Trust Board Meeting 29 January 2020
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 29 January 2020, in the Conference Room, Trust Headquarters

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 27 November 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Quality Health Community Mental Health Survey – Jennie Bradley, Business Development Consultant attending	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.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
12.	Quality Committee Assurance Report & 9 October 2019 Minutes	MC	To receive & note	√
13.	Charitable Funds Committee Assurance Report & 12 November 2019 Minutes	MC	To receive & note	√
14.	Workforce & Organisational Development Assurance Report & 20 November 2019 Minutes	FP	To receive & note	√
	Quality and Clinical Governance			
15.	Safer Staffing 6 Monthly Report	HG	To receive & note	√
	Strategy			
16.	Safeguarding Strategy 2019-2022	HG	To receive & ratify	√
17.	Draft Research Strategy – Cathryn Hart, Assistant Director of Research & Development attending	JB	To receive & approve	√
18.	Research & Development Report - Cathryn Hart, Assistant Director of Research & Development attending	JB	To receive & note	√
	Corporate			
19.	NHS Pensions Letter	MM	To receive & note	√
20.	Council of Governors 22 October 2019 Minutes	SM	To receive & note	√
21.	Items for Escalation	All	To note	verbal

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22.	**Any Other Business**			
23.	**Exclusion of Members of the Public from the Part II Meeting**			
24.	**Date, Time and Venue of Next Meeting** Wednesday 26 February 2020, 9.30am in the Conference Rooms, Trust Headquarters		

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Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. The declaration for the Chief Executive as Non Executive Director for the National Skills Academy for Health has been removed.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓

Key Issues within the report:	Contained in the report

Monitoring and assurance framework summary:

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

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Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• 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 • 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 • 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

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 27 November 2019 in the Conference Room, Trust Headquarters

Present:	Mrs Sharon Mays, Chair
	Mrs Michele Moran, Chief Executive
	Mr Peter Baren, Non-Executive Director
	Prof Mike Cooke, Non Executive Director
	Mr Francis Patton, Non Executive Director
	Mr Dean Royles, Non-Executive Director
	Mr Mike Smith, Non Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr John Byrne, Medical Director
	Mrs Hilary Gledhill, Director of Nursing
	Mr Steve McGowan, Director of Workforce and Organisational Development
	Mrs Lynn Parkinson, Chief Operating Officer
In Attendance:	Mrs Michelle Hughes, Interim Head of Corporate Affairs
	Mrs Jenny Jones, Trust Secretary
	Mr Adam Dennis, Communications Officer
	Michael & Georgina (for item 190/19)
	Rob Howarth, Veterans Mental Health Practitioner (for item 190/19)
	Mr Oliver Sims, Corporate Risk Manager (for items 201/20, 205/19 & 206/19)
	Huw Jones, Public Governor
	1 Member of the public
Apologies:	None

187/19   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.

188/19   Minutes of the Meeting held on 30 October 2019
The minutes of the meeting held on 30 October 2019 were agreed as a correct record.

189/19   Matters Arising and Actions Log
The actions list was discussed.

148/19 (a) & (b) Patient Story – Co-Production in the Development of the Peer Support Worker Role
It was agreed that these items would be merged into a single action and an update brought to the January meeting. Work is taking place through the steering group during this time.

183/19 Guardian of Safe Working Annual Report
Dr Byrne explained that the British Medical Association (BMA) had no issues with the quarterly report going through the Workforce and Organisational Development Committee. A response was still awaited from NHS Employers. The Chair emphasised that if a non positive response is received the reporting arrangements to the Board would need to be reviewed.

190/19   Michael and Georgina's Story
Michael and Georgina attended the Board to share their story which was of a veteran's experience of living with Post Traumatic Stress Disorder (PTSD) and his wife's experience of

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living with someone with the condition.

Michael shared some of the traumas he endured whilst serving in the armed forces and how these had affected both him and his family. The Board heard from Georgina the impact this had on her and the family and how she had dealt with it.

The Board thanked both of them for sharing their experiences with them and asked if there was anything that they thought could be improved. From Georgina's perspective it was about including families from the start of any treatment, so they can understand the problems that their loved one is facing. Michael wanted services to continue working together and not in isolation so that there were no boundaries as mental illness did not have any boundaries. Both also felt there should be more information in GPs surgeries especially those that are near a military base, about mental illness as there appeared to be lots of posters about flu and infections, but hardly anything on mental health. Mrs Parkinson, Chief Operating Officer, thanked Georgina for her suggestion adding that this was something that can be taken forward.

The Chair thanked Michael and Georgina for sharing their stories with the Board.

191/19   **Chair's Report**
The Chair explained that it has been a busy month and provided an update in relation to the work she has undertaken since the last meeting. This included:-

- Attendance at the HSJ Awards where the Trust won the Mental Health Provider of the Year award. The Chair thanked Board members for their contributions in getting the Trust to this point. The Chief Executive explained that the award is for all staff and in recognition pin badges and a thank you card will be going out to every staff member. The Chair and Chief Executive thanked staff for this success.

- Attendance at the Armistice Day Service that took place on 11 November at the Trust Headquarters. The Chair thanked Dr Byrne, Medical Director and his team for organising the event. A poppy wreath was laid in the courtyard as a mark of respect.

- Attendance at various meetings for the Humber Coast and Vale (HCV) Accelerator Programme. The Chair reported she has attended three full day events over the last two weeks.

- Agreement to meet with the Chair of York and hold a joint visit in Scarborough to visit services and links to community services.

- Presenting at a regional Care Quality Commission (CQC) inspectors event

- Meetings with the Chair of NAVIGO and the Chair and Chief Executive of MIND (with the Chief Executive).

- Attendance at the patient experience and Quality Improvement (QI) national leads visit. The team liked the Trust's approach and will be looking to use some of the work nationally.

    Resolved: The verbal update was noted.

192/19   **Chief Executive's Report**
The report provided updates from each of the Directors along with a summary of activities undertaken by the Chief Executive who drew the Board's attention to the following areas:-

Time has been spent working with Approved Mental Health Practitioners (AMHPs) and Social Workers and seeing the challenges the face on a day to day basis.

Annual Members Meeting – comparison of the attendance at this year's annual members meeting compared with last year has been undertaken. The public members are still low so this will be the focus of future discussions with the communications team.

Purdah - A period of Purdah commenced on 6 November and runs until on or after 13 December 2019.

Executive Management Team Terms of Reference – the terms of reference have been reviewed and a new process for the meetings adopted following consultation at time outs.

100% Attendance Letters - over 700 letters to staff are in the process of being signed for those who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

Health Service Journal (HSJ) Winners – a full communications programme has been developed which includes a year long journey for the trophy across the organisation as the award is for the whole organisation.

Policies – the Probation Policy was ratified by the Board.

Mr McGowan provided an update on pension issues. He explained that letters have been received giving an indication that the Centre will finance any pensions impact for clinicians for this tax year. It is hoped this will encourage clinicians to take on extra clinics or hours. A Frequently Asked Questions (FAQ) document has been put on the intranet, however only a few consultants have raised any issues so far. Mr Royles urged caution around any future liabilities that the Trust may incur and any future impact on the Trust's finances.

Professor Cooke thanked the Chief Executive for her leadership resulting in the HSJ award for the Trust. He felt that there have been a number of events recently which have showcased the work of the organising including, Celebrating Partnership in Mental Health Conference, Medical engagement conference, QI visit, staff awards and the Barclays Ball to raise funds for the Impact Appeal. He also felt it would be beneficial for the Board to see the HSJ film that was produced.

The Director of Nursing update included the commissioning of an additional module to the Datix system to produce patient safety dashboards. Mrs Gledhill explained that this will be a bespoke module tailored to the Trust's requirements and will allow reports to be generated that can be used at team levels. It is expected this will be in place early in quarter 4.

Mr Baren commented that there has been a significant improvement in the quality of communications coming through the organisation recently and congratulated the team for this. However he felt that the quality of the website was lagging behind and that information was out of date. Mrs Hughes, Interim Head of Corporate Affairs explained that a scoping exercise of both the internet and the intranet had been undertaken. There would be a cost element to upgrading the website and this was currently being worked through. An update will be included in the December Board pack which will be circulated by e mail.

Mr Patton asked about winter planning and winter pressures and how this will be impacting on GPs in terms of opening hours and demand. Mrs Parkinson explained that primary care is an integral part of the winter planning and winter pressures approach with an increased focus year on year. There is a plan which supports work across the systems.

The Chair congratulated the Workforce team for their nominations in the National Centre for Diversity Grand Awards.

The Barclays Ball was attended by the Chair, Professor Cooke and Mr McGowan recently where a significant amount of money was raised for the Impact Appeal.

Resolved: The report, verbal updates and ratified policy were noted.
An update on the website work will be included in the December Board pack which will be circulated by e mail. Action MH

193/19   **Performance Report**

Mr Beckwith, Director of Finance, presented the report which showed the majority of indicators are within normal variation, the exceptions being waiting times and PADR. 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.

Mr Royles asked about mandatory training and whether the target of 85% was for all training or an average. It was confirmed that this is a target for all training with the exception of Information Governance which is 95%. A more detailed report was presented to the Workforce and Organisational Development (OD) Committee which included details of the Basic Life Support (BLS) and Patient and Team Safety (PATS) training. Both of these sessions are delivered face to face and the level of vacancies in teams is having an impact on attendance. For BLS there is also some staff who require a higher level of training and therefore would not need to complete the basic levels and this is being looked at.

An analysis of sickness, maternity and vacancies was presented at the Committee meeting that showed that one in five people are off work which is adding to the pressures and stress for those staff who are working. Mr Patton confirmed that at the Workforce and OD Committee meeting there was a lengthy discussion about vacancies as this is the biggest risk to the Trust. Mr Royles agreed and asked whether there should be some investment in international recruitment. Mr McGowan said this question has been asked of the Divisions asking them to identify innovative and creative ways to address the recruitment issues. All options are open for discussion and the outcomes will come to the Executive Management Team (EMT) then back to the Committee. In terms of the Sustainable Transformation Partnership (STP) this is also being reviewed and links into the STP Workforce Group are being developed.

Mr Patton congratulated the teams on the improvement for occupied bed days with the quality dashboard showing improvement in this area. Sickness levels were not as healthy with only one areas showing a green. Professor Cooke agreed and an understanding of why this is required. Mrs Parkinson explained that a different approach has been introduced to raising issues around accountability and performance across the Divisions. A new accountability framework has been launched and the first meeting of the accountability reviews has been held. The framework mirrors the NHS Single Oversight Framework and identifies areas for improvement. Sickness absence, workforce and key performance indicators (KPIs) are a focus of this work. Professor Cooke understood there are specific variations but felt the Board needed to see a specific plan on vacancies. If certain posts are being created details on whether these are apprenticeships or how people will be retained us needed. The Workforce & OD Committee has to understand the outcomes of the summit held earlier this month. Mr McGowan confirmed that the outputs from the summit will be presented in a report by Mrs Parkinson which will go to EMT and to the Workforce & OD Committee.

Mr Baren noted there had been a reduction in the performance of Malton Hospital in month, but congratulated Whitby Hospital on its improved scores. In particular slips, trips and falls were at nil which he felt could be an error. Mrs Gledhill visited Malton recently to meet with the senior team. She found that slips, trips and falls are not being reported and there is also an issue of overfilling registered nurses on night shifts which was inherited. A Human Resources process is being undertaken to move this to a more flexible way of working. Agency staff have been secured to assist services during the high sickness period. Mrs Parkinson reported a change in the ward manager with support being offered to implement the changes required.

Mr Patton referred to the Friends and Family Test data asking if there was any update on the GP practices where the figures fluctuated. Dr Byrne said that with the increased pressures that GPs are under, patients' views change according to whether they have access to a GP.

The improvement in Care Programme Approach (CPA) compliance was noted and it was confirmed that the variation in the Improving Access to Psychological Therapies (IAPT) was usual. The Chief Executive suggested that in the next report an update be included on the changes to the trajectories within the front sheet of the Performance Report.

Mr Patton asked if the slippage in appraisals compliance was acceptable as there had been a discussion at the Workforce & OD Committee. The Chief Executive reported that EMT have also discussed this matter and will pick up again.

Professor Cooke referred to Child and Adolescent Mental Health (CAMHS) waiting times explaining that at a recent conference he had spoken to colleagues from North Lincs who have managed to retain their waiting lists are around eight weeks which was impressive and he suggested making contact with them to see how they achieved this. Mrs Parkinson confirmed that she would take this forward.

The Chair had a query on out of area placements which was not explained within the report. She asked that the response be shared outside the meeting.

Resolved: The report and verbal updates were noted
An update on the changes to the IAPT trajectories to be included on the front sheet of the next Performance Report. **Action LP**
Out of area placements response to be shared outside the meeting **Action PBec**

194/19   **Finance Report**
The report presented by Mr Beckwith showed the financial position for the Trust as at the 31st October 2019 (Month 7). He reported:-

- An operational deficit position of £0.023m was recorded to the 31st October 2019.
- Expenditure for clinical services was lower than budgeted by £1.273m.
- Expenditure for Corporate Services was £0.264m lower than budget.
- A BRS Risk Provision of £1.903m was included in the reported position.
- Cash balance at the end of October 2019 was £12.463m (Underlying Government Banking Service Cash position was £12.184m)
- Capital Spend as at the end of October was £6.394m.

The Chair referred to appendix one asking about the net tangible assets. It was clarified that this was to do with the Local Health Care Record Exemplar (LHCRE) project.

Resolved: The report was noted.

195/19   **Mental Health Legislation Committee Assurance Report**
Mr Smith presented the executive summary of discussions held at the meeting held on 24 October 2019 highlighting the work being done on section 136 and the liberty protections. There were no issues to escalate to the Board.

Resolved: The report was noted.

196/19   **Finance and Investment Committee Assurance Report**
Mr Patton presented the report which covered discussions held at the November meeting including:-

- Month seven performance and focus on key areas including the Primary Care

recovery plan.
- Forecast delivery of the NHS1 control total at yearend.
- Resubmission of a financial plan that is consistent with its financial improvement trajectories.
- Work undertaken on the Operational and Corporate Services Budget Reduction Strategy (BRS) for 2020/21 to 2022/23.
- Assurance on the Procurement strategy.
- the Committees sign off of the Travel and Expenses Policy and the Trust's Data Quality Policy
- IFRS 16 update

Resolved: The report and verbal updates were noted.

197/19   **Workforce & Organisational Development Assurance Report**
An executive summary of discussions held at the meeting held on 20 November 2019 was presented by Mr Patton. Highlights included:-

- Information from the Workforce Insight Report.
- Update on the Workforce Summit and Leadership forum and the Committee's request for a clear action plan.
- Ongoing assurance from the Freedom to Speak up Guardian
- Assurance gained from the Guardian of Safe Working report.
- Review of the Board Assurance Framework (BAF).
- Approved the submission of the Gender Pay Gap report

The Committee was also satisfied with the process and work for Freedom to Speak Up

Resolved: The report was noted.

198/19   **Audit Committee Assurance Report**
Mr Baren presented the executive summary of discussions held at the meeting held on 5 November 2019. He explained that the Committee had discussed a number of areas including:-

- The risks associated with the delay in opening the Child and Adolescent Mental Health Services (CAMHS) unit
- A deep dive into primary care and community services risks. Concern was raised around scrutiny of the risks and the Executive Management Team was asked to review this.
- The new external auditors Mazars attended and contributed to the meeting.
- Improvement is being seen on the follow up actions from internal audits with the new process working well

Resolved: The report was noted

199/19   **Charitable Funds Committee Assurance Report & 10 September 2019 Minutes**
The report was presented by Professor Cooke and included details of the meeting held on 12 November 2019. The minutes from 10 September 2019, were provided for information. The Board's attention was drawn to the following areas:-

- The Committee approval for the artwork at the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit (£30k artwork) subject to approval by the CAMHS executive board with specialist input.
- Revised Terms of Reference were considered with minor revisions to membership. It was clarified that the Non-Executives and Executives are the core membership, and that one of each has be in attendance in order to be quorate. Inclusion of Director of Workforce & OD and Marketing and Communications Manager as attendees.

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- A review of purchases from charitable funds for equipment in relation to the impact appeal was requested. The Committee have asked for a stock take to be undertaken.
- 360 Accountants attended to present the annual accounts
- Discussed preparations for the Barclays Bank Ball

It was noted that the revised terms of reference will need to come to a future Board meeting for ratification.

Resolved: The report was noted

200/19   **Charitable Funds Accounts**
The purpose of this paper is for the Trust Board to approve the annual accounts for the year ended 31 March 2019.   The unaudited accounts included:

- Trustee's Annual Report 2018/19
- Independent Examiners Report
- Annual Accounts 2018/19

The accounts were reviewed and recommended for approval by the Charitable Funds Committee at its meeting on 12 November 2019.

The Chair clarified that the Trustees are the voting Board members. She referred to the delegated limits included in the accounts which she felt were inaccurate. However, Mr Beckwith clarified that the charity is still subject to the Trust's Standing Financial Instructions (SFIs) and procurement rules. It was agreed this would be made clearer in the accounts. Mrs Hughes proposed a further amendment to the Standing Orders, Standing Financial Instructions and Scheme of Delegation when presented later on the agenda to make this point more explicit.

Mr Royles recalled there was some guidance issued about Trustees and funds as a number of organisations have charities as independent organisations. It was explained that the contract with Smile gives the required independence for the Trust.

Resolved: The Board approved the accounts subject to the addition of wording around the charity being required to comply with the procurement rules and Trust SFIs.

201/19   **Risk Management Strategy Update**
Mr Sims presented the report which provided an update on the work that has been undertaken.

An annual review has been completed for the Risk Management Strategy and minor updates have been made to reflect organisational changes which have occurred since the last strategy review approved by the Board in November 2018. The review was the final review of 2016-2019 Risk Management strategy, with the new strategy for 2020-2023 commencing development in Q4 2019/20.

Resolved: The Board approved the minor updates to the 2016-2019 Risk Management Strategy.

202/19   **Healthcare Worker Flu Vaccination Self Assessment 2019/20**
The report provides details of the self-assessment information undertaken in relation to the published NHS England and NHS Improvement best practice management checklist on flu vaccinations for healthcare workers

The annual vaccination of healthcare workers in Humber Teaching NHS Foundation Trust (the Trust) against influenza is key in protecting our patients, staff and their families. In September 2019 NHS England and NHS Improvement wrote to all trusts requesting

information on the trust plans to ensure that all of our frontline staff are offered the flu vaccination and request information in relation to how the Trust will achieve the highest possible level of vaccine cover this winter. Tthe current flu uptake is at 55% for the organisation.

Resolved: The Board endorsed the flu vaccination programme for 2019/20 and associated NHS England NHS Improvement flu vaccination best practice management checklist self-assessment.

203/19 **Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions**
An annual review was undertaken by the Head of Corporate Affairs, Trust Secretary and Director of Finance. Suggested areas for amendment were detailed in the report. One additional change is to Deputy Directors that will be amended to General Managers.

Mr Beckwith explained that the delegated limits change had been discussed at the Finance and Investment Committee and also included leases.

One further change was proposed following discussion regarding charitable funds earlier - page 60 'Expenditure on Charitable and Endowment Funds' to explicitly state in that box that anything over £5,000 is subject to procurement rules and budgetary delegation set out above and elsewhere in the SFIs.

Resolved: Subject to inclusion of the additional change, the Board approved the changes to the document

204/19 **Annual Declarations**
The Trust is required to make annual declarations after the financial year end. A summary of the annual declarations required to be made by the Trust, including evidence of how the Trust meets these declarations and to provide assurance that the views of Governors have been taken into consideration was presented. Details of declaration and comments/evidence were included within the report.

The Chair had already discussed with Mr Beckwith regarding some inconsistencies in the report which will be amended. It will come back to the Board in May as part of the annual papers.

Resolved: Subject to inclusion of the changes identified, the Trust approved the annual declarations.

205/19 **Board Assurance Framework**
The report provided the Board with the Quarter 3 2019/20 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.

Changes from Quarter 2 2019-20 to Quarter 3 2019-20 included:-

Strategic Goal 2 – Enhancing prevention, wellbeing and recovery - Overall rating remains at amber for Quarter 3 2019/20 position. Risk LDC31 has been reduced and is no longer managed through the Trust-wide risk register.

Strategic Goal 4 – Developing and effective and empowered workforce – the overall rating has been reduced to yellow for quarter 3 2019/20 position reflecting the assurance linked to the strategic goal. The project risk CAMHS-C2 has been closed and is no longer managed through the Trust-wide risk register or aligned to this section of the framework.

Professor Cooke confirmed there was a good debate at the Workforce & Organisational Development (OD) Committee about the risk ratings. He felt an explanation Is needed on the

actual vacancies and the narrative updated to include details of how this is being tackled. Mr Sims will include this on future front sheets. Mr Patton confirmed that assurance was gained by the Committee following its review. The Chief Executive said that incentives have been offered for recruiting and comparative data would be useful. Mr Patton commented that he receives more comparable data from this organisation than from any of the others he has dealings with.

Mr Baren asked why strategic goal six had moved from amber to green. The Chief Executive explained that often the Trust is too critical of itself and with the work of partnerships, the conference, system leadership and the work that the Head of Patient Carer and Engagement is undertaken it was felt that this risk could be reduced as there is sufficient evidence to show.

Resolved: The report was noted.
An explanation on the actual vacancies and updated narrative to be included on future front sheets. **Action OS**

206/19   **Risk Register**
The report provided an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in September 2019.
There are currently 6 risks held on the Trust-wide Risk Register and two risks closed/ de-escalated. There are currently 201 risks held across the Trust's Division, Directorate and project risk registers which was an overall increase of 21 risks from the 178 reported to Trust Board in September.

An increase was reported in the primary care and community services risks due to an improved process being established and identification of new risks. Mr Sims reported that there was nothing of significance within the risks and they are all being controlled and managed accordingly.

Resolved: The report was noted

207/19   **Any Other Business**

Report Front Sheets
The Chief Executive explained that after feedback the revisions to the front sheet have been well received by Board members, in particular the section where the sheet demonstrates where the paper has been previously. It will now be rolled out for use across the Trust from January 2020.

208/19   **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.

209/19   **Date and Time of Next Meeting**
Wednesday 29 January 2020, 9.30am in the Conference Room, Trust Headquarters

Signed ………………………………………………………… Date ……………….
                                Chair

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from November 2019 Board meeting and update report on earlier actions due for delivery in January 2020						
Rows greyed out indicate action closed and update provided here						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
27.11.19	192/19	Chief Executive's Report	An update on the website and intranet development work will be included in the December Board pack which will be circulated by e mail.	Interim Head of Corporate Affairs	December 2019	Included in the pack
27.11.19	193/19	Performance Report	An update on the changes to the IAPT trajectories to be included on the front sheet of the next Performance Report.	Chief Operating Officer	January 2020	Work to finalise this with the commissioners has now been completed and the updates will be included in the February report
27.11.19	193/19	Performance Report	Out of area placements response to be shared outside the meeting	Director of Finance	December 2019	Post Meeting Note Circulated
27.11.19	205/19	Board Assurance Framework	An explanation on the actual vacancies and updated narrative to be included on future front sheets.	Chief Executive	March 2020	To be actioned from the next report

Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
25.9.19	148/19(a)	Patient Story - Co-Production in the	A report will be submitted to EMT regarding recruitment,	Chief Operating Officer	January 2020	Pathways have been developed to recruit peer

		Development of the Peer Support Worker Role	career pathway and how the work can be taken forward. Following discussion at EMT, an update will be included in a future Chief Executive's report.			support workers and a trajectory is in place to recruit to 12 roles by the end of April 2020
30.10.19	183/19	Guardian of Safe Working Annual Report	Dr Byrne to clarify the actions log whether this arrangement fulfilled the requirements of Health Education England (HEE).	Medical Director	November 2019	Confirmation received that taking the quarterly Guardian report through the Workforce subcommittee is appropriate within the rules and has been confirmed by NHS employers. Annual report will still go to main Board to be presented by the Guardian, but quarterly report to go through Workforce with Guardian in attendance to present.

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

Title & Date of Meeting:	Trust Board Public Meeting - 29th January 2020			
Title of Report:	Community Mental Health Service User Survey Presentation			
Author/s:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To receive & note	
	For information	√	To ratify	
Purpose of Paper:	Quality Health is attending the Board meeting to present the findings from the published Mental Health Community Service User Survey 2019 report.			

Governance: *Please indicate which group or committee this paper has previously been presented to:*	Name of group (please list all)	Date	Name of Group *(continued)*	Date
	EMT	9.9.19		
	Trust Board Meeting	25.9.19		
	Mental Health Services Division delivered a presentation and workshop at the Leadership forum.	17.10.19		
	Mental Health Services Division delivered a presentation and workshop to Patient and Carer Experience Team, Medical Director, Pharmacy, Heads of Professions, two representatives from each CMHT and a patient from each CMHT.	13.12.19	Other type of review (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	In 2019 the majority of scores are in the mid 60% range of Trusts surveyed. The Trust scored three questions in the top 20% and six in the bottom 20% range. (In 2018 the majority of scores were in the mid 60% range of Trusts surveyed. The Trust scored five questions in the top 20% and one in the bottom 20% range). The Mental Health Services division have held two workshops; one with the October 2019 Leadership Forum and the second was held in December 2019 with clinicians, service users and carers from the division to coproduce an action plan.

Caring, Learning and Growing

Monitoring and assurance framework summary:

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

Highlights of the Mental Health Community Service User Survey 2019 Report

1.0 Background
The Trust participated in the survey between February and June 2019. The report captures patient views and perceptions of the care they received whilst receiving community mental health services.

Quality Health stipulates that the information from the report *must not be shared* with anyone outside of our organisation prior to national publication of results (the date is yet to be confirmed).

2.0 Method
The survey was sent to a basic sample size of 850 service users.   There were 28 responses excluded from the survey for the following reasons; patient deceased or moved/not known at the address. Therefore 822 responses were usable and the response rate was 247 (30%).

The survey included 38 questions across the following domains;
- Your care and treatment
- Your health and social care workers
- Organising your care
- Planning your care
- Reviewing your care
- Crisis care
- Medicines
- NHS Therapies
- Support and wellbeing

A final section asked general questions about the individual (questions 35 to 46).

3.0 Key Headlines
The majority of scores are in the mid 60% range of Trusts surveyed. The Trust scored three questions in the top and six in the bottom 20% range. (In 2018 the majority of scores were in the mid 60% range of Trusts surveyed. The Trust scored five questions in the top 20% and one in the bottom 20% range).

The following results are where the organisation scored in the highest scoring 20% of Trusts:
- Question 10: How well does this person organise the care and services you need?
- Question 32: In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?
- Question 33: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

The following results are where the organisation scored in the lowest scoring 20% of Trusts:
- Question 9: Do you know how to contact this person if you have a concern about your care?
- Question 20: Has the purpose of your medicines ever been discussed with you?
- Question 24: In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?

- Question 26: Were these NHS therapies explained to you in a way that you could understand?
- Question 34: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?
- Question 36: Overall, in the last 12 months did you feel that you were treated with respect and dignity by NHS mental health services?

4.0 Comparisons from 2018 to 2019 Responses

On comparing 2018 responses to 2019, based on 34 questions asked about the care individuals received in our services, the overall results are as follows:

- 14 questions saw an improvement on the previous year
- 15 questions saw a decline on the previous year
- 2 questions remained the same
- 3 questions were not asked in 2018

5.0 Four Targeted Areas from 2018 Report

From the 2018 survey results four areas were targeted for improvements to be made. Refer to the table below which compares 2018 to the 2019 responses and includes actions taken in 2018/19 to make improvements.

Question Number	Question	Results	Score Benchmark Comparison	Action Taken
5	Did the person or people you saw understand how your mental health needs affect other areas of your life?	2018: 51% 2019: 58% 7% improvement	Mid-range	A focused piece of work (included in the care group's Quality Improvement Plan) around CPA and family inclusive care coordination.
11	Have you agreed with someone from NHS mental health services what care you will receive?"	2018: 41% 2019: 39% 2% decline	Mid-range	A focused piece of work (included in the care group's Quality Improvement Plan) around CPA and family inclusive care coordination.
29	In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	2018: 27% 2019: 31% 4% improvement	Mid-range	The teams have continued to embed physical health screening through Health Improvement Plans.
36	Overall, in the past 12 months,	2018: 71% 2019: 71%	Lowest 20%	A focused piece of work (included

	did you feel that you were treated with respect and dignity by NHS mental health services?	no change		in the care group's Quality Improvement Plan) around CPA and family inclusive care coordination.

6.0 Actions Taken as a Result of Findings from the 2019 Report
The findings in the report were discussed in EMT in September 2019 followed by the September 2019 Trust Board.

6.1 Outcomes
Following discussions at EMT and Trust Board the Mental Health Services division delivered a presentation and workshop at the Trust's Leadership forum, October 2019 to gather Trust support of the findings from the report and agree a process to develop actions to address areas of concern. As a result of the presentation delivered to the Leadership forum, the Mental Health Services division held a workshop including; the Patient and Carer Experience Team, Heads of Professions, two representatives from each CMHT and a patient from each CMHT to coproduce an action plan.

7.0 Next Steps
An action plan has been developed which will go through the usual governance processes. The Mental Health Services division and the planned care management team will discuss the plan with the CMHTs and agree who will lead on each of the identified actions.

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2020				
Title of Report:	Chief Executive's Report				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve	✓	To receive & note	✓	
	For information		To ratify		
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓	

Key Issues within the report:	• Identified within the report

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

Chief Executive's Report

1.1 Around the Trust

I visited teams in the Adult inpatient areas this month and spent time working with the School Nurses. Demand remains a consistent theme, but different skill and roles are being explored and recruited to.

1.2 Healthcare Financial Management Association (HFMA) Yorkshire and Humber Conference

Humber has been shortlisted for 2 awards at the upcoming HFMA Yorkshire and Humber Conference on the 30th January - they are Finance Team of the Year, and Iain Omand has been shortlisted for Finance Professional of the year.

1.3 Child and Adolescent Mental Health Services (CAMHS) – Inspire Opening

The CAMHS opening was a great success and I thank everybody who has been involved in the project for making it such a success. I look forward to meeting our first young people soon. More on this in the communications update, later in the report.

1.4 Greatix

Greatix has now commenced – reporting and learning from when things go well, An essential part of patient safety.

2 Around the Region

2.1 Shadow Secretary Higher Education and Further Education

Emma Hardy MP is now the Shadow Secretary Higher Education and Further Education. Emma was a teacher prior to being an MP.

2.2 New Year Honours

Diane Johnson MP received a DBE (Dame Commander) in the 2020 New Year Honours.

2.3 National Health for Institute Research (NHIR)

I chair the regional group and we are looking at our funding models alongside our priorities for the coming year these include:

- Expansion into Non NHS settings
- Increased Cross regional working
- Embedded workforce

3 National Updates

3.1 New Guidance

New guidance has been published which extends the legal rights to Budgets, this means that two new groups have a legal right to a personal health budget. This includes people eligible for after-care services under section 117 of the Mental Health Act and people eligible for an NHS wheelchair (who have a right to a personal wheelchair budget).

3.2 NHS Confederation

The NHS Confederation has announced Victor Adebowale as the incoming chair of the board. Victor is a champion for mental health, learning disability and substance abuse services and will bring a second mental health voice to the board along with MHN Chair, Paul Jenkins. Victor comes to the Confederation from Turning Point, an MHN member and large national social enterprise that he has led for 20 years.

3.3 Government Funding

The Government has announced that new and continuing degree-level nursing, midwifery and allied health students will receive at least £5,000 a year in non-repayable funding to help with living costs. This package is expected to benefit more than 35,000 students every year and is central to the aim of increasing nurse numbers alone by 50,000 by 2025.

3.4 East Riding & Hull Provider Alliance

This Alliance continues to develop and progress well. We have now signed off the governance structure for the Alliance which allows us to reduce some current contracting groups in place and allows us to start streamlining others. The work will focus on performance, quality and safety and these are positive steps forward.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Winter Pressures

The Trust has continued to actively participate and contribute in the system work across all of our geographical areas to ensure that we manage the ongoing winter pressures. Pressures have remained high in Hull, East Riding and Scarborough.

Hull University Teaching Hospital continue to be challenged by A&E waiting times and delayed transfers of care, to offset this they have established a number of work streams including, a hospital wider improvement programme, primary care streaming, diversionary pathways and reducing DToC / reducing delays for highly complex patients.

Our Trust is establishing a second health based place of safety suite and building work and staffing are progressing on plan and this should be complete by March 2020.   Within the mental health liaison team all vacant staff posts have now been recruited to with new staff having appropriate induction and training. We have also progressed our part of the plan to enhance the mental health offer in primary care streaming in the Emergency Department by working with our third sector partners, this should further reduce A & E waiting teams. The Trust has continued to focus on the uptake of the flu vaccine of which peer vaccinators have played a strong part.

Similarly work has continued across Scarborough, Ryedale, Vale of York and Whitby to ensure that robust plans are in place. Winter Pressures monies has been utilised to enhance our community offer specifically to provide support to additional care home beds that have been opened to support discharge and avoid admission to Scarborough acute hospital.

Internally we have continued to review our business continuity plans to ensure that they are robust through our emergency and resilience planning work. We have internal mechanisms in place daily in order to assess demand and capacity to ensure that our patient flow is optimised. Our mental health acute patient flow continues to perform well against a national position where use of out of area beds remains problematic. Whilst we have seen a rise in the number of delayed transfers of care so far this winter this is a significantly improved position when compared to last year. We continue to work very closely with our local authority partners to address this issue.

4.1.2 Community Mental Health Team Transformation

One of our key transformation projects is the Community Mental Health Team Transformation, through the Humber Coast and Vale Health and Care partnership (HCV) Mental Health Programme the Trust successfully bid for two years funding from NHS England to become one of 14 national pilot sites, The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. A project programme is in place supported by a number of work streams and the key objectives are that:

- We have people from different backgrounds and training working with improving access to psychological therapy services connected to primary care and primary care networks including health and wellbeing workers, pharmacists and peer support workers.
- Ways of working that mean people are supported into and out of different parts of the mental health system, rather than referred in and discharged out.
- There is a focus on recovery and helping people to stay connected to their communities or develop new roles and relationships.
- Less emphasis on someones age, for example 18 or 65 and a bigger focus on who is in the best position to support someone.
- A focus on employing more people who have expert skills in understanding how trauma can affect an individual's mental health
- Anyone using the service for the first time will not wait more than 4 weeks from referral to treatment from the community mental health teams including a detailed assessment to develop a plan for the future.

This means that there will be new roles, new ways of working and less barriers between different organisations, teams and workers. Ongoing service user, carer, staff and stakeholder engagement is key to achieving this ambition and is central to this programme of work.

4.2 Director of Nursing

4.2.1 CAMHS in patient unit
The unit held its opening day on January 10th. A total of 75 press and invited guests and 40 staff attended the unit and participated in tours facilitated by the CAMHS unit leadership team. The media were also in attendance. Feedback from attendees and the media was extremely positive in terms of both the build and what it had to offer. The support from Healthstars was noted by all. The day was an incredible success and most importantly gave an opportunity for the new CAMHS team to network with key partners and other providers who visited.

The unit has received CQC registration. The workforce is as required to ensure we can commence the staged opening of the unit starting with a maximum of 4 young people on the general adolescent unit. We have recruited 2 locum consultants (one full time and one working 2 days a week). Both have extensive CAMHS in patient experience. The unit will be opening to young people on 21st January when the full time consultant commences. In the interim staff are continuing to participate in scenario training and ensuring they have completed their statutory and mandatory training.

4.2.2 International Year of the Nurse and Midwife
2020 is the International Year of the Nurse and Midwife. 2020 is Florence Nightingale's 200th birthday, designated by World Health Organisation as the first ever global Year of the Nurse and Midwife. Nurses and midwives make up the largest numbers of the NHS workforce. They are highly skilled, multi-faceted professionals from a host of backgrounds that represent our diverse communities. 2020 is our time to reflect on these skills, the commitment and expert clinical care they bring, and the impact they make on the lives of so many. This year is also an opportunity to say thank you to the professions; to showcase their diverse talents and expertise; and to promote nursing and midwifery as careers with a great deal to offer.

A plan of activities throughout the year to showcase the role of nursing in the Trust is in development. Events under consideration to date are:

- Nurse of the year award. Nominations will be requested from both staff and patients. The nurse will be identified by a panel.

- Nurses will be encouraged to complete their stories. We want to encourage new people to join and existing staff to stay and we will use people stories to provide a snapshot and share good practice of the professions, throughout the year.
- The Director of Nursing, Allied Health and Social Care Professions is liaising with Director Colleagues across Humber to look to holding a Celebration of Nursing Event across the Humber area.

To ensure divisions across the Trust are encouraged to hold events/participate in Trust wide initiative and events Matrons are leading the work with the support from the Director of Nursing, Allied Health and Social Care Professionals and her team.

4.2.3 Head of Allied Health Professionals and Practice Development
In support of the implementation of the Professional Strategy a new post of Head of Allied Health Professionals and Practice Development has been created utilising existing monies from a vacant post. The post will sit in the Nursing, Allied Health and Social care Directorate and in summary will focus on

- Working across the local health and social care system with partners providing credible and visible leadership for Allied Health Professionals (AHP) at a local, regional and national level.
- Working collaboratively with the directorate and operational divisional leads providing AHPs with visible and accountable professional leadership across the organisation; providing expert advice to the organisation on all matters affecting AHPs informed through effective internal and external professional networks.
- Lead on the provision of integrated clinical services from an AHP perspective across the Trust through effective clinical leadership and development of clinical services in line with best available evidence.
- Lead the work of AHP professional leads to actively raise the profile of AHPs across the Trust through supporting innovation in practice in line with the Trust Professional strategy.
- Ensure that the role and development of AHPs is reflected in Trust strategic and operational plans highlighting AHP workforce issues and priorities. Promote opportunities for efficient workforce development, particularly to address workforce skills, shortages and skill mix changes.

This is an exciting new role which also affords a development opportunity for AHPs.

4.3 Medical Director

4.3.1 Approved Clinician (AC) Development Day
The Trust will be hosting an Approved Clinician (AC) development day on Friday 28th of February. As part of our clinical transformation program we have identified the need to develop clinician (doctors, Nurses and Psychologists) as potential AC's with a view to developing the skill mix with in our teams in response to ongoing workforce challenges. This opportunity for our own staff to develop their career pathways is in line with our recently developed professional strategy and will be supplemented by an external recruitment campaign.

4.3.2 Clinical Associate Psychologist (CAPs)
We are currently in discussions about a new role, the Clinical Associate Psychologist (CAPs). This role sits in between as Assistant Grade and a qualified psychologist. CAPs study in one area only e.g. learning disabilities and subsequently work only in that area. This allows them to have a really good depth of knowledge in one area. Training is partly practical and students would be hosted by an NHS Trust in conjunction with the learning part at University. Hull University is currently considering whether to host a course and Sheffield is going to do so. We will be seeking to collaborate regionally so that each area focusses on a particular client group.

4.3.3 Psychometric Test

One of the key tools of a Psychologist is the psychometric test and these are used to differing extents in the specialist areas. Until recently these have been paper based tests but there is now a move to make them electronic. This is a "must do" as good governance dictates that we are using the latest test materials and not old versions. As a first step we are noting all of the tests that the psychologists use and collating the national guidance as there are some contradictions within this so it needs to be studied further with a view to developing an outline business case.

4.4 Director of Workforce and Organisational Development Update

4.4.1 PROUD OD Programme

Both our senior leadership (band 8A and above) and Leadership (band 3- 7) programmes commenced in January. With each being four two-day modules, these will help better equip of managers and leaders with the skills they need to be effective leaders and managers within the trust and the wider health system.

The new leadership forum (for band 3- 7 managers) also commenced in January.

4.4.2 Flu Vaccinations

The programme of vaccinations started in October and finishes in February. To date 70% of all clinical staff has had a vaccination, ahead of this time last year.

4.4.3 Equality, Diversity & Inclusion (ED&I)

The stepping up programme for BAME band 5 and 6 staff has been promoted across the Trust during December and January.

4.4.4 Apprenticeships

There are currently 116 apprenticeships across the trust, 61 in Health, 36 Business and Customer focused and 19 in Management development. An awareness session of our apprenticeship programmes forms part of the inaugural leadership forum in January.

4.4.5 New Notice Periods

With effect from 1st January our notice periods have changed for new starters so that they better align with the majority of other trusts. The major change is at band 5 and 6, where notice will now be two calendar months rather than one calendar month.

4.5 Director of Finance Update

4.5.1 Brexit

It is expected the UK will exit the European Union on the 31st January 2020. From the 31st January to the 31st of December there will be an 'Implementation Period' and during this period the UK will still be considered a Member State. The 'No Deal' preparation and operation yellowhammer have been stood down.

4.5.2 Healthcare Finance Management Association (HFMA) Awards

The Trust has been shortlisted in 2 categories at the upcoming HFMA Yorkshire and Humber Awards 2020. The finance team have been shortlisted for the 'Finance Team of the Year' and Iain Omand, Deputy Director of Finance has been shortlisted for 'Finance Professional of the Year'. The awards ceremony takes place on the 30th January 2020.

4.5.3 Whitby

The Trust has now completed the Conditional Agreement for an Operated Healthcare Facilities at

Whitby Hospital with NHS Property Services (NHS PS). NHS PS will now finalise the contract and construction programme with works expected to commence on site in the coming months.

4.5.4 Car Parking
The Automated Number Plate Recognition (ANPR) system in place at Trust HQ has proved successful in ensuring that car parking has been prioritised for patients, visitors and staff.

The ANPR system is being rolled out to Townend Court and Miranda House later this month. It has been agreed that at these sites pay machines will not be installed, as we do not wish to encourage non-Humber Trust users to park at these sites. Instead all patients and visitors will be asked to enter their registration details when checking in to the sites.

4.5.5 Strategic Goals Refresh Monitoring Framework
The Strategy Manager reviewed the refreshed strategic objectives and proposed a portfolio of potential measures to the Executive Leads for their review and consideration. The Executive Leads then confirmed those that they felt were appropriate and proposed alternatives where necessary.

The portfolio of potential measures has now been refined jointly with Executive and Delivery Leads, and progress has been made on specifying baselines and targets for achievement in 2020/2021 and 2021/2022.

A reporting procedure has been developed for consideration by the Chief Executive. The proposed procedure enables the Executive and Non-Executive Leads for each strategic goal to take ownership of delivery against the refreshed strategic objectives via the formal Committee meetings. The Strategy Manager, on behalf of the Committees, would then provide assurance reports to the Board highlighting successes, key risks and the Committees' mitigation plans for managing those risks. This would provide the Board with overview assurance in the knowledge that they can request further detail of performance against each of the individual measures if required.

The next steps are for a project group to be established to complete the development of measures and to finalise a reporting template to implement the monitoring framework.

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

Policy Name	Approving Committee	Date Approved	Lead Director
Self Neglect, Neglect and Hoarding Policy	Quality Committee	5/12/19	Director of Nursing

6 Communications Update
Inspire Opening
The team provided event management and media handling for the Inspire open day. Tours were offered to the media prior to the opening events and attended by Hull Daily Mail, BBC Look North, BBC Radio Humberside, ITV Calendar and Viking FM. Coverage of the event was positive across all channels.

The team created display graphics for an exhibition of the journey to opening Inspire to inform guests and showcase the involvement of young people in the service and building development.

Photography and video content was captured and shared across our social media channels and coverage was engaged with (liked, shared, commented on) by over 5000 individuals over the day.

Website & Intranet Project Update
Further to the update provided to the Board in December, following a review of current site performance we have developed new homepages for both sites to make some initial improvements to usability ahead of future redevelopment. A new homepage design will be live w/c 20th January and Intranet w/c 27th January.

We are now working with our supplier to move the site to an updated platform.

Media
Media Round Up
- Eight articles were posted on the Trust's external website between 12 December and 14 January 2019. Total news page views were up 30% on the previous period with news of Inspire, Health Trainers and our Winter Pressures campaign drawing visitors to site.

Positive media highlights include:
- Framework partnership to provide £600k of mental health funding for schools (Infrastructure Intelligence)
- Healthy New Year in East Riding & North Yorkshire Adult Weight Management Success (Yorkshire Coast Radio)

Current Performance
- **Website**

Despite the improvements needed to the site, over 2019 we attracted 19% more users than in 2018 as well as bringing 20% more new users to the site compared to the previous year.

	2018	2019	% change
Users	9,211	11,421	+24%
Sessions	11,428	13,996	+22%
Page Views	24,860	27,527	+11%
Bounce Rate *	66%	69%	+4%

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

- **Intranet**
  Current performance

Since September 2019 we have seen rapid increases in the traffic to our intranet sites. Traffic to the site has doubled over the year with improvements to global traffic to site from Trust global emails has risen by 535% on the same period last year with 178 visits driven to content from the weekly bulletins compared to 28 in the same period in 2018.

Performance over period	2018	2019	% change
Users	2,570	9363	265%
Sessions	12,463	46925	276%
Page Views	27043	101244	274%
Bounce Rate *	62%	64%	3%

- **Social Media**

Performance over period

Impressions	Engagements	Link Clicks	Growth
109,845	23,658 (+308% on previous period)	1,576 (+532% on previous period)	1150%

- Posted content including the open day of the new CAMHS inpatient unit, Inspire led to a significant increase in impressions, engagement, and followers across social media.
- Followers on facebook increased 14% over period
- Videos have been viewed across our social channels were viewed 2,543 times over the period.

Campaign support

Key campaigns over this period included:

We led a system wide winter mental health campaign supported by NHS and local partners (local councils, emergency services) to support the national NHS winter pressures campaign. Post shared on #wellnesswednesday each week shared useful advice from our clinicians and professionals on steps you can take to support your mental health over winter. The campaign reached over 12,000 people on social media and was well supported by our stakeholders.

The team are working with the Practice Manager to support the merger of Hallgate and Chestnuts surgeries in Cottingham. We have produced communications to inform staff and patients of surgery changes, such as a clinical system merge, through the use of the Trust website, social media, print and text messaging. We are also supporting the name change, with a shortlist of names generating over 300 responses in the first evening it was shared.

Key Dates:

- The 2020 Annual Members Meeting will be held on Thursday, 24 September 2020, Kingston Suite, KCOM Stadium, Hull
- The 2020 Staff Awards will be held on Thursday, 1 October 2020, Mercure Grange Park Hotel, Willerby

7 Health Stars Update

Performance

The 2018/19 Accounts were approved by the November Charitable funds committee and represent further steps forward for the charity, the accounts show an increase in revenue which put us in a proactive position for 19/20 - 20/21 to further invest in our people and services above and beyond core NHS responsibility.

Impact Appeal

The Impact Appeal has raised £301,708.99 as of the end of December. We're delighted with the success of the appeal and the way is has exceeded our ambitious £300k target. We continue to receive great feedback from colleagues and donors about the Health Stars involvement and impact on the overall project. We are all delighted to see the project come to life as the funds raised are invested and patients and their families enter the service this month.

A special thank you to Smile and Barclays for choosing us to benefit from their annual ball raising in excess of £18k for Health Stars with over 300 people from the community of Hull and East Yorkshire in attendance.

The Next Appeal

I'm pleased to update you that the Health Stars team has spent quality time in Whitby in the last three months connecting with Whitby colleagues, governors and local fundraisers to plan enhancements across the site in 2020/21 financial year. We are of course mindful of the positive progress in other services that will require the Health Stars sparkle, so please don't be afraid of coming forward with suggestions for appeals for 2020 and beyond.

Event Plan

There is a full and exciting event plan prepared for 2020 from table tennis to the three peaks! that we are keen to see involvement from colleagues but in a way that allows you to choose to be involved with what suits best. I'm also please to say that plans are coming together well for my next CEO Challenge in June which will further enhance the CEO engagement fund to invest into teams.

Thank you to all who have engaged with the charity in the last year. Keep the wishes coming!

Michele Moran
Chief Executive
January 2020

Title & Date of Meeting:	Trust Board Public Meeting - 29 January 2020				
Title of Report:	Publications and Policy Highlights				
Author/s:	Name: Michele Moran Title: Chief Executive				
Recommendation:	To approve		To receive & note		
	For information	x	To ratify		
Purpose of Paper:	To update the Trust Board on recent publications and policy.				
Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date	
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team	15/1	
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		
Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	I. Older people encouraged to ditch "stiff upper lip" approach to mental ill health NHS England II. Shifting the mindset: a closer look at NHS complaints III. Measuring progress: Commitments to support and expand the mental health IV. £40 million investment to reduce NHS staff login times Department of Health & Social Care V. Speaking up in the NHS in England: the work of the National Guardian and NHS England				

Monitoring and assurance framework summary:

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

Risk	√			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	

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

Older people encouraged to ditch "stiff upper lip" approach to mental ill health NHS England 13 January 2020

NHS England and Age UK have joined forces in a campaign to encourage older people to access treatment for mental health conditions, as new analysis shows a majority of older people do not seek help. New data reveals that more than six in 10 people in the UK aged 65 or over have experienced depression and anxiety. Of these, more than half did not seek help as they thought 'they should just get on with it' and nearly a quarter relied on support from friends or family.

NHS talking therapies – delivered through world-leading programme Improving Access to Psychological Therapies (IAPT) – for common mental illnesses, have high recovery rates, with more than nine in ten people getting care in good time. Despite effective treatment for mental health problems being available across the country, only around one in ten (13%) of people surveyed by Age UK said they would put their mental health before their physical health, with ingrained attitudes towards mental health a possible factor in preventing older people from seeking help for emotional problems.

The campaign aims to boost the number of older people getting the help they need by writing to GPs to urge them to look out for the symptoms of mental health problems in older people, along with making them aware of the NHS support services available. Although the NHS is treating more people for depression and anxiety than ever before – with the Long Term Plan expanding access to talking therapies for hundreds of thousands more people – evidence shows that older people aren't always seeking the help they need. This comes despite evidence showing they have virtually the same chances of recovery and less chance of their wellbeing deteriorating than their younger counterparts after a talking therapy treatment. As part of wider drive to address inequalities in access to mental health care, the NHS Long Term Plan will also help local areas ensure that talking therapy services meet the needs of older carers and people living with dementia and frailty, including those in care homes.

Lead: Chief Operating Officer

This is clearly a key campaign and links directly with our own IAPT service and the wider work we are undertaking to develop primary mental health care provision as part of our CMHT transformation work. This will be consider within our Transformation Programme Board and by the Mental Health Divisions Clinical Network

Shifting the mindset: a closer look at NHS complaints Healthwatch England 15 January 2020

Hospitals need to do more to show patients how the NHS is learning from mistakes. Read our latest report to find out more.
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20191126%20-%20Shifting%20the%20mindset%20-%20NHS%20complaints%20.pdf

There has been some positive change in the years following the Mid Staffordshire Inquiry to improve openness and transparency in the NHS. Yet when it comes to

complaints, many hospitals are too focused on process rather than demonstrating how they've listened.

Hospitals, indeed the NHS more broadly, need to shift the mindset on complaints. Reporting needs to look beyond the numbers and response times and focus more on how to effectively demonstrate to patients and the public what has been learnt. This is the only way to give the public confidence that their concerns are being listened to and acted on.

Lead: Medical Director

This report has been shared with the Patient Experience Team with a view to discussing at a relevant patient and carer experience forum. In addition, we will make reference to this report in our own annual report to identify further areas for development.

Measuring progress: Commitments to support and expand the mental health workforce in England BMA January 2020

Despite recent investment and a renewed focus on improvement mental health in the Long Term Plan, mental health service in England and across the UK continue to suffer from inadequate staffing and funding in the face of rising demand. This is limiting the ability to achieve parity between mental and physical health. This report highlights the workforce needed.   https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/education%20and%20training/bma%20measuring%20progress%20of%20commitments%20for%20mental%20health%20workforce%20jan%202020.pdf?la=en

Lead: Director of Workforce & Organisational Development

An interesting report that would echo some of the challenges we face within the trust.

£40 million investment to reduce NHS staff login times Department of Health & Social Care 4 January 2020

The new investment in frontline technology will free up thousands of NHS staff hours each day by improving how staff access computer systems. The government will provide £40 million to transform slow login times, one of the main technology frustrations facing NHS staff.

NHS staff currently have to log in to multiple computer programmes when tending to a patient, with each programme requiring its own login details. Some staff need to log into as many as 15 different systems. This can be time consuming, and also requires staff to remember multiple complex passwords or use the same one on multiple systems, which is potentially a cybersecurity risk. The investment will ease the administrative burden on NHS staff, freeing up time for more one-to-one patient care.

The 'logins project' will focus on 3 main areas:
1. working with IT system suppliers to standardise logins and provide multi-factor logins, like finger print access, rather than password-led logins
2. ensuring trusts update their processes to give staff appropriate access permissions for the systems they need to treat patients
3. integrating local and national systems so staff can access the full range of clinical and workforce systems to support their needs

To bridge the technology gap between the NHS and social care, a further £4.5 million will be given to local authorities to develop digital adult social care projects to support the most vulnerable in society to live independently for longer and improve information sharing across the NHS and social care.

To further improve the digital capability of NHS trusts, a new 'digital aspirant' programme will be set up. This will provide funding over several years to assist with digital transformation projects so that trusts can provide safe, high-quality and efficient care. The programme will aim to raise the bar across the NHS by making sure organisations have a core set of capabilities in place.

Lead: Director of Finance

Further guidance is awaited on how the announced funding will be deployed, as further announcements are made and access to resource is known this will be considered and taken forward by the Digital Delivery Group.

Speaking up in the NHS in England: the work of the National Guardian and NHS England January 7, 2020

The National Guardian's Office will be publishing a summary of data on speaking up to Freedom to Speak Up Guardians in NHS trusts and foundation trusts on Tuesday 14th January 2020.   Speaking Up in the NHS in England 2018/19: new report

Lead: Chief Executive

This document has been circulated to the Freedom to Speak Up Guardian to review. Data s produced to the Workforce Committee.

Title & Date of Meeting:	Trust Board Public Meeting – 29th January 2020			
Title of Report:	Performance Report - Month 9 (December)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
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 December 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.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Finance & Investment Committee		Executive Management Team	27/01
	Mental Health Legislation Committee		Operational Delivery Group	21/01
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	**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, IAPT (6 weeks) and Appraisal for which narrative has been provided in the body of the report. *Appraisal* rates are picked up with divisional managers as part of accountable reviews and also within the Operational Delivery Group (ODG). All managers have been reminded of the need to still conduct appraisals that are due for renewal whilst we await the introduction of the new appraisal window - April to June. This will be monitored on a fortnightly basis by the BI team, who will circulate reports to EMT during the 3 month window. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved Financial Plan.

Monitoring and assurance framework summary:

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

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

NHS
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.

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Reporting Month:
Dec-19

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	**Dec 2019**	

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

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

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

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

Humber Teaching NHS Foundation Trust
Integrated Board Report

For the period ending:	Dec 2019

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

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Dec 2019

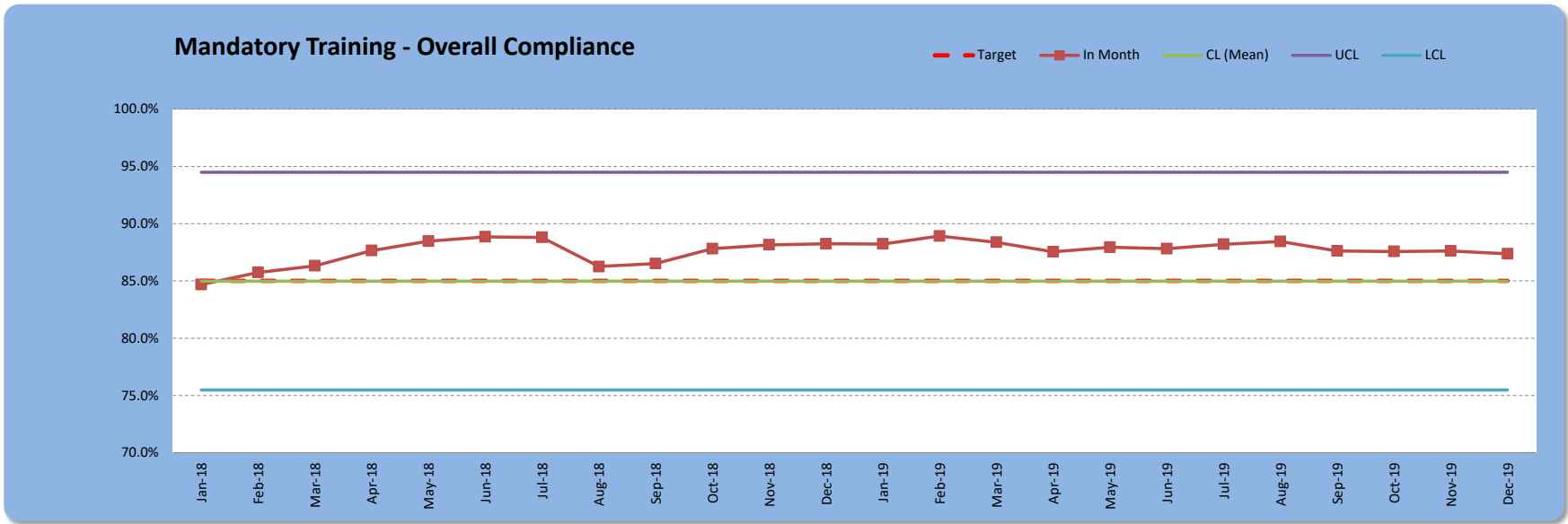| Indicator Title	Description/Rationale		KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Executive Lead Steve McGowan	WL 5

Narrative	
Above Target	

Mandatory Training - Overall Compliance

Legend: Target, In Month, CL (Mean), UCL, LCL

Target: 85%
Amber: 75%

Current month stands at 87.4%

Exception Reporting and Operational Commentary

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

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. There are seven courses below target (IG 91.1%, PATS 69.9%, M&H 84.9%, BLS 69.2%, ILS 78.3%, POVA 77.9% and MHA 73.4%).

Goal 1 : Innovating Quality and Patient Safety

For the period ending: Dec 2019

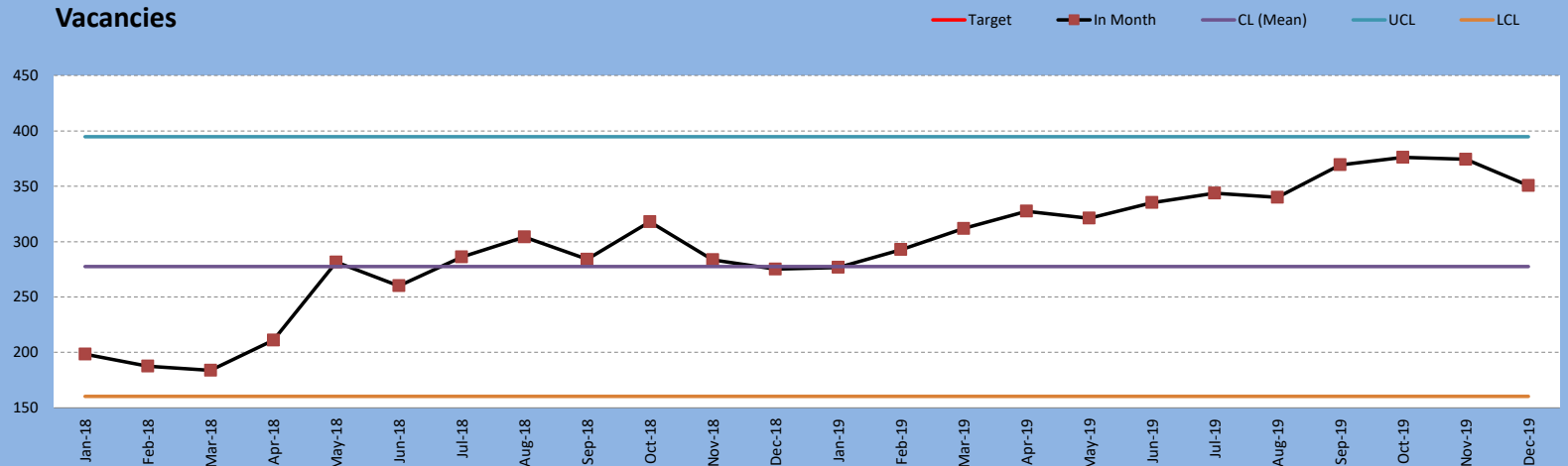| Indicator Title	Description/Rationale		KPI Type
Vacancies (WTE)	Variance between the establishment and actual staff in post. This information is taken from the Trust financial ledger.	**Executive Lead** Steve McGowan	WL 2 VAC

Narrative
within control limits

Vacancies

Legend: Target — In Month — CL (Mean) — UCL — LCL

Target: TBC
Amber: TBC

Current month stands at 350.7

Exception Reporting and Operational Commentary

Qualified nursing (113.3 WTE vacancies of 820 WTE roles) and Consultants/GPs (20.1 WTE of 64.7 WTE roles) represent the most difficult roles to fill. Care Divisions are formulating plans to address vacancies. More information on vacancies is provided to the Workforce and OD Committee.

Breakdown of Vacancies per Division

Vacancies as @ 31/12/19 - Total 350.7 WTE (12.6%)

Vacancy Rates per Division	WTE	%
Mental Health Planned Care	49.9	12.8%
Mental Health Unplanned Care	70.4	14.0%
338 Secure Services	30.1	13.4%
338 Childrens and Learning Disability	78.4	12.6%
338 Community and Primary Care	61.0	11.4%
338 Corporate Services	60.9	11.8%
Trustwide	350.7	12.6%

Percentages are based on the vacancy rates per division not on the Trust vacancies as a whole

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2019**

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

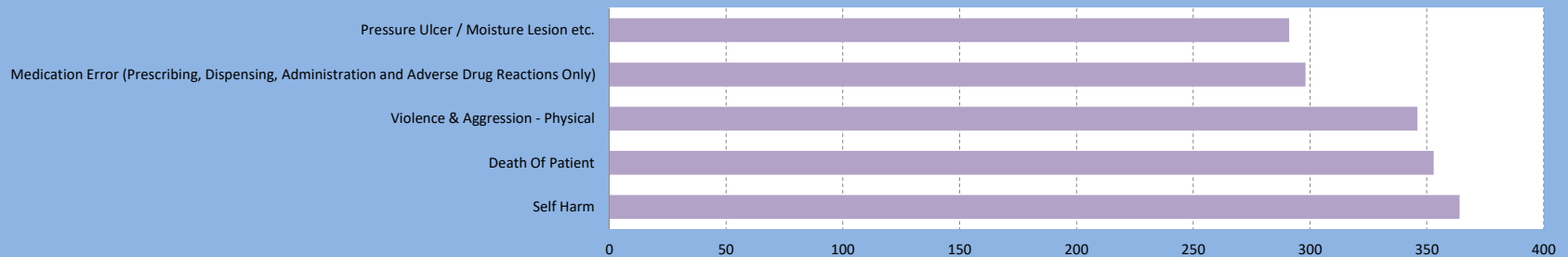| Narrative |
|---|

Within Control Limits

UCL: 740
LCL: 388

Current month stands at 490

Number of Total Incidents Reported

Legend: LCL — In Month — CL (Mean) — UCL
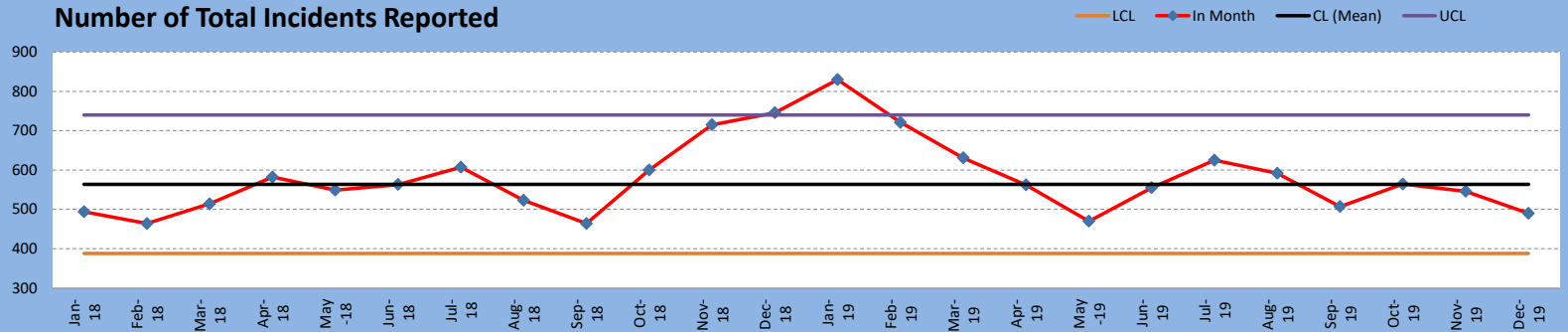
Top five themes of incidents reported in the current financial year (Year to Date)

Top 5 Themes

- Pressure Ulcer / Moisture Lesion etc.
- Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)
- Violence & Aggression - Physical
- Death Of Patient
- Self Harm

Exception Reporting and Operational Commentary

Incident reporting rates across the Trust rates decreased in December when compared to the previous month and remain below the mean reporting rate for the previous two reporting years. For December 2019, 96.9% of the total reported incidents resulted in no harm or low harm. The highest reported category of incident for the month was 'Death of Patient' (inclusive of expected deaths) and of those incidents, 97.7% resulted in no harm or low harm, with 2.3% resulting in death/ catastrophic harm within Trust services. For the year-to-date (April 2019 to December 2019), 'Self-Harm' remains the highest reported category of incident, with 'Death of Patient' (inclusive of expected deaths) the next highest reported and 'Violence and Aggression – Physical' 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: Dec 2019

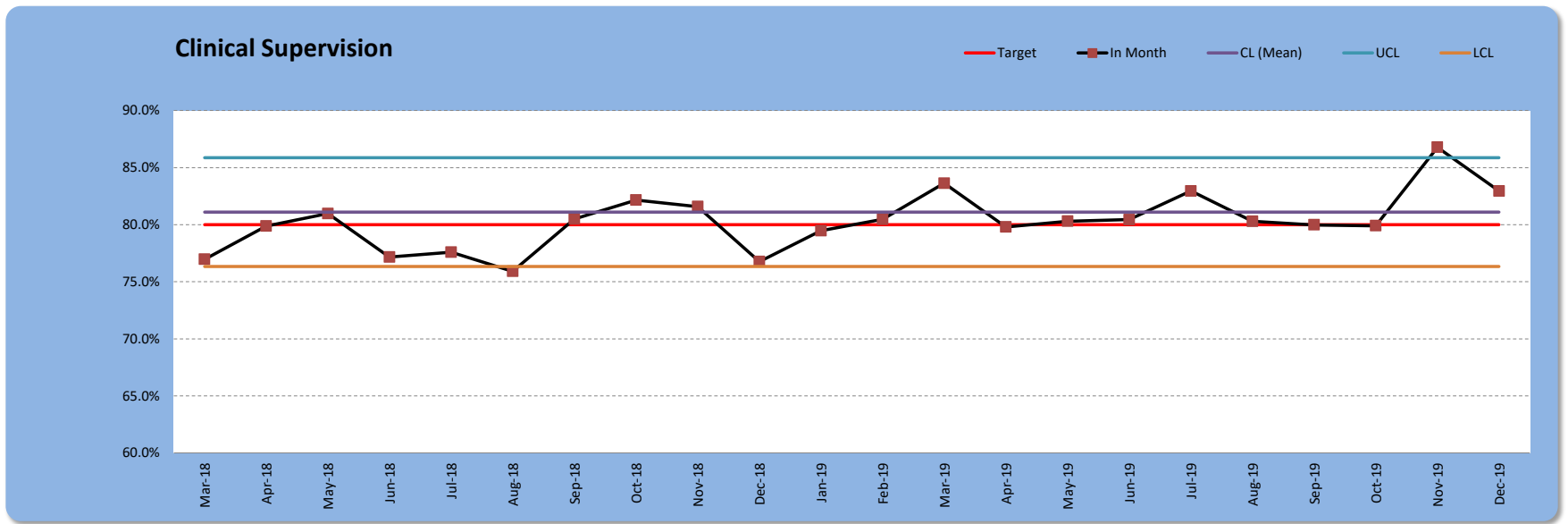| Indicator Title	Description/Rationale		KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Executive Lead Hilary Gledhill	WL 9a

Narrative	
Performance above target	
Target: 80%	
Amber: 75%	
Current month stands at 82.9%	

Clinical Supervision

Legend: Target, In Month, CL (Mean), UCL, LCL

Exception Reporting and Operational Commentary

There has been a slight drop in the compliance rate to 82.9% in December from 86.8% in November but it is still above target. The response rate has improved to 90%. The Humber Centre will be the first area to pilot the recording of supervision onto ESR this will commence once all staff have got access to self service and have received training which is scheduled to be completed by the end of March . Once this is operational it will improve the quality of the reporting.

Business Intelligence

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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING QUALITY DASHBOARD

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

NHS Humber Teaching NHS Foundation Trust

Speciality	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day Registered	Day Un Registered	Night Registered	Night 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)	Oct-19	Nov-19
Adult MH	Avondale	Adult MH Assessment	35.6	77%	13.39	23.7%	↓	5.1%	↓	77%	83%	101%	112%	0	1	0	0	100.0%	90.0%	91.7%	94.4%	65.6%	3.2%	2.2	3	1
Adult MH	New Bridges	Adult MH Treatment (M)	42.0	98%	8.76	7.8%	↓	4.2%	↑	77%	95%	87%	107%	3	4	0	0	50.0%	97.7%	100.0%	100.0%	95.2%	3.8%	3.0	1	2
Adult MH	Westlands	Adult MH Treatment (F)	45.0	101%	8.46	28.0%	↑	9.3%	↑	75%	102%	94%	102%	4	2	0	0	87.5%	89.1%	72.7%	78.3%	75.0%	7.9%	5.6	2	3
Adult MH	Mill View Court	Adult MH Treatment	39.4	90%	9.80	13.3%	↑	7.0%	↑	93%	108%	99%	103%	0	7	0	0	100.0%	90.0%	72.7%	82.4%	90.0%	6.9%	3.8	1	1
Adult MH	Hawthorne Court	Adult MH Rehabilitation	31.6	59%	9.76	28.5%	↑	1.9%	↓	66%	84%	104%	100%	0	3	0	0	82.6%	90.1%	90.0%	100.0%	81.5%	12.2%	0.2	3	2
Adult MH	PICU	Adult MH Acute Intensive	28.7	72%	20.65	24.2%	↑	15.7%	↑	83%	123%	98%	96%	2	3	0	0	100.0%	87.5%	91.7%	100.0%	76.0%	9.5%	6.4	3	1
OP MH	Maister Lodge	Older People Dementia Treatment	37.8	85%	14.92	23.1%	↓	0.0%	→	53%	120%	130%	100%	0	9	0	0	100.0%	88.1%	90.0%	96.6%	83.3%	8.8%	2.0	3	2
OP MH	Mill View Lodge	Older People Treatment	24.8	104%	12.18	14.9%	↓	0.0%	→	86%	82%	100%	100%	0	0	0	0	84.0%	97.4%	91.7%	100.0%	77.8%	9.5%	0.8	3	3
Specialist	Darley	Forensic Low Secure	31.5	88%	12.52	13.5%	↓	5.5%	↑	78%	71%	117%	96%	0	0	0	8	100.0%	96.2%	88.9%	84.6%	72.7%	7.6%	3.0	1	3
Specialist	Derwent	Forensic Low Secure	28.9	96%	13.56	30.4%	↑	5.8%	↑	95%	105%	100%	116%	1	1	0	1	93.8%	92.8%	77.8%	91.3%	68.8%	6.7%	2.8	0	2
Specialist	Ouse	Forensic Low Secure	24.8	97%	7.01	15.5%	↓	4.1%	↑	91%	82%	100%	100%	1	1	0	14	100.0%	97.3%	88.9%	94.7%	85.7%	13.7%	2.4	2	2
Specialist	Swale	Personality Disorder Medium Secure	31.1	67%	14.23	33.3%	↑	0.0%	→	79%	110%	100%	131%	0	0	1	0	100.0%	92.0%	80.0%	88.2%	74.1%	9.0%	2.0	1	2
Specialist	Ullswater	Learning Disability Medium Secure	37.8	67%	18.06	40.1%	↓	0.0%	→	74%	121%	100%	97%	0	2	0	7	100.0%	91.8%	72.7%	88.2%	85.7%	13.6%	0.0	2	2
LD	Townend Court	Learning Disability	43.3	64%	19.70	28.6%	↑	0.0%	→	59%	97%	50%	127%	2	7	0	0	93.5%	90.8%	83.3%	95.8%	64.9%	8.2%	3.9	4	4
LD	Granville Court	Learning Disability Nursing Treatment	55.0	Not Avail	n/a	27.4%	↑	0.0%	→	114%	92%	101%	101%	0	0	0	n/a	96.1%	91.3%	63.6%	74.3%	55.6%	8.0%	0.0	2	3
CH	Whitby Hospital	Physical Health Community Hospital	48.2	78%	8.36	0.0%	→	0.0%	→	96%	116%	100%	102%	2	0	0	n/a	97.4%	92.1%	65.0%	63.2%	85.4%	6.0%	0.0	0	2
CH	Malton Hospital	Physical Health Community Hospital	28.2	86%	6.72	Not on eRoster	→	Not on eRoster	→	79%	79%	106%	79%	0		0	n/a	64.5%	72.4%	68.8%	0.0%	17.9%	12.5%	2.4	3	4

Exception Reporting and Operational Commentary

Overall the performance of all the teams has declined slightly with the exception of Avondale which has improved and PICU and MVC which have remained stable. Maister's fill rates have dropped from October but do not take into account the additional resource of the pharmacy technicians and Nursing associate roles . Most teams are showing an improved or stable position in relation to fill rates with the exception of Townend Court and Hawthorn Court. Townend Court has fill rates below agreed targets for registered nurses on days and nights. However their low bed occupancy means they have good CHPPD rates at 19.70 . Hawthorn Court has below target fill rates for both RN and unregistered on days but overall their CHPPD remains acceptable at 9.76 . The CHPPD figures are all above target with the exception of Ouse. A review of their minimum staffing levels has been based on the dependency of the patients on the unit which is low and their fill rates against these minimum levels are OK . Sickness remains an issue with only two teams achieving the trust target within the month. Malton has deteriorated with respect to their fill rates overall and a slight drop in their CHPPD. They still need further improvement in relation to clinical supervision, PADR and Training- They have gone from 86.4% compliance for BLS in October to 0% compliance in November as all of the HCAs lapsed at the same time. Training is scheduled for February and March so compliance will improve and additional sessions will be offered for smaller numbers and delivered on the unit . ILS training is being delivered on site and further supervision training has been arranged to increase capacity for 1:1 supervision being offered. Vacancies and sickness are contributing to the number of shifts where there is only one registered nurse on duty and this is having a significant impact on PADR compliance. Additional agency staff have been recruited but will only work nights . The service manager and modern matrons are working closely with the charge nurse to address ongoing issues . AHPs and pharmacy technicians and nursing associates are working on several of the units and a piece of work has commenced to ensure all of this additional capacity will be built into the e roster reporting going forward.

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

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

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

Registered Nurse Vacancy Rates

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
13.60%	13.90%	13.40%	12.50%	14.30%	17.10%	16.80%	18.60%				

Slips Trips and Falls

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Maister Lodge	3	4	1	2	4	3	4	3	2	0	0	0	26
Mill View Lodge	1	3	1	2	0	2	0	4	4	0	0	0	17
Whitby	1	3	10	4	3	2	3	5	6	0	0	0	37
Malton	4	3	3	3	4	4	2	2	8	0	0	0	33

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

Quality Dashboard

Mortality Dashboard	Quarter 3

Description : Learning from Mortality Reviews

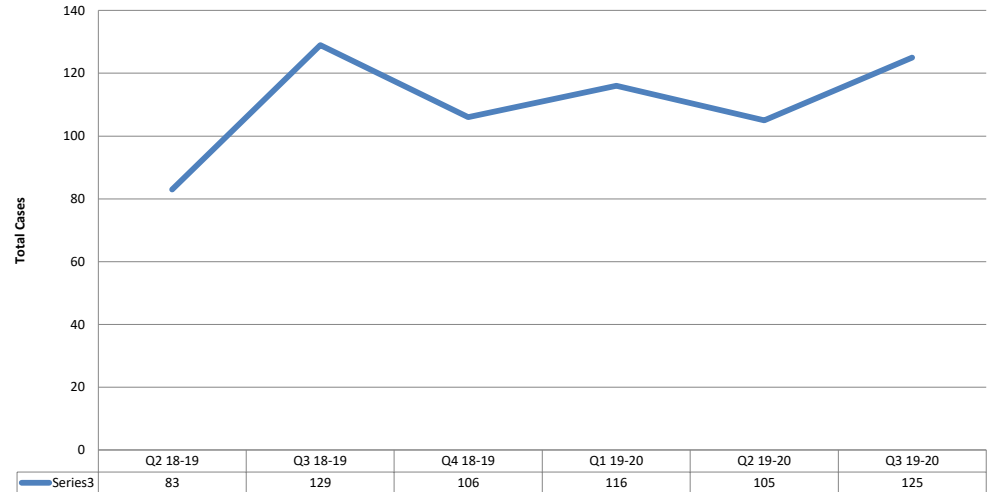| Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review |
|---|

Total Number of Deaths and Deaths Reviewed
(does not include patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2019/20	116	105	125		346
Total Number of Natural Deaths	103	94	110		307
Proportion of Natural Deaths	88.8%	89.5%	88.0%		88.7%
Total Number of Deaths - Community Hospitals	27	28	33		88
Total Number of Deaths - MH Inpatients	0	1	3		4
Total Number of Deaths - LD Inpatients	0	1	1		2
Total Number of Deaths - Forensics Inpatients	0	0	0		0
Total Number of Deaths - All Community excl. MH	55	45	45		145
Total Number of Deaths - MH Community	9	9	8		26

Review Process					
Reported as Mortality Review	0	2	0		2
No Further Action - Reviewed by CRMG / Safety Huddle	107	92	103		302
No Further Action - Expected Death	0	0	0		0
Reported as Serious Incident	3	3	6		12
Reported as SEA	2	1	2		5
	0	0	0		0
	0	0	0		0
Total Deaths Reviewed	112	98	111		321
Not Yet Reported	0	0	7		7
Awaiting Cause of Death	3	6	6		15

Total Number of Deaths per annum

	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20	Q2 19-20	Q3 19-20
Series3	83	129	106	116	105	125

Outcome of Death Reviews

Legend:
- Reported as Mortality Review
- Not Yet Reported
- No Further Action - Reviewed by CRMG / Safety Huddle
- No Further Action - Expected Death
- Reported as Serious Incident
- Reported as SEA

Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Number of LD Deaths in Inpatients	0	1	0		1

Key Messages/Learnings:- Deaths/Mortality

There has been a slight increase in the number of SIs declared within the quarter but as these are such small numbers it is not possible to state if this is a significant departure from the normal distribution of SIs declared over time. Going forward the number of deaths overall will be reported using a statically process chart- this will be possible as we will have sufficient longitudinal data relating to Scarborough and Ryedale. There have been 3 deaths in the Mental health in patient units within the quarter, all subject to a detailed SI process. The number of deaths in December awaiting an outcome following the original datix being submitted will include those where additional information has been requested including requests for initial incident reviews and those awaiting review of the death report at CRMG.

PI RETURN FORM 2019-20

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 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
Within lower control limit by 1.6%

Friends and Family - Recommendation

Legend: Target — In Month — CL (Mean) — UCL — LCL

Target: 90%
Amber: 80%

Current month stands at 87.5%
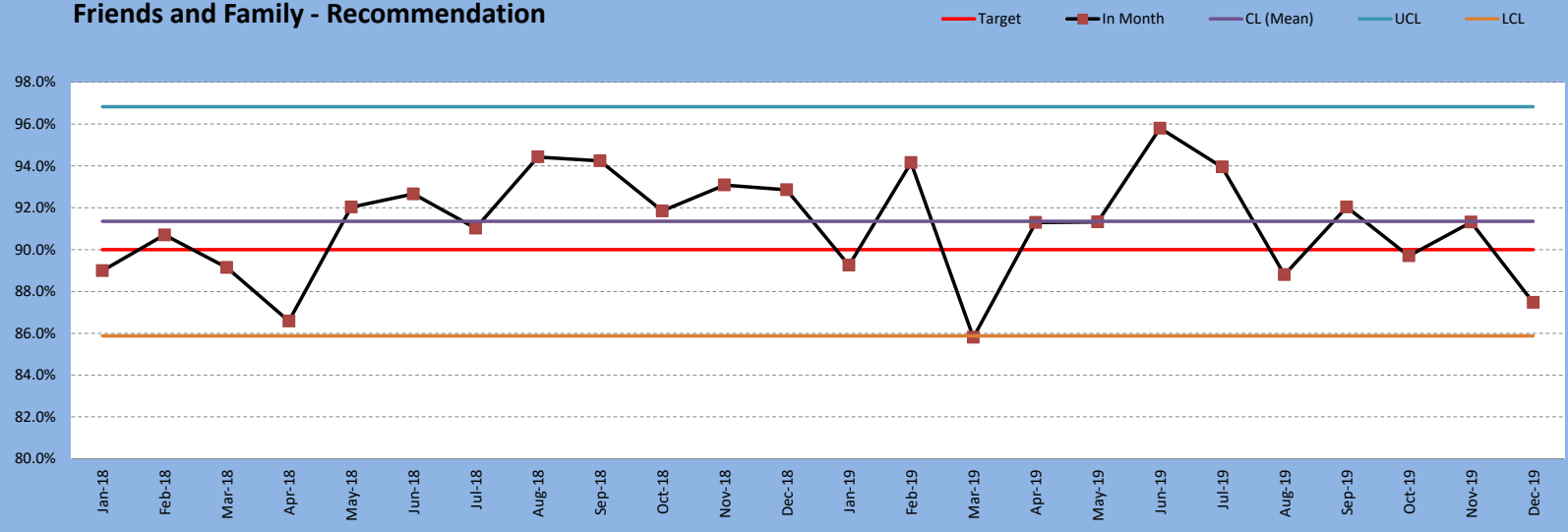
Exception Reporting and Operational Commentary

For December 2019, the percentage of people who would recommend our services to their friends and family is 87.5%, this is 2.5% below target. While there has been a drop in terms of 2.5%, it is within normal statistical variation. As with previous months, GP practices are the key reason for the percentage reduction this month. Initiatives are currently being implemented in our practices, these include improving access to appointments.

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: "Thinking about the service we provide, 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". A new survey form has been coproduced and is also available in easy read format. It is currently going through the approval process.

Business Intelligence

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

The number of Friends & Family returns received for December is:

782

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 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 98.2%
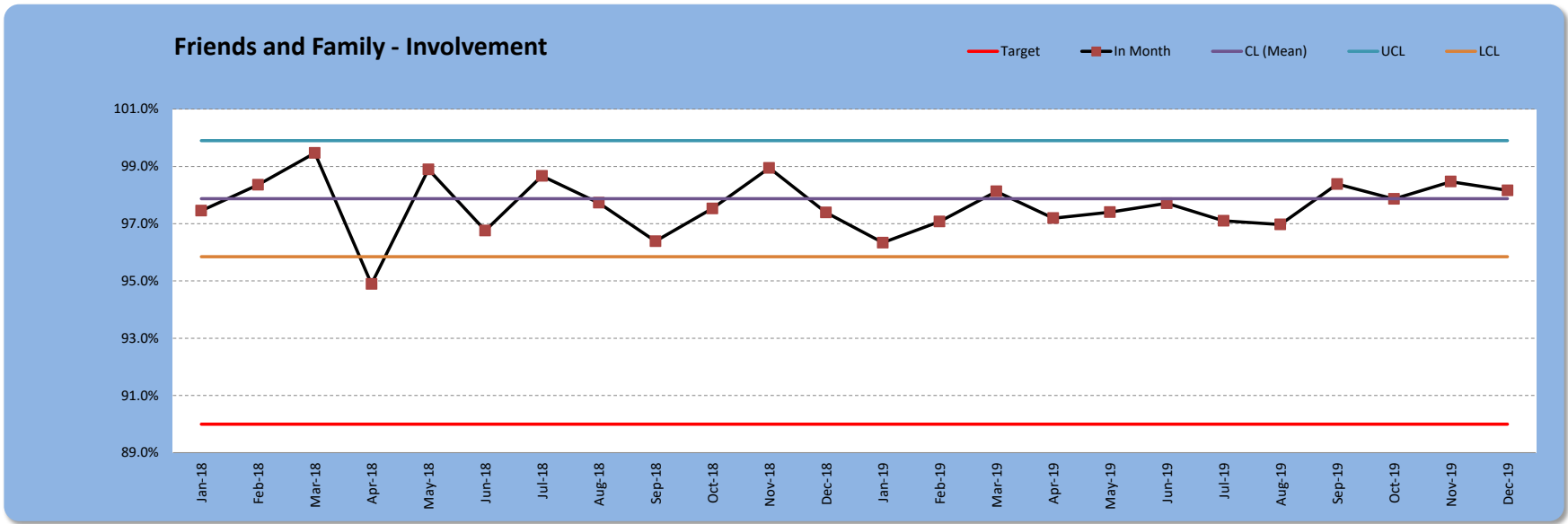
Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a current month score of 98.5%. 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: Dec 2019

Indicator Title	Description/Rationale		
CPA 7 Day Follow Ups	This indicator measures the percentage of patients who were on CPA and had a follow up within seven days of discharge	**Executive Lead** **Lynn Parkinson**	OP 12

Narrative
Above Target

CPA 7 Day Follow Ups

Legend: Target — In Month — CL (Mean) — UCL — LCL

Target: 95%
Amber: 85%

Current month stands at 100.0%

Exception Reporting and Operational Commentary

No breaches in December.

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

Business Intelligence

CQUIN - 3 day follow up process
91.2% of follow ups in achieved for December.

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 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 increase and above target

Target: 95%
Amber: 85%

Current month stands at 97.4%

CPA Reviews

Legend: Target · In Month · CL (Mean) · UCL · LCL
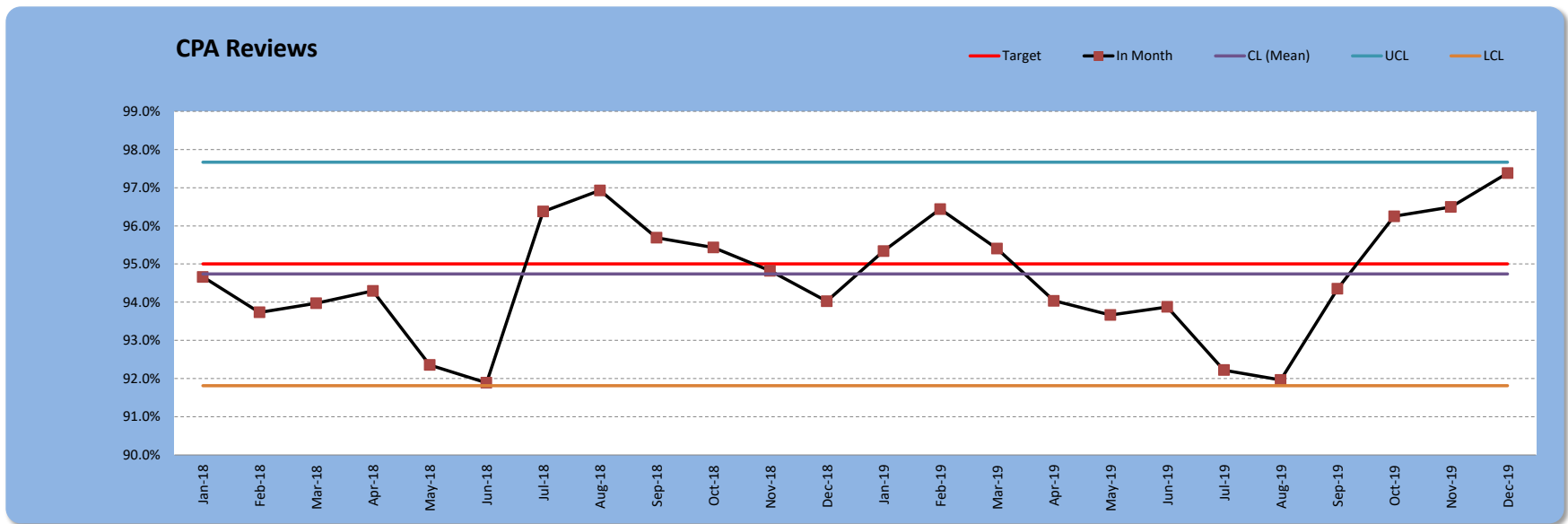
Exception Reporting and Operational Commentary

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

Business Intelligence
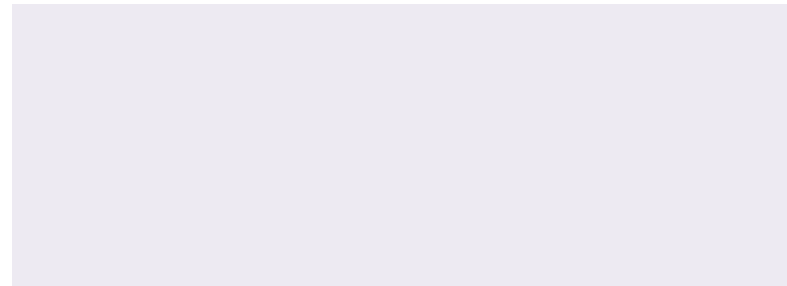
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 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
Slight improvement on previous month

Target: 95%
Amber: 85%

Current month stands at 93.7%
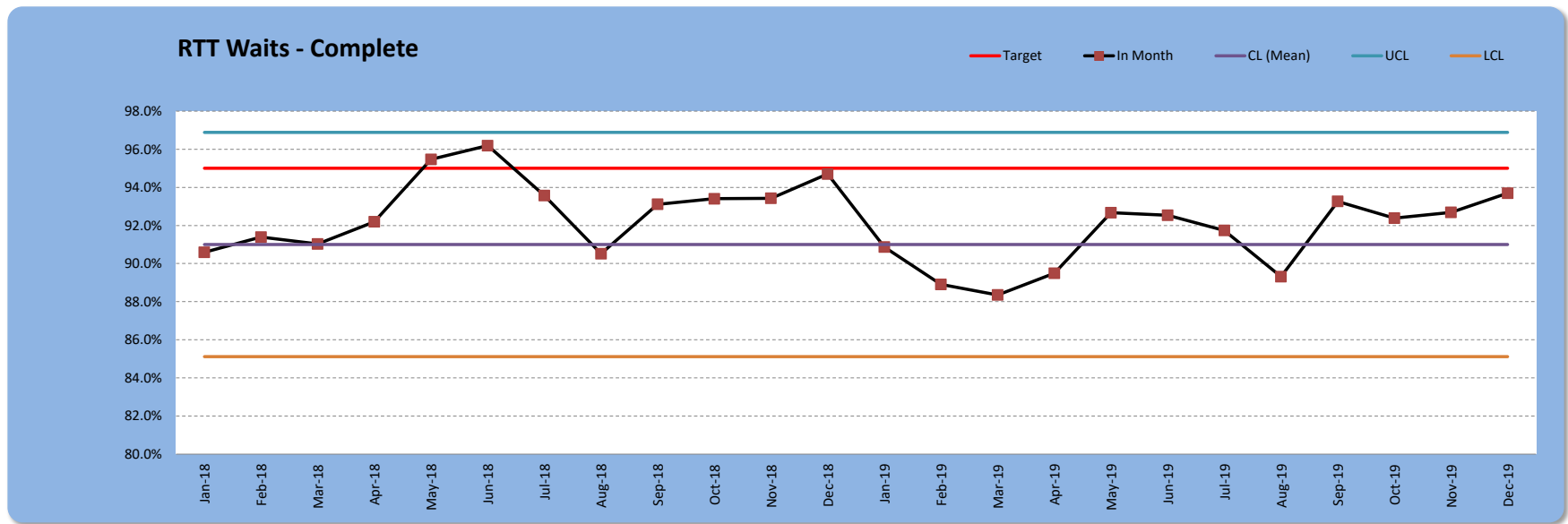
RTT Waits - Complete

Legend: Target — In Month — CL (Mean) — UCL — LCL

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 and accountability reviews 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
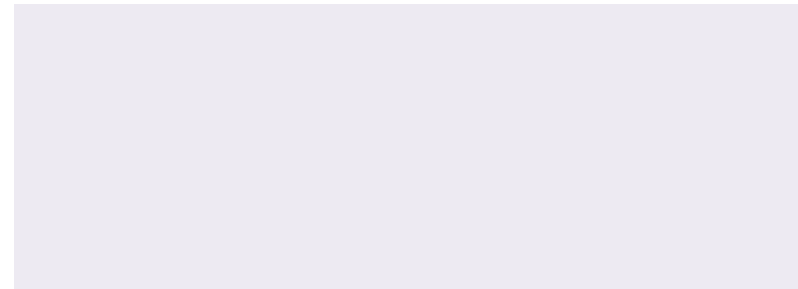
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 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 deterioration from previous month	
Target: 95%	
Amber: 85%	
Current month stands at 69.5%	
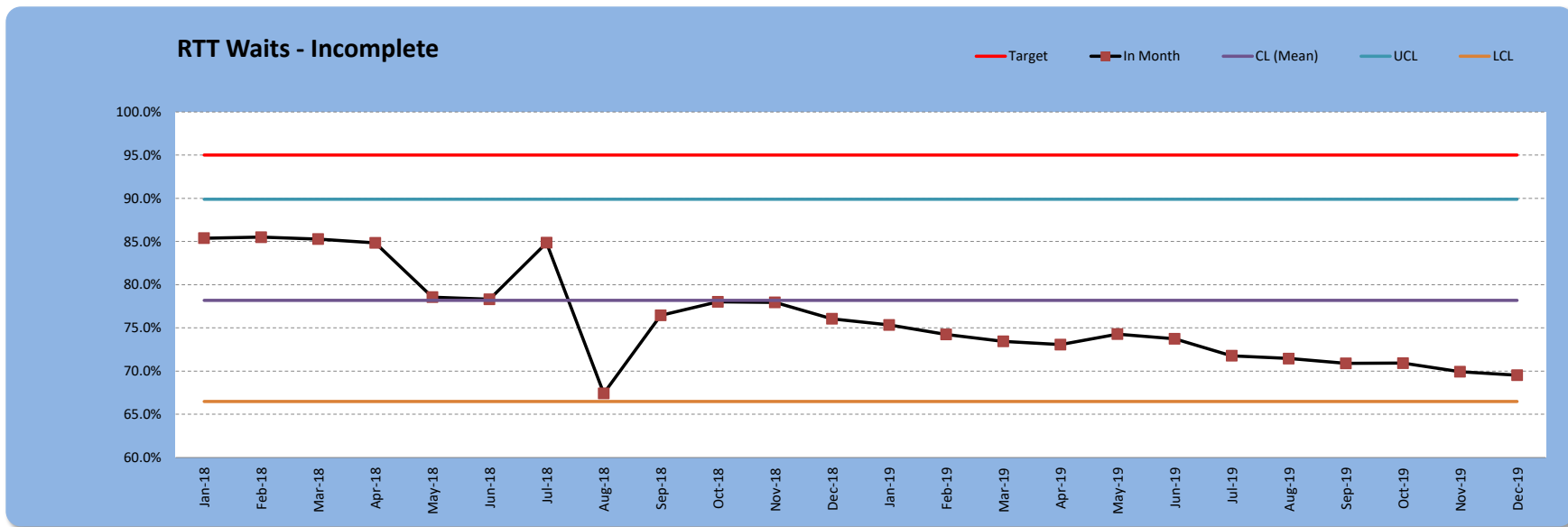
Exception Reporting and Operational Commentary

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. The Interim Deputy COO has been tasked to undertake a deep dive into all of the services with waiting times over 52 weeks in order to make recommendations as to where our operational processes can be strengthened further to improve the position.

Business Intelligence

During Dec-19 we have seen the number of patients waiting reduced from 8564 to 8064. Also the 18 week and 52 week waiters have reduced by 361 and 19 respectively.

The services with the greatest number of patients waiting >52 weeks:-

Paediatric ASD - 558 (Increased by 10 from the previous month)
CAMHS - 236 (reduced by 13)
Adult ASD - 167 (reduced by 12)
S&R - 24
MH Specialist Services - 4
Learning Disabilities - 1

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: Dec 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 (17) on number waiting over 52 weeks	

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

Target: 0
Amber: 0

Current month stands at 265
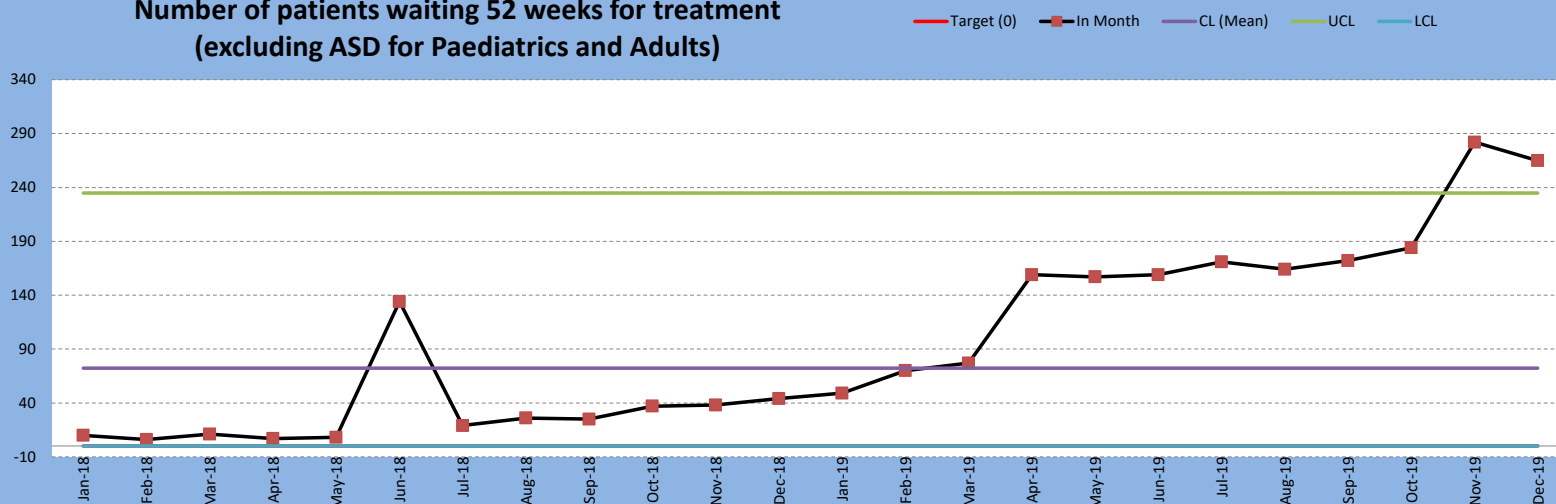
Exception Reporting and Operational Commentary

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.

A significant number of those over 52 week waits are on the ADHD pathway and are a consequence of the paediatric medical transfer from CHCP to HUTH and significant movement from those previously reported under 52 weeks who are now over 52 weeks. Additional capacity is being agreed with commissioners to manage this. In terms of paediatric ADHD we have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway. This runs from December 2019 to end of March 2020.

Business Intelligence

The action on the ASD waiting lists is explained in more detail on the following three slides

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

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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
Reduction of 12 when compared on the previous reporting period.

Target: 0
Amber: 0

Current month stands at 167

Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL
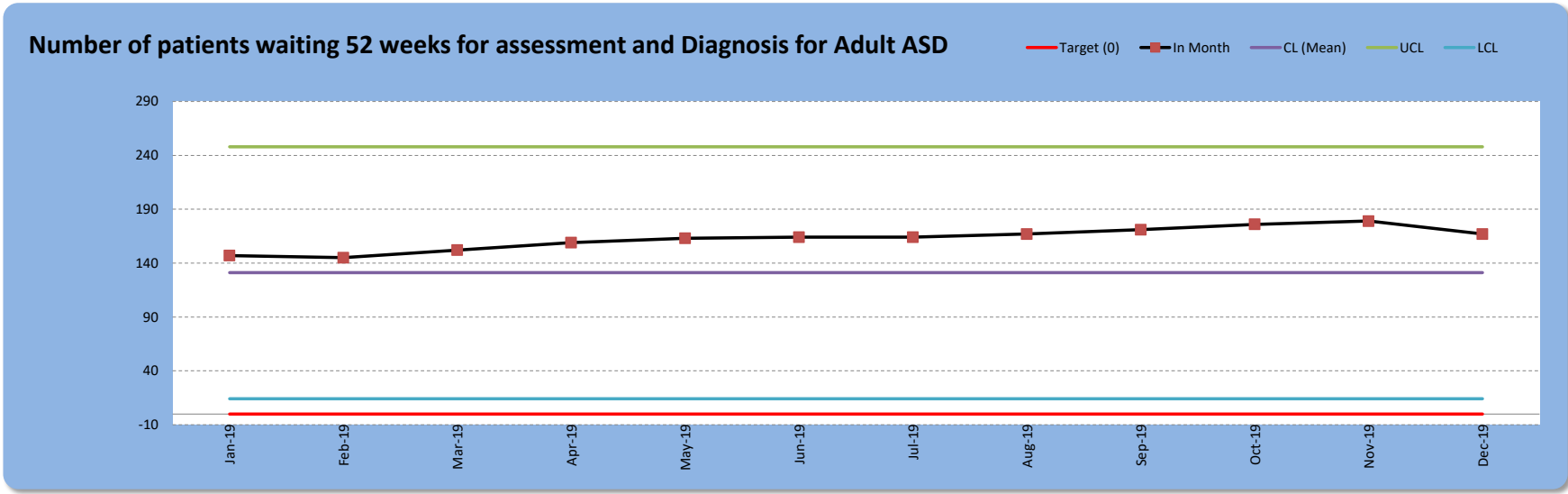
Exception Reporting and Operational Commentary

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

Business Intelligence

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec**   **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 558

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD

Legend: Target (0), In Month, CL (Mean), UCL, LCL
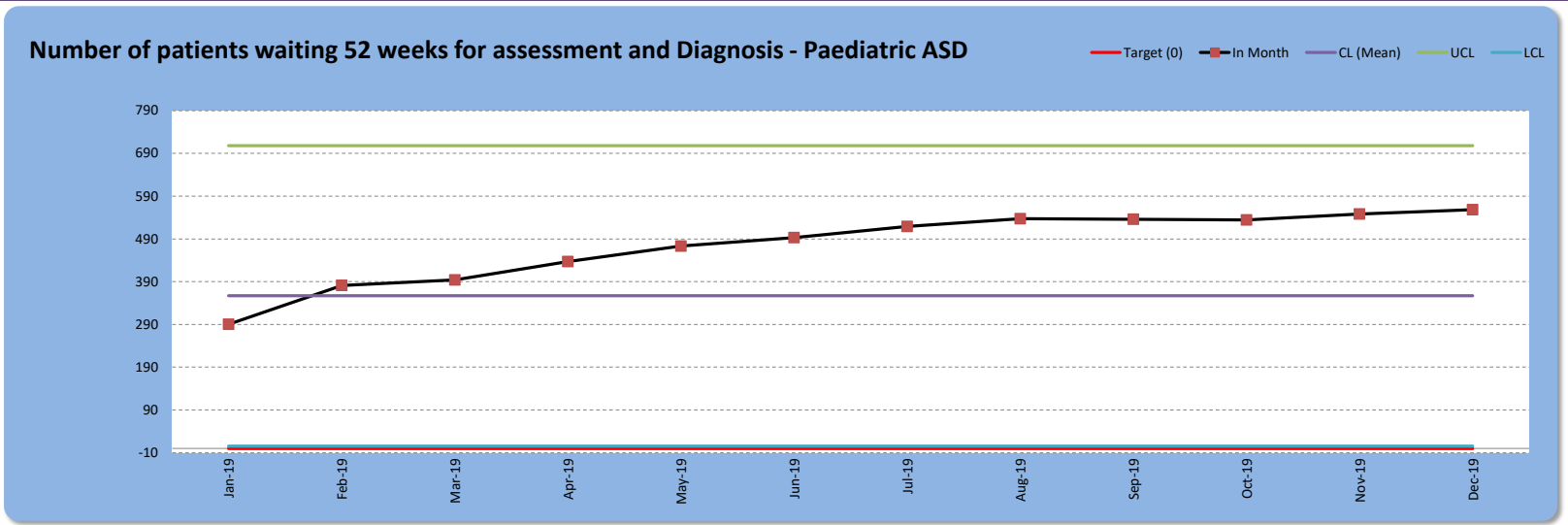
Exception Reporting and Operational Commentary

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 criminal justice system which has resulted in a marked drop in those waiting less than 12 weeks. We have agreed with commissioners to re balance the prioritisation process for those waiting over 52 weeks. The overall waiting list has now reduced further in December 2019. The numbers waiting 0 -13 weeks appears to be reducing, however this is due to reduced referrals following pre-screening not because they are being prioritised over long waiters. The consequence of this is that the number waiting over 52 weeks continues to rise. CCG have invested further additional capacity from the 3rd sector which will be mobilised without delay.

East Riding:
All ER posts are now recruited to and have commenced. The overall waiting list in ERY has also reduced further in December as has the number waiting over 52 weeks.

Hull and East Riding:
The overall autism waiting list for both localities are now reducing. We have successfully bid for some waiting list monies which includes additional capacity for the ASD pathway. This runs from December 2019 to end of March 2020. Ongoing requests for prioritisation from commissioners is based on clinical risk, this means that the 52 week waiters will not necessarily reduce at the same rate as the overall waiting list. Both waiting lists are continuing to reduce, however there is a small net increase in those waiting over 52 weeks in Hull only.

Business Intelligence
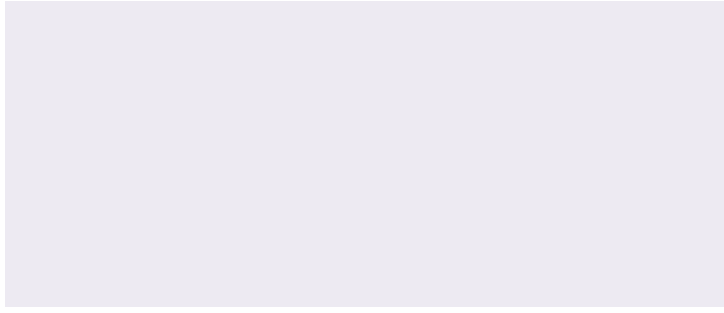
PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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
Reduction of 13 since last month

Target: 0

Amber: 0

Current month stands at 236

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS
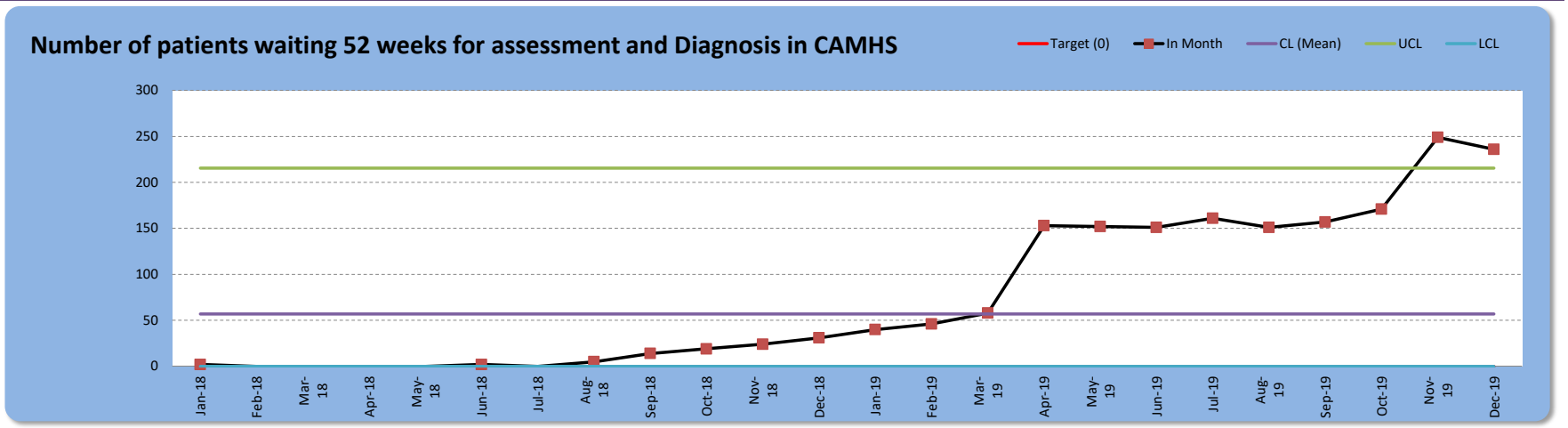
Exception Reporting and Operational Commentary

The increase in those waiting over 52 weeks in November 2019 are a consequence of the second tranche of ADHD cases transferred from CHCP (total 151 of which a significant number have been waiting over 52 weeks). Future performance reports will be amended to reflect their date of transfer rather than original referral, so this number will reduce.

Hull: 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. We are a placement site for trainee psychologists who , under the supervision of Clinical Psychologists, pick up a non-complex caseload and undertake evidence based interventions. Temporary bank staff and an agency CBT therapist are being used as a part of a waiting list initiative.
The Helios contract has now been mobilised over 52 weeks and are now picking up families. Commissioners have also agreed to fund additional contact point capacity via Mind. The majority over 52 week waits in Hull are ADHD (also 3 anxiety cases and 3 conduct).

East Riding: There are currently no young people waiting over 52 weeks in ERY on the CAMHS or ADHD pathways. The waiting list initiative has had a positive impact with additional weekend CBT clinics.

Hull & East Riding: We have successfully bid for some waiting list monies which includes additional capacity for the ADHD pathway and those on the anxiety pathway who are long waiters and complex cases. This runs from December 2019 to end of March 2020. This initiative is expected to have a targeted impact on those waiting over 52 weeks in this report.

PI RETURN FORM 2019-20

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 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 71.4%

EIP - Seen within 14 days

Legend: Target — In Month — CL (Mean) — UCL — LCL
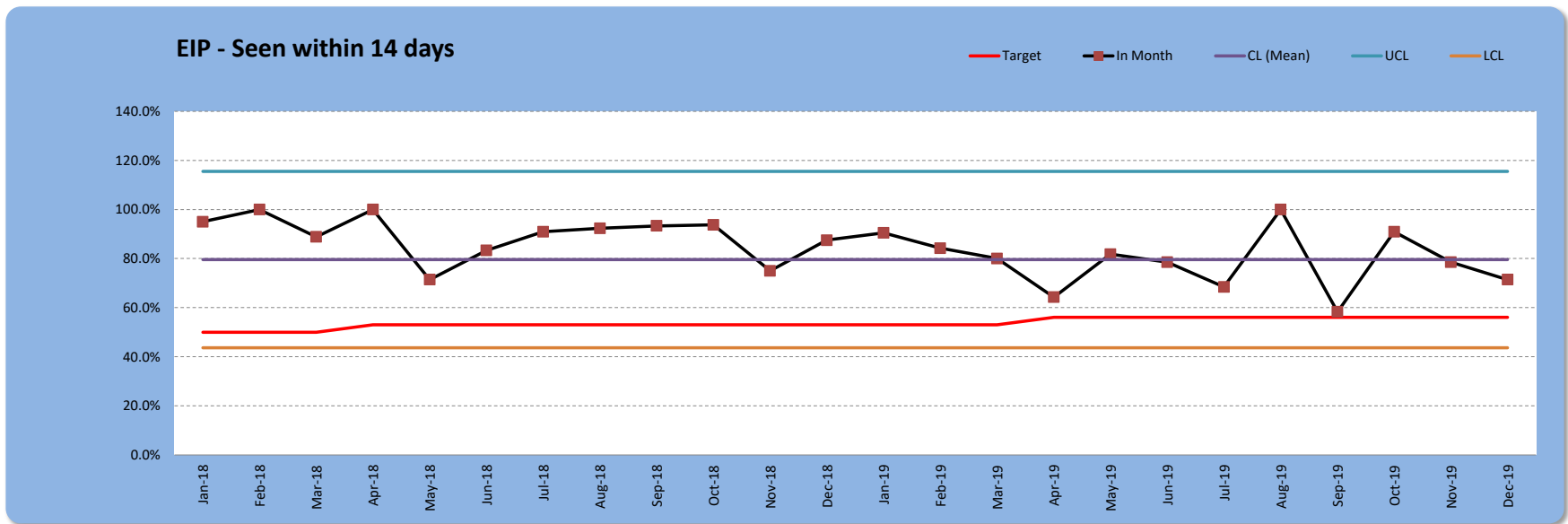
Exception Reporting and Operational Commentary

The service has achieved the requirement for the number of patients to be seen within 2 weeks..

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: Dec 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 91.9%
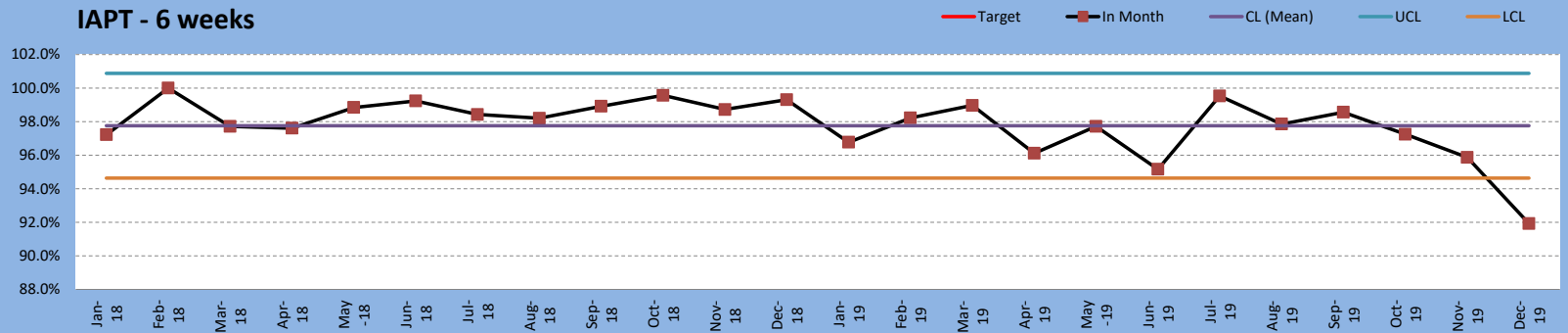
Narrative	
Target Achieved	

Target: 95%
Amber: 85%
Current month 100.0%
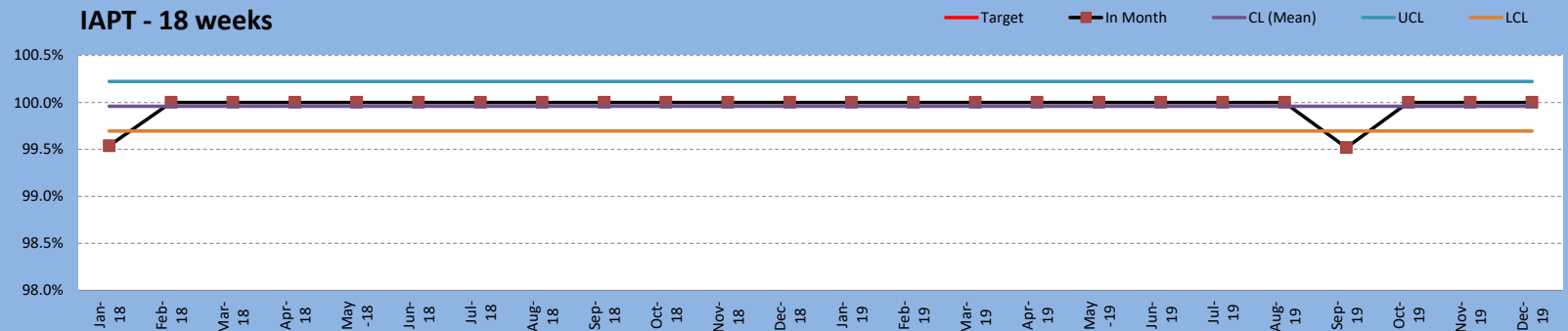
Exception Reporting and Operational Commentary

The service has met and exceeded the standard in the month to see new referrals at 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. From December 2019 the Trust became the lead provider for the IAPT contract in ERY.

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: **Dec 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 60.4%

IAPT - Moving to Recovery

Legend: Target — In Month — CL (Mean) — UCL — LCL
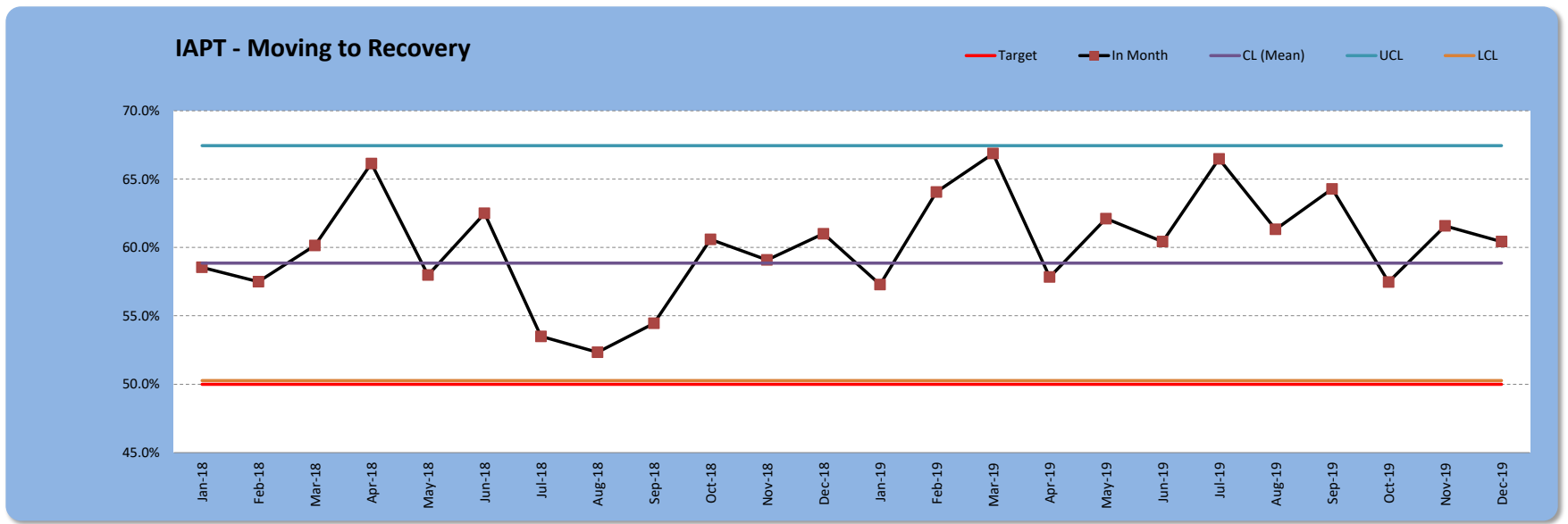
Exception Reporting and Operational Commentary

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: **Dec 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
2 admissions in the reporting period.

Target: 0
Amber: 1

Current month stands at 2

Admissions of Under 18s to Adult Wards

Legend: Target — In Month — CL (Mean)
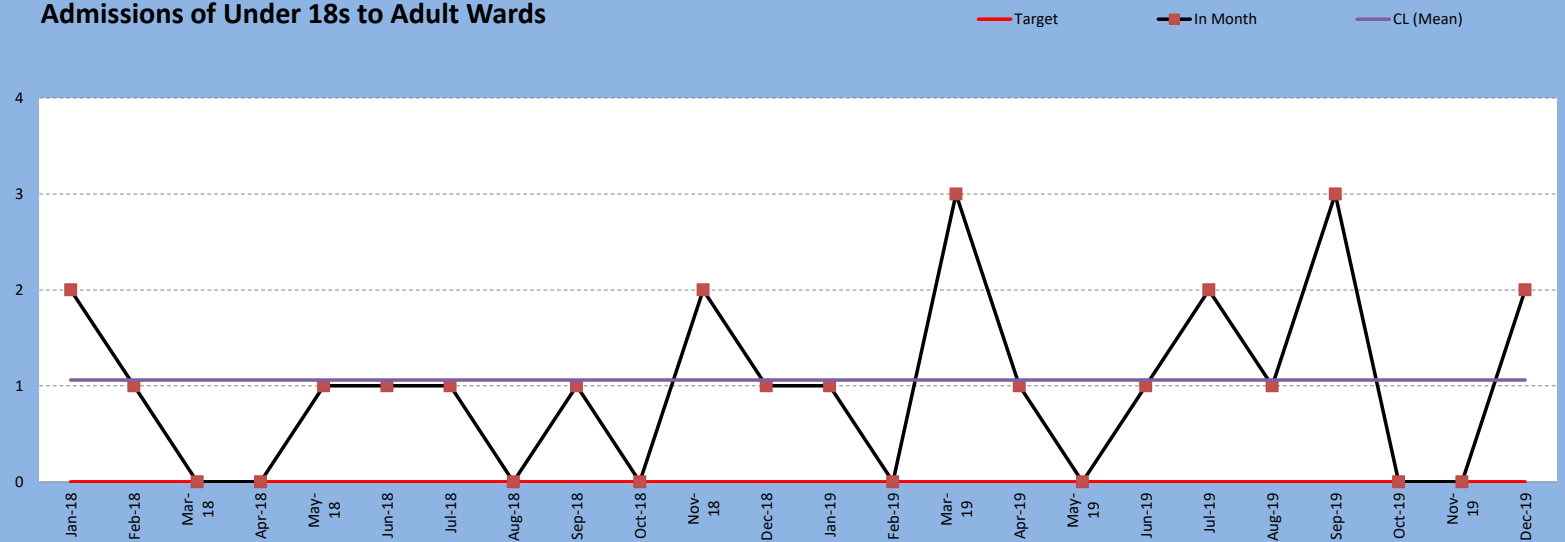
Exception Reporting and Operational Commentary

There were 2 admissions in December. The new CAMH's in patient unit will open for admissions at the end of January 2020. Initially these admissions will be focussed on repatriating young people who are in out of area beds however the unit will reduce the need to admit young people to adult beds. Meanwhile we continue to work to avoid unnecessary admissions by intensively supporting young people in the community where we can.

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 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

Increase of 19 days, but remains weel below the trajectory

Target: 250
Amber:

Current month stands at 26

Out of Area Placements - Days

Target — In Month — CL (Mean) — UCL — LCL
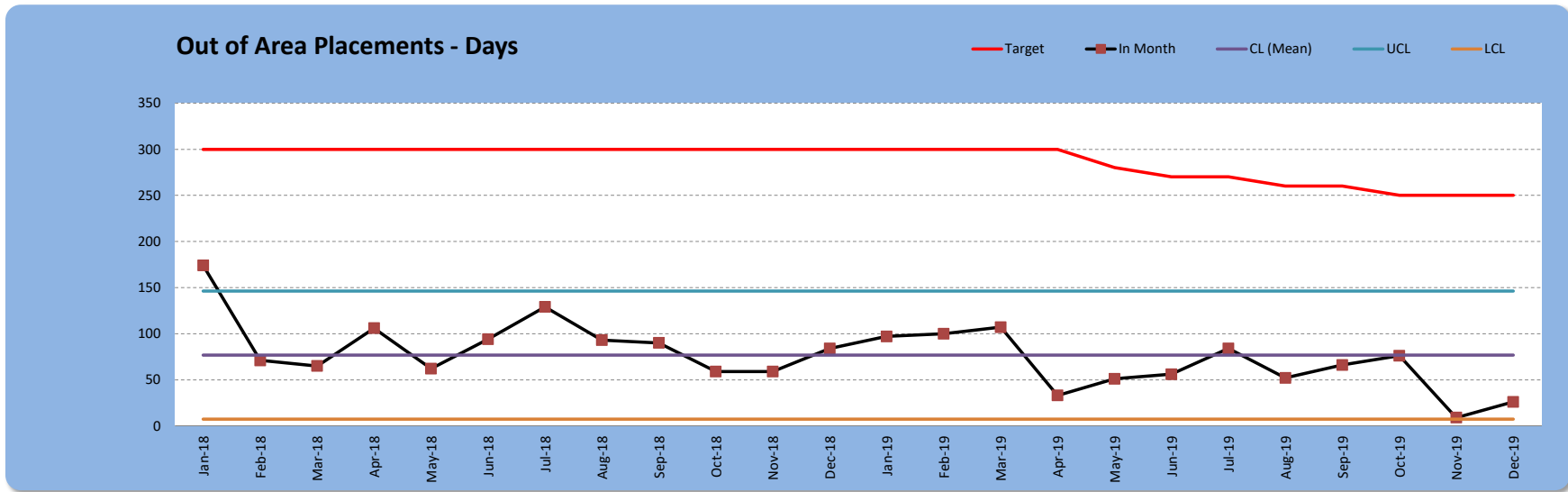
Exception Reporting and Operational Commentary

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.There was a rise in the demand for older peoples beds in December and focussed working is taking place to manage this.

Split of Speciality and Reasons in current month

Patients out of area in month   2

Unavailability of bed	6
Safeguarding	0
Offending restrictions	0
Staff member/family/friend	0
Patient choice	0
Admitted away from home	20

Adult	20
OP	6
PICU	0

PI RETURN FORM 2019-20

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 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 within target

Delayed Transfers of Care - Mental Health

Legend: Target — In Month — CL (Mean) — UCL — LCL

Target: 7.5%
Amber: 7.0%

Current month stands at 6.2%
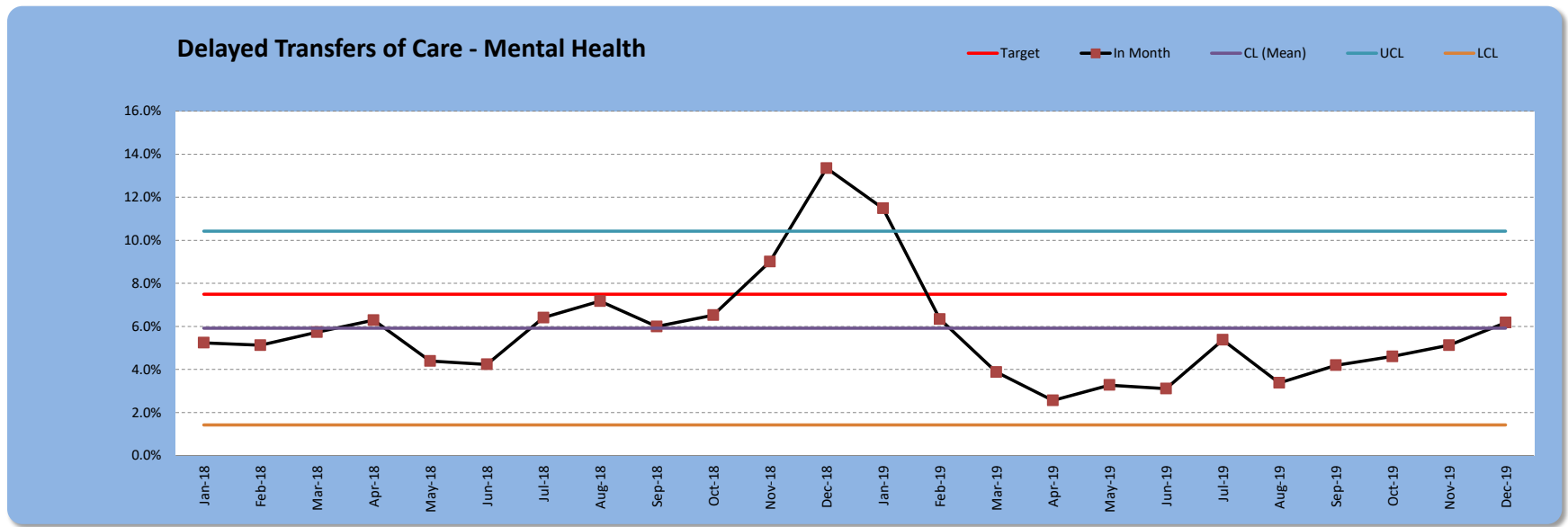
Exception Reporting and Operational Commentary

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

Business Intelligence

There were 258 delayed days in mental health during December. This is an increase of 45 days when compared to the previous month but still well within scope. Seven patients in Older People's and five patients in Adult services.

Learning Disabilities	0.0%
Community Hospitals	8.1%

Top five reasons:

Awaiting residential home placement or availability	154
Disputes	30
Housing - Awaiting supported accommodation	28
Awaiting nursing home placement or availability	24
Awaiting further non-acute (including PCT and mental health) NHS care (including intermediate care, rehabilitation services etc)	22

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: Dec 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%

Current month
5.1%

Sickness Absence chart. Legend: Target, In Month, CL (Mean), UCL, LCL, Rolling 12M
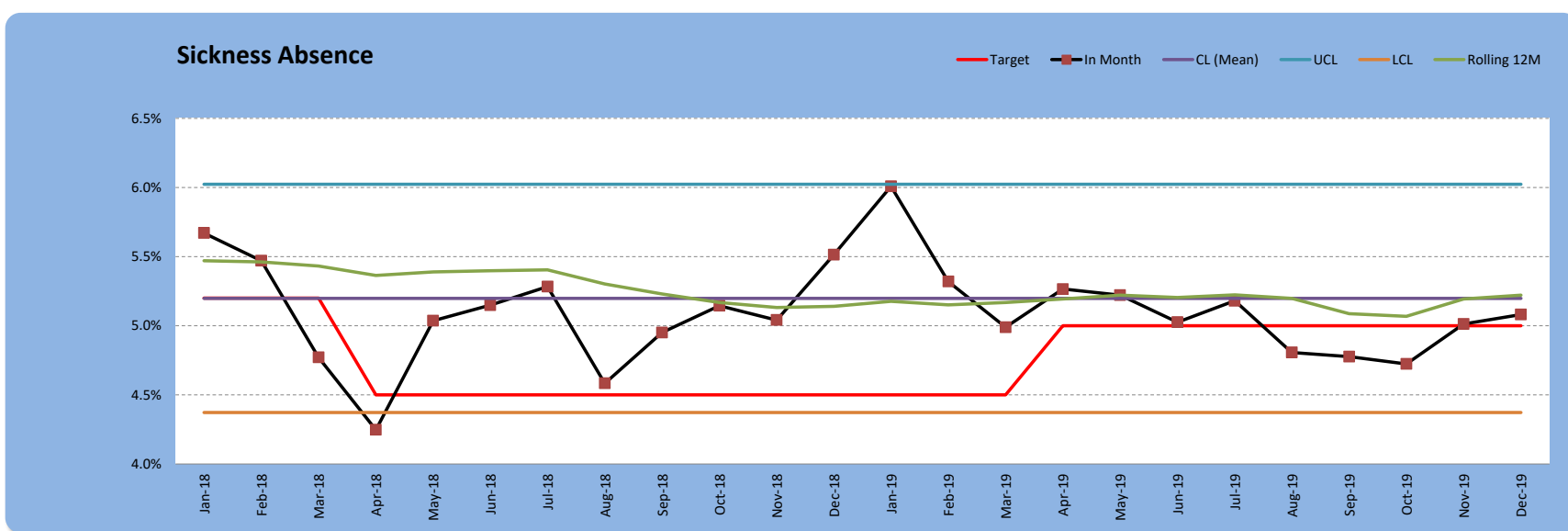
Exception Reporting and Operational Commentary

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. National median sickness figure for comparable trusts is 5.08%. More detailed information regarding sickness is provided to Workforce and OD Committee.

Trustwide - Dec
5.1%
Rolling 12m
5.2%
WTE
2436.69

Business Intelligence (previous month)

Care Group Split Below	Dec %	Rolling 12m	WTE
Secure Services	7.31%	7.55%	195.93
Adult MH Planned	5.76%	5.97%	240.53
Adult MH Unplanned	5.05%	5.94%	345.08
OP MH Planned	6.17%	6.68%	98.17
OP MH Unplanned	7.76%	4.71%	84.27
Community Services	5.17%	5.63%	378.49
Children's Services	3.90%	4.23%	360.48
LD Services	4.45%	5.30%	179.73
Corporate Split Below	Dec %	Rolling 12m	WTE
Medical	10.07%	5.79%	31.39
Human Resources	5.81%	4.56%	50.34
Finance	4.30%	3.19%	104.32
Nursing and Quality	3.81%	4.23%	37.23
General Practices	2.01%	1.86%	101.50
Chief Executive	2.74%	2.50%	17.27
Chief Operating Officer	4.46%	4.12%	211.96

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 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
Within target

Target: 0.83%
Amber: 0.70%

Current month stands at 0.6%

Staff Turnover - Monthly
Legend: Target, In Month, CL (Mean), UCL, LCL
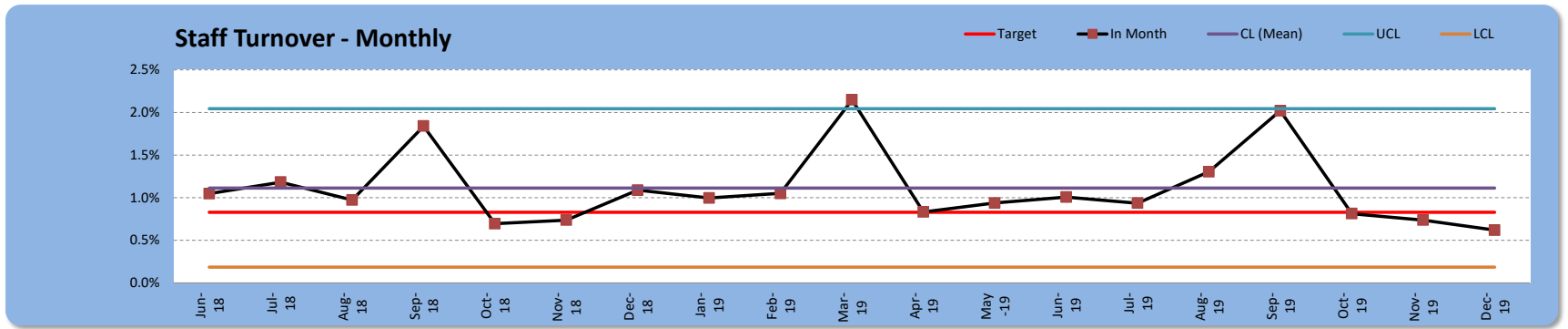
Narrative
Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.0%

Staff Turnover - Rolling 12 months
Legend: Target, In Month, CL (Mean), UCL, LCL
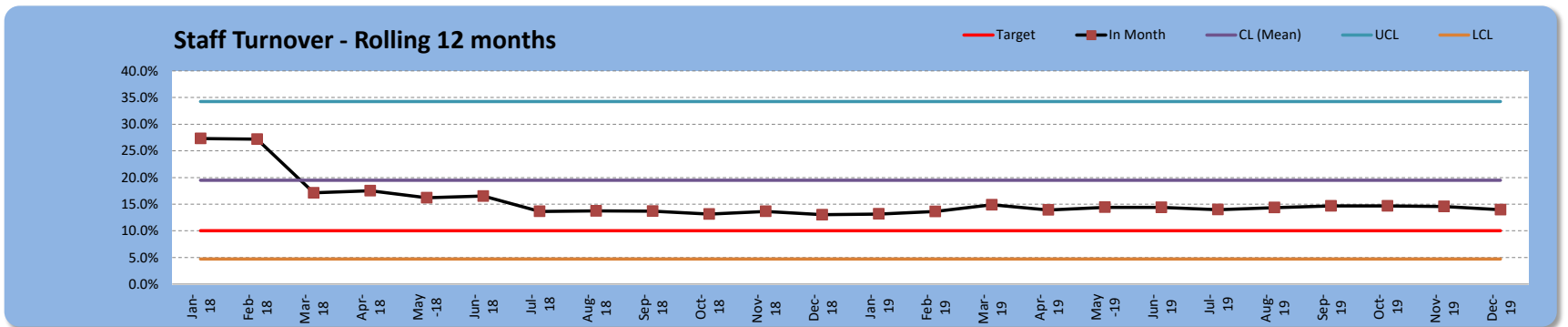
Exception Reporting and Operational Commentary

The Trust is actively trying to recruit to vacant posts within the Trust, and encourages retire and return where possible. Care Divisions are working up recruitment and retention plans to address vacancies and turnover in their areas. More detailed information on turnover is provided to the Workforce and OD Committee as part of the Workforce Insight Report.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Voluntary Resignations	127
Retirement	70
Work Life Balance	52
Other	13
End of Contract	8
Total	270

PI RETURN FORM 2019-20

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 2019**

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

Narrative	
in month target not achieved	
Current month stands at 71.3%	

Chart: Appraisals - Staff employed with minimum 12 month tenure (Target, In Month, CL (Mean), UCL, LCL) — Jan-18 to Dec-19
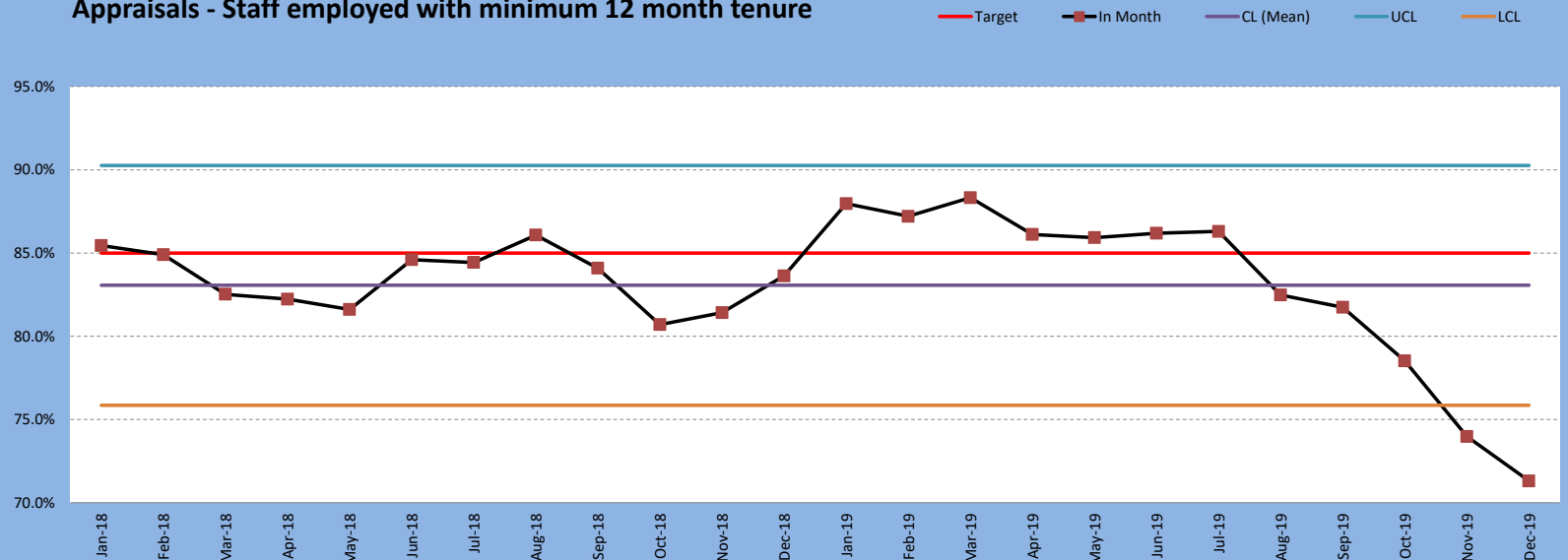
Exception Reporting and Operational Commentary

Appraisal rates are picked up with divisional managers as part of accountable reviews and also within the Operational Delivery Group (ODG). All managers have been reminded of the need to still conduct appraisals that are due for renewal whilst we await the introduction of the new appraisal window - April to June.

Business Intelligence
Care Group and Corporate Splits Below

Divisional Split	Dec-19
Corporate	81.7%
Childrens and LD	60.1%
Primary Care	66.6%
MH Planned	68.6%
MH Unplanned	73.7%
Secure Services	88.2%

Chief Exec	92.3%
Finance	86.4%
Human Resources	88.9%
Medical	84.4%
Nursing and Quality	75.7%

PI RETURN FORM 2019-20

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 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 £11,740 ,000

Cash in Bank (£000's)

Legend: ■ In Month — CL (Mean) — UCL — LCL
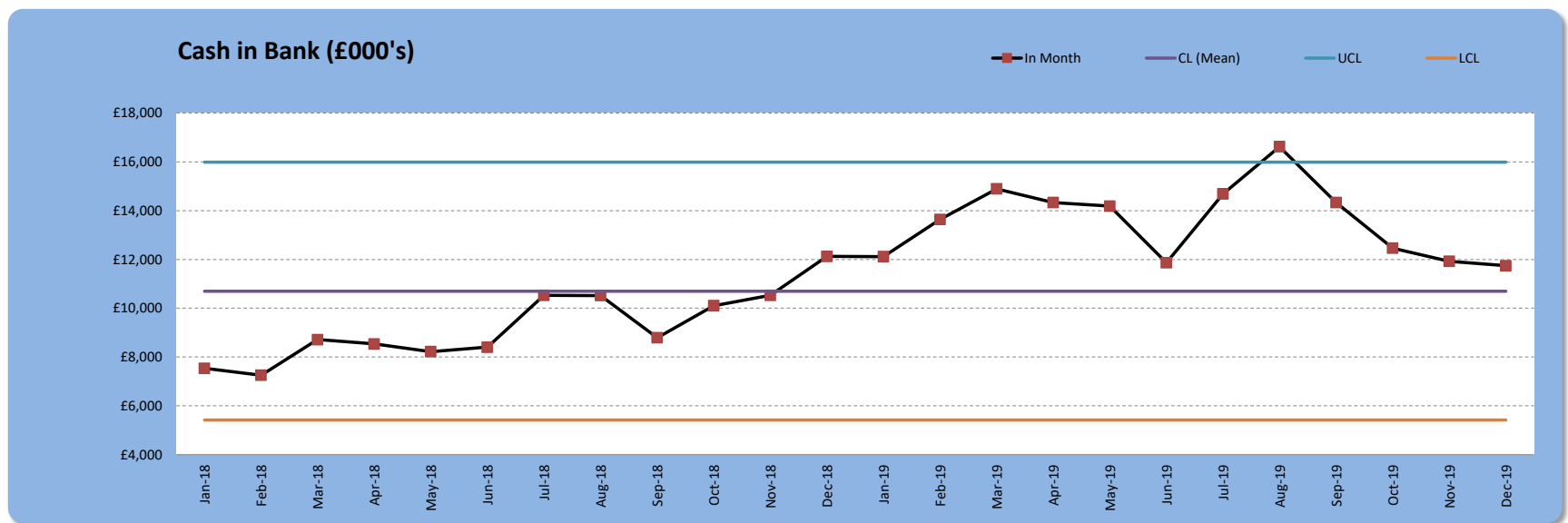
Exception Reporting and Operational Commentary

As at the end of December 2019 the Trust cash balance was £11.740m.

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

The cash balance includes central funding for the CAMHS and LCHRE capital projects where there are timing difference between receipt and expenditure, the underlying cash balance in the Trusts Government Banking Service Account was £11.298m.

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: **Dec 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

Resource Score

Legend: Target, In Month, CL (Mean), UCL, LCL
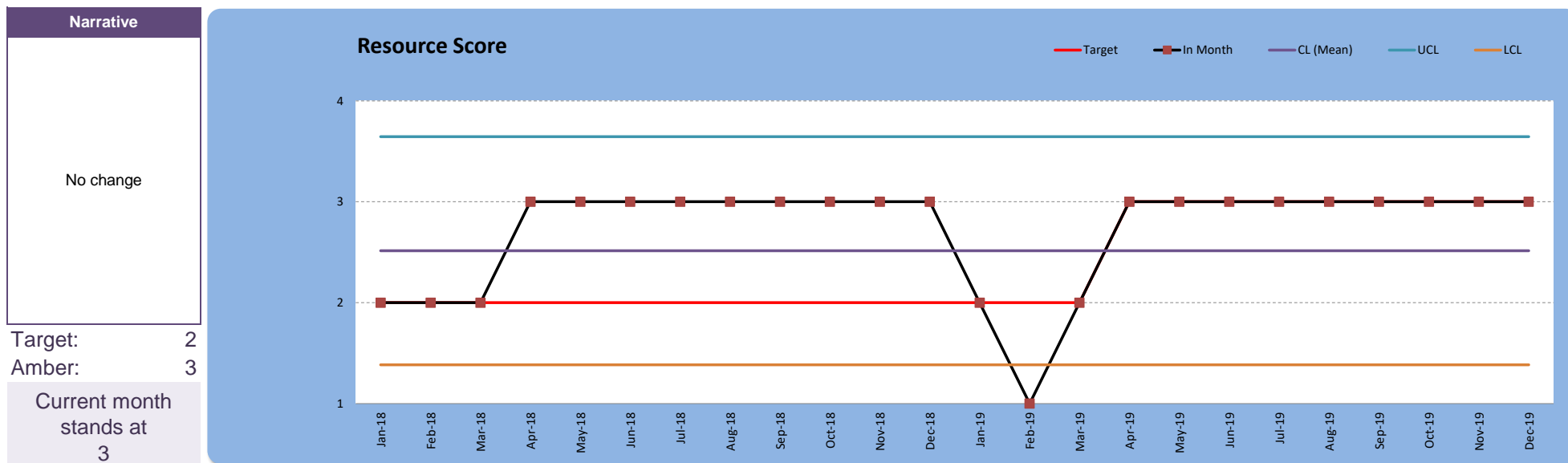
Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score in December 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: **Dec 2019**

		KPI Type
Indicator Title	**Description/Rationale**	
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 £67 ,000

Income and Expenditure - Actual (£000's)
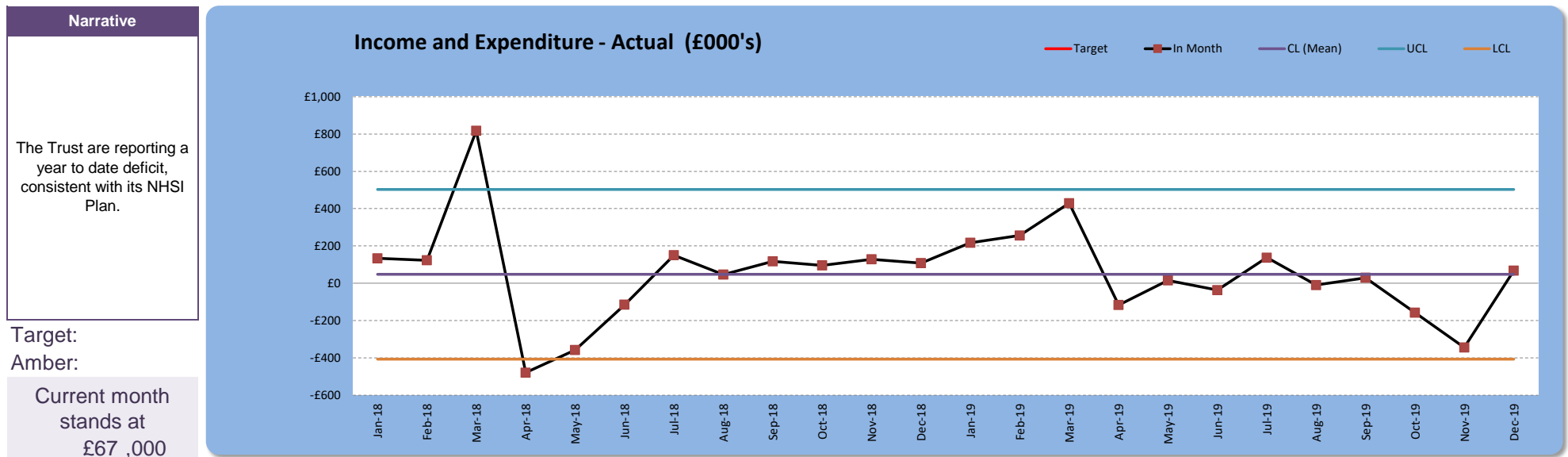
Exception Reporting and Operational Commentary

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

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

Business Intelligence

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

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 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 27

Complaints Received

Legend: In Month | CL (Mean) | UCL | LCL
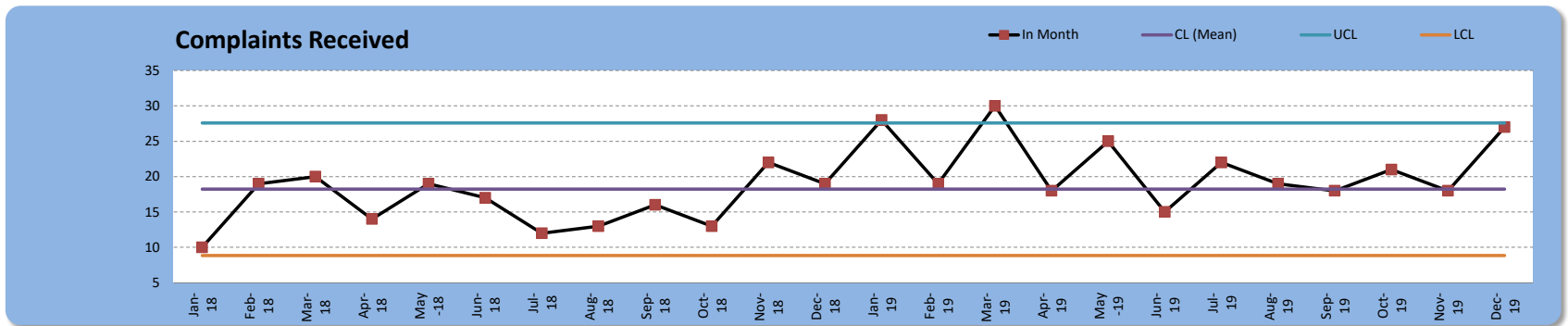
Narrative
Upheld YTD **87** **48.3%**
Current month upheld stands at 9

Complaints Responded to and Upheld

Legend: Responded to | Upheld Total
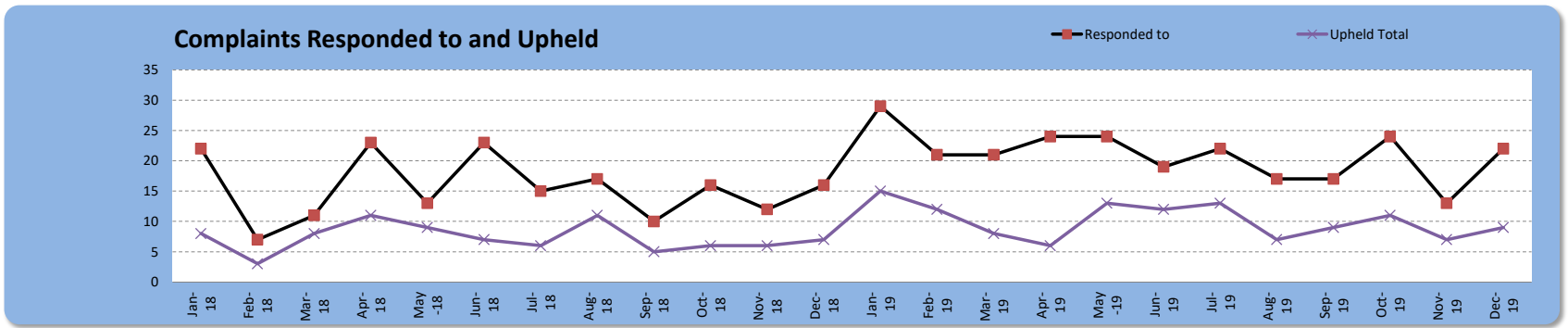
Exception Reporting and Operational Commentary

The Trust responded to 22 complaints in the month of December 2019. Of the 22 complaints, 13 complaints were not upheld (59%) and 9 complaints were partly or fully upheld (41%). The top theme for complaints responded to (year to date) is patient care with 36 complaints followed by appointments with 32 complaints.

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

Theme	Count
Patient care	36
Appointments	32
Communications	28
Values and behaviours (staff)	17
Clinical treatment	14

All Complaints responded to YTD	182

PI RETURN FORM 2019-20

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2019**

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

Narrative
within control limits

Number of Compliments

Target —— In Month —■— CL (Mean) —— UCL —— LCL

Target: 0
Amber: 0

Current month
stands at
26
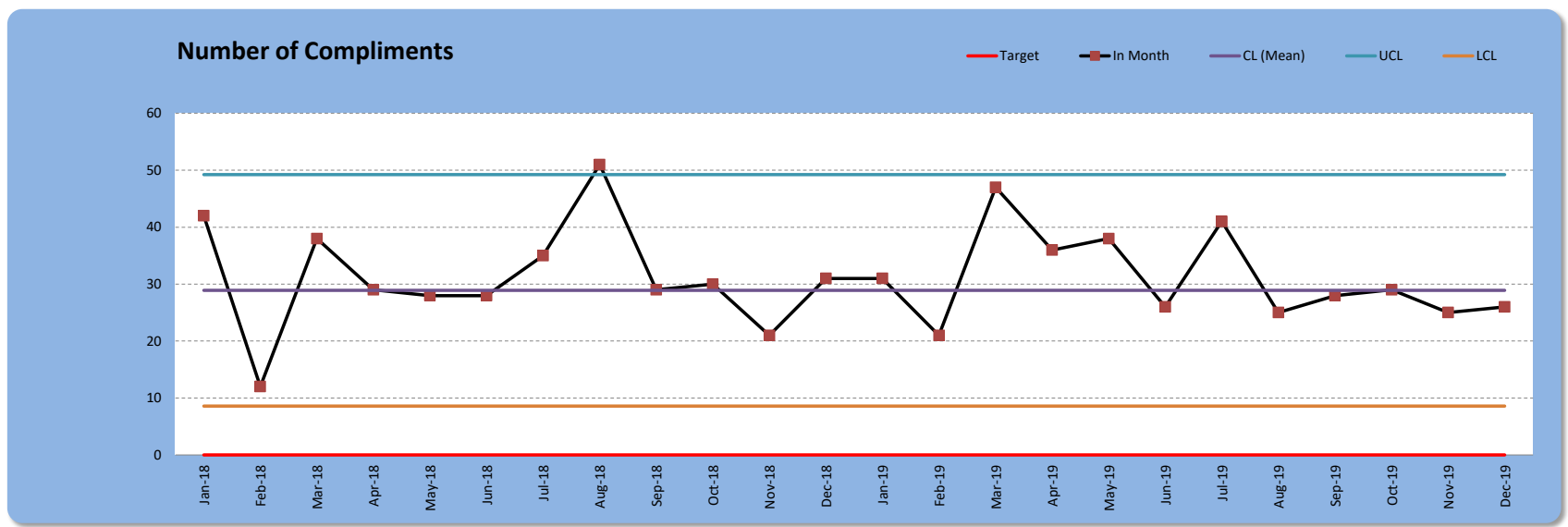
Exception Reporting and Operational Commentary

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

Business Intelligence

26 Compliments logged for the current month

Title & Date of Meeting:	Trust Board Public Meeting – 29th January 2020			
Title of Report:	Finance Report 2019/20: Month 9 (December)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st December 2019 (Month 9). 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.			

Governance: *Please indicate which group or committee this paper has previously been presented to:*	Name of group (please list all)	Date	Name of Group *(continued)*	Date
			Other type of review (please detail) Monthly Board report	✓

Key Issues within the report: *Please ensure you also complete the monitoring and assurance framework summary below:*	- An operational deficit position of £0.266m was recorded to the 31st December 2019. - Expenditure for clinical services was lower than budgeted by £1.788m. - Expenditure for Corporate Services was £0.108m lower than budget. - A BRS Risk Provision of £1.244m was included in the reported position. - Cash balance at the end of December 2019 was £11.740m (Underlying Government Banking Service Cash position was £11.298m) - Capital Spend as at the end of December was £7.864m - At Month 9 the Trust has breached its agency ceiling.

Monitoring and assurance framework summary:

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

√	Maximising an efficient and sustainable organisation				
	Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment	
Patient Safety	√				
Quality Impact	√				
Risk	√			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		

FINANCE REPORT – December 2019

1.   Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31st December 2019 (Month 9).   The report provides assurance regarding financial performance, key financial targets and objectives.

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

2.   Income and Expenditure

2.1   The Trust reported a deficit of £1.510m, £0.037m favourable to the month 9 NHSI planned deficit of £1.547m.   The reported position includes BRS allowance of £1.244m, therefore the operational position pre BRS is a £0.266m deficit.

After allowing for donated asset depreciation (£0.156m) the ledger position was a £1.666m deficit.   Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

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

Table 1: 2019/20 Income and Expenditure

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	**107,442**	**9,043**	**8,900**	**(143)**	**79,962**	**79,377**	**(585)**
Net Expenditure							
Clinical Services							
Children's & Learning Disability	21,956	1,882	1,707	176	16,069	15,195	874
Community & Primary Care	16,442	1,343	1,330	13	12,411	12,060	352
Mental Health	35,153	2,797	2,667	130	26,434	25,641	793
Secure Services	8,595	711	728	(17)	6,459	6,690	(231)
	82,146	6,733	6,432	301	61,374	59,586	1,788
Corporate Services							
Chief Executive	1,979	168	189	(20)	1,450	1,460	(10)
Chief Operating Officer	5,849	534	627	(93)	4,261	4,325	(64)
Finance	8,963	795	713	82	6,697	6,261	436
HR	2,754	225	197	27	2,041	1,801	240
Director of Nursing	1,805	149	161	(12)	1,357	1,356	1
Medical	1,781	148	147	1	1,338	1,360	(22)
Finance Technical items (including Reserves)	415	36	176	(140)	311	783	(473)
	23,547	2,055	2,210	(155)	17,454	17,346	108
Total Net Expenditure	**105,693**	**8,788**	**8,642**	**146**	**78,827**	**76,932**	**1,895**
EBITDA	**1,749**	**255**	**258**	**3**	**1,134**	**2,445**	**1,310**
Depreciation	2,790	229	211	18	2,059	1,921	138
Interest	148	12	(73)	85	111	28	83
PDC Dividends Payable	2,169	176	169	7	1,584	1,634	(50)
PSF Funding	(1,343)	(135)	(133)	(2)	(874)	(872)	(2)
Operational Position	**(2,015)**	**(28)**	**84**	**112**	**(1,745)**	**(266)**	**1,479**
BRS	(1,665)	(338)	(226)	(112)	(198)	1,244	(1,442)
Operating Total	**(350)**	**310**	**310**	**-**	**(1,547)**	**(1,510)**	**37**
Excluded from Control Total							
Donated Depreciation	216	18	17	1	162	156	6
Ledger Position	**(566)**	**292**	**293**	**1**	**(1,709)**	**(1,666)**	**43**
EBITDA %	**1.6%**	**2.8%**	**2.9%**		**1.4%**	**3.1%**	
Surplus %	**-1.9%**	**-0.3%**	**0.9%**		**-2.2%**	**-0.3%**	

2.2 Trust Income

Trust income year to date was £0.585m behind budget.

2.3 Net Expenditure

Net expenditure for clinical services was lower than budgeted by £1.788m year to date.

2.4 Clinical Services Expenditure

2.4.1 Children's and Learning Disability

Year to date net expenditure of £15.195m represents an underspend against budget of £0.874m.

There are budget pressures within the Learning Disabilities departments, but these pressures are mitigated by pay related underspends within Division, due to vacancies.

2.4.2 Community and Primary Care

Year to date net expenditure of £12.060m represents an underspend against budget of £0.352m.

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

2.4.3 Mental Health

An underspend of £0.793m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies

2.4.4 Secure Services

An overspend of £0.231m was recorded YTD for Secure Services, relating to additional staffing costs being incurred including bank staff to provide cover for enhanced packages of care and cover staff absences due to sickness. A recovery plan is in place to reduce this overspend.

2.5 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.108m underspent year to date.

- The Chief Operating Officer directorate has a year to date overspend of £0.064m, relating to agency pressures, offset by vacancy savings.
- Within the Finance directorate a year to date underspend of £0.436m is shown for month 9.

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st December 2019. In month, the net current asset position decreased by £0.295m to £8.831m. This was related to an increase in current liabilities in month, relating to an increase in trade creditors due to the reduction of payment runs over the Christmas period.

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 December 2019 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	11,688
Nat West Commercial Account	28
Petty cash	24
Total	**11,740**

The GBS bank balance within the table above includes funding received from the Department of Health for both the CAMHS and LHCRE capital projects. The table below shows the composition of the funds within this bank account. The funding received has been netted off by the expenditure on the project so far. The majority of the capital funding received to date has been spent, but a further £1m is still expected for the LHCRE project.

Table 3 – GBS Bank Balance

GBS Cash Balances		£000s
Underlying Bank Balance		11,298
CAMHS		
Funding Received	7,750	
Capital Spend	(8,108)	
		(358)
LHCRE		
Funding Received	6,500	
Capital Spend	(5,752)	
		748
Cash with GBS		**11,688**

In month income of £11.672m was received compared to expenditure of £11.777m.

The quarter 2 PSF funding of £0.244m was received in month. The main expenditure for the month was pay costs, purchase ledger payments, and capital payments of £0.250m comprising of IT payments for the LHCRE project.

3.2 Capital Programme

The Capital Departmental Expenditure limit (CDeL) for the Trust is £10.929m. Year to date capital expenditure of £7.864m comprises expenditure for IT services

(£1.092m), Informatics (£0.289m), LHCRE (£2.396m),
Property Maintenance (£1.107m) and CAMHS unit (£2.980m), as detailed in the table in Appendix 3.

The District Valuer is in the process of providing a capital valuation of the Inspire building, which may result in impairment once the asset is added to the Trusts Fixed Asset register.

4.   Staffing

4.1   Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for December was £0.331m, which is above the ceiling of £0.220m for the month. The year to date spend for December is £2.507m, which is higher than the same period last year where the costs were £1.577m, as shown in the table below.

The increase in spend compared to previous years is influenced in the main by 3 areas:-

- The use of Agency locums in Mental Health, following the decision by 2 Trust locums to convert back to agency terms.
- The use of Agency staff to utilise and mobilise additional investment monies for the CAMHS service, to address waiting times and review of patients with ADHD.
- The Use of Agency Nursing in primary care to cover vacancies and avoid the need to use more expensive GP Locum cover.

Year to date spend is higher than the ceiling and if current levels of expenditure remains the same, the ceiling will be breached by the end of the financial year.

Table 3: Agency Spend
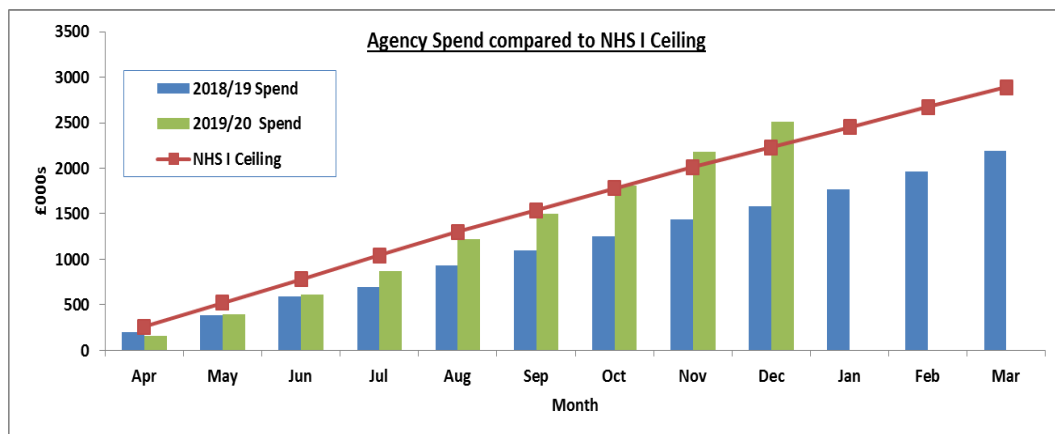
5.   Recommendations

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

Appendix 1

Statement of Financial Position

	DEC-19 £000	NOV-19 £000	Movement £000	COMMENTS
Property, Plant & Equipment	102,345	101,765	580	
Accumulated Depreciation	23,914	23,710	204	
Net Property, Plant & Equipment	**78,431**	**78,054**	**376**	
Intangible Assets	7,614	7,390	224	
Intangible Assets Depreciation	1,798	1,774	24	
Net Intangible Assets	**5,817**	**5,616**	**201**	
Total Non-Current Assets	**84,248**	**83,671**	**577**	
Cash	11,740	11,929	(189)	Receipt of Q2 PSF
Trade Debtors	5,809	5,994	(185)	Receipts from NHS Hull CCG and NHS East Riding CCG
Inventory	150	150	0	
Non Current Asset Held for Sale	2,145	2,145	0	West end, Victoria House and Hallgate assets held for sale
Other Current Assets	3,386	3,058	328	
Current Assets	**23,230**	**23,276**	**(46)**	
Trade Creditors	4,063	3,837	226	Reduced Payment runs over Christmas period
Accrued Liabilities	10,336	10,313	23	
Current Liabilities	**14,399**	**14,150**	**249**	
Net Current Assets	**8,831**	**9,127**	**(295)**	
Non-Current Payables	1,175	1,175	0	Local GovernmentPension Scheme Liability
Non-Current Borrowing	4,283	4,336	(53)	
Long Term Liabilities	**5,458**	**5,511**	**(53)**	
Revaluation Reserve	13,293	13,293	(0)	
PDC Reserve	59,642	59,600	42	
Retained Earnings incl. In Year	14,686	14,393	293	
Total Taxpayers Equity	**87,621**	**87,286**	**335**	
Total Liabilities	**107,478**	**106,947**	**531**	

Caring, Learning an

Title & Date of Meeting:	Trust Board Public Meeting –29 January 2020				
Title of Report:	Finance and Investment Committee Assurance Report				
Author/s:	Francis Patton Non-Executive Director and Chair of Finance Committee				
Recommendation:	To approve		To receive & note	✓	
	For information		To ratify		
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 December 2019 and a summary of key points for the Board to note.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		
	Finance & Investment Committee	18.12.19	Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report:	The committee recommends that the Board: - • Notes the month eight performance and focus on key areas including the Primary Care recovery plan. • Notes the forecast delivery of the NHS1 control total at yearend. • Notes the work undertaken on the Operational and Corporate Services Budget Reduction Strategy for 2020/21.

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

The aim of this report is to provide assurance to the Board 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 eight performance showed that the Trust had achieved an in month operational deficit position of £0.328m which becomes a small surplus of £0.087m when BRS Risk Reserve and donated depreciation is provided for. Year to date this gives a deficit of £0.351m which becomes a deficit of £1.959m when BRS Reserve and donated depreciation 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 £0.013m at Month 8 with current forecast showing a total outturn position including major schemes of a £0.469m underachievement although some mitigating schemes have been identified. Next year's plan is well underway with just a further £0.491m needing identifying.

Key Issues:

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

- In terms of the month eight financial performance in month the Trust is showing an operational deficit position of £0.328m (£0.061m worse than budget) and year to date an operational deficit position of £0.351m (£1.312m better than budget). After BRS provision and donated depreciation has been included, the reported surplus for Month 8 was £0.087m (£0.103m worse than budget) and year to date a £1.959m deficit (£0.042m better than budget). Year to Date staff costs of £70.481m are £1.088m lower than budget. Capital Spend as at Month 8 was £7.050m, mainly related to the Child and Adolescent Mental Health Services (CAMHS) and Local Health and Care Record Exemplar (LHCRE) projects.

  The Children's and LD has a year to date underspend of £0.699m, the Community and Primary Care Division has a year to date underspend of £0.338m, the Mental Health Division has a year to date underspend of £0.663m, the Secure Services Division is showing a year to date overspend of £0.214m. Finally, Corporate Divisions are showing an underspend of £0.207m at month 8.

The Trust is currently forecasting a deficit of £0.566m at the end of the financial year which agrees to the NHSI control total.

In terms of cash the cash balance Cash balance at the end of November 2019 was £11.929m (Underlying Government Banking Service Cash position was £11.795m). Outstanding Trade Debtors totalled £5.994m at the end of the period (£5.673m October). The Trust had £3.837m of Trade Creditors at the end of November 2019 (£4.561m October). The Current Cashflow forecast is predicting a cash balance of £12.370m in the Government Banking Service account at the end of the financial year. Performance against the better payment practice code for NHS and Non-NHS are currently 85.18% and 95.64% respectively.

- The committee received the latest update of the Primary Care Recovery plan which showed mixed results with 2 practices performing above the recovery plan trajectory and 4 below the recovery plan trajectory. The year end forecast is for a £0.495m deficit which is £0.295m worse than plan.

- The committee received an update on BRS delivery which showed that the overall profiled year to date level of savings stands at £2.447m with achieved savings of £2.434m producing an underachievement of £0.013m at Month 8. The current Forecast outturn position for Care Group and Corporate Savings shows an underachievement of £0.115m. This relates to Mental Health where a £0.059m scheme relating to Complex Intervention which will slip into 2020/21 and within Community and PC (£0.031m) and Children's and LD (£0.025m) where alternative Schemes are required. The under achievements will be carried into 2020/21. The position on the Major Schemes shows revised total savings of £2.527m giving a reduction in savings from the major schemes of £0.354m. This gap will be reduced by £0.313m with regards the Community Mental Health Team (CMHT) and Crisis schemes.

- The committee received an update report on the 2020/21 BRS plan which showed that the overall BRS target is calculated at £4.674m. Savings formulated at this stage from the Major schemes total £2.965 leaving a gap of £0.192m The Savings needed from the 1.5% target for the Divisions and Corporate amounts to £1.794m and at present there is a gap of £0.299m which when combined with the Major schemes gap gives an overall gap of £0.491m at this stage. Work is ongoing to close this gap.

- The committee received an update report from the Capital Estates Group and key issues to flag to Board were that :-
  o Finance position month 7 - As of end of October, spend of £6.395m which has being mostly on CAMHS, LHCRE and IT. Mental Health Assessment Suite is expected to exceed the approved budget, therefore a position report is to be developed for presentation at the next meeting. Update on Internal Funded Estates and Internal Funded IT projects was also given.
  o Capital Programme Progress Report summary was given with key highlights including the outstanding 2017/18 projects of CAMHS and replacement seclusion door at Humber Centre which is now installed.
  o Westend update - Planning advice has being received back and building has now being revalued. Need to sit with agent and planners on best way to dispose.
  o Whitby - have agreed documents which are to be signed for them to exchange contracts with £175k settlement on Whitby agreed by the Directors of Finance

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2020			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board This paper provides an executive summary of discussions held at the meeting on 5th December 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 9 October 2019 are presented for information			

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) QC Assurance Report	✓

Key Issues within the report:	The following items were noted for escalation to the Trust Board • From the Quality Insight report it was agreed that the high reliability presentation, on Quality, Safety and State of the Nation report should have further discussion and MC confirmed he would contact Michele Moran and Sharon Mays on the Committee behalf. • To commend and recommend the Hoarding and Self-neglect policy as good practice • To commend and recommend the Safeguarding Strategy • To commend and recommend the draft Research Strategy

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

Key Issues

The Key areas of note arising from the Quality Committee meeting held 5 December 2019 are as follows:

Dean Royles, new Non-Executive director was welcomed to the Quality Committee

The minutes of the meeting held 9ᵗʰ October 2019 were agreed.

Discussion Item – **Adult Mental Health Clinical Model**
Paul Johnson. Dawn Peters, Di Roberts and Rebecca Hunter gave a really good presentation on the progress on the timeline as well as the concept and some of the emerging details on the technical model for the campus provision. The Committee talked about flexibility and how the distributed units coming together one campus would bring advantages tin relation to clinical pathways and safety. The need to include physical health in the model was discussed. The Committee liked the concept of the model and commended the patient involvement so far. It was felt that it does need to feature in the East Riding Adult Mental Health and Dementia Strategy.

Quality Insight Report
The Committee noted the useful summary on the CQC State of the Care report. There were updates in relation to Pressure Ulcers and Infection Control, CQC Must Do progress and serious incident investigations.

Patient Safety Strategy - Training plan
The Committee noted and agreed an ambitious patient safety training plan, and CJ was thanked on behalf of the Committee.

Quality Committee Risk Register
There was good interaction discussing the risk register with some further requirement to review risks attributed to Scarborough hubs, Fieldhouse Surgery and the Mental Health Response Service.

Divisional Quality Improvement Priorities (QIPs)– progress update
The Committee were updated in relation to the good progress made from the Children's and Learning Disability and Forensic Services Divisions in relation to their quality improvement

initiatives. The Mental Health and Community and Primary Care division QIPS will be discussed at the next meeting in February 2019

Safer Staffing – six month report
The Committee welcomed the ward to board views, and the use of validated tools. The report maintains a focus on vacancies, whilst noting there were a few units introducing different roles, the challenge is how we capture this data. Section 17 cancellation of leave in the Humber Centre was discussed and assurance was given that there has been an improvement in this over the reporting period.   The Safer Staffing plan was recommended for presentation to the Trust Board.

Policies for approval
Self-neglect and Hoarding policy. The Committee commended the policy and recommended to the Board as good practice. The Chair will write to the authors commending them for their work.

Terms of Reference update
The amendments to the Terms of Reference were agreed in relation to the Chief Executive membership.

Safeguarding Strategy
The Committee agreed and commended the integration of the Children's and Adults Safeguarding Strategy which will now go to the Trust Board for ratification.

Draft Research Strategy
The Committee agreed, recommended and commended the research strategy with its additions and suggested the cumulative impact is reported into the Board on a six monthly basis.

Minutes from reporting groups
The minutes from the Quality and Patient Safety Group and the Drugs and Therapeutics Group were received and noted. It was noted there had not been a meeting for the Research and Development Group since the last quality Committee

The approved minutes from the October 2019 meeting are attached

Quality Committee
Minutes

For a meeting held on Wednesday 9 October 2019
9.30am-12.00pm, the Boardroom, Trust HQ

Present

Mike Cooke	Non-Executive Director and Chair	MC
Mike Smith	Non-Executive Director	MS
Peter Baren	Non-Executive Director	PB
Hilary Gledhill	Director of Nursing	HG
Tracy Flanagan	Deputy Director of Nursing	TF
Lynn Parkinson	Chief Operating Office	LP
Paul Lumsdon	Interim Deputy Chief Operating Officer	PL
Nicki Sparling	Interim Assistant Director of Nursing, Patient Safety and Quality Assurance	NS
Caroline Johnson	Assistant Director of Quality Governance and Patient Safety and Acting Clinical Lead for the Humber Centre	CJ
Oliver Sims	Corporate Risk Manager	OS
Dr Kwame Fofie	Consultant Psychiatrist and Interim Medical Clinical Lead	KF
Sadie Millington	Patient Safety Lead	SM
Kelvyn Williams	Governance and Patient Safety Administrator (minutes)	KW

81/19	**Apologies for Absence**	
	Michele Moran, Chief Executive Dr John Byrne, Medical Director (represented by Dr Kwame Fofie)	
82/19	**Minutes of the Last Meeting**	
	The Board welcomed the assurance in the minutes and escalation of quality and patient safety work.	
	The minutes were accepted as a correct record of the meeting.	
83/19	**Action List and Matters Arising**	
	The safeguarding strategy will come to the Quality Committee in December following its presentation at November's Quality and Patient Safety Group (QPaS).	
84/19	*Discussion Item*	
	HG delivered a presentation about the National Patient Safety Strategy published July 2019 which contains key actions and advised that the Trust's Patient Safety Strategy is aligned to this with work progressing, e.g. sexual safety, sepsis.	
	Discussion regarding the medical examiner role which will be rolled out in the acute setting first. JB is the Trust lead for mortality. MS to pass information about the introduction of the ME within the acute trust to HG once the way forward is	

known. CJ has been identified as the patient safety specialist for Humber. There will be key training requirements for staff and CJ is looking into this. HG advised the Committee that Patient Safety is now included on the Trust induction programme.

The Committee were advised that a lot of work is being undertaken through the Physical Health and Medical Devices Group (PHMD) which reports to QPaS. An initial incident review will determine whether an incident should escalate to an SEA (significant event analysis) or an SI (serious investigation). The national strategy makes reference to boards and senior leaders overseeing individual investigations which we already have in place but will need reviewing and strengthening. We also need to look at training investigators with more of a focus on systems rather than RCA. Alongside the systems approach of incidents is the just culture, which looks at intention, health reason etc. The systematic review looks at what went wrong in the system. We are still awaiting the national guidance in relation to undertaking serious incident investigations going forward.

The summary of Trust actions to date was presented. There is a policy currently in development to support people who have been affected by the death of family member. This work is being co-produced with families/patients led by Mandy Dawley.

The safe staffing challenge is the main focus. Other challenges are establishing patient safety partners, developing a culture of learning, staff attending national patient safety training and the Medical Examiner function once the details are known.

MC praised the patient safety day, which was a good sign of learning and great family involvement in a difficult situation and praised HG's informative presentation.

PB queried the CQC safety rating. HG said this relates to safety and safer staffing and in our work with the CQC around reporting of a more multi-disciplinary team approach. Patti Boden is on secondment from the CQC for six months and will be leading work in this area.

PB spoke about culture and the freedom to speak up. This feeds into safety and safer staffing and should be recognised more formally in the presentation..

MC stated he was disappointed that the Trust didn't get a "good" CQC rating for safety and acknowledged a culture of learning and embedding learning is very important and it would be helpful to have service users representatives to attend this committee going forward in line with the requirements of the National Patient Safety Strategy

85/19	**Trust Patient Safety Strategy Implementation Plan**
	CJ presented the Trusts implementation plan for the Patient Safety Strategy. The Trust is developing a positive and proactive culture – this is a challenge to achieve, but the PROUD programme, the Just Culture tool and increased emphasis on safety conversations will work toward this. CJ will work with the Clinical Divisions to ensure that in addition to the overall Trust implementation plan, each division has their own plans for implementation.

	CJ has recognised that an area for development is the frontline staff use of and understanding of data to inform safety discussions. This is something that she and Mandy Dawley are working to address through the dashboard they are looking to develop with Business Intelligence. CJ will work with Cathryn Hart to explore research opportunities to support the agenda and with Mandy Dawley in relation to patient and carer experience and developing the Patient Safety Partner roles. A training programme is in the process of being developed in relation to the science of patient safety. It is planned that all training events will be recorded to enable the development of a suite of e-learning to ensure we maximise access to training given our wide geographical patch. We require more information regarding the Medical Examiner role. NS enquired whether we have developed our approach to support people who have been involved in incidents (staff and patients). LP said that we do respond but it's inconsistent, CJ noted that the development of this approach is part of the startegy.TF said we need to use compassion-based approaches with patients and staff and those staff with compassion-based training can support other staff post-investigation. The strategy implementation plan was endorsed by the Quality Committee.
86/19	**Quality Insight Report** HG noted key highlights as follows: Mandy Dawley (MD) is taking the friends and family test (FFT) forward across the Trust. 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 overseen by the Quality and Patient Safety group with reports to the Quality Committee. Sadie Millington (SM) Patient Safety Lead was invited by the Patient Safety Collaborative Programme Manager for Yorkshire and Humber to present the Trust approach to physical health in mental health services at the Improvement academy's shared learning event in Wakefield on 18th September. QC noted that in January, March and August this year the Friends and Family Test (FFT) survey responses were below the national target of 90%. It was identified that the responses were affected by the school nurses when immunising children and young people who said they would not recommend their friends and family to use the services of the Trust as they misunderstood the purpose of asking the question. This was rectified with more information being given to the children and young people regarding the purpose of the question. QC also noted that recently the numbers of responses have reduced which is resulting in missed opportunities to collect valuable qualitative patient experience data. Divisional Clinical Leads and the Deputy Director of Nursing have shared a communication with senior clinicians and clinical networks highlighting the importance of the FFT survey responses and having robust processes in place to collect the responses with the aim of increasing responses. The Head of Patient and Carer Experience will continue to monitor response rates across the Trust with a report back to QPAS in November and QC in December.

In order to strengthen our approach to clinical audit, a review has taken place of our existing audit platform 'Perfect Ward`. The Trust is moving away from using Perfect Ward which will end at the end of October, moving to audits being completed using MyAssure. MyAssure is an app and provides similar audits to those undertaken in Perfect Ward, but with the added benefit of no restriction on the number audits and devices that the app can be used on.

Quality dashboard – the highest risks are around workforce. The safer staffing dashboard is now being developed for all of teams. It was noted that in-patient community hospital beds are above the benchmark in occupied bed days.

The Quality Committee noted that the Trust is increasing student placements and more practice educators have been put in place. The Trust has been successful in securing additional infrastructure funding for a year from NHS Improvement to support an increase in student placements. The number of training and nursing associates has increased from three to 19. A celebration is being planned and a hospital badge is being designed for those finishing the preceptorship programme.

The sickness absence figure of 4.1 should be checked as it has been at a higher figure for a number of months.

It was noted that retention as well as recruitment should be a focus. KF spoke about retention and asked whether there is there a strategy for staff who want to leave to get them to return, e.g. returning part-time, having support available etc. as trying to recruit into this area is difficult. LP said there should be flexibility, e.g. retire and return, term-time only hours. Based on exit interviews, people are leaving due to work-life balance issues. We currently have 120 RN vacancies, although we may not need actual RNs to fill these roles. TF had recently visited Whitby and said that healthcare staff there felt under resourced. However at present there are no registered nurse vacancies at Whitby.

It was acknowledged the Trust will now pay for staff DBS checks.

PL said that the bed position and patient flow is good and said this is a good position to start from in terms of attracting new staff.

87/19	**CQC Action plan : Must and Should Do– Progress Update**
	NS advised the Committee positive progress has been made with the Must Do and Should Do action plans. However there have been a couple of delayed actions which has resulted in extensions being put in place to be achieved within a realistic time period. It was acknowledged that Should Do action s17, visibility of senior managers can be difficult to measure however this remains an improving position and we will keep focusing on this. NS will be meeting with each divisional clinical lead to review progress against both plans. MC commented that it is good to see a high rate on closing actions.
88/19	**Presentation – Community Mental Health Networks**
	LP presented this item on behalf of Paul Johnson and advised the committee the Trust has been successful in securing funding from a Wave1 bid for primary care mental health networks securing £4m funding over two years.
	The Trust is looking towards an MDT-type approach with an IAPT service for East

	Riding which will focus on wellbeing and recovery-focused work. The implementation work is in progress and we have received the money from the CCGs. Additional staff will be required and each PCN will have a senior practitioner role. The remainder of the roles will be support roles. It was noted that workforce is a challenge and this may be a problem in relation of retention and recruitment. LP was asked how this new approach will stop inappropriate referrals. As this approach is for adults only, and is focused on prevention and primary care we should see a reduction in the number of frequent attenders. It will be a therapeutic, trauma-informed model, based on CBT therapies etc. which will help GPs and primary care to understand mental health This could reduce referrals. PJ is leading this.
89/19	**Quality Committee Risk Register** There are currently 22 risks rated at 9 or above which are included on the Quality Committee risk register. Key points of the report were highlighted for the attention of the group: LDC32 (ADHD assessment capacity and demand) and LDC34 (Speech and Language Therapy capacity and demand) were both escalated to the Trust-wide risk register in Q1, but were subsequently reduced for Q2 in light of improved waiting list position. The risks continue to be reviewed by the Children's and Learning Disability division (CLD) and are monitored on a month basis through the Operational Delivery Group (ODG). Both risks remain on the Board Assurance Framework and are aligned to Strategic Goal 2. CAMHS-C2 (CAMHS Inpatient Unit Band 6 Nurse recruitment) was reduced from its previously reported risk rating due to successful recruitment and overall improved position. LP stated that recruitment has been successful for the Band 6 posts, but there are still some vacant positions for Band 5 registered nurses. This risk continues to be monitored through the CAMHS Inpatient Mobilisation and Executive Boards. LDC31 (vacancies within CAMHS Crisis Team and associated impact) and CAMHS C7 (inability to recruit a Consultant Psychiatrist) are the highest-rated risks currently held on the quality committee risk register, with both risks being managed through the Trust-wide risk register process and EMT. Both risks were also included on the Board Assurance Framework for Q2. LDC31 continues to be reviewed on a monthly basis by the CLD division and is reported into ODG and EMT where it is monitored. CAMHS C7 continues to be monitored closely by EMT and the project governance groups due to the significant impact it will have on the opening of the CAMHS inpatient unit if realised. MH 6 (Section 136 Suite) was reviewed following discussions at August's Quality Committee and the rising numbers of section 136 detentions. The risk was not included in the report to Quality Committee as it will be presented to Mental Health Legislation Committee in October for review. SS 48 (Humber Centre patient alarm system) and SS 51(patient property) were discussed as it was felt that the risks do not appear to be reducing despite actions being taken. CJ advised that the alarms risk is dependent on Estates and a

	request for capital to undertake the required works is currently being considered. CJ is to look at the current controls related to SS51, but advised that a new SOP had been signed off regarding patient property and that patient bedrooms no longer contain large amounts of property deemed unsafe.

KF asked about how many staff came from out of area and the response was that a significant number were internal appointments, mostly from mental health services, and we have mitigation plans in place.

There has been no movement in the recruitment of a middle-grade doctor for the CAMHS inpatient unit, and work is progressing in identifying a workable solution for the consultant psychiatrist role.

The Q2 Board Assurance Framework section relating to relating to Quality, Operations and Communities/Social Values were provided in the report for the consideration of the Quality Committee. The full Q2 Board Assurance Framework was presented to Trust Board in September.

No further comments were made on the Board Assurance Framework.

Action: CJ to update risks in relation to alarms in the courtyard and patient property in bedrooms |
| 90/19 | **Quality Accounts Priorities Update**

New service plans are being developed and Quality Account priorities will form part of these plans. CJ gave assurance that the delivery of the priorities is on track and explained that they were designed as a stretch from the previous year's priorities. The only current risk to delivery of the priorities relates to the Patient Experience dashboard and the current availability of resource within BI to develop it. A paper is due to be reviewed by the Digital Delivery group, through which it is hoped to secure the required resource. She gave an update in relation to progress against the 2019/20 priorities: Priority 1: MD is continuing to embed the excellent work she is doing in relation to patient experience and is working with our diversity lead from HR around LGBTQ. Priority 2: The PROUD programme is enabling the delivery of the majority of this priority, particularly in relation to culture. We have launched the Patient Safety Strategy and QSIR college training is progressing well with a new cohort just commenced. Priority 3. Outcome measures will form part of service plans. As service models are reviewed outcome measures are being re-visited.

The Quality Committee acknowledged the progress on our priorities and that they are being included in business plans going forward. |
| 91/19 | **Zero Events. Six-month Position**

SM presented the current position regarding zero events.
The Trust is monitoring a total of seven zero events during 2019/20, three new zero events have been introduced this year.

Since 1st April we have had no sexual safety incidents resulting in moderate harm or above on our mental health inpatient unit.

There have been two falls incidents resulting in moderate harm and both of these |

	have been subjected to an SEA. The zero events that have been stepped down from 2018/19 continue to be reviewed to ensure progress continues to be made. Key improvements include policy reviews, sexual safety group, NEWS2 training, sepsis prevention and introduction of the action group, SAFE@Humber. There have been 8 Pressure ulcers zero events since April however 6 involved patient who died with an unstageable wound. The Committee requested that the section 2.0 summary needs to show that the descriptions are a summary of the zero events; this is the categorisation, not the actual number of events. For unlawful detentions there may be something wrong in measurement – MHL said there are ten, we said there are 5. KF said that unlawful detentions are being looked at and most of them were administrative. We are trying to ensure that it is as minimal as possible however to suggest that as an organisation we would be able to achieve zero may be an unrealistic target. OS questioned whether all incidents were reported on Datix and will look into this. PL has suggested that this be picked up by the MH steering group and this zero event should be reconsidered. **Action: SM to update section 2**
92/19	**Sexual Safety Update** TF advised that the Trust are part of a sexual safety collaborative with access to QI, capacity and resource and there is an event at the end of the month where we will be in attendance. PICU and Avondale are the units in the collaborative and most incidents reported are those on staff. The majority of incidents reported are patient on staff rather than patient on patient or staff on patient. The figures look as if we may be underreporting and we are working on Datix categories. Correct reporting is necessary and work is being done on emphasising this, with a focus on psychological health and re-traumatisation. Haley Jackson, Research Nurse has an article due for publication in Mental Health Practice which reflects the work the Trust has been undertaking. **Action: Haley Jackson's paper to be circulated to the Quality Committee** (**TF**)
93/19	**East Riding Adult Mental Health and Dementia Strategy 2018-23** LP provided an update regarding the East Riding Adult Mental Health and Dementia Strategy 2018-23. The CCG requires a particular strategic approach and we are working closely with Public Health England. LP advised there is a focus on dementia given the population of the East Riding and explained how the Trust are working with a wide range of strategic partners with a key focus on coproduction with service users, public, families and carers. This work is supported by MD and the local authority, which is introducing a coproduction lead role. It is an ambitious plan of work which sets out highlights and achievements.

	This ties in with our internal transformation programme.

The phrase "At any time" should be reworded to say "At some time" – quote source?

It was noted by MC that the "how to" section is very broad and the suggestion made that we should be talking about a campus more proactively which needs to be mentioned in this paper. Whilst there is nothing in respect of the STP leadership in this pathway there is recognition of this within the individual work plans. LP advised the strategic drivers are changing as we progress and assured the committee that the work plans are the live ways in which the ambitions are being taken forward, making sure it's relevant and connected to the living world.

This will be discussed at December's QC. LP to take forward the Quality Committee comments at the next Programme Board which she co-chairs.

ACTION - A summary of the action plan is to be sent to QC (LP) |
| 94/19 | **CAMHS Inpatient Unit - Project Update**

HG advised recruitment remains a key factor; we still need to fill the consultant psychiatrist role although this is in progress. The handover date for the unit is now 29 November and the opening date early December. HG is in regular contact with estates as this is an ongoing issue with the contractors and suppliers.

Staff training is ongoing. Policies have been approved with one outstanding, which is the rapid tranquilisation policy. It was recognised that due to the delay in the opening date, we must not lose any of the staff we have employed. The staff will be deployed elsewhere within the Trust in an appropriate and effective way to ensure that they can be retained. |
| 95/19 | **Policies for approval from QPaS**
• No policies this month from QPaS |
| 96/19 | **Internal audit report**
No internal reports this month |
| 97/19 | **Quality and Patient Safety Group Terms of Reference**
Approved.

An effectiveness review will be done. |
| 98/19 | **Quality and Patient Safety Group minutes (July and August 2019)**
Noted. |
| 99/19 | **Research and Development Group minutes (June 2019)**
Noted. There seems to be more apologies than attendees. HG to follow up with JB. |
| 100/19 | **Drugs and Therapeutics Group minutes**
No report this month |
| 101/19 | **Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt** |

	None this month
102/19	**Any Other Business** PROUD Behaviours sheets were completed by all present at the meeting.
103/19	**Date and time of next meeting** The next meeting will be held on Thursday 5th December 2019, 1.30pm in the Boardroom at Trust Headquarters.

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 29 January 2019			
Title of Report:	Charitable Funds Committee Assurance Report 21 January 2020 and 12 November 2019 Minutes			
Author/s:	Name: Mike Cooke Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board. The report includes details of the meeting held on 22 January 2020 and the minutes from 12 November 2019, which are attached for information.			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	✓

Any Issues for Escalation to the Board:	• Noted the insight report and really welcomed the 2020 event plan and suggest its launch, and encourage the Trustees and Board members to identify which event they would like to be involved with/take part in • Reviewed and noted the wishes and agreed to develop these into the finance report • Welcomed the re-opened Café and its partnership with Autism plus, and so far positive feedback has been received. • The Committee via Professor Cooke to congratulate Ann Newlove on raising £301,709 • Noted the first look at the risk register and suggested that becomes a standing agenda item going forward.

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 21 January 2020.

Key Issues

The Committee
- Welcomed Sharon Mays and Mike Smith to the Charitable Funds Committee meeting
- Noted Mr Smith's declaration of interest that he is the Chair of the Charitable Funds Committee at The Rotherham NHS Foundation Trust
- Approved the 12 November CFC minutes as an accurate record
- Chased some actions from the actions log and agreed to spend some more attention to ensure that actions are closed down
- Noted the insight report and really welcomed the 2020 event plan and suggest its launch, and encourage Trustees and Board members to identify which event they would like to be involved with/take part in
- Noted the team update around charity champion and the Committee have agreed to support that
- Noted the verbal update on the investigation about feasibility for the Whitby Hospital Appeal what it might focus on and who are the key players to get relationships with and linking in to the Executive team
- Reviewed and noted the wishes and agreed to develop those into the finance report
- Welcomed the re-opened Café and its partnership with Autism plus, and so far positive feedback has been received. The Committee welcomed an item for the next meeting in terms of meeting some of the people who are involved in it and who will report on it, so that we can support further
- Noted and reviewed the update on the 2019 Christmas event and agreed that a de-brief to build from 2019 for 2020
- Action is being followed up with Westlands (minute number 55/19)
- £15k for the film for the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit is also being followed up
- Finance is generally going well. The Committee are keen to see slightly different reporting so it does link to the operational plan KPIs that were worked on before. It also separates it from the Impact Appeal so we can see the general movement, as we as specific movement
- Professor Cooke made reference to the March 2020 meeting and suggested that it would be a good opportunity to look back as well as look ahead at next year, and also receive the draft effectiveness report for 2020/21. Professor Cooke welcomed views from the people who have been on the Committee for all 6 meetings as well those who joined mid-way
- Noted the impact appeal report. Professor Cooke to congratulate Ann Newlove on raising £301,709 on behalf of the Committee
- Noted the first look at the risk register and suggested that becomes a standing agenda item going forward. Agreed that the wording for some will be adjusted and wider things to be considered

- Noted the Circle of Wishes (CoW) report
- Looking forward to the Board Part III meeting on Wednesday 26 February.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Tuesday 12 November 2019, 1pm – 3pm in Meeting Room 2, Trust Headquarters

Present:	Professor Mike Cooke, Non-Executive Director (Chair)
	Peter Baren, Non-Executive Director
	Peter Beckwith, Director of Finance
In Attendance:	Andy Barber, Hey Smile Foundation Chief Executive
	Victoria Winterton, Head of Smile Health
	Kristina Poxon, Fundraising Manager
	Rachel Kirby, Communications & Marketing Manager
	Steve McGowan, Director of Workforce and Organisational Development
	Andy Stelle, Director 360 Accountants (for item 5.2)
	Sophie Holmes, Corporate and Charity Manager 360 Accountants (for item 5.2)
	Kerrie Neilson, PA (minutes)
Apologies:	Michele Moran, Chief Executive
	Sharon Mays, Chair
	Ann Newlove, Smile Health Operations Manager

Professor Cooke welcomed Steve McGowan (Director of Workforce and Organisational Development), Rachel Kirby (Communications and Marketing Manager), Kristina Poxon (Fundraising Manager) and Victoria Winterton (Head of Smile Health) to their first Charitable Funds Committee meeting.

76/19   **Declarations of Engagement**
None declared.

77/19   **Minutes of the Meeting held on 10 September 2019**
The minutes of the meeting held on 10 September 2019 were agreed as a correct record.

78/19   **Action List, Matters Arising and Workplan**
The actions list was discussed and the following was noted:

63/19 (b) Action List, Matters Arising and Workplan (Vision for Dining Room) – it was agreed that an update would be brought back to the next meeting in January.

63/19 (c) Action List, Matters Arising and Workplan (Whitby Capital Scheme) – ongoing. Mr Beckwith provided a verbal update, explaining that NHSPS are still trying to access capital for the scheme to progress. Work is ongoing to finalise the lease, as per the agreement at Trust Board. Mr Barber reported that Health Stars are spending time in Whitby on 11 December.

63/19 (d) Action List, Matters Arising and Workplan (Annual Review) – the Committee discussed and agreed to bring it back for further discussion in January 2020. Mr Barber to check whether he or Ms Winterton can attend the February Board part III meeting to present the Health Stars annual review.

69/19 (a) Insight Report (CAMHS Appeal) – ongoing. Mr Barber reported that the majority of the £15k sits around the Impact Appeal video. There is still a bit more detail to be put together and it may need to be shared with Committee members in between meetings. Mr Beckwith

reminded Mr Barber to ensure the report is submitted to the CAMHS Exec Board before it comes to Charitable Funds Committee (CFC) for approval.

69/19 (e) Insight Report (Adult Campus) – ongoing. Mr Barber informed the Committee that he has had an initial conversation with Michele Moran and there is now a clear direction about the Adult Campus. Professor Cooke advised Mr Barber to link in with Diane Roberts, Project Director. Mr Barber will arrange a meeting to discuss.

71/19 (a) Impact Appeal – outstanding – Mr Barber to provide an update to EMT.

71/19 (b) Impact Appeal – complete.

71/19 (c) Impact Appeal – complete. Mr Barber confirmed that a £5,000 grant has been received.

73/19 Any Other Business – ongoing. Mr Beckwith agreed to meet with Mr Barber to relook at the contracted terms between now and the next meeting.

55/19 (a) Risks Update – ongoing. Mr Beckwith reported that the Datix investigation is still ongoing. An update will come to the next meeting.

55/19 (c) Risks Update – ongoing. Ms Winterton has contacted the Corporate Risk Manager, Oliver Sims to arrange a meeting. Item to be brought back to the January meeting.

12/19 Health Stars Annual Review – complete. Professor Cooke stated that he would like to collectively discuss this at the next meeting before is it presented at the February Part III meeting.

08/19 (b) Trust Accounts – ongoing. Mr Beckwith reported that he has a meeting diarised with 360 Accountants to discuss the timeline for 2020. To be discussed further at the next meeting.

06/19 Revised Terms of Reference (ToR) – complete.

Resolved: The verbal updates were noted by the Committee and the action list will be updated accordingly.

79/19   **Charitable Funds Committee (CFC) Finance Report**
The report provided the 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 referred to section 3.4 and noted that 360 Accountants raised more money than they actually charged us for on the Devils Kitchen event held on World Mental Health Day.

It was noted that the current total fund balance for the Health Stars charitable funds is £697,573.57, which is the highest position for many years. Following the note of last month around the income vs expenditure a positive balance was noted.

Mr Barber reported that a number of positive fund raising activities took place in the last period.

Mr Barber provided the Committee with further details on the outstanding pledges listed in section 3.3 of the report. It was noted that these two pledges have been chased and relate to the

Chief Executive's golf day.

Mr Barber informed the Committee that Newby Trust is very specific and very restricted on what they wanted to purchase. Mr Barber had to send the wish list from the Impact Appeal through to Newby Trust for them to choose the items that they wanted to fund and they will only fund it once the items have been generated and purchase ordered.

In relation to Help for Health Mr Barber explained that the funding could be drawn down in two lots if and when it was needed and regular updates will be provided to the Chair. It was noted that Ms Winterton is a Trustee for Help for Health.

Mr Barber advised that 300 people are attending the Smile and Barclays Ball for the Impact Appeal on Friday 22 November. Barclays are match funding, pound for pound all the fundraising on the evening. Mr Barber was confident that a significant amount of money will be raised for the charity on the night. Professor Cooke thanked Mr Barber for getting the Trust to be the sole recipient of Smile and Barclays Ball.

Mr Barber stated that from a financial point of view it has been a really positive period between the last meeting and today.

The Chair welcomed further comments and or questions. Ms Winterton and Mr Beckwith added that it would be helpful to see Appendix A broken down into restricted and unrestricted.

Resolved: The report and verbal updates were noted by the Committee with adjustments to the report to make it clearer in future.
Mr Beckwith and Ms Winterton both agreed to meet outside of the meeting to discuss breaking down Appendix A into unrestricted and restricted. **Action PBec/VW**

80/19   **CFC Audited Accounts**
Professor Cooke welcomed Andy Steele and Sophie Holmes to the meeting. Mr Beckwith introduced the annual accounts, explaining that these accounts have been updated with views from the Committee raised at the previous meeting. The Committee was asked to approve the independently examined annual accounts for the year ended 31 March 2018 with three financial statements included for approval:

- Audited Trustee Annual Report 2018/19
- Independently Examiners Accounts Report 2018/19
- Letter of Representation

Mr Beckwith referred to page 4 and noted that the terminology on the delegation limits needed to be amended, to ensure they were consistent with the Trust SFI's.

Mr Steele reported that the accounts have not been audited because the income is less than £1m. He explained that an independent examiners report was carried out rather than a full audit and the results were included in the report.

There was one issue raised in the accounts relating to gifts in kind, which showed income of £26,552. The corresponding costs were shown behind the necessary lines and a lot of it is to do with gifts donated relating to the actual charitable activities. Ms Holmes highlighted a note received from Mr Barber about the Trust not wanting to record any gifts in kinds for the offices utilities etc and she asked for clarity as to why the Trust did not want to show those. Mr Beckwith stated that he did not see the benefit of putting it into a set of accounts due to the effort required with the technical costs which he felt would not be beneficial. Mr Steele noted that as independent examiners he was comfortable in leaving this information out as it did not affect the bottom line. The Committee agreed to include a foot note about accommodation costs.

Mr Steele took Committee members through the balance sheet that showed the financial position

of the organisation at the end of March. The total funds increased from £517,250 to £612,114 and restricted funds also increased from £167,651 to £293,017 due to the Impact Appeal. The unrestricted funds reduced from £342,347 to £311,597. Mr Steele pointed out that at some point spending of the unrestricted funds has to stop as a reserve has to be retained in accordance with the reserves policy elsewhere in the accounts. As at the end of March 2019 there was £597,914 in the bank although a large part of this was in the restricted fund. Ms Holmes added that a large part of the £355k is in a separate deposit account. Mr Barber stated that one of the other things to look at in the next financial year is the holding that we have for the shares amounting to £7,825. Work will continue with Mr Beckwith and his team on the review of the banking to make sure we can be as proactive as possible with the fine data.

Mr Steele stated that from his point of view the balance sheet looks really healthy, with no concerns raised. 360 Accountants were happy with the underlying books and records, resulting in them signing an unqualified independent examination report.

Mr Baren referred to page 16 and noted that the table columns need aligning. Ms Holmes confirmed that it had already been amended. Mr Baren asked for clarity on page 14 'other creditors' amounting to £37,949. Ms Holmes stated that it was mainly money due to the Trust and the Trust paid several bills in the absence of the Financial Services Manager. Mr Beckwith commented that contingency plans are in place to ensure this does not happen and it was confirmed that it was all paid after the year end. Mr Baren asked why the independent examination fee had increased from £1,000 in 2018 to £3,600 in 2019. Mr Steele reported that he had already raised this and it was from an old invoice from the previous independent examiners that wasn't recognised in last years' accounts, but has been recognised this year. It was confirmed that the independent examiners fee for 2019 is £1,000.

The Committee formally thanked 360 Accountants for their work.

Resolved: The report and verbal updates was noted.
Mr Beckwith agreed to forward the correct terminology to 360 Accountants. **Action PBec**
It was agreed a foot note on gifts in kind would be added for assurance purposes. **Action PBec**
The Committee approved and commended the Audited Trustee Annual Report 2018/19, the Independently Examiners Accounts Report 2018/19 and the Letter of Representation to the November Trust Board for formal approval.

81/19   **Health Stars Newsletter**
This item was covered within the Insight Report (item 6.2).

82/19   **Review of Committee Effectiveness**
It was agreed that this would need to be presented and discussed at the next meeting in January.

Resolved: The verbal update was noted.
The previous report will be sent to Mr Barber and Ms Winterton. **Action KN**

83/19   **Revised Terms of Reference (ToR)**
Professor Cooke updated the Committee on the recent changes. He welcomed Steve McGowan and Rachel Kirby to their first meeting. Mr Baren asked who forms the membership and is required to attend. It was clarified that the Non-Executives and Executives are the core membership, and that one of each has be in attendance in order for the meeting to be quorate. The Head of Communications and Marketing is an attendee. Professor Cooke pointed out that the Chief Executive and Trust Chair are both encouraged to attend. He will also encourage one other Non-Executive Director to occasionally attend.

Mr Barber suggested that Ms Winterton, Mr McGowan and Mrs Kirby all meet on a monthly basis going forward to make sure that Smile is supporting the Trust and vice versa. Mrs Kirby advised they are already working really closely together therefore from an employer and engagement point of view relationships are progressing.

Mr Baren highlighted that at times the Committee would be have to be prepared to work flexibly when it comes to signing off items over £5,000.

The Committee approved the revised ToR subject to the addition of the Director of Workforce and Organisational Development and the Head of Communications and Marketing both of which would be added to the attendance list going forward. It was agreed that the Chief Executive would no longer be part of the core membership but would be invited to attend any of the meetings. The revised ToR to be submitted to the November Board for approval.

Resolved: The report and verbal updates was noted. The Committee approved the revised ToR subject to the changes identified. The revised ToR will be submitted to the November Board for approval. **Action PBec**
Regular meetings to take place as discussed to ensure that Smile are supporting the Trust and vice versa. **Action VW/SMc/RK**

84/19 **Draft Risk Register**
Mr Barber presented the draft risk register explaining that it is not in the correct Trust format. Professor Cooke noted that some of the risk scores have been reduced and he was interested to see how the risks are scored and where they are approved to ensure there is standardisation. Ms Winterton agreed to meet with Mr Sims to populate and will bring back to the next meeting for further discussion.

Resolved: The report and verbal updates was noted.
Meeting to take place to discuss the risks **Action VW**
Item to be on the agenda for the next meeting for further discussion. **Action PBec**

85/19 **People Update**
The report provided the Committee with an update on personnel changes to the Health Stars team following discussion at the last meeting on staffing assurance. The Committee noted the activities that have been undertaken and a new fundraising manager is now in post.

Professor Cooke welcomed Ms Winterton and Ms Poxon to their first meeting. He asked for clarity on what the fundraising manager role is. Ms Winterton explained the role and why the title had changed from charity manager to fundraising manager.   Professor Cooke noted that all of the changes would need to be explained to the Board more clearly. Mr Baren asked if Ms Poxon is going to be involved in any of the new projects. Mr Barber said this would be identified on a case by case basis. Ms Winterton reported that they will soon be going out to advert for the charity champion role and she welcomed any support for the interviews. Mrs Kirby reported that this has briefly been discussed and from an internal Comms perspective Health Stars have a section in the Wednesday global. As improvements are made to the internal Comms, Health Stars will be part of that process In terms of external stakeholders she felt it may be useful to open something off line to discuss the benefits and anything that they can do to support. The Committee noted the Comms links are good and will develop.

Resolved: The report and verbal updates was noted.
Ms Winterton to summarise the different roles in the update to the February Trust Board. **Action VW/PBec.**
A Comms update to be prepared around this. **Action RK**

86/19 **Circle of Wishes (CoW) Report**
The report provided an update to the Committee on the progress Health Stars is making. It was noted that wishes reduced slightly in October, but have increased again in November.

Mr McGowan expressed his thoughts around staff engagement and how this is playing out in the organisation. He felt it would be useful for a discussion to take place with Katy Marshall (Organisational Development Specialist) and himself to take things forward.

Mr Baren said from a governance point of view it would be nice to know which Wishes are going to hit the threshold with regards to sign off. If it is likely to be a Charitable Funds Committee sign off then he would like to see that highlighted a little more.

Professor Cooke noted that we really need to clean up the governance side of things and report this more credibly.

Resolved: The report and verbal updates was noted by the Committee.
Meeting to take meet in relation to staff engagement. **Action VW**
Work to take place to review and amend the trend, scale, how we have done and where else to go with CoW to keep it refreshed and alive. **Action VW**

87/19   **Insight Report**
Ms Winterton presented the report that provided the Committee with key items for discussion. The following key issues were highlighted:

-     Impact Appeal Spending
-     Fundraising Event Plan
-     Newsletter
-     Expenditure Approval Form
-     Primary Care Networks
-     Barclays Ball for Impact Appeal Guest List

Ms Winterton informed the Committee that she has already discussed with Mr Beckwith about the Impact Appeal spending as the was view that not all request are coming to the Charitable Funds Committee (CFC) for approval. Professor Cooke emphasised the need to use the CAMHS Exec group in the appropriate way. The Committee discussed how some items have been funded and what has changed. Professor Cooke asked how Mr Barber is involved with the Child and Adolescent Mental Health Services (CAMHS) Exec Group. Mr Barber responded that Ms Newlove is a member of the CAMHS Exec Board

Mr Barber updated the Committee on the fundraising event plan included in the report which was well received. Professor Cooke asked for a calendar of events. Mr Beckwith added that it might be worth reaching out to staff about what they would like to see the Trust do.

A discussion arose around avoiding future event clashes. Ms Poxon reported that she has met with Comms and Mrs Kirby and they have both agreed to sync diaries to avoid any future event clashes and to ensure events are evenly spread over the year.

Ms Winterton presented Appendix A (Charitable Fund Expenditure Authorisation Form) that was attached to the report, advising that the form is already in use by the Trust. Following discussion it was agreed to add IT and IG under additional approvals if required and circulate the revised form to Committee members for use going forward.

Mr Baren asked for clarity around whether the Board note or approve anything of the value of £25,000 or above. Mr Beckwith said "note" is the correct terminology as the Board delegated the authorisation of charitable funds to the Committee, therefore anything over £5,000 comes to the Committee for approval but for good governance purposes the Board should be made aware of anything above £25,000.

In terms of the Impact appeal the Committee agreed to review the list of what was intended, what has been bid for, and asked for a position statement to be prepared. Professor Cooke suggested that the facts are reviewed at the next meeting and work is done in between meetings.

The Committee welcomed the advanced plan/work programme for 2020 and the good governance around expenditure.

88/19   **Impact Appeal Update**
Ms Winterton presented the report on behalf of Ms Newlove which provided the Committee with an update on the Impact Appeal, supporting the provision of enhancements at the forthcoming CAMHS in-patient unit. The following key issues were highlighted within the report:

•   Fundraising Update
•   Wish List & Release of Funds
•   Artwork

Mr Barber noted that fundraising is increasing and grants are coming in. He reported that we have hit the original target and no longer need to hit the aspirational target and it is now about looking at the broader CAMHS involvement from an Impact Appeal perspective.

The Committee discussed the artwork. Professor Cooke felt that the timescales are a little short and the briefs are vague. However he is happy to be involved in this if required. Mr Baren was happy in principle but wanted to make sure that there is value for money. He suggested hiring artwork but a number of attendees felt uncomfortable with this due to the insurance costs associated with this. Ms Winterton suggested seeking advice from an art consultancy specialist and also discussing with Paul Warwick.

Mr Baren expressed his concern about the programme noting that the timescale is extremely tight. He asked whether it is reasonable to ask an artist to develop the agreed artwork by 31 January and install it by 28 February. Mr Barber felt that it would limit the audience. It was noted that the artwork would be required by the official opening and there would need to be

Service user engagement. The Committee was happy in principle to approve £30,000 for the artwork, subject to the governance through the CAMHS Exec Group, and taking advice from an experienced art commissioner and agreeing the commission with a view to reviewing the timescale to attract the best artists.

Resolved: The report and verbal updates was noted.
The Committee approved in principle £30,000 for the artwork, subject to the governance through the CAMHS Exec Group, and advice from an experienced art commissioner.

89/19   **Items for Escalation or Inclusion on the Risk Register**
Professor Cooke summarised the outcomes of the productive meeting and suggested that all of the following was included in the November Board Assurance Report.

•   Notify the Board of approval for the artwork at the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit (£30k artwork) subject to approval by the CAMHS executive board with specialist input.
•   Revised Terms of Reference were considered with minor revisions to membership.   It was clarified that the Non-Executives and Executives are the core membership, and that one of each has to be in attendance in order to be quorate. The Head of Communications and Marketing is an attendee.
•   A review of purchases from charitable funds for equipment in relation to the impact appeal was requested. The Committee have asked for a stock take to be undertaken.

The Board would also be asked to note that gifts in kind in relation to accommodation for the

Health Stars team have been noted, but not accounted for in the Charitable Funds Accounts.

Resolved: The verbal updates were noted by the Committee.
It was noted that all of the above would be included in the November Board Assurance Report and be sent to Mr Beckwith for review and then to Professor Cooke for approval. **Action PBec/MC/KN.**

90/19 **Any Other Business**
No further business was raised.

91/19 **Review of Today's Meeting**
Professor Cooke asked attendees for their views on how they though today's meeting had gone. It was felt that the meeting went very well and was focused, with a good action plan going forward. Professor Cooke thanked everyone for their contribution and noted that the Committee is making enough decisions, as well as being pragmatic and flexible.

Professor Cooke completed the PROUD behaviours questionnaire which was positive, and will be submitted to Michelle Hughes.

92/19 **Date and Time of Next Meeting**
Tuesday 21 January 2020, 11.30am – 1.30pm, CRB

Signed: …………………………………………Chair: Mike Cooke

Date: ………………………

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2020				
Title of Report:	Workforce & Organisational Development (OD) Committee Assurance Report & 20 November 2019 Minutes				
Author/s:	Francis Patton Non-Executive Director and Chair of Workforce & Organisational Development Committee				
Recommendation:	To approve		To receive & note	✓	
	For information	✓	To ratify		
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 22nd January 2020 and a summary of key points for the Board to note. The minutes of the meeting on 20 November 2019 were provided for information.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee		Workforce & Organisational Development Committee		22.1.20
	Finance & Investment Committee		Executive Management Team		
	Mental Health Legislation Committee		Operational Delivery Group		
	Charitable Funds Committee		Other (please detail)		

Key Issues within the report:	The committee recommends that the Board: - • Notes the information from the Workforce Insight Report. • Notes the update provided on the recruitment and retention summit and ensuing plans. • Notes and gains assurance on the actions taken on the must do actions appertaining to workforce from the CQC report.

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Executive Summary - Assurance Report:

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

A summary of the key areas discussed are that the Workforce Insight report highlighted a slight worsening in sickness levels and issues with high levels of turnover and vacancies (although we do benchmark well against peer and national performance), appraisal numbers falling and whilst training is above target issues with certain courses and an issue in terms of non-attendance.

The committee received an update on the plans arising from the recruitment and retention summit which led to a good discussion on the impending Workforce strategy, an update on the excellent progress made on PROUD which is developing well, an update on the CQC must do actions appertaining to Workforce have been dealt with and are being monitored and reviewed the workforce risk register.

Key Issues:

The key areas of note arising from the Committee meeting held on 22nd January 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:-
  - o Sickness Absence - the rolling 12-month performance showed a marginal increase compared to 12 months ago and was above the national and peer median. There was a marked increase in sickness absence in relation to cough, cold and influenza for the months of October and November. Short versus long term sickness absence remains consistent with approximately 67% of sickness equating to long term sickness absence (over 28 days). 38% of the Trust staff has had no sickness in the last 12 months. The committee had a discussion around those areas above 10% sickness and will continue to look for commentary on action plans to address these areas.
  - o Turnover – The rolling 12 month programme remains above target; A new notice period is in place for band 5 and band 6 staff from 1 January 2020; a 'stepping up' programme for band 5 and band 6 black Asian and minority ethnic (BAME) staff

was promoted across the Trust; Retire and Return continues to increase with 26 applications since April; Retirement age remains the main reason for staff leaving the Trust; the rolling 12 month turnover is higher than 12-months ago. The committee noted that despite the high turnover figure we benchmarked better than both our peer group and the national mean – Humber 0.78%, peer group 1.49%, national mean 1.48% - further highlighting the national issue.

- o Vacancies – there continues to be a concerning position for vacancies at 13.34% - higher than 12 months ago; Nursing vacancies continue to remain high at 15.03% (123.89 FTE which is a slight decrease from the previous month).
- o Appraisals - Current performance for the fourth consecutive month has dipped below target and it is predominately operational areas that are below target. The committee discussed the falling levels which are linked to the change to an appraisal window and the need to keep a focus on this over January, February and March.
- o Statutory Mandatory Training - Compliance continues to remain above target although slightly below the performance of 12 months ago; All Care Groups and corporate areas are above target compliance overall; 7 courses are non-compliant; Non-attendance at training remains a concern at 1589 non-attendees over the last 12 months. The committee noted two courses of particular concern being Adult Basic Life Support and Immediate Life Support which were particularly low in operational areas and it was agreed that each executive would initiate a cleansing of data in their area to ensure that the figures truly represented those needing this training.
- o Employee Relations - the number of employee relations cases continue to be lower than the position 12 months ago.
- o Workforce Scheduling - There continues to be a steady increase in the number of rule breaks month on month.
- o Workforce and OD Work Plan 2020 – the committee reviewed this which gave assurance that key areas were being worked on and suggested that some areas received operational support in terms of supporting the HR leads.

- The committee received an update on the 3 CQC Workforce Regulation Breaches – 2 on staffing 1 on governance. Although there has been a marked improvement in compliance more action is required in relation to the community services breach as some teams remain non complaint with appraisals and supervision. A remedial action plan has been requested. Evidence is available to support compliance for the remaining breaches with ongoing monitoring via established governance processes

- The workforce risk register was reviewed and agreed.

- The committee received a progress report on the care division recruitment plans arising from the recruitment and retention summit held on 4th November 2019. The presentations at the summit had over all given a good balance of plans to recruit and retain staff however further detailed work was specified and this was progressed through the Operational Delivery Group (ODG). Divisions were tasked to finalise a plan for each vacancy so that progress could be monitored at ODG and Accountability Reviews. Whilst these plans had now been improved and become more focused the committee felt that there was an issue with the data when compared to the Insight report and that different data had been used not taken from the ledger. This needs looking at to ensure that all parts of the organisation are using the ledger as the accurate source of information and correcting it if wrong. There was then a good discussion about how this issue could be addressed on a more strategic level looking to forecast future issues in each area combining existing picture with turnover figures and potential changes in skills mix. This will all form part of the workforce plan which is due to come to May Workforce & OD

Committee (with an update on progress in March). This shouldn't however stop the ongoing work to deal with the immediate problems within the Trust.

- The committee received an update on the Proud programme describing progress so far on workstreams including refreshment of the senior leadership team, executive team development, the equality & diversity working group, the change to the appraisal process, the introduction of behavioural standards, the newly introduced managers forum, the work with CMHT Hull West OD support, the ongoing Trust Board Development, the Leadership Development Programmes and the Staff Wellbeing and Engagement Group. A lot has happened, and the committee complimented the team on the work to date. Looking forward the next areas to be looked at include bespoke OD support for the Humber Centre, Whitby and Primary Care, the introduction of Action Learning sets, some Behavioural Standards workshops, work on Talent Management, introduction of Values Based recruitment and a refresh of the Workforce & OD strategy.

- The committee received verbal updates from key sub-groups and asked that going forward these were written reports in order to ensure good governance on assurance.

- The committee received a number of policies one of which generated a good discussion on the mediation process within the Trust and how it can be developed/communicated internally.

Minutes of the
Workforce & Organisational Development Committee
held on
Wednesday 20th November 2019, 13:30 – 15:35pm, Boardroom, Trust HQ

Present:

Members:

Francis Patton (FP), Non-Executive Director, Chair
Mike Cooke (MC), Non-Executive Director
Steve McGowan (SMc), Director of Workforce & OD,
Helen Lambert (HL), Deputy Director of Workforce & OD,
Tracy Flanagan (TF), Deputy Director of Nursing,
John Byrne (JB), Medical Director

Other attendees:

Oliver Simms (OS), Corporate Risk Manager (Attended 13:37-14:46)
Paul Lumsdon (PL) Deputy Chief Operating Officer (Attended 14:50 – 15:30)
Karen Fletcher (KF) Senior HR Business Partners (Attended until 15:05)
Patti Boden (PB), Compliance and Performance Lead
Alison Flack (AF), Transformation Programme Director (Attended 13:30- 14:37)
Peter Baren (PB) Non-Executive Director
Jennifer Kuehnle (JK), Guardian of Safe Working (Attended until 14:50)
Jessica Norton (JN), Personal Assistant, (Note taker)

53/19	**Apologies for Absence** Michele Moran, Chief Executive, (MM) Katy Marshall, Organisational Development Specialist (KM) Dean Royles, Non-Executive Director (DR) Sharon Mays, Chairman, (SM) Lynn Parkinson, Chief Operating Officer, (LP)
54/19	**Declarations of Interest** None
55/19	**Minutes of the meeting held on 18th September 2019** The minutes of the meeting held on the 18th September 2019 were accepted as an accurate record subject to change TP is to be changed to TF.
56/19	**Action Log** Action Log was reviewed and discussed. Those closed are highlighted in grey and will be removed/archived from next month's report.
57/19	**Chairs Log** No comments raised.
58/19	**Board Issues** No comments raised as not covered.
59/19	**Terms of Reference** Terms of reference have been amended. Committee agreed to sign off the changes.
60/19	**Feedback on Workforce Summit and Leadership Forum** Update on the summit was given to the committee by PL. Each service was asked to explain their position and how they were planning to improve their vacancy position and how the Trust can

	support them in doing so. Within national context, there are 4,000 nurse vacancies in the NHS not counting those in private sector. There are also GP vacancies. These are hard to recruit posts on a national level. Occupational Therapists are also becoming a shortage for the NHS. Each service was tasked with producing a plan and a clear trajectory. All the services are partaking in workshops so they can take control of their plans. Workforce is key to these plans and the implementation of performance reviews making each service accountable for what they have said they will do. MC said he wants the Trust to be creative, flexible and get the right baseline. **Action: Progress report for next meeting in January with a plan on a page.**
61/19	**Workforce Insight Report** SMc gave overview of the insight report covering each section in turn. Key highlights from the report were: **Sickness –** 99 long term cases which is down from last month. MC interested in how we have achieved this improvement and if we can spread this impact elsewhere. SMc believes it is a result of the measures we have put in place (reporting, support, dedicated HR support etc) beginning to work. However, the pressure of vacancies will limit this improvement. It was noted that looking at vacancies, sickness and maternity/paternity leave the Trust operates at a 20% vacancy rate on any given day. **Turnover –** there was a peak in September. The peak was the same as September last year. Committee noted that in September, there is a change of psychology students which largely accounts for this. The Trust continues to look at why staff leave. Table 3.3 was found to be a useful analysis. In terms of retirement, part of workforce planning piece will be to look at the profile of those near retirement. This will form part of the services plans of what they will need going forward. **Vacancies –** currently increasing trend. This is both a national and regional issue and the Trust continues to have vacancies. The report showed the recruitment issues on hard to recruit roles of nurses and consultants with table 4.5 showing what it means overall for the organisation. SMc commented this is the single biggest workforce challenge we face. Mental health provider of the year is being used for all adverts. Committee agreed that we have got better as a Trust with recruitment since stopping vacancy panels and making it easier for managers to advertise their jobs. **Performance & Development Reviews –** recently compliance has reduced. It is important to remind people of the link between patient satisfaction and appraisals. Committee was asked to note that, in some trusts where a 'window' has been implemented, due to the timescales, quality initially went down before later improving. **Statutory Mandatory Training –** this continues to be above target for most services. The report included additional content regarding non-attendance on courses. This is those that are on courses but do not turn up or let training know they cannot make it. **Employee Relations –** small numbers continuing.
62/19	**Board Assurance Framework** The Board Assurance Framework has been updated for Quarter 3. At a discussion at EMT, the assurance level has gone from amber to yellow. With assurance including the Trust being the

	HSJ mental health provider of the year as well as good CQC rating, the executives believed that amber would be presenting an overly negative view of where we are. Therefore, based on the level of assurance given for each item, the score should be yellow rather than amber. The committee noted that the vacancies for Nursing are increasing rather than decreasing so concerns are still high for this risk item. This is one of the biggest issues for the Trust as an organisation. Committee agreed that they would endorse the board assurance framework at Board.
63/19	**Freedom to Speak Up Update Report** An update on Freedom to Speak Up was given to the Committee. The annual report will go to the Trust Board in April next year with a Board session scheduled for 4th December looking at their self-assessment. Attention was drawn to the increase in numbers in October which was due to 'Speak Up' month and the slight increase in November. Currently looking at working in partnership with SMc and Occupational Health to establish if there are any hotspots to allow the Speak up guardians to be more proactive. Attention was drawn to the pattern in Whitby. The two in July were in relation to staffing levels as a result of the vacancy and sickness rate. There will always be a need of an independent person for people to go to with any issues. However there has being an improvement with people speaking to their managers as well an improvement of seeing guardians speaking to HR about HR related issues and getting the responses they need quicker than before. Independent reviews when have concerns is done and this has also been seen as being beneficial. The non-executive directors in attendance agreed that the Trust is up there in how we approach this from a Board and Executive point of view.
64/19	**Guardian of Safe Working Quarterly Report** Overview of the report was given to the Committee. In August, the work schedules changed which was a success. This has been a positive change as there was a reduction in overtime which has led to a pickup in moral. Need to keep monitoring but it seems to be working well. HYMS made a comment that this increased the positivity on how the Trust is perceived for placements. This ties in with vacancies as they are the consultants of the future. Additionally, at the GP event today, Doctors felt they had positive experience at the Trust which is good. However, this is not getting engagement from higher trainees. Only have 4 within the Trust so looking at meeting them to discuss the role. **Action: JB as the Medical Director to consider hosting event for those 4 representatives to get them engaged into the role**
65/19	**CQC Actions** A review of the CQC actions for workforce was undertaken. The first action is for Operations (Lynn Parkinson) as the action came out of the care division restructure and is a communication and engagement piece. TF updated on looking at using ESR as a monitoring tool for clinical supervision once training is online in the New Year. Will have a pilot in Humber Centre from January and then roll out across the Trust. Have ideas of group supervision and host supervision. In respect of safeguarding supervisions, the Trust is having conversations with CCGs on providing evidence on challenges.

	The third action is around numbers and also shows that skills and training are in place. The Trust now has PROUD in place as well as statutory training. Additionally, training budgets will go back to departments to control next year.
	Committee agreed that focus needs to be on must do and should do items. There is a partnership between Nursing. Medical, Ops and HR and TF is going through with Lynn Parkinson the must do and should do actions with service leads. They are also talking about how the exceptions are presented to committees.
66/19	**Trust Gender Pay Gap Report** Report was considered and noted that the gap is 12.64% which is lower than average. Highlight was drawn to section 7 action plan where figures show the Trust has more females in post but more males at higher bands. Trust is therefore looking to use PROUD to mentor females into higher paid roles. The bonus scheme is also linked to the clinical excellence awards. Agreed for this report to be submitted to Central office.

67/19	**Updates from any groups reporting to this committee**
	
	    a) Staff Health, Wellbeing Engagement Group – minutes were taken as read. No comments raised
	    b) Equality, Diversity and Inclusion Group – no meeting.
	    c) Operational Delivery Group – minutes were taken as read. No comments raised
	    d) Medical Group – minutes were taken as read. No comments raised

68/19	**Policy Ratification** No policies presented
69/19	**To Review the Meeting** Insight report was good and summit discussion was beneficial. Too many minutes.
70/19	**Agenda for January Meeting** To review for 2020 with Steve and Francis.
71/19	**Items for Escalation** Summary of Insight report Ratified BAF CQC Actions Freedom to speak up report Update on summit Assurance line on guardian report
72/19	**Any Other Business** None
73/19	**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 |

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 29th January 2020			
Title of Report:	Six Month Review of Safer Staffing- In patient units (April 2019– Sept 2019)			
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals Author: Tracy Flanagan Title: Deputy Director of Nursing, Allied Health and Social Care Professionals			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	This report outlines 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. The Mental Health Optimal Staffing tool (MHOST) has been used to support a review of establishments and inform decision making in regards to recommendations in relation to clinical staffing levels in conjunction with professional judgement and quality metrics The Quality Committee discussed the content of the safer staffing report and confirmed that they are satisfied following the review that our staffing for our inpatient services is safe, effective and sustainable.			

Governance		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	√	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	√
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:	Overall the majority of units are maintaining adequate and safe fill rate requirements and performance. Review of establishments has confirmed that units are adequately resourced and minimum staffing levels are appropriate Sickness and vacancies have increased across all areas and this is the major factor in lower fill rates and Care Hours per Patient Day (CHPPD) Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy CHPPD for the 2 community wards looks more satisfactory when compared to an acute CHPPD for a 20 bedded older adult unit

	(benchmarking data not available via Model Hospital) The use of the MHOST tool and the modified Safer Nursing Care Tool (SNCT) has generally indicated that no changes are needed to the majority of minimum staffing levels Incidents reported via datix show no episodes of harm associated with staffing shortages Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally Allied Health Professional roles and new roles including Nursing Associates are not always captured on eroster and do not contribute to fill rates and CHPPD. This needs to be rectified going forward.

Monitoring and assurance framework summary:

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

Six Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period April 2019- September 2019. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. It includes a review of agreed minimum safe staffing levels for each team and the adequacy of their budgeted establishment. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018).

The review provides analysis at team level of what an efficient use of staffing establishment from a finance/rostering perspective looks like alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction (where this information is available). A review of existing establishments based on available dependency data using recognised evidence based methods has been undertaken. This has included utilisation of the Mental Health Optimal Staffing Tool (MHOST) and a modified version of the Safer Nursing Care Tool. The outcome of these methodologies has been considered alongside quality and productivity outcome measures and professional judgement in discussion with modern matrons; charge nurses and finance partners.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports with planned staffing not always being met due to sickness, vacancies and high levels of patient acuity. Since the last reporting period target registered fill rates on days have not been met by all units with the exception of Granville Court.

Darley has improved slightly from the previous reporting period. Townend Court persists with low fill rates but due to low bed occupancy their CHPPD are very high. Maister Lodge has the next lowest fill rates for registered nurse on days but good CHPPD rates and they have progressed the introduction of new roles following unsuccessful attempts to recruit registered nurses. These new roles are currently not reflected in the fill rates.

CHPPD in most areas remains above the national average with Westlands and Mill View Court just below. The exception is Malton and Whitby where the national comparators are not reliable as they do not relate specifically to community wards. We have sought information from an acute trust which indicates their required CHPPD on 20 bedded elderly medical ward, based on SNCT calculations is 6.2. Both Whitby and Malton have 6.9 CHPPD for the reporting period and we are utilising the modified SNCT locally to confirm required CHPPD for the 2 units.

Vacancies have increased across nearly all areas. Darley, Derwent, Avondale and PICU have had registered nurse vacancy levels above 30% of the total registered nurse establishment across the reporting period with PICU experiencing the highest levels at

nearly 40%. A workforce summit has been held with all divisions to urgently address the continuing pressure around registered nurse vacancies and each division is developing a detailed plan of how they will address each vacancy including review of skill mix and introduction of new roles including pharmacy technicians; incentivised recruitment and the provision of development roles and packages.

Sickness has increased across most areas with only 2 teams below the target of 4.5% and the rest above 5.2%. Derwent with 12.1% Ouse with 15.5%, and Westlands with 14.7% have the highest levels of sickness. Derwent and Ouse had high levels in the previous reporting period and Westlands sickness levels have doubled from 7.2% to 14.7% from April to September. A robust approach to managing sickness at a team level continues to be supported by HR business partners and improved reporting around short and long term sickness is enabling more targeted approaches to managing this issue.

Since the last report we have maintained a stable position in terms of training compliance with all units with the exception of Fitzwilliam Ward at Malton achieving the trust targets. This is mirrored with an overall improvement in supervision with the majority of units achieving or within reach of the target. Fitzwilliam ward is now reporting supervision however the number of trained qualified staff available to provide 1:1 supervision remains a challenge and this is reflected in low compliance. The service manager and modern matron are working with the new charge nurse to support the continued programme of training and reporting around supervision and PADR and identifying organisational development resource to manage a wider improvement programme and culture change.

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

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the MH and LD teams. Three teams in the Humber Centre have reported 25 episodes of cancelled leave due to staffing issues. These are Ullswater; Ouse and Darley. Ouse has reported the highest number across the period (n=14) However this was mostly in April and May. Darley and Ullswater also reported higher numbers in April (n=4 and n=5 respectively) and have only reported 2 episodes in subsequent moths. This indicator will continue to be reported in the monthly safer staffing dashboard.

Specific exceptions where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 40 incidents were reported on datix citing 'unable to provide care due to poor staffing levels' of these none resulted in harm. Nine related to the Humber Centre as a whole. Six related to Granville

and 5 each to Whitby and Newbridges. In each case the datix provides evidence of mitigating action to ensure safety such as moving staff, using 'floating' staff to cover two units; and leave being renegotiated. There is also evidence of escalation and where there have been more serious concerns (i.e reduced qualified cover on one unit in the Humber centre from midnight) then this had been investigated locally and learning and further action to prevent this happening again taken

3. Background and Context

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

The latest NQB improvement resources reiterate the need for a comprehensive review of staffing at team/service level which should be reported to the Board twice a year. This has been reinforced in 'Developing Workforce Safeguards', NHSI (October 2018) which outlines the intention to commence assessment of compliance with deciding staffing requirements using a triangulated approach. NHSI will also use their yearly assessment to ensure organisations are using evidence based tools; professional judgement and outcomes as part of their safer staffing processes.

In May 2019 the Shelford group published the Mental Health Optimal Staffing Tool (MHOST). We have completed licensing for MHOST and registration for the Safer Nursing Care Tool (SNCT) and have being utilising these tools to support the safer staffing and establishment reviews which are taking place on a rolling 6 monthly cycle. Issues encountered with the recommended minimum staffing levels generated by the tool (i.e 0.5 WTE staff on nights on Hawthorn court) have been countered by professional discussion and judgement. The community ward teams have been supported directly by Keith Hurst from the Shelford group who has supplied them with a modified version of the SNCT. Since the roll out of the MHOST tool other safer staffing leads have identified the need for a facilitated workshop to look at how the tool is working and wider considerations in relation to safer staffing approaches. HTFT will be part of this workshop.

4. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) met with members of each community hospital, mental health, learning disability and low/medium secure in patient team including service managers; charge nurses (CN), clinical leads, matrons, clinical care directors, finance and unit staff The 'Strategic clinical team establishment methodology' from the NQB MH resource was utilised to discuss their position in relation to safer staffing based on their fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures. Those areas highlighted in the previous safer staffing report as requiring urgent review were prioritised. Each area has collated

dependency data which has been used to calculate minimum staffing levels using MHOST or the modified SNCT.

4.2 Results

Unit	Summary and Action
Granville Court	Since the period Oct 18- Mar19 there has been a slight improvement in sickness. Performance in relation to PADR remains the same and below target, supervision and training performance is strong. The **fill rates and CHPPD give good evidence that the unit is safely staffed**. 6 incidents relating to staffing shortages were reported via datix. None resulted in harm No evidence based tool is currently available that is appropriate for the patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. The context of care tool will be utilised during Quarter 3 and 4 to ensure the focus is on the skill and compassion of the staff not just numbers this will also be supplemented by the use of the modified SNCT
Townend Court	Since the last reporting period the bed occupancy has fallen further in line with service transformation to 22%. Whilst the fill rates are below target the **CHPPD are very high and provide strong evidence that the unit is safely staffed**. All other quality and productivity target have been met with the exception of sickness which has increase form 4.8% in the previous reporting period to 7.7% in the current period and PADR and supervision which are just below target. 1 incident relating to staffing shortages was reported via datix. No harm resulted from this. There is no evidence based tool for learning disability units but the Clinical Lead continues to use context of care and has used the MHOST tool to inform discussion about minimum staffing levels
Ullswater	Since the last reporting period RN fill rates have improved but are still below target at 75%. **However CHPPD has further improved to 17.5 and it was therefore agreed that the unit is safely staffed**. The quality and productivity outcomes remain above target in this reporting period. 1 incident relating to staffing shortages was reported via datix. No harm resulted from this. However 6 episodes of cancelled section 17 leave due to staffing issues have been reported, 5 of which occurred in April suggesting an improving picture MHOST was utilised to calculate minimum staffing levels based on dependency data but suggested 4.5 WTE were required on days and only 0.5 on nights. The unit has B4 associate practitioners who are on the eroster and counted in unregistered fill rates. B6s are not routinely counted in registered fill rates and this needs to be addressed as part of eroster project plan
Darley	Since the last reporting period fill rates for registered nurses on days have improved but are still below target at 69%. CHPPD rates have also improved. Additional B6 register agency nurse has been employed on a short term contract to support improved staffing levels. Sickness has significantly decreased but is still above target. Other quality indicators remain above target with the exception of PADR

Unit	Summary and Action
	which has dropped slightly to be just below target. Senior oversight of staff movement to cover the service ensures safety is prioritised. Additional staffing resource is available during the day through AHP. 2 incidents relating to staffing shortages were reported via datix. None resulted in harm. 5 episodes of cancelled section 17 leave were reported across the period 4 of which occurred in April suggesting an improving picture
	A review of the establishment shows that this is adequate to cover minimum staffing levels. Current vacancies and sickness are contributing to inability to meet target fill rates. No incidents affecting patient care/causing patient harm have been reported. **It was agreed that the unit is safely staffed despite low fill rates as there is support across the wider service.**
	AHPs are on the eroster but not counted in the registered fill rates however B4 and B3 roles are counted in unregistered fill rates. B6s are not routinely counted in registered fill rates and this needs to be addressed as part of eroster project
	MHOST has been used to review minimum staffing levels and did not indicate these need to be adjusted at present
Derwent	Since the last reporting period Derwent has been reporting as a separate unit. Fill rates for registered nurses on days have remained below target and an additional B6 agency nurse has been employed on a short term contract to address this. CHPPD rates are strong at 22.1. Sickness is still high and supervision and PADRs are below target. 2 incidents relating to staffing shortages were reported via datix. None resulted in harm. Senior oversight of staff movement to cover the service ensures safety is prioritised. A review of the establishment shows that this is adequate to cover minimum staffing levels, Current vacancies and high levels of sickness are contributing to inability to meet target fill rates. **It was agreed that the unit is safely staffed despite low fill rates for registered nurses on days as the CHPPD are good there is support across the wider service.**
	A proactive plan for managing short term sickness is in place.
	AHPs are on the eroster but not counted in the registered fill rates however B4 and B3 roles are counted in unregistered fill rates. B6s are not routinely counted in registered fill rates and this needs to be addressed as part of eroster project
	MHOST has been used to review minimum staffing levels and did not indicate these need to be adjusted at present
Ouse	Since the last reporting period Ouse has been reporting as a separate unit. The registered nurse and overall fill rates on days are both below target. CHPPD are also low. A B5 agency nurse has been employed on a short term contract to help address this. Matron and Charge Nurse report that registered and unregistered nurses are frequently moved to other areas in the Humber Centre. Senior oversight of staff movement to cover the service ensures safety is prioritised. **It was agreed that the unit is safely staffed despite low fill rates for registered nurses on days and low CHPPD as there is support across the wider service. In addition AHPs are on the eroster but not counted in the registered fill rates. B6s are also**

Unit	Summary and Action
	not routinely counted in registered fill rates and this needs to be addressed as part of eroster project Sickness is significantly high and PADR performance is below target but training and supervision performance is good. 1 incident relating to staffing shortages was reported via datix. No harm resulted from this.14 episodes of cancelled section 17 leave were reported across the period 6 of which occurred in April and 5 in May. None were reported in September. A new charge nurse in now in post who is assertively addressing sickness and PADR performance MHOST has been used to review minimum staffing levels and did not indicate these need to be adjusted at present
Swale	Since the last reporting period fill rates for registered nurses on days have dropped below target. CHPPD have improved very marginally. Sickness has reduced slightly but is still above target. All other quality indicators are within or above target. Consistent use of additional staff to provide higher fills rates on nights (137%) needs to be addressed by the CN. The budgeted establishment meets the current minimum staffing requirements. No safer staffing incidents have been reported. **Despite the below target fill rates for RNs on days the CHPPD are strong and give evidence that the unit is safely staffed**. AHPs are on the eroster but not counted in the registered fill rates however B4 and B3 roles are counted in unregistered fill rates. B6s are not routinely counted in registered fill rates and this needs to be addressed as part of eroster project. MHOST has been used to review minimum staffing levels and did not indicate these need to be adjusted at present
PICU	Since the last reporting period there has been a slight drop in registered nurse fill rates on days. CHPPD have improved slightly and remain strong. There has been a slight drop in sickness but it is still above target. PADR compliance has improved and is just below target. Vacancies of registered nurse have increased to 39% and high bank use has been required to cover vacancies. 1 incident relating to staffing shortages was reported via datix. No harm resulted from this. The CN and service manager have recruited B4 assistant psychologists to support registered nurse vacancies The bed occupancy has been reduced to a maximum of 60%. **It was agreed that with these measures the unit has been safely staffed.** AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present however current minimum staffing levels require 3 registered nurses on days and this needs to be re visited.
Newbridges	Since the last reporting period there has been a decrease in registered fill rates on days and nights to just below target but overall fill rates remain above target. CHPPD have improved slightly and remain comparable to the other units and the national average. **This provides sound evidence that the unit is safely staffed** .There is good performance against quality indicators with the exception of

Unit	Summary and Action
	sickness which has reduced but is still above average. 5 incidents relating to staffing shortages were reported via datix. None resulted in harm. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present
Westlands	Since the last reporting period there has been a reduction in fill rates generally with a slight shortfall in the target for registered nurses on nights and a drop in register fill rates on days CHPPD are slightly below the national average. They have a full time B6 OT and a full time psychology therapist who are on the eroster but not counted in the fill rates and they have also been utilising bank Assistant Practitioner Occupational Therapy and activity roles on the bank which are also not reflected in the fill rates This **provides reasonable evidence that the unit is safely staffed**. Staff quality indicators have improved and are all above target. Sickness has increased to 14.7% most of which is attributed to long term sickness. 4 incidents relating to staffing shortages were reported via datix. None resulted in harm. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and following discussion the recommendation is that consideration is given to increasing the minimum staffing on nights to 6 staff comprising 2 registered and 4 unregistered staff
Mill View Court	Since the last reporting period registered fill rates have dropped to just below target. CHPPD are comparable to the other adult mental health units but below the national average. They have a full time B6 OT; a full time APOT and a full time activity co-ordinator who are on the eroster but not counted in the fill rates **This provides reasonable evidence that the unit is safely staffed.** There is good performance against quality indicators with the exception of sickness and a shortfall against the clinical supervision target. 2 incidents relating to staffing shortages were reported via datix. None resulted in harm. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present. Inability to recruit to vacant RN posts is being addressed through recruitment of pharmacy technician role
Avondale	Since the last reporting period fill rates have dropped to below target for RNs on days and nights and overall fill rates on days. CHPPD are good and above the national average. They have 2 full time activity workers who are not counted in the fill rates. **This provides sound evidence that the unit is safely staffed.** All other quality measures are above target. Vacancies have increased to 34% and this is

Unit	Summary and Action
	reflected in higher bank use. No safer staffing incidents have been reported. Plans are in progress to recruit a pharmacy technician due to inability to recruit Registered nurses. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present. Inability to recruit to vacant RN posts is being addressed through recruitment of pharmacy technician role
Hawthorn Court	Since the last reporting period the bed occupancy has fallen further in line with service transformation. Whilst the registered and overall fill rates for days are below target the **CHPPD are good and provide sound evidence that the unit is safely staffed**. Sickness and PADRs and supervision are both improving but remain below target. 1 incident relating to staffing shortages was reported via datix. No harm resulted from this. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels which indicated that current minimum staffing levels are not required and could be reduced. However the recommended levels on night was untenable (0.6 wte) and given the change in function and bed occupancy it was agreed, following discussion, that staffing levels are adequate and do not need to be adjusted at present
Maister Lodge	Since the last review period Fill rates for registered nurses on days have dropped further to 54%. The overall fill rates reflect that unregistered hours are being utilised to compensate for this. CHPPD are comparable to the other adult mental health units and above the national average. Two additional Associate Practitioner roles are on the eroster but not reflected in the fill rates **This provides reasonable evidence that the unit is safely staffed.** All other quality indicators are above target including sickness at 2.6%. No safer staffing incidents have been reported. Significant work has been done by the team to review skill mix and introduce new roles to support safer staffing. i.e nursing associate and pharmacy technicians. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present.
Mill View lodge	Since the last review period fill rates have dropped slightly to just below target for registered and overall levels on days. CHPPD are comparable to the other adult mental health units and above the national average **This provides sound evidence that the unit is safely staffed.** Quality indicators are above target with the exception of sickness and supervision. Charge nurse has implemented training

Unit	Summary and Action
	for staff and in light of continued poor compliance is refocussing to address individual performance with support from the MM. No safer staffing incidents have been reported. AHPs and associate practitioners are on the eroster but not counted in unregistered or registered fill rates and this needs to be addressed as part of eroster project MHOST has been used to review overall minimum staffing levels and did not indicate these need to be adjusted at present.
Whitby	Since the last review period fill rates have been maintained and are all within or above target. CHPPD has dropped slightly but is higher than required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. **This provides reasonable evidence that the unit is safely staffed.** Sickness is high and PADR compliance is below target- significant improvement has been made with supervision compliance which is now above target. 5 incidents relating to staffing shortages were reported via datix. None resulted in harm. Dependency data has been collated and modified SNCT has been used to review minimum staffing levels and it is recommended that an additional HCA is rostered onto the early shift. This can be done within existing establishment. AHPs are not on the eroster or counted in fill rates this needs to be addressed as part of eroster project
Malton	Since the last reporting period the fill rates for days have dropped just below target overall and for registered nurses. The CHPPD has also dropped slightly to 6.9 but is higher than required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. **This provides reasonable evidence that the unit is safely staffed.** No safer staffing incidents have been reported. Clinical supervision and PADR compliance is below target and compliance has dropped from the last reporting period. The number of trained qualified staff available to provide 1:1 supervision remains a challenge and this is contributing to low compliance. The service manager and modern matron are working directly with the new charge nurse to support the continued programme of training and reporting around supervision and PADR and identify organisational development resource to manage a wider improvement programme and culture change. It is noted that the unit is over fill rate for RNs at night. Work is being undertaken to improve flexible working within the team. Dependency data has been collected and the modified SNCT will be utilised to review recommended minimum staffing levels and CHPPD. ERoster needs to be implemented in next 6 months AHP and associate practitioners are aligned to the ward and provide additional hours and they need to be incorporated into the Eroster and there hours need to be added into the fill rates

5. CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services. If they find wide variation between similar wards, they may investigate to make sure the right staff are being used in the right way in the right numbers. CHPPD figures can be added together for groups of wards or for an entire service to make further comparisons. The most recent data was published in August and shows that the trust continues to perform well against our regional peers and nationally. It is of note that the overall CHPPD has increased both regionally and nationally whilst our figures have dropped slightly

August 2019	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers
Trust	11.7	3.5	8.2
Peer*	10.7	3.5	7.8
National	10.0	3.4	6.0

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

6.0 Summary

- Overall the majority of units are maintaining adequate and safe fill rate requirements and performance.
- Review of establishments has confirmed that units are adequately resourced and minimum staffing levels are appropriate
- Sickness and vacancies have increased across all areas and this is the major factor in lower fill rates and CHPPD
- Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy
- CHPPD for the 2 community wards looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit.
- The use of the MHOST tool and the modified SNCT has generally indicated that no changes are needed to the majority of minimum staffing levels with the exception of Whitby and Westlands where minor changes have been recommended which should be deliverable within existing budgeted establishments.
- Those teams undergoing transformational change- i.e Townend and Hawthorn Court will need ongoing review of dependency data as new patient populations are established
- PICU vacancy position is still increasing and reduced bed occupancy is still required to maintain safe staffing and additional use of bank staff

- Incidents reported via datix show no episodes of harm associated with staffing shortages
- Improved performance in training, supervision and PADR across most areas
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing associates are not always captured on eroster and do not contribute to fill rates and CHPPD. This needs to resolved.

7.0 Recommendations

- Divisions to agree plans on back of work force summit to address registered nurse vacancy position at team level
- Continued introduction of new roles and skill mix to support RN vacancy position (appendix1)
- QIA process for new roles/re modelling of clinical teams developed and signed off and process for evaluation of ongoing impact agreed
- AHP and other new roles to be on eroster and included in fill rates and CHPPD
- Continue 6 month rolling programme of review of establishments across all impatient units using MHOST and modified SNCT
- Continued focus across all in patient services on improving sickness (led by the Chief Operating Officer).
- Focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality; safety and productivity indicators.
- End of shift questionnaire to be built into myassurance audits to collect staff feedback

8.0 Next steps

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

2. Report to inform and support the development of action plans following the workforce summit and use the available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process

3. Continuing schedule of meetings established to strengthen engagement between the Charge Nurses, the Chief Operating Officer and Director of Nursing to be used to

- Discuss the findings from this report

- Ensure there is a collective view on when and how to escalate concerns
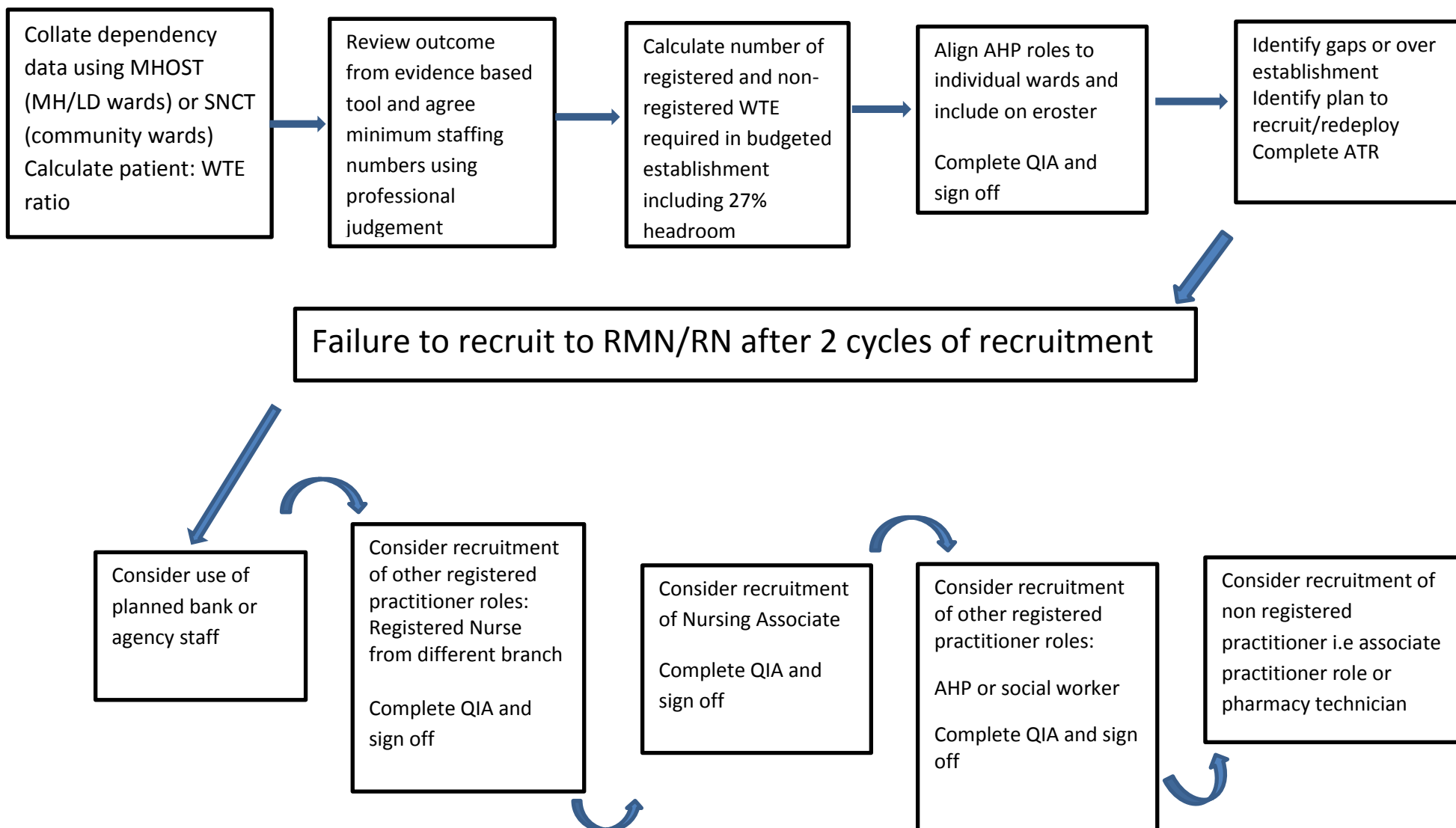
- Identify and collectively agree actions required to further strengthen staffing establishments

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

5. Project Plan to be developed to ensure Eroster is being used to capture all AHP and Nursing associate hours and that these are included in the fill rate/CHPPD calculations. This needs to be at a team level and may need additional aligned capacity

6. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for NHS I

Redesign of workforce using National Quality Board 'Strategic Clinical Team Establishment Methodology'

Collate dependency data using MHOST (MH/LD wards) or SNCT (community wards) Calculate patient: WTE ratio	Review outcome from evidence based tool and agree minimum staffing numbers using professional judgement	Calculate number of registered and non-registered WTE required in budgeted establishment including 27% headroom	Align AHP roles to individual wards and include on eroster Complete QIA and sign off	Identify gaps or over establishment Identify plan to recruit/redeploy Complete ATR

Failure to recruit to RMN/RN after 2 cycles of recruitment

Consider use of planned bank or agency staff	Consider recruitment of other registered practitioner roles: Registered Nurse from different branch Complete QIA and sign off	Consider recruitment of Nursing Associate Complete QIA and sign off	Consider recruitment of other registered practitioner roles: AHP or social worker Complete QIA and sign off	Consider recruitment of non registered practitioner i.e associate practitioner role or pharmacy technician

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 29 January 2020				
Title of Report:	Safeguarding Strategy 2019 - 2022				
Author/s:	Executive lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals Name: Wendy Proctor, Head of Safeguarding				
Recommendation:	To approve		To receive & note		
	For information		To ratify	X	
Purpose of Paper:	Following approval by the Quality Committee at its December meeting for the Board to ratify the safeguarding strategy which covers the three year period from November 2019 to November 2022. This strategy is 'a continuing journey' promoting patients and staff at the forefront of the Trust's priorities to continuously improve the quality of safeguarding practice and enhance prevention and wellbeing. It will promote continued and strengthened partnership working with patients, staff and our safeguarding partners. in line with national best practice and local need.				

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	07/12/19	Workforce &Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail	

Key Issues within the report:	Key issues within the safeguarding strategy are: This is our first safeguarding strategy which encompasses both child and adults safeguarding; reflecting our strategic aim of embedding 'think family' across all of our services. The strategy specifically promotes: • Promoting the welfare of all children, young people and adults at risk ensuring this approach is reflected in all areas of the Trust activities and business. • Ensuring safeguarding children, young people and adults is undertaken by everyone supported and governed by the specialist staff employed in dedicated roles and governance structures within the Trust. This provides a framework that supports best practice and allows the Trust to fulfil its key responsibilities.

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	• Ensuring we systematically learn through experience at both an organisational level and team level with continuous improvement to services being made based on the learning. with effective horizon scanning and implementation of up- to-date resources for safeguarding being routinely undertaken ensuring we follow best practice and enhance the organisational standards. • Ensuring staff demonstrate the values and competence required to effectively safeguard and promote the welfare of children, young people and adults at risk

Monitoring and assurance framework summary:

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

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Safeguarding Strategy

2019 - 2022

'If you hear something, see something, suspect something, say something.'

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Document Configuration		Document Ref:
Date 29/10/2019	Version	Development Draft
Author Name / Job Title	Wendy Proctor, Head of Safeguarding & MCA/DoLS Lead Kerry Boughen, Deputy Head of Safeguarding & Named Nurse for Children	
Directorate Name	Nursing and Quality	
Clinical / Executive Sponsor	Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals	
Reporting Committee	Quality Committee	
Trust Board Ratification		
Review Date		
Distribution Channels		
Regulator Link	https://improvement.nhs.uk/ https://www.cqc.org.uk/	
Key Internal Documents	Annual report Safeguarding Children and Adults Adult Safeguarding Policy Child Safeguarding Policy Domestic Abuse Policy Prevent Policy MCA DOLS policy Patient Safety Strategy Patient Engagement Strategy	

Contents

Humber Teaching NHS Foundation Trust

Safeguarding Strategy for Children, Young People and Adults

2019 – 2022

1.0 Foreword by the Executive Director of Nursing, Allied Health & Social Care Professionals

Welcome to the first safeguarding strategy which encompasses both child and adults safeguarding; reflecting our strategic aim of embedding 'think family' across all of our services. We have worked very closely with patients and staff and our safeguarding partners across the communities we serve to develop the strategy which identifies the priorities for the next three years building on our work to date and priorities identified from intelligence we have both internally and externally from our partners.

The strategy aims to drive continuous improvement in safeguarding with a particular focus on:

- Promoting the welfare of all children, young people and adults at risk ensuring this approach is reflected in all areas of the Trust activities and business.

- Ensuring safeguarding children, young people and adults is undertaken by everyone supported and governed by the specialist staff employed in dedicated roles across the Trust. This provides a framework that supports best practice and allows the Trust to fulfil its key responsibilities.

- Ensuring we systematically learn through experience at both an organisational level and team level with continuous improvement to services being made based on the learning. With effective horizon scanning and implementation of up- to-date resources for safeguarding being routinely undertaken ensuring we follow best practice and enhance the organisational standards.

- Ensuring staff demonstrate the values and competence required to effectively safeguard and promote the welfare of children, young people and adults at risk.

In the delivery of this strategy we will continue to work together with families and service users in relation to safeguarding, promoting the welfare of children, young people and adults to shape services that are meaningful and have positive outcomes.

We will ensure that the voice of the adult at risk, child and young person is heard throughout the process of safeguarding.

We will ensure that MSP (making safeguarding personal) is embedded throughout the organisation and is reflected in our service user engagement.

Our collective aim is prevention, protection, quality, patient safety, partnership and improvement.

2.0   Purpose of the Safeguarding Service Strategy

The safeguarding service strategy covers the three year period from November 2019 to November 2022. This strategy is 'a continuing journey' and ensures that patients and staff of the service are at the forefront of the Trust's priorities to help improve the quality of safeguarding practice and enhance prevention and wellbeing. It will promote partnership working with patients, staff and our safeguarding partners.

To implement this strategy, we have aligned our priorities to the organisation's six goals;

Innovating quality and patient safety	Enhancing prevention, wellbeing and recovery
Developing an effective and empowered workforce	Promoting people, communities and social values
Fostering integration, partnerships and alliances	Maximising an efficient and sustainable organisation

3.0   Our Mission, Vision and Values

Humber Teaching NHS Foundation Trust (HTNFT) is committed to safeguarding all patients who access our services. The term safeguarding covers everything that assists a child, young person or adult at risk to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

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HTNFT is committed to ensuring that safeguarding is firmly embedded within the wider duties of the Trust; acknowledging the findings of large scale inquiries such as Francis and Lampard, and also recent legislation, such as the Care Act, 2014 Working Together 2018.

This is the first safeguarding strategy for HTNFT in relation to children, young people and adults as an integrated approach. The strategy outlines the objectives the Trust will achieve over the next three years to strengthen its safeguarding arrangements whilst working in partnership with other key stakeholders.

This strategy sets out how we will improve services within five key domains

Working in partnerships	**Engaging with service users**	**Effective safeguarding structures and governance**

Mainstream safeguarding children, young people and adults into everyday business	**Learning through experience and the development of knowledge and skills for staff**

4.0   Our statutory safeguarding duties

All providers of healthcare services are required to be registered with the Care Quality Commission (CQC). In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably trained, skilled and supported.

This strategy aligns itself to the CQC's five themes:

o   Are services safe?
o   Are services effective?
o   Are services caring?
o   Are services responsive to people's needs?
o   Are services well-led?

The government published guidance to all NHS organisations on their responsibilities to safeguard children and adults at risk and in March 2015, published

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an updated Accountability and Assurance Framework for Safeguarding Vulnerable People in the Reformed NHS.

Part 1 of the Care Act 2014 came into force on the 1st April 2015; this establishes a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs who are at risk of abuse or neglect.

CQC outcome 4 (Care and welfare of people who use services) and outcome 7 (Safeguarding people who use services from abuse) apply to both children and adults and include the implementation of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

The Children Act 2004, as amended by the Children and Social Work Act 2017, strengthens the partnership between health services, the police and the local authority by placing new duties on key agencies in a local area. Specifically the partnership has a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area.

Statutory guidance is also provided by Working Together to Safeguard Children (HM Government 2018) where it is stated that health services are:

> "….in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews."

As a health provider we are required to demonstrate and evidence that we have safeguarding leadership and commitment at all levels of the organisation, and that we are fully engaged and in support of local accountability and assurance structures, in particular via the Hull, East Riding and North Yorkshire children and adult partnerships and commissioners.

5.0   Strategic Context

The needs of our local populations constantly change and this is reflected in the safeguarding needs in the communities we serve. This strategy has been produced as a response to current changes within safeguarding to take account of:

An integrated whole organisational approach to safeguarding and promoting the welfare of children, young people and adults will be embedded across all divisions and services provided by the Trust, and in every aspect of the Trust's work.

There will be robust governance arrangements around the safeguarding agenda and all staff working within HTNFT will be able to discharge their statutory responsibilities within their professional boundaries. Shared learning will enhance and shape service provision. The patient and carer's experience will be enhanced by the provision of effective partnership working with other agencies, which will aid seamless service provision.

The national agenda for safeguarding includes such areas as

- *County Lines and child exploitation the proliferation of phone networks which recruit young people into criminal gangs across county areas*
- *MCA 2019 LPs the new legislation which will change the organisational ownership of the MCA DOLs process*
- Domestic Abuse Bill (Adults and Children) the new legislation which will include more categories of abuse and coercive control.
- Contextual Safeguarding, the acknowledgement of wider safeguarding factors beyond the family unit.
- The new Children's Safeguarding Partnership Board and the links with partners agencies

6.0   Trust Priorities for the Next Three Years: 2019 to 2022

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

Humber Teaching NHS Foundation Trust Goals

⇕

Safeguarding Children and Adult Priorities

How will we know we are making a difference in the next three year

Priority 1

Mainstreaming

safeguarding

What are we already doing?

- Incorporating safeguarding into Trust processes (clinical incident reporting, human resources processes, RCA's, SI process, long term segregation, quality review, risk management , patient safety , PURL)
- A library of specialist policies, guidance and information available to staff via the intranet
- Three year audit plan in place for specific areas of clinical practice for children and adults safeguarding
- Safer recruitment and DBS processes in place
- Safeguarding reviews and MCA reviews in place Trust wide as ongoing programme.
- Providing safeguarding support and guidance to clinical staff via the duty desk, development sessions and attendance at MDTs
- Ensuring that Trust staff are included in the process of multi-agency arrangements – audits, MARAC, MACE, Prevent by sharing outcomes, safety plans and actions

Within the next three years the following milestones will be achieved:

- Robust Trust processes widely and consistently implemented across the organisation and easily accessible for all staff
- Departmental audits regularly undertaken relating to safeguarding issues to identify and improve safeguarding practice
- Robust monitoring of HR processes and compliance with safeguarding legislation in relation to recruitment
- Comparative information relating to clinical practice in all wards/departments which will impact on outcomes for service users
- Integrated safeguarding processes in place with bespoke and specialist support for all staff

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6.2 Goal 2: Enhancing Prevention, Well Being and Recovery

Priority 2

Effective safeguarding structures and governance
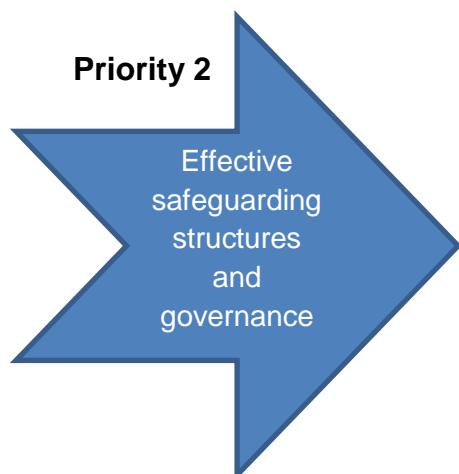
What are we already doing?

- Established Safeguarding Learning and Development Forum
- Quarterly and annual reports for Trust Board
- Regular and scheduled representation at partner agency meetings and partnerships
- Safeguarding champions/ links and supervisors across the Trust
- Safeguarding embedded in all risk management, patient safety and SI processes
- Prevent processes in place with full support and attendance from Humber safeguarding with the police and LA meetings
- Domestic abuse processes in place with full support provided to the MARAC process
- Child Exploitation processes in place with safeguarding representation at MACE meetings
- MCA 2019 LPS implementation planning in place
- Safeguarding fully included in Trust peer review teams
- Full integration of the children and adults safeguarding service which addresses operational issues, combines governance and robust cross cover for a small specialist service

Within the next three years the following milestones will be achieved:

- Continued monitoring of safeguarding business and activities via the Safeguarding Learning and Development Forum and business divisions clinical networks
- Programme of work to promote the profile and understanding of safeguarding across the Trust
- Business divisions that have safeguarding processes and governance embedded in clinical network meetings and senior management meetings
- Further development of the voice of the child
- Full implementation of MCA 2019 LPS process with workforce planning, training and development to embrace new responsibilities
- Enhanced understanding and application of the Prevent strategy with increased staff awareness of Prevent issues
- Embedding the new Domestic Violence and Abuse bill and supporting staff to understand their responsibilities and pathways for services users experiencing domestic abuse
- Embedded neglect assessment tools used to identify the requirement for early help

6.3   Goal 3: Fostering integration, partnership and alliances

Priority 3

Working collaboratively with other organisations and safeguarding partners

What are we already doing?

- Executive attendance at LSCPs and SABs
- Named Nurses for children and adults in place
- Regular and planned attendance at agency sub group meetings from various members of the safeguarding team
- Regular interface with processes to share information with partner agencies and develop multi-agency working as regards training and policies
- Ensuring the availability and co facilitation of multi-agency training for all Trust staff
- Full commitment to multi-agency arrangements and processes such as Prevent, MARAC, MACE, SPRs and SARs

Within the next three years the following milestones will be achieved:

- Continued attendance at LSCPs and SABs with regular communication at a senior level to inform/direct the wider safeguarding agenda across the economy. This will further strengthen and embed the concept of contextualised safeguarding.
- Planned programme of attendance at partnership agencies and sub groups with evidence of effectiveness
- IT systems that interface and 'information sharing agreements' in place to aid seamless service provision and communication between agencies. IT picks up child protection issues
- Embedding and developing with the new Working Together partnerships in child safeguarding

6.4 Goal 4: Developing an effective and empowered workforce

Priority 4

To expand staff's knowledge and understanding and experience of high quality safeguarding practice and how that influences their practice

What are we already doing?

- Trust is currently fully compliant with mandatory safeguarding training level one, two and three however, level three adult safeguarding is a new module and compliance will be reached October 2019
- MCA training has been reviewed and updated
- Supervision guidelines in place and development sessions available monthly to all staff
- Specialist safeguarding children supervision available to Trust services areas
- Safeguarding routinely discussed at supervision and during appraisal processes as a standard agenda item
- Safeguarding practice reviews, safeguarding adults reviews, Domestic Homicide reviews RCA's and clinical incident investigations are now shared widely across the Trust for learning purposes (ad hoc events in the community)
- Safeguarding and MCA reviews are in place trust wide
- Self-neglect / neglect training in place Trust wide.
- Themes identified within LLRs, SPR, SARs, DHRs and SIs cascaded Trust wider via training, development sessions, supervision structures and five minute focus briefings.

Within the next three years the following milestones will be achieved:

- Continued improvement in training compliance to achieve targets agreed with the CCG
- All key staff groups to have received supervision in line with the Supervision Guidance
- Process in place for sharing learning relating to RCA's, clinical incidents, SAR, DHR and SCR Trust wide. Continue to embed learning from SCR , SAR/ DHR , LLR
- Provision of a robust integrated safeguarding forward audit plan
- Continue to embed learning from MCA reviews and Peer Reviews
- Continue to improve the access, availability and recording of safeguarding children supervision
- Embed the use of Neglect Tools for child assessment

Priority 5

Accessible Information
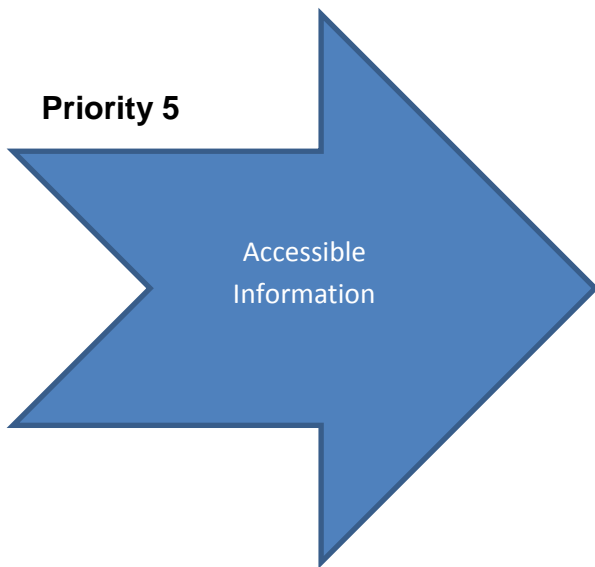
What are we already doing?

- Provision of an eLearning schedule to complement the mandatory training requirements
- Resources, advice and links available on the Trust intranet, available to all Trust staff
- Information dissemination
- Training, bespoke and planned schedules
- Development sessions
- Attendance at MDTs and support in managing complex safeguarding issues
- Duty desk
- Policies and procedure available via intranet highlighted in training
- Freedom to Speak Up Policy and support available to all staff
- Supervisory processes in place

Within the next three years the following milestones will be achieved:

- Development and availability of further high level e learning training packages
- Humber safeguarding electronic input to case files following clinical discussion
- Updating and refreshing of policies and procedures in line with changing legislation
- Safeguarding champions role to develop and enhance safeguarding knowledge and support throughout the organisation
- Domestic Abuse legislation to be further embedded in policy and training
- Continue to develop Trust awareness of contemporary safeguarding themes such as Child Exploitation, Trafficking and County Lines.

6.5   Goal 5: Maximising an efficient and sustainable organisation

Priority 6

Raising the profile of safeguarding children and adults whenever we can

What are we already doing?

- Making best use of an integrated service resource to maximise efficiency, access and knowledge base
- Flexible use of staff
- Training and development programme tailored specifically to meet the needs of service areas
- Specialist developments
- Prioritising of support for complex clinical cases.
- Active presence in all areas of the Trust

Year 1
- Full review of the safeguarding service in line with MCA 2019 LPS and potential resource increase

Years 2 & 3
- Implementation of review changes and resource development

Caring, Learning and Growing

6.6 Goal 6: Promoting people, communities and social values

Priority 7

Engaging with service users
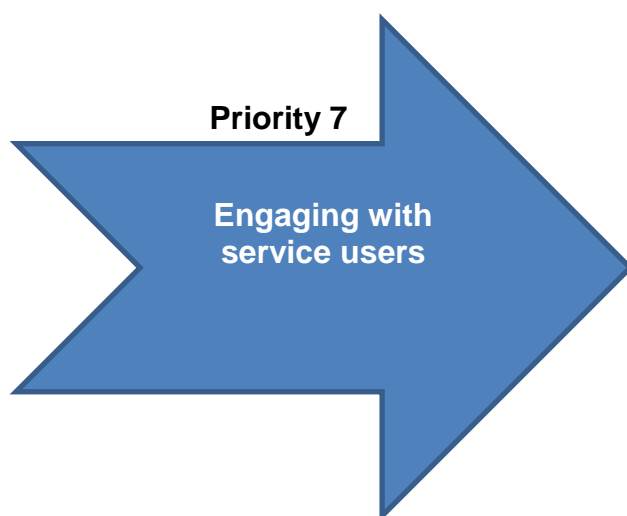
What are we already doing?
- We engage with service users and their families individually but not in a systematic or standardised way
- No patient information available for service users
- MSP is embedded in training but further integration required into practice. MSP multi-agency audit in progress
- Involvement with the patient engagement process

Within the next three years the following milestones will be achieved:

- Provision of patient information that informs families of our statutory duties to safeguard children, young people and adults
- Functional focus group to assist us with shaping services and safeguarding involvement with patient forums, engagement and advocacy
- Annual patient experience feedback reports
- MSP embedded throughout clinical practice

7.0 Implementing the Strategy

Evaluation will include:

- Assurances processes to determine and monitor improvements
- Service User Forums
- Audit
- Training evaluation
- Safeguarding development plans and yearly objectives
- Performance monitoring

The strategy will be monitored as part of an on-going assurance process to review progress and developments. The strategy will be further updated following any new developments.

This strategy is available in alternative languages and other formats *including Braille, audio disc and large print* by contacting us in the following ways:

If you would like any further information relating to the implementation of this strategy please contact the Safeguarding Team as follows:

Humber Teaching NHS Foundation Trust
Trust Headquarters
Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 335810

Email: HNF-TR.SafeguardingHumber@nhs.net

References;

NHSE annual update 2018/2019 safeguarding report

NHSE annual safeguarding and policy report 2018/2019

MCA 2019 LPS legislation update

Domestic Abuse Policy 2019

Working Together 2018

Caring, Learning and Growing

Title & Date of Meeting:	Trust Board Public Meeting - 29 January 2020				
Title of Report:	Draft Research Strategy 2020-22				
Author/s:	Cathryn Hart, Assistant Director Research & Development				
Recommendation:	To approve	√	To receive & note		
	For information		To ratify	√	
Purpose of Paper:	New draft Research Strategy 2020-22 for approval. Drafts have previously been circulated for comment to some members of the Executive and Board, as well as the Operational Delivery Group and the Quality Committee. This latest draft includes revisions made as a result of their feedback.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date			Date
	Audit Committee		Remuneration & Nominations Committee		
	Quality Committee	05/12/19	Workforce & Organisational Development Committee		
	Finance & Investment Committee		Executive Management Team		Circulated in Dec 2019
	Mental Health Legislation Committee		Operational Delivery Group		29/10/19
	Charitable Funds Committee		Other (please detail)		

| Key Issues within the report: | In this new Research Strategy three priorities have been identified, which in turn are aligned to our overall Trust strategy goals.

Priority 1: Research embedded as a core component of clinical services
Priority 2: Enhanced community involvement and awareness
Priority 3: Growing our strategic research presence and impact

The strategy also sets out the associated objectives for each of the three priorities, as well as indicators for what success is expected to look like.

These were developed through extensive consultation with staff at various levels within the organisation, Trust governors, the Board, patients, service users, carers, and external stakeholders. This also included a round table session at the 2019 Research Conference attended by 170 people from 26 |
|---|---|

	organisations.
	This research strategy also sets out longer term ambitions beyond 2022.

Monitoring and assurance framework summary:

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

Research Strategy 2020-2022

Changing lives through innovation and ambition

Contents

Caring, Learning and Growing

Foreword

A message from our Chief Executive and Patient Research Ambassador

Michele Moran
Chief Executive

A high performing organisation recognises the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. There is evidence that people do better in organisations that do research and therefore we see research as a core part of the service we provide for our community.

We are committed to working with key partners to increase opportunities for people to help shape the future of our health services and treatments, through taking part in research. Our communities are our experts by experience and it is important that we provide opportunities for people from as many different services as possible to be included.

Overall we hope that the growth and delivery of research at Humber Teaching NHS Foundation Trust will contribute to the evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of care locally.

Wendy Mitchell
Patient Research
Ambassador

When you're given a diagnosis, whatever that condition might be, you might feel like your life is falling apart, feel worthless and of no use to anyone anymore. Participation in research can offer people hope for future generations but more so, give them back that sense of being valued once again that any diagnosis can strip away from you.

I have Dementia, for which there is currently no cure, and without willing volunteers to test new theories there will continue to be no cure or knowledge of how best to live and care for those no longer able to care for themselves with dementia. Social and technological research is equally as important as clinical drug trials for any condition.

We have to normalise involvement in research, but to do this we must have the backing of all healthcare professionals and for them to talk about research would help make it normal. Promoting research doesn't have to eat into anyone's budget. The NHS can't move forward without research and research can't move forward without willing volunteers. We need hope and research gives us that hope. Without research we can't change the future!

Caring, Learning and Growing

1.0 Executive Summary

Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity.

We made significant progress across the seven objectives set out in our previous strategy 2017-2019. This new strategy aims to build on that progress and continue our journey to achieving an outstanding reputation for research.

In this strategy for 2020 to 2022 we have identified three research priorities, which in turn are aligned to our overall Trust strategy goals. For each of the three priorities listed below, associated objectives have been identified, as well as indicators for what success is expected to look like.

> **Priority 1**
> *Research embedded as a core component of clinical services*
>
> **Priority 2**
> *Enhanced community involvement and awareness*
>
> **Priority 3**
> *Growing our strategic research presence and impact*

These were developed through extensive consultation with staff at various levels within the organisation, our governors, board, patients, service users, carers, and external stakeholders.

Whilst working on these priorities over the next three years, we will also be looking beyond and laying the foundations for our future ambition of developing a physical research and innovation hub for Humber; a centre attracting new investment, new partners and renowned clinical research professionals and innovators.

2.0 Background

There is good evidence that trusts who participate in research have improved health outcomes and healthcare processes.[1][2][3] Being research-active also makes the

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[1] Hanney S et al. 2013. Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research* 1(8).

Caring, Learning and Growing

organisation a more attractive employer and increases its prestige, as well as bringing in extra income.

Research became specific in CQC Well Led inspections for trusts in Oct 2018; the first time research activity has been formally recognised as a key component of best patient care. The CQC now focuses on how well a trust as a whole supports research activity via strategic and divisional leadership, and patient opportunity and access around research.

Key policies recognise the importance of research in the NHS and drive the research agenda nationally. The Department of Health and Social Care (DHSC) views research as a core responsibility for all NHS Trusts in England, the importance of research is enshrined in the NHS Constitution (2011), the NHS England Research Plan (2017) makes an explicit commitment to promote and embed research, NICE guidance (2018) states we must tell people about research they could take part in and the NHS Long Term Plan (2019) recognises the importance of innovation via research (see *Appendix 1*).

The UK Policy Framework for Health and Social Care Research (2017) sets out the principles of good practice in the management and conduct of health and social care research across the UK. The status of this document is statutory guidance to which local authorities and NHS trusts in England must have regard. Its purpose is to ensure that the public will feel safe when they take part in research, whilst enabling the development of innovations which will help to improve the quality of health and care in the UK. The Framework helps bodies that commission care to fulfil their legal duty under the Health and Social Care Act 2012 to promote the conduct of research.

There is an expectation by DHSC that all NHS Trusts will participate in the successful delivery of research studies that are recognised by the research arm of the NHS, namely the National Institute for Health Research (NIHR). These studies are known as NIHR '*Portfolio'* studies.

The Yorkshire and Humber Clinical Research Network (CRN), hosted by Sheffield Teaching Hospitals NHS Foundation Trust, provides support and funding for research according to key performance indicators set by the NIHR. As a member organisation the Trust has a formal agreement (to March 2022) with the CRN, with specified obligations with regard to supporting the delivery of *Portfolio* research locally and annual targets for the numbers of people we should recruit into studies.

Development funding awards for testing local innovation, new services or practice, such as those provided by local Clinical Commissioning Groups, do not usually qualify for the NIHR *Portfolio*, but are nonetheless important and for the Trust may

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[2] Ozdemir BA et al. 2015. Research Activity and the Association with Mortality. *PLoS ONE* 10(2): e0118253. doi:10.1371/journal.pone.0118253.
[3] Downing A et al. 2017. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 66:89-96.

Caring, Learning and Growing

lead on to the application of larger competitive grant awards in the future, which would subsequently qualify for *Portfolio* status. Research projects carried out as part of post-graduate qualifications tend to be classed as '*Non-Portfolio*' but nonetheless are also important in the development of research-experienced clinicians.

All research involving the NHS in England must have Health Research Authority (HRA) approval as it may involve greater risk, burden or intrusion for participants than standard clinical practice. Research activity and its governance are distinct from other data collection activities such as clinical audit and local service evaluation which have their own internal governance systems.

This research strategy embodies the above policies and guidance and seeks to increase our research offer to our community, enhance our services and improve patient safety; *changing lives through innovation and ambition*.

As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture whereby research is embedded as a core part of clinical services, enhancing our offer to those who access our services, but also making Humber Teaching NHS Foundation Trust an excellent place for staff to work, learn and innovate.

3.0 The Aim of the Research Strategy

The main purpose of research is to make a positive difference to the quality of healthcare the NHS provides now and in the future. Our aim is therefore for research to be embedded as a core component of our clinical services since it is a key enabler to delivering high quality services as well as recruiting and retaining the best clinical staff. This fits with enabling the Trust to achieve its aspiration of becoming a high reliability organisation, as described in the Patient Safety Strategy 2019-22. This requires an organisation to be committed to quality as well as productivity and have a culture that encourages improvement; the very basis of research.

The three priorities and associated objectives identified in this three year research strategy 2020-2022 seek to build upon our existing strengths, to continue what we are doing well so that we carry on growing and improving year on year, acknowledging that there are certain things we have to do (business as usual) to retain our core NIHR funding via our partnership with the CRN, and to fulfil key regional and national research performance indicators. Importantly it will also focus on building capacity, developing new opportunities and innovation prospects, potential new partnerships, attracting key research innovators and increasing funding from external sources.

Caring, Learning and Growing

At the core of this strategy is building on our success trajectory (see *figures 1 and 2*). We have more than doubled the number of participants and the number of NIHR portfolio studies between 2013-14 and 2018-19. Our aspiration would be to continue increasing year on year, with *figures 1 and 2* illustrating what a ten per cent increase each year would look like.
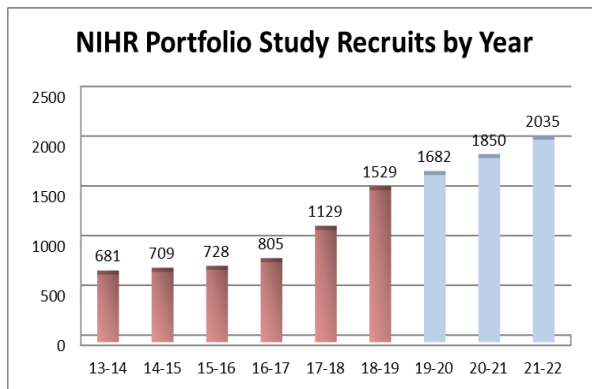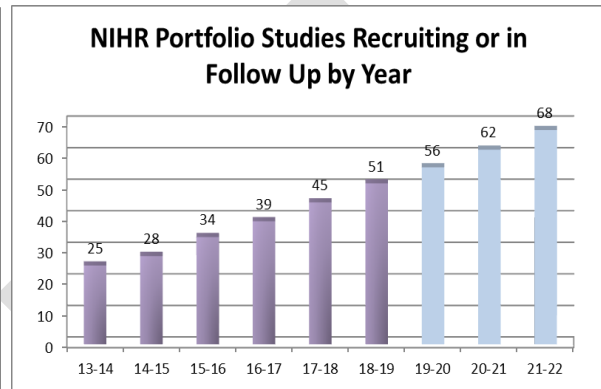
Figure 1: Increased participants **Figure 2: Increased studies**

NIHR Portfolio Study Recruits by Year

NIHR Portfolio Studies Recruiting or in Follow Up by Year

Research has the potential to impact on all goals within the Trust's Strategy 2019-22. Therefore, to implement this strategy we have aligned our priorities to the organisation's six goals.

Strategic Goals

Innovating quality and patient safety.

Enhancing prevention, wellbeing and recovery.

Fostering innovation, partnership and alliances.

Developing an effective and empowered workforce.

Maximising an efficient and sustainable organisation.

Promoting people, communities and social values.

As Sustainability and Transformation Partnerships (STPs) develop into Integrated Care Systems (ICS), focusing on population health, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across local populations, there is the potential for research in the Trust to also impact on the priorities of the STP and to increasingly involve those partner organisations.

Caring, Learning and Growing

As a multi-speciality provider we have a broad range of services, across a large geographical footprint each with differing issues and challenges. Therefore, it is essential that this research strategy takes into account the unique challenges that each service brings. All of our staff, services and community can potentially be involved in research and therefore this research strategy applies Trust-wide.

4.0 Our Mission, Vision and Values

This Research Strategy describes how Humber Teaching NHS Foundation Trust will ensure that we embed a culture of research that supports the delivery of high quality, safe, effective care across all of the services we provide. The strategy has been designed to support the delivery of the Trust's visions and values which include:

Mission
Humber Teaching NHS Foundation Trust
A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing

Vision
We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer and valued partner

Values
Caring Learning Growing

Learning and using proven research as a basis for delivering safe, effective, integrated care

Caring for people while ensuring they are always at the heart of everything we do

Growing our reputation for being a provider of high-quality services and a great place to work

5.0 Priorities and Objectives for 2020-22

When identifying the three key research priorities and associated objectives to focus on across the next three years, it was essential that we listened to what our community felt these should include. In doing so various groups were consulted, including service users, patients, carers, families, staff, Trust Governors and Board, commissioners, voluntary organisations and academic partners. This consultation also included a round table session with 170 people from 26 organisations that attended the 2019 Trust research conference.

Caring, Learning and Growing

These three priorities are aligned to our Trust strategic goals as outlined below:

Research Strategy Priorities	Linked to Trust Strategic Goals	
Priority 1 *Research embedded as a core component of clinical services*		**Strategic Goal 1** Innovating quality and patient safety
		Strategic Goal 4 Developing an effective and empowered workforce
Priority 2 *Enhanced community involvement and awareness*		**Strategic Goal 2** Enhancing prevention, wellbeing and recovery
		Strategic Goal 6 Promoting People, Communities and Social Values
Priority 3 *Growing our strategic research presence and impact*		**Strategic Goal 3** Fostering integration, partnership and alliances
		Strategic Goal 5 Maximising an Efficient and Sustainable Organisation

This strategy builds on from the achievements of our previous research strategy 2017-19, against which significant progress was made on the objectives set out within it and an array of notable successes, impacts and examples of research translating into practice (see *Appendix* 2).

Below the paper sets out the objectives associated with the three strategic research priorities (*what we will achieve)* and also what success is expected to look like by 2022 (*how will we know we have achieved it).*

Caring, Learning and Growing

	Priority 1: **Research embedded as a core component of clinical services**
What will we achieve?	**How will we know we have achieved it?**
1. A culture of engagement and involvement in research throughout the organisation (not viewed as exclusive or specialist) 2. Workforce with capacity and capability for research 3. Research awareness in all teams 4. Ability/readiness to open studies in all service areas 5. Clinical staff developing research careers locally – 'growing our own'	✓ Research signposting in clinical documents/areas (including link to national 'Be Part of Research' website) ✓ Increased numbers of staff signposting people to studies ✓ Increased numbers of participants recruited into studies year on year ✓ Increased numbers of studies running in the Trust year on year ✓ Increased numbers of local people registered with the 'Join Dementia Research' (JDR) service year on year and taking part in studies included on the JDR register ✓ Studies in clinical specialties not previously participating in research, or where activity has been minimal ✓ Research regularly on the agenda of multi-disciplinary team meetings ✓ Research included in relevant staff supervision/appraisals ✓ All GP practices 'Research Ready' ✓ Research learning events for staff ✓ Protected time for research, including research training and developing research applications ✓ Staff engaged in all relevant CRN Specialty Groups ✓ Research-funded staff embedded in key areas and a research presence in all ✓ Increased numbers of early career researchers, Principal and Chief Investigators year on year ✓ Clinical research posts, e.g. NIHR fellowships, junior doctor academic trainees, joint clinical academic posts with universities and research doctorates ✓ Research targeted to enhance services/interventions in areas identified as a priority for the Trust and/or commissioners ✓ Targeted investment and support in teams identified as 'research hubs ✓ Research highlighted in CQC report

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Priority 2: Enhanced community involvement and awareness	
What will we achieve?	**How will we know we have achieved it?**
1. Partnership working with patients, service users, carers, families and groups representing them, to optimise participation in research 2. Volunteers influencing research development and delivery locally 3. Changed perception of research (demystified) across our community 4. Opportunities for everyone to take part in research studies, including harder to reach groups 5. Raised awareness of social value of research 6. Learning from research shared with our community	✓ More patients, service users, carers and families co-producing research each year ✓ The new child campus becomes a centre for research, with young people involved in every stage of the research process ✓ Increase numbers of Patient Research Ambassadors from two and involve them in more research activities ✓ More local groups and voluntary organisations, including Patient and Carer Experience Forum, involved in raising awareness of and signposting people to research ✓ Participant Identification Centre (PIC) for research studies in non-NHS settings, e.g. schools and care homes ✓ Trust Members and Governors regularly provided with information about research ✓ Positive feedback in annual Research Participant Experience Survey, and other media ✓ Bridlington residents engaged in research as part of the 'Health Town' initiative and through increased GP practice involvement from 2020 ✓ Research opportunities increased in health and social care by utilising technology and existing data systems (e.g. Local Health Care Record) ✓ Market Weighton residents engaged in more research from 2020 as part of the 'Dementia Friendly' community project and through increased GP practice involvement ✓ Research results shared with study participants ✓ Patient stories about impact of research shared with staff, stakeholders and wider community; encouraging translation of research into practice ✓ Research results shared and awareness raised via annual research conference and other local research learning events

Caring, Learning and Growing
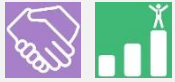
Priority 3: Growing our strategic research presence and impact	
What will we achieve?	**How will we know we have achieved it?**
1. Effective relationships and collaborations with external partners 2. Reputation as a research capable organisation across multiple specialties 3. Recognised as a Trust that delivers high quality research to time and target 4. Income generation - financial sustainability for research 5. Trust more attractive to staff due to its research profile	✓ At least two research grant applications per year submitted with partners where Trust staff included as applicant(s) ✓ New partnerships with commercial, academic, provider and charitable organisations ✓ Trust as a site for studies led by at least one research sponsor each year that has not previously worked with us ✓ Increased marketing to external research partners, including commercial ✓ Partnership working with Yorkshire and Humber Applied Research Collaboration (ARC) and the Academic Health Sciences Network (AHSN); aiding translation of research into practice ✓ Joint research staff appointments with local Universities, including professors formally linked to the Trust ✓ Reciprocal arrangements for study recruitment with Hull University Hospitals Trust for relevant specialties ✓ Research involving STP partner organisations and/or STP priorities ✓ Primary Care Networks (PCNs) actively engaged in research with the Trust ✓ Deliver a balanced financial position by 2022, with goal of delivering a surplus ✓ At least one funded research grant application per year where Trust is a partner/host (especially those involving digital technologies) ✓ Qualification for more than the minimum £20k DH Research Capability Funding ✓ Commercial research study opened ✓ Increased share of CRN funding ✓ Increased use of research in marketing material for the Trust (e.g. for attracting staff, tendering for services) ✓ Research performance targets met ✓ High quality, research active staff recruited into Trust or with honorary contracts ✓ Alternative modes of funding local research accessed, e.g. charitable funds

Caring, Learning and Growing

6.0 Looking Beyond 2022

As well as working on the three priorities detailed above, it is important that we look beyond these and start to focus on future ambitions. Based on the premise that we should be doing more research which is locally led, developing in key areas, for example CAMHS inpatient, addictions, perinatal mental health and digital technology and increasing our external research income, then our longer term ambition must include the development of a research and innovation hub for Humber. This would be a tangible centre for applied research, innovation and improvement; attracting new investment, new partners and renowned clinical research professionals and innovators. It could be an outpost, a spoke, of a much larger national institute but with strong regional links to universities and other key stakeholders.

This Hub would require local support and significant investment, potentially from a variety of sources, including commercial partners, charitable donations, key local stakeholders and local fundraising initiatives, as well as the Trust itself. It could be designed in as part of the proposed new mental health campus. The investment would need to cover initial scoping and planning as well as the capital build, plus pump priming of initial research.

Developing such a facility locally would enable collaborative, cutting edge, interdisciplinary research, impacting on people at every stage in life, from preconception through to old age, transforming patient care and improving quality of life. Through the development of new partnerships, some of whom could be co-located in the new Hub, the Trust has the potential to be a key player involved at the forefront of research and innovation highlighted as local and national priority, in particular that of mental health and new emerging technologies.

7.0 Research Roles and Responsibilities

In order to support research in the Trust the Research and Development Unit, led by the Assistant Director Research and Development, provides:

- Research governance advice and support
- Research feasibility advice and support
- Conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) study approval process.
- Contractual review and oversight for research studies
- Management of research funding

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- Performance management of research and troubleshooting
- Research information management and reporting
- Development of research infrastructure, capacity and capability e.g. Principal Investigator mentoring
- Research partnership building
- Promotion of research internally and externally
- Signposting
- Consenting of research participants and data collection for NIHR Portfolio studies

The Medical Director is the Executive Lead with responsibility for research.

8.0 Implementation and Monitoring

The Assistant Director Research and Development will lead the implementation of the Research Strategy, with Executive Lead support from the Medical Director ensuring the objectives are achieved. Delivery against the Strategy will be formally monitored through the Quality Committee with six-monthly assurance reports to the Trust Board.

Monthly research performance against the annual recruitment target will be monitored by the Board via the Integrated Performance Tracker. A review of research performance will also be included in the Trust Quality Account each year.

The NIHR will continue to monitor the Trust's success in delivering research via national benchmarks, for example the quarterly 'Performance in Initiating and Delivering' (PID) clinical trials, and local CRN performance indicators monitored remotely on an ongoing daily basis. The CRN will also monitor progress through mid-year review meetings with the Trust.

Although this Strategy will be driven by the Research and Development Unit; it is inclusive and requires commitment and input from the whole organisation, not only from those who have research included as a significant part of their job role or in their job description, but by everyone.

Caring, Learning and Growing

Appendix 1: Key Documents steering research in the NHS

*'Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery…. We will work to increase the number of people registering to participate in health research to one million by 2023/24….We will invest in spreading innovation between organisations…. Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data.' (*NHS Long Term Plan, Jan 2019*)

'*Tell people living with dementia (at all stages of the condition) about research studies they could participate in.'* (NICE Guideline NG97, Jun 2018)

'NHS England has a legal duty to promote research and the use of research evidence in the NHS. We do this so that the NHS supports and harnesses the best research and innovations to improve patient outcomes, transform services and ensure value for money. Patients benefit from access to clinical trials including cutting edge treatments and the NHS benefits from new medicines, technologies and processes.' (NHS England Research Plan 2017)

'Research activity should go to populations who need it, and we would like to encourage the best researchers, wherever they are based, to undertake clinical and public health research in the areas of England with greatest health needs.' (Letter dated 06/02/17 from Professor Chris Whitty, DHSC Chief Scientific Adviser, to NIHR Boards, Medical Schools and University Hospitals)

'Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them'. (NHS Constitution, 2011)

'NHS foundation trusts will be required to provide certain essential NHS services including research.' (DoH document on NHS foundation trusts - Ref 6191, Jan 2006)

Caring, Learning and Growing

Appendix 2: Progress achieved through delivery of 2017-19 Research Strategy

Quotes from collaborators:

'Humber ought to be proud that it comfortably exceeded the stretching target set and were head-and-shoulders above the other sites.' (University of York)

'You've been a most wonderful site, where to begin with the praise. You kicked off recruitment and took the hit for the early learnings – many thanks for sharing them with us, it certainly made it easier for the later sites. You over-recruited from your original target. You've been an exceptionally well run site – it's been an absolute pleasure working with you.' (North East London NHS Foundation Trust)

'I think we are hugely fortunate within Humber to have such an excellent research team. The researchers are highly skilled, motivated and thoughtful individuals. They are all warm and friendly and our participants look forward to their visits.' (University of Hull)

Caring, Learning and Growing

Humber Research: 2018-19 in numbers

(National Institute for Health Research Portfolio Studies)

NHS
Humber Teaching
NHS Foundation Trust

31
Local Principal
Investigators

Flower diagram:
- Older People's Mental Health 13
- Learning Disability 2
- Adult Mental Health 20
- Specialist Services 3
- Community Services 2
- Child & Adolescent Mental Health 6
- Primary Care 2
- Across Multiple Services 3

51 Studies were open

13% increase on 2017-18

We were involved in studies throughout the **UK and Europe**

Barcelona

Flower diagram:
- Older People's Mental Health 8
- Learning Disability 1
- Adult Mental Health 12
- Specialist Services 3
- Community Services 1
- Child & Adolescent Mental Health 4
- Primary Care 1
- Across Multiple Services 1

31 Studies recruiting

7% increase on 2017-18

100%
Surveyed would recommend taking part in research to friends and family

1537 Participants took part in studies

36% increase on 2017-18

A further 28 non-NIHR portfolio studies were also running in the Trust

Caring, Learning and Growing

Impact of Research 2018-19

Saved Lives

'Helping to live instead of dreading the future'

'Research gave me the hope I so desperately needed'

'Feel proud and important'

'Life is worth living after all'

'Has given me a focus and a purpose'

"One of the best things we ever did"

This is what research participants told us

Enhanced Lives

Humber   Recovery   Strategy

'Wonderful to hear real-life anecdotes'
'So much useful information and tips'
'Can take what I've learnt and put to good use'
'Very positive and inspiring'

50 people attended Recovery College workshops run by research team and person with dementia

Generated Income

£373k external research funding into the Trust

Contributed to Evidence

36 national and international publications included authors from the Trust
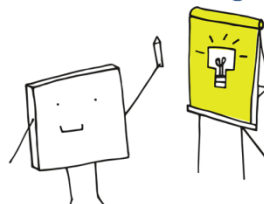
Implemented Research

ReQoL™
Recovering Quality of Life

Patient Reported Outcome Measure developed with direct involvement from service users now in use; places people at the heart of their recovery

Shared Learning

150 delegates from 22 organisations registered for 2018 Research Conference

28 local events (internal and external) attended by research team

Increased Patient \ Carer Contact

Almost 1400 hours spent with patients and carers by researchers (over and above clinical contacts)

Enhanced Clinical Skills

21 staff trained in new clinical interventions

Caring, Learning and Growing

Title & Date of Meeting:	Trust Board Public Meeting - 29 January 2020				
Title of Report:	Research & Development Report				
Author/s:	Cathryn Hart, Assistant Director Research & Development				
Recommendation:	To approve		To receive & note	√	
	For information	√	To ratify		
Purpose of Paper:	To provide 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 National Institute for Health Research (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.				

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	

Key Issues within the report:	Sections 1-3: Assurance in relation to key performance targets being met, research funding secured and positive external review. Section 4: Significant progress made against current research strategy and new strategy developed. Section 5: Snapshot of current research opportunities, innovation and alliances. Section 6: Examples of research dissemination, implementation and shared learning. Section 7: Examples of research promotion, publicity and awards.

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

Research & Development (R&D) Report for Trust Board - Jan 2020

1. Performance

The Trust's recruitment target for National Institute for Health Research (NIHR) Portfolio studies in 2019-20 is 660. At the end of Dec 2019 recruitment stood at 965, over 190% of our expected target to date, which places us as the third highest of the 22 Yorkshire and Humber trusts in relation to percentage against target. At the end of quarter three the Trust was also the highest recruiting of the 22 trusts for dementia research and ninth for research overall. There are currently 24 Portfolio studies active in the Trust (see *appendix 1, table 1)*, plus 5 'non-portfolio' (see *appendix 1, table 2).* Further studies have taken place in year but are now closed.

Recruitment to time and target (RTT) for each Portfolio study has increased in importance for the NIHR and we are now managed more closely on this by the Yorkshire and Humber Clinical Research Network (CRN). Currently we are achieving or exceeding RTT, with the exception of two studies for which we are aware of the issues and working closely with the clinical teams to help maximise recruitment. Of the nine studies that have already closed in year all achieved RTT.

Each quarter the Trust is required to publish information about its performance in initiating and delivering (PID) research; a DHSC benchmark relating to clinical intervention trials. This indicator has been met in quarters one to three, with the exception of one study for which the delay was not the fault of the Trust; it was the Health Research Authority approval process that was delayed. Not achieving this benchmark on a number of occasions can result in the Trust's Research Capability Funding (RCF) from DHSC being reduced.

2. Funding

The Trust was allocated approximately £300k of CRN funding to support the delivery of NIHR Portfolio studies in 2019-20, the same as that in the previous year. Research Capability Funding of £20k has also been granted by DHSC, due to achieving 500+ recruits in 2018-19, and is currently being used to support two clinicians working with academic colleagues on research grant applications; one grant secured to date on telemedicine in addictions for which funding was secured from the East Riding Clinical Commissioning Group and the Yorkshire and Humber Academic Health Science Network, and two applications submitted relating to children's mental health.

In December 2019 a bid for additional funding from the CRN to increase research opportunities as part of the Bridlington Health Town initiative was successful and almost £23k granted to the end of March 2020. A further bid for funding for equipment that will help support the research team to be more agile was also successful in Jan 2020.

3. Governance

As part of the Partnership Agreement the Trust has with the host of the CRN, we have annual accountability and performance reviews with their Senior Leadership team. This took place in Sep 2019 and Cathryn Hart and Dr John Byrne attended to represent the Trust. Feedback was incredibly positive in relation to performance, growth, management of funding and ideas for future developments. Those on the panel were particularly impressed with the impact and simplicity of the two infographics we provided demonstrating 'Research in Numbers' and 'Research Impact' for the Trust in 2018-19, which will be reproduced for 2019-20. It was at this meeting that we also first muted the idea of linking NIHR research into the Bridlington Health Town initiative.

Although research is already written into the NHS Constitution, now the CQC is also focusing on how well a trust as a whole supports research activity via strategic and divisional leadership, and

patient opportunity and access around research. It is anticipated that future Well-Led inspections will have a stronger focus on research as an indicator of quality.

4. Research Strategy

Significant progress, the detail of which has been provided to the Quality Committee and Board previously, has been made against the objectives set out in the Research Strategy 2017-19. A new strategy for 2020-22 has now been developed in consultation with various groups (see separate Research Strategy paper submitted to the Board Jan 2020). This new strategy builds upon the successes of the previous strategy, fits within the objectives of the overarching Trust Refreshed Strategy 2019-22, sets out three main priorities and includes new research ambitions.

5. Opportunities, innovation and alliances

Work continues to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement. For example, a NIHR grant application with the University of York in which a Trust Clinical Psychologist is a co-applicant, was recently confirmed as successful at the first stage and has now been submitted for stage two review. A number of other grant applications are currently being worked on and expected to be submitted in 2020. New studies have also commenced recently (see *appendix 1, table 1)*, and others in the pipeline, including a potential opportunity for research in the new CAMHS inpatient unit with the NIHR Applied Research Collaboration (ARC).

The research team is actively involved with a community group 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 largely as a result of that involvement and attending a Recovery College workshop on dementia, decided they would like to do more in their community to help improve the lives of others living with dementia. Our autumn Recovery College workshop 'Living with dementia and things you can do to help', facilitated by Dr Wendy Mitchell and Cathryn Hart, took place in Market Weighton to tie in with this initiative.

As already mentioned, the research team is starting to work alongside the Bridlington Health Town initiative, aided by the extra funding provided by the CRN, to provide more opportunities for that community to engage in research.

6. Dissemination, implementation and learning

The PINCER safety tool has now been implemented in all but one of our Trust GP practices, and is an example of our services adopting an intervention developed and tested as part of a national research trial. PINCER is led by pharmacists and pharmacy technicians and involves using computerised prescribing safety indicators to search clinical systems in general practices, identifying patients who are at risk from their medications. This increases the quality of life for patients and their families by lowering the number of complications, preventable hospital admissions and deaths; prescribing errors can be an expensive, preventable cause of safety incidents.

Our annual research conference, sharing research findings and potential new research opportunities, has been held for the past three years, growing in popularity each year; starting at 120 in 2017 and increasing to170 from 26 organisations in 2019. The 2020 conference will take place on 13 May and booking via Eventbrite is open in January. Some key speakers are already confirmed, including: 1) Prof Tim Kendall, Mental Health National Clinical Director for NHS England and NHS Improvement, 2) Prof John Baker, Chair of Mental Health Nursing University of Leeds (special interest - patient safety), 3) Dr Jane Wray, Director of Research University of Hull (special interest – nursing recruitment and retention), as well as other external research experts, study participants and Trust clinicians.

A smaller internal conference was recently held in the Lecture Theatre on 4 Dec 2019 with the aim of sharing learning from research led by Trust clinicians, to promote the positives of research and to provide information about the different ways staff can be involved. This was attended by around 50 staff, including 20 medics. Overwhelmingly the feedback was incredibly positive, with all those who completed an evaluation form rating the content of the programme, quality of presentations and event overall, as excellent or good. All said they would be more likely to get involved in research and signpost service users as a result of attending the event. Some comments included:

A day in the life of a researcher was excellent

Demystifying research

The practical studies were really interesting about how research can be generated locally

Has spiked my interest to want to be involved more.

Good tasters - snaphot learning

How research can impact on people's lives in a positive way. How to promote to patients.

So powerful......the ones focusing on specific research in depth were very informative

Provided a fantastic insight into research opportunities within the Trust. Listening to real experiences made it sound "possible" to engage in research myself.

7. Promotion, publicity and awards

Research was celebrated at the annual staff awards in Oct 2019, with Dr Soraya Mayet winning the innovation award for her contribution to research. As well as being a local Principal Investigator for a number of national NIHR Portfolio studies and a member of national research steering committees, she has also secured external funds to develop an innovative local research project using telemedicine to bring consultations closer to where people live.

Articles relating to research are now included regularly in the staff newsletter *Humber and Proud* to help raise awareness amongst staff and to show how easy it can be to get involved. One article included this poem written by a research participant about two members of the research team, demonstrating the impact research can have on people.

LADIES DAY!
They're here!
They came!
They smiled!
They left…..
Now gone!
Alone.
At loss!
Bereft!
YET!
Happy thoughts of 'see-me-through'.
Advice, support for 'what-to-do'.
To ease me down my 'rocky' road,
to help me light my mental load.
To lift me up when numb descends,
to ease me round those 'social' bends!
To clear away my mental dust.
To cause me stay where needs I must.
Thank you and big love.

Appendix 1 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (13/01/20)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Older People's Mental Health Services					
The IDEAL-2 study - Improving the experience of dementia and enhancing active life: a longitudinal perspective on living well with dementia	Observation	Dr Reena Roy Consultant Psychiatrist	Prof Linda Clare University of Exeter	30/06/2020	Open
Detecting Susceptibility Genes for Alzheimer's disease (AD-Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Prof Julie Williams University of Cardiff	01/02/2020	On Hold
Promoting Independence in Dementia (PRIDE): A Feasibility Randomised Controlled Trial	Intervention	Alison Williams Specialist Occupational Therapist	Prof Martin Orrell University of Nottingham	01/08/2019	In follow up until Jan 2020
Detecting Susceptibility Genes for Dementia with Lewy Bodies (DLB Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Dr Rebecca Sims University of Cardiff	31/01/2020	Open
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	31/12/2022	Open
Adult Mental Health Services					
Lifestyle Health and Wellbeing Survey (HWB) – a survey of health and lifestyle behaviours of people with severe mental ill health	Observation	Dr Renato Merolli Associate Specialist	Prof Simon Gilbody University of York	31/01/2020	Open
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Dr Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
The cap-mem study. Exploring the cause and prevalence of memory problems in people with mental health disorders	Observation	Dr Graham Harkness Consultant Psychiatrist	Dr Stuart Watson Newcastle University	30/09/2021	Open
Psychosocial assessment and psychological therapy following self-harm	Observation	No Local Investigator Required	Prof Nav Kapur University of Manchester	08/01/2021	Open
LIGHTMind 2: Low-Intensity Guided Help Through MINDfulness	Intervention	Zoe Lane Psychological Wellbeing Practitioner	Dr Clara Strauss Sussex Partnership NHS Foundation Trust	01/09/2020	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/06/2021	Open
Suicide by middle-aged men	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/10/2020	Open
Exploring Unusual Feelings: A Questionnaire Study	Observation	Dr Geeta Chitnis Consultant Psychiatrist	Dr Emma Černis University of Oxford	30/04/2020	Open
Model fidelity of early intervention services for first-episode psychosis in England	Observation	Miriam Kinkaid PhD Student	Miriam Kinkaid South West Yorkshire Partnership NHS Foundation Trust	31/01/2020	Open
Conversion And Neuro-inflammation Disorder Observational study (CANDO)	Observation	Marie Acton Principal Psychotherapist	Prof Christina Van der Feltz-Cornelis University of York	31/12/2020	Open
Function REplacement in repeated Self-Harm: Standardising Therapeutic Assessment and the Related Therapy - WP3 - Feasibility (FReSH START)	Intervention	Emma Hooley Specialist Practitioner	Prof Else Guthrie University of Leeds	01/03/2021	In set up
Patient preferences regarding psychological therapies for distressing voice-hearing experiences (PREFER)	Observation	Maria Kallikourdi Consultant Psychiatrist	Dr Clio Berry University of Sussex	30/09/2020	In set up
Secure Services					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2022	Open

Children's & Learning Disability Services					
A non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias - Alleviating Specific Phobias Experienced by Children Trial (ASPECT)	Intervention	Dr Ravi Mahendra Consultant Psychiatrist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	31/03/2020	Open
Autism Spectrum Social Stories In Schools Trial 2 (ASSSIST2)	Intervention	Dr Hannah Armitt Senior Clinical Psychologist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	29/05/2021	Open
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services (F-CAMHS) and SECURE STAIRS	Observation	Helen Booth Principal Forensic Psychologist	Dr Julian Childs University College London	29/10/2021	Open
Community, Primary Care & Addiction Services					
Alcohol Dependence and Adherence to Medicine (ADAM) – a trial of the effectiveness of adjunctive medication management and contingency management to enhance adherence to Acamprosate for relapse prevention in alcohol dependence.	Intervention	Prof Tom Phillips, University of Hull (Honorary with Trust)	Prof Colin Drummond Kings College London	31/05/2020	Open
Take home naloxone Intervention Multicentre Emergency setting feasibility trial (TIME)	Intervention	Dr Soraya Mayet Consultant Psychiatrist	Dr Alan Watkins Swansea University	20/03/2020	Open
Across multiple services					
Molecular genetics of Adverse Drug Reactions from candidates' genes to genome wide association studies.	Observation	Jackie Stark Principal Pharmacist	Prof Munir Pirmohamed University of Liverpool	30/04/2021	Open

Table 2 – Non-portfolio studies currently in set-up, open or in follow-up (13/01/20)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Adult Mental Health Services					
Care coordinators' perceptions of family growth associated with relatives' experiences of first episode psychosis	Observation	Emily Thornhill Trainee Clinical Psychologist	Emily Thornhill University of Hull	25/09/2020	Open
Secure Services					
Long Term Effectiveness of the Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)	Observation	Sarah Rockliff Consultant Forensic Psychologist	Nichola Tyler University of Kent	01/04/2033	Open
Children's & Learning Disability Services					
The attitudes of healthcare professionals towards testing for the BRCA genes in females with learning disabilities	Observation	Taylor McAteer Trainee Clinical Psychologist	Taylor McAteer Humber Teaching NHS Foundation Trust	31/05/2020	Open
Community, Primary Care & Addictions Services					
Feasibility study of Telemedicine in Addictions: Randomised Controlled Trial	Intervention	Soraya Mayet Addictions Consultant	Soraya Mayet Humber Teaching NHS Foundation Trust	08/09/2020	Open
Across multiple services					
Supporting Transition and Retention of newly registered nurses (STaR)	Observation	No Local Principal Investigator required	Prof Roger Watson University of Hull	04/06/2020	Open

Title & Date of Meeting:	Trust Board Public Meeting – 16 January 2020			
Title of Report:	NHS Pensions Letter			
Author/s:	Michele Moran Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The attached letter is In the process of being sent out to relevant staff at the request of NHS England/Improvement. Also attached are details of the communications from Julian Kelly which accompany the letter. I thought it useful and good governance to information Board of the letter and its contents. There are no immediate identified implications for the Trust			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Specific report	✓

Key Issues within the report:	The Board is asked to note the contents of the letter and accompanying e mail

Monitoring and assurance framework summary:

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

Caring, Learning and Growing

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

6 December 2019

Dear Chief Executive/Chairs,

PENSIONS TAX IMPACTS ON THE NHS – A SOLUTION FOR 2019/20

Simon Stevens and Amanda Pritchard wrote to you on 22 November setting out the action we are taking to address this.

To give effect to the commitment made, I attach a standard letter that would provide a binding contractual commitment between the employer and clinician to provide an additional salary supplement in retirement to compensate for any reduction in pension from a 2019/20 annual allowance charge. We have taken extensive advice on employment and tax law considerations and consulted with the BMA. Any key questions are addressed in Frequently Asked Questions available at https://www.england.nhs.uk/pensions/

As per Simon and Amanda's letter to you, and Simon Stevens' letter to representative bodies (which can be found at https://www.england.nhs.uk/pensions/), local employers will incur no net extra costs as a result of this policy, which will be funded nationally as and when additional payments to employees are due. This commitment is supported by the Department of Health and Social Care and the Government more broadly.

I would be grateful if you could now provide clinical staff affected with the letter so that we can finalise these arrangements and give comfort to clinicians that the annual allowance tax implications are covered for this winter.

We will continue to provide further guidance and information to you, and to individuals on the steps needed to implement this policy in detail well in advance of any deadlines. A further session with all Trust HR Directors is scheduled for next week when we can pick up any residual questions.

These measures will only apply to pensions annual allowance tax charges arising with respect to 2019/20 tax year. We will continue to work with government to seek to agree a more permanent solution for future years.

Julian Kelly
NHS Chief Financial Officer
NHS England and NHS Improvement

www.england.nhs.uk

NHS England and NHS Improvement

To: [All consultants and other clinical staff who have the potential to be impacted by annual allowance pensions tax during 2019/20 and meet the eligibility criteria set out in the NHS England FAQs]

Dear Colleague,

PENSIONS TAX IMPACTS ON THE NHS – A SOLUTION FOR 2019/20

Many of you have had first-hand experience of the effect on work patterns caused by the annual allowance pensions tax, and the annual allowance taper. Each have impacted on an increasing number of clinical staff in the NHS Pension Scheme.

NHS England and NHS Improvement ("NHSEI") accept that a longer term solution is required urgently but are now taking action to address the issue in order to reduce the negative impact of the pensions tax on the delivery of NHS services during the tax year 2019/20.

The specific purpose of this letter and the accompanying FAQ document is to set out how this will work in practice, and also to re-assure you that as your employer, [*the Trust*], is completely committed to playing its part in ensuring that clinicians who exceed their annual allowance as a result of the growth in their NHS Pension Scheme benefits in this financial year can now use the NHSEI mechanism to ensure that you do not suffer any negative financial consequences as a result.

You are therefore now immediately able to take on additional shifts or sessions during the remainder of 2019/20 without worrying about paying an annual allowance charge with respect to your NHS pension benefits now, or the tax charge impacting on your income in future.

The legal status of this letter is that it will constitute a formal variation to your contractual terms of employment with [*the Trust*], to incorporate an offer of a contractual additional salary payment from the Trust in retirement. This means that if you use the NHS Pension Scheme 'Scheme Pays' mechanism to pay your pensions annual allowance tax charge with respect to 2019/20, you will receive additional payments from [the Trust] ensuring that you are fully compensated in retirement for the effect of the 2019/20 Scheme Pays deduction on their income from the NHS Pension Scheme in retirement. Further detail on scheme pays is included in the accompanying FAQs.

Subject to the eligibility criteria and other details set out in this letter and accompanying FAQs, this means that in the event that:

a) You incur a pensions annual allowance tax charge with respect to the 2019/20 tax year as a result of your membership of the NHS Pensions Scheme (the 'Tax Charge'); and

b) You elect to have the Tax Charge paid by the NHS Pension Scheme under the "Scheme Pays" facility; then

c) where an amount becomes payable to you under the NHS Pension Scheme

and the amount of such payment is reduced as a result of payment of the Tax Charge, your NHS employer (backed by NHS England and ultimately the Secretary of State for Health and Social Care) will make a contractually binding commitment to make additional payments to you of a sum equal to the amount of this reduction, including any reduction to a tax free lump sum, grossed up for applicable taxes at that point in time. These payments shall become due and owing on the same date as the date of any payment that becomes due as a result of your accrued NHS pension rights.

This arrangement will ensure that you are fully compensated in retirement for the effect of the Scheme Pays deduction on your income from the NHS Pension Scheme in retirement. You will need to pay tax on these additional salary payments at the prevailing marginal rate at the time these payments are made, as you would have done on your pension payments prior to a "Scheme Pays" deduction. Your entitlement to these additional payments will immediately cease and the right to receive future payments is extinguished if the Secretary of State directs that your NHS Pension Scheme benefits are reduced or withheld entirely in exercise of powers[1] to forfeit such benefits upon conviction for treason, serious offences in connection with employment to which the pension scheme relates, or specific offences under the Official Secrets Acts 1911 to 1989 or in recovery of losses to public funds that resulted from criminal, negligent or fraudulent actions.

The arrangements specified above and the contract variation to implement those arrangements, will take effect automatically unless you write to us at the address given at the head of this letter, formally objecting to the proposed variation of your contract.

We understand that staff may be worried or anxious that any commitment from the Trust which is given now (but which may not come into effect until many years in the future), might in some way be at risk of being lost or eroded over time. However, the legally binding contractual offer given by [*the Trust*] in this letter, to make additional payments in retirement, like the benefit promise under the NHS Pension Scheme itself, is also underwritten by the Government. We have also received an equivalent confirmation from NHS England that the Trust and its successors will be funded to meet these costs in future. Should the Trust cease to exist, there are statutory provisions to ensure its liabilities, including commitments to staff, would be transferred to one or more existing NHS bodies, or the Secretary of State. As such these payments, as contractual liabilities will be honoured even if the Trust no longer exists in the future or defaults for any reason in making these payments.

This means that all financial commitments entered into by [the Trust] are safeguarded. [The Trust] confirms that, in the event that it is subject to any future re-organisation involving the proposed dissolution of the Trust (for example, a merger), it undertakes to take all reasonable steps to secure that the liabilities created by this agreement are provided for in any transfer order or scheme made by Secretary of State or NHS Improvement and transferred to the Trust's successor body, another

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[1] 1995 Section: regulations T5 and T6 of the National Health Service Pension Scheme Regulations 1995; 2008 Section: regulations 2.J.6, 2.J.7, 3.J.6 and 3.J.7 of the National Health Service Pension Scheme Regulations 2008; 2015 Scheme: paragraphs 11 and 12 of Schedule 3 to the National Health Service Pension Scheme Regulations 2015

NHS body or the Secretary of State. The liability to make the payments under this arrangement is not contingent on your remaining as an employee of [the Trust].

This letter therefore gives you the necessary assurance to be certain that you can undertake any combination of NHS roles during the 2019/20 tax year without suffering any financial loss as a result of the annual allowance pensions tax, subject to using the Scheme Pays mechanism as explained in the FAQ document.

This will apply to registered doctors, nurses, AHPs and other clinicians in active clinical roles who are members of the 1995/2008 and 2015 NHS Pension Schemes. It will apply to all pension savings built up in the NHS Pension Schemes in 2019/20 (but not annual allowance tax charges which may arise due to pension savings you have built up outside the NHS Pension Schemes, nor additional voluntary contributions (AVCs) within the NHS Pension Scheme such as additional pension purchases in 2019/20). You will be able to have this charge paid by the NHS Pension Scheme by completing and returning a 'Scheme Pays' election before the 31 July 2021 deadline meaning that you don't have to worry about paying the charge now out of your own pocket. In certain circumstances you may need to make this election earlier, we will provide further guidance on the necessary steps well in advance of any deadline.

Please do take some time to read the accompanying FAQs, which can be found at https://www.england.nhs.uk/pensions/ which should help you understand how the new initiative operates, and what you need to do in order to ensure that it works for you personally.

Some other pension flexibilities are also being introduced locally by [*the Trust*] alongside the new NHSEI initiative. Please don't ignore these other flexibilities, although some of these may not offer you the advantages of remaining in the NHS Pension Scheme. Further pension flexibilities are expected to be introduced by DHSC in 2020 which may help in reducing the ongoing risk of you breaching the annual allowance pension tax threshold in the future.

Finally, pensions tax is a complex subject. NHS Employers have provided guidance on the pensions annual allowance available at www.nhsemployers.org/pay-pensions-and-reward/pensions/pension-resources/annual-and-lifetime-allowance.

Yours faithfully

Michele Moran
Chief Executive

Title & Date of Meeting:	Trust Board Public Meeting – 29 January 2020			
Title of Report:	Council of Governors Meeting Minutes – 22 October 2019			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The minutes of the Council of Governors meeting held on 22 October are presented for information			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Council of Governors	16.1.20

Key Issues within the report:	Identified within the minutes

Monitoring and assurance framework summary:

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

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

Caring, Learning and Growing

Minutes of the Council of Governors Public Meeting held on Tuesday 22 October 2019 in the Lecture Theatre, Trust Headquarters

Present:
Sharon Mays, Chair
Michele Moran, Chief Executive
Eric Bennett, Hull Public Governor
John Cunnington, East Riding Public Governor
Mandy Dawley, Staff Governor
Christopher Duggleby, East Riding Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Sam Grey, Staff Governor
Huw Jones, Lead Governor (by telephone)
Ros Jump, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance:
Peter Baren, Non Executive Director/Senior Independent Director
Mike Cooke, Non Executive Director
Mike Smith, Non Executive Director
Pete Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary

Apologies:
Andy Barber, Appointed Governor, Smile Foundation
Stephen Christian, Service User and Carer Governor
Jack Hudson, Staff Governor
Robert Hunt, Hull Public Governor
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Suzanne Milan, Hull Public Governor
Mike Oxtoby, Service User/Carer Public Governor
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Katie Colrein, Membership Officer

45/19 **Declarations of Interest**
Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.

46/19 **Minutes of the Meeting held on 11 July 2019**
The minutes of the meeting held on 11 July 2019 were agreed as a correct record.

47/19 **Matters Arising and Actions Log**
The action log was reviewed and noted. It was suggested and agreed that item 37/17 regarding branding be removed from the action log

Caring, Learning and Growing

48/19   **Patient Story – NHS Improvement Film – Culture**
Mrs Dawley explained that NHS Improvement had contacted the Trust some months ago to ask for us to take part in the patient experience films. Five films were made with involvement of service users, patients and carers. The film shown to Governors was "Culture", other films are on leadership, quality improvement, always events and service improvement programme. There is also a top tips film. All the films were launched at an event in Leeds in September which was attended by the Chair and Chief Executive.

Mr Jones suggested that a link to the all the films would be useful to Governors. It was confirmed that the films are available on the website. Professor Cooke asked if the films could be on the home page to give maximum coverage.

Dr White explained that the University is trying to drive co-production in its patient and carers and the work that Mrs Dawley and the team are doing has helped to support this work. The University has employed a carer to lead the work which is about changing the culture and it becoming embedded and the benefits are already being seen.

Mrs Pollard attends the patient and carer forum in Whitby where there is a growing amount of engagement, positivity and support.

Mrs Gorman commented on the professional look of the videos which could be used in other areas of the Trust's work. The Chief Executive said that the details of the film maker have been made available to the Trust for potential future use.

49/19   **Chair's Report**
The Chair provided a verbal update on her activities and news since the last meeting. These included:-

- Appointment of a new Non Executive Director Dean Royles
- Governor elections – the nomination deadline has passed with nominations received for all available seats. An update will be provided as soon as the withdrawal period has ended.
- Public Governor – Suzanne Milan, Hull Public Governor has resigned with immediate effect. The Chair will be writing to thank Suzanne for her contribution while in her governor role.
- Executive Director attendance – following discussion at the last meeting, it has been agreed that Executive attendance at each Council of Governor meeting will be the Chief Executive, Director of Finance and Chief Operating Officer. Other Executive Directors will attend by invitation if there is an issue to discuss, but there will be interaction at the Governor Development sessions for specific topics.
- The Annual Members Meeting took place in September as did the Staff Awards event both of which Governors attended. Congratulations to Mrs Gorman who won an award.
- Regular meetings have taken place with the Lead Governor, Mr Jones and with public and staff Governors.
- Internal and external meetings continue to take place.
- The first Medical Education Conference was held and also the launch of the Patient Safety Strategy which were positive events for the Trust.

   Resolved: The verbal update was noted

50/19   **Chief Executive's Report**
The Chief Executive presented her report which gave an update on the local, regional and national issues. Of particular note were:-

- Services visits taken place across a broad spectrum of services
- External Governance Review – this is a Board determined process and guidance suggests that 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. 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. The Board supported the recommendation from the Chief Executive to undertake the review in the next couple of years.

- Congratulations to the occupational health team who have achieved the SEQOHS (safe, effective, quality occupational health services) accreditation and also to the Finance team for achieving accreditation.
- The Trust has been nominated for four Health Service Journal Awards and is holding a celebration event for staff on 30 October at Cave Castle. A nomination for the Sustainable Transformation Partnership (STP) has also been received and a separate event for those staff involved is being held on 28 October also at Cave Castle.
- The annual staff survey has been issued to staff
- Following the introduction of car parking charges, there have been some initial issues, but it is going well
- Sustainable Transformation Partnership (STP)/Integrated Care Service (ICS) – a development session will be arranged to look at the changes to Accelerator sites
- Jane Hawkard, Chief Executive of East Riding Clinical Commissioning Group (CCG) is leaving. Emma Latimer, Chief Operating Office for Hull Clinical Commissioning Group (CCG) will be taking over and will be responsible for Hull, East Riding and North East Lincolnshire.
- Brexit – The Director of Finance is the Senior Responsible Owner. Business continuity plans have been reviewed and preparations are being made for a no deal Brexit.
- Child and Adolescent Mental Health Services (CAMHS) – it is disappointing that the project is delayed, however recruitment for the unit has been successful and the Consultant post is being progressed. Staff have been undertaking training to ensure they are ready for the open day.

Mrs Gorman asked about the changes to Disclosure and Barring Service (DBS) charges. It was confirmed that from 1 October staff will no longer be asked to pay for the checks. Mrs Gorman expressed concern around Brexit and the impact on overseas charging regulations for the NHS and how this would affect the organisation. The Chief Executive said there is potential for impact with this and work is being trialled in an area of the Trust which may help.

Mr Jones asked if there would be any help to provider organisations following the review. The Chief Executive said there a lot of areas that will have accelerator process to get all organisations into an Integrated Care Service (ICS) by 2020. In the patch there are some organisations that are in financial special measures. There will be some support and understanding around the financial regime, oversight and working together to manage the targets, but the control total has not yet been signed up to. The governance processes needs strengthening as does the decision making process and strategy and what the landscape of Humber Coast and Vale (HCV) will look like. There will be focussed attention in the 12 week period to identify priorities.

Mr Jones asked with the new CAMHS unit if there was any impact from staff leaving community teams to work in the new service. The Chief Executive said this is being reviewed to see if there are any gaps. Work is progressing to support the staff in the new unit whilst it is delayed. Different ways of working are being looked at and to use staff/skill mix in a different way across the organisation. A workforce summit is being held on 4 November to try to address some of the issues.

Resolved: The report and verbal updates were noted.

51/19   **Public Trust Board Minutes**

The minutes of the public Board meetings for June and July 2019 were provided for information.

Resolved: The minutes were noted.

52/19 **Performance Update**
The report informed the Council of Governors on the current levels of performance as at the end of August 2019. 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.

Mr Jones was concerned about the CAMHS waiting times. Mrs Parkinson explained there are key elements that have contributed to the waiting times in CAMHS especially for autism diagnosis, core CAMHS, Attention Deficit Hyperactivity Disorder (ADHD) and Speech and Language. This is affecting services predominantly in Hull where there has been a significant rise in demand particularly for autism and core CAMHS. The Trust is working in partnership with commissioners to look at the short, medium and longer term options to improve the position. Since this report was produced there is evidence to suggest there has been some reduction in waiting times for Speech and Language Therapy, core CAMHS and ADHD. For autism, commissioners are supportive of making changes to the pathway and staffing resources for this service. Core CAMHS have a high number of referrals not taken forward and looking at what point pre referral stream and how support this areas to give early support but not necessarily a referral to CAMHS. There is more work to do to improve this further.

Mr Jones thanked Mrs Parkinson for the update. He asked if the reason for reduction was due to demand plateauing or due to the actions taken. Mrs Parkinson responded that for core CAMHS these have started to plateau. For ADHD, the impact has been due to the interventions taken and the increased capacity. Dr White felt this was another example of where opportunities are needed to work in partnership. Additional funding from the National Lottery around CAMHS. Dr White is undertaking an independent evaluation of Head Start and she has found the information provided useful. Mrs Parkinson agreed to keep the narrative in the report updated going forward. Mrs Gorman suggested holding a workshop with the people involved with the children around behaviour and expectations. Dr White said there are established networks and voluntary services who work with children and young people and it would be better to use these. The Chair said that some schools are looking at this and trying to educate parents on how to deal with anxiety and depression in children to try and stop referrals to services.

Resolved: The report and verbal updates were noted.

53/19 **Finance Report**
The report presented by Mr Beckwith, provided the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2019 to August 2019. Of particular note were:

- For 2019/20 the Trust has a control total to deliver a £0.350m deficit.
- As at the end of August 2019, the Trust had recorded an operational surplus of £0.072m.

- The Cash Balance at the end of August 2019 was £16.621m. However this is due to timing of programmes for Child and Adolescent Mental Health Services (CAMHS) and Local Health Care Record Exemplar (LHCRE). The amount will also reduce in September due to payment of the half year dividend and bank loans.

Mr Jones asked about the reasons for agency costs which were high in August. Mr Beckwith explained that two locum consultants had reverted back to agency from locum contracts.

Mr Muzaffar informed the Council of Governors that at the last Finance and Audit Governor Group meeting, Governors had been impressed with the performance compared to this time last year and Governors wished to express their appreciation to the finance team for this achievement.

Resolved: The report was noted.

54/19 **Governor Groups Feedback and Activity**
The report provided feedback from the Governors Groups that have been held recently. Governor recorded activity was also included.

Mr Jones reported that at the recent Quality and Strategy meeting Governors discussed the workforce issues and agreed that workforce would be included in the remit of this group. The Terms of Reference have been amended to reflect this. Professor Cooke felt this was a positive move as quality and workforce work together. It is clear that recruitment and retention is an issue for the organisation and the impact on quality and safety and not being ale to recruit. The Chief Executive felt this was a useful way forward as this is the number one risk for the organisation. Governors have a role to play in encouraging people to come and work for the Trust within their constituencies.

Resolved: The report and verbal updates were noted.

55/19 **Responses to Governor Questions**
An update was included in the report to the query raised by Mr Enderby at the last meeting regarding clinical supervision. Mr Enderby suggested that updates could be included in the narrative of the performance report going forward. Mr Beckwith will review this in conjunction with Mrs Parkinson.

Ms Jump asked if the changes in the way that the police deal with people with mental health issues will have an impact on services. The Chief Executive said there is a drive from the Home Office to do more with the police and there are ongoing discussions taking place. Work is ongoing with Humberside Police and the Chief Executive has a meeting planned with the Assistant Chief Constable to progress. It is unknown at this time what changes will be made, but the organisation is working in partnership with the Police.

Resolved: The report and verbal updates were noted.
Addition of narrative for clinical supervision to be considered for future Performance Reports to provide appropriate updates **Action PBec/LP**

56/19 **Any Other Business**
No other business was raised.

57/19 **Date and Time of Next Meeting**
Thursday 16 January 2020, 2.00pm in the Lecture Theatre, Trust Headquarters, Willerby

Signed………………………………………………………………………………. Date
Chair