%**	**3.9%**	
Surplus %	**-0.3%**		**-2.4%**	**0.1%**			**-2.7%**	**0.2%**	

2.1 Trust Income

Trust income year to date was £0.088m behind budget.

2.2 Net Expenditure

Net expenditure for clinical services was lower than budgeted by £0.518m year to date.

2.3 Clinical Services Expenditure

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

Year to date net expenditure of £15.114m represents an underspend against budget of £0.402m.

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

2.3.2 Specialist

An overspend of £0.231m was recorded YTD for Specialist Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness.

2.3.3 Mental Health

An underspend of £0.347m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.726m underspent year to date.

- The Chief Operating Officer directorate has a year to date underspend of £0.028m.
- Within the Finance directorate a year to date underspend of £0.299m is shown for month 5.

3.0 Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st August 2019. In month, the net current asset position increased by £1.308m to £10.595m. This was related to a decrease in Current Assets due to a reduction in aged debt in month, relating to the receipt of HEE and Tees Esk and Wear Valley income.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	16,386
Nat West Commercial Account	206
Petty cash	29
Total	**16,621**

In month income of £13.579m was received compared to expenditure of £11.740m.

The Agenda for change funding of £0.406m was received in month, along with LHCRE funding of £1.500m. The main expenditure for the month was pay costs, purchase ledger payments and capital payments, including the interim payment for the CAMHS project of £0.523m.

3.2 Capital Programme

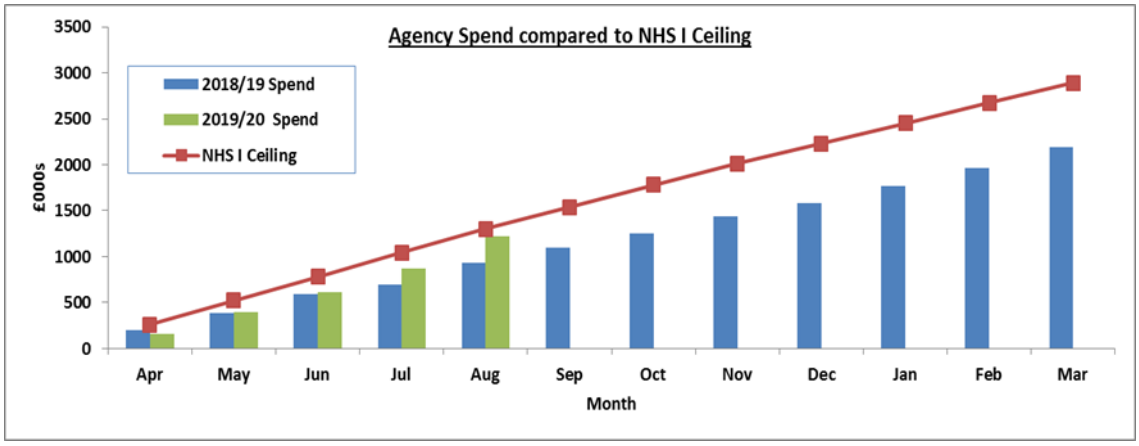
The Capital Departmental Expenditure limit (CDeL) for the Trust is £12.229m. Year to date capital expenditure of £4.171m comprises expenditure for IT (£0.440m), LHCRE (£1.164m), Property Maintenance (£0.233m) and CAMHS unit (£2.333m), as detailed in the table in Appendix 3.

4. Staffing

4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for August was £0.353m, which is above the ceiling of £0.260m for the month. The year to date spend for August is £1.225m, which is higher than the same period last year where the costs were £0.927m, as shown in the table below.

Table 3: Agency Spend



5. Recommendations

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

Appendix 1
Statement of Financial Position

	AUG-19 £000	JULY-19 £000	Movement £000	COMMENTS
Property, Plant & Equipment	99,901	99,656	245	
Accumulated Depreciation	23,099	22,895	204	
Net Property, Plant & Equipment	**76,803**	**76,762**	**41**	
Intangible Assets	6,383	6,265	118	
Intangible Assets Depreciation	1,702	1,678	24	
Net Intangible Assets	**4,681**	**4,588**	**94**	
Total Non-Current Assets	**81,484**	**81,350**	**135**	
Cash	16,621	14,691	1,930	Receipt of LHCRE funding £1.5m and £0.406m Agenda for Change funding
Trade Debtors	4,430	5,750	(1,320)	Write off of £0.450m bad debts. Income receipts from HEE & TEWV
Inventory	150	150	0	
Non Current Asset Held for Sale	2,145	2,145	0	
Other Current Assets	3,326	2,642	684	Bad debt provision utilisation
Current Assets	**26,672**	**25,378**	**1,294**	
Trade Creditors	3,897	3,982	(85)	
Accrued Liabilities	12,180	12,109	71	
Current Liabilities	**16,077**	**16,091**	**(14)**	
Net Current Assets	**10,595**	**9,287**	**1,308**	
Non-Current Payables	1,175	1,175	0	
Non-Current Borrowing	4,464	4,447	17	
Long Term Liabilities	**5,639**	**5,622**	**17**	
Revaluation Reserve	13,293	13,293	0	
PDC Reserve	58,585	56,873	1,712	PDC funding for LHCRE and MH Facility
Retained Earnings incl. In Year	14,563	14,848	(285)	
Total Taxpayers Equity	**86,441**	**85,014**	**1,427**	
Total Liabilities	**108,156**	**106,727**	**1,429**	

Agenda Item: 11

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Quality Committee Assurance Report
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 the discussions at the Quality Committee meeting held on 7 August 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 2 May 2019 are presented for information.
Any Issues for Escalation to the Board:	The Quality Committee noted it was good to have established the Workforce Committee but remains concerned regarding the ongoing theme of vacancies of staff and pressure this causes in clinical teams. It was noted that staff have commented this is their biggest concern.

Executive Summary – Assurance Report:

The key areas of note arising from the Quality Committee meeting held 7 August 2019 are as follows:

John Powell, Medical Case Examiner and Employer Liaison Adviser (GMC) was welcomed to the meeting as a guest.

The minutes of the meeting held on 2nd May were agreed.

Specific agenda items:

- **Action log and matters arising.** The action log was noted with all actions signed off.
- **How we are using Always Events to improve patient experience (NHS Improvement Film)** The Committee welcomed seeing the film, on the Trust's approach to Always Events and commended Hilary Gledhill and Mandy Dawley for taking this initiative forward and Townend Court in terms of their particular role in this.
- **Patient Safety Strategy and Annual Patient Safety Report.** The Patient Safety Strategy was noted and the Annual Patient Safety Report, really welcomed, sighting the Committee on zero events and reinforcing the Patient Safety Strategy, which the Committee was pleased had been approved by the Board. It was noted the National Patient Safety Strategy will be reviewed following its recent publication with a presentation to the next Quality Committee.
- **Addictions Services overview.** The Committee welcomed the Medical Director presenting a conversation in relation to deaths of people with substance misuse. The

Chair felt the discussion created some stimulus and asked the Medical Director what he was planning to do next. It was agreed further work was needed with partners across the wider system and their focus on this work and to this end the Medical Director confirmed he will be having a conversation with the Coroner, Tom Phillips and Soraya Mayet and establishing how we work with commissioners going forward. The Medical Director committed to reviewing the prescribing of opiates and benzodiazepines in our GP practices and establishing practice level plans.

- **Quality Insight Report.** The Committee noted the recent NHS England contract monitoring visit focusing on safeguarding at the Humber Centre had gone very well and the Professional Strategy is now approved and disseminated. The report promoted the annual report from the Resuscitation Officer which was welcomed and noted clinical supervision and 7-day and 3-day follow up assessments have a very positive trend. The insight into quarter one serious incidents raised by Hilary was welcomed
- **CAMHS waiting list Assurance Report.** The author was thanked for the report, and the Committee noted that whilst this is a wider piece it is a severe issue particularly for CAMHS autism and ADHD which seems to be a growing problem. It was discussed the best system responses are needed to these whilst being mindful of not medicalising people and using the right type of parental involvement.
- **CQC Acton plan/CQC update.** It was noted the action plan is on track. The Committee looks forward to seeing an update on the Must Do action plan and the Should Do actions at the next meeting
- **Clinical Audit six month report.** The Committee noted the progress and welcomed again being realistic on this area. The Quality Committee agreed and recommended the actions suggested.
- **Safety staffing six month report.** The improvements were really welcomed particularly at a time of pressure on staff. The Committee looks forward to continuing the link of Ward to Board reporting regarding safer staffing in the Trust.
- **Quality Committee Risk Register.** The number of risks and the mitigation plans were noted. It was also noted that the Quality and Patient Experience Group regularly scrutinises the register. The Board Assurance Framework was reviewed. Again the Committee noted the staffing issues that came through in both reports.
- **Hull Safeguarding Adult Partnership Board: Safeguarding Adults Review Final report.** It was agreed that it was good to be able to read the full report which is a very sad story. The Committee noted the substantial progress made since the incident occurred.
- **Annual Reports** The Committee felt the Patient and Carer Experience Annual Report was excellent in terms of headlines and the report was commended along with everyone involved particularly Mandy Dawley for the transformative approach she had taken.
  The Healthcare and Associated Infections Annual Report 2018/19 was really welcomed and thanks to Debbie Davies and the team involved with this. The Safeguarding Annual Report 2018/19 was also welcome with the breadth of work undertaken by the team acknowledged. The Committee commended and recommended both the Infection Control and safeguarding reports be presented to the Board in line with the Boards statutory duties.
- **Policies for approval (from QPaS) -** The Infusions Therapies Policy and Recognising the Deteriorating Patient Policy were approved by the Quality Committee
- **Minutes for Main reporting Groups.** The minutes for the Quality and Patient Safety Group, Drugs and Therapeutics Group (DTG) and Research & Development Group were noted the fact the DTG had taken on the CQC medicines action.

It was noted this was the last Quality Committee meeting for Paula Bee and the Chair thanked her for her contributions. Paula thanked everyone and confirmed it was a pleasure to be part of the Quality Committee

Key Issues from the meeting held on 2 May 2019:
The approved minutes from the May 2019 meeting are attached below.

Quality Committee

Minutes of the Quality Committee

Held on Thursday 2nd May 2019, in the Boardroom, Trust Headquarters

Present

Mike Cooke	Non-Executive Director and meeting Chair	MC
Mike Smith	Non-Executive Director	MS
Paula Bee	Non-Executive Director	PB
Hilary Gledhill	Director of Nursing	HG
John Byrne	Medical Director	JB
Lynn Parkinson	Chief Operating Officer	LP
Tracy Flanagan	Deputy Director of Nursing	TF
Caroline Johnson	Assistant Director for Quality Governance & Patient Safety	CJ
Kelvyn Williams	Governance and Patient Safety Administrator (item 3)	KW
Su Hutchcroft	Governance Co-ordinator (minutes)	SH

51/19	**Apologies for Absence received** Michele Moran, Chief Executive Nicki Sparling, Interim Assistant Director of Nursing
52/19	**Minutes of the last meeting – April 19** The minutes were approved with the following amendment. • Meeting date to be amended to 3rd April 2019.
53/19	**Action log and matters arising** The action log was noted and updates accepted. **Matters arising** It was noted that the final CQC report has not yet been received but is expected to be received within the next week.
54/19	**Draft Quality Accounts 2018/19** It was noted there have been some further amendments to the version presented to the Committee in particular the performance section on page 40 has been removed, this had been submitted by the BI team but does not need to be included. The Committee agreed with the removal of this information as it was difficult to follow and added little value. CJ explained that she is unable to complete the CQC section until the final report is received. MC asked the meeting for general feedback. Main comments included • The Committee all agreed that it was heading in the right direction and benefitted from attempts to make it look better visually but PB noted there are a number of mixed styles of writing due to the number of different section authors. CJ agreed to address this. • The Committee felt the Chief Exec statement had a lot of bullet points and MS suggested it may be worth looking at some way of breaking this up visually possibly by using a calendar style. PB suggested another way of highlighting the achievements by including them throughout the document with highlighting arrows • Discussed how the patient story may benefit from being adapted by using quotes. Agreed it should have a brief introduction to the patient. • Discussion on SPC charts and bar charts and the different styles of tables. Agreed to use SPC wherever possible. Some tables could be deleted where an SPC has been provided. • Agreed fantastic detail with some wonderful content • Discussion on ways to show which was the statutory text with a suggestion of greying

	all the statutory items • JB noted it is a fantastic improvement on the document he read two years ago before joining the organisation • Some good trends noted • Strategic goals – is there enough made of these? • Suggestion to bring the report to life with speech bubble comments from staff, patients and stakeholders • Trust is now more a speciality provider but report is still talking about improving physical and mental health without talking about professional expertise • Suggestion given of mocking up a couple of structures for the document to see how much leeway after including what we are required to have in the document • A 'year in quality' could link to the patient journey • Achievements could be shown through caring, learning, and growing or strategic goals or calendar idea • It was agreed it was a good document but room to make it a very good document • Could include link to quality improvement • Include the HSJ awards • Suggestion of adding an introduction why the report is written and what you can expect to read. This will make it more accessible and make the content make more sense to the reader. • Chief Exec statement, question of whether should this include Chair as well. It was noted that the statutory requirement is for it to be the CEO. • The At a Glance graphic was agreed as requiring some amendment as some of the wording was not quite right. The Committee went through the document, with comments captured by KW on each section for amendments on the next draft. CJ confirmed that all the statutory requirements were contained in the document with the only outstanding item in this draft being the outstanding CQUIN performance as we do not receive that information until after report submission date. CJ confirmed stakeholder statements are due in this week. The independent auditors are currently looking at the Quality Accounts and will forward their statement. MC summarised the discussion held, noting some amendments suggested including a section on health stars, with a focus on challenges. To include more on Mental Health legislation (MHL) and what it does for quality and the organisation. It was also suggested talking about the deep dive on reducing restrictive restraint (RRI) and JB will speak to CJ regarding this. It was noted the meeting gave good scrutiny to the Quality Accounts and have made suggestions and comments which will help cohere the document which was felt to be good.
55/19	**Draft Patient Safety Strategy** LP had to leave the meeting at the start of this item but noted that there has been a very detailed discussion at EMT on the strategy which has been incorporated into the document, and feels the document is shaping up really well. CJ explained the background of the strategy, starting with the last priorities from the previous strategy demonstrating the incredible amount of progress made. CJ explained that she believes strategic goal one (to become a high reliability organisation) as the overarching goal of the entire strategy as it reflects the strategic direction of the Board. CJ noted that the high reliability concept developed in industries such as aviation, has been a concept she has built on through conversations with JB. The Quality Committee agreed that this was good strategic priority. HG noted that the strategy has been through a number of consultation forums and was discussed in a workshop at the Learning the Lessons Conference the previous day. The time line for the document was discussed and HG explained it was planned for

	completion in July. Consultation has been going on for a few months and responses have been included within the document. This is setting the strategic direction, is a vision and strategy and how this is taken forward will be very much an engagement piece of work. JB noted the National Patient Strategy is coming out in June but CJ noted this date has been pushed back a number of times so may be again. MC summarised the document was in development as strategy document and the Quality Committee felt it was going along the right lines with the following comments: • Cultural context is mentioned and the end and it was asked if this was in the right place. CJ agreed that this would move more to the introduction which is still to be developed. • Felt it was important to take time to get this document right as it has such potential, is really exciting and we can hang the next piece of strategy as an organisation around this document if we get it right • To include the use of quality improvement approaches • Priority 2 was excellent but felt some difficulty in the wording and could possibly have some more technical wording and expand it a bit. • Felt it was going in the right direction and quite an exciting document • Noted it was not to trying to be detailed to allow staff to have ownership through locally produced action plans • It was felt all the strategic goals were really clever • Goal three is about getting this right as patients and felt this should be moved to goal two with goal four about how we get it right with staff • Suggested noting the evidence based used for creating the report • Reducing restrictive interventions (RRI) needed including in goal two MC thanked CJ for bringing the strategy document to Quality Committee early and the committee liked the direction of travel and could see why goal one had been picked. Would like to see the concept underneath this fleshed out a bit and understand what evidence we are using. The Committee is pleased the execs are involved and noted it needs to respond appropriately to what the CQC say on our latest inspection report. JB did note the organic consultation that has taken place and HG noted the workshop yesterday demonstrated how amazing this was. MC noted this wants to a living breathing strategy. TF felt it would be nice and get some support around is aligning it to the roads used to show the cohesion across other strategies on journey, which is the mapping work. HG thanked CJ for all work which has gone into developing the strategy. JB informed the Committee that CJ had been accepted on the Generation Q (A Health Foundation fully funded leadership and quality improvement programme) MC noted all the Quality Committee, would like to thank CJ for all she is doing and how well deserved her acceptance on the Generation Q programme is. MC summarised the meeting had looked at the first draft of the patient strategy and liked the approach and language used and would like further sight at the next Quality Committee. **Action – Draft Patient Safety Strategy to return to the next Quality Committee**
56/19	**Items arising from the meeting requiring communication, escalation or risk register consideration and any lessons learnt** There were no items required for escalation to the Board
57/19	**Date and time of next meeting** The next meeting will be held on Wednesday 7th August 2019, 9.30 – 12.30 in the Boardroom, Trust Headquarters.

Agenda Item: 12

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2019
Title of Report:	Mental Health Legislation Committee Assurance Report
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 08 August 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: • A National Workforce Plan for Approved Mental Health Professionals (AMHPs) is being developed for partners and stakeholders to coordinate the development of the AMHP role and the recruitment and retention of AMHPs – Hull AMHPs to be involved in testing out the AMHP standards • Risk register (amend and add) S136 (risk reference - MH6 from Quality Committee) • S136 – markedly increased detentions.

Executive Summary - Assurance Report:

Committee noted key items and assurances regarding:

- Humber Centre – assurance provided for MHA visits
- S140 – in common with most of the Country, we do not have any written agreements in place with the CCG for notification
- Action plan is in place to address the shortage of AMHPs in Hull.
- East Yorkshire AMHPs: pre-AMHP course is being delivered by Sheffield University
- Mental Health Legislation Committee Annual Report 2018 – 19 approved
- A new group has been established for the new Liberty Protection Safeguards (LPS) due to come into force on 01 October 2020; looking at governance management, system-wide and escalation processes.

Key Issues:

Insight report:

- Liberty Protection Safeguards – Department of Health update key points were noted.
- Presentation on S140 Review - Guidance for local authorities and Clinical Commissioning Group partners on how to implement s140 MHA 1983/2007 in line

with the 2015 Code of Practice.

- Presentation on the CQC report on the use of the MHA Code of Practice: Committee noted key findings and recommendations following CQC evaluation in accordance with Department of Health & Social Care commitment in Equality Impact Assessment prepared for revised Code (2015).

Quarterly performance report – main items

- Subtle changes made to presentation of data; content remained as before.
- CQC Mental Health Act visits – number of closed actions has improved. Committee assured on progress achieved to date.
- Rise in S136 – increased reporting through Lorenzo rise in S136 which could be aligned to increased activity at Emergency Departments, increase in alcohol and substance misuse and pressures from primary care. Discussions are looking at street triage in the area; having considered this approach in other areas and whilst evidence is variable, decided to progress this as an option. Underlying rise
    - Rise in consultation which is good, i.e. phone call pre-arrest
    - Diversionary practices e.g. Crisis pad

  Post meeting note – this risk to be discussed in relation to the risk register.

Exceptions –
There are 10 exceptions to the lawful application of the MHA indicating a slight spike, unable to identify any trends. Individual lessons learned have been sent to consultants. A workshop on paperwork errors is also to be held in October 2019 and will include attendance by Medics, AMHPs and Unit Managers. Overall, the exceptions report demonstrates attention to patient safety and compliance with legislation.

Received Reducing Restrictive Interventions report
Benchmarking data

- RRI –The use of restrictive interventions in Humber compares very favourably with national averages (i.e. restrictive Interventions are used much less in our Trust). This is a good thing and the figures show us 'outperforming' other areas, often by a large margin.
- External support now available through NHSI.

Presentation by Haley Jackson (research nurse) on seclusion; research findings, specific to decision to release service user from seclusion.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting –25th September 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 on 18th September 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 month five performance and focus on key areas. • Notes the committee's request for the Digital Delivery update to be reviewed. • Notes the committee's assurance on Health and Safety • Notes the open invitation to all Board members to attend the October FIC which will be the half year review.

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month five performance showed that the Trust had achieved an operational surplus position of £0.072m which becomes a deficit of £1.790 when BRS is provided for. The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.059m at Month 5 with current forecast showing an outturn position of a £0.026m underachievement.
The committee received a deep dive on Forensic Services, Digital Delivery which needed more work and the June/July Health and Safety update which didn't flag any major concerns

Key Issues:

The key areas of note arising from the Committee meeting held on 18th September were:

- Cyber Security where the Trust are working with Templar Executives (On behalf of NHS Digital) to undertake a Cyber Operational Readiness Support (CORS) assessment and the committee chair informed the committee that he would be lead NED on Cyber Security
- The fact that the National Audit Office has published its report into the findings of its

investigation of NHS Property Services which summarised that to a large extent the Service has, albeit slowly, succeeded in improving the professional support required, collecting data, streamlining contracts and identifying market rental rates; however, more than eight years later, it still does not have the powers it needs to work effectively, as the Department originally intended, and the accuracy of bills is still disputed and too many NHS organisations and GPs seem to regard paying for their premises as optional with almost £700 million either written off or still unpaid; the framework for charging for NHS property is not working effectively and the Department urgently needs to address the fundamental causes of this unsatisfactory situation.

- The Department of Health and Social Care has unveiled its proposals to give senior clinicians greater flexibility in their pension contributions in a bid to tackle a tax issue that is affecting patient services. They are consulting on a new set of proposals to offer senior clinicians more control over their pensions growth, so they can continue to provide the services that patients need. The new proposals include:
    - a 'flexible accrual' option where members can choose an accrual level in 10% increments
    - the option to 'fine tune' pension growth towards the end of the scheme year, when total earnings are clearer
    - The consultation closes on 1 November, but reforms cannot take effect until April 2020 as any changes require legislation

- In terms of the month five financial performance in month the Trust is showing an operational surplus position of £0.007m and year to date an operational surplus position of £0.072m After BRS provision has been included, the reported deficit for Month 5 was £0.285m (£0.039 better than budget) and year to date a £1.790m deficit (£0.123 better than budget). Year to Date staff costs of £43.513m are £0.756m lower than budget. Capital Spend as at the end of July was £4.171m, mainly related to the CAMHS and LICHRE projects.
  The Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.402m, the Mental Health Division has a year to date underspend of £0.347m, the Specialist Division is showing a year to date overspend of £0.231m and Corporate Divisions are showing an underspend of £0.726m at month 5. The committee received a Forensic services Deep dive to get an understanding of how they will get back on plan and also had a discussion around vacancies from a financial perspective but also the need to liaise with Workforce Committee and Quality Committee about the impact on staff and safety within the Trust.
  In terms of cash the cash balance at the end of August 2019 was £16.621m (Underlying Government Banking Service Cash position was £13.852m), outstanding Trade Debtors totalled £4.026m (£5.750m July), the Trust had £3.897m of Trade Creditors (£3.982m July) and the Current Cash flow forecast is predicting a cash balance of £12.370m in the Government Banking Service account at the end of the financial year. Performance against the better payment practice code for NHS and Non-NHS are currently 86.76% and 94.02% respectively. The committee commended the finance team on the ongoing management of debtors.
  The October FIC will be the half year review and forward look in terms of year end position so the committee extends an invitation to any Board member that wants to attend that meeting.
- The committee received an update on BRS delivery which showed that the overall profiled expected year to date level of savings stands at £1.937m with achieved savings of £1.878m producing an overall underachievement of £0.059m at Month 5. The current Forecast outturn position shows an underachievement of £0.026 Alternative savings to offset the forecast underachievement to close the £0.026m gap will be required. The position on the Major Schemes shows revised total savings of £2.642m giving a reduction in savings from the major schemes of £0.239m.

- The committee received an overview on the high level BRS planning for 2021 but this will be picked up at the next meeting.
- The committee received the Digital Delivery update but asked that some more work was done on it and that it came back via the Executive.
- The committee received a Health and Safety update for June and July sighting them on all statistics, trends, legislation changes and issues relating to Trust H&S, Fire and Security for that period and can give assurance to Board that there are no issues needing raising at Board.

Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 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 (FIC) is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 21st August 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 and supports the decision to go with Inenco for the supply of Gas and Electricity. • Notes the latest Business Insight report including the invitation to be the lead provider for the East Ridings Improving Access to Psychological Therapies (IAPT). • Notes the Plan on a Page outline of the benefits delivered last year from the Digital Delivery plan and the targets for 2019/20. • Notes the fact that a summary of key benchmarking data has been produced and is being used by the services to improve performance which will be assessed in 12 months time.

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that Month four performance showed that in terms of financial performance the Trust had achieved an operational surplus position of £0.065m which becomes a deficit of £1.504 when Budget Reduction Strategy (BRS) and donated asset depreciation are provided for. The Trust has a strong cash position and is controlling creditors and debtors well. Within this Primary Care showed on overspend of £0.215m year to date with spend on Locum GP's £0.521m, resulting in an adverse variance of £0.332m on pay for GP's. A full financial recovery plan will come to September FIC. In terms of BRS there was an underachievement of £0.041m at Month 4, with £1.685m of savings recorded year to date. In terms of Humber Coast and Vale the position has worsened from a £0.9m favourable variance to plan at month 3 to a £1.4m adverse variance to plan at month 4.
The committee received an update on the Supply of Gas and Electricity for the period 01/04/2020 to 31/03/2024 which recommended that the Trust extends its contract with Inenco and the committee supported this recommendation.
The committee received the latest Business Insight report with key points being that Humber

Teaching Foundation Trust (HTFT) have been invited to be the lead provider in the East Ridings IAPT, a good meeting was held about the Recovery College and work is ongoing to support Primary Care Networks (PCNs) across our geography. Finally the committee received a plan on a page update on the Digital Delivery plan and an excellent report summarising the key findings from a number of 2017/18 Benchmarking Reports which will help deliver efficiencies and effectiveness in each service.

Key Issues:

The key areas of note arising from the Committee meeting held on 24th July were:

- Issues highlighted within the report were:-
    - In terms of patient property and in part response to the recent audits on patient property the Trust are introducing a new system for the management of patient monies and property, the new system 'Harlequin' will replace the current dated 'Trojan system'.
    - In terms of Place the PLACE Collection sponsors (NHS England/Improvement) have confirmed that the collection review for 2019 has now been concluded. The keys points for Trusts to be aware of are that there are significant changes to the question set, there will be no weighting of food related questions to allow more transparency, the number of questions with a 'not applicable' response have been minimised and finally the definitions and guidance have been standardised and refined.
    - Greentrees - Following receipt of bed flow information from NHS England, the Executive Management Team (EMT) have agreed the reopening of Greentrees and works on site will commence during August 2019.
    - Pensions Seminar - A half day seminar (drop in workshop) has been arranged for 14th October. The workshop will provide generic guidance on the day and may be of interest of any employees who are affected by the annual and yearly allowance tapering that has recently come into effect.
- In terms of the month four financial performance in month the Trust is showing an operational surplus position of £0.154m (£0.172m better than budget) and year to date a surplus position of £0.065m (£0.896m better than profiled budget). After BRS provision and donated asset depreciation have been provided for, the reported deficit for Month 4 was £0.264m (£0.074m better than budget and NHSI Plan) and year to date a £1.504m deficit (£0.083 better than budget/plan) which represents a small favourable variance against the NHSI Plan.
- Year to Date staff costs of £34.799m are £0.645m lower than budget. Capital Spend as at the end of July was £3.820m, mainly related to the Child and Adolescent Mental Health (CAMHS) and Local Health Care Record Exemplar (LHCRE). The Primary Care, Community, Children's and Learning Disabilities Division has a year to date underspend of £0.297m, the Mental Health Division has a year to date underspend of £0.244m, the Specialist Division is showing a year to date overspend of £0.165m and Corporate Divisions are showing an underspend of £0.640m at month 4. All three divisions continue to cite workforce vacancies as an issue. Some initial work has been undertaken on the cost of sickness which will be further developed for next month for both FIC and for Workforce and Organisational Development committee. In terms of cash the cash balance at the end of July 2019 was £14.691m and within that outstanding Trade Debtors totalled £5.750m (£5.195m June), Trade Creditors were £3.982m (£3.899m June), the

current cashflow forecast is predicting a cash balance of £12.370mm in the Government Banking Service account at the end of the financial year and performance against the better payment practice code for NHS and Non NHS are currently 83.32% and 94.03% respectively

- In terms of Primary Care, it showed on overspend of £0.215m year to date with spend on Locum GP's of £0.521m, resulting in an adverse variance of £0.332m on pay for GP's. The main reasons for locum expenditure are vacancies (£0.370m), annual leave cover (£0.089m) and sickness cover (£0.062m). Some of the sickness can be reclaimed from NHS England but only £1,734 per week after 2 weeks continuous sickness (which drops to £839 per week after 29 weeks). A typical full time GP Locum costs £4,000 per week. The committee had requested a financial recovery plan but received a verbal update as the plan needed further refinement and so will come to the September committee meeting along with the revised Primary Care Strategy.
- As part of the Finance report the committee received a deep dive report on Forensic Services which shows a year to date overspend position for the Specialist Care Group of £0.165m. The cost pressure relates to Forensic and Offender Health (FOH) pay which is £0.182m overspent. The pay overspends relating to the FOH wards is due to the WTE worked exceeding the funded WTE with the use of bank staff. Sickness absence has contributed significantly to the use of bank staff across the service. There is also a shortfall in BRS. A mitigation plan has been put in place which involves Ward Managers far more in delivering the overall plan.
- The committee received an update on BRS delivery which showed that the overall profiled expected year to date level of savings stands at £1.726m with achieved savings of £1.685m producing an overall underachievement of £0.041m at Month 4. The current Forecast outturn position shows an underachievement of £0.125m. Alternative savings to offset the forecast underachievement have been proposed which at this stage will offset £0.099m and alternatives to close the £0.026m gap will be required. The position on the Major Schemes shows that a revised total savings of £2.642m giving a reduction in savings from the major schemes of £0.239m. At the September meeting a more detailed analysis of the 2020/21 BRS programme will be reviewed.
- The committee received a report to update them on work undertaken to identify the most economically advantageous solution for the Supply of Gas and Electricity for the period 01/04/2020 to 31/03/2024. This outlined that the Trust has contacted other local public sector organisations to test the feasibility of partnering the procurement of energy. All organisations approached have secured their energy procurement for the next 3 years, and to access frameworks being utilised would require the Trust would have to do so as a new customer; negating any financial benefit that may have been possible. Adopting an aggregated, flexible and risk-managed approach with a chosen consultant (broker) enables Trust is able to achieve better value than it could possibly achieve on its own. The Trust has now assessed the performance of Inenco against the Crown Commercial Services (CCS) framework and the comparison has identified that the Inenco strategy has outperformed other frameworks tested. Therefore, based on the performance data analysed, the report recommended that the Trust extends its contract with Inenco which the committee supported.
- The committee received the latest Business Development Insight report. A summary of the key points were as follows: -
    - East Riding IAPT – HTFT have been invited to be the lead provider. Work is progressing at pace to develop the service with partners.
    - Recovery College – A facilitated workshop has been undertaken which will commence a work to enable Prevention and Recovery services to work in a more integrated way.
    - New Care Models - Work is ongoing to develop a New Care Model across the STP
    - Primary Care Networks – HTFT are continuing to support PCNs across our

geography
    - Armed Forces Covenant – HTFT are supporting Hull City Council, Citizen's Advice Bureau, Hull CCG, and Hull 4 Heroes with a bid.
    - Perinatal Mental Health Services - Mother and Baby Unit – HTFT have been invited to express an interest to deliver this service within Hull and East Riding.
    - Sustainable Transformation Partnership (STP) Community Mental Health Team (CMHT) Bid - HTFT is awaiting feedback with regards the outcome of our bid
    - Transforming Care Partnership (TCP) Housing Opportunity – This is an opportunity to deliver to support discharge of people with a Learning Disability from secure hospital care.
    - Accelerator Bids – Accelerator bids have been formally abandoned and money has been given to STPs to support Primary Care across PCNs
- As requested the committee received an update to the Digital Plan Update 2019/20 in the form of a plan on a page summarising what will be delivered in 2019-20 and celebrating the successes of the previous year. This was an excellent document which the committee signed off. (see attached)
- The committee received a benchmarking report summarising the key findings from a number of 2017/18 Benchmarking Reports. The paper included areas we need to celebrate but also areas that Care Groups / Service Areas need to consider and address. The report covered Mental Health provision including Children and Adolescent Mental Health Services (CAMHS), Adult, Older Adults and Secure Services. Also included was the Community Service (Whitby) and Learning Disabilities benchmarking. The report also provided information as to how we plan to use Model Hospital (NHSI digital product) in the Trust given the opportunity it has to provide us with helpful benchmarking data on an ongoing basis. This will go through the Operational Delivery Group (ODG) and EMT and be used for efficiencies and effectiveness reviews in each service. The committee commended the summary of a wide range of data but wanted a better understanding of the outputs from it and how those would be measured to determine that services had indeed become more efficient and effective.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2019
Title of Report:	Workforce & Organisational Development (OD) Committee Assurance Report
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Workforce & Organisational Development Committee
Recommendation	To approve: ; To note: ; To discuss: √ ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	The Workforce and Organisational Development 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 18th September 2019 and a summary of key points for the Board to note. The minutes of the meeting held on 24 July 2019 are attached for information.
Any Issues for Escalation to the Board:	The committee recommends that the Board: - • Notes the information from the Workforce Insight Report and the committee's decision to focus on turnover and vacancies. • Notes the ongoing recruitment issues with CAHMS and the knock-on effects. • Notes the sign off of the Guardian of Safe Working report. • Notes the committee's decision to make a couple of minor amendments to the Terms of Reference. • Notes the review of the Board Assurance Framework (BAF).

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that the Workforce Insight report has been further developed. This highlighted a slight improvement in sickness, high levels of turnover and vacancies, good levels of PADR and training but with a few areas to be worked on.
The committee also received and reviewed reports from the Guardian of Safe Working, the BAF and reviewed the committee's Terms of Reference. Finally the committee reviewed the meeting and felt that from the discussions held Workforce needed to a central plank of the ongoing Strategy update.

Key Issues:

The key areas of note arising from the Committee meeting held on 18th September were:

- The committee received the Workforce Insight report which continues to evolve providing more focus for discussions at the committee. The committee felt that this continuous

development of the report was very helpful. Key issues arising from that report were

- Sickness Absence – the rolling 12-month performance showed an improved position compared to 12 months ago but is still above the national median and has been fairly static at circa 5.2% for some time; all operational areas improved sickness compared to 12 months ago. Corporate was a worse position but was still the best performing area in the Trust; Anxiety/stress/depression were still the largest cause of sickness absence; the OH team were recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation. The committee requested that all areas showing 10% or above sickness levels should provide a plan on how they intended to tackle this to be included in the next insight report. The committee also asked for a focus on long term sickness levels and an update at the next meeting on plans to address this.
- Turnover – this remains above target at 14.16% in July with a key concern being a net loss of 40 Nurses over the past 12 months. Retirement is still the biggest reason for leaving with retire and return increasing (24 applications since January). The committee spent a long time discussing this alongside vacancies and what steps the Trust were taking to address this issue and were assured of planned actions discussed at the Executive away day.
- Vacancies - the overall number of vacancies continues to increase standing at 343.68 although there has been a corresponding increase in the size of the establishment; Nursing vacancies continue to increase (now 114.91 FTE)
- Performance & Development Reviews – the current performance is better than the performance 12 months ago and is above target at 86.3% however there are still a number of areas below 85% which need addressing. The committee discussed and agreed to add a question on appraisal quality to the next pulse check.
- Statutory Mandatory Training – the current performance is better than performance 12 months ago and is above target at 88.4%. That said there were some areas of concern with PCCCLD and Mental Health being the two key areas where work is needed on compliance although it was recognised that with the turnover and vacancy issues highlighted above this did put pressure on their ability to deliver.
- Employee Relations - the number of cases presented has significantly reduced over the past 12 months. Nine appointments have now been made to the new bank HR investigator role and training delivered to them by Capsticks and the Bullying and Harassment task and finish group has been set up.

- A discussion was also held around the recruitment programme for CAHMS where it would appear that we have filled the roles from existing Trust staff with a potential knock on effect.
- The committee received the latest update of the BAF for strategic goal 4 and after discussion the assurance rating was been amended to amber.
- The committee undertook a six-month review of the Workforce and Organisational Development Committee terms of reference and requested a number of minor amendments
- The committee received the annual report from the Guardian of Safe Working which gave an update on the role of the Guardian, a reminder of the conditions and terms of service of Junior Doctors and current challenges within the Trust and an update on how these are being addressed. It was felt that this version was a distinct improvement on the previous report and the committee commended Dr Jennifer Kuehnle on the improvements made. A couple of suggestions were made on further improvements, but the committee were assured that the Junior Doctors are an enthused and engaged cohort of trainees who have been actively involved in monitoring working practices and improving rota design.
- Finally the committee reviewed the meeting and discussed how important workforce was as a key strand of the Trust Strategy which is under review at present.

Humber Teaching NHS Foundation Trust

Minutes of the
Workforce & Organisational Development Committee
held on
Wednesday 24th July 2019, 13:30 – 15:30 am, Boardroom, Trust HQ

Present:

Members:

Francis Patton, Non-Executive Director (FP) Chair
Mike Cooke, Non-Executive Director (MC)
John Byrne, Medical Director (JB) (Arrived at 2pm)
Steve McGowan, Director of Workforce & OD, (SMc)
Lynn Parkinson, Chief Operating Officer, (LP) (Attended until 15:45)
Helen Lambert, Deputy Director of Workforce & OD, (HL)
Tracy Flanagan, Deputy Director of Nursing, (TF)
Michele Moran, Chief Executive, (MM) (Attended until 15:10)

Other attendees:

Peter Baren, Non-Executive Director (PB)
Jennifer Kuehnle, Safe Guarding (JK) (Attended until 14:45)
Katy Marshall, Organisational Development Specialist (KM)
Jessica Norton, Personal Assistant, (Note taker)

15/19	**Apologies for Absence** Alison Meads, Senior HR Business Partner, (AM) Karen Fletcher, Senior HR Business Partner, (KF) Gillian Hughes, Medical Directorate & Medical Education Manager (GH) Sharon Mays, Chairman (SM) Oliver Simms (OS)
16/19	**Minutes of the meeting held on 24 May 2019** The minutes of the meeting held on the 24th May 2019 were accepted as an accurate record. The Non-Executive Directors thought that the notes were a bit short and next minutes need to be more detailed.
17/19	**Action Log** Action Log was reviewed and discussed. Those closed are highlighted in grey and will be removed/archived from next month's report.
18/19	**Matters Arising** No matters arising were raised this month.
19/19	**Workforce Insight Report** SM gave overview of the insight report covering each section in turn, deferring the vacancies section until last. Key highlights from the report were: **Sickness -** Rolling 12 month performance shows an improved position compared to 12 months ago but still slightly above the national median. Specialist services the area of most concern in the Trust. Anxiety/stress/depression is still the largest cause of sickness absence. Committee agreed that it was good to see the benchmarking data but noted that there were some high levels and need assurance here on how this is being managed. MC noted that sickness and absence has evened out at 5.2% in September but seems to have stablished at around 5.2%. In some ways, Trust seems to have got stuck with what we've been doing and no longer seem to be improving on sickness levels. Committee want assurance that the Trust is giving priority on mental health as this is the largest concern. MC also noted that there were areas well above 6%

	for a long time and those 10 which are over 8% need to look at approaching management to intervene and see why it's so high and help out where we can. Intervention is needed as we seem to have got stuck and need to find out what new things the Trust can do to get unstuck. The development of the wellbeing group should assist with this particularly in supporting staff that are at work or off work with mental health issues and this should be a key priority. The group will also be looking at engaging with those areas that are high with sickness figures. Information is now reliable in quality so now this is helping managers get an idea of the situation in their area and they now have confidence in the data they are given to look at improving their sickness levels. ESR assists in real time reporting in addition to the workforce score card. This helps to share data but also hold people accountable. Vacancies have some impact on this as well. A Deep dive for managers is currently underway by KM and AM and we are also looking to translate sickness into the financial costs to the Trust to understand the financial impact. This is being looked at via FIC but will first come to EMT and then to the next Workforce and OD meeting. Will assess the approach of the cost of sickness as is important for them to know but to not blame people. **Turnover –** The rolling 12 month performance showed an improved position compared to 12 months ago. Breakdown by area given with retirement still the biggest reason for leaving. Benchmarking has been done and data has been broken down into professional groups. Noted that NAVIGO have been approaching staff and luring them away with incentives. Committee suggested looking at tracking those that have left to see how it's going as Trust worked really hard to attract people to then loose them, would be beneficial to find out if we could have done more to retain them. The Committee agreed that would be good to slow the turn over down. The Chair asked if there was a "right" level of turnover but the Committee was informed that there isn't a "right" level of turn over but having some turnover is healthy although don't want too much as that is disruptive. Therefore 10% seems reasonable which is seen as an accepted figure within the NHS. MC suggested that some focus could be put on induction and welcoming staff to the Trust and KF is currently leading on work to do with the probationary period and putting a positive spin on this rather than it been seen as negative. The Committee suggested a rename rather than probationary. Suggestion of 'orientation' was made. **Performance & Development Reviews –** Breakdown was given. Current performance is better than performance 12 months ago and is above target. Main point is the new appraisals policy in and in progress. This links to PROUD. PROUD to give feedback and PROUD to do appraisals. Going forward this will change to all appraisals being in the first three months of the financial year which the Committee agreed with as it would allow annual objectives to flow more effectively. **Statutory Mandatory Training –** Benchmarking has been undertaken. Current performance is better than performance 12 months ago and is above target however 5 out of 18 courses that we have deemed to be statutory mandatory training are just not hitting target. Breakdown by department given. The Chair mentioned a comment that he had overheard about issues with non-statutory courses such as recruitment. There are currently 196 courses on plan and we are looking to thin these out to see if Trust needs all these courses and looking at making access easier. GH and KM working on new training package which hope to be able to present in October. Committee asked for the report to incorporate comments from operators on what they are doing in their areas. SMC to give verbally with overview of report. **Employee Relations -** The number of cases has significantly reduced over the past 12 months. Few more disciplinaries. A bully and harassment group has been set up and the findings to be brought to this group. Committee agreed that the table is very positive and shows Trust getting a grip on this. **Freedom to speak up –** Signposting is working. Gives insight to make sure have right support in place. Communication is going out to remind people of the scheme.

	Vacancies – There was a good discussion about the inter-relationships between vacancies, turnover and sickness levels. The Committee noted that FIC will be looking at the cost to trust if we were to recruit all roles up to the vacancy factor and see if can substitute that cost against the savings made resulting from sickness reducing and bank/locums no longer needed. FIC will do the finances and Workforce to do the operational part/statistics piece. The discussion focused around investing to grow. In terms of the actual number of vacancies they have increased although the number of over establishment roles has significantly reduced. Nursing and medical are the highest with 117 Nursing vacancies at present which is being raised at Board next week. This is impacting on staff resulting in higher stress levels. Looking at what vacancies the Trust can afford and whether the Trust has some vacancies that we will never fill/cannot afford to fill. This links to staffing report by JK. It will take PROUD 12-18 months to kick in so some time before the effects of this are noticed. Concern was expressed on the challenges in some areas regarding career pathways and availability of training as career development important to some staff and some don't have this available to them. Reassurance was given that this is being addressed. Committee was asked to note that the staffing dashboard will include other professional groups and workforce scorecard is out there for them to review. **Action: PBec to review cost of sickness for discussion at EMT and then FIC & Workforce & OD** **SMc to include more detail on the 61 who stated work/life balance was an issue in next report** **HL see if model hospital can look at benchmarks for vacancies in other areas** **SMc to give number of staff on staff groups in next report** **SMc to see how South Yorkshire is so high at 97% for appraisals** **SMc to add in benchmark against HEY/HUFT.** **Personal responsibility to be added in report.**
20/19	**Board Assurance Framework (Workforce)** Overview of the BAF register was given to the Committee with discussion over scores undertaken. Changes were noted in yellow. The Chair raised the point as in FIC that the "negative assurance and gaps in assurance" were more like risks and that work needed doing on this. Committee requested change to the word 'retention' as should be a gap. No other changes were requested. **Action: OS to review points in section "Negative Assurance & Gaps in Assurance"**
21/19	**Guardian of Safe Working Hours Quarterly Reports Q1** The quarterly report was highlighted to the group and is below what expected to be. New contract in August which raises some issues. Will move forward and see how this beds in. One of the big issues are the non-residential patterns which doesn't fit within the new contract easily. Also providing a base for Juniors. Currently 20 junior doctors in play and need to balance those that are on an old contract and those that are on the new contact. 39 exception reports are very low. Committee were not fully assured that the Trust was safe based on the report. Junior doctors do put the effort in and assurance can be seen by the GMC training survey which has improved over the past years. Confirmed that Trust does manage rota in such a way that can survive. If fully recruited would be lighter. Junior documents do have an improvement group that's working with ops to cover challenges and help improve work life overall. Also receiving capital investment of £0.060m from BMA as a Trust to invest on junior on call environment. Working with Junior doctors to see how to invest

	this. Got money as seen as having strong relationships with the BMA. **Action: JB to continue to work with JK on the report to give the committee better assurance**
22/19	**Annual Organisational Audit** Audit overview was given to the committee. JB expressed that he is comfortable with statement of compliance and that we are meeting statutory obligations. The quality to engage is work in progress. We are 1 year into second cycle and there is some learning in the Trust to be had in terms of PADRs. In terms of quality assurance, deferred people when necessary. Have introduced a medical advisory panel. All signed off and some better than others. MC questioned how the appraisal process worked and JB explained that we have 7-8 consultants trained to do appraisals and consultants have same appraiser 2-3 years running before changing them. The challenge in a small trust is collusion however it is all electronic and JB knows which ones are good appraisers and those that are not and this is been monitored. Looking to have an external review of our appraisals by another trust possibly RDASH. Using benchmarking and when compared to the North, the Trust is good in comparison. The Committee checked if this needed to go to Board for sign off however as it doesn't have to go to NHSE it can go to board in the Chair's assurance report to note and the Committee can authorise the Chief Executive to sign it. Will have open conversation at Board **Action: JB to get MM to sign the audit**
23/19	**Humber Centre Deep Dive into Sickness** A detailed deep dive had been undertaken and the highlights were given to the committee. The deep dive covers a years' worth of data. In terms of background and context the report detailed that secure services have been part of regional and national new care models work which started over 2 years ago now which has been led by NHS England's Specialised Commissioners. The work has been paused and restarted in this time and the overall ambition is to improve the pathways between high, medium and low secure services and focus on developing community services. Some staff have engaged positively with this proposed change and others find it a more anxious process. Feedback is however increasingly positive from staff at the Humber Centre. Last year significant work was undertaken on revising and developing the clinic model. This has now been concluded and is in the implementation phase. This work has been achieved with a high level of engagement. Work has been undertaken to optimise e-roster and better utilisation of staff by redeploying across units to make sure they have safe staffing levels, but this has had some negative feedback from health support workers who find working in environments they are not familiar with difficult. This is being addressed through training. Wider organisational development work is planned for the Humber Centre and will be led by the Institute for OD. There is an issue regarding long term and short-term sickness. The action plan shows what actions are going to be taken and there is a need for different interventions as managers have not been consistent in managing their team's sickness. Committee agreed that it was good to see how the Humber Centre has approached it. Training and development work is planned and being carried out focussing on developing staff confidence in feeling safe within the unit. Incentives on sickness were discussed including sickness bonus scheme. This is to be further considered at EMT.
24/19	**Professional Strategy**

	The highlights of the Professional Strategy which was developed by senior professionals who represent the medical workforce was given to the committee. The strategy reflects a continued emphasis on the importance of professional leadership in the recently published 10-year plan. Consultation has taken place over the last 3-5 years and put out four priorities. The plan is pending approval and sign off by the Committee and if delivered it's aspiration is to ensure that the Trust will be outstanding. Steve McGowan raised the point that there were other non-medical professionals within the organisation and they needed a similar strategy. The committee also recommended that the strategy document also included pictures of staff as well as case studies which could then be added onto the website. The Committee also suggested a revised change of name of the plan based on it focusing mainly on Health and Social Care staff and not all professionals within the Trust. Committee agreed that they were happy to sign of the strategy and recommend it to Board. **Action: JB to ensure pictures of staff are included** **SMc to look at developing document for other professional staff**
25/19	**Interim People Plan** SMc presented a summary of the interim People Plan. The NHS published its Long Term Plan which sets out a 10-year vision for healthcare in England in January this year. Underpinning the long-term plan, the interim People Plan sets out the vision for people who work for the NHS. The interim People Plan is structured by themes: **1.** Making the NHS the best place to work **2.** Improving our leadership culture **3.** Addressing urgent workforce shortages in nursing **4.** Delivering 21st century care **5.** A new operating model for workforce This was taken to EMT. A number of actions are contained with the plan many of which are already ongoing within the Trust as the content had been talked about previously so nothing came as a surprise. Committee agrees that the report was a good summary of the plan.
26/19	**MARS update** KM gave overview of the MARS position to date. On 24th April board agreed to the scheme and applications were accepted between 1st and 17th May. Panel was set up to consider the applications and applications were considered over a 3 week period. Of the 57 received, 16 were supported. Of those 16 supported, 3 later retracted their applications so 13 staff are leaving the Trust as a result of the scheme. All agreements have been issued and are just awaiting the return of 3. Leave dates vary between 5th July and 30th September in line with the staffs contracts. For EDI information, of those that applied, there were 86% female and 14% male, 9% had a disability as per ESR, 54% were heterosexual and all were mostly white British. Of the 28% supported, 81% were female, 19% male, 19% had a disability and 56% classed themselves as heterosexual. SMc expressed his support for all the hard work the HR team did during this process from the start to the end of MARS. KF went into further detail regarding the MARS banding of the applicants received. 10 were supported from corporate. One band 1, four band 2, two band 3, one band 4, one band 5

	and one band 8. 4 were specialist with two band 4 and two band 8. 2 were Mental Health with one band 3 and one band 7. 1 was CCLD who was on agenda for change.
27/19	**CAMHS recruitment update** Whilst good progress has been made on recruitment for CAMHS in a number of areas there remains an issue with band 6 nursing posts as well as posts for consultant psychologists. MC asked a number of questions to get full clarity of the position. The Trust has incentivised the posts to try and gain more interest. JB outlined that we have made an offer to one consultant and have another locum consultant who has higher salary expectations than was planned. Another prospect consultant is being considered but don't think it'll be a job they will go for. The Committee expressed some concern as to where we were in terms of recruitment with the unit to open in October. **Action: CAHMS recruitment to be an area of focus, regular communication needed to NED's as by the time of the next Workforce & OD Committee it will be too late to deal with this.**
28/19	**Sub Group Terms of reference** a) Equality, Diversity and Inclusion Group – Work with partners. No mention of NEDs. EDI to be reviewed and brought back for further approval as work needed. b) Operational Delivery Group – Agreed on basis that the diagram is changed. c) Staff Health and Wellbeing Group – Requirement to change duties order in logical flow. Committee requested that once the terms of references are agreed, the workplans are brought to this group for consideration. Committee also requested that that language of the terms of reference needs to be more consistent and review of the amount of front-line staff representatives at the groups needs undertaking. **Action: Team to review EDI ToR's as discussed and bring back to next meeting with sub group workplans.**
29/19	**CQC workforce actions** An update of the key points of the CQC workforce actions were given to the group. Most 'must do' actions have now been completed. Policy reviewed documentation included. To put in ESR. Sessions to support these. Doing supervisions. Seeing improvement. 0-20 to 40. 'Should do' 18. OT not on word but need to raise this with CQC as don't fully agree. PROUD address most in section 17.
30/19	**Safer staffing report for Oct-Mar** Highlights of the report were given to the group. Highlights included: • Figures look healthy. • Sickness in Humber Centre • Improving Datix • Introduction of staffing tool The Chair highlighted that whilst the report gave assurance from a patient care perspective there were still issues with appraisals and training it was questioned whether this because they just weren't being done or because the level of staffing to do extra duties wasn't available. Discussion

	took place around the demands on staff. It was agreed that in future the committee will review the dashboard which does not go to board but provides an at a glance comparison between quality indicators and availability of staff.
31/19	**Minutes from Medical Education Committee** Minutes of the meeting were distributed for the committee's reference and taken as read. No comments or questions were raised regarding the minutes.
32/19	**Any Other Business** It was agreed by committee members to extend the Workforce meetings by 30 minutes to allow enough time to cover all agenda items. Committee was asked to note about attendance at the Leadership forum and changes that are been put in place regarding attendance in future. Committee was reminded that there is an open invitation to sit in on committees such as this and to remind colleagues as such should they wish to attend. **Action: SMc to extend meetings by 30 mins** **Communication needed to Leadership group reminding them of open invitation to attend committees for development.**
33/19	**Date and Time of Meetings in 2019:** • Wednesday 18 September 2019, 13:30 – 15:30 pm, Conference Room A, Trust Headquarters, Willerby Hill, Willerby • Wednesday 20 November 2019, 13:30 – 15:30 pm, Boardroom, Trust Headquarters, Willerby Hill, Willerby **Date and Time of Meetings in 2020:** • Wednesday 22 January 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 18 March 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 13 May 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 15 July 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 16 September 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby • Wednesday 18 November 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item: 15

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 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 13 August 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 13 August 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
Review of Non Audit Work
Counter Fraud Progress Report
External Audit Update
Contract Update – External Audit
Tender Waiver Update
Procurement Activity Report
Board Assurance Framework
Risk Register – Board and deep dive Specialist Care Group and CAMHs Project
Security Management Update
Insurance Report
General Data Protection Regulation (GDPR) Update
Information Governance Annual Report and minutes
Declarations Update
Update on changes to Contracts/Agreements

Risks and major items discussed

Two Internal Audit Assurance Reports were received and discussed:

Mandatory and Statutory Training	**Good Assurance**
NHSI Single Oversight Framework	**Substantial Assurance**

On the first report, good progress was noted in relation to the agreed actions although it was thought a quicker response resolution in relation to reporting and dealing with non-attendance at training was required.

With regard to follow up actions completed within the agreed implementation date, the Committee noted that just 8 out of 107 prior recommendations were overdue, and there were verbal updates at the meeting giving good progress reports on each of these. The committee noted this significant improvement.

Counter Fraud report contained an update on counter fraud activity and progress against the agreed workplan for 19/20. The continued use of videos produced by AuditOne to highlight to staff counter fraud awareness was thought to be progressing well. While there were a number of national counter fraud alerts, there were no identified issues for the Trust apart from some follow up required in relation to employees possibly working elsewhere while contracted to the Trust. Proactive reviews were received and discussed in relation to invoice fraud, right to work, lease/pool cars, timesheets and sickness management. It was agreed that the Finance and Investment Committee (FIC) take a deeper dive into the finances around lease/pool cars to gain assurance on cost effectiveness.

The external auditors were not present at the meeting. As the Board are aware, Deloitte have tendered for a significant advisory contract for work on the Local Health Care Record Exemplar (LHCRE) project, which the Trust is hosting. This contract has now been signed, which will lead to Deloitte's resigning as our auditors due to the very significant level of this non audit work. A paper was discussed relating to the steps required and timetable for appointing new auditors. This will be a Governor appointment and it was noted that it should be possible to have a proposal put before the Council of Governors meeting on 22 October. It was agreed that the shortlisted firms be asked to present in a clarification meeting, at which Audit Committee members and Governors will be represented, as part of the process.

Two new tender waivers, relating to Child and Adolescent Mental Health Services (CAMHS) assessment and the telephone triage service, were discussed and noted.

The procurement activity report was well received, and it was noted that around 92% of orders by volume were transacted against pre-approved and priced NHS catalogues, thus ensuring economies of scale in the NHS. There were 64 orders in the last six months over £10k that were awarded through the tender process.

The Board Assurance Framework (BAF) was as presented to the July Board. It was felt that a review of the narrative would be beneficial in relation to the assurances on each strategic goal, and the related gaps, to ensure clarity.

In relation to the Trust risk register, there was discussion around scoring the CAMHS project risks in the context of the whole Trust. For example, the VAT risk was at 20, which was felt high in a whole Trust context given the level of financial risk and mitigations. The Executive Management Team (EMT) are to consider this.

Progress against the 9 higher level (9+) risks for Specialist Services and 8 for the CAMHS project was discussed. Actions were being actively taken to mitigate these. It was noted that the appointment of consultant psychiatrist at CAMHS was critical, as the unit could not open without one. The scoring of the CAMHS risks is to be considered by the project mobilisation team, who were meeting concurrently with the AC.

The Security Management update was noted, with a number of matters already seen at either Quality Committee or Mental Health Legislation Committee (MHLC). It was suggested that EMT review where best to take this report, to ensure assurance by the most relevant committee but avoid duplications.

The Information Governance Annual Report was discussed and approved, subject to some minor amendments. The report gave significant assurance with regard to our controls in this area. It was noted that 10 incidents were reported to the ICO in the year, all of which required no further action, but nonetheless the group took the lessons learnt and reviewed procedures accordingly. The increase in the workload for IG was discussed, following GDPR and related changes in national guidance, and the Executive would continue to review this.

The Committee noted the controls and assurance given that our insurance arrangements are effective, with premiums generally down.

Some relatively small gifts were noted for Maister Lodge staff.

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 plan to appoint new External Auditors with approval at the next Council of Governors (CoG) in October
- Work required in the appropriate scoring of risks for the Trust risk register
- The approval by the Audit Committee of the Information Governance Annual Report
- The significant improvement in clearing Internal Audit recommendations.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item: 16

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 25 September 2019
Title of Report:	Charitable Funds Committee Assurance Report and 10 July 2019 Minutes and Change of Fund Use of Community Funds
Author:	Name: Mike Cooke 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 meeting held on 10 September 2019 and the minutes from 10 July 2019 which are attached for information.
Any Issues for Escalation to the Board:	The Change of Use of existing funds was recommended for approval by the board, a separate paper is attached to this assurance report.

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 10 September 2019.

Key Issues

- The CFC minutes from 10 July were agreed subject to one minor amendment
- Andrew Steel from 360 will be invited to the November CFC meeting
- The Communications Manager will be invited to the November CFC meeting
- The Committee noted the following in relation to the actions log:

  - Westlands issue was noted by CFC and is now going through Audit
  - Initial risk register to come to the next CFC meeting for a full discussion
  - Whitby Hospital to be removed from the actions log until it is ready to come back
  - Health Stars 20 minute slot at Trust Board to discuss benefits of Health Stars to be arranged for asap
  - CFC Terms of Reference to be presented at the November CFC
  - The really good progress on the Ops plan, Impact Appeal and staff engagement plan
  - Reviewed positive Proud behaviours and agreed to programme dates for 2020 meetings

The Committee also:-

- Noted the underspend on staffing costs
- Requested re-profiling of the revised budget
- Noted the concerns raised on continuity of staff and the need to ensure the next appointment works
- Noted the finance current balance of £688,944.20 – The Committee was pleased with this position which would provide 6 months running costs if things did not go to plan

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

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Wednesday 10 July 2019, 1pm – 3pm in Conference Room B, Trust Headquarters

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

In Attendance: Andy Barber, Hey Smile Foundation Charity Director
Clare Woodard, Head of Fundraising, Health Stars
Laura Atkinson, Health Stars
Kerrie Neilson, PA (minutes)

Apologies: Michele Moran, Chief Executive
Ann Newlove, Smile Health Operations Manager

49/19 **Declarations of Engagement**
None declared.

50/19 **Minutes of the Meeting held on 14 May 2019**
The minutes of the meeting held on 14 May 2019 were agreed as a correct record with the following amendments:-

42/19 Draft Risk Register
The last paragraph was amended to read "Ms Bee felt there was some discrepancy in the rating colours that needed to be reviewed".

46/19 Items for Escalation or Inclusion on the Risk Register
Amended to read "None raised".

51/19 **Action List, Matters Arising and Workplan**
The actions list was discussed and the following was noted:-

40/19 (a) Health Stars Operations Plan
It was agreed the timescale would be amended to September 2019.

75/18 Whitby Request
Ms Bee asked for a further update. Mr Beckwith reported that the only outstanding issue now is Radiology and a telephone call has been arranged to move that forward. A discussion arose around clinical equipment – it was noted clinical equipment is not a charitable fund request.

08/19 (b) Trust Accounts
Mr Baren queried the timeline. Mr Barber stated that he is happy to provide a draft version of the Trust accounts. Mr Beckwith reported that the accounts need be submitted to the November 2019 CFC meeting, as they need to be published and filed by January 2020.
It was agreed the timeline should be amended to September 2019.

04/19 (b) Key Operations Plan Highlights including Finances
Mr Baren asked for an update. Mr Barber explained that there are two standard offers on the table. First offer is a 95 day access one from Yorkshire Bank which provides the best interest rate of 0.65%, or there is a Santander account with an interest rate of 0.5%. Mr Barber felt the Yorkshire Bank option is the preferred option as we can keep a degree of access to that.

30/19 (a) Impact Appeal Update
Ms Bee asked for a further update on this. Mrs Woodard confirmed that the Eon Visual Media campaign was circulated to the CAMHS mobilising committee for comments. It was also on the CAMHS Exec Board agenda. Mr Beckwith explained that a report would need to be presented to the July Trust Board. Mr Barber highlighted that this will help with longer term investment.

Resolved: The verbal updates were noted by the Committee.

52/19 **CFC Finance Report**
The report provided the Charitable Funds Committee with a review of the current finance position of Health Stars charitable funds. Mr Barber highlighted the following key issues within the report:-

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

Mr Barber reported that everything is on budget. Mr Barber has arranged a meeting with Mr Beckwith with regards to driving that spend and putting controls in place with regards to expenditure, and driving forward the thought process for those bigger ticket items and plans. A general discussion arose around the need for the Exec team to drive this forward. Mr Beckwith added to this and said it is about utilising the Comms team, especially now that a Comms manager has been successfully appointed. It is about promoting to staff that we have Health Stars, staff lottery, Pennies from Heaven, fund zone and fund managers.

Mr Barber confirmed that the short sharp COW amination on how to access funds and what you can spend charitable funds on is near completion.

Mr Baren asked how much of the £240k for CAMHS has been spent. Mr Barber stated that there is 30% of the balance still remaining.

Mr Baren referred to shares and asked if those could be cashed in. Mr Barber advised yes it can be done because it was an endowment fund. It was noted that could be changed however, a paper would need to be submitted to a future CFC meeting for governance purposes.

Resolved: The Committee noted the report and verbal updates.
Mr Barber agreed to liaise with Comms in relation to a charity month to get staff thinking and look at any other suggestions. **ACTION AB**

53/19 **Change of Charitable Funds Usage**
The report asked the Charitable Funds Committee to consider a resolution to change the use of existing charitable funds. The key issues within the report was:

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

The Charitable Funds Committee was asked to recommend approval to the Trust Board these changes and to sign a resolution to change the use of funds held by Health Stars. Moving

from designation of specific service areas to geographic designation, will enable greater access and use of funds held for the communities in which they were originally gifted. This will continue to fall in line with the charitable objectives 'to advance health and save lives in areas in which Humber Teaching NHS Foundation Trust operates'.

The value of the fund zones are summarised below (Total £306,347)

- Bridlington, £182,898
- Hornsea, £6,234
- Withernsea,£7,709
- Alfred Bean, Driffield, £63,917
- Beverley ERCH, £45,589

All of the funds highlighted have had a number of donations received for a period of years from legacies, in memory and general donations which have combined to create the balances. In addition, sums from each of the funds have been utilised to fulfil restrictions and the wishes of the donors.

Ms Bee asked if there are any people attached to those funds that we need to communicate with. Mr Barber advised no. She then asked if the Trust has received direct guidance from the Charity Commission. Mr Barber confirmed yes.

It was agreed a detailed report would need to be presented to the July Trust Board meeting, highlighting the proposed change of use for some charitable funds. The paper will need to contain the legal advice gained from Rollitts Solicitors and the Charity Commission.

Resolved: The report and verbal updates was noted.
Mr Barber agreed to prepare the detailed report, highlighting the proposed change of use for some charitable funds, which will be presented to the July Trust Board. **ACTION AB**
Mr Beckwith agreed to speak to Michelle Hughes about the signatories. **ACTION PBec**
The Committee are in agreement that this takes place.

54/19 **Smile Team Update**

The report provided an update on the Health Stars team and service provision. The following key issues highlighted within the report was:-

- Current team structure
- Clare Woodard leaving date
- Smile support and recruitment process and timeline

It was noted that Mrs Woodard is leaving the Trust to take up a new role at Northern Lincolnshire and Goole NHS Foundation Trust Charity. She starts her new role on 22 July and she is currently working her months' notice. Victoria Winterton will have the day to day oversight and Ms Atkinson will take over in the interim. Interviews for the Health Stars Charity manager are scheduled for Wednesday 24 July. Mr Barber asked if a NED would be available to take part in the interviews.

Mr Barber referred to the charity manager job description. He explained that there is a need to link in with other potential services within the Trust.

The Committee formally thanked Mrs Woodard and the Smile team for all of their hard work.

It was announced that Jenny Preston will not be returning.

Resolved: The report and verbal updates was noted.
It was agreed Ms Neilson would email the Non Execs to ask if any of them would be free to take part in the Charity Managers interviews on Wednesday 24 July. **ACTION KN**

55/19 **Risks Update**

The report provided an update on the Health Stars risk register, providing any changes or highlights. The key issues discussed was:-

- Team changes
- Upcoming Chair change
- Cash handling

Mrs Woodard informed the Committee about a phone call that she received from Westlands in relation to £800 of fund raising money, raised from the Summer Fayre that has not been banked through Health Stars. It was noted that the money was locked away in a safe and that some of the money was used to purchase some items for Christmas. Mr Barber reiterated the banking process and highlighted the importance to bank it through the charity. Mrs Woodard agreed to contact the unit for a further update.

Resolved: The report and verbal updates was noted.
Mr Beckwith agreed to speak to Lynn Parkinson about the missing money from Westlands. It was agreed that it would need to be added to the risk register and Datix. **ACTION PBec**
Mrs Woodard agreed to contact Westlands for a further update on the missing money. **ACTION CW**
The Committee agreed that a full risk register would need to be submitted to the next meeting. **ACTION AB**

56/19 **Health Stars Update (including Circle of Wishes)**

The report provided an update on the progress Health Stars is making and to highlight any issues which need to be discussed and/or approved. Items covered in the report include:

- Circle of Wishes Update
- CEO Staff Engagement Fund/CEO Longest Day Challenge
- Pennies From Heaven
- NHS Day
- Trust HQ Staff/Café Update

The Circle of Wishes is continuing to gather momentum. It was noted the Committee would like senior management to encourage their teams to think about the bigger projects and to submit wishes, which will have a much greater impact on the wider services.

Mrs Woodard provided a further update about the re-launch of Pennies from Heaven. Since the re-launch in June it has had a really positive response. To date £190 has been received each month from donations. There are plans to re market the Pennies from Heaven scheme from September. Work will take place with Comms in the coming weeks and months in relation to re marketing Pennies from Heaven.

Mrs Woodward confirmed that £1500 was raised from NHS day.

The THQ staff area was touched upon. It was confirmed that the area is very well used.

Devils kitchen was briefly discussed, Mr Barber noted that it is still on the radar.

Resolved: The Committee noted the report and verbal updates.

57/19 **Impact Appeal Update**

The report provided an update on the impact appeal. Key items covered in the report was:-

- Fundraising update
- Site visits

- Wish list & release of funds

The fund raising balance as at 30 June 2019, including pledges/pending totals £258639.54.

Community fundraisers and staff are organising various events including taking part in skydives and marathons.

The Schools campaign continues until 19 July and Mrs Woodard is visiting schools across the patch to present an update on the appeal and ways they can help fundraise.

Social media and press interest continue to gain momentum and the BBC are interested in running a story nearer the completion time.

ResQ Charity football match takes place on 6 July and funds for this high profile event will add towards funding for electronics for the unit.

The Barclays ball is confirmed for 30 November. Fundraising taking place between now and the event with culminate with an auction of wishes when the last few wishes will be bid for and granted.

It was noted the naming of the unit is still to be decided on.

There is still a huge amount going on in terms of fundraising for the appeal.

The Committee discussed the original target for the impact appeal. Mr Barber confirmed that the £250k element has been fulfilled.

An update was provided on site visits. Work continues with our donors and supporters and 2 site visits have been arranged to keep all our key fundraising stakeholders update to date with the build progress and the wish list. Key dates for visits are 31 July and 6 August. CAMHS clinical team leads will assist with the visits.

In terms of the wish list and release of funds, it was noted that following discussions at the last CFC meeting, the CAMHS Executive Board have now had full sight of the latest copy of the wish list as well and confirmation of the process for the release of funds. This information has also been shared with the CAMHS Inpatient Unit Mobilisation Board.

Work on the wish list is continuing and Ann Newlove has worked closely with Rob Atkinson, Head of Estates to scope out those wishes included as provisional sums within the construction contract. We are awaiting signed confirmation from CAMHS Executive Board for the next set of wishes before we present to this committee.

Resolved: The report and verbal updates was noted.

58/19 **Items for Escalation or Inclusion on the Risk Register**

None raised.

59/19 **Any Other Business**

Ms Bee informed the Committee that she is leaving the Trust at the end of August, meaning this is her last CFC meeting. The Committee formally thanked Ms Bee and wished her well in the future.

Resolved: The verbal update was noted.

60/19 **Date and Time of Next Meeting**

Tuesday 10 September 2019, 13.00pm – 15.00pm, Conference Room A, THQ Reception

Signed: …….Chair: Paula Bee

Date: ……

Humber Teaching NHS Foundation Trust

Agenda Item: 16

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Change of fund use of community funds
Author:	Name: Andrew Barber
Recommendation	To approve √ To note To discuss To ratify For information To endorse
Purpose of Paper:	For the Board to consider the charitable funds committees recommendation to change the use of existing charitable funds.
Key Issues within the report:	• Recommendation for approval • Overview of current position • Research carried out • Next steps • Signed resolution

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?	√			

Recommendation to the Board of Humber Teaching NHS Foundation Trust

The board of Humber Teaching NHS Foundation Trust, are the corporate trustee of the Trusts charitable funds. (Working name; Health Stars). The board delegates responsibility to the charitable funds committee to fulfil its objectives of improving patient, carer and employee experience, across the Trust services and the communities in which it serves.

The committee has, with the commissioned provider for charitable funds (HEY Smile Foundation) been making great steps forward on unlocking funding potential, and reviewing existing funds to ensure we are fulfilling our charitable objectives. On the 10th September the committee agreed to recommend to the full board the following paper and its subsequent actions.

Executive summary

To amend the designation of the charitable funds that are held for Bridlington, Driffield, Withernsea, Hornsea and Beverley. Enabling the funds to be maximised for the community in which they were originally donated. *(Detailed on page three, point 1.3).*

Currently the funds are held by the charity for use on designated wards and services, which have in the past three years significantly evolved and or closed. This has subsequently seen the stagnation of these funds with limited or no funding being invested into these areas therefore not fulfilling our objectives laid out by the charity commission.

Following extensive research by the Health Stars and the HEY Smile Foundation team, we can now with confidence recommend to the full board, with the support of the charitable funds committee, for the board to change the use of these funds to the following:

A widening of the area of benefit in the following way

- For the benefit of the residents of the original area of benefit to access enhanced NHS community services
- To provide health and well-being activities linked to NHS services, advancing or saving lives

Specifically but not exclusively invested in the following ways

- Community health initiatives - Listen to community need, look to collaborate with partners
- Support accessible health services - complimenting not replacing statutory provision

The Charity Commission and NHS England recommend that the Corporate Trustee regularly reviews the funds held to ensure that they are being well managed and meeting their objectives. It also advises that the details of donations are traced back and ensure that it was the donor who placed the restriction, not ourselves when receiving them. *(This has been concluded and supports the recommendation page 4/5).*

The Charities Act 2011, supports the ability for charities to change the purposes of funds held changing them to something more relevant to what the beneficiaries now require. However In many cases the donor has not placed a restriction, they have simply placed a request that their donation is spent in a particular way. *(This is the case in the majority of the donations held by Health Stars, with actual restrictions placed having being fulfilled to the best of our knowledge from the research carried out.)*

This gives us the ability to change the use to something as close to the original gift as possible. We are therefore looking to maintain the funds for the benefit of the geographical area of each fund,

but enabling the fund to once again be proactive in its support to that communities health and wellbeing.

Paper 10th September Charitable funds committee

1. Recommendations to Charitable funds committee

1.1 The Humber Teaching NHS Foundation Trust Charity (working name; Health Stars) includes a number of individual funds to which the services the donations were originally made have significantly evolved, meaning each fund has had limited or no access. These funds have been under review for the last 18 months by the Health Stars team, Charitable Funds Committee and service leads with a number of actions agreed.

1.2 Over the period of operational guidance by The HEY Smile Foundation, commissioned provider for charitable services, we have been able to under legal and Charities Commission guidance, reduce the number of funds from over 120 funds with limited movement to approximately 30 fund zones with regular access and investment.

1.3 Health Stars currently holds four funds in areas with limited activity to which the funds were originally held, namely community hospital provision. We have seen limited or no requests on the funds since the decision was made by the CCG to change the services at each site. Opportunities to access the funding has been promoted to staff members at both Humber Teaching Foundation Trust, City Health Care Partnership and funding is accessible to patients, staff members and NHS professionals.

These funds are as follows:

- Bridlington: £182,898
- Hornsea: £6,234
- Withernsea: £7,709
- Alfred Bean, Driffield: £63,917
- Beverley ERCH: £45,589

Totalling: £306,347.00

1.4 Each of the funds highlighted have had a number of donations received for a period of years from legacies, in memory and general donations which have combined to create the balances. In addition, sums from each of the funds have been utilised to fulfil restrictions and the wishes of the donors.

1.5 The recommendation from The HEY Smile Foundation, the commissioned provider of charitable funds services at the Trust, is to broaden the objectives of each of these funds to widen the benefit of the funds to include the following;

A widening of the area of benefit in the following way;

- For the benefit of the residents of the original area of benefit to access enhanced NHS community services
- To provide health and well-being activities linked to NHS services, advancing or saving lives

Specifically but not exclusively invested in the following ways;

- Community health initiatives - Listen to community need, look to collaborate with partners
- Support accessible health services - complimenting not replacing statutory provision

The Charitable Funds Committee are asked to recommend approval to the full board of the Humber NHS Teaching Foundation Trust these changes and to sign a resolution to change the use of funds

held by Health Stars, the working name of the Humber NHS Teaching Foundation Trust. Moving from designation of specific service areas to geographic designation, enabling greater access and use of funds held for the communities in which they were originally gifted.

This will continue to fall in line with our charitable objectives; to advance health and save lives in areas in which Humber NHS Teaching Foundation Trust operates.

2. Why are we recommending this?

2.1. Donor's wishes are paramount in our thinking, no donor gave funds to be held in investment for a prolonged period of time. These funds can be greater utilised within the community of whom it was gifted by. At the current level of usage excluding administrative fees, the funds would be held by the charity for approximately 20+ years.

2.2. NHS services within the areas highlighted have evolved significantly, Humber NHS Teaching Foundation Trust and other health partners are now providing alternative services both in a geographical nature and greater delivery of care in the community rather than specifically site based.

2.3. Health Stars and its corporate Trustee Humber NHS Teaching Foundation Trust are not alone in taking action in changing the use of charitable funds held, as many Trusts across the U.K face similar challenges as services close and delivery evolves. It is a sensitive issue and many things need to be taken into consideration before formally (and/or legally if required) changing the use of historical funds to which we have fulfilled.

2.4. The Charities Commission supports the principle of Trustees aiming to reduce the proportion of the funds they hold that are deemed restricted. It also supports Trustees seeking to reduce the number of funds they administer. In addition the Commission supports rationalisation of designated unrestricted funds, where that process will result in more effective support to the services for which they were donated.

2.5. The changes we are proposing are within the gift of the Trustees to make, in line with the above guidance from the Charities Commission, we have also received guidance from charity legal expertise locally and monitored other Trusts following the same guidelines and procedures.

3. Process carried out to date

3.1. The key aspects of passing the resolution to change the use of funds, is to ensure that we are acting in the best interest of our donors and beneficiaries in making a decision, whilst of course acting within the law. To aid this process we have carried out the following research:

- Review of fund use and potential changes to services
- Review of restricted, designated and un-restricted balances, including reviewing all existing paper trails for donations held by Humber NHS Teaching Foundation Trust finance team
- Advice and guidance from the Association of NHS Charities
- Advice and guidance from the HFMA
- Discussions and advice from a leading charitable law specialist
- Initial contact with the Charities Commission
- Local needs and opportunities reviewed

3.2 We can see from the paperwork available that the majority of gifts were designated to the services not restricted. The gifts which were restricted were highlighted at the time for specific items such as:

- XRay Machine (Driffield) 2005
- Pressure mattresses (Driffield) 2010
- Nurses station (Driffield) 2003
- Furniture (Beverley) 1998
- Exclusive for the ward (Bridlington) 2003
- Specialist beds (Bridlington) 2001
- Specialist beds (Withernsea) 2004

We are confident with the evidence available to us, that the restrictions have been fulfilled and that the funds remaining are a culmination of designated and un-restricted funds for the services. It is the nature of the funds held by NHS corporate Trustees to utilise the restricted funds for the allocated purpose first, accessing the designated and restricted funds last.

3.3 Next steps

- Charitable Funds Committee recommend changes to its Trust board by signing the resolution attached to this paper (September 10th)
- HEY Smile to present the paper, resolution and Charity progress at the next Trust board meeting, alongside the Exec lead (Pete Beckwith) (25th Sep)
- Communication with the Charity Commission to ratify the Trustee position (October)
- Communication to key stakeholders delivered (Oct – December)
- Grants available communicated (December onwards)

4. Conclusion

The changing of the use of any charitable funds is always a sensitive subject. However this process has been entered into to ensure that the charitable wishes of donors in these fund areas are fulfilled as close to the original wish as possible.

It is our belief that following our research that the majority of the funds were designated not restricted. However at the time when these funds were received there were no proactive charitable team within the Trust and subsequently most funds received were not explored to their full nature and with little or no historical paper work available and the evidence gathered from legal and charitable professionals, we have come to our recommendation.

In carrying out our research for the proposed change of use we have or we are continuing engagement with the following stakeholders.

- Humber NHS Teaching Foundation Trust, Directors and operational teams
- League of Friends in each of the highlighted areas
- HEY Smile Foundation Voluntary, Community and Social Enterprise infrastructure support teams
- East Riding Clinical Commissioning Group

- East Riding of Yorkshire Council Public Health

5. Recommendation

We are seeking confirmation from the charitable funds committee that they are happy to recommend to the Board of Humber NHS Teaching Foundation Trust to make the amends recommended in this paper to the highlighted funds, subject to approval these funds will then become available for use in each of the geographical areas for the use in advancing or saving lives, connected to services delivered by Humber NHS Teaching Foundation Trust.

6. For reference

A reminder regarding the different charitable fund types is set out in the paragraphs below:

Unrestricted funds are those funds which are given to a charity (whether solicited or unsolicited) without any restrictions imposed by the particular donor or grant maker. They could include proceeds of an appeal, provided that the Trustees have included a disclaimer to the effect that the appeal proceeds may be used for other purposes of the charity in the event that the appeal purposes cannot be fulfilled. Unrestricted funds, therefore, are the funds of a charity that may be spent at the discretion of the Trustees, in furtherance of the objects of the charity in which the funds are held, without any distinction between capital and income.

Designated funds Trustees may exercise their discretion to set aside part of the unrestricted funds of a charity for designated purposes. Designation of funds may also be used where donors have expressed a preference without imposing a 'trust'. Designated funds remain unrestricted since the Trustees can remove the designation at any time. These designations, whilst being a perfectly acceptable and common practice, do not themselves create legally separate charities. Designated funds continue to be held ultimately for the overall purpose of the charity in which they are contained. Designated funds should be recorded within the summary of unrestricted funds in a charity's accounts.

Restricted funds are funds which either:
Must be used for specific purposes (set out by, for example, the donor(s) at the point of donation - including bequests - or by the terms of a public appeal or even by the terms of a grant). They are subject to a restriction on the expenditure of capital (also known as 'permanent endowment' or 'expendable endowment' depending on the exact terms of the restriction). Endowment funds, permanent endowment or expendable endowment, are always restricted funds.

Section 273 of the Charities Act 2011 Written Resolution of the Trustees

Written Resolution of the Corporate Trustee Resolution in writing of the Trustees of Humber NHS Teaching Foundation Trust, Health Stars (The Charity) dated this 10th day of June 2019.

The charity being a registered charity (1052727) and operating under the laws of the Charities Act 2011 The Corporate Trustee of the Charity, in accordance with the relevant provisions of its current Governing Document, that is, agreed by resolution of the Corporate Trustee at its Charitable Funds Committee hereby resolve the amends the objects of its funds listed below and their associated income funds to general purpose funds with favorable outcome to applications from services and activity based in the geographical areas listed.

- Hornsea Purpose: of Hornsea Cottage Hospital
- Withernsea Purpose: Withensea Community Hospital
- Driffield Purpose: of Alfred Bean Hospital
- Bridlington Purpose: of the Macmillan Wolds unit Bridlingon
- Beverley (ERCH) For use in Beverley Community Hospital

The resolution was agreed by the Corporate Trustee of The Humber Teaching Foundation Trust, working name Health Stars.

Chair of Charitable funds:

Mike Cooke……..

Date:

Executive Lead:

Pete Beckwith…….

Date:

Chief Executive on behalf of the board:

Michele Moran…….....

Date:

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Board Meeting - 25th September 2019
Title of Report:	Children and Adolescent Mental Health Service (CAMHS) Waiting Lists Update
Author:	Name: Lynn Parkinson Title: Chief Operating Officer
Recommendation	To approve: ; To note: ✓ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	The purpose of this paper is to provide an update on progress with waiting lists associated with all CAMHS pathways in Hull and East Riding.
Key Issues within the report:	The report identifies key issues around; • Different rates of referrals and service changes which have impacted on waiting times. • The challenges and opportunities presented by significant increases in the workforce. • Waiting times across all pathways but in particular autism and attention deficit hyperactivity disorder. • How waiting lists are currently managed and further improvements that are being made to this process. • The opportunities to provide more CAMHS services across both localities and make improved use of the specialist workforce required.

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 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	

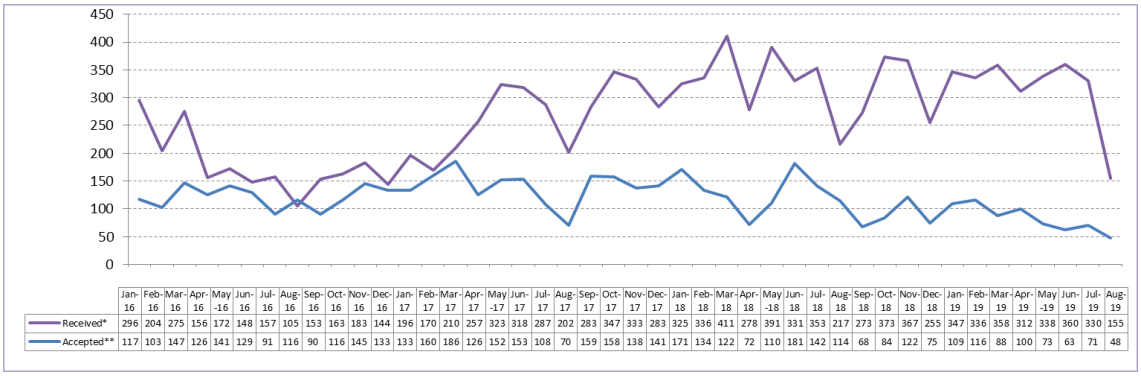
Children and Adolescent Mental Health Services Waiting Lists Update

1. Introduction

Children and Adolescent Mental Health Services (CAMHS) services are a clearly identified national priority in the NHS Long Term Plan and the 5 Year Forward View for Mental Health. Investment priorities have been agreed for access, numbers of young people entering specialist treatment, eating disorders, evidence based training and in patient care, closer to home. Referral rates to specialist CAMHS services are estimated to have increased by 33% over the last 5 years, creating a level of sustained pressure on service provision. Locally, both Hull and East Riding (ERY) CAMHS operate a model whereby all referrals for emotional wellbeing come to a single Contact Point; this includes those who require specialist treatment, early intervention, information and/or sign posting. The graphs below show the rate of referral to both locality services over the last 4 years and the number of those referrals who are accepted into specialist treatment.

Referrals

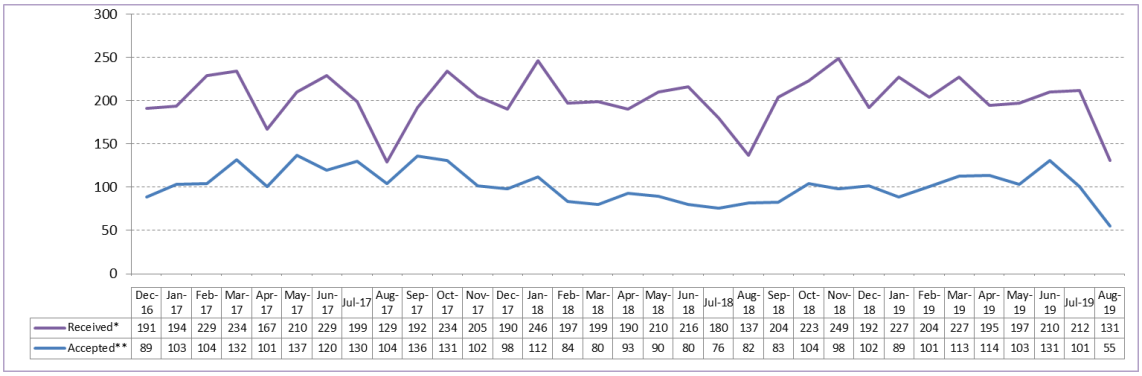
Referrals to and accepted by the whole Hull CAMHS Service (including Crisis, Eating Disorders, Children's Learning Disabilities (LD), and Autism Assessment)



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Received*	296	204	275	156	172	148	157	105	153	163	183	144	196	170	210	257	323	318	287	202	283	347	333	283	325	336	411	278	391	331	353	217	273	373	367	255	347	336	358	312	338	360	330	155
Accepted**	117	103	147	126	141	129	91	116	90	116	145	133	133	160	186	126	152	153	108	70	159	158	138	141	171	134	122	72	110	181	142	114	68	84	122	75	109	116	88	100	73	63	71	48

Referrals

Referrals to and accepted by the whole Service East Riding Service (including Crisis, Eating Disorders and Children's LD)



	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Received*	191	194	229	234	167	210	229	199	129	192	234	205	190	246	197	199	190	210	216	180	137	204	223	249	192	227	204	227	195	197	210	212	131
Accepted**	89	103	104	132	101	137	120	130	104	136	131	102	98	112	84	80	93	90	80	76	82	83	104	98	102	89	101	113	114	103	131	101	55

Referral rates to CAMHS services are variable and there is a correlation to the academic year and exam times although this is becoming less pronounced than it

was and in addition referral rates are influenced by “external” events such as acts of terrorism and climate change.

2. Changes in Service

The graphs above show contrasting rates of referrals which in part can be explained by some significant changes in services which have then impacted on the waiting times described later in the paper. Some of the major changes have included;

Headstart;

Hull was identified as one of 5 Local Authority areas to benefit from Big Lottery funding into early intervention for young people. Following a pilot phase a budget of £7.8 million over 5 years was agreed to introduce a wide range of early help offers across the City through late 2016 and early 2017. There are a total of 10 different service offers under Headstart and the way the Big lottery funding works, it seeks to keep the programme separate and discrete from CAMHS. This has led to the existence of two “systems” of support for emotional wellbeing which young people and families find confusing and difficult to navigate and a clear link can be seen between the commencement of the Headstart programme and the sharp increase in referrals to Contact Point.

Social Mediation and Self Help (Smash) in East Riding of Yorkshire (ERY);

The Smash programme was commissioned in ERY from September 2017 across 8 secondary schools and provides an early intervention offer below the level of CAMHS but which is well integrated with both mental health and social care systems. The programme is well understood by stakeholders and a number of schools have now commissioned their own programmes (Hunsley Academy for example) in this new academic year and the positive impact on referral rates can be seen in the ERY, albeit with peaks and troughs.

Hull autism;

Hull CAMHS has always provided this pathway and the service has increased its capacity a number of times over the last 5 years, on each occasion it has seen a rise in the rate of referrals, leading to very large numbers of long waits.

ERY autism;

This pathway transferred to the Trust in January 2019 from East Riding Council. We inherited a large waiting list with some notably long waiters. A waiting list review programme has reduced the number of long waits.

Hull and ERY Attention Deficit Hyperactivity Disorder (ADHD);

Although existing providers of the ADHD pathways, the transfer of paediatric medical services from City Healthcare Partnership (CHCP) to Hull University Hospital Trust (HUHT) earlier this year also saw a transfer of over 70 cases of ADHD to both Hull and ERY which again contained a large number of long waiters. The current review of the cohort of young people transferred to HUHT suggests there are a further 170 cases which require a medical review for ADHD as a minimum.

3. Workforce

There has been significant investment over the last 4 years in CAMHS service due to

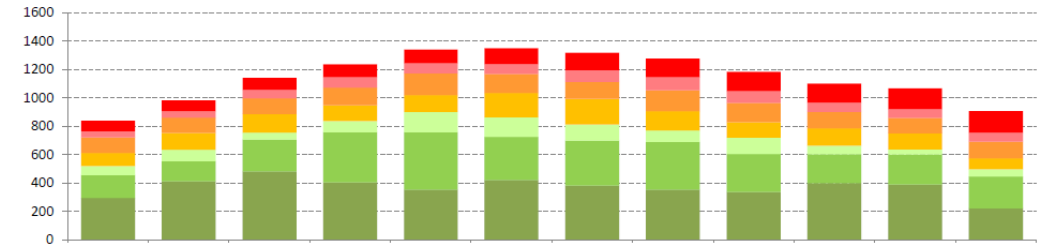
the national priority referred to earlier and the implementation of Future in Mind, the national strategy for CAMHS. More recently, at a local level in the last year we have seen investment of almost £2m in neurodevelopmental pathways and paediatric speech and language therapy as well as 60 new staff being recruited to the inpatient service. We have pursued a recruitment approach predominantly via social media which has targeted the North of England. Whilst we have had some success in attracting external applicants, the combined impact of these levels of investment and opportunity has created a significant amount of workforce fluctuation. There have been high amounts of movement across pathways and across services, leading inevitably to a high vacancy rate. Currently these stand at Hull CAMHS 6.3 wte and ERY CAMHS 13.37 wte. This level of movement and change has impacted upon progress with waiting list reduction. A clear approach to priority areas for recruitment has been agreed with service managers and senior clinicians.

4. Waiting Times

Hull CAMHS

Overall waiting list

Hull CAMHS Service overall waiting list time series graph (including Contact Point, Crisis, ED and LD, excluding Autism Team)

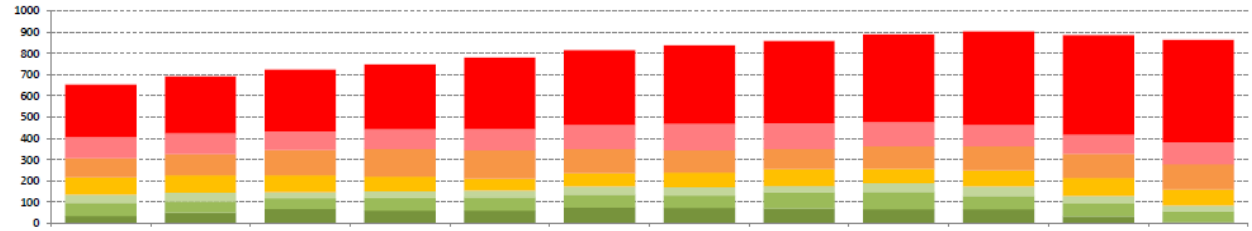


	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
52+	73	78	83	91	96	112	123	131	138	136	146	151
39-51	46	42	61	71	71	70	81	91	82	61	62	63
26-38	109	109	110	125	153	133	121	146	134	117	108	118
18-25	91	118	132	111	118	171	181	136	111	122	113	77
13-17	64	80	47	80	145	138	112	80	115	61	37	50
7-13	160	142	226	353	401	304	317	337	267	204	211	225
0-6	296	413	481	404	355	422	382	354	337	398	389	222
TOTAL	839	982	1140	1235	1339	1350	1317	1275	1184	1099	1066	906

The graph above shows a steady reduction in the overall waiting list for Hull CAMHS (excluding Autism). The majority of those waiting over 52 weeks are on the ADHD pathway and are mainly a consequence of those cases transferred over from CHCP and the fact that well before the transfer the paediatricians stopped ADHD assessments leading to an increased rate of referral- all the cases transferred were already waiitng over 52 weeks. Progress in reducing these long waits is compounded by a high rate of DNA's where families are concerned that that their childs diagnosis/prescription may be removed at asssessment by a psychiatrist. We continue to engage positively with all these families in order to progress their review/treatment.

Hull autism team

Hull Autism Assessment Team overall waiting list time series graph - excluding Contact Point screening waits

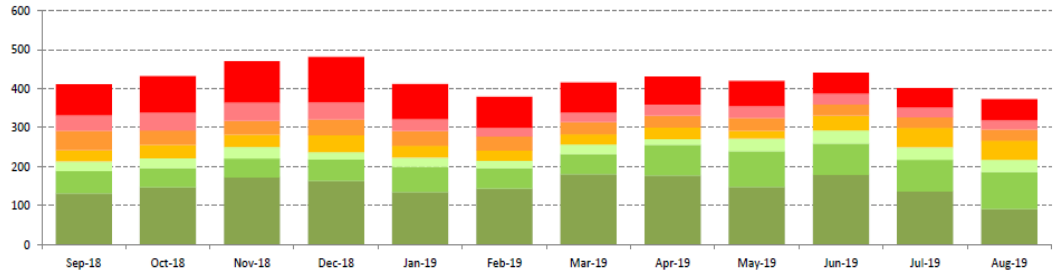


	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
52+	249	268	290	305	333	351	371	387	413	439	468	481
39-51	98	96	88	92	102	114	122	123	113	100	89	104
26-38	90	100	118	130	132	112	103	93	106	113	113	118
18-25	81	83	80	68	56	63	70	81	67	76	86	76
13-17	39	41	30	32	32	39	40	29	42	44	35	28
7-13	61	52	48	61	65	60	57	76	81	63	60	49
0-6	36	51	69	59	59	75	74	70	67	67	34	7
TOTAL	654	691	723	747	779	814	837	859	889	902	885	863

This graph shows that the waiting list for autism is now starting reduce albeit slowly. We have introduced a new referral process which now requires a referral to come from the Special Educational Needs Coordinator (SENCO) rather than the GP to improve the quality of baseline information pprovided. We have also introduced a rigorous screening process before cases proceed to full specialist assessement. Our current conversion rate is 66% which suggests further improvement can be made here and we are adressing that. The additional staff appointed to this pathway are coming into post through October and November and we expect the extra Healios (Healios are a speclist online provider of neuro development services) capacity to be availble by end of September. We have subcontracted for an additional 12 assesment a month in both Hull and East Riding. It is noticeable that those waiting over 52 weeks are still rising whilst the short waits are decreasing in response to requested prioritisation by commissioners (under 5's, school leavers and Looked After Children). We have agreed to revise this prioritisation to ensure a more balanced waiting list reduction.

East Riding CAMHS

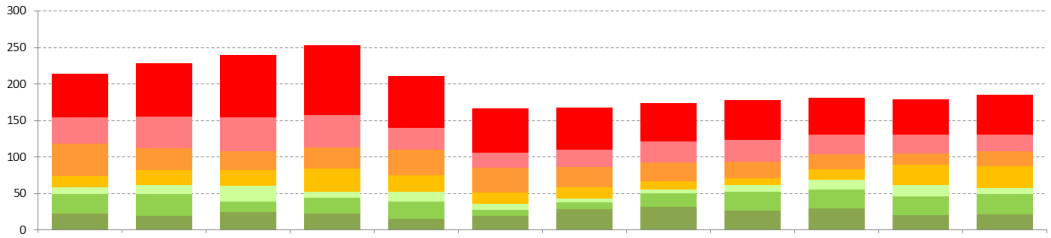
ERY CAMHS Service overall waiting list time series graph (including Contact Point, Core CAMHS, Crisis, ED and Children's LD, excluding ASD)



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
52+ weeks	81	93	106	116	91	81	78	72	65	55	49	54
39-51 weeks	38	46	46	44	30	21	24	29	30	27	26	24
26-38 weeks	50	38	36	41	38	36	31	30	33	29	27	29
18-25 weeks	29	34	32	43	30	26	27	30	20	37	50	49
14-17 weeks	25	25	30	19	24	19	24	15	33	34	32	31
7-13 weeks	57	50	48	55	65	53	52	78	92	81	81	95
0-6 weeks	131	146	172	163	134	143	180	177	147	178	136	91
TOTAL	411	432	470	481	412	379	416	431	420	441	401	373

The graph above shows an improving overall waiting list position despite the serious capacity issues referenced earlier. The number waiting over 52 weeks once again are predominantly ADHD cases transferred from CHCP but this number is reducing.

ERY Autism



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
52+ weeks	60	73	86	96	71	61	58	53	55	50	48	54
39-51 weeks	36	43	46	44	30	21	24	28	29	27	26	23
26-38 weeks	44	30	26	29	35	34	27	26	23	21	16	21
18-25 weeks	15	20	21	32	23	15	16	12	9	14	27	29
14-17 weeks	10	13	22	8	13	8	5	5	10	14	16	9
7-13 weeks	26	30	14	21	24	9	9	18	25	25	26	27
0-6 weeks	23	19	25	23	15	19	29	32	27	30	20	22
TOTAL	215	230	241	253	211	167	170	176	179	182	181	185

The above graph for autism shows the waiting list position for the autism pathway which transferred from East Riding Council in January 2019. At the point of transfer a waiting list review exercise reduced the list in February 2019. Newly appointed staff are coming into post which alongside the extra Healios capacity should see this list reducing.

5. Management of Waiting Lists

The Trust has a Waiting List and Waiting Times Policy (OP-001) which requires individual service areas to develop their own Standard Operating Procedure (SOP) to describe how they will manage any waiting lists within their respective services. The services identified as in scope above are covered within the *Hull Children's Specialist Mental Health, Learning Disability and Autism Services*

Within this document, there are clearly defined duties and responsibilities to ensure ongoing and regular reviews of the waiting list position are undertaken: including weekly review by the Service Manager and daily management by the Clinical Team Leaders.

The SOP details the Procedure for the management of referrals into services and the triage of these through the Single Point of Access (Hull and East Riding Contact Points). Specialist Mental Health / Learning Disability Nurses and Senior Clinical Psychologists provide telephone triage with the young person and/or their parent/carer or consultation over the telephone or face to face with professionals on their own, or with parents/carers, or with parents/carers separately.

Once this triage or consultation has been completed, the clinicians will jointly agree with the young person and/or their parent/carer the intervention required, and identify the agency which will best meet their assessed needs. These include services delivered by Humber Teaching NHS Foundation Trust but also a broad range of statutory and non-statutory services within the wider system.

The SOP makes particular reference to the Assessment of Risk and identifies three levels of prioritisation:

• **Emergency prioritisation** – indicated by high risk of harm to self or others and an acute level of emotional distress. These referrals would be assessed by the CAMHS Crisis Team within four hours

• **Urgent prioritisation** – indicated by the evidence of active and or significant risk of harm to self or others and/or presenting with possible psychosis. These referrals would be assessed in up to four weeks.

• **Routine prioritisation** – all other referrals. These would be assessed and treated within 18 weeks.

When the wait for routine intervention exceeds 18 weeks, the SOP states that a specific waiting list letter will be sent to confirm this, in addition to reaffirming the routine advice provided in the standard waiting list letter. An updated letter is also sent to the young person and/or parent/carer every 12 weeks to advise them on the status of the waiting list. This reminds them of the contact number for the service if the situation has deteriorated since the triage, and reattaches the list of resources/support they can access whilst waiting. A further update letter will be sent at 12 week intervals.

Following a request from commissioners a recent review of those waiting over 52 weeks was undertaken in Hull CAMHS to assess compliance with the SOP. The report noted that the assessment process for ADHD and Autism is complex and protracted and whilst the length of waits are excessive there were a number of contacts in this period for each young person. The paper noted the changes to the service models and made the recommendations below;

- Recommendation 1: The services should continue on with the recruitment, identified through the capacity and demand work to ensure that a targeted approach to reducing excessive waits is undertaken

- Recommendation 2: The services should review the impact of the new service model after three months to provide some assurance on the difference that this has made in relation to referral rates and waiting times
- Recommendation 3: The services should ensure that the updated Standard Operating Procedure contains the new approach to correspondence, ensuring that families are not expecting letters at routine intervals (which has not been taking place consistently) and that they are supported through greater integration across a range of statutory and non-statutory services
- Recommendation 4: The Trust should consider their approach to waiting list reporting, and whether this data could be reported as (1) waiting time from referral to first assessment session; (2) waiting time from completed assessments to meeting for diagnosis; (3) waiting time from referral to diagnosis.
- Recommendation 5: The service to continue to closely review those young people waiting over 52 weeks, in light of the information identified through the systematic sample, as it appears some young people have not made any progress through the various stages of assessment

The CAMHS services accepted the above recommendations and are progressing the workforce vacancies, reviewing the changes to the model with commissioners and its impact on waiting lists and have agreed a revised approach to ADHD reporting, whilst ensuring those experiencing long waits continue to be reviewed.

6. Conclusion

This paper provides the board with an update on all CAMHS waiting lists across Hull and East Riding. The difference in the referral patterns can clearly be seen and together with the service changes described provide a clear perspective on the contributing factors to the waiting list position. The recent high levels of investment in neurodevelopmental pathways and the inpatient service have both created significant opportunity for staff progression but have also led to the current vacancy position and reduced capacity to respond to waiting list initiatives. The recent review and sampling of the management of long waits in Hull CAMHS has led to further refinement of that process. Those waiting over 52 weeks are predominantly on the ADHD and autism pathways which are both protracted and complex assessment processes and with the exception of Hull autism have been inherited positions from previous providers. There is additional scrutiny of the Hull autism waits in terms of prioritisation process with commissioners and the impact of added screening/triaging prior to full assessment.

We have begun work with all commissioners on a revised service model which would seek to take further advantage of the opportunities of a strengthened lead provider approach and delivery of more joint services across Hull and ERY. Autism and ADHD are priority areas for this work consistent with the agreed Integrated Care Partnership approach and the direction of travel for the Humber Coast and Vale mental health partnership.

Agenda Item: 18

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting - 25th September 2019</td></tr>
<tr><td>Title of Report:</td><td>Patient and Carer Experience Annual Report 2018/19 including Complaints and Patient Advice Liaison Service (PALS)</td></tr>
<tr><td>Author:</td><td>Name: Mandy Dawley
Title: Head of Patient & Carer Experience & Engagement

Name: Susan Cameron
Title: Complaints and PALS Manager</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></td></tr>
<tr><td>Purpose of Paper:</td><td>To ask the Trust Board to ratify the Patient & Carer Experience (including Complaints and PALS) annual report. The report has previously been to the Quality and Patient Safety group for discussion (11th July 2019) and Quality Committee for approval (7th August 2019).</td></tr>
<tr><td>Key Issues within the report:</td><td>

This year saw delivery of the first year's milestones within the Patient and Carer Experience Strategy 2018-2023.
Two new Patient and Carer Experience forums commenced in Whitby & District and Scarborough & Ryedale.
A Friends and Family Test (FFT) Live Data Dashboard was launched in April 2018 where all staff can view the results of FFT surveys in real time.
Overall the FFT scores for year April 2018 to March 2019 were very good; 91.4% of patients are likely to recommend the Trust to family or friends; this exceeds our 90% target. 98% of our patients believe they receive sufficient information, 99.1% of patients thought our staff were friendly and helpful and 98.4% of our patients felt involved in their care.
January this year our Trust enrolled onto the Quality, Service Improvement and Redesign (QSIR) College programme. Our QSIR team is made up of two patients from our Patient and Carer Experience network and four members of staff. On completion of the QSIR College programme all six candidates will roll out the QSIR practitioner programme across our organisation.
Over the past year the Patient Experience Team has seen a considerable growth in staff joining our Staff Champions of Patient Experience forum. This year we saw the launch of our Staff Champion of Patient Experience recognition scheme which encourages patients, service users and carers to talk to our champions about their experiences of our services. We have ensured that they can recognise the champions through purple lanyard

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	inserts. • For 2018/19 the Trust received 221 formal complaints which compares to 191 for 2017/18. • The Trust responded to 218 formal complaints for 2018/19 which compares to 185 for the previous year. • The number of formal complaints received and the number of formal complaints responded to figures differ due to the investigation period (30, 40, or 60 working days) for each complaint. Therefore some formal complaints received prior to 1 April 2018 will have been responded to in this period and some received towards the end of the year would still be under investigation. • Of the 218 formal complaints responded to, 52 were upheld (24%), 50 were partly upheld (23%) and 115 were not upheld 53%. This compares to the previous year where 22% were upheld, 33% were partly upheld and 45% were not upheld. • The Trust now works to 30, 40 or 60 working day response times; the time allocated is dependent on the complexity of the issues raised, the number of issues raised and the number of teams/services involved. This has dramatically improved the number of formal complaints responses going out on time (78%). • For the period 2018/19, the Trust received 351 compliments. • We are proud to confirm that NHS Improvement chose our Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This will be a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country. • To conclude the report highlights a number of good areas to be celebrated, however it must be recognised that there is still more work to do. We have had a great year working together in partnership with our patients, service users, carers, staff and partner organisations to help patient and carer experience to become an integral part of our culture and everyday thinking.

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in	**N/A**	**Comment**

		report		
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required

NHS
Humber Teaching
NHS Foundation Trust

Patient and Carer Experience Annual Report 2018-2019

Including Complaints and Patient Advice Liaison Service (PALS)

Caring, Learning and Growing

Contents

Introduction

The Patient and Carer Experience Annual Report (2018/2019) including the Complaints and Patient Advice Liaison Service (PALS) provides an overview of the work carried out across the organisation over the past year to support the patient and carer experience and engagement agenda.

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. In order to embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services we provide, we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

The best way to improve quality in an organisation is by finding out what our patients, service users and carers are saying through their lived experiences. We have introduced additional Patient and Carer Experience (PACE) forums; one in Whitby & District and another in Scarborough & Ryedale. Patients, service users and carers attend regular meetings to provide a voice of their lived experiences. Staff continue to meet on a six weekly basis at the Staff Champion of Patient Experience (SCoPE) forum which is going from strength to strength. The forums enable staff to share best practice and learning and provide a voice of experience on behalf of their clinical networks. We are continuing to build relationships with our partner organisations and meet every three months with local Healthwatch colleagues to ensure all are aware of what each other is doing and achieving. We will continue to embed a culture of genuine patient, carer and service user involvement and engagement within the organisation.

Relationships are strengthening with local protected characteristics groups. The Trust continues to support the Lesbian, Gay, Bisexual, Trans (LGBT) community and participated in the 2018 Hull Pride event with an information stand and over 50 people represented the Trust in the parade. In January 2019 we held a workshop and invited public and staff to work with the Trust to identify next year's Equality and Diversity priorities for patients, service users and staff. A keynote speech was delivered by the Humber All Nations Alliance (HANA) and Ashiana.

This report also provides an overview of the Complaints and Patient Advice and Liaison Service (PALS) activity for 2018/2019. Analysis of the themes from complaints and concerns is used to identify areas for learning to improve patient experience. In addition the information gathered is compared with other patient experience feedback. All feedback from complaints is shared with the relevant service area to enable teams to share positive feedback and consider suggestions for improvements made by patients, service users and carers.

Achievements over the Past Year (2018/19)

This report includes achievements made across the organisation to support the patient and carer experience and engagement agenda over the past twelve months. The achievements have been aligned to the Trust's six strategic goals.

Trust Goal One: Innovating Quality and Patient Safety

Priority One: By actively listening to patient, service user and carer views we can learn and act upon them to help improve the quality and safety of the services we provide

Trust Forums
Four forums have been created to give our patients, carers, staff and partner organisations a voice and the chance to be involved in Trust business, including;

- Hull & East Riding Patient and Carer Experience Forum (PACE)
- Hull & East Riding Staff Champions of Patient Experience (SCOPE)
- Whitby & District Patient and Carer Experience Forum
- Scarborough & Ryedale Patient and Carer Experience Forum

Friends and Family Test (FFT) Survey Dashboard and Pathway
April 2018 saw the launch of the Friends and Family Test (FFT) data dashboard. The dashboard is used across our teams to share good practice and learn lessons. Refer to appendix 1 which provides a snapshot of the FFT results for the full Trust for the month of March 2019.

Friends and Family Test (FFT) Results
For 2018/19, 91.4% of patients are likely to recommend the Trust to family or friends; this exceeds our 90% target. 98% of our patients believe they receive sufficient information, 99.1% of patients thought our staff were friendly and helpful and 98.4% of our patients felt involved in their care. Refer to appendix 2 which highlights a monthly breakdown of the results.

Bereavement Survey Package
A bereavement package has been developed to support the bereaved and has been rolled out across our GP surgeries and community services teams. It includes a bereavement card and booklet and the question “would you have liked any further support with regards to your bereavement” is asked on presentation of the package.

Mental Health Community Service User Survey (2018)
The Trust participates in this national survey every year. This year the Trust scored very well (top 20% ranges) compared to other organisations across the country. The Mental Health Services care group will focus on the following four question areas for improvement:

- How mental health needs affect other areas of an individual’s life.
- Agreement with someone from NHS mental health services around what care the individual will receive.
- Help or advice with NHS mental health services around finding support for physical health needs.
- Respect and dignity by NHS mental health services.

Patient and Carer Stories at Trust Board Meetings
Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved or best practice shared.

Integrated Specialist Public Health Nursing (ISPHN)
Service user feedback is routinely gathered to inform staff and commissioners on the satisfaction and quality of services provided. Feedback included; 100% of young people felt that the school nurse was friendly and helpful and 100% felt that they were listened to.

CAMHS Service
Children, Young People their carers and families have been instrumental in providing feedback to help inform the new CAHMS tier 4 inpatient unit.

Work ongoing from 2018/19

A Patient Experience Dashboard is in development to include complaints, compliments, Friends and Family Test and incidents data at team, care group and organisational level to provide 'at a glance' data to support teams with the triangulation of data.

Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen

Staff Champions of Patient and Carer Experience
Eighty two percent of our teams now have a Staff Champion of Patient Experience. They attend bi-monthly forums which encourage networking to share best practice and learn from each other. Our champions are recognised through purple inserts in their lanyards.

Spiritual Champions
The Trust has Spiritual Champions in all physical and mental health inpatient units. Spiritual Champion forums take place every three months. In December 2018 the Trust organised an Angel Festival aligned to the NHS Christmas Carol service at the Hull Minster.

Patient and Carer Experience Champions
Patient and Carer Experience Champion volunteers attend quarterly forums and are recognised through purple lanyards and identity badges.

Trust Goal Two: Enhancing Prevention, Wellbeing and Recovery

Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care

Identification of Carers and Carers Assessments
Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

Identification of Caregivers in Stress
A tool has been approved to support clinicians when identifying if a care giver is in stress called the "Relatives Stress Scale". The tool asks the caregiver fifteen questions and identifies their level of personal stress and domestic upset.

Work ongoing from 2018/19

Work is underway to include the template on the Trust's clinical systems before rolling out to all clinical teams.

Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation

Involvement in Trust Activities
Please refer to appendix 4 for the Involvement in Trust activities information poster.

Events
Patients, Carers Service Users have been invited to attend meetings, forums, workshops and events to provide their lived experiences to influence Trust decisions, a few high level examples include:

- Building our Priorities Event to identify next year's Quality Accounts and Equality and Diversity priorities
- Patient and Carer Experience Strategy meetings/workshops
- Annual Members Meeting
- Service Transformation workshops and meetings

Work ongoing from 2018/19

The Chaplaincy Manager is developing outpatient surgeries for Veterans and is working with Hull University Teaching Hospitals Trust to delivery joint surgeries for the community mental health service users.

In March 2020 there will be Spirituality and Mental Health conference to highlight the issue of spirituality and mental health aimed at professionals internal and external to our organisation.

Trust Goal Three: Fostering Integration, Partnership and Alliances

Priority Five: Ensuring that at all times we provide information that is accessible

Accessible Information
The Patient and Carer Experience forum and East Riding Healthwatch (Read Right project) provide feedback on new patient information materials to ensure information is in plain English and understandable.

Browsealoud
The Trust has installed Browsealoud software onto the website. Browsealoud 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.

Hull Pride 2018
The Trust supported the Hull Pride event and parade in July 2018. Over fifty individuals came forward to march in the parade with our Humber banner and support our stand on the day.

Equality & Diversity Priorities for Patients, Carers Service Users 2019/20
An event called 'Building our Priorities for 2019/20' took place on 25th January 2019. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer Equality and Diversity objectives for the coming year. The following priorities were identified for 2019/20:

- To improve communication with our young people with a protected characteristic.
- To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.
- To raise awareness of the Interpretation and Translation services available to staff.
- To better understand the preferred channel of communication for individuals accessing our services.

Townend Court Inpatient Unit
The Trust Chaplain is working closely with inpatient unites to offer spirituality services. On admission to Townend Court all patients (with their consent) complete a Spirituality Assessment and following this a care plan is developed if appropriate.

Work ongoing from 2018/19

Work is underway to develop a framework called "Involving Patients, Service Users and Carers in Recruitment. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for all public facing roles across the Trust.

Priority Six: Working and collaborating with other organisations to share learning and best practice

Partnership Working
The Trust continues to strengthen relationships with partner organisations by working with local communities including hard to reach groups. Partner organisations are invited to Trust forums and the Trust attends external forums including:

- Healthwatch organisations
- Carers Advisory Group (CAG)
- Hull Engagers Network
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender forum (LGBT+ forum)
- East Riding Disability Advisory Group (DAG)
- Ashiana
- Humber All Nations Alliance (HANA)
- Provider Trusts (local, regional and national networks)
- Hull University
- East Riding and Hull Clinical Commissioning Groups
- Leadership Academy
- NHS Improvement
- Patient Experience Network (PEN)
- Head of Patient Experience Network (HOPE)

Trust Goal Four: Developing an Effective and Empowered Workforce

Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice

Team Visits
The Patient Experience Team (including Complaints and PALS) are visiting teams to raise the profile of the work plan and update staff on activities taking place and how to get involved.

Global communications
Communications are cascaded to all staff on a regular basis to provide updates on the patient and carer experience agenda; this includes a regular update in the Quality newsletter.

Organisational Events
The Patient Experience Team attends regular events across the Trust to raise the profile of the team and its agenda.

Priority Eight: Making patient and carer experience the business of all Trust staff

Development of the Patient and Carer Experience Strategy (2018-2023)
The strategy highlights how patients, service users, carers and staff can actively get involved in patient and carer experience activities and sets out key milestones for the agenda for the next five years. Please refer to appendix 4 for an illustration of the strategy 'plan on a page'.

Internal Communications
Refer to Priority Seven.

Care Group Meetings
The Patient Experience Team including Complaints and PALS attend regular care group meetings to provide an update to staff on the Patient Experience Team agenda.

Staff Champions of Patient Experience Forum

Refer to Priority Two

Trust Goal Five: Maximising an Efficient and Sustainable Organisation

Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations

Patient and Carer Experience Strategy (2018 to 2023) Launch Event
This year's Annual Members Meeting saw the official launch of the Patient and Carer Experience Strategy (2018 to 2023). The Head of Patient and Carer Experience and Engagement supported by the Chairman of the East Riding Carers Advisory Group presented the strategy.

Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work

Always Events Framework
We are improving our Quality Improvement process is by participating in the national Always Events programme. An Always Event involves patients, families and health professionals working together to decide what matters most to them. Teams involved in the programme include, Learning Disabilities Inpatient Team, Townend Court**,** PSYPHER and Fieldhouse Surgery, Bridlington

Work ongoing from 2018/19

June 2019 will see the launch of our Quality Improvement (QI) including Always Events forum. The quarterly forum will showcase and celebrate the great QI work going on across the Trust. Teams interested in knowing more about QI and Always Events programmes will be invited to hear patients, service users, carers and staff sharing experiences and the benefits of involvement in the programmes.

Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers

National Conference
The Patient Experience Team supported by a service user attended a Head of Patient Experience (HOPE) national event in Birmingham February 2019 to share their journey over the past year paying particular attention to how patient and carer experience influences quality improvement.

Carers Celebration at Beverley Minster
The Trust's Chairman and Head of Patient and Carer Experience and Engagement attended an event in July 2018 to celebrate the fabulous work carers do at the Beverley Minster.

East Riding Carers Conference
The Trust presented patient and carer experience work at the event in November 2018.

Priority Twelve: Raising the profile of patient and carer experience whenever we can

National, Regional and Local Events
The team have presented about the Trust's patient and carer experience agenda at national, regional and local events.

Humber Co-production Network
The Trust held the first network meeting in November 2018 where over twenty partner organisations were invited to actively engage with the Trust. The network meetings will continue to meet three times a year to enable both parties to engage and network with local partner organisations.

Work ongoing from 2018/19

The Trust has been chosen by NHS Improvement to be a national exemplar for patient and carer experience and is in the process of making three films on leadership, culture and learning. It is anticipated that the films will be ready in the Summer 2019 and will be shared with providers and commissioners across the country.

Complaints and Patient Advice Liaison Service (PALS) - *Statutory Requirement*

The Complaints and PALS department continues to record and respond to complaints, concerns and comments received from all areas of the Trust. We follow the guidance for The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for all formal complaints.

It is our procedure to allow the complainant/caller to decide whether they wish to have their concerns handled informally through PALS or whether they wish to have their concerns considered through the formal NHS complaints procedure. Having a combined department allows the Trust to monitor all concerns raised whether informally or formally and enables the Trust to provide a consistent approach to complainants/callers.

We deliver a range of diverse services across a large geographical area, which covers Hull, the East Riding of Yorkshire, Whitby and Scarborough.

Due to the vast range of diverse services we provide, we believe that there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans; this includes the information we receive from patients, relatives and carers regarding their experiences of our services.

This report will demonstrate the issues raised with the Trust over the past year and what we have learned as a result.

Formal complaints

Formal complaints received
For the period 2018/19, the Trust received 221 formal complaints which compares to 191 for 2017/18.

Formal complaints responded to
The Trust responded to 218 formal complaints for the period 2018/19 which compares to 185 for the previous year.

The number of formal complaints received and the number of formal complaints responded to figures differ due to the investigation period (30, 40, or 60 working days) for each complaint. Therefore some formal complaints received prior to 1 April 2018 will have been responded to in this period and some received towards the end of the year would still be under investigation.

Complainants who were dissatisfied with the Trust's first response
When complainants are dissatisfied with the outcome of our initial investigation various options are considered including; reopening the complaint and undertaking a second investigation; meeting with the complainants or a telephone call with the investigating manager. If it is felt that the Trust cannot do anything further, the complainant will be directed to the Parliamentary and Health Service Ombudsman.

In 2018/19, 25 complainants i.e. 11% were dissatisfied with the Trust's first response and further investigation/meetings were carried out. This compares to 16 % in 2017/18 and 11% in 2016/17.

Response times

The Trust now works to 30, 40 or 60 working day response times; the time allocated is dependent on the complexity of the issues raised, the number of issues raised and the number of teams/services involved.

For the period 1 April 2017 to 30 September 2017, the Trust worked to a 25 working days for a response to be sent to formal complaints. During this period the Trust responded to 96 formal complaints and 58 ie 60.41% of the responses were sent late. It was recognised that this was not fair or equitable as some formal complaints contain a small number of issues whilst others contain a large number of issues.

On 1 October 2017, the Complaints and PALS team commenced a pilot where the response times changed to:

- Up to 30 working day response time – for complaints about one team/service area and up to 6 straightforward issues.

- Up to 40 working day response time – more than one team/complex case/multiple issues; more than 6 issues and/or less than 6 issues if they are complex.

- Up to 60 working day response time – very complex cases/complex complainants and/or more than 15 complex issues (it is not anticipated that there will be many formal complaints that meet this criteria).

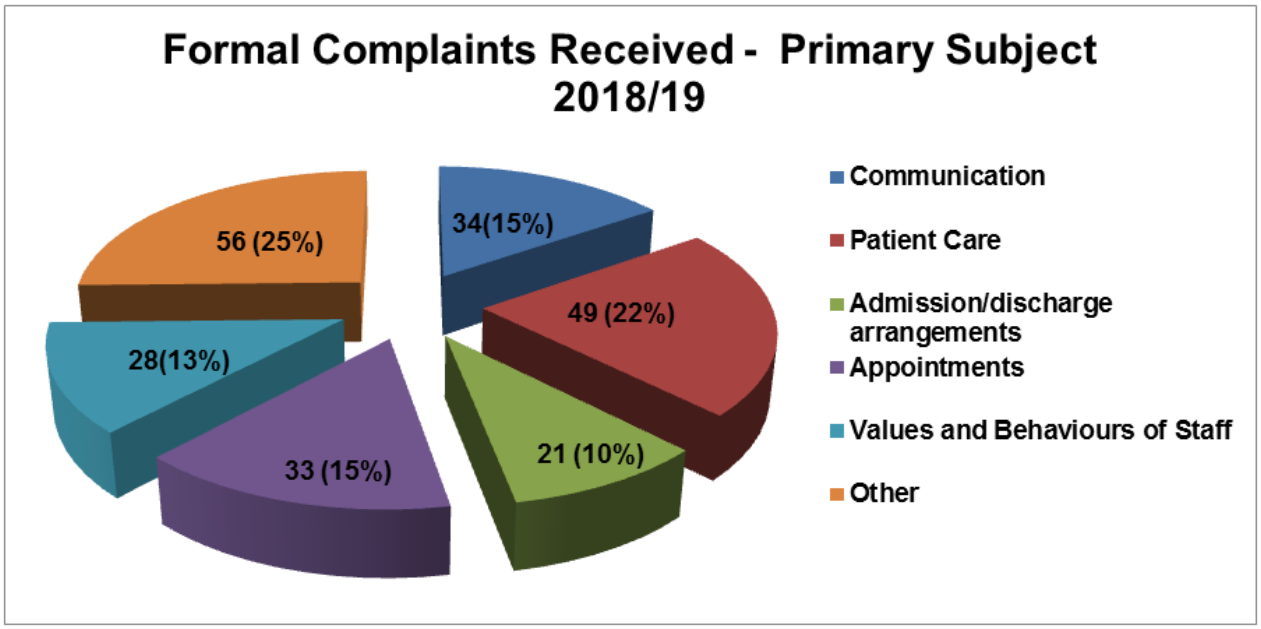
The pilot demonstrated that the increase in response times meant that a higher number of responses were sent out on time and therefore the Complaints and PALS Policy was updated to reflect these changes. It should be noted that no concerns regarding these changes have been raised by any complainant.

Of the 218 formal complaints responded to, 171 (78%) were sent on time and therefore 47 were late (22%).

It is hoped to improve the response times to over 80% in the coming year however it is recognised that some responses will be late.

There are multiple reasons why responses are late; these include an investigation being more complex than originally anticipated; staff needing to be interviewed being on annual/sick leave; a complainant wishing to meet with the investigator and this being outside of the investigation period at their request.

Top primary subject for formal complaints received 2017/18
Of the 221 formal complaints received during this period, the top 5 subject areas were as follows:



Subjects are recorded on the issues raised within the formal complaint and do not necessarily reflect the findings from the investigation.

A comparison with the previous year's top primary subjects shows the top 5 subjects are the same as the previous year.

Patient care is primarily where the patient has a different expectation to the care and treatment that has been offered/provided and them feeling their needs have not been met

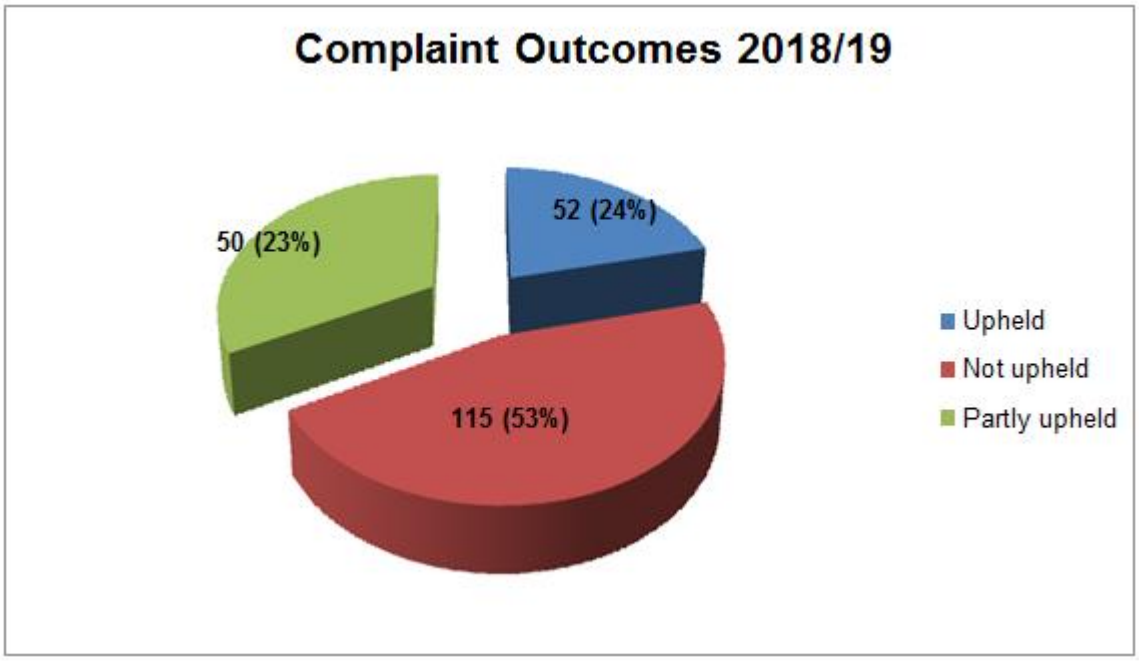
Communication continues to be a key reason why people raise formal complaints eg patients/carers not feeling listened to; calls not being returned and letters not being sent as agreed.

Admission/discharge is mainly about patients being unhappy at being discharged from services.

Complaints about appointments are primarily about appointment availability and sometimes about appointments being cancelled.

Values and behaviours of staff includes complaints about how patients/carers feel they were treated during appointments etc, but also includes issues such as failure to act in a professional manner and breach of confidentiality.

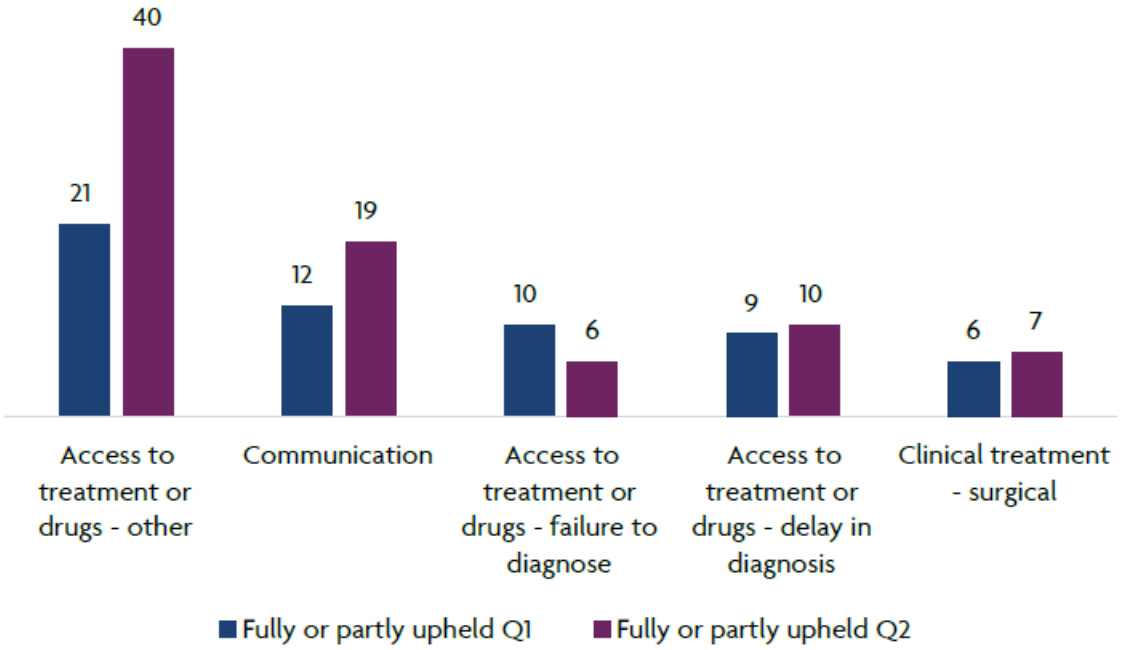
Formal Complaint outcomes
Of the 218 responded to, 52 were upheld (24%), 50 were partly upheld (23%) and 115 were not upheld 53%. This compares to the previous year where 22% were upheld, 33% were partly upheld and 45% were not upheld.



Upheld complaints are those that when investigated, it is found that all of the issues raised were well founded. Partly upheld complaints are where some of the issues raised were well founded. Not upheld complaints are where the issues raised could not be substantiated through investigation.

National Picture versus Local Picture
On comparing Humber Teaching NHS Foundation Trust's complaints themes with that of the national picture, communication is the only common theme. Please refer to the following link which highlights complaints responded to in quarter 1 and quarter 2 (2018/19) as reported by the Parliamentary and Health Service Ombudsman (https://www.ombudsman.org.uk/sites/default/files/2018-12/Complaints_about_the_NHS_in_England_Quarter_2_2018-19_Final_Accessible.pdf)

The graph below shows upheld complaints by complaint issue, quarter 1 and quarter 2 2018-19 as reported by the Parliamentary and Health Service Ombudsman.



Actions Taken by Care Groups as a Result of Formal Complaints Responded to
All actions identified from formal complaints are monitored by the Complaints department and for each action; confirmation/evidence is requested from the lead person identified for that action that the action has been completed by the specified time. Once this has been received, the action plans are reviewed and approved by the relevant Care Group Director. An overall tracker for all actions from formal complaints is being developed.

The following are some examples of actions/learning from complaints responded to this year. Patient specific actions have been excluded:

- Adult Mental Health Community – Daily referrals and allocations meeting with Mental Health Response Service/mental health clinical decisions unit to ensure communication and decision making is improved from multi- disciplinary perspective for requests for community mental health team involvement.

- Adult Mental Health, Inpatient – Charge Nurse to address the care plan compliance and assertive supportive engagement processes with disengaging inpatient service users.
- Health Visiting – No further one year checks will be done in a shared room as the mother's maternal mental health should be assessed and the routine enquiry asked.

- GP practice – Ensure administration staff are aware how to amend templates to suit the circumstances of the patient.

- Emotional Wellbeing Service – All administration staff now have access to email account; this is to be checked on a daily basis and to ensure there is no duplication, the emails are actioned and colour coded when completed.

- Older People's Mental Health, Community – To ensure that when multiple services are involved in a patient's care the patient and/or relative/care are always informed of the person/team that will maintain communication with them ie a lead practitioner identified

- Learning Disability, Community – To develop a contract between the patient, his family and the Trust regarding levels of communication to ensure each party is clear on what can be shared and with whom.

Formal Complaints Process

When formal complaints are recorded, a copy is sent to the Care Group Director, Assistant Care Group Director, Service Manager and investigating manager (other staff may be included such as pharmacists if relevant). Once the investigation has been completed, the draft response is reviewed by the investigating manager and Assistant Care Group Director before being passed to the Care Group Director and Chief Executive for review and sign off. This process ensures that staff at a senior level in a Care Group are fully aware of the issues being raised and the investigation findings and can take action if necessary.

If an initial complaint raises serious issues; it is escalated to the Director of Nursing and/or the Medical Director. The themes and trends for formal complaints continue to be around the primary subjects of communication, patient care and the appointments.

Rather than focus at a care group level where many very different teams/services are included, the Trust encourages all formal complaint response to be reviewed at a team/service level in team meetings so that all relevant staff are aware of the issues raised and the learning from the complaints; it is also an opportunity to reflect on good practice where this has been the outcome of the investigation.

Compliments

For the period 2018/19, the Trust received 351 compliments.

The Trust continues to look at ways to strengthen the process for capturing compliments.

Parliamentary and Health Service Ombudsman

Of the formal complaints responded to in 2018/19, one complainant with (two formal complaints) and a further complainant took their cases to the Parliamentary and Health Service Ombudsman; these cases were closed with no further action for the Trust.

Four further cases which were responded to during 2017/18 were also considered by the Ombudsman during this year; all were closed with no further action for the Trust.

Patient Advice and Liaison Service (PALS)

For the period 1 April 2018 to 31 March 2019, the Trust responded to 465 PALS contacts which compares to 431 for the previous year.

Of the 4651 contacts, 174 were referrals to other Trusts and therefore there were 291 concerns, queries or comments for this Trust.

The top 5 primary subjects for PALS contacts are as follows:-

All aspects of clinical treatment – 59 – 21% of the total
Advice and information (general) – 57 – 20% of the total
Appointments delay/cancellation – outpatient – 27 – 9% of the total
Attitude of staff – 22 – 8% of the total
Advice and information (clinical) – 17 – 6% of the total

These are broadly the same subjects as the previous year.

Conclusion

We aim to provide our patients, service users and their carers with the best possible experience when in our services. We recognise that there are links between patient experience, clinical safety and effectiveness and we will continue to improve quality and patient safety and enhance prevention, wellbeing and recovery by listening to what individuals think, feel and experience throughout their journey and beyond.

This report highlights a number of areas of good practice to be celebrated but it must be recognised that there is still work to do. We realise that the best way to improve quality in an organisation is by finding out what patients, service users and carers say through their lived experiences. Building on the success of the Friends and Family Test live data dashboard, we will continue to develop and implement a patient experience dashboard which will provide information on complaints, compliments, incidents and Friends and Family Test feedback at organisation, care group and team level. Teams will be able to access the patient experience dashboard information to identify common themes to share best practice and develop action plans to make improvements.

The Trust is now well placed to ensure that patients, service users and carers are getting involved in Trust activities through the through the launch of our second Patient and Carer Experience strategy (2018-2023). We offer many opportunities for individuals to get involved in Trust activities including; sharing their story at a Trust Board meeting, getting involved with research and development, being part of an interview panel for a post within the organisation, involvement with our Recovery College, volunteering, supporting our Trust charity Health Stars or by becoming a Trust member.

We want to listen to people from all parts of the community and this is happening through our Patient and Carer Experience forums in Hull & East Riding, Whitby & District and Scarborough & Ryedale. We also attend a variety of external forums and groups so that we can all understand what each other is doing and achieving.

January this year our Trust enrolled onto the Quality, Service Improvement and Redesign (QSIR) College programme. The programme provides NHS organisations and health systems with the ‘know-how’ to design and implement more efficient patient-centred services using tried and tested tools and approaches. Our QSIR team is made up of two patients from our Patient and Carer Experience network and four members of staff. On

completion of the QSIR College programme all six candidates will roll out the QSIR practitioner programme across our organisation.

Over the past year the Patient Experience Team has seen a considerable growth in staff joining our Staff Champions of Patient Experience forum. This year we saw the launch of our Staff Champion of Patient Experience recognition scheme which encourages patients, service users and carers to talk to our champions about their experiences of our services. We have ensured that they can recognise the champions through purple lanyard inserts.

Due to the diverse and complex nature of our services it is very difficult to compare care groups or even teams complaints themes. Each complaint is different and due to the theme subjects and sub subjects set out nationally (predominantly acute trust biased) makes it very difficult to provide a structured thematic analysis.

The Trust will continue to manage and respond to complaints, concerns, comments and compliments for all our services. We will ensure that staff listen carefully to the information raised with them and aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, we will ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint. To this end, more training will be given to those staff directly involved in investigating formal complaints and those staff involved in resolving concerns and queries via the Patient Advice Liaison Service (PALS) or directly with patients/carers/families. It is also important that services/teams review the themes/issues arising from their formal complaints and PALS contacts to ensure that learning is embedded in their delivery of care and treatment. This will be included in the training being delivered to teams/services.

Finally, we are proud to confirm that NHS Improvement has chosen our Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This is a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country.

We have had a great year working together in partnership with our patients, service users, carers, staff and partner organisations to help patient and carer experience to become an integral part of our culture and everyday thinking.

This annual report is available in alternative languages and other formats *including Braille, audio disc and large print.* Or, if you would like any further information relating to this annual report, please contact the Patient Experience Team as follows:

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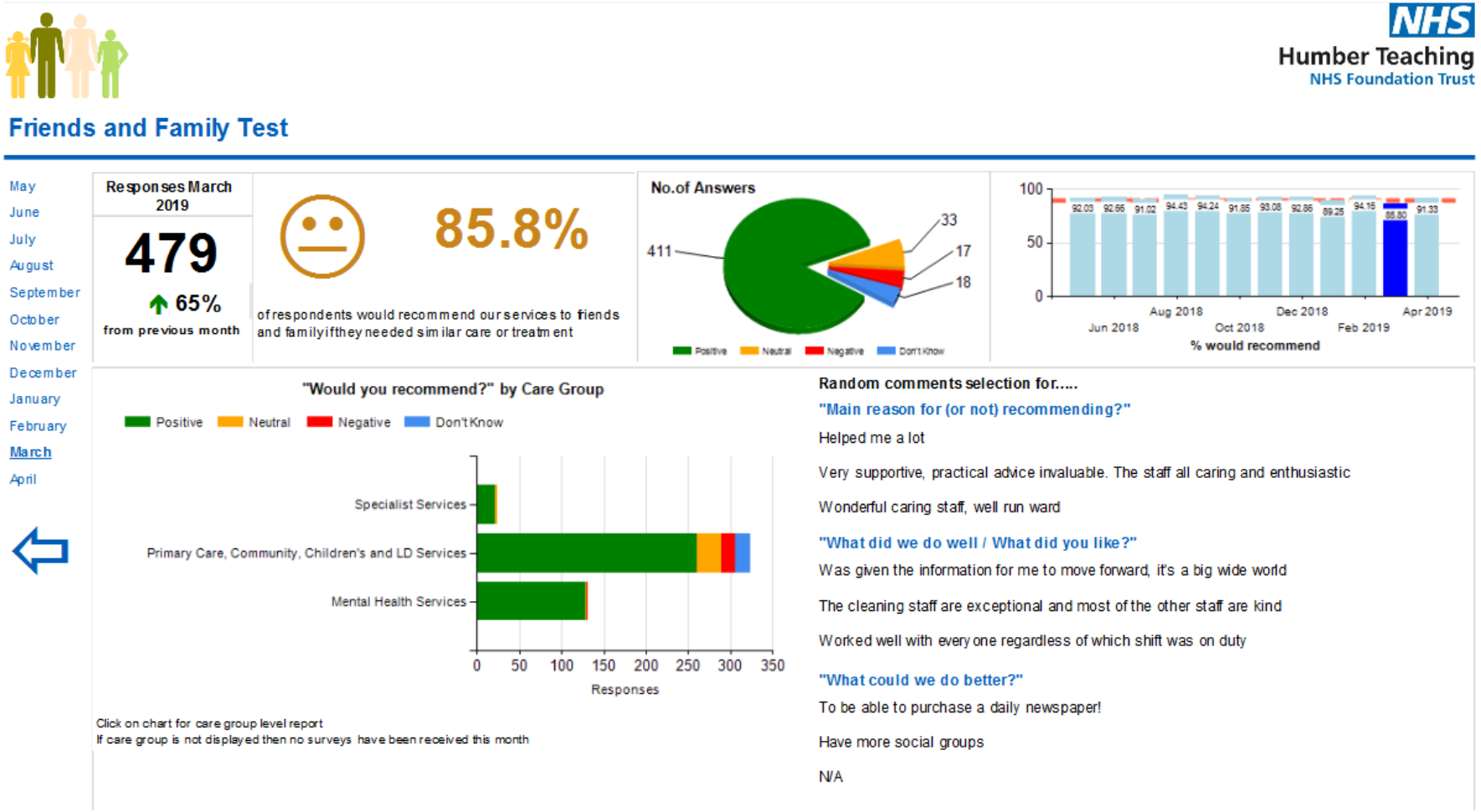
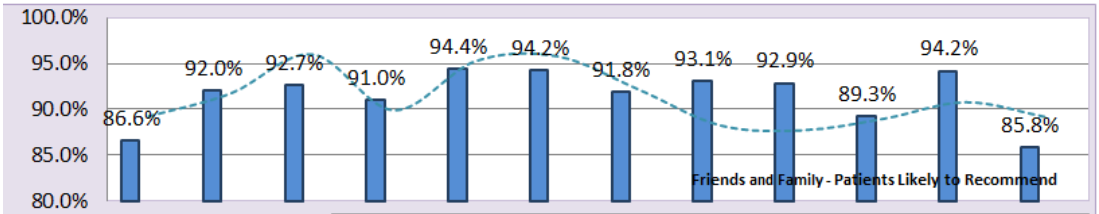
Appendix 1 – Friends and Family Test Dashboard Overview March 2019



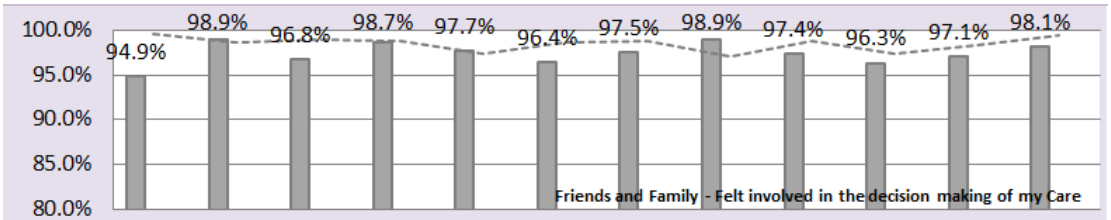
Appendix 2: FFT Results Tables

Likely to Recommend



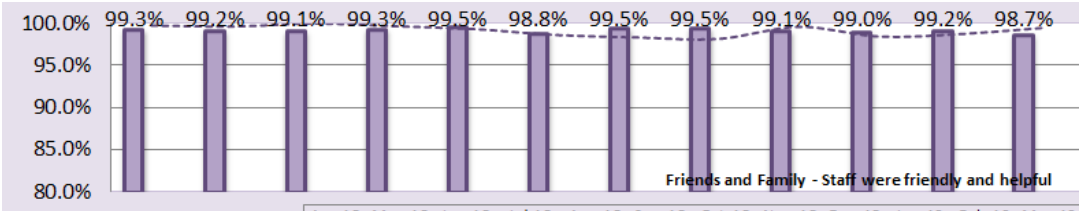
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Friends and Family Patient	86.6%	92.0%	92.7%	91.0%	94.4%	94.2%	91.8%	93.1%	92.9%	89.3%	94.2%	85.8%
Survey Responses	231	477	395	423	359	330	466	477	266	428	291	479
Positive Responses	200	439	366	385	339	311	428	444	247	382	274	411
Friends and Family Patient 17-18	89.2%	91.7%	96.0%	89.9%	95.3%	95.8%	92.1%	88.2%	87.7%	89.0%	90.8%	89.1%

FFT – Felt Involved In the Decision Making Of My Care



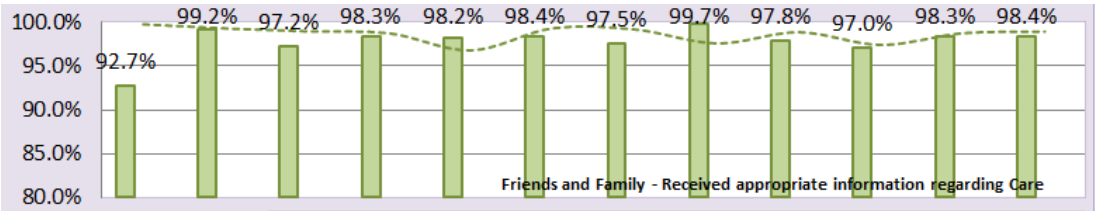
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
FFT - Involved	94.9%	98.9%	96.8%	98.7%	97.7%	96.4%	97.5%	98.9%	97.4%	96.3%	97.1%	98.1%
Survey Responses	137	361	216	299	220	249	364	378	230	300	239	374
Positive Responses	130	357	209	295	215	240	355	374	224	289	232	367
FFT - Involved 17-18	99.5%	98.6%	98.9%	98.7%	97.4%	98.6%	98.8%	97.0%	98.9%	97.4%	98.4%	99.5%

FFT – Staff Were Friendly and Helpful



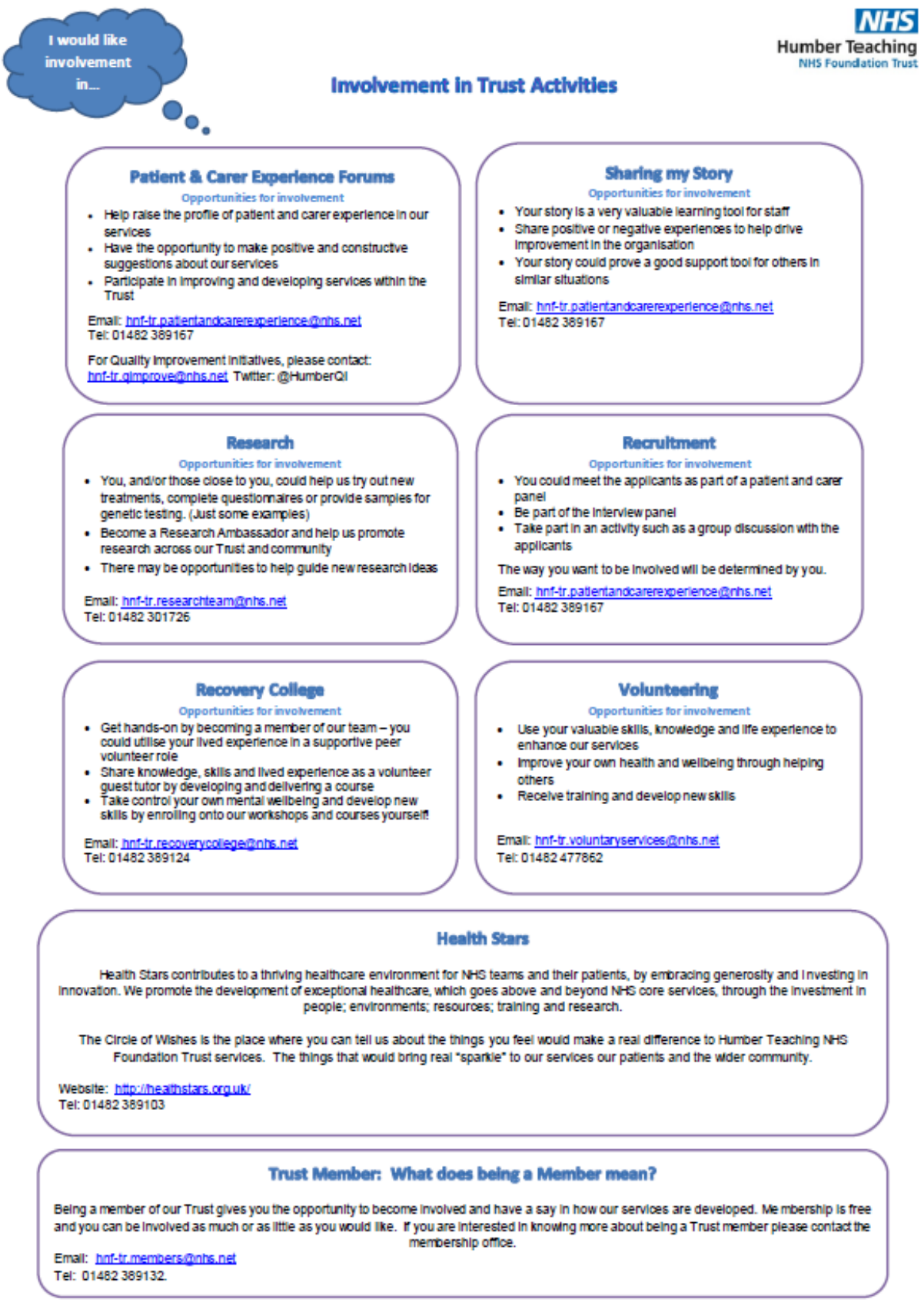
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
FFT - Friendly/Helpful	99.3%	99.2%	99.1%	99.3%	99.5%	98.8%	99.5%	99.5%	99.1%	99.0%	99.2%	98.7%
Survey Responses	137	362	218	300	220	249	365	378	230	301	239	375
Positive Responses	136	359	216	298	219	246	363	376	228	298	237	370
FFT - Friendly/Helpful 17-18	99.8%	99.6%	100.0%	99.7%	99.3%	98.6%	98.3%	98.1%	99.6%	98.4%	98.7%	99.5%

FFT – Received appropriate information regarding care

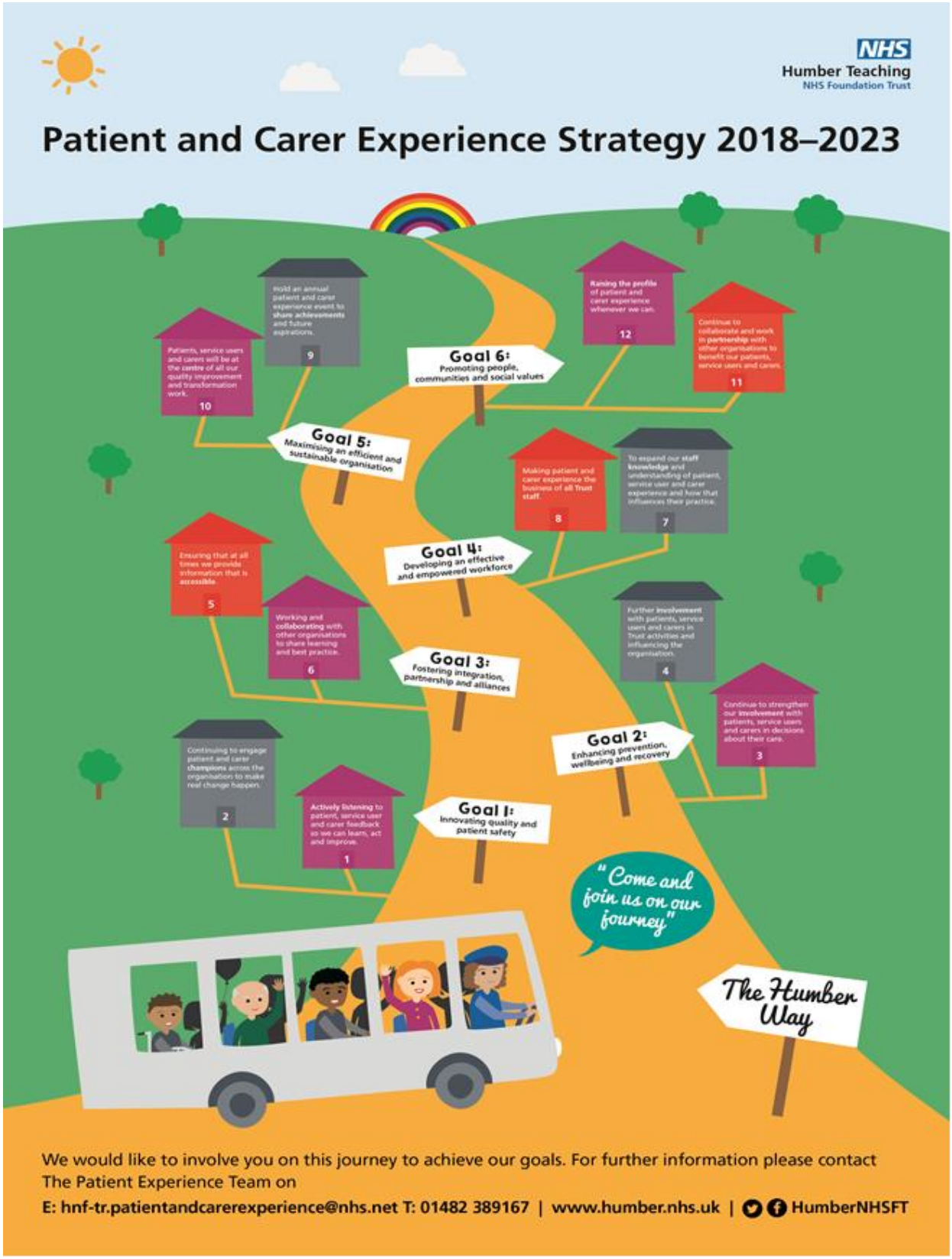


	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
FFT - Information	92.7%	99.2%	97.2%	98.3%	98.2%	98.4%	97.5%	99.7%	97.8%	97.0%	98.3%	98.4%
Survey Responses	137	362	218	300	221	249	365	378	230	301	239	375
Positive Responses	127	359	212	295	217	245	356	377	225	292	235	369
FFT - Information 17-18	99.8%	99.3%	99.0%	98.7%	96.8%	99.3%	99.2%	97.6%	98.9%	97.4%	98.8%	98.9%

Appendix 3 – Involvement in Trust Activities Poster



Appendix 4: Patient and Carer Experience Strategy 2018-2023 (Plan on a Page)



If you would like the full strategy please contact the Patient Experience Team as above.

Agenda Item: 19

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Overview of Healthwatch Annual Reports 2018-19
Author:	Name: Mandy Dawley Title: Head of Patient & Carer Experience & Engagement
Recommendation	To approve: ; To note: ; To discuss: ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	To provide the Trust Board with an overview of the key themes presented from the six Healthwatch annual reports 2018-19 in our geographical area.
Key Issues within the report:	It is pleasing to know that where relevant the Trust has also identified key pieces of work in similar areas highlighted in the Healthwatch annual reports, this includes: • Homeless; over the past 12 months the Trust has worked with partner agencies on dedicated projects to support individuals considered to 'hard to house' members of the community. • Lesbian, Gay, Bi-sexual and Transgender (LGBT+); two posters have been designed to a) signpost individuals to services available across the geographical area and b) provide information on the different pronouns used within the LGBT+ community. • Dementia; the Trust has been taking part in a number of exciting and innovative national and international dementia studies. As part of Humber's Recovery and Wellbeing College, workshops on 'Living with dementia and things you can do to help' have been facilitated by the Assistant Director of Research and Wendy Mitchell (a lady living with dementia who also participated in research). The Trust has been working with commissioners and General Practices to develop a new diagnosis pathway for individuals who may have dementia which will reduce waiting times and increase access to services. Also, the Trust has been working across health and care partnerships to develop a post-diagnostic offer and has been working with Dove House Hospice to develop our approach to dementia and end of life care. The Trust has committed to fully implementing 'Respect' end of life planning.

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

Overview of Healthwatch Annual Reports 2018-19

1.0 Introduction

The purpose of this report is to provide a brief synopsis of the key pieces of work carried out by the six Healthwatch organisations in our geographical area for the period 2018-2019 as highlighted in their annual reports.

2.0 Highlights from the Year

- **Healthwatch East Riding of Yorkshire**
  Published a report produced called '*Improving lives of rough sleepers through influencing local strategy'.* As a result authority strategies have been changed to include the rights of those who identify as homeless when trying to access primary care. Healthwatch has produced a small plastic card that states the rights of homeless people, for individuals to present when trying to access services.

  Engagement with nearly 2500 people and four key themes were identified; choice and control, interaction with your NHS, knowledge and access and independence.

- **Healthwatch Hull**
  Published a report called *'Tackling barriers to healthcare for those with no fixed abode'.* The key themes that emerged from the feedback included; attitudes of staff (respondents felt they were treated differently because of their housing status), services are not accessible for those with no fixed abode and hospitals discharge did not take into account their personal circumstances.

  Together with Hull NHS Clinical Commissioning Group Healthwatch Hull have been working to develop the Patient Participation Groups (PPGs).

- **Healthwatch North East Lincolnshire**
  Extensive research carried out to identify barriers to accessing the 'North East Lincolnshire access pathway' was carried out. This pathway is intended to support children aged birth to 19 years where they have broader needs around communication and interaction, cognition, learning and social, emotional and mental health difficulties. Experiences of parents, carers, professionals and young people using the 'access pathway' were captured. An action plan has been devised so that improvements can be made.

  They have expanded their volunteer opportunities to include Mystery Shoppers. All Pharmacies across North East Lincolnshire were visited to ascertain if pharmacies could signpost the Mystery Shoppers to Dementia Services and support. This was not the case and the findings and recommendations have been fed back to the Clinical Commissioning Group, Alzheimer's Society and Carers Support.

- **Healthwatch North Lincolnshire**
  During enter and view visits the team had noticed that the approach to recording falls in care homes was inconsistent. A series of visits took place and themes emerged including; more specific training around falls, a greater understanding of the risks of falls by staff and how patients/residents can help themselves. A full report and recommendations have been produced.

Feedback suggested that the availability of wheelchairs at Scunthorpe Hospital was a real issue. On speaking with the patient experience team they confirmed that wheelchair provision had increased in the Trust. It became clear that no single department were taking responsibility for returning the wheelchairs. A system has since been put in place with the hospital porters.

- **Healthwatch North Yorkshire**
  Delivered on the following projects; ambulance handover times, do not attends and started their own Youth watch project.

  They put out two surveys including '*what matters most to you'* which had 326 responses and *'What Would You Do'* campaign (Healthwatch England) which had 56 responses.

- **Healthwatch York**
  Published a report on 'LGBT+ experiences of Health and Social Care services delivered in York'.

  Published the third edition of their *Mental Health and Wellbeing Guide* and second edition of their guide to '*What's out there for people with dementia in York'.*

3.0 Summary

It is pleasing to know that where relevant the Trust has also identified key pieces of work in similar areas highlighted in the Healthwatch annual reports, this includes:

- Homeless; over the past 12 months the Trust has worked closely with Hull City Council in a joint project where a band 6 social worker from the Mental Health Response Service (MHRS) is dedicated to work with those people who have mental health needs and require support in sustaining there housing. Also MHRS have developed pathways and working relationships with external agencies in the Hull and East Riding area to discuss those individuals considered to be 'hard to house' members of the community.
- LGBT+; two posters have been designed to a) signpost individuals to services available across the geographical area and b) provide information on the different pronouns used within the LGBT+ community.
- Dementia; Over the past 12 months the Trust has been taking part in a number of exciting and innovative national and international dementia research studies, including those exploring genetics, evaluating new technology, memory aids, a cognitive testing tool, a social intervention for promoting independence and research to understand more about what it means to live with dementia. In addition, as part of Humber's Recovery and Wellbeing College, workshops on 'Living with dementia and things you can do to help' have been facilitated by the Assistant Director of Research and Wendy Mitchell, a lady living with dementia who has also participated in research.
  The Trust has been working with commissioners and General Practices to develop a new diagnosis pathway for individuals who may have dementia which will reduce waiting times and increase access to services. Also, the Trust has been working across health and care partnerships to develop a post-diagnostic offer and has been working with Dove House Hospice to develop our approach to dementia and end of life care. Finally the Trust has committed to fully implementing 'Respect' end of life planning.

The Trust will continue to hold quarterly meetings with the six Healthwatch organisations to share work plans and strengthen partnership working.

Healthwatch organisations are invited to the Patient and Carer Experience forums in Hull and East Riding, Whitby and District and Scarborough and Ryedale where they provide a voice for the communities they service.

Agenda Item: 20

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Friends and Family Test Update
Author:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement
Recommendation	To approve: ; To note: ; To discuss: ; To ratify: ; For information: √ ; To endorse:
Purpose of Paper:	To provide an update on the NHS England and NHS Improvement guidance "*Using the Friends and Family Test to Improve Patient Experience"* published September 2019.
Key Issues within the report:	The new guidance was published on 2nd September 2019 and will replace all previous implementation guidance for the patient focused Friends and Family Test (FFT). **Headlines include:** • There is a new standard question for all settings: "Overall, how was your experience of our service?" • The new question has a new response scale: "Very good, good, neither good nor poor, poor, very poor, don't know" • Changes will come into effect from 1st April 2020 The Trust is currently setting up a FFT working group including patients, service users, carers and staff to co-produce the Trust's new FFT survey form, systems and processes in line with the new published guidance. The first workshop is scheduled for October 2019. Implementation of the new FFT guidance will be managed through the Quality and Patient Safety group and up to the Quality 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	√			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	

Friends and Family Test Update

1.0 Introduction
NHS England and NHS Improvement have produced new guidance which sets out how Trusts must use the Friends and Family Test (FFT) to improve patient experience. This paper will provide key headlines on the new guidance requirements of the FFT and will replace all previous implementation guidance for the patient focused FFT and how the Trust will progress implementation.

2.0 Background
Anyone using a service should be able to give feedback to the provider of that service. The NHS FFT is designed to be a quick and simple mechanism for patients and other people who use NHS services to give feedback, which can then be used to identify what is working well and to improve the quality of any aspect of patient experience.

The FFT is made up of a single mandatory default question followed by at least one open free-text question, so that people can tell us what they want us to know in their own words.

3.0 Key Headlines
The new guidance was published on 2nd September 2019 and includes the following key changes relevant to our Trust:

- There is a new standard question for all settings:

  "Overall, how was your experience of our service?"

  (The previous mandatory question was "How likely are you to recommend our service to friends and family if they needed similar care or treatment?")

- The new question has a new response scale:

  Very good, good, neither good nor poor, poor, very poor, don't know

  (The previous response scale was: extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely, don't know)

- There is new preceding text to make it clear which setting the feedback refers to, following the words: **"Thinking about",** providers can choose the most appropriate wording to help ensure the feedback collected is related to the right service; e.g.
  - Thinking about ***your recent appointment,*** or
  - Thinking about ***your recent visit,*** or
  - Thinking about ***the service we provide***

- There will still be a requirement to ask at least one free text question and you can ask more questions if preferred

- The guidance is encouraging commissioners to move away from a narrow focus on how many responses are being collected and what the score is and will move towards a quality improvement culture

- The guidance promotes a culture where staff are engaged in the process of deciding what questions to ask, how to collect it, how to use it to make improvements

- It is recommended that providers use a combination of methodologies to collect the information to support making the opportunity to give feedback accessible to all

- Changes will come into effect from 1st April 2020

3.0 Implementation

The Trust is currently setting up a FFT working group including patients, service users, carers and staff to co-produce the Trust's new FFT survey form, systems and processes in line with the new published guidance. The first workshop is scheduled for October 2019.

There will be a requirement to make changes to the Trust's internal FFT data dashboard and resource from the Business Intelligence Team will be required to deliver the changes identified.

Implementation of the new FFT guidance will be managed through the Quality and Patient Safety group and up to the Quality Committee.

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Infection Prevention and Control Annual Report 2018-2019
Author:	Executive Lead: Hilary Gledhill Name: Debbie Davies Title: Lead Nurse – Infection Prevention and Control
Recommendation:	To approve: ; To note: ; To discuss: ; To ratify: X ; For information: ; To endorse:
Purpose of Paper:	To request the Board ratify the Infection Prevention and Control Annual Report 2018-2019 following its approval by the Quality Committee at its meeting in August 2019.
Key Issues within the report:	• Overall incidence of Healthcare Associated Infection remains low with annually agreed contractual thresholds for Clostridium difficile, MRSA and E.coli and MRSA bacteraemia cases achieved. Both cases of C. difficile have been peer reviewed and were determined to be unavoidable • The contractually agreed MRSA screening compliance target of 95% for Hull and East Riding has been achieved. • The Trust determined Infection Prevention and Control Mandatory Training compliance target of 85% has been achieved in all areas including Scarborough and Ryedale. • The Water Safety Group (WSG) continues to take steps to improve water safety and governance. Despite all actions taken Legionella colonisation within Peeler House and Ouse Unit has remained a challenge. • An overall improvement has been noted in the environmental audit results achieved in the inpatient units.

Monitoring and assurance framework summary:

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

Have all implications been considered?	**Yes**	**Yes** Detail in report	**N/A**	**Comment**
		Any Action Required?		
Risk	√	√		To be advised of any future implications as and when required by the author
Legal	√		√	
Compliance	√	√		
Communication	√	√		
Financial	√	√		
Human Resources	√		√	
IM&T	√		√	
Users and Carers	√		√	

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

Humber Teaching
NHS Foundation Trust

Annual Infection Prevention and Control Report

2018-2019

Prepared by: Humber Infection Prevention and Control Team

Introduction

Humber Teaching NHS Foundation Trust recognises that the prevention of infection is fundamental to the quality of care delivered and is committed to ensuring that a consistently high standard of infection prevention and control practice is seen as an essential requirement of assuring high quality patient safety and care within the services we deliver. The public, patients and visitors expect to have a safe stay and receive a high standard of care when admitted to the hospital setting or cared for within any of our facilities.

This report summarises the key Infection Prevention and Control (IPC) activities undertaken on behalf of Humber NHS Teaching Foundation Trust during 2018/2019 and also highlights the main progress and achievements made in accordance with the Infection Prevention and Control Strategy 2018-2021.

1.0 Goals for 2018/2019

1.1 Goal 01 – Innovating Quality and Patient Safety

'We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust and that staff are confident in recognising and addressing infection prevention and control concerns'

1.2 Governance Arrangements

The Trust Board recognises and agrees their collective responsibility for minimising the risks of infection and agrees and supports the means by which these risks are controlled. These have been outlined in the newly revised Trust 'Infection Prevention and Control Arrangements Policy' N-014 which was approved in January 2019.

The *Chief Executive* accepts, on behalf of the Trust Board responsibility for all aspects of Infection Prevention & Control within the Trust. This responsibility is delegated to the Executive Director of Nursing who has the role of Director Of infection Prevention and Control within her portfolio. The Executive Director of Nursing reports directly to the Chief Executive and the Board. Detailed quarterly progress and exception reports are presented to and monitored on behalf of the Trust Board via the Quality Committee.

A review of the Infection Prevention and Control Assurance Framework and reporting structures was completed in April 2018 resulting in the addition of the Healthcare Associated Infection Group (HAIG) in to the infection control governance framework .This group is designed to be a multi-disciplinary interactive forum which receives, reviews and implements national and local policy relating to infection control practice. It enables the sharing of knowledge and expertise and allows the opportunity for debate. The inaugural meeting was held in November 2018 and now meets quarterly.

The provision of a robust Infection Prevention Strategy is seen as essential element in continuing the Trusts focus on reducing HCAI's and in ensuring compliance to Care Quality Commission (CQC) Outcome 8 (Regulation 12) Cleanliness and Infection Control standards and to national and local targets. A revised Strategy for 2018-2021 has been developed and approved by the Trust Board in July 2018. The strategy reflects the Trusts vision to be a leading centre of clinical and academic excellence by providing patients with the best

possible care through continuous improvement and innovation. The goals outlined in the strategy support the annual infection prevention programme of work.

1.3 The Structure of the Infection Prevention and Control Team (IPCT)

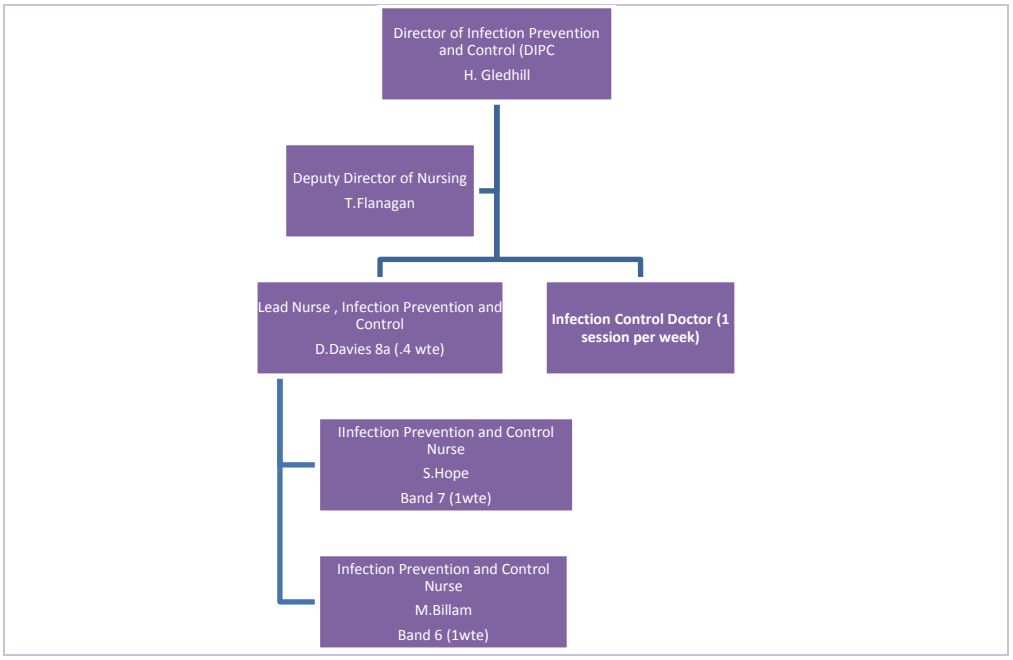
The core aim of the IPCT is to provide specialist knowledge, advice and support and education for staff, patient and visitors. This is achieved by effective communication, education and leadership. All work undertaken by the team supports the Trust with the full implementation of the Infection Prevention and Control strategy.

There has been no change to the structure of the nursing team during 2018/2019 (see Table 1 below) The increasing work load has been noted to be a significant challenge during the last year due to the geographical locations of the Trust and also the requirement to develop a link system in newly acquired areas.

The Lead Nurse IPC is a source of expert clinical advice and is operationally responsible for the development of policies, guidance, infection prevention practice; and education and training for infection prevention Trust wide. The Lead Nurse meets monthly with the Director of Infection Prevention and Control

A service contract remains in place with Closer Healthcare Limited to provide medic support. The 'Infection Prevention and Control Doctor' is contracted to provide support for 1 session per week. This includes attendance at key infection related meetings.

Table 1: The Infection Prevention and Control Nursing Team Structure as of 1 April, 2019



1.4 The IPC Link Practitioner Network

The IPC Link Practitioner programme remains an important cascade system and a large amount of the infection prevention team's time has been spent on ensuring that each area has access to a link practitioner. The membership is now made up of a variety of grades and

professions reflecting the diversity of services across the organisation. It has been disappointing to note however that there has been a drop in attendance at the link practitioners sessions facilitated by the IPCT during 2018/2019. Some of this has been due to the travelling required to attend the sessions. A review of the current arrangements is currently being conducted in consultation with the infection prevention and control practitioners, charge nurses and matrons to ensure we do not lose this valuable resource. The opportunities that technology affords, e.g video conferencing, live chat rooms will be pursued in order that maximum attendance can be attained.

1.5 Key forums for the Management and Monitoring of Infection Prevention and Control Activities

The Quality Committee

The purpose of the Quality Committee is to assure the Trust Board that appropriate processes are in place to give confidence that all quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.

The Quality and Patient Safety Group

The Quality & Patient Safety Group is accountable to the Quality Committee. It has been established to oversee and coordinate all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. This includes all infection prevention and control activity within its portfolio.

Healthcare Associated Infection Group (HAIG)

The newly formed HAIG Group provides an interactive forum which receives, reviews and implements national and local policy relating to patient care, including infection control practice. This forum enables the process of communication, debate, sharing of knowledge and opportunity. Meetings are now held quarterly.

The Drugs and the Therapeutic Group

The Antimicrobial Stewardship Group was convened in November 2016 to monitor and undertake a review of the Trust performance and actions required to conform to NICE Guidance Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (2015). Unfortunately due to low attendance a decision was made that all activities pertaining to antimicrobial stewardship were incorporated into the remit of the Drugs and Therapeutic Group. The Group monitors and advise on the optimal and cost effective prescribing of antimicrobial agents and facilitate the development, implementation and audit of policies, guidelines and protocols related to antimicrobial prescribing, with reference to local variations in antimicrobial susceptibility

1.6 Monitoring the Prevention and Control of Infection

Healthcare associated infections remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infection such as MRSA bacteraemia and Clostridium difficile the rates of other HCAI have risen due to the emergence of newly resistant organisms. Our performance, in accordance with all other NHS Trusts has been measured against a clearly defined set of standards (Key Performance Indicators) which includes the mandatory surveillance of specific categories of HCAI. This allows national trends and position to be identified but also enables regional and local benchmarking.

The Trust has a proven track record for performing well against the contractually agreed targets and this year has been no exception. Our agreed performance against key performance indicators are outlined below.

1.6.1 Meticillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia ✓ (Achieved Trust agreed threshold)

0 apportioned MRSA bacteraemia cases have been identified throughout the year. The cumulative position of Trust apportioned cases from 1 April 2018 remains at 0. The Trust therefore achieved the contractually agreed trajectory.

Table 2. Number of Trust Apportioned MRSA Bacteraemia according to Month 2018/2019

Indicator	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	March 19
MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0

1.6.2 Meticillin-sensitive *Staphylococcus aureus* (MSSA) Bacteraemia ✓ **(Achieved Trust agreed threshold)**

The surveillance of MSSA bacteraemia has been mandatory for all NHS Acute Trusts in England since January 2011. It is expected that no Trust exceeds the number that they reported during 2014/15. (1 reported case had been reported during this period).

There has been 0 Trust apportioned cases of MSSA bacteraemia identified during 2018-2019. The Trust therefore achieved its contractually agreed trajectory.

Table 3. Number of Trust Apportioned MSSA Bacteraemia according to Month 2018/2019

Indicator	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	March 19
MSSA Bacteramia	0	0	0	0	0	0	0	0	0	0	0	0

1.6.3 Clostridium difficile infection ✓ **(Achieved Trust agreed threshold)**

Table 4. Number of Trust Apportioned C.difficile cases according to Month 2018/2019

Indicator	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	March 19
Minimise rates of C.difficile	0	0	0	0	0	1	1	0	0	0	0	0

The contractually agreed thresholds set for 2018/2019 are shown below in Table 5. As can be seen from the table there are currently no contractual thresholds for the Vale of York or Scarborough and Ryedale CCGs

Two trust apportioned case were reported within 2018/2019. A root cause analysis investigation was completed for both cases. Both cases were presented for peer review with the respective Clinical Commissioning Groups (CCG) and colleagues from local trusts, to determine whether they were associated with a lapse in care. It is pleasing to note that the acquisition of both cases were deemed to be unavoidable and no lapses in care were identified.

The review conducted on 1 of the patients journey however highlighted a lack of transfer documentation and information to support both staff and patients when an invasive device is in situ. This has resulted in the development of improved guidance for both staff and patients.

Table 5. Clostridium difficile Performance Against Contractually Agreed thresholds 2018/2019 according to Clinical Commissioning Group (CCG)

Clinical Commissioning Group	Threshold agreed for 2018-2019	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative position for 2018-2019
Hull and East Riding of Yorkshire	4	0	0	0		0
Hambleton, Richmondshire and Whitby	4	0	0	1		1
Vale of York or Scarborough and Ryedale CCGs.	No thresholds set	0	1	0	0	1

1.6.4 Escherichia coli (E.coli) Bacteraemia ✓ (Achieved Trust agreed threshold)

Increasing issues with the increase of antimicrobial resistant gram negative organisms has resulted in a new national objective to achieve a 50% reduction in healthcare associated *E.coli* bacteraemias (blood stream infections) by 2020/21.

E.coli is the most common gram negative organism to cause bacteraemia and is most commonly secondary to urinary tract infection. The objective has been set as part of a Quality Premium and there is an expectation that there will be a whole health economy approach to achievement, led by commissioning organisations. A 10% reduction was required in 2017/18 however this has not been achieved.

In line with all NHS organisations the Trust has an E.coli improvement plan in place to contribute to the achievement of the national reduction.

0 Trust apportioned cases have been identified during 2018/2019**.** The Trust therefore achieved the contractually agreed trajectory. Work will continue to work both locally and nationally to achieve the targets agreed for 2019/2020. This will include the introduction of a Trust approved zero tolerance to inappropriate placed urinary catheters within the Trust.

1.6.5 MRSA screening compliance ✓ (Achieved Trust agreed threshold)

Following the implementation of the 'modified admission MRSA screening guidance for NHS' (Department of Health 2014) in 2016 the Infection Prevention and Control Team (IPCT) have

continued to undertake a quarterly prevalence audit of MRSA screening prevalence within each in-patient unit within the Hull and East Riding. Each patient admitted within the preceding 7 days of the prevalence date is assessed to determine their requirement for MRSA screening. The patient's medical and clinical notes are scrutinised, including all microbiology results.

A disappointing overall compliance score of 83% compliance was achieved during 2017/18 which resulted in the non-achievement of our annual contractually agreed threshold.

Work has continued throughout 2018/2019 year to improve the position and we are pleased to report that our contractual targets have been achieved in each quarter during this financial year. The Trust has therefore achieved its contractually agreed threshold of 95%.

Advice is given to all units caring for those with MRSA carriage or colonised/infected with a resistant organism including information concerning management of the individual, any equipment used and environments they receive care in.

Any patients having had positive specimen results for resistant organisms are identified on the electronic alert system. The alert enables staff to be alerted promptly, refer to the correct policy, implement correct infection control precautions and seek additional advice where appropriate. In addition, the on-going use of the infection control risk assessment tool ensures that MRSA status, as well as the presence of other infections/colonisations, is assessed on admission and transfer.

Table 6. Hull and East Yorkshire MRSA Screening Compliance 2018/2019

Quarter	MRSA Screen required	Number of MRSA Screens Completed ?	Compliance
Q1 (April - June 2018)	4	4	100%
Q2 (July - Sept 2018)	4	4	100%
Q3 (Oct – Dec 2018)	6	6	100%
Q4 (Jan – March 2019)	1	1	100%

Although currently no contractual targets are in place for Whitby and Malton in-patient MRSA compliance monitoring has been introduced for both areas from April 2018 and July 2018 respectively. Following a temporary blip and some further training we are pleased to report that over 95% compliance has been achieved in both areas.

Table 7. Whitby In-patient Unit MRSA Compliance 2018/2019

Quarter	MRSA Screen required	MRSA Screen done	Compliance
Q1 April - June 2018	8	8	100%
Q2 July - Sept	8	5	62.5%
Q3 Oct – Dec 2018	13	13	100%
Q4 Jan – March 2019	11	11	100%

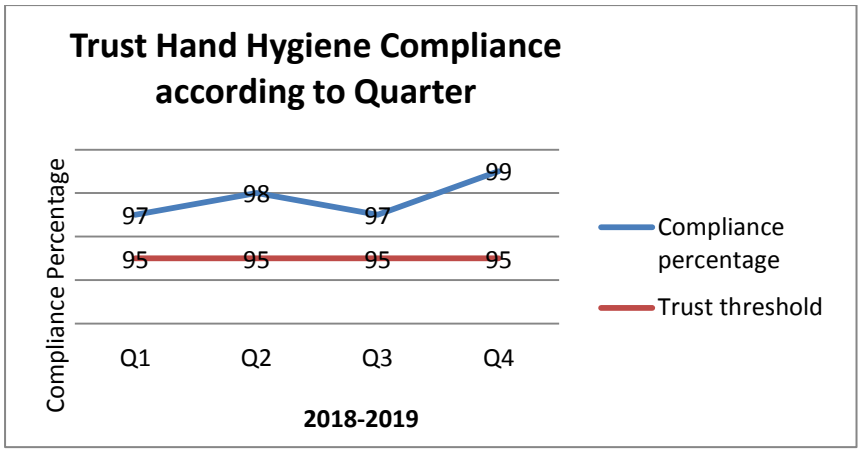
Table 8. Fitzwilliam Unit, Malton MRSA Compliance 2018/2019

Quarter	MRSA Screen required	MRSA Screen done	Compliance
Q1 April - June 2018	-	-	-
Q2 July - Sept	4	4	100%
Q3 Oct – Dec 2018	15	15	100%
Q4 Jan – March 2019	19	19	100%

1.6.6 Hand Hygiene Compliance ✓ (Achieved Trust agreed threshold)

Hand hygiene compliance is seen as a quality indicator of safe health care, therefore compliance monitoring has continued in all clinical areas utilising the Trust approved Hand Hygiene Quality Improvement Tool. As can be seen below in Table 9 the annual compliance threshold of 95% has been achieved in every quarter during 2018/2019

Table 9. Trust Hand Hygiene Compliance according to Month 2018/2019



1.7 Outbreak of Communicable Infection

Outbreaks of infection continue to be the major cause of infection related incidents in any hospital in the United Kingdom. An outbreak is defined as two or more patients presenting with the same symptoms of a communicable disorder connected by place and time. Norovirus is by far the most common organism implicated in any hospital outbreak.

A number of suspected/ confirmed norovirus outbreaks were reported affected operational capacity during 2018/2019 and a brief summary is provided below;

Westlands Unit 1.8.18 - 9.8.18.
5 patients and 2 staff members were identified as displaying diarrhoeal and or vomiting symptoms. Enhanced infection prevention and control measures were initiated promptly. Norovirus was confirmed on microbiological analysis.

Due to the inability to manage the patients within their rooms due to their presenting mental health status the ward was closed to admissions until all patients had been symptom free for 72 hours. The unit reopened on the 10 August 2018 following a deep clean.

Millview Court 17.9.18 – 20.9.18.
The IPCT were alerted to 3 patients who were identified as displaying diarrhoeal and or vomiting symptoms. Enhanced infection prevention and control measures were initiated promptly.

Due to the inability to manage the patients within their rooms due to their presenting mental health status the ward was closed to admissions until all patients had been symptom free for 72 hours. The unit reopened on the 20 September 2018 following a deep clean. No major issues were identified during the management of the outbreak. The ward staff managed well and in accordance with Trust Policy requirements. Although Norovirus was suspected this was not confirmed on microbiological analysis on the one specimen only that was obtained.

Newbridges 1.11.18-7.11.18
The IPCT were alerted to 6 patients and 5 staff members who were identified as displaying diarrhoeal and or vomiting symptoms. Although Norovirus was suspected this was not confirmed on microbiological analysis on the one specimen only that was obtained.

Millview Court 17.11.18-28.11.18.
The IPCT were alerted to 9 patients and 4 staff members were identified as displaying diarrhoeal and or vomiting symptoms. Norovirus was confirmed on microbiological analysis.

After any outbreak a meeting is held and a report is produced highlighting all the learning points and actions required. The main learning points are covered below;

- In general the management of the outbreak in all areas was noted to be good.
- With the exception of the Newbridges episode the IPCT were notified of a potential outbreak in a timely manner. A delay of approximately 2 days was noted to have occurred.
- Infection control measures were adopted promptly in all units.
- Difficulties were experienced in the isolation of symptomatic patients due to their underlying mental health issues and the inability to isolate them without causing undue distress but this resulted in the requirement for the units to close due to the risks that they posed to others. Staff however were noted by all present to have made considerable efforts to encourage the patients to remain within their bed areas whilst symptomatic.
- Although the cleaning response on notification and during the outbreak was discussed was deemed to be satisfactory issues pertaining to the general cleanliness were raised as a concern in Newbridges and Mill View Court. An action plan was immediately initiated. An improvement has been demonstrated in both areas but remain under an enhanced level of surveillance to ensure the improvement is sustained.

A review of the Outbreak policy was also undertaken. The staff involved generally felt that the policy was clear and provided good direction for staff but required some minor amendments. This included the inclusion of;

- A standardised unit closure sign.
- Advice about the potential curtailing of group activities during the outbreak period
- The Trust approved patient and staff norovirus information leaflets for easy access.

The Outbreak Policy has been amended to reflect these recommendations.

Outbreaks are discussed at the HAIG and also fed back to the respective care Group via governance meeting to ensure actions are completed. In addition outbreak management training continues to form part of the mandatory infection control training provided to ensure staff members understand the importance of prompt liaison with the IPCT and why measures are put in place

1.8 Antimicrobial Stewardship

The Antimicrobial Stewardship Group was convened in November 2016 to monitor and undertake a review of the Trust performance and actions required to conform to NICE Guidance Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use (2015). Unfortunately due to a number of issues which affected the membership a decision was made to incorporate the activities and functions within the remit of the Drugs and Therapeutic Group from October 2018.

Work has continued throughout the year to review/improve prescribing practice across all areas within the Trust with the regular auditing of antimicrobial practice in all clinical inpatient settings by the pharmacists. Any issues identified are addressed by the Pharmacist when possible whilst on the area. The results are monitored via the Drugs and Therapeutics Group but are also now shared with the members of the HAIG Group.

Goal 02 – Enhancing prevention, wellbeing and recovery

'We are committed to keeping patients informed about all aspects of their care and ensure they are involved in key decisions'

2.1 Patient Information

Patient want to be engaged in their health care decision making process and those who are engaged as decision makers tend to be healthcare and have better outcomes. To support this good quality health information is deemed to be essential.

A review of all patent related infection control information available within the Trust has taken place during 2018/2019 in collaboration with Health Watch, East Riding of Yorkshire to ensure that the information remains current accurate, and sufficiently detailed. The approval process had been slower than was originally anticipated however they are all now approved and available on the Trust Internet and Intranet sites.

2.2 Patient Experience

A member of the IPCT has enrolled as a staff champion within the Patient Experience Forum and work has commenced to assist the team in the enhancement of opportunities that they are involved in to receive feedback about the services we provide. The team have also commended attendance at a selection of the newly formed Quality Circle meetings held in the inpatient areas to ensure that any patient related infection issues can be highlighted and any key measures addressed and acted upon in a prompt manner.

Goal 03 – Fostering integration, partnership and alliances

'We are committed to working in partnership to improve the care we provide by being open, transparent and inclusive'

Working collaboratively across organisational boundaries has been acknowledged as an essential component in the reduction of HCAI and as such the Infection Prevention and Control Team have availed themselves of every opportunity to meet regularly with colleagues both locally and nationally to share best practice and to learn lessons. This has been a massive commitment for a small team but regular attendance has been achieved at a variety of groups. A selection of the work that was commenced during the year has been outlined below.

Work has included IPC participation in;

- UTI collaborative meetings held across both Hull and East Riding and the Vale of York. Both meetings are designed to support the national E.coli improvement agenda. Work to date has included the participation in a patch wide urinary catheter prevalence audit for patients in the Hull and East Riding of Yorkshire region (September 2018) in order that key areas of focus can be agreed. Unfortunately due to logistical difficulties the results are still not available at the writing of this report however the number of patients

within our inpatient units within the Hull and East Riding of Yorkshire was noted to be reassuringly low.

- The facilitation of the 'No Dip Project' within Hull and East Riding. As the Trust employs a number of GPs which cover patients within the care home setting work has commenced to enrol them in the quality improvement initiative aimed to improve the diagnosis and management of UTIs. It is based on a project carried out in South-West England that demonstrated a significant reduction in antibiotic prescriptions for UTI and a reduction of hospital admissions for patients suspected of a UTI from the nursing / residential home sector.

- IPCT and Trust Community Matron attendance at the newly formed Sepsis Collaborative Project meeting within the Vale of York CCG. There is evidence that improved outcomes for patients with sepsis can be achieved through collaborating across the whole regional pathway. The group is multidisciplinary in nature and includes all sections of the health economy. Although the group is in its infancy stage and tangible benefits have not yet been seen the group has identified themes where improvements could be made and where interfaces could be improved. It also has provided a greater opportunity for the sharing of the load particularly in the writing of policies etc. this work will continue in to the next financial year.

Goal 04 – Developing an effective and empowered workforce

'We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff member's daily practice'

Infection control and the prevention of all infection remains a major goal within the Trust and ultimately is the responsibility of everyone who works within the Trust. Care should be exemplary and delivered by staff who understand and effectively discharge their roles and individual responsibilities for the prevention and treatment of HCAI.

Work undertaken in 2018/2019 to support all staff in the delivery of their responsibilities includes:

4.1 Review of Infection Prevention and Control Policies

In line with the Health and Social Care Act 2008 Code of Practice (2015) the Trust infection prevention and control policies, protocols and clinical pathways have been reviewed and updated by the IPC team ensuring that practice and guidance is current and evidence based. Policies updated during the year are highlighted in Table 10. They are all subject to annual compliance monitoring.

Table 10. Infection Prevention and Control Policies reviewed in 2018/2019

Policy	Progress	Changes / Comments
N-021 MRSA Policy	Approved at the Quality and Patient Safety Group 11 July 2018.	Full review. Minor changes required only which have not impacted upon the clinical application of this policy.
Isolation Precaution Policy	Approved at the Quality and Patient Safety Group 11 July 2018.	Full review completed - minor changes required only which have not impacted upon the clinical elements and application of this policy.

N-020		
P-122 TSE Policy	Approved at the Physical Health and Medical Devices Group 25 June 2018	Policy reviewed and amended to a protocol. Minor changes made only within the document required.
Prot 524 ANTT Protocol	Approved at the Physical Health and Medical Devices Group 25 June 2018	Policy reviewed and amended to a protocol. Minor changes made only within the document to improve clarity. Additional guidance documents included in the appendix
Infection Prevention And Control Admission, Transfer And Discharge Policy N-033	Approved at the Quality and Patient Safety Group 24 January 2019	Policy review. Minimal changes only required. The Trust title amended and updates made in the reference section.
Infection prevention arrangements policy N-014	Approved at the Quality and Patient Safety Group 24 January 2019	Reviewed and refreshed to ensure that the policy reflects the Trust current organisational structure and governance arrangements. This included the additon of the newly formed Healthcare Associated Infection group within the governance arrangments

4.2 Mandatory Infection Control Training

During the period April 2018 to March 2019, the IPCT have provided a comprehensive, evidence-based infection prevention and control education programme has been provided for all members of Trust staff. A blended learning approach continues with the provision of both face to face training and e-learning. This has been delivered in accordance with the Trust's Mandatory Training Needs Analysis (TNA) and has been updated in accordance with changes to national policies and guidance, requirements of the services and local need. The IPC educational programme is an integral part of the Trust Mandatory Training Programme for all staff and the commitment to education continued to be a priority throughout the year.

The IPC Nurses (IPCNs) participate in the Trust's Corporate Induction programmes for all staff newly appointed by the organisation. Each session delivered contains all the essential elements to comply with all mandatory training requirements. It also includes an introduction to the team and provides training on how to access all essential IPC information via the Trust Intranet.

The IPCT has facilitated a Trust-wide sepsis awareness programme across the Trust. A basic introduction to sepsis is included facilitated as part of the mandatory induction programme for all clinical and non-clinical members of the Trust and also included within the mandatory clinical IPC training programme.

Staff working within the Primary Care setting access their infection prevention and control educational requirements via Blue Stream Academy, an E-learning package for Healthcare. Sepsis education is also provided via this route for all staff working in the primary care setting.

As shown in Table 11 below the Trust Infection prevention and control compliance target of 85% has been exceeded in each month during 2018/2019. The IPCT team have delivered a

series of training sessions within the locality hubs to address the initial low compliance rate (77.2 %) identified in the month of August. The figures continue to improve.

Table 11. Infection Prevention and Control Training Compliance 2018-2019

Compliance percentage	April 18	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 18	Feb 18	Mar 18
Trust (ex Scarborough and Rydale)	90.9	91.6	92.9	93.8	93.8	92.3	94.1	94.0	93.5	93.9	94.6	93.9
Scarborough and Rydale	-	-	-	-	77.22	85.2	92.3	91.2	91.7	90.6	90.6	89.6

4.3 Fit Testing Educational Training Programme

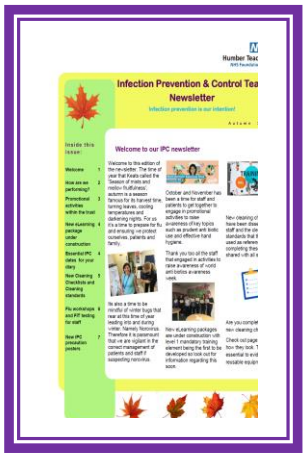
Avoiding the transmission of acute respiratory infections can prevent considerable mortality, morbidity and healthcare costs

To reduce the risk associated with transmission of these infectious diseases a successful programme of influenza vaccination for staff was delivered in 2018-2019 by the Occupational Health Team resulting in the highest percentage of staff ever vaccinated (71% compared to 61% in the previous year.)

To further minimise the risks associated of exposure respiratory precautions are sometimes necessary to protect both HCWs and the patients they care for. The two types of devices that are commonly utilised are medical masks and respirators. Respirators are deemed to be "medical devices designed to protect the wearer from airborne infectious aerosols transmitted directly from the patient or when artificially created such as during aerosol-generating procedures".
The use of the respirators require all staff to be trained in their use. A training programme was implemented in 2018/2019 in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the supporting approved codes of practice recommendations. This has been very well attended and received.

4.4 The Production of a Staff IPC Newsletter

To ensure all staff are updated in all current infection prevention and control issues and relevant guidance a staff Newsletter has been circulated during 2018/2019. The plan for 2019 is to ensure that this continues to be produced quarterly as a minimum.



4.5 Development of a Trust IPC E-learning Module

In partnership with the Trust Instructional Designer and the Link Practitioners from Westlands Inpatient Unit the IPCT have completed the development of a Trust bespoke non-clinical infection prevention and control eLearning module. It is anticipated that once this is incorporated in to the Trust programme both a clinical module and sepsis awareness module will be considered.

Goal 5 - Maximising an efficient and sustainable organisation

'We are committed to providing a health care environment that is clean safe and facilitates the prevention and control of infection'

5.1 Infection Prevention and Control Audit Programme

All elements of the infection prevention and control annual programme are designed to ensure the Trust fully complies with the Code of Practice on the prevention and control of infections and related guidance (Department of Health 2015). This requirement forms part of the CQC regulation 12 (safe care and treatment) and regulation 15 (premises and equipment).

The Infection Prevention and Control Team with support from the infection control link practitioners and matrons have delivered the annual infection control environmental audit programme across inpatient and day settings, clinics and community mental health and learning disability teams where people that use the service attend our facilities rather than being visited at home.

The environmental audit programme is designed to measure compliance with the Trust key infection prevention and control policies. Any environmental concerns determined to be of immediate risk are escalated via the Care Group structure and the Clinical Environmental Risk Group.

In 2017/18 the organisation launched the Perfect
Ward audit tool and app to streamline the audits undertaken in clinical areas. This has remained in
use throughout 2018/2019 and the results of audits completed in both the in-patient areas and primary care settings can be seen in tables 12 and 13. An improvement can be seen in all areas by quarter 4. Maintaining a clean tidy environment continues to pose a significant challenge. Issues include the amount of damage that is caused by clinical presentation of individual patients and the significant amount of resources required to maintain an aging estate. When applicable a Capital investment Bid is generated but with a finite budget they are considered alongside all the competing priorities.

Significant work has been undertaken within the GP practices over the last year to improve the environment and clinical practice. Improvement continues but this is slower than anticipated due to the underlying condition of the buildings which cannot be resolved easily..

Table 12. Inpatient Perfect Audit results 2018/2019

Ward		Q1 Score	Q2 Score	Q3 Score	Q4 Score
1	**Avondale**	91.8%	95.9%	97.2%	94%
2	**Hawthorne Court**	94.1%	80.8%	96.6%	95%
3	**MVC**	98.6%	97.1%	99.7%	99.8%
4	**Newbridges**	91.8%	81.7%	95.9%	93.9%
5	**PICU**	95.6%	95.6%	94.3%	94.4%
6	**Westlands**	87.9%	94.4%	92.6%	98.7%
7	**Maister**	93%	97.3%	97.0%	95.8%
8	**MVL**	94.3%	97.1%	96.5%	97.1%
9	**Darley House**	94.4%	90.0%	93.6%	95.4%
10	**Derwent**	93.8%	92.1%	89.9%	97.4%
12	**Ouse**	92.7%	88.3%	86.8%	92.3%
13	**Swale**	92.8%	92.5%	92.5%	90.3%
14	**Ullswater**	87.0%	91.1%	91.2%	92.3%
16	**Lilac**	95.7%	95%	98.6%	91.5%
17	**Willows**	91.5%	93.7%	96.3%	90.3%
18	**Granville**	92.8%	93.6%	93.5%	94.2%
19	**Whitby**	92.4%	92.1%	99.0%	94.6%
20	**Malton**	95.8%	95.9%	100%	93.6%

Six of the GP practices however have been inspected by the CQC over the year and have been rated as good with no infection control issues identified.

Table 13. GP Practice Environmental Audit results 2018/2019

Area	Q1 Score	Q2 Score	Q3Score	Q4 Score
Chestnuts GP Surgery	89.7%	83%	82%	82%
Fieldhouse GP Surgery	70%	80%	80%	84%
Hallgate GP Surgery	89.8%	91.8%	89%	98.2%
Market Weighton GP Surgery	96%	93.9%	96.2%	92%
Northpoint Medical Practice	96%	91.5%	95.8%	95.8%
Peeler House GP Surgery	78.3%	91.3%	96.1%	96.1%
Princes Medical Centre	67.4%	75.5%	79.6%	80.9%

As shown in the audit results above work continues at the Princess Medical Centre and a slow improvement has been noted but work is still required to ensure it fully complies with Code of Practice on the prevention and control of infections and related guidance (Department of Health 2015) and CQC regulation 12 (safe care and treatment) and regulation 15 (premises and equipment).

What did CQC say about cleanliness and infection prevention within the Trust?

The Care Quality Commission (CQC) completed unannounced visits at the Trust during the 7th January and the 15th February 2019 and a report on these visits was published on the 14th May 2019.

Community health services for adults to the areas of Whitby, Pocklington, Scarborough and Ryedale.

"The service controlled infection risk well. Staff adhered to arms bare below the elbows policy and followed infection control techniques when seeing patients in clinics or the home environment."

Inpatient acute and intensive care services for adults of working age with mental health conditions.

"The service provided safe care. Overall, the ward environments were safe and clean".
"Wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose".

Mental health response service for the Hull and East Riding areas based at Miranda House in Hull.

"Interview rooms and the health based place of safety were clean and well maintained".

Specialist community mental health services for children and young people up to 18 years of age for both East Riding of Yorkshire and Hull.

"*The environments were clean, had good furnishings and were well maintained.*
However issues had been commented upon in the areas below;

Forensic inpatients services at the Humber Centre for Forensic Psychiatry

"Whilst wards were generally clean and well maintained, there was offensive graffiti etched into a window on one ward. This had been there for some time and had not been reported. Showers on Ouse ward and one of the laundry rooms within the service had been out of use or awaiting repair since November 2018".

"On Mill View Court, some medical devices had not been cleaned in line with the cleaning schedule and there were some gaps where we could not see that staff had checked the emergency equipment when they should have done".

An organisational action plan was immediately initiated to ensure all actions are addressed. This is monitored via the Trust Quality and Regulations Group.

5.2 Sharps Management

Needlestick injuries (NSIs) are one of the most common injuries for healthcare workers according to the RCN (2011). NSIs through venepuncture and injection are the most common causes of inoculation exposure. Inoculation exposure injuries not only have potential health consequences for those affected, but also a psychological impact.

An external sharps audit was conducted by Daniels Healthcare in August 2018 to determine whether sharps are managed and disposed of in a safe manner. 46 areas were visited and current practice was observed. A total of 122 sharps containers were visually inspected.

The audit results were encouraging on the day of the inspection with the exception of ;

- 1 Sharps container noted to have a protruding sharp (Princess Medical Centre)
- 1 container found to be incorrectly assembled (Mill View Lodge)
- 4 containers were unlabelled whilst in use (Market Weighton, Princes Medical Centre, Hull West Community Mental Health Team, Peeler House)

Immediate feedback was provided on the day of the inspection. The finalised audit report has been cascaded to all Charge Nurses, Team Managers and Matrons.

The regular monitoring of sharps practice continues in all areas as part of the infection prevention and control audit programme. All training recommendations and the audit findings are included in the mandatory IPC clinical training programme.

5.3 Water Safety Management

The water utility supplying the Trust, Yorkshire Water undertakes to provide reliable supply of wholesome, safe water. It has been the function of the Water Safety Group (WSG) to provide assurance that the water, once within the Trust's infrastructure, is safe and that risks from chemical and microbial hazards are minimised.
The Water Safety Group (WSG) continues to work to raise awareness of water safety issues throughout the Trust and to take steps to improve arrangements for water safety and governance:
Quarterly WSG meetings are on-going. Flushing in all in-patient units is generally well established, with improved compliance now seen. This is a huge achievement however work continues to sustain this and ensure it occurs in areas where different service occupy the area.

The Trust is currently in the process of revising the Trust Water Safety Policy and plan (WSP) which satisfies the requirements of HTM 04-01 addendum. The plan covers all existing buildings currently owned or occupied by Trust and new builds / refurbishments. It provides clear recommendations for the management and maintenance of existing water systems and associated equipment in addition to recommendations for the design, build, commissioning and hand over of new projects.

Water issues have been identified and managed in a variety of areas over the last financial year. Areas where ongoing problems have been identified and are still ongoing at the time of the report include;

<u>Peeler House – (GP practice)</u>

Despite a programme of remedial work water sample results have continued to detect a presence of Legionella Species within the cold water system at Peeler House Surgery.

Legionella is a bacteria that is widely distributed within the environment, including hot and cold water systems and water in air conditioning cooling systems. The organisms are spread through the air from a water source. Breathing in aerosols from a contaminated water system is the most likely route of transmission. The early symptoms can include a flu-like illness that can develop into pneumonia.

This has been a challenging problem to address as the premises are shared occupancy (leasehold) with two other businesses and the water source originates in a part of the building in which we have no access to or jurisdiction over. The landlord has however has been fully engaged and cooperated in line with his responsibilities.
.
The risk of clinical risk has been mitigated by the adoption of various measures including the utilisation of point of use filters within the clinical areas. Disappointingly the legionella has persisted despite a massive amount of effort which has included a large amount of both remedial work and replacement of pipes. Further work is anticipated during the ensuing months to eradicate the organism. This will include the replacement of all the water heaters within the building and as a last resort the full replacement of the water system and piping.

Ouse – Inpatient area Forensic Services Humber Centre

In Quarter 3, 2018/19 (November) the boiler room Calorifier (hot water cylinder) which distributes hot water to Ouse ward yielded a positive water result for legionella species. Sludge in and around the drain cock on the Calorifier was found. This was cleaned and replaced and the system was drained and pasteurised.

As an initial precautionary measure various samples were taken from other locations within the unit. Low level positive results were subsequently yielded from the showers. The showers were taken out of use on the ward and a person susceptibility risk assessment for disease acquisition was completed for all patients within the unit. The patients continued to have access to showers in another location.

Issues identified during the managed during this episode included the discovery of little used/ unused outlets in the unused toilet adjacent to the shower room and the now decommissioned seclusion en-suite shower. All staff have been reminded of the requirement for enhanced flushing regimes to be initiated in any area of low /no activity. It is envisaged that a more robust reporting process will be agreed within the next quarter.

At the time of writing this report all the patients now have access to a shower within the unit. A full debrief will be conducted to ensure that any lessons learned during the long period will be shared across the organisation.

Hawthorne Court – Inpatient area Mental Health Rehabilitation Unit

In quarter 4 2018/19 planned water sampling was undertaken and the positive results were received for legionella species from the pot wash sink in the main production kitchen. Remedial work was completed and retesting of the outlet yielded negative results. However additional testing of additional outlets in the same kitchen yielded further positive results for legionella species in the hand wash basin. A point of use filter was fitted to allow the outlet to remain in use whilst investigation work found the use of flexi hose pipework which initially were planned to be replaced however on further investigation not all of these pipes could be replaced due to the mechanisms and design of the sensor tap. It was explored if a knee operate tap could be fitted but this was hindered by the current steel work surface fitted.
Work is scheduled to fit a complete new sensor tap which can operate without the use for flexi hoses. No patient risk was identified during this episode however all staff were assessed to ensure that they were deemed as clinically fit enough to conduct the flushing.

Goal 06 – Promoting people, communities and social values

'We will promote the importance of infection prevention and control community wide'

6.1 World Hand Hygiene Day 5 May 2018 'It's in your hands – prevent sepsis in health care'

The IPC team and Link Practitioners in collaboration with the Training and Development Team supported the World Health Organisation (WHO) Save Lives: Clean Your Hands – World Hand Hygiene Day campaign day by raising both patients and visitors awareness of the part that they can play in minimising infection by facilitating Trust participation in all national infection prevention and control initiatives. . The day was publicised as Wear

Orange Wednesday (9 May) throughout the organisation and it was pleasing that a variety of areas organised activities and events of their own.
Areas visited included all GP practices, inpatient services throughout the Trust including Whitby Community Hospital, Granville Court and attendance at the Trust 'Learning the Lessons Conference'. Activities completed by staff and patients included the designing of promotional posters, the completion of various puzzles and setting up of information stands. The patient at Westlands produced orange hair slides to highlight the occasion.

The opportunity was also taken to raise funds on the day and we are pleased that due to people's generosity we raised £150.32 shared between Sepsis UK and Health Stars.
Feedback forms were provided for staff and patients, 64 feedback forms were collected and the feedback received was very positive.

Examples of feedback from patients and staff

"I will pass information that I have learned on to all my friends with children"

"I did not realise how many children/people die of this each

"Excellent campaign"

"Thank you for taking the time to do this"

"Sepsis information really useful"

6.2 Infection Prevention Week (14-20 October 2018)

The Trust Infection Prevention and Control Team (IPCT) supported the Trust to mark this annual awareness raising event. Colleagues were asked to promote the week and enhance awareness within their individual area of work. Information and resources were made available for staff to use to raise awareness and promote infection prevention.

6.3 World Antibiotic Awareness Week 12–18 November 2018

The IPC Team recognise the importance of this week and asked for support from clinical staff to raise awareness within their areas of work by utilising the resource material available from both the World Health Organisation and Public Health England.

Previous World Antibiotic Awareness Weeks have generally had a single overarching theme, however this year they gave participants the choice and we decided to incorporate the Public Health England 'Keep Antibiotics Working' campaign. It is extremely pleasing to report that several staff members signed 'the pledge' to become an Antibiotic Guardian. This is part of a national pledge based initiative asking people to commit to take one simple action to preserve antibiotics.

An example of some of the feedback received from staff members and patients accessing inpatient and GP services is highlighted below;

7. Priorities for 2019-2020

Our key priorities for 2019-2020, as highlighted within the Infection Prevention and Control Strategy 2018/2021 are described below.

Goal 01 - Innovating quality and patient safety

'We will ensure that exemplary infection prevention and control practice is embedded in practice throughout all areas within the Trust and that staff are confident in recognising and addressing infection prevention and control concerns'.

Over the next year we will;

- Comply fully with all requirements of the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and related guidance.
- Achieve all national and locally agreed infection prevention and control targets. This will include the introduction of a zero tolerance approach to the insertion of any inappropriately placed urinary catheters.
- Ensure that all antimicrobial use is appropriate in all our services to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Goal 02 - Enhancing prevention, wellbeing and recovery

'We are committed to keeping patients about all aspects of their care and ensure they

Over the next year we will;

- Introduce the use of the Patient Story to gain a better understanding of individuals' experiences and perspectives when found to have a communicable disease

Goal 03 - Fostering Integration, partnership and alliances

'We are committed to working in partnership to improve the care we provide by being open, transparent and inclusive'.

Over the next year we will;

- Support the delivery of the national gram negative bloodstream infection reduction initiative by working in collaboration with colleagues regionally and locally.

Goal 04 - Developing an effective and empowered workforce

'We are committed to ensuring that exemplary infection prevention and control principles are firmly embedded within every staff members daily practice'

Over the next year we will;

- Explore the usage of technological advances to increase the level of communication and engagement with staff working in community settings.
- Ensure that the infection prevention and control audit programme is reviewed to ensure it meets and reflects the specific requirements of the diversity of our clinical services.

Goal 05 - Maximising an efficient and sustainable organisation.

"We will work in partnership with information technology colleagues to ensure infection prevention and control is integrated within the Trust vision of paperless patient records"

We will ensure:

- All of the infection control templates and documents are reviewed and embedded within the Trust electronic systems.

Goal 06 - Promoting people, communities and social values

'**We will promote the importance of infection prevention and control community wide'.**

We will;

- Continue to promote all national and local patient infection prevention and control safety initiatives.
- Adopt the usage of a variety of key media styles, including the internet, intranet, and social media to promote effective infection prevention and control measures.

8. Summary

The report summarises the Trusts continued commitment to maintain a high standard of IPC practice thereby reducing the risk of HCAI for patients and staff. Infection prevention and control is the responsibility of all Trust employees and the Infection Prevention and Control Team do not work in isolation. The successes over the last year have only been possible due to the commitment for infection prevention and control that is demonstrated at all levels

within the organisation. High standards of infection prevention and control and antimicrobial stewardship will remain crucial to minimise the risk of infection and limit the emergence and spread of multi-drug resistant organisms in our future plans and priorities.

It is acknowledged that we need to avail ourselves of every opportunity to continue to work collaboratively with colleagues across the wider health system patients, service users in order that we can develop and implement a wide range of IPC strategies and initiatives to deliver safe care, minimising the risk of infection and the emergence and spread of multi-drug resistant organisms.

Agenda Item: 22

Title & Date of Meeting:	Trust Board Public Meeting - 25th September 2019
Title of Report:	Q2 2019/20 Board Assurance Framework
Author:	Oliver Sims Corporate Risk Manager
Recommendation:	To approve: ; To note: √ To discuss: ; To ratify: For information: ; To endorse:
Purpose of Paper:	The report provides the Board with the Quarter 2 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.
Key Issues within the report:	- Progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 1 2019/20. The format allows for consideration to be given to the risks, controls and assurances which enables focused review and discussion of the challenges to the delivery of the organisational objectives. - Each of the Board Assurance Framework sections have been/ or are due to be reviewed by their assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals. **Main changes to the Board Assurance Framework from Quarter 1 2019-20 to Quarter 2 2019-20.** **Strategic Goal 2 – Enhancing prevention, wellbeing and recovery** - Overall rating remains at amber for Quarter 2 2019/20 position. Risk LDC32 and LDC34 have been reduced and are no longer managed through the Trust-wide risk register. **Strategic Goal 4 – Developing and effective and empowered workforce** - Overall rating has been increased to Amber for Quarter 2 2019/20 position reflecting the risks currently

	aligned to the strategic goal. The two project risks CAMHS-C2 and CAMHS-C7 which were escalated to the Trust-wide risk register in Q1 have been aligned to this section of the Board Assurance Framework due to potential impact on the associated strategic objectives. **Strategic Goal 5 – Maximising and efficient and sustainable organisation** - Overall rating remains at yellow for Quarter 2 2019/20 position reflecting assurance in place for the strategic goal. Risk 205 has been refreshed from its previous description in Q1, to better describe the risk facing the Trust and remains on the Trust-wide risk register. Risks FII213 and FII214 have both been reduced from their previous ratings in Q1.

Monitoring and assurance framework summary:

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

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

BOARD ASSURANCE FRAMEWORK				Trust Board							
ASSURANCE OVERVIEW				25th September 2019							
Strategic Goal	Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Risk Appetite	Assurance Rating					Highest current risk
						Q 4	Q 1	Q 2	Q 3	Q 4	
Innovating Quality and Patient Safety	A	Overall rating of 'good' from 2019 CQC Inspection Report. 'Requires Improvement' rating for Safe domain in CQC report. 'Must do' actions underway within Trust including safer staffing and supervision.	Director of Nursing	Quality Committee	OPEN	A	A	A			12
Enhancing prevention, wellbeing and recovery	A	Robust monitoring arrangements developed through monthly operational delivery group to monitor waiting times. Areas of long waits reviewed and monitored through ODG and Quality Committee. Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services but there are indications across some of these waiting lists, that they are beginning to reduce.	Chief Operating Officer	Quality Committee	SEEK	A	A	A			16
Fostering integration, partnership and alliances	G	Active engagement continues across all stakeholder groups with demonstrable benefits. Extensive work has taken plan in partnership work including the Mental Health Partnership and Zero Suicide Alliance. Further work undertaken with community groups such the Veterans Association. Trust involvement in Primary Care Networks.	Chief Executive	Audit Committee	MATURE	G	G	G			6
Developing an effective and empowered workforce	Y	Statutory and mandatory training performance remains above target for Q2 2019/20. Rolling 12 month sickness has reduced compared to 12 months ago. Staff survey scores have increased in 51 of 64 questions. Overall turnover rate reduced compared to 12 months previous and appraisal completion rates remain above target level. The Trust has implemented a revised appraisal process that was launched in Q2.	Director of Workforce and OD	Workforce and OD Committee	SEEK	A	Y	A			20
Maximising an efficient and sustainable organisation	Y	Trust financial position Month 4 reported year-to-date surplus and is broadly on plan. Cash position has improved and the Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9M have been agreed.	Director of Finance	Finance Committee	SEEK	A	Y	Y			15
Promoting people, communities and social values	A	Place plans and Patient Engagement Strategy implemented and positive service user surveys received. Social Values Report launched and a section has been incorporated into the annual report. More work is to be undertaken to promote service users/ care groups.	Chief Executive	Quality Committee	SEEK	A	A	A			9

ASSURANCE LEVEL KEY		
Green	Significant Assurance	- System working effectively / limited further recommendations. - Effective controls in place. - Satisfied that appropriate assurance is available.
Yellow	Partial Assurance	- System well-designed but requires monitoring/ low priority recommendations. - Some effective controls in place. - Some appropriate assurances are available.
Amber	Limited Assurance	- System management needs to be addressed/ numerous actions outstanding. - Controls thought to be in place. - Assurances are uncertain and/or possibly insufficient.
Red	No Assurance	- System not working / actions not addressed. - Effective controls not in place. - Appropriate assurances are not available.

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

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

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

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

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Deliver high- quality, responsive care by strengthening our patient safety culture.	**NQ37 – Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.**	**12**	**12**	**8**	⟺
	NQ38 – Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.	**8**	**8**	**4**	⟺
Demonstrate that we listen, respond and learn.	**NQ45 – Inability to develop robust processes that demonstrate thorough investigations undertaken in line with significant event analysis (SEA) methodology and can evidence organisational learning from SEAs.**	**12**	**9**	**3**	⇓
Achieve excellent clinical practice and services.	**NQ44 – Staff are not maintaining auditable trails of clinical supervision compliance is some clinical teams to support assurance that teams are delivering high quality care.**	**9**	**9**	**4**	⟺
Capitalise on our research and development.	**No risks identified.**				

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

Gaps in Control	Actions
(NQ37) Focus on safer staffing from a multidisciplinary team approach.	Development of work plan with focus on safer staffing from a multidisciplinary team approach to ensure the Trust has robust systems and processes in place in relation to safer staffing (30/09/2019)
(NQ38) Trust identified as requires improvement under 'safe' domain for 2018/19 CQC inspection.	Continued drive across Trust Care Groups in identified areas for improvement (30/09/2019)
(NQ44) Timeline for ESR self-service being available to record and report supervision.	Training Lead establishing timeline for ESR self-service being available to record and report supervision (30/09/2019)
(NQ44) Robust tool for the capture and monitoring of Trust clinical supervision data.	Implementation of Health Assure for recording and monitoring of clinical supervision compliance (30/09/2019)
(NQ45) Timely completion and submission of SEA investigations.	Monitoring of SEA investigation status through Clinical Risk Management Group and escalation to Operational Delivery Group (30/09/2019)
(NQ45) Evidence of SEA action plan completion.	Ongoing review of SEA action plan tracker and supporting evidence undertaken by the Clinical Risk Management Group on regular basis (30/09/2019)

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

Positive Assurance	
Assurance	**Source**
- Waiting times continue to be an area of focus as and are reviewed monthly by the Operational Delivery Group. Work is ongoing with Trust partners.	Trust Board July 2019 ODG Aug 2019
- Waiting list update reported into Quality Committee for oversight and consideration of quality impact.	Quality Ctte Aug 2019
- Proactive contact with patients on waiting list within challenging services.	
- Collaborative working between Trust and CCGs supportive of additional interventions to reduce waiting times	
- Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery.	ODG / CLD Delivery Group

Negative Assurance	
Assurance	**Source**
- Waiting list challenges continue within the Paediatric ASD (autism assessment), Adult ASD (autism diagnosis), Hull CAMHS and Children speech and language services.	Trust Board Quality Ctte

Gaps in Assurance
What do we not have
Recovery-focussed culture within the Trust. Audit into CAMHs compliance with waiting list policy and associated SOPs identified gaps and actions underway to address the identified issues.

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Ensure patients, carers and families play a key role in the planning and delivery of our services **Empower people to work with us so that they can manage their own health and social care needs.** **Develop an ambitious prevention and recovery strategy**	**OPS08 – Failure to equip patients and carers with skills and knowledge need via the wider recovery model.**	**9**	**9**	**3**	⟷
Deliver responsive care that improves health and reduces health inequalities.	**OPS05 – Inability to meet early intervention targets (national – IAPT,EIP, Dementia)**	**9**	**9**	**3**	⟷
	OPS06 – Inability to meet early intervention targets (local – CAHMS , ASD, CYP)	**12**	**12**	**3**	⟷
	OPS04 – Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.	**9**	**9**	**6**	⟷
	LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	**16**	**16**	**4**	⟷
	LDC32 – As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	**16**	**12**	**4**	↓
	LDC34 – Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	**16**	**12**	**4**	↓

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

Gaps in Control	Actions
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (30/09/2019_
(OPS05) New national standards in dementia care	Review of GP and IAPT national targets (30/09/2019)
(OPS06) East Riding service under-funded for level of demand	Clarity on future investment for supporting activity (SMASH, MIND, Counselling Services) to be obtained from Commissioners (30/09/2019)
(OPS06) Limited response to increased demand from Commissioners	Contract variations to be agreed (30/09/2019)
(LDC32) Increased in waiting list following commissioning decision.	Ongoing discussion with commissioners regarding additional resources to expand capacity(30/09/2019)
(LDC34) Service Improvement Plan delivery.	Completion of actions identified in Service Improvement Plan (30/09/2019)

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

Positive Assurance	
Assurance	**Source**
- STP/ ICS partnership events. - Mental Health Partnership Board and MOUs in place. - Health Expo event and Planned Members meeting. - High profile visits to Trust. - Visioning event across Humber Coast and Vale - Lead provider role within STP - Refreshed Operational and Strategic plans shared with stakeholders. - Hull Health and Wellbeing Board.	Trust Board July 2019

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

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

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Be a leader in delivering Sustainability and Transformation Partnership plans.	**FII174 - Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.**	**6**	**6**	**3**	⟺
Build trusted alliances with voluntary, statutory/ non-statutory agencies and the private sector.	**FII180 - There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.**	**6**	**6**	**3**	⟺
Strive to maximise our research-based approach through education and teaching initiatives.	**FII185 - Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.**	**6**	**6**	**3**	⟺
Foster innovation to develop new health and social care service delivery models.	**No risks identified.**				

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

Gaps in Control	Actions
(FII174) Feedback arrangements with STPs representing Whitby are currently limited.	Identify Governance Structure within the STP representing Whitby and seek representation at relevant group level (30/09/2019)
(FII185) Showcasing and marketing opportunities not exploited	Recruitment of Communications and Marketing Manager to increase capacity within Trust Communications Team (30/09/2019)
(FII185) Limited internal mechanism in place to support delivery of different models	Develop skills training to support operational and corporate teams (30/09/2019)
(FII180) Trust Communications team not automatically included in external groups	Organisational review required of internal mechanisms to support the delivery of different models of care (30/09/2019)
	Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services (30/09/2019)

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

Positive Assurance	
Assurance	**Source**
- Statutory and mandatory training – Performance remains above target and has done so since February 2018. - Rolling 12 month sickness has reduced compared to 12 months ago. - Staff survey scores increased in 51 of 64 questions. - Workforce and OD Committee created which reviews performance via a Workforce Insight report. - Overall turnover rate reduced compared to 12 months previous. - Appraisal completion rates remain above target level and a revised appraisal process was launched in Q2. - Active Apprenticeship Scheme	Trust Board July 2019 Workforce and OD Committee Assurance Report / Workforce and OD Committee Workforce Insight Report 2019

Negative Assurance	
Assurance	**Source**
- Sickness levels above Trust target and national median at 5.22%. - Vacancies levels for Registered Nurse, Consultant and GP, and OT roles. - Poor Staff Survey Scores in 3 of the 10 categories when benchmarking against other similar Trusts - Morale, Quality of Appraisals, and Staff Engagement - Rolling turnover remains above Trust target and national median.	Trust Board July 2019 / Workforce and OD Committee Workforce Insight Report 2019

Gaps in Assurance
What do we not have
- Clarity at team/service level regarding how poor workforce indicator performance issues are managed locally.

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Develop a healthy organisational culture.	**WF07 – The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.**	**9**	**9**	**6**	⟺
Enable transformation and organisational development.	**CAMHS-C2 – Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.**	**16**	**20**	**4**	⇑
	CAMHS-C7 – There is a risk to the delivery plan due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	**16**	**20**	**4**	⇑
Invest in teams to deliver clinically excellent and responsive services	**WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.**	**15**	**15**	**5**	⟺
	WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**15**	**15**	**5**	⟺
	WF05 – Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	**15**	**15**	**5**	⟺
	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**15**	**15**	**5**	⟺

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

Gaps in Control	Actions
(WF03) Refreshed Nurse Preceptorship programme.	Review and refresh of current Nurse Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course (30/09/2019)
(WF03) Nurse Preceptorship programme for Nurse Associates.	Development of Nurse Preceptorship programme for Nurse Associates (30/09/2019)
(WF04) Lack of career development opportunities	To identify opportunities for career pathways/development opportunities (30/09/2019)
	Working Group to develop recruitment and retention packages linked to qualified nurse development (30/09/2019)
(WF05) National workforce shortages	Implementation of Workforce plan for 19-20 (30/09/2019)

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

Positive Assurance	
Assurance	**Source**
- Financial position Month 4 – Trust reported a YTD surplus of 0.065M and is broadly on plan. - Trust cash position has improved – underlying GBS bank balance was 12.9M at Month 4. - Trust has maintained BPPC above 90% throughout 19/20 for non-NHS invoices. - Budget Reduction Strategy to deliver 4.6M of savings. YTD savings of 1.7M have been recorded. - The Trust has identified surplus estate and has a strategy to maximise disposal value. To date sale proceeds of 0.9M have been agreed. - Upgraded IT infrastructure replacing old N3 network. - Agency expenditure for the Trust has remained within NHSI ceiling.	Trust Board July 2019 Finance and Investment Ctte 2019

Negative Assurance	
Assurance	**Source**
- NHSI Control Total 2019-20 set a significant challenge for the Trust, with unfunded pay award (1.0M) and a reduction in sustainability funding (0.7M)	Board Report

Gaps in Assurance
What do we not have
Longer-term financial planning information.

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Be a flexible organisation that responds positively to business opportunities.	**FII180 – There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships and not increased our commercial/market understanding.**	6	6	3	⟷
Be a leading provider of integrated services	**FII177– Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance**	8	8	4	⟷
	FII186 – Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.	12	12	8	⟷
Exceed requirements set by NHS Improvement regarding financial sustainability.	**FII205 – Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.**	15	15	5	⟷
	FII200 – The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.	10	5	5	↓
	FII213 – If the Trust cannot achieve its Budget Reduction Strategy for 2019-20, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.	12	12	4	⟷
	FII214 – Failure to achieve the NHS Improvement Use of Resources Score for 2019/20 may result in reputational harm for the Trust and significant reduction in financial independence.	12	4	4	↓
Build state of the art care facilities.	**FII58 – Inability to address all risks identified as part of the capital application process due to lack of capital resource.**	8	8	4	⟷
	FII181 – Inability to improve the overall condition and efficiency of our estate.	8	8	4	⟷

Key Controls	Sources of Assurance
(FII205) Budget Reduction Strategy established with MTFP.	Finance & Investment Committee Reports - Cash - Financial Position - BRS - Debtors/ Creditors Trust Board Reports - Financial Position - Cash
(FII205) Monthly reporting, monitoring and discussion with budget holders.	
(FII200) Daily monitoring of the cash position and weekly update to CE	
(FII200) Reporting to board and Finance committee which includes cash-flow projection and sensitivity analysis.	
(FII213) Trust Control Total agreed.	
(FII205) NHSI allocation funding secured (0.4M)	

Gaps in Control	Actions
(FII205) Delivery of BRS.	1. Budget Reduction Strategy implementation 2019-20 (31/03/2020).
(FII213) Full year BRS plan of £4.6M	Continued work to find further savings to mitigate any potential failure of the approved BRS (31/03/2020)
	Ongoing Accountability review process (31/03/2020)
	Review of workforce looking at staffing savings/ agency expenditure (30/09/2019)
	Continue to explore opportunities for additional revenue in STP bids (30/09/2019)

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

Positive Assurance	
Assurance	**Source**
- Continual development of the Recovery College. - Health Stars developing - Wider community engagement developing through changes to constitution and more work with Governors. - More internal Trust focus on promoting wellness and recovery. - Positive service user survey results. - Trust developed in year social values reporting arrangements - Hull Health and Wellbeing Board - Project Group established to develop wider wellbeing and recovery approach bringing in a focus on both mental and physical elements of recovery. - 'Making Every Contact Count' being led by Trust across ERY - Launch of Social Values Report	Trust Board July 2019

Negative Assurance	
Assurance	**Source**
- Negative media outweighs positive media regarding promotion of communities. - Trust membership base is not fully operational and negative assurance around membership involvement. - Limited feedback on how local communities are influencing our Trust Strategy.	Trust Board

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

Objective	Key Risk(s)	Q1 19-20 Rating	Q2 19-20 Rating	Target	Movement from prev. Quarter
Apply the principles outlined in the Social Values Act (2013)	**OPS08 – Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.**	**9**	**9**	**3**	⟺
'Make every contact count' via an integrated approach designed to make communities healthier.	**MD05 - Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.**	**6**	**6**	**3**	⟺
	MD06 - Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.	**8**	**8**	**4**	⟺
Ensure our human resource priorities and services have a measurable social impact.	**No risks identified.**				
Improve recruitment and apprenticeship schemes and promote career opportunities	**WF02 - Failure to effectively utilise the funds available from the apprenticeship levy.**	**9**	**9**	**3**	⟺

Key Controls	Sources of Assurance – Reporting Mechanisms
(OPS08) Trust Recovery Strategy	Trust Board
(OPS08) CMHT transformation work underway which will impact Recovery College due to its status as a discharge pathway.	
(MD05) Supporting forums established for development of equality and diversity work within the Trust.	Quarterly reporting to Quality Committee and Clinical Quality Forum
(MD05) Equality and Diversity Leads identified for 'patient and carers' and 'staff' respectively.	
(MD06) Task and finish group identified	Reports to QPaS and Quality Committee
(MD06) All clinical teams give out FFT forms and results are fed into services through level 3 reporting system.	

Gaps in Control	Actions
(OPS08) Secured funding for Recovery College	Ongoing communication with commissioners regarding funding (30/09/2019)
(OPS08) Service configuration feeding in to wider recovery approach.	Review of operational arrangements and pathways (30/09/2019)
(OPS08) Recovery focussed practice still to be fully embedded across the Trust	Recovery conference for Q3 2019/20 to consolidate work underway (31/12/2019)
(MD05) Awareness of equality and diversity issues within the Trust.	Development of internal EIA training (30/09/2019)
(MD05) Robust approach to Equality Impact Assessments	Implementation of EIA approval process (30/09/2019)

BOARD ASSURANCE FRAMEWORK

RISK SCORING MATRIX

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

RISK TERMINOLOGY DEFINITIONS	
Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regard to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

RISK APPETITE DEFINITIONS	
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Agenda Item: 23

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting – 25 September 2019</td></tr>
<tr><td>Title of Report:</td><td>Risk Register Update</td></tr>
<tr><td>Author:</td><td>Oliver Sims
Corporate Risk Manager</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>X</td><td>To ratify</td><td></td></tr>
<tr><td>For information</td><td></td><td>To endorse</td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>The report provides the Board with an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in July 2019.</td></tr>
<tr><td>Key Issues within the report:</td><td>

The Trust-wide risk register details the risks facing the organisation scored at a current rating of 15 or higher (significant risks). There are currently 8 risks held on the Trust-wide Risk Register which was last reviewed by the Executive Management Team on 09 September 2019.
The current risks held on the Trust-wide risk register are summarised below:

<table>
<tr><th>Risk Description</th><th>Initial Rating</th><th>Current Rating</th></tr>
<tr><td>WF03 – Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.</td><td>20</td><td>15</td></tr>
<tr><td>WF04 – With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.</td><td>20</td><td>15</td></tr>
<tr><td>WF05 – Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.</td><td>20</td><td>15</td></tr>
<tr><th>Risk Description</th><th>Initial Rating</th><th>Current Rating</th></tr>
</table>
</td></tr>
</table>

	WF10 – With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	**20**	**15**
	FII205 – Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	**25**	**15**
	CAMHS-C2 – Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	**20**	**20**
	CAMHS-C7 – There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	**20**	**20**
	LDC31 – Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	**20**	**16**

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 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	

1. Trust-wide Risk Register

There are currently **8** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in ***Table 1*** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	20	15	5
WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
WF05	Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	20	15	5
WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	20	15	5
FII205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	25	15	5
CAMHS-C2	Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	20	20	4
CAMHS-C7	There is a risk to the delivery plan for the CAMHS inpatient unit due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	20	20	4
LDC31	Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	20	16	4

2. Closed/ De-escalated Trust-wide Risks

Three risks previously held on the Trust-wide risk register when last reported to Trust Board in July have since been reduced and removed from the Trust-wide risk register for local management within the relevant Care Group / Project Group. These risks are summarised below alongside their current status.

Table 2 – Closed/ De-escalated Risks from Trust-wide Risk Register

Risk ID	Description of Risk	Current Status
LDC32	As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.	**Risk re-scored to current rating of 12 (Possible x Severe) to reflect improving performance within service and reduced risk likelihood. Risk will continue to be monitored through Operational Delivery Group.**
LDC34	Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.	**Risk re-scored to current rating of 12 (Possible x Severe) to reflect improving performance within service and reduced risk likelihood. Risk will continue to be monitored through Operational Delivery Group.**
CAMHS-E8	As a result of HMRC assessing the use of the CAMHS build as not being eligible for zero VAT rating there may be impact to the overall capital programme and Trust's ability to deliver wider projects.	**Risk reduced to current rating of 12 (Possible x Severe) risk will continue to be monitored through CAMHS Inpatient Executive Board.**

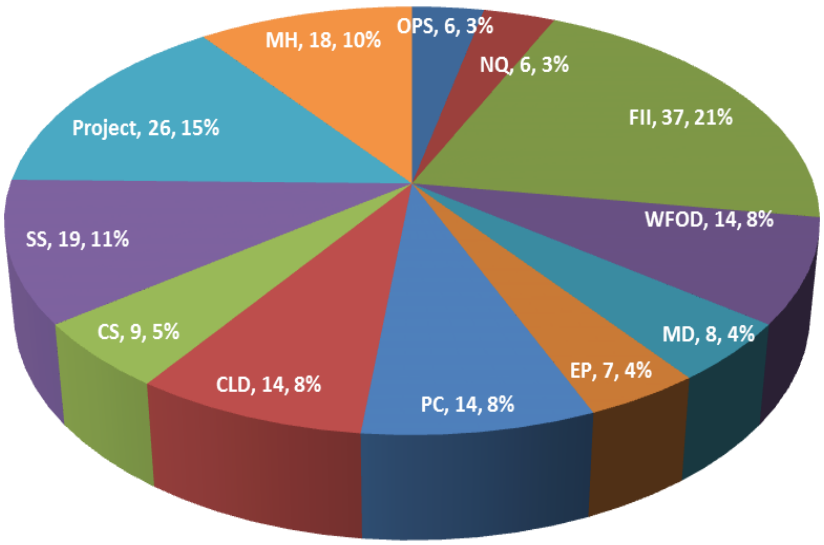
4. Wider Risk Register

There are currently **178** risks held across the Trust's Care Group, Directorate and project risk registers. This is an overall decrease of **5** risks from the **173** reported to Trust Board in July. The table below shows the current number of risks at each risk rating in comparison to the position presented to the July 2019 Board.

Table 4 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – July 2019	Number of Risks – September 2019
20	1	2
16	5	1
15	5	5
12	45	54
10	5	4
9	35	37
8	27	28
6	46	44
5	1	1
4	2	1
3	1	1
2	0	0
Total Risks	**173**	**178**

Chart 1 – Total Risks by Care Group/ Directorate



Key:

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

Risk Management Plan 2019/20

Action Number	Action	Action Lead	Date for completion	Status
1	Refresh Trust Risk Management Appetite for 2019/20.	Oliver Sims	31st July 2019	**Completed**
2	Continued 'deep-dive' analysis of Care Group/ Directorate/ Project risk registers to be undertaken by the Audit Committee to provide assurance around risk management processes for 2019-2020.	Oliver Sims/ Audit Committee	2019/20 round of reviews Commenced May 2019	**Ongoing**
3	Terms of reference for board sub-committees to be reviewed and updated to specifically reflect their role in reviewing risk and the Board Assurance Framework – *Action identified through 2019/20 Board Assurance Framework Audit*	Oliver Sims	31st July 2019	**Completed**
4	Board Assurance Framework to contain details of the dates that assurance has been received – *Action identified through 2019/20 Board Assurance Framework Audit*	Oliver Sims	31st July 2019	**Completed**
5	Testing of local risk register arrangements that are in place and the management that has been undertaken to mitigate the identified risks through risk samples across each of the Care Groups/ Directorate.	Oliver Sims	30th November 2019	**Work ongoing**
	Development of new three-year risk management strategy, ensuring	Oliver Sims/	30th	**Ongoing**

Action Number	Action	Action Lead	Date for completion	Status
6	alignment to Trust overall strategy.	Trust Board	November 2019	**Agenda item for Trust Board 27 November to approve strategy.**
7	Risk Management policy to be updated in line with new risk management strategy to reflect processes and systems changes regarding risk management.	Oliver Sims	30th November 2019	**Ongoing**

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	WF03	Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.	Objectives	Likely	Catastrophic	20	Significant	1. Work commenced on recruitment strategy for nursing staff. 2. Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector. 3. Streamlining proposal at STP level reducing time to recruit. 4. Attendance at recruitment fairs. 5. Recruitment and retention initiatives. 6. Recruitment Plan. 7. Skill-mix reviews within Trust services. 8. Paper to EMT in relation to utilising funds around healthcare, clinical posts, nursing and nursing associate with proposal to take forwards posts and to utilise levy to develop foundations to 'grow our own' staff.	1. Workforce and OD Committee. 2. Care Group Business Meetings. 3. EMT. 4. Trust Board 5. ODG.	1. New roles for Associate Practitioners. 2. Expansion of Advanced Clinical Practitioner roles. 3. Refreshed Nurse Preceptorship programme. 4. Nurse Preceptorship programme for Nurse Associates. 5. Trainee Nurse Associates support programme. 6. Band 5 Nurse recruitment bespoke career development package.	1. 125.41 vacancies at July 2019.	Possible	Catastrophic	15	Significant	1. New roles for Associate Practitioners. 2. Expansion of Advanced Clinical Practitioner roles. 3. Refreshed Nurse Preceptorship programme. 4. Nurse Preceptorship programme for Nurse Associates. 5. Trainee Nurse Associates support programme. 6. Band 5 Nurse recruitment bespoke career development package.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
2	WF04	With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Appraisal process. 3. Leadership and management development programmes 4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee), 5. Staff Health & Wellbeing Group and action plan. 6. Trust retention plan as agreed with NHSI. 7. PROUD programme launched. 8. Recruitment and retention initiative. 9. Trust-wide workforce plan.	1. Trust Board monthly performance report on turnover and on rolling 12 month basis. 2. Staff surveys. 3. Local Stress Survey. 4. Staff Family and Friends Test. 5. Workforce and OD Committee. 6. EMT 7. Workforce and OD Insight Report	1. Trust-wide workforce plan delivery. 2. Formalised Band 5 Nurse career development provision.	1. Current annual turnover 14.91% as at July 2019. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. Implementation of Workforce plan for 19-20. 2. HR Business Partners to review exit questionnaire results and identify any hot spots. 3. To identify opportunities for career pathways/development opportunities. 4. Working Group to be established to develop recruitment and retention packages linked to qualified nurse development.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
3	WF05	Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.	Objectives	Likely	Catastrophic	20	Significant	1. Consultant roles advertised at NHS jobs 2. Medical Workforce attendance at recruitment fairs. 3. Arrangement in place with recruitment head-hunter partner to identify consultant resource. 4. Attendance at recruitment fairs. 5. Recruitment and retention initiative. 6. Recruitment Plan. 7. Contract in place for consultant roles to be advertised through the BMJ. 8. PCCCLD Care Group plan around GP recruitment. 9. Primary Care Recovery Plan.	1. Agency spend considered at Finance and Investment Committee . 2. ODG. 3. EMT. 4. Workforce and OD Committee	1. National workforce shortages. 2. Trust-wide workforce plan. 3. Different ways of working linked to GP roles.	1. 8.3 vacancies as at July 2019. 2. GP vacancies with limited interest	Possible	Catastrophic	15	Significant	1. Implementation of Workforce plan for 19-20. 2. PCCCLD Care Group to review currrent GP recruitment opportunities and way that Trust recruits with HR Directorate. 3. Review of GP practice skill mix and differents ways of working.	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	WF10	With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.	Objectives	Likely	Catastrophic	20	Significant	1. Organisational Development (OD) and Workforce Strategy Implementation Plan. 2. Appraisals process 3. Leadership and management development programmes 4. Staff engagement though TCNC (Trust Consultation and Negotiation Committee), 5. Staff Health & Wellbeing Group and action plan. 6. Trust retention plan as agreed with NHSI. 7. PROUD programme. 8. Recruitment and retention incentives 9. LMC - Positive staff engagement with medical workforce	1. Trust Board monthly performance report on turnover and on rolling 12 month basis. 2. Staff surveys. 3. Local Stress Survey. 4. Staff Family and Friends Test. 5. Workforce and OD Committee. 6. EMT 7. Workforce and OD Insight Report	1. Trust-wide workforce plan. 2. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	1. Current annual turnover 21.77% as at July 2019. 2. Workforce and OD Committee newly established and developing governance processes around workforce. 3. Lack of career development opportunities indicated through employee exit interviews/questionnaires.	Possible	Catastrophic	15	Significant	1. HR Business Partners to review exit questionnaire results and identify any hot spots. 2. Completion of PROUD programme implementation plan	Helen Lambert	Steve McGowan	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
5	FI205	Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover afc pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff.	Objectives	Almost Certain	Catastrophic	25	Significant	1. Budgets agreed. 2. Monthly reporting & monitoring and discussion with budget holders. 3. Small contingency / risk cover provided in plan. 4. Project management approach to delivery of BRS 5. MTFP developed to inform plans. 6. Service plans. 7. Finance and Investment Committee. 8. Budget Reduction Strategy established which will produce a MTFP, incorporating the brs process. 9. Non-recurrent savings. 10. BRS reporting to FIC on a monthly basis. 11. Trust Control Total agreed 12. Financial plan agreed	1. Monthly reporting to Board and FIC. 2. Monthly & Quarterly reporting to NHS I and NHS I feedback 3. ODG monitoring progress of BRS plans. 5. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 6. BRS reporting to Finance and Investment Committee on a monthly basis. 7. External Audit position.	1. Potential non-delivery of BRS.	None identified.	Possible	Catastrophic	15	Significant	1. Budget Reduction Strategy implementation.	Iain Omand	Peter Beckwith	Directorate Business Meeting/ EMT	Trust Board	Rare	Catastrophic	5	Moderate
6	CAMHS-C2	Failure to recruit band 6 nurses with appropriate skills and expertise which may result in delays to the opening of the CAMHS inpatient unit.	Quality	Almost certain	Severe	20	Significant	1. Recruitment plan developed. 2. Attendance at recruitment fairs. 3. Social media marketing. 4. Job descriptions and person specifications developed. 5. Recruitment tracker developed. 6. HR capacity identified to support. 7. Recruitment incentives agreed. 8. Advert continuously running 9. Contingency plan developed. 10. 2 nurses recruited out of 9.	1. Partnership/Clinical Forum 2. CAMHS In-patient Executive Board. 3. Senior Responsible officer in place. 4. Bi-weekly updates to EMT.	1. Recruitment of Band 6 nurses. 2. Continuity arrangements.	Band 6 nurses ; 9 needed for unit with 2 currently recruited.	Almost certain	Severe	16	Significant	1. E roster to be produced with confirmed B5 and B6 staff and gaps identified. 2. Agency options explored for Specialist B6 CAMHs nurses. 3. Additional shifts offered as bank/overtime (with appropriate consideration/risk assessment of any working time directive breaches). 4.Identify availability of registered agency staff (non CAMHs) to be deployed directly onto unit. 5. Identify availability of registered agency staff to backfill so experienced registered nurses from other inpatient services can be deployed onto unit. 6. Offer overtime to Trust registered practitioners to work on unit.	Peter Flanagan	Hilary Gledhill	CAMHS In-patient Executive Board	EMT	Rare	Severe	4	Moderate
7	CAMHS-C7	There is a risk to the delivery plan due to the inability to recruit a consultant psychiatrist with appropriate skills and expertise.	Quality	Almost certain	Severe	16	Significant	1) NHS Jobs advertisement. 2) Significant BMJ advertisement in journal and on website. 3) Extensively explored local networks with other CAMHS consultants. 4) Job description and person specification approved by Royal College 5) Scoped availability of Locums	1) CAMHS In-patient Executive Board. 2) Senior Responsible officer in place. 3) Bi-weekly updates to EMT.	1) National shortage of CAMHS consultants is resulting in difficulty recruiting to posts	None identified.	Almost certain	Severe	16	Significant	1) Seek agency involvement to assist in appointment of consultant psychiatrist. 2) Consideration Locum psychiatrist availability.	Peter Flanagan	Hilary Gledhill	CAMHS In-patient Executive Board	EMT	Rare	Severe	4	Moderate

Trust-wide Risk Register

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls/ Controls currently failing	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
8	LDC31	Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.	Objectives	Almost Certain	Severe	20	Significant	1) Limited team lead capacity being covered by Service Manager and other Team Leader. 2) Use of bank staffing and overtime to cover shifts. 3) New model of care in place with new shift patterns following consultation process. 4) Agreement in place with MHRS that they will support in undertaking assessments .	1) Regular communications with the team. 2) Team leader communicating information and helping to cover shifts. 3) Care Group business meeting. 4) Regular report to Communications Meeting.	1) Existing vacancies within the team. 3) Failure in MHRS support arrangements. 4) New Team leader recruited internally but not yet in post. 5) Recruited to Band 6 vacancy but not yet in post.	None identified.	Likely	Severe	16	Significant	1. Recruitment to vacant posts to be expedited. 2. Commencement of Team Leader and Band 6 appointees.	Peter Flanagan	Lynn Parkinson	ODG	EMT	Rare	Severe	4	Moderate