

**Trust Board Meeting 24 April 2019
Agenda - Public Meeting**

For a meeting to be held at 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence – John Byrne	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 27 March 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Tom's Story	KF	To receive & note	√
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executive's Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
Assurance Committee Reports				
9.	Quality Committee Assurance Report & 6 February 2019 Minutes	MC	To receive & note	√
10.	Finance & Investment Committee Assurance Report	FP	To follow	√
11.	Charitable Funds Committee Assurance Report & 21 January 2019 Minutes	PBee	To receive & note	√
Strategy				
12.	Trust Strategy Update (Alison Flack, Transformation Programme Director (Mental Health) attending)	MM	To receive & note	√
Quality & Clinical Governance				
13.	Freedom to Speak Up Report (Alison Flack, Transformation Programme Director (Mental Health) attending)	MM	To receive & note	√
Performance & Finance				
14.	Performance Report	PBec	To receive & note	√
15.	Finance Report	PBec	To receive & note	√
Corporate				
16.	Report on the Use of the Trust Seal	MM	To receive & note	√
17.	Emergency Planning Preparedness & Resilience Annual Report	LP	To receive & approve	√
18.	Items for Escalation	All	To note	verbal
19.	Any Other Business			
20.	Exclusion of Members of the Public from the Part II Meeting			



21.	Date, Time and Venue of Next Meeting Wednesday 22 May 2019, 9.30am in the Conference Room, Trust Headquarters	
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Agenda Item: 2

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Declarations of Interest			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non Executive Directors interests. Changes have been made to:-</p> <ul style="list-style-type: none"> • Change to the declaration for Mr Patton for Walrus and Carpenter which has changed its name to Over Promise and Under Deliver • Change to the declaration for Mr Smith has been appointed as a Non Executive Director for The Rotherham NHS Foundation Trust 			
Key Issues within the report:	Contained within the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

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

	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Chairman, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Industry Advisor The BII (British Institute of Innkeeping) • Managing Director, Patton Consultancy • Non Executive Director and Chairman, SIBA, The Society of Independent Brewers • Director, Fleet Street Communications • Chairman, Barnsley Facilities Services Limited • Director, Over Promise and Under Deliver • Non Executive Director Barnsley NHS Foundation Trust

Item 3

Trust Board Meeting – Public Meeting
Minutes of the Trust Board Meeting held on Wednesday 27 March 2019 in the Lecture Theatre,
Trust Headquarters, Willerby

Present:

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

In Attendance:

- Mrs Michelle Hughes, Interim Head of Corporate Affairs
- Mrs Jenny Jones, Trust Secretary
- Ms Amy Smith, Communications Officer
- Ms Joanne Bone, Clinical Nurse Lead accompanied by Lenny & Paul (for item 49/19)
- Mr Christopher Duggleby, Public Governor
- Ms Ros Jump, Public Governor
- Mrs Alison Flack, Transformation Programme Director Mental Health Humber Coast & Vale (for items 56/19 & 57/19)
- Mr Oliver Sims, Corporate Risk Manager (for item 58/19)
- Dr Jamie Richardson, Specialist Trainee Doctor (observing)

Apologies: None

46/19 **Declarations of Interest**
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

47/19 **Minutes of the Meeting held on 27 February 2019**
The minutes of the meeting held on 27 February 2019 were agreed as a correct record with the following amendments:-

29/19 Chair's Report

The Chair clarified that she has not yet met with Nick Smith, but will no doubt do so in the future.

39/19 Six Month Review of Safer Staffing In-patient Units

The third sentence of the third paragraph should read "He highlighted the **ratio** of registered nurses....."

40/19 Performance Report

In terms of Care Programme Approach follow up referred to in the 5th paragraph, it was clarified that the 83.3% compliance was for follow up within three days.



48/19

Matters Arising and Actions Log

The actions list was discussed and Board

33/19 Mental Health Legislation Committee Assurance Report

Mr Smith asked for an update on the Mental Health Legislation Committee Assurance. Mrs Parkinson explained that the intention is to change the chair of the Mental Health (operational) Steering Group to the Clinical Director when the restructure of Operations is completed. A post holder has not yet been identified, but the actions that are needed to support the Committee have been shared.

49/19

Patient Story – Always Events, Improving Experiences of Care

The story provided the Board with information about Always Events, a new way of working with patients at Townend Court Learning Disability Assessment and Treatment Unit to improve experiences of care.

Joanne Bone (Clinical Nurse Lead), Paul and Lenny (Patient and Carer Experience Champion and patient) attended to present to the Board, their story of using Always Events where co-production is key to ensuring the needs of patients and carers are met and that what matters to them is addressed where possible.

Following the visual presentation of the work that has been done, it was asked if there is any enough support given to the team. Ms Bone said that significant support was given by the Manager Mrs Bailey and also the Care Group. The methodology for the work is what the team already do which is different to other services. Accessible information was already available. Mrs Parkinson commented that the co-creation and co-production process is one that other services can learn from and be shared.

The Board thanked Lenny, Joanne and Paul for attending and sharing the work

50/19

Chair's Report

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

- A session with Governors on the Operating Plan
- At a recent Staff Governors meeting, it was agreed for Staff Governors to meet up with the new Organisational Development lead
- A visit to the Humber Centre as part of the Director visibility programme
- Attendance an East Riding Place Partnership Leaders event with the Chief Operating Officer to review progress and achievements. This was followed by the Health and Wellbeing Board meeting.

Resolved: The verbal update was noted.

51/19

Chief Executive's Report

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

Director Portfolio Changes - These were reviewed in February 2019 to ensure they remain appropriate and were agreed by EMT. The changes will take effect from 1st April 2019. Professor Cooke was pleased to see that Recovery has moved to the Chief Operating Officer and would like to have a discussion about how this will be taken forward outside the meeting. The Chief Executive welcomed this and a meeting with the Chief Operating Officer and the Chief Executive will be arranged. The Chief Executive confirmed she will retain the executive overall lead for strategy.

Brexit Update - The Brexit Project Team continues to meet to ensure the trust is prepared for a no-deal Brexit, in the event this occurs. The Team have already considered and reviewed the operational readiness guidance as well as considering risk scenarios based on the latest guidance available.

Mental Health Partnership - Work is ongoing to finalise the assurance of Clinical Commissioning Group (CCG) Mental Health plans in relation to the Five Year Forward View. The plans will come to the Board after they have been approved by the Mental Health Partnership.

Visioning Event - The event was held for all Chief Executives in the Mental Health Partnership to plan and focus on our collaboration and collective priorities for the coming year; this will form the operational plan and workstreams. Perinatal and secure models of care being the main priorities.

Proud Launch - The launch of Proud is this week. A vote is currently taking place to agree the logo.

Professor Cooke referred to the recruitment for the new posts for the Child and Adolescent Mental Health Services (CAMHS) unit. He recognised this is a challenge not just for that service but for the whole organisation and asked how this was progressing. Mrs Gledhill reported that a Clinical Psychologist has been recruited and is due to start on 1 April and interviews for the Clinical Lead post have been held. There has been interest in the Consultant Psychiatrist post, but no candidates have yet come forward. Adverts for Bands 5 and 6 posts received a good uptake with candidates for the Band 6 posts predominantly external areas. Four internal applicants have applied for the Band 5 posts from across the inpatient units. A number of students have also applied who will be encouraged to look at other vacancies there are if they are unsuccessful. Social media is being used to advertise the posts and the training plan is in place and will be aligned to the new staff to ensure that they have the right skills from day one. Professor Cooke felt that this was the biggest challenge for the organisation presently as it is a service that has posts that are hard to recruit to.

Ms Bee commented that some requests for Charitable Funds for equipment for the CAMHS service had been received by the Charitable Funds Committee recently. It was unclear who the requests were coming from the Steering Group.

A launch event at Hull University of ICAR (International Clinical Applied Research) was attended by Professor Cooke recently. This was a good event which mentioned the Primary Care Academy and reference was also made to the Trust's work by Professor Julie Jomeen from Hull University.

Mr Baren asked if there is a communications plan prepared in readiness for the Care Quality Commission (CQC) report. The Chief Executive said the Trust should receive the draft report for factual accuracy shortly. Until the report is received it is difficult to pre-empt an action plan, although a draft communication plan has been prepared.

Resolved: The report was noted

A meeting to discuss Recovery will be arranged Action MM/LP/MC

52/19

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. Relevant reports will be discussed at appropriate Sub Committees.

Resolved: The report was noted

53/19

Finance and Investment Committee Assurance Report

An executive summary of discussions held at the meeting held on 20 March 2019 and a summary of key points for the Board to note was presented. The Terms of reference were

presented to the Board for approval. Discussions at the meeting included:-

- the delivery of the cumulative operational financial plan in month eleven with an improved position on month ten.
- the external financial position.
- the sign off of the updated five year Estates Strategy.
- an update on the Governance of the Yorkshire & Humber Local Health Care Record Exemplar project
- the committee received and reviewed the Board Assurance Framework (BAF) and key risks appertaining to Finance and Investment.

An increase in the number of debtors was noted which was due to the timing. Primary Care and Specialist divisions are performing better than Mental Health and Corporate. However overall the Trust is performing better than its peers both regionally and nationally. The Estates Strategy was discussed and a report on the Local Health Care Record Exemplar (LHCRE) was received by the Committee. A second report on the Trust's element of this has been requested for the next meeting.

Mr Beckwith informed the Board that the surplus position is the first time this has been reported this financial year meaning the Use of Resources score is 1.

Professor Cooke asked if the Estates Strategy will be coming to the Board. Mr Patton explained that only minor changes were made and the Committee's view was that Board did not need to see the Strategy. Professor Cooke felt that the Board did need to see the Strategy and he had concerns about the Mental Health Campus.

In terms of the Mental Health Campus, Professor Cooke asked when this will be coming to the Board. He was informed that the outline business case will come to the Board in July with the full outline business case in September/October.

Professor Cooke was concerned about the trajectory and that the Trust has a mixed estate. He also felt that system work could see some changes in the estate. The Chief Executive said that work is ongoing especially in the East Riding to look at some of the Trust's buildings. As a system some streamlining is likely although this work has yet to be done. The Chair acknowledged the comments made about the Estates Strategy and suggested that the updated tracked changes document be circulated to the Board.

Resolved: The report was noted.

The updated tracked changes Estates Strategy to be circulated to the Board. Action PBec

54/19

Workforce and Organisational Development Committee Assurance Report

This report provided an executive summary of discussions held at the inaugural meeting of the Committee on 20th March 2019. It was noted that as it was the first meeting the committee acknowledges that there will be a bedding in period where the Committee will evolve before settling on its final format.

Mr Patton reported that the first meeting was positive and the agenda and assurance report are work in progress. The Terms of Reference previously approved by the Board will be reviewed in six months. A presentation was given on the Self Service Electronic Service record (ESR) Dashboard and the Insight report and staff survey reports discussed.

Mr Smith queried the number of vacancies and the number of vacant posts identified in the report. Mr Beckwith explained that this has been identified as an issue which is being worked through with himself and the Director of Human Resources. It is an issue with the coding in the ledger and there will always be an element of over establishment due to people covering vacancies. The work has started and already some reduction has been seen in the numbers. Mr Patton explained that a detailed establishment table was provided at the meeting.

Ms Bee asked about the Freedom to Speak Up work and whether there is staff involvement in the redesign, shaping and changes. Mr McGowan reported that this has been included in the workplan for regular updates. Co-design of work carries over with Proud with 23 managers who want to be part of the work. This also fits in with the Quality Improvement Work. An update has been provided to the Executive Management Team as work is taking place in the background. A staff workshop is also planned by the Organisational and Development Manager. The Chief Executive confirmed this is part of the Sub Group structure to monitor the work.

Resolved: The report and verbal updates were noted.

55/19 **Trust Board Sub Committee Chairs**

The Chair presented the report which gave details of Board Sub Committee Chairs. This will be provided annually and has been added to the work plan.

Resolved: The report was noted.

56/19 **Operating Plan 2019/20**

In line with the NHS/NHSI Joint planning guidance for 2019/20, organisations have to submit a refreshed operational plan building on the submissions made in 2018/19 together with a revised financial and workforce plan submission.

A draft operational plan with the supporting detailed financial and workforce plans has been submitted to NHSI in line with the national timetable and feedback received which has been incorporated into the final version. The operational plan identifies the key priorities for 2019/20 and how they link with the Trust's strategic goals and provides detail on the Trust's financial and workforce plans for 2019/20.

Mrs Flack explained that the plan has been discussed by Governors and also at the Trust's Consultation and Negotiation Committee (TCNC). Discussion is still ongoing with contract negotiations. Mr Beckwith explained that for the financial plan, assumption has been made that the Trust will receive £700k Mental Health Investment Standards funding.

Professor Cooke asked for the acronyms to be put explained throughout the document. In his view the document did not state what the organisation actually does for example around the Budget Reduction Strategy, the work the Quality Committee has done over the year, differential Cost Improvement Programme Schemes (CIPs) and knowing more about what the differential is and the impact of this. He felt the supporting strategies should be appended and links made to the Long Term Plan and to the Child and Adolescent Mental Health Services (CAMHS) development. Generally he felt it needed inflating to promote the organisation more.

The Chief Executive thanked Mrs Flack for collating the information from the report. She acknowledged the comments made, but noted that the document content is prescriptive which made it difficult to show case the organisation and make the content more dynamic. As an organisation, we do not promote our successes as we should and we should emphasise this more. It would be helpful to include a glossary and the acronyms issue will be addressed. Last year a plan on a page was produced and this will be repeated this year which will provide an opportunity to make it more dynamic.

Professor Cooke suggested it would be helpful next year to see versions of the document in February/March. At the last meeting when the report was discussed, a request was made to include a 4th priority around physical health, Mrs Gledhill confirmed the information has been provided and Mrs Flack will add into the report. Dr Byrne commented that the document is technical making it a challenge to know what to include, however he agreed that the work around CAMHS and quality development that is taking place should be included together with the social values report and impact.

Professor Cooke suggested there should be a suite of documents that provided information on the organisation, the strategic element and the communication theme.

Mr Patton suggested that the references to the Operational Management structure needed aligning on page 18 to make them consistent. He noted that of the strategies listed on page 22 some were out of date and the detail needed reviewing. He also felt it would be appropriate to include details on the Quality Improvement work that is taking place with the Board and Governors.

Mr Baren asked if the pay award figure could be amended to include an average figure. The Chair noted that in the documents produced by the organisation eg annual report, quality account, there is a discrepancy on the number of staff and the number of sites. She suggested that this be reviewed so that the same detail is being used in all reports.

Resolved: The Board approved the Operating Plan 2019/20.

Plan on a page to come to the April meeting Action AF

Workplans to be updated to include a six monthly review of the Operational Plan for the Board and Governors Action AF/JJ

57/19

Freedom to Speak Up Vision and Strategy 2019- 2022

The Freedom to Speak Up Vision and Strategy has been developed using guidance from the National Guardian's Office (NGO), the NHSI self assessment tool and other examples of good practice. The Trust Board have completed the NHSI self-assessment tool on two occasions and will review again in June 2019.

The Strategy has been discussed with staff and a session held with Staff Governors. Overall feedback is that staff welcome it but wanted something simple and easy to understand.

Resolved: The vision and strategy was approved by the Board

58/19

Performance Report

An update on Board approved key performance indicators as at the end of February 2019 was presented. Of particular note was that 52 week waits have increased further in February. Currently there are 70 patients waiting (excluding ASD) which is an increase from last month of 21. Mrs Parkinson explained that it related to Hull Child and Adolescent Mental Health Services (CAMHS) across the specialised care services that are provided and paediatric autism spectrum diagnosis service which has contributed to the increase in waiting times through an increase in demand. There has been additional investment in both areas through recurrent and non recurrent investment, but the demand continues to increase.

Some investment for the autism spectrum diagnosis service has been received in October 2018 for additional post. However these are hard to fill posts and recruitment has been slow. It is hoped this can be addressed through a Sustainable Transformation Partnership (STP) approach to help with the workforce issue going forward. The service has continued to ensure that it maximises the impact of the investment and have been as flexible as they can whilst recruitment into these posts is finalised. New national guidance has been published around autism spectrum diagnosis which enables registered nurses to undertake diagnosis and the new guidance is being implemented.

Caseload numbers for autism spectrum diagnosis have significantly increased over the year which is being managed, but there are knock on consequences. In core CAMHS there has been an increase in the demand for ADHD, changes came in last year where paediatricians undertaking diagnosis provided by community services transferred to the Trust and it took time for the adjustments to embed. A significant increase is being seen in the number of referrals that come through a central point. A high number of patients are being clinical triaged, assessed then sign posted to other services which is an inefficient use of resources.

Mr Baren referred to the quality dashboard and the sickness level of Humber Centre wards and how this is impacting on patient care. Mrs Gledhill reported that she has visited the wards and the next report should show some improvement as some long term sickness has ended and established bank staff have been used to cover gaps. From her discussions and visit there did not appear to be any detriment to the quality of care to the patient. The Chief Executive suggested that the Quality Committee has a deep dive into the actions being taken for areas of high sickness in the Humber Centre as there have been a number of concerns. It was suggested this could also overlap with the Workforce Committee. Agreement needs to be reached which Committee should undertake the deep dive.

Discussion took place on the issues to be raised at the Board to Board meeting with NHS Hull Clinical Commissioning Group (CCG). These included areas such as core CAMHS and how a system wide approach could help if the Trust, commissioners and Local Authorities worked together to give young people a better service. The potential children's trailblazer site and SMASH programme extended to all schools were seen as key points. Professor Cooke suggested establishing a standard waiting time could be useful. The Chief Executive agreed, stating that if commissioners work with the organisation to share the care and have a shared care model would be good.

Dr Byrne asked about GPs and educating them on the changes in the system not just in Hull and whether this needed to be considered. Work is taking place with clinicians around ASD and whether referrals should only come through education rather than primary care. The NHS Providers survey showed that the main issue with Mental Health Trusts is the rise in demand for CAMHS services. Public Health was seen as another area for discussion and that net year expect to spend more per ratio on children and young people based on the growing demand.

Ms Bee said that non clinical referrals need a non clinical solution. For example loneliness is a high profile, but is not something that should be treated through a clinical perspective and should be signposted elsewhere.

Speech and Language Therapy (SALT) and Mental Health Response Service (MHRS) were other areas identified for discussion. In relation to MHRS, the issue is about getting through by telephone to the service. Both urgent and non urgent calls are taken by the service often resulting in the urgent calls not being able to get through. The model was reviewed last year, but due to the increase in demand, is no longer sustainable. A significant number of referrals result in people being signposted elsewhere once they have been triaged. However this is an ineffective use of resources and people need to be referred to the right place first time. Work is being undertaken to look at having a separate consultant and a liaison in primary care to get mental health needs met in the right way. A proposal is being drafted for the Executive Management Team to consider.

Resolved: The report was noted.

A deep dive into the actions being taken for areas of high sickness in the Humber Centre to be undertaken. Agreement to be reached which Committee should undertake the deep dive.

Action HG/SMcG

59/19

Finance Report

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

- A surplus position of £0.357m was recorded to the 28th February 2019.
- Expenditure for clinical services was lower than budgeted by £0.296m year to date
- The cash balance in the period was £13.641m.
- On the SOFP, the net current asset position increased by £3.545m to £12.829m, due to an increase in cash and a decrease in Trade Creditors.
- £5.667m Year to date Capital expenditure, relating to IT (£1.582m) and Estates

(£4.085m). This includes £3.147m relating to the CAMHS project.

- On the NHS Improvement (NHSI) return the use of resources metric is 1

Resolved: The report was noted

60/19

Board Assurance Framework (BAF)

The report provided the Board with the Quarter 3 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. Each of the Board Assurance Framework sections has been reviewed by its assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

The Chair thanked Mr Sims for his report. She pointed out that the overall assurance overview needed updating for the Developing an Effective and Empowered Workforce goal. Mr Sims explained that this would be done for the next report.

Resolved: The report was noted.

61/19

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 November 2018. Two risks have been reduced and removed from the Trust-wide risk register since last reviewed at the November Board Meeting.

Mr Baren referred to the 147 risks currently held across the Trust's Care Group and Directorate risk registers. He asked if this included risks that are held on project risk registers. Mr Sims said that it did not, however this could be included on the plan for next year. Professor Cooke asked if there could be a project risk scoring 25 that the Board would be unaware of. The Chief Executive explained that from next financial year all project risks will appear on directorate risk registers and not have a separate register. The Executive Management Team will also see all risks scoring 9 – 12 on a regular basis.

Resolved: The report was noted

62/19

Any Other Business

No other business was raised.

63/19

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.

64/19

Date and Time of Next Meeting

Wednesday 24 April 2019, 9.30am in the Conservatory/Fitness Suite, Alfred Bean Hospital, Bridlington Road, Driffield, YO25 5JR

Signed Date
Chair

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

Summary of actions from March 2019 Board meeting and update report on earlier actions due for delivery in April 2019						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.3.19	51/19	Chief Executive's Report	A meeting to discuss Recovery will be arranged	MM/LP/MC	April 2019	Meeting is being arranged
27.3.19	53/19	Finance and Investment Committee Assurance Report	The updated tracked changes Estates Strategy to be circulated to the Board.	PBec	April 2019	Document circulated
27.3.19	56/19	Operating Plan 2019/20	Plan on a page to come to the April meeting	AF	April 2019	Included in Strategy update item on the agenda
27.3.19	56/19	Operating Plan 2019/20	Workplans to be updated to include a six monthly review of the Operational Plan for the Board and Governors	AF/JJ	March 2019	Added to workplans
27.3.19	58/19	Performance Report	A deep dive into the actions being taken for areas of high sickness in the Humber Centre to be undertaken. Agreement to be reached which Committee should undertake the deep dive.	HG/SMcG	April 2019	Agreement via EMT that the deep dive should be presented to the Workforce Committee in May.
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
23.5.18	119/18(b)	Health & Safety	2019 report to include the size	Director of Finance	May 2019	Item not yet due



		Annual Report	of the team in the Health and Safety Training rate table			
23.5.18	121/18(b)	Annual Fire Safety Report	Next year's report to include all Trust properties	Director of Finance	May 2019	Item not yet due
31.10.18	203/18(a)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Updates on progress to be submitted to the Quality Committee and Executive Management Team meetings	Chief Operating Officer	February 2019	Apr 19 – Regular updates are provided to EMT and will agenda item for the Quality Committee in August 2019.

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

Agenda Item: 5

Title & Date of Meeting:	Trust Board Public Meeting - 24 th April 2019			
Title of Report:	Patient Story – Tom’s Story			
Author:	Name: Tom Nicklin Title: Service User and Patient and Carer Experience Champion Name: Lorna Barratt Title: Patient and Carer Experience Co-ordinator			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To inform Board members of Tom’s story through admission to some of our inpatient units, contact with PSYPHER and work as a champion of patient and carer experience.			
Key Issues within the report:	The key messages of the story are: <ul style="list-style-type: none"> • To highlight the journey through inpatient services and PSYPHER • To highlight the positive affect of co-production with service users. 			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

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



Tom's Story

1. Introduction

The purpose of Tom's story is to provide the Board with a story of a journey through admission to our inpatient facilities, PSYPHER and the benefit of being involved in co-production work with the Trust.

2. Attendance at the Board meeting

In attendance will be Tom Nicklin (service user) and Charlotte Watson (Support Time & Recovery Worker).

Tom will tell his story to the Board followed by a questions and answers session, supported by Charlotte who works at PSYPHER where Tom receives his care.

3. Key Messages

Tom would like to provide the following messages to the Board:

- To highlight the journey through inpatient services and PSYPHER
- To highlight the positive affect of co-production with service users.

Agenda Item: 7

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	✓	To endorse	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Key Issues within the report:	Identified within the report			

Monitoring and assurance framework summary:

Links to Strategic Goals

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

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



Chief Executive's Report

1. Around the Trust

1.1 Health Service Journal, Patient Safety

It is great news that we have been shortlisted again this year in the Health Service Journal, Patient Safety awards this time in the governance category for our work on Patient safety huddles - well done and good luck to Hilary and the team.

1.2 Unicef Baby Friendly Initiative Gold Award

The Integrated Specialist Public Health Nursing Service (ISPHNS) and the East Riding of Yorkshire Council Children's Centres had their joint assessment for the Unicef Baby Friendly Initiative (BFI) Gold Award during the month, The team were invited to be assessed as the ISPHNS had successfully retained Level 3 on three occasions. I am delighted to let you know that the team are the FIRST recipients nationally of a joint Gold Award for Unicef BFI – the assessment has to be ratified by the Unicef Committee but what fabulous news. Excellent work by the team and what a difference for our families.

1.3 Director of Workforce and Organisational Development

Steve McGowan has a new title which is Director of Workforce and Organisational Development. This new title is more reflective of the organisation and the developing Proud programme

1.4 Strategy Refresh

Following the change in Director Portfolios, Peter Beckwith supported by Vicky Scarborough and the wider team will be leading on the work to refresh the Trust's Strategy. The Chief Executive has retained overall executive lead for the Trust Strategy.

2. Around the Region

2.1 Sustainable Transformation Partnership (STP)/ Integrated Care Services (ICS) Meeting

The STP/ICS meeting received an update on the Local Health Care Record Exemplar (LHCRE) by the regional team alongside the developing population health work at partnership level. The ICS also received an update on the work of the Mental Health Partnership in relation to assuring Clinical Commissioning Group (CCG) spending plans and children's services, which was well received. The systems operating plan was noted in draft form.

2.2 East Riding and Hull Integrated Care Partnership (ICP) Meeting

The East Riding and Hull Integrated Care Partnership (ICP) meeting took place during the month. I chaired the meeting which focused upon, Community Paediatrics, fragility and population health. The Governance process is being developed.

2.3 East Riding Place

East Riding Place feedback includes that wide partner support was received from Humber Local Delivery Record which was presented by Lee Rickles. The meeting also looked at a joint communications process and received information on the evaluation of self care week.

2.4 Hull Place

Hull Place supported the developing Hull Place Plan and we now have a very thorough report on the Beverley Road area of the city - in particular the HU5 population where access to healthcare is 3-4 times higher than other parts of Hull due to some of the wider determinants of health. The partnership is observing what the issues are across police, social care and health and are talking to the community about what's important to them. A great piece of developing work.

3 National News

3.1 New Combined NHS Region for the North East and Yorkshire

This month marked the start of the new combined NHS region for the North East and Yorkshire. Richard Barker the Regional Director commented that 'In the short run, you will notice minimal

change'. The team to date at Director level includes: Warren Brown, Tim Savage, Mike Prentice, Margaret Kitching, Robert Cornall and Daniel Hartley. Paul Johnstone from Public Health England (PHE) will be joining the senior team.

3.2 Health Service Journal Summit

I attended the HSJ summit and highlights include:

Matthew Swindells, Deputy Chief Executive Officer, NHSI/E:-

Long Term Plan (LTP) not targets, but direction of travel.

Redesign service delivery

Closure of hospital beds

Integrated Care Systems are key

Sustainable Transformation Partnership (STP) migrating to Integrated Care Services (ICS)

Sarah Wilkinson, Chief Executive, NHS Digital:-

Integration of systems - functional

Apple Watch ddl diagnose AF. What else can these pieces of equipment can for us

Progressing artificial intelligence.

Hugh McCaughey, Director of Improvement :-

The new Director of Improvement (QI) said that it would be a change from assurance to improvement

3.3 Recent National Publications

3.3.1 New agreement between CQC and the Healthcare Safety Investigation Branch (HSIB)

CQC 2 April 2019

CQC and the Healthcare Safety Investigation Branch (HSIB) have today published a new Memorandum of Understanding (MoU) agreement. The agreement sets out how we will work together to promote the safety and wellbeing of people receiving NHS care in England.

The HSIB was established in April 2017 to conduct independent investigations into patient safety concerns in NHS-funded care across England. They make recommendations aimed at improving healthcare systems and processes and direct those recommendations to relevant organisations with power to make improvements.

The formal agreement between both organisations is underpinned by the following principles:

- respecting each other's independent status
- cooperating in an open and transparent way
- making decisions based on promoting people's safety and encouraging high quality care.

In line with these principles, the agreement confirms that we will share information about the safety and quality of NHS services and evidence of safety risks or emerging themes that may indicate wider safety issues. We will also cooperate on national safety reviews and work together in the public interest to support improvement.

In addition to ongoing liaison between the two organisations, CQC's Chief Executive and HSIB's Chief Investigator meet at least once a year to discuss arising themes around the safety of healthcare and how both organisations can continue to co-operate to promote the safety and welfare of patients. The agreement will be regularly reviewed to make sure it is relevant, up to date and effective.

3.3.2 NHS Providers responds to Care Quality Commission fee structure for trusts NHS

Providers 27 March 2019

- The changes to Care Quality Commission (CQC) fees for registered providers 2019/20 have

been confirmed.

- This follows a consultation which ran between 25 October 2018 and 17 January 2019 on proposals for the fees that will charge providers of health and adult social care in England from 1 April 2019.
- Most NHS trusts and GPs, whose overall size is similar to last year, will see a small change to their fees because of the changes made to their fees structure last year.
- This is because each provider's fee is calculated by looking at their size against the total size of the sector, both of which change year-on-year.
- CQC will increase fees for the community social care sector by £1.5m, increase fees for the dental sector by £0.6m, and will decrease fees for the residential social care sector by £0.8m.

3.3.3 First Chief Midwife appointed to drive world-class NHS care for new mums NHS England 14 March 2019

The NHS has appointed England's first Chief Midwife to improve care for new and expectant mothers and their children and promote safer births as part of the [NHS Long Term Plan](#). Professor Jacqueline Dunkley-Bent will be the first to take on the new role, to oversee delivery of a package of measures building on increased safety and support in maternity care.

The Chief Midwifery Officer will become the most senior midwife in England, providing professional, strategic and clinical leadership to colleagues working across the country. Professor Dunkley-Bent will be responsible for measures that upgrade support for new and growing families, including greater digital access to "red book" medical records, better access to physio for mums recovering after labour and improved care for critically ill new-borns.

The Chief Midwifery Officer will lead the development of maternity policy to ensure England becomes an even safer place to give birth. Evidence shows that midwifery provided by educated, trained, regulated midwives, is associated with improved quality of care and reductions in maternal and newborn mortality.

As set out in the [NHS Long Term Plan](#), Professor Dunkley-Bent will also help to develop a workforce implementation plan for the NHS, working with Chief Nursing Officer for England, Ruth May, and the recently-appointed NHS Chief People Officer, Prerana Issar, as well as representatives from staff groups like Royal Colleges and trade unions.

NHS England and NHS Improvement confirmed that Hilary Garratt CBE, Professor Mark Radford and Susan Aitkenhead will take up roles as deputy chief nursing officers, alongside five new regional chief nurses and confirmation that Dr Neil Churchill OBE will take on the role of NHS Director of Experience, Participation and Equalities.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 Acute Care Pathway and Out of Area Placements

The Trust has continued to progress changes to the mental health acute care pathway over the last twelve months and this work continues to be in line with national requirements. The NHS Long Term Plan published in January 2019 supports the principle that for people admitted to an acute mental health unit a therapeutic environment provides the best opportunity for recovery, noting that units operating beyond capacity struggle to offer purposeful and recovery focused care and cannot admit new patients who are then looked after further away from home or in non-specialist settings. The Long Term Plan restates the ambition set out in the Five Year Forward View to eliminate inappropriate out of area placements for non-specialist acute care by 2021.

In acknowledgement of the significant pressures in the acute care system a redesign of the acute care pathway was undertaken during 2017-18 and implemented during 2018-19. The context of this change was that in the financial year 2017-2018 a total of 1336 days were spent in out of area

acute placement as a result of bed capacity issues at the Trust. This was a total of 49 patients treated out of area often in non-NHS facilities and at significant detriment to continuity of care, family and social engagement and recovery as well as cost to the local health economy. Specifically this work programme included developing a range of initiatives designed to improve patient flow, reduce inappropriate out of area placements and provide alternatives to acute inpatient care.

In order to achieve these aims local CCG commissioners provided the financial resources in use on out of area spend to the Trust to both develop the range of services specified in the acute pathway but also to take responsibility for the funding of any inappropriate out of area acute placements. With this funding:

- An additional 5 beds were created at Mill View Lodge
- The bed management team was enhanced
- Provided additional step-down housing
- Dedicated inpatient social workers
- Extended hours of the crisis pad

As a consequence of the provision of additional beds and the enhanced acute care pathway we have seen a significant reduction in bed occupancy throughout the year which has been maintained effectively with a responsive and successful bed management approach and better inpatient and acute care system management. Occupancy rates for the period April 2018 – January 2019 show average occupancy on the adult inpatient units at:

Westlands (female treatment) 79%

Newbridges (male treatment) 96%

Mill View Court (mixed treatment) 98%

Avondale (mixed assessment) 61%

There have continued to be occasions when demand for acute beds has exceeded the local capacity and placement out of area has been required, however between 01 April 2018 and 28 February 2019 out of area placement has been limited to 68 occupied bed days against 1336 days in the previous year. Placement reduced from 49 people in the previous year to 7 in the current year. Importantly national mental health benchmarking also demonstrates that our readmission rate is low and our length of stay is low also. We continue to undertake work to reduce out of area placements for our Psychiatric Intensive Care beds. As a consequence of the positive impact this work has achieved this arrangement with the CCG's will be continued for 2019/20. It is important that we continue to receive service user feedback in line with this work and mechanisms are in place to support this.

4.2 Director of Human Resources and Organisational Development Update

4.2.1 New Pay Progression System under NHS T&Cs becomes Operational

The new pay progression system will come into effect on 1 April 2019 for new starters or those promoted to a new role on or after 1 April 2019. The new pay progression system is a national change to Agenda for Change Terms & Conditions. National changes to the ESR system have been made to reflect the changes. A briefing has been shared with EMT and the Trust's TCNC on the changes.

4.2.2 Pension Changes

The employer contribution rate increased from 14.3 per cent to 20.6 per cent (20.68 per cent including the 0.08 per cent scheme administration levy) from 1 April 2019. The government is providing additional funding for the NHS to cover this cost increase.

4.2.3 Pension Taxation – Lifetime Allowance

The pensions lifetime allowance limit is currently £1,030,000 and will be increased in line with the consumer price index (CPI) to £1,055,000 from 6 April 2019.

4.2.4 NHS Workforce Disability Equality Standard (WDES) Roll-out

The NHS Workforce Disability Equality Standard (WDES) comes into force on 1 April 2019. From May 2019, an online reporting form will be available on the NHS England website and trusts will receive a pre-populated WDES spreadsheet. Communications about the WDES will go out as part of midday mail.

4.2.5 National Wage Increases

The national living wage for workers aged 25 or over increased to £8.21 per hour from 1 April 2019.

4.2.6 Tribunal Payments for Breach of Employment Obligations

The government's 'Good work plan', published in December 2018, made a commitment to increase the penalties for employers that repeatedly breach their employment law obligations. Tribunals have the power to impose a £5,000 'aggravated breach' penalty on employers losing cases, and from 6 April 2019, the maximum limit on these penalties will rise to £20,000.

4.2.7 Apprentice Levy Transfer

The amount of apprenticeship levy that can be transferred increased from 10 to 25 per cent in April 2019. A presentation on the Apprentice levy will be delivered to the next Workforce and OD Committee.

4.3 Director of Nursing

4.3.1 Health Service Journal Patient Safety Award

We are really pleased to announce that the Trust has been shortlisted for a HSJ Patient Safety Award for its work on establishing a daily organisational wide safety huddle under the category 'Clinical Governance and Risk Management in Patient Safety Award'. In the words of HSJ *'These awards are incredibly competitive, and to make it onto the shortlist is a huge achievement!'* Next steps are a presentation to the judging panel in May which will be attended by a unit manager, the Assistant Director of Quality Governance and Patient safety and the Director of Nursing to showcase the frontline to Board governance we have in place.

4.3.2 CAMHS In patient -Update

Clinical Model

A first draft of the clinical model was presented to the April Quality Committee. The model is a trauma informed approach which combines formal treatment with a strong emphasis on a psychologically informed environment. It seeks to deliver the type of experience that young people and families have told us they want. The model was well received. In addition potential areas for research are being explored given the weakness of the current evidence base.

Workforce

A strong social media based approach to recruitment has been adopted. A video developed by local young people articulating their needs and the type of staff they would like to work with has been produced. The post was viewed over 150,000 times and the video itself over 80,000 times. The response so far has been really positive.

Estates

The build continues to progress very well. There is no change to our previous update with the building due for completion mid/late August and a planned operational date of 23.9.19. We have a meeting planned with NHS England to agree the phased opening. The development of a music studio and shared external garden space was approved by the CAMHS Executive Board via the Charitable Funds Committee.

Networks

We continue to work closely with Cornwall NHS FT who are on a similar timeline to us and developing a comparable unit. Senior medical staff from Mill Lodge are providing external scrutiny to our plans and the development of our clinical pathways. Engagement with community CAMHS services is progressing and will encompass further work with the South Bank providers over the coming weeks.

4.4 Medical Director

4.4.1 Patient and Carer Experience Strategy 2018 to 2023

The Patient and Carer Experience Team is holding an annual event on 17th April 19 to identify the next two years actions for the Patient and Carer Experience strategy 2018 to 2023. The outcome will be a co-produced action plan developed together with patients, service users, carers, staff and partner organisations.

4.4.2 Potential New Role

Dr Kate Yorke is scoping the potential for the Trust with regard to a new role which is being developed which is called a Clinical Associate psychologist. We would be collaborating with Hull University to develop a training course for this new band 6 role which is a career grade role between Assistant Psychologist and qualified Clinical psychologist. It has been successfully implemented in Scotland and running for 10 years. The first course of its type in England is starting now down in Exeter. Students train in one subject area only e.g. mental health or children's services and complete within 18 months. They have 2 placements. We are exploring how this might help us to use the Apprenticeship Levy as well.

4.4.3 3rd Annual Research Conference

The 3rd Annual Research Conference on 15 May is sold out and a waiting list in operation. The programme has been finalised and the Communications team have a media plan in place.

4.4.4 Proposal for the new Research Strategy Launch Event

Proposal for the new Research Strategy Launch Event is Wed 4 Dec in the lecture theatre, and will link to International Volunteer Day, Research relies on people volunteering to participate and that campaign 'celebrates the individuals who dedicate their time to bettering the lives of others', plus will link to NHS70 'giving the gift of research'.

4.4.5 Medic Changes

Dr Lucy William will be stepping down as the Guardian of Safe working. We are grateful for the work that she has undertaken over the past 3 years in enabling the Trust and Junior doctors have been able to work collaboratively together. Lucy has kindly agreed to support the transition as we begin the recruitment process for her replacement.

Dr Reena Roy is also stepping down from her as the Associate Director for Clinical studies for Hull York Medical School. She has been instrumental in enhancing the quality of our educational offer to Hull York Medical School students and without her enthusiasm we would have struggled to seamlessly integrate the increased number of medical students that have come into the trust. Dr Stella Morris, the Director of Medical education will be leading on the recruitment for her replacement.

4.4.6 Guardian of Safeworking Report

With the establishment of the Workforce and Organisational Development Committee, the quarterly report will be submitted to this Committee with an annual report to the Board.

4.4.7 Trustwide Lorenzo Electronic Prescribing Project

The Trustwide Lorenzo electronic prescribing project is well underway. The first units to go live are the wards at the Humber Centre on 03June. We are also working on the implementation of System One electronic prescribing for Fitzwilliam Ward, with a go live date of 1 July.

5 Trust Policies

No policies have been presented to sub committees of the Board for approval since the last report to Board in March that require ratification by Board.

6 Communications Update

External

- 12 stories were posted on the Trust's website between 13 March and 11 April 2019. They included:
 - Scarborough and Ryedale residents enter year two of the improved model of community care
 - Complete online test to determine Type 2 diabetes risk
 - New Hull mental health service in line for top national award
 - East Riding exceeding targets for referrals for innovative new service
 - Information about safer sleep from The Lullaby Trust
 - World Parkinson's Day
 - Trust employee lifts Strictly Learn to Dance Glitter Ball Trophy
 - Stress Awareness Month
 - East Yorkshire Children's team raises awareness for World Autism Week
 - Reduction in smoking during pregnancy rates across East Riding
 - Catch up with CAMHS... Read the latest news on the new Children and Adolescent Mental Health Inpatient Unit
 - Public urged to answer survey on how NHS services can be improved across Yorkshire and Humber
- Between 13 March and 11 April 2019, the Communications team dealt with 24 enquiries from local and national media.
- Positive media highlights include a perinatal mental health article in Elle Magazine, stop smoking services interviews with BBC and local radio stations, social prescribing live interview on BBC Radio Humberside and Parkinson's UK fundraising.
- The team continue to support phase 2 of the Scarborough and Ryedale mobilisation, CAMHS build.
- The team are starting to prepare NHS Day 5 July communications plans.
- The team continue to work with partners system wide with Health Expo planning started.
- Work continues on the Social Values Report 2018/19 with the team lending design and copywriting support.
- Attended systems communication meetings to discuss 2019 public health campaigns.
- On Facebook we now have 1,824 followers and our Trust Instagram has 423 followers.
- We have 4,387 followers on Twitter as of 11 April 2019.

Internal

- Prepared and issued the eighteenth edition of *Humber Voice*,
 - the 23th edition of *Board Talk* and
 - the 20th edition of *Team Talk*;
- Prepared and issued the latest blog from the Chief Executive;
- Managed the Communications and Contact Us inboxes
- Supported:
 - Trust Health and Wellbeing Steering Group
 - The Trust's Brexit Project group
 - The #PROUD programme by providing support with communications and branding – we launched Proud in the March edition of Humber Voice, issued on 29 March 2019
 - The Trust's Event Committee
 - The Trust's Refer a Friend Scheme by drafting the internal and external communications and supporting desktop image, email banner and poster.
 - WOS project group

- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff on how to manage their intranet pages.
- Progressed and collated Annual Report information content
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby.
- Added the Improving Your Access banner to all of our East Riding GP websites.
- Created a graphic to outline how the Trust is working on the staff survey results

7 Health Stars Update

7.1 The Chief Executive Staff Engagement Fund

The Head of Fundraising has met with Katy Marshall, new Organisational Development (OD) Lead to talk about how Health Stars can link into the new Proud Scheme as well as Kate Yorke, Associate Director of Psychology and Helen Mumby Head of Occupational Health to discuss staff wellbeing initiatives.

Helen plans to submit a wish for some funding which will allow the Occupational Health Team to deliver a series of health and wellbeing campaigns to colleagues across the Trust possibly via the intranet. These initiatives, although primarily aimed at Trust staff will also have great knock on benefit for patients.

The fund is becoming increasingly well-known and colleagues are beginning to think about the ways they can really maximise and help to fundraise towards it.

Those colleague and teams who have already benefitted from the fund are planning their own fundraising events in the summer including a sponsored walk.

Great social media coverage and lots of grateful staff thanking the Chief Executive for raising funds shared on Twitter and Facebook.

The Chief Executive's next challenge is due to take place on 20th June, the Head of Fundraising is writing an events plan and sponsorship package to secure support from partners and suppliers. A Virgin Money giving page will go live so that people can sponsor on line and Health Stars will have collecting tins and sponsors forms around the Trust.

The Director of Finance has signed up to raise funds for the Chief Executive's staff Engagement fund by taking part in Hull Half Marathon on 2nd June.

www.healthstars.org.uk/submit-your-wish

7.2 The Impact Appeal #HumberCAMHSAppeal

We have received significant support recently from external funders including 3 grants from successful applications made earlier this year. The Impact Appeal is gaining attention on social media and with the right use of tags and hashtags we are spreading the word to much wider audience. Andy Barber is in talks with Viking FM and it is hoped that their popular Annual Super Hero Day for their charity Cash for Kids will help highlight The Impact Appeal this May – Details TBC.

7.3 The Big Tea – NHS Day 5th July 2019



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

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

7.4 Circle of Wishes

The Circle of wishes scheme has grown significantly over the past 6 months, with 396 wishes submitted to date. We are looking for a very special 400th submission, which will celebrate all the great things happening throughout the Trust.

7.5 Social Media

Health Stars social media profile continues to grow mainly due to more people from outside the Trust wanting to get involved with the charity. It has allowed us to reach a much wider audience. We are aiming to boost our followers over the next few months and with the continued support of Trust Communications Team and high profile re-tweets (Thank you) we are confident to increase our followers, likes and comments. The Charity Champion for Health Stars is working hard to produce video content for Twitter with has great engagement results.

7.6 Health Stars Lottery

As part of the Health Stars Operations plan the team will be encouraging new membership to the scheme. There are currently 167 active members playing each week but with greater coverage on social media and internal communications it is hoped this figure will increase significantly.

A HUGE THANK YOU TO EVERYONE SUPPORTING HEALTH STARS

Michele Moran,
Chief Executive April 2019

Agenda Item: 8

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019		
Title of Report:	Publications and Policy Highlights Report		
Author:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To note <input checked="" type="checkbox"/>
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	To update the Trust Board on recent publications and policy.		
Key Issues within the report:	<ol style="list-style-type: none"> 1. NHS Assembly announced to help deliver the Long Term Plan 2. England's Chief Nurse sets out long term vision for NHS nursing 3. NHS X leader will have important role in supporting trusts to meet new technology ambitions 4. NHS chief people officer role is recognition of the workforce challenge ahead 5. We must not underestimate the challenge ahead to deliver ambitious NHS long term plan 6. Learning from deaths Care Quality Commission 7. Specialist mental health support for new mums available in every part of England 		

Monitoring and assurance framework summary:

Links to Strategic Goals

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

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



Publications and Policy Highlights

The report provides a summary on recent publications and policy.

1 NHS Assembly announced to help deliver the Long Term Plan NHS England 28 March 2019

Building on the collaborative approach to developing the Long Term Plan, the [NHS Assembly](#) has been created to advise the Boards of NHS England and [NHS Improvement](#) on delivery of the improvements in health and care it outlined.

More than 500 people applied to sit on the Assembly, with the successful applicants chosen based on their individual knowledge, skills and experience. The Assembly members are drawn from national and frontline clinical leaders, patients and carers, staff representatives, health and care system leaders and the voluntary, community and social enterprise sector. The membership includes practising or training doctors, nurses and other health professionals, ensuring that the needs and priorities of the NHS's 1.3m-strong workforce are well represented. Members also include a parent carer from Nottingham, a patient representative from West Yorkshire, and the leaders of Age UK and Carers UK.

The group will meet for the first time in Spring, and then quarterly afterwards, bringing their experience, knowledge and links to wider networks to inform discussion and debate on the NHS's work and priorities. The Assembly will be co-chaired by leading GP Dr Claire Gerada, and former head of the King's Fund think tank, Professor Sir Chris Ham.

Lead: Chief Executive

[We will monitor the work as it progresses](#)

2 England's Chief Nurse sets out long term vision for NHS nursing NHS England 14 March 2019

England's top nurse today pledged to ensure the voices of nurses and midwives will be valued and heard across the NHS. During her maiden speech at the [chief nursing officer \(CNO\) Summit](#) in Birmingham, Ruth May said that the profession, while often considered by the public to be the most trusted, is too often undervalued and pledged to fight for the voice of nurses to be influential across the NHS.

Setting out her vision for the role, the CNO said her three priorities to support delivery of the [NHS Long Term Plan](#) and give full recognition to the value of the nursing profession will be to address workforce shortfalls; enhance pride in the profession and strengthen perceptions of nursing and midwifery as high-value careers; and to help nurses and midwives to influence and lead change at every level across the NHS.

Alongside making NHS care fit for the future, the NHS Long Term Plan committed to recruiting and retaining staff, with the CNO today announcing a range of measures which will enhance the number, skill and influence of England's nurses. She highlighted the success of a programme in Northampton, Pathway to Excellence, focused on involving front line staff in key decisions and enabling them to lead change, which has seen the nursing vacancy rate fall by half in the past three years; and the national Band five talent management programme, to identify exceptionally talented nurses below senior management posts and maximise their chances of career progression.

The chief nurse went on to warn that to ensure the strongest nursing and midwifery workforce, more needed to be done to value the contribution of colleagues from all backgrounds, in particular to address inequalities facing nurses and midwives from black and minority ethnic backgrounds.

Addressing head-on concerns raised by a new report from the [Workforce Race Equality Standard \(WRES\) programme](#) looking at the experiences of nurses from black and minority ethnic communities, Ruth said unequal access to opportunities or fair treatment within the nursing profession was “unacceptable for us as an employer; but as importantly, it’s not good for our patients”.

Lead: Director of Nursing

Hilary Gledhill, Director of Nursing for the Trust was present at the conference where the Chief Nurse made her speech. More specifics regarding actions awaited but the Trust are actively working with Health Education England on developing new roles ie Nursing Associates and our local universities to enhance training on offer. The Professional Forum will consider specific actions as they become known with delivery under the umbrella of the Trusts Professional Strategy.

It was noted that the Secretary of State and the Chief Nurse at the same conference pledged to ensure national monies for professional development were reinstated following previous cut backs.

3 NHSX leader will have important role in supporting trusts to meet new technology ambitions NHS Providers 04 April 2019

- Matthew Gould has been named [CEO of](#) NHSX and will join the organisation in the summer.
- Matthew is currently the Director General for Digital and Media at the Department for Digital, Culture, Media and Sport.
- He will have responsibility for setting the national direction on technology across health and social care organisations.

Responding to the appointment of Matthew Gould as the chief executive of NHSX, the director of policy and strategy at NHS Providers, Miriam Deakin said: “We welcome the appointment of Matthew Gould to lead NHSX as it sets out to support the NHS adopt the digital solutions needed to provide the highest quality care to patients.

NHS Providers said getting the right solutions in place will be critical to the delivery of the NHS long term plan and supporting the direction of travel towards more integrated health and care services. Digital is an important agenda for trusts. Getting the right solutions in place will be critical to the delivery of the NHS long term plan and supporting the direction of travel towards more integrated health and care services.

NHSX will have an important role to play in supporting trusts to meet new standards on technology. But we also need to see adequate capital investment within the system if we are meet these ambitions.

Lead: Director of Finance

It is pleasing to see the appointment to this key role. The Digital Delivery Group will keep a watching brief on emerging guidance and themes, and this will be used to inform the refreshed digital plan which is being reported to board later in the year.

4 **NHS chief people officer role is recognition of the workforce challenge ahead** NHS Providers 01 April 2019

- NHS Improvement and NHS England have appointed Prerana Issar to the role of chief people officer.
- The new position is part of the NHS Executive Group and will play a leading role in ensuring that NHS in England has enough people, with the right skills and experience to deliver the improvements for patients set out in the long term plan.
- As chief people officer, Prerana will take over from Julian Hartley and lead the development of the workforce implementation plan.
- To do this, she will work closely with organisations across the NHS, including NHS England regional teams, local systems, national bodies and trade unions.

NHS Providers, said the chief people officer will be an important role within the new leadership structure of the NHS. The creation of this role is a welcome recognition of the challenge ahead of us to ensure we have the sustainable and skilled workforce to meet the needs of patients and deliver the ambitions of the NHS long term plan.

Lead: Director of Human Resources & Organisational Development

The appointment is welcomed, as the role will focus on the long term plan and actions to address the current workforce challenges which will in turn support how we as a Trust address our current workforce challenges.

5 **We must not underestimate the challenge ahead to deliver ambitious NHS long term plan** NHS Providers 03 April 2019

- The Public Accounts Committee has published its report on NHS financial sustainability.
- The report finds that while the NHS did balance its overall budget in 2017-18, there is high level of disparity in financial health and patient experience at local level.
- It finds that staff shortages are a major obstacle to NHS financial viability and delivery of the long term plan.
- The lack of clarity on future funding for adult social care, capital, public health, education and training also present a risk to the deliverability of the plan.

NHS Providers said the NHS long term plan is an opportunity to recover NHS finances. However, it will require realism about the demand challenges facing health and care services. Alongside this, we need to see important decisions about funding for training budgets, public health, capital budgets and social care taken in the upcoming spending review.

Lead: Director of Finance

This report confirms the financial challenge facing the NHS and is consistent with previous reports which have been reported to the the finance committee.

6 **Learning from deaths A review of the first year of NHS trusts implementing the national guidance** Care Quality Commission

<https://www.cqc.org.uk/publications/themed-work/learning-deaths>

Care Quality Commission (CQC) inspections have shown good progress is being made by some NHS hospital trusts to implement national guidance on learning from deaths. However, failure to fully embrace an open, learning culture may be holding organisations back from making the required changes at the pace needed.

In a report published 19 March CQC reviews inspectors' observations from the first year of assessing how well trusts are implementing national guidance introduced to support improved investigations and better family engagement when patients die.

National guidance for trusts to initiate a standardised approach to learning from deaths was published by the National Quality Board (NQB) in March 2017, followed by guidance for trusts on working with families in July 2018. Both documents were introduced in response to the findings of CQC's 2016 thematic review [Learning, candour and accountability](#) which made a number of recommendations to help to improve the quality of investigations into patient deaths.

The NQB's national guidance called for trusts to improve processes for identifying deaths resulting from problems in care, to introduce a clear policy for engaging with bereaved families and carers in a meaningful and compassionate way, and to appoint a senior member of staff to hold responsibility for learning from deaths across the organisation. It also set specific requirements for trusts to collect and report information about deaths of patients in their care.

CQC's review reveals that a year on, awareness of the guidance is high, and inspections have found evidence of some trusts having taken action to revise policies and establish more robust oversight of the investigation process to ensure learning is shared and acted on.

Overall, CQC found that the key to enabling good practice is an open and learning culture, clear and consistent leadership, values and behaviours that encourage engagement with families and carers, positive relationships with other organisations and the ability to support staff with training and the wider resources needed to carry out thorough reviews and investigations. CQC's report highlights specific examples of hospital trusts where these factors have been pivotal in supporting compliance with the requirements of the guidance. However, the amount of progress made to date varies between trusts and CQC analysis suggests that some organisations have found it harder than others to make the changes needed. In particular, improving engagement with bereaved families and carers is an area where some trusts have struggled. Issues such as fear of engaging with bereaved families, lack of staff training, and concerns about repercussions on professional careers, suggest that problems with the culture of some organisations may be a barrier to putting the guidance into practice.

CQC has been assessing how well acute, community and mental health trusts are implementing national guidance on learning from deaths as part of its annual well-led inspections since September 2017.

CQC's report [Learning from Deaths - a review of the first year of NHS trusts implementing the national guidance](#) is based on interviews and focus groups with CQC inspectors and specialist advisors involved in well-led inspections between September 2017 and June 2018. It also draws on a case study analysis of three NHS hospital trusts that have demonstrated areas of good practice in implementing changes to improve investigations and learning when patients in their care die.

Following this review CQC has committed to further strengthening its assessment of how trusts are investigating and learning from patient deaths and to providing additional support and training for inspection staff involved in monitoring and inspecting trusts progress.

Lead: Medical Director

This report will be discussed at the next quarterly mortality review meeting chaired by the medical director. The themes identified in the report have already been discussed at Learning the Lessons events. It will also be considered as part of the refresh of our patient safety strategy.

7 Specialist mental health support for new mums available in every part of England NHS England 4 April 2019

New and expectant mothers across the country can now access specialist mental health care in the area where they live, NHS England announced. The landmark rollout of specialist perinatal community services across the whole of England, means that mums and mums-to-be who are experiencing anxiety, depression or other forms of mental ill health should be able to access high quality care much closer to home.

Five years ago two in five parts of the country had no access to specialist community perinatal mental health treatment, but there is now full geographical coverage for the first time, with services in every one of the 44 local NHS areas, and plans to develop them further. The expansion comes alongside the opening of four new mother and baby units, which mean that the most seriously ill women can receive residential care without being separated from their babies in every region.

Specialist community perinatal mental health teams can offer psychiatric and psychological assessments and care for women with complex or severe mental health problems during the perinatal period. They can also provide pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy. Teams can be made up of doctors, nurses, social workers, psychologists, psychiatrists, occupational therapists, nursery nurses and administrative staff, who all work together to provide a comprehensive service to mums, depending on what their individual needs are. They also work closely with partners across the health and care system, including in maternity, health visiting, and other mental health services.

The expansion to the community teams is a key plank of wider plans to transform perinatal services. By 2023/4 an additional 54,000 women each year with moderate and complex, to severe mental health difficulties should get the right care, at the right time and as close to home as possible. The [NHS Long Term Plan](#) also sets out a raft of new measures to improve care for new and expectant mums and their families.

NHS England plans to increase the national capacity further to more than 160 beds – providing specialist inpatient care and treatment to mums, without separation from their babies.

Lead: Chief Operating Officer

The Humber Coast and Vale STP area benefited from the additional national monies made available last year and the Trust is the lead provider for the expanded service building on the local community service already in place. The new community service commenced in October 2018 and good progress is now being made and endorsed by a recent service visit by the national team. Trajectories are in place for this service to ensure that those mum's requiring it are accessing the service. Mechanisms are also in place to engage with women who use the service to ensure that we receive and act on feedback to make improvements where necessary.

Agenda Item: 9

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Quality Committee Assurance Report with approved minutes of the meeting held on 6 February 2019			
Author:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee			
Recommendation	To approve		To note	
	To discuss		To ratify	
	For information	√	To endorse	
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of the discussions at the Quality Committee meeting held 3 April 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 6 February 2019 are presented for information (appendix 1).</p> <p>The Committee`s annual effectiveness review has been undertaken and will be presented to the May Part II meeting as a full suite of Sub Committee Effectiveness Reviews.</p>			
Any Issues for Escalation to the Board:	Identified in the key issues			

Executive Summary – Assurance Report:

The key areas of note arising from the Quality Committee meeting held 3rd April 2019:

The minutes of the last meeting were agreed, the action log was confirmed and all actions closed.

- Presentation – Learning from deaths by Suicide report.** A paper was presented alongside a presentation by Dr David Brackenbury regarding a review of coroner declared deaths by suicide from 2017 to November 2018. The presentation and report provided assurances in respect of the approaches undertaken by the Trust in determining the level of investigation for such incidents as well as evidence of learning from cases now being embedded in practice particularly in respect of working with families and carers. The Committee noted the recommendations made in relation to ongoing work in respect of multidisciplinary team working and record keeping. It was noted to be a good in-depth review and the recommendations in the report were welcomed.
- The Quality Insight Report.** The committee were appraised of the recently published CQC report on learning from deaths. The CQC have scrutinised the Trust’s approach to learning from deaths and have provided positive feedback with no concerns raised.

The patient safety strategy is being refreshed and will be presented to the Quality Committee in May. The Safeguarding team are supporting the sexual safety task and finish group with a training package and are delivering self neglect training. It was noted that a deep dive of self-harm incidents has shown a reduction in incidents following work with specific teams and patients.

- **The Quality Committee Risk Register.** The risk register was reviewed. The Corporate Risk Manager will continue to review the risks with leads and an updated risk register will be presented at the August 2019 committee.
- **RRI Quarter 3 report.** The updated Q3 report has the trend table added and work has been done on staff training compliance.
- **Monitoring of sub-contracts.** The committee were updated on the process for quality monitoring of current contracts
- **PICU review.** The report was noted and it was agreed the action plan would be refreshed. The updated report will be presented to EMT
- **BRS QIA summary.** The meeting was updated on the progress. The QIA report will be presented to EMT and then return to Quality Committee
- **CAMHS inpatient progress update.** A presentation was delivered by Peter Flanagan and senior clinicians regarding the clinical model and status update regarding building works which are on track for the completion date of late August 2019.
- **Quality Accounts update report.** Assurance was received that the Quality Accounts are on track. The draft report will be reviewed in detail at the May Quality Committee
- **Whitby Ward Assurance Report.** A progress update of the service improvement plan was provided. There is a programme of ongoing work supported by the Chief Operating Officer. It was noted there are constraints with the building and geography.
- **Annual Effectiveness Review.** The updated review was approved for presentation to the Trust Board along with the updated Terms of Reference.
- **Draft Annual Report** – the Committee approved the version presented.
- **Annual review of policies.** The Quality Committee policies are in a good position with only one policy under extended review.
- **Policies for approval from QPaS**
 - Complaints and PALS Policy amendments to the policy were approved
- **Internal Audit report – Medicines Management Medicine Safety.** The report was noted showing a good level of assurance and high level of compliance
- **Minutes of committees reporting to Quality Committee** –The committee noted the minutes from the Quality and Patient Safety Group, Drugs and Therapeutic Group and the Research and Development Group.

Key Issues from the meeting held on 6th February 2019:

The approved minutes from the February 2019 meeting are attached below.

Quality Committee

Minutes of the Quality Committee

Held on Wednesday 6 February 2019, in the Boardroom, Trust Headquarters

Present		
Mike Cooke	Non-Executive Director and meeting Chair	MC
Mike Smith	Non-Executive Director	MS
Paula Bee	Non-Executive Director	PB
Sharon Mays	Non-Executive Director (Chair of Trust Board)	SM
Hilary Gledhill	Director of Nursing	HG
John Byrne	Medical Director	JB
Michele Moran	Chief Executive	MM
Lynn Parkinson	Chief Operating Officer	LP
Caroline Johnson	Assistant Director for Quality Governance & Patient Safety	CJ
Oliver Sims	Corporate Risk Manager	OS
Paul Johnson	Clinical Care Director, Adult Mental Health (Item 10/19)	PJ
Mandy Dawley	Head of Patient, Carer, Engagement and Experience (item 7/19)	MD
Di Tamlyn	AMD, Forensic Care Group (item 10/19)	DT
Trish Bailey	Clinical Care Director, Community, Primary Care, Children's & LD	TB
David Brackenbury	Clinical Care Director	DB
Peter Beckwith	Director of Finance	PB
Hannah Schofield	CQC Inspector (Observing)	HS
Su Hutchcroft	Governance Co-ordinator (minutes)	SH

1/19	<p>Apologies for Absence received Apologies were received from</p> <ul style="list-style-type: none"> • Steve McGowan, HR Director • Peter Baren, Non-executive director • Tracy Flanagan, Deputy Director of Nursing <p>MC welcomed Hannah Schofield from CQC and Sharon Mays (Board Chair) to the meeting</p> <p>MC noted HR will be reporting into the new Workforce Committee starting in March 2019 and therefore not reporting to Quality Committee. MC thanked Steve McGowan for his past HR Insight reports to the Quality Committee.</p>
2/19	<p>Minutes of the last meeting – 7 November 2018 MC thanked MS for chairing the last meeting. The minutes were agreed as a correct record</p>
3/19	<p>Action log and matters arising</p> <p>Matters arising MM enquired if the action from the last meeting regarding reviewing the work plan</p>

	<p>and business cycle had been completed. It was confirmed this would be reviewed as part of the committee assurance item today.</p> <p>There are six meetings planned for the Quality Committee this year including the May meeting being the same format as last year for scrutiny of the Quality Accounts prior to submission to the Trust Board.</p> <p>ACTION – SuH to send out the approved meeting date invites</p> <p>Action list It was noted the action list had all current items closed with three actions due at the next meeting in April 2019</p>
4/19	<p>Quality Insight Report</p> <p>HG updated the meeting with the main key areas</p> <p>Focus around patient safety agenda nationally – The NHSI patient safety strategy is currently out for consultation and the ‘Just Culture’ five point decision making guidance was published in March 2018.</p> <p>Although there is no new information in the document, it does reinforce the direction which shows that as a Trust we are moving in the national direction. Currently undertaking a refresh of the Patient Safety Strategy led by CJ. The refresh will take account of these documents consider training requirements, Never Events and our own internal zero events. CJ will attend the first Workforce Committee to ensure the Just Culture is embedded in the HR policies area as well.</p> <p>HG noted she had received positive feedback from the senior lawyers at the NMC stating they were really impressed with the way Humber had worked with them in relation to a recent complex case. MM stated that this was really important to hear and links with ongoing work in relation to personal responsibility and felt this was a good message to get out to staff. She asked HG could give some thought as to how we could get this positive message out to staff without compromising the confidentiality of the case. HG stated that she intends to again publicise the Just Culture framework with staff and perhaps reference to the NMC positive feedback could be included.</p> <p>JB stated that he felt there was an opportunity to develop the Patient Safety Strategy using the same approach employed when developing the Patient and Carer Experience Strategy. MM felt this was a great idea and reinforced the importance of ensuring the strategy is co-produced with service users and carers. CJ confirmed she has started the co-production at the Quality Priorities event and plans to work closely with MD.</p> <p>CQC inspection - The paper updated progress to date with the Inspection. The Well led interviews are being held next week on 12-14 February with invites for interviews already sent out.</p> <p>HS commented that the inspection has felt fairly positive with good feedback from the services. MS thanked Hannah Schofield from the CQC for the investment in the relationship work. MM noted the Trust has received some feedback, with minor comments which has been positively received and MM has responded back to the CQC with an update of our plan.</p>

Trainee nursing associate update - We currently have four nursing associates qualifying in April 2019. These staff will have to revalidate in the same way as registered nurses. The preceptorship programme for them is currently in development. There are nine successful candidates for the next cohort and we are currently developing the support for the cohort while undertaking the programme. There will be bespoke training developed which will also be open to band 3 HCAs to provide both development opportunities and to get them interested in the programme.

MS enquired where the associate nurses are recruited from and where the supply chain is for these is. HG confirmed this is our existing band three HCA in our services which have applied and been selected through a rigorous process. We are currently working on service models with care groups to build in the roles into future workforce plans.

Sexual Safety on Mental Health wards (CQC publication) It was noted in the previous report that the Trust were ahead of the curve in relation to this work. TF is leading the implementation of the recommendations and is working with the Newbridges unit manager who has developed a QI project in relation to sexual safety.

MM enquired if we have shared what we are doing with other trusts. HG noted she could not confirm as she is not the lead but is assuming we have through the discussions we have had with other trusts but will have conversation to confirm this is happening. CJ confirmed we participate in the national mental health forum discussions.

Learning from death (SH) HG expressed that this was a very sad case. The Trust did not receive any regulation 28 notices and the coroner was satisfied with all the evidence we provided. We have a comprehensive action plan related to the learning from this case which has been delivered and will be checking this is embedded in practice. HG included a summary of learning in the report from the case. One of the areas of learning was supervision and Governors have selected clinical supervision as the local indicator for external audit by Deloitte for the Quality Account HG will ensure that Mental Health Response is one of the areas audited.

MC noted that the clinical supervision came up at audit committee and how we are going to measure this with Deloitte, our external Auditors.

LP noted this was a particularly difficult hearing and throughout the inquest had wanted to make sure that staff were well supported. She has had confirmation back from the staff that they felt they were well supported. It was noted that the relationship with the family is continuing and they have met with LP and MD this week as they want to see a positive message from the consequence of SH's death. They have agreed a range of activities they want to pursue with the Trust moving forward.

MC thanked staff for supporting the inquest.

ACTION – HG to clarify with lead auditor (Deloitte) the measure for clinical supervision

SM noted the cultural shift in relation to learning within the organisation and wanted to express his thanks on behalf of the Trust Board and Governors regarding the learning and the briefing that came out from this case. Noted it was really positive that the family want to continue to engage and thanked LP and JB for attending the inquest.

Quality Impact Assessment has been refreshed to provide greater clarity and links to requirements in the safer staffing paper and the requirements from NHSi. The new QIA format has been used with the Whitby model paper.

Quality Dashboard Highlight patient satisfaction is constantly performing in excess of the average of the national 90%. Teams are embracing live Friends & Family dashboard and these are increasingly being used in team meetings.

Incident reporting – there has been an increase in self-ligature incidents reported in December. The committee was assured that we have oversight on management plans for these patients and are monitoring incidents closely through the daily huddle and weekly reports. One patient's incidents are starting to reduce due to plans in place.

Safer Staffing Dashboard (Nov18) – Whitby is showing red on five indicators. HG visited before Christmas and has had a discussion with the team and put plans in place. She will be visiting Whitby again tomorrow and will provide an update to next Quality Committee. It can be seen that some indicators are starting to show improvement.

TB noted they are reviewing the actions that have arisen from the recent CQC inspection at Whitby. All concerns are being addressed and aligned with the improvement plan.

MM noted there is a considerable work ongoing and reassurance has been received. She would like to see positive results through the data and evidence of improvement reported to the next committee. HG confirmed a bespoke report would be presented to the next committee. SM noted it would be really helpful as part of assurance report to board that this information is coming back to next Quality Committee.

LP confirmed the care group is currently undertaking a range of improvement work in these areas with TB working very hard to improve the governance across the service. Sharing of practice cross Scarborough & Ryedale is now happening. Work is also being undertaken to strengthen operational leadership and management within the service. LP confident that we have a comprehensive plan and are holding people to account for the actions. TB also noted the learning events which people are responding well to.

MC also noted the use of some of quality improvement techniques but reinforced the need to address areas of quality assurance that we are not happy with.

PB noted the substantial difference regarding Whitby, in what we are reading and hearing and the marked difference and change is really fabulous to hear.

HG noted that CPA 7 day follow up are all within time scale with 50% achieved within three days. Moving forward focusing on three days as a target, and will start monitoring and driving this. MM confirmed clinical based evidence is showing

	best practice and patient outcomes for three day follow-up.
5/19	<p>Waiting list update report</p> <p>LP confirmed this is a follow on from a previous paper and focuses on those patients waiting in excess of 52 weeks. The report also includes the trust overall position on waiting times across all of the services. LP asked the Quality Committee to consider the information provided, the approach being taken to reduce waiting times and to consider the reporting requirements of the information included within the report.</p> <p>It was noted the Trust aim is to achieve 13 weeks compliance so we do not get to 18 weeks and to have proactive contact with those on the long waiting lists. LP would like to see more assurance in relation to what happens to those on the list with details of contact and outcome.</p> <p>LP noted the following areas are in excess of 52 weeks wait</p> <ul style="list-style-type: none"> • Paediatric ASD (autism assessment), • Adult ASD (autism diagnosis) • Hull CAMHS • Children speech and language <p>MM thanked LP and stated it was good to see all the information in one paper although it is not a good read, but positive we have the report as we have been working hard to understand the waiting list position. It was good to hear about the SOP (standard operating procedure) and to understand the work underway in relation to the waiting list. MM suggested she would like to understand more detail outside the meeting and see if we could stretch the trajectory further to quicken the process. MM would also like to discuss further through EMT, the discussions we are having with commissioners regarding capacity and demand work we have completed as there is the opportunity for MM to assist with escalation if required. LP agreed with assistance in relation to escalation would be helpful. This has also been raised at the joint Trust and CCG Quality Group and they have asked for further information and narrative around those patients waiting over 52 weeks.</p> <p>MC thanked LP and concluded the committee had a really good briefing on long waiters and note the aim to get down to 13 week compliance with a target of 18 weeks. The committee noted how the waits are counted with clock start/stopping, noted the proactive contact with those on the waiting list and would like to hear more about this and gain clarity of the current position with commissioners on the trajectories to get rid of the waits and also working with the voluntary sector and our partners to get a good handle on this.</p>
6/19	<p>Safer staffing report</p> <p>HG explained this is the six month report for the Quality Committee to review prior to being presented at the next Board meeting</p> <p>The report triangulates quality indicators with the dashboard and is aligned to NHSi methodology. TF is the lead and has worked with inpatients units. This has then been tested with the charge nurses in the inpatient units so they are engaged with the process. The report has also shown some areas which need a more immediate focus.</p>

	<p>Key points from the report include</p> <ul style="list-style-type: none"> • Generally most units are performing well and data on care hours per patient day is good. The benchmarking data compares really well with us being in the upper quartile • Three forensic units flagging red and these are being addressed. HG is visiting today to ensure this on track • LP and HG have established band 7 charge nurse meetings, which has been really useful to talk through the report with them • Report has also been to QPaS and EMT and Governance groups • A much more detailed report has gone to care groups and charge nurses. This contains more detailed information in relation to the indicators, to enable them to effectively address areas of concern • Appendix shows requirements moving forward which has been updated but as a Trust we have already been undertaking these requirements. The only new item is JB/HG have to sign off an annual governance statement • Have aligned the QIA process to this. <p>MM noted EMT has had a long discussion about the report. She would like to see more benchmarking data within the report to see how we compare nationally in relation to occupancy levels and in light of us having small standalone units.</p> <p>MM noted she would like to see the full report and also like to see a dashboard with incidents included in future reports.</p> <p>JB commented that we need to effectively communicate this benchmarking data out to staff as assurance of verifiable data to show our position is better than people currently think it is.</p> <p>MM also noted following conversations she has had with the CQC and nationally that we need to update our safer staffing dashboard to recognise the multi-disciplinary team, specifically in the mental health services. MM noted she is picking this up nationally.</p> <p>MC thanked HG and TF for the work– keep refining and improving. It was agreed the report was really helpful.</p>
7/19	<p>Patient & Carer experience</p> <p>MD noted the key highlights of the six monthly report for the committee.</p> <ul style="list-style-type: none"> • Friends & Family live dashboard launched in the first six months of last year, has shown an increase in teams accessing and doubled the amount in survey feedback forms received per month as teams are now seeing what patients are saying and encouraging the them to complete forms • Patient and Carer Staff Champions Forum numbers are increasing by the month and have had to move the meetings over to lecture theatre to accommodate everyone. Now have 90% of the required champions across the Trust and working to engage remaining teams to identify champions • Carers Assessments. All assessments, especially initial assessments have the carer involved. A relatives stress tool, has been identified and approved by champions and patient experience forum, and just waiting for the template to be installed on Lorenzo and SystemOne. This is a 15 question screening tool to identify if carers are experiencing stress and require a carers assessment • BrowseAloud software has been put on to IT equipment and we are ensuring

	<p>that the awareness continues to be raised about the availability of the software.</p> <p>HG commented on the really good work especially with the care givers in stress and bereavement work. Discussion confirmed that this is aligned to the East Riding council recently launched carers strategy and MD noted she was on the working group for their strategy and been involved in final document consultation.</p> <p>It was noted this was a marvellous piece of work and the work is intrinsically linked to the six strategic goals</p> <p>MC noted the national recognition coming through for work MD is leading. MD also noted she is working with HR to link in with this work.</p> <p>MC thanked MD for her report</p>
8/19	<p>PLACE report</p> <p>PB/LP presented the PLACE (Patient led assessment of the care environment) which is undertaken annually, and recommended by NHSI but not mandated</p> <p>Key points from the report</p> <ul style="list-style-type: none"> • 95% of NHS trusts took part in last year's assessments. • The process is led by Hotel services and results report Trust board via EMT and Health & Safety Group, Estates and Capital Programme Group and ODG. Action plans are produced and these are monitored by the Trust Health & Safety Group • Assessors are patients and recruited through governors and other voluntary groups. We try and ensure at least 50% of assessors on day are patients or patient advocates • All assessors can get training on carrying out assessments with staff supporting the process and guide people through if not sure • Scoring takes place on the day of assessment, and the team will agree the scores of the six domain areas on the day. If not in agreement, patient assessors scores will go through and staff cannot override patient assessors • Scores are uploaded to NHS digital portal and weighted by NHS digital and Trust received final scores three months after assessment <p>Areas to be noted on 2018/19 results</p> <ul style="list-style-type: none"> • Scores have increased but show red on three areas, organisational food, dementia and disability. • Organisational food is scored in relation to the food which is available at the time of assessment but does not take into account that special dietary items could be acquired within the hour. Other areas which lowered score in this area, are not having canteen style catering with options of meal choice at point of service and not offering a number of hot meals for dietary choice as we only offer two, but quality of food has increased to 90.6% • Dementia scores improvement this year but struggle with scores at Whitby hospital, which has plans in place to progress this through refurbishment and would expect results to improve following the refurbishment • Disability is scored low due to Whitby hospital and special dietary needs <p>During 2018/2020 a national review is being undertaken which, will move assessments back to around September meaning reports will be presented later than usual.</p>

	<p>LP noted the meals are a topic of conversation as patients do raise issues with meals particularly with range of choice and repetition issues, especially at the Humber Centre. PJ confirmed the issue around having dietary specific food, but noted that units are aware of where to get products quickly but rare to have these patients so is not realistic to carry stock food. DT noted that during the recent CQC inspection at the Humber Centre the topic of food was raised as patients who are in hospital for a long time found the lack of variety and repetition of menus an issue. This issue is being addressed through the patient council.</p> <p>TB noted staff appreciate the independence of the assessments and have identified work for the future with Whitby</p> <p>LP stated that there is more that we can do in relation to the cleanliness of units. LP and HG met with the Band 7 managers and they all agreed the importance of working with the domestics to ensure they feel they are part of the team and have a more responsive service. MM felt it was good to triangulate this information with conversations already held about cleanliness and also how buildings look with the agreement to add to the capital spending for furniture etc. into budgets from next year to allow areas to action required updates in a timely manner.</p>
9/19	<p>Revised clinical services model – Whitby</p> <p>The paper provides detail in relation to three specific service areas we will redesign in order to come into the cost envelope. The Quality Committee is requested to focus on the patient safety, effectiveness and outcomes within the proposed service changes.</p> <p>A discussion was held regarding the paper. It was noted the need to look at the proposal from the quality aspect. The QIA were reviewed. It was noted there were issues with the overnight nursing service but they are being addressed. It was agreed the QIA needs updating for the Minor Injuries Unit (MIU) if there are changes to the radiology provision.</p> <p>The Quality Committee approved the work in progress to date, request the execs to progress the work in relation to the commissioners and recommend the report to the Board for further discussion and refinement.</p> <p>ACTION – request execs to progress the work on the Whitby proposal and take to the Board for further discussion and refinement</p>
10/19	<p>Care Group Quality Improvement Plans (QIP)</p> <p>LP gave an overview of the QIPs which have been presented to the Quality Committee previously and were all presented at the last QPaS meeting. The plans have been developed with the frontline teams through to the clinical networks in all three areas. All three plans are aligned to the Trust strategy.</p> <p>Community, Primary Care, Children’s Services and Learning Disabilities.</p> <p>TB noted their QIP has been running for well over year and this one runs for only six months as the group wanted to ensure they had a review check in six months. The quote on the front page comes from Granville Court as the group liked it so much “the quality you walk past is the one you accept”.</p> <p>JB noted that if teams require support in relation to Quality Improvement the QI</p>

team are able to provide this.

The committee felt that the plan was good. However, HG noted she could not see all the work being done on the LD standards but TB confirmed that due to the size of the care group, each service has their own page in the plan which has the specific items for their area. This includes the LD standards for the LD service, safety huddles for Scarborough and improvement in documentation for Whitby.

CJ commented on the Datix work and live information from the huddle has improved Datix reporting in Scarborough services. The other piece of work which has been recognised locally is the always events and Hull CCG are looking to develop always events across the whole system and the Trust has been asked to lead the workshop in relation to this.

Adult Mental Health

PJ noted this QIP came to the last Quality Committee and has been updated. This is a Care Group plan put together by clinicians and covers the key areas the care group is working on. This is a rolling plan and items will move on and off and move into business as usual. Amendments have been made from previous comments such as removing the rag rating and linking the actions to strategic goals.

Comments from the group noted it was a great plan, noted the progress and liked that it linked to the local and trust work. It was noted the way it was presented without the rag rating makes it read as transformational programme, moving in the right direction.

HG asked if action 5, the improved access to psychology which looks interesting could have more information through to QPaS

CJ noted another area to consider is the benchmarking high for non- fixed ligatures and actions to reduce this.

MM noted she wants to endorse item 9 and asked if anything that can be done to decrease time line, and to let the exec team know if there is any support required.

PJ noted this plan is down to the clinicians who are working hard on this. MC requested them to be thanked for this work

ACTION – For QPaS to have more information on Action 5 – Improved access to psychology

Forensic Services

DT noted this is the first time she has presented this but with the support of CJ to get started, it was decided to start afresh due to the number of changes at Humber Centre over the last 18 months or so.

The main areas in the plan are to

- achieve a turnaround in culture
- quality improvement to be led from the care group up

Staff were given an open invitation to come and discuss the QIP, which was really well attended. Considerable work has already started in relation primary health care. The service is having a fresh look at the model, with input from the new

	<p>primary health team. It has been a large task but is exciting that there has been an interest across the whole of the service.</p> <p>HG noted that this was another great plan, and was glad to see reduction target in BMI, and requested the Physical Health Group need to support this action, and asked CJ to support the governance refresh.</p> <p>MM noted it seems really good as the new refreshed flavour has come out in the plan with the core areas included, and noted thanks to DT for working through this and asked to thank the staff as it has been difficult for staff and leadership team is starting to really starting to pull together.</p> <p>ACTION – Physical Health group to support the QIP action on BMI for Forensic Services ACTION – CJ to refresh the governance element and ensure all included</p> <p>MC summaries the QIP are in place; they are all different but have reasons to back up the differences. There is energy to them which comes across. There are links to quality improvement and links mentioned to clinical supervision up front. Pleased to see the progress</p>
11/19	<p>Quality Accounts update report</p> <p>CJ updated the committee with key points from the report</p> <ul style="list-style-type: none"> • Clinical supervision was suggested by governors as local indicator for the external audit • The mandated indicators have stayed the same as 2017/18 • A Building Priorities event was held on the 25 January with 50% of attendees service users and carers • An addition to this year’s quality accounts is a section outlining the freedom to speak up guardian process <p>It was felt important that the priorities were co-produced. PJ suggested an action for 19/20 accounts linking in to care group QIP and including CPA and will have a conversation with CJ regarding this. It was noted the meeting was pleased the governors have picked clinical supervision but have to make the clinical supervision measurable or this cannot feature in the quality accounts.</p> <p>The meeting was happy with current priorities suggested in the paper. The draft accounts will be scrutinised in the May Quality Committee meeting</p>
12/19	<p>Revised process for Clinical Audit (Board action)</p> <p>DB presented paper on behalf of Tracy Flanagan.</p> <p>DB noted he had been to speak to the junior doctors earlier this morning regarding audit. He explained that clinical networks are being expected to take greater ownership of their audit plans as it has been found that services are undertaking audits but they have not been part of the Trust audit plan.</p> <p>The Quality Committee approved the paper but requested that the threads of previous work on clinical audits are not lost, and would like a precis of the old process as a lessons learnt.</p>

	<p>ACTION – TF to produce a report in relation to the old audit processes and lessons learnt for the next Quality Committee.</p>
13/19	<p>Quality Committee Risk Register (incorporating risk identified via QIA Process)</p> <p>OS explained this document was populated at the request of the last committee. It is a large document with a number of items discussed at audit committee yesterday. The audit committee identified a number of actions for the care group and will be updated.</p> <p>MC confirmed the report will be looked at in greater detail at the next meeting.</p> <p>ACTION – request the execs to agree the work required to ensure that we are accurately capturing risks at the lower level</p> <p>ACTION – requested for next QPaS agenda to start work with all divisions to move forward for next Quality Committee</p>
14/19	<p>Board Assurance Framework (Quality, HR, Operations)</p> <p>OS noted that this document is presented to Audit and Quality Committee prior to be presented to Trust Board.</p> <p>MC noted the next meeting strategic goal 4 will not be reported on as this will move to the Workforce committee</p>
15/19	<p>Terms of Reference and Annual Effectiveness review</p> <p>Terms of reference. This has been updated to remove the Information Governance and workforce moves. There was a discussion regarding Quality impact and Quality Improvement and Audit contained in the ToR. MM asked for an emphasis on ‘how we know we are making a difference’ with evidence</p> <p>ACTION - HG to look at updating ToR from the comments made today</p> <p>Effectiveness review The comments and points noted</p> <ul style="list-style-type: none"> • Policy compliance was attained this year with the push from QPaS, along with distribution and circulation of policies • Joint working with joint membership and links with other committees • Had a Safety self- assessment • Had Assurance reports to the Board which were new this year, and the board welcome those • Have Introduced a major QI approach this year and already having good impact • Encourage HR insight through committee this year, which has ended in a new Workforce Committee specifically for HR • Had an Impact on quality accounts and process • Responses on assurance back when requested on specific items • Far more evidence based than in the past • Performance dashboard which has been developed and updated

	<ul style="list-style-type: none"> • Starting to see demonstrable learning lessons embedded • Need to have a couple of key measures of sexual safety • Co-production, real flavour within organisation and committee structure • Taking highlights to board after been given time to discuss at quality committee • Using benchmarking data to validate <p>ACTION – to update the report from the discussion held with approval by the Chair prior to presentation to April 2019 Board meeting.</p> <p>The work plan was reviewed ACTION - to update the work plan to just the six meeting and for review this next meeting.</p>
16/19	<p>Policies from QPaS</p> <p>N-050 Pressure Ulcer Prevention & Management Policy and Procedure</p> <p>HG noted this has had a major refresh in light of the NHSi issuing definitions and commencing monitoring pressure ulcers from April 2019. Our action as a trust was to ensure our policy was aligned to the NHSi definitions. HG confirmed the protocol has not changed but how we measure this had been updated. The team is currently working with business intelligence to create a template for reporting purposes. This will change way we look at pressure ulcers, and will have a bespoke report to QPaS which HG can use to report up to Quality Committee and Trust Board. Datix has already been updated to capture new categories which include a new category of medical device ulcers.</p> <p>The Pressure Ulcer Policy was approved by the Quality Committee</p> <p>MM noted the updated policy was good to see and looked forwarded to see the new reports</p>
17/19	<p>Internal Audit reports There were no internal audit reports this months</p>
18/19	<p>Quality and Patient Safety minutes The minutes were noted.</p>
19/19	<p>Research & Development Group Minutes The minutes were noted.</p>
20/19	<p>Drugs and Therapeutics Group minutes The minutes were noted</p>
21/19	<p>Items arising from the meeting requiring communication, escalation or risk register consideration and any lessons learnt</p> <p>The following items were agreed for escalation to the Board</p> <ul style="list-style-type: none"> • Revised clinical services model - Whitby • The committee effectiveness report • Waiting list update report with assurance that this is currently being worked on

22/19	MM requested as part of the launching the 'let's talk' the suicide prevention training asked for the committee to encourage everyone to complete the training.
22/19	Date and time of next meeting The next meeting will be held on Wednesday 3 rd April 2019, 9.30am in the Boardroom, Trust Headquarters.

Agenda Item 10

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019		
Title of Report:	Finance and Investment Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 17th April 2019 and a summary of key points for the Board to note.</p>		
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board:-</p> <ul style="list-style-type: none"> • Notes the delivery of the agreed control total at yearend. • Notes the external financial position. • Notes the review of the Estates Strategy. • Notes the update on the Governance of the Yorkshire & Humber Local Health Care Record Exemplar project. 		

Executive Summary - Assurance Report:

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

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

Month twelve performance showed that the Trust had achieved its yearend adjusted control total delivering draft yearend operational surplus of £0.803m, had a strong cash position and had a slight improvement in trade debtors. A comparison with yearend 17/18 showed that the Trust had delivered a much stronger outturn. Within that BRS had underachieved by £3.030m.

The committee received an update on national and regional position.

The committee received and agreed a paper on the 2018-19 National Cost Collection Pre-submission Report.

The committee received the yearend review of the revised Estates Strategy which showed good progress, received a second Governance paper on the Yorkshire & Humber Local Health Care Record Exemplar project which went into more detail and outlined that an Memorandum Of Understanding would be discussed in June

Key Issues:

The key areas of note arising from the Committee meeting held on 17th April were:



- The Humber Coast and Vale STP ended 2018/19 with a deficit of £104m, this was an £18.1m adverse variance from control total (£85.9m deficit). The STP earned £23.1m of sustainability funding (against the £35.2m available) which brings the reported deficit down to £80.9m. For 2019/20 a control total deficit of £80.6m has been set for the STP, with current plans being 104.1m deficit, representing an adverse variance to plan of £23.5m before PSF. There is also £33m of risks identified on Plans (Contract alignment gaps and high risk efficiency plans).

At Place level for 2019/20 North Lincolnshire has a control total of £42.7m deficit, and current plans are £12.5m away from control total at £53.7m planned deficit. For Scarborough and York a control total has been set of a £38.1m deficit with current plans £10.3m away from target with a planned deficit of £48.4m. For Hull and East Riding the current control total is a £0.3m deficit, and plans are currently 0.7m away from target, which represents the plan the Trust has submitted. These figures all exclude sustainability funding.
- In terms of financial performance at month 12 the Trust recorded a draft yearend operational surplus of £0.803m. This is compared to the position agreed with NHSI which allows the Trust to outturn at a value of £0.350m below the original target of £1.151m giving an adjusted figure of £0.801m. The cash balance at the end of March 2019 was £14.896m, this includes £2.154m of LHCRE and £1.518m of CAMHS capital funding. The aged debtors outstanding at the end of March were £6.624m (£0.053m decrease on the previous month's balance of £6.677m). The aged creditors outstanding at the end of March was £5.137m (£0.252m increase on the previous month's balance of £4.885m). Capital Spend as at the end of March was £9.911m, mainly related to the CAMHS unit, the LHCRE project, IT hardware and Backlog Maintenance.

In terms of Gross Expenditure by the divisions, Primary Care, Community, Children's and Learning Disabilities Division has a yearend underspend of £0.746m, Mental Health Division has a yearend overspend of £0.713m and Specialist Division is showing a yearend underspend of £0.187m. The Corporate Divisions are showing a yearend overspend of £0.043m with all divisions overspending apart from HR.

A comparison with the 17/18 outturn position showed 17/18 giving a £0.235m surplus with an underlying £5.446m deficit when adjusted for PSF, non-recurrent support and bad debt/balance sheet items and cash of £8.613m versus 18/19 giving a £0.803m surplus which with adjustments gives an underlying £1.115m deficit and cash of £11.224m.
- The BRS yearend outturn position is an underachievement of £3.030m with PCCCLD showing a yearend underachievement of £0.579m, Mental Health showing a yearend underachievement of £1.852m. Specialist Services showing a yearend overachievement of £0.008m and Corporate Services' showing a yearend underachievement of £0.607m
- The committee received a paper on the 2018-19 National Cost Collection Pre-submission Report and agreed that it was happy to approve that:

 - i) It is satisfied with the Trust's costing system and processes
 - ii) It is confident that the Executive Management Team (EMT) has approved the costing plan
 - iii) The Director of Finance (DoF) on behalf of the Board approves the final national cost collection prior to its submission
 - iv) The Costing process is added to the internal audit work programme for 2019/20.
- The committee received a further report on the Governance and Accounting process for the Yorkshire & Humber Local Health Care Record Exemplar as requested at the last meeting.
- The committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group.
- The committee received the annual review of the Trust's Estate Strategy and the key points made were that:-

- Victoria House contract of sale exchanged on 6 March 2019, with a long stop date for completion (for the Trust to offer up vacant possession) of the 20 March 2020.
- Agent appointed for the disposal of Westend, to maximise the potential capital receipt. Hallgate is currently marketed directly by the Trust for disposal. This disposal is linked with the Cottingham Clinic redevelopment.
- The Children's Campus development main contract commenced on 28 August 2018, with a 49 week programme. Currently the contractor has reported that they are 6 weeks behind programme, although they are working to a mitigation programme to reduce this to a 2 week delay.
- The Mental Health campus project team has been established and the SOC issued to EMT on 12 November 2018, for further consideration at the November Trust Board. Preferred option identified as consolidated OPMH and AMH inpatient provision on the campus, together with retention of Miranda House. SOC supported by the Trust Board, for development of OBC with further work required on the clinical model. Update to be issued to the April 2019 Trust Board.
- The development of a preferred model for the Forensic Services at the Humber Centre redevelopment has been established. Greentrees and South West Lodge were vacated at the end of November 2018, and the sites mothballed, pending future the development options that are under consideration alongside new care models.
- Maister Lodge has been refurbished, with the patients transferred back to the facility in July 2018. Millview Court refurbishment has been completed.
- NHS Property Services' business case for the redevelopment of Whitby Hospital approved the subject to; clearing of debt and agreement to the Lease terms. Whilst the financial position has been agreed, the Lease requires conclusion. Enabling works have commenced on site, which include asbestos remediations.
- Hallgate has been relocated to Cottingham Clinic, with an ETTF bid resubmitted in October 2018 for the consolidation of Primary Care at the site. NHS E successful in apportioning Primary Care Improvement grant. Capital Investment Application approved at the January 2019 Capital Programme Board for the Trust gap fund contribution. Confirmation of funding draw down established and the Project Team re-established.
- Consolidation of accommodation across Brough, Hessle, Willerby and Beverley has commenced with the Older Peoples Mental Health Team relocating to College House from Hessle Health Centre in November 2018. Works are currently on site at College House, in order to enable the follow on works to take place at, Anlaby Clinic and Beverley CMHT. Confirmation received from the Hessle Grange practice that they no longer require access to Anlaby Clinic for satellite surgeries.
- Reduction of the accommodation is planned at Beverly HC, in order to relocate 0-19 services to ERCH. Negotiations are ongoing with CHCP in order to release capacity within ERCH.
- Landlord negotiations concluded to enable Fieldhouse Surgery to remain within its current accommodation.
- Beech Ward forms part of the changing strategy for Adult Mental Health rehabilitation inpatient services. This will render Hawthorne Court surplus to requirements.
- Moves are ongoing across the Willerby Hill site to maximise the use of accommodation. In part, this included the reinstatement of the lecture theatre, which completed in November 2018.
- Work is underway to maximise the use of Alfred Bean Hospital and the vacation of Four Winds by the CTLD by 20 May 2019. A further review is being undertaken to establish the continued viability of relocating the adult CMHT from Market Place.
- Within Goole, the tenure of children's therapy services at the Hospital site is being negotiated, with the long term plan to relocate to Bartholomew House. The

relocation of 0-19 services from Goole Health Centre to Bartholomew House has been agreed with CHCP, who will move in the opposite direction.

- The formalisation of tenancies to facilitate the Scarborough and Rydale Community services contract has concluded. Phase 2 reshaping of accommodation to support future service delivery continues.
- The development of the feasibility for Bridlington Hospital to become a Wellbeing Hub for the locality has received support via One Public Estate. This is to improve the utilisation of the hospital site and reinvigorate the previous failed ETTF project.
- To date, partner workshops have taken place.
- The committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group.

Agenda Item: 11

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Charitable Funds Committee Assurance Report and 17 January 2019 Minutes			
Author:	Name: Paula Bee Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation	To approve		To note	√
	To discuss	√	To ratify	
	For information		To endorse	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The report includes details of the meetings held on 17 January 2019, minutes of which are attached to the report for information. The Committee Effectiveness review was discussed and will be presented to the May Part II meeting as a full suite of Sub Committee Effectiveness Reviews.</p>			
Any Issues for Escalation to the Board:	Identified within the key issues			

Key Issues:

A meeting of the Charitable Funds Committee was held on 25 March 2019.

Health Stars Operations Plan

The Health Stars Operations Plan was reviewed and a new action tracker was presented. Key issues highlights from the operations plan were:-

- Involvement and Investment in the Chief Executive Staff Engagement fund continues
- Health Stars 2019/2020 events plan is growing
- Engagement in and awareness of for Health Stars continues to grow in and outside the Trust
- HEY Smile Foundation secured a major event in the corporate calendar to support Health Stars and the Impact Appeal in November 2019

Head of Fundraising Clare Woodard will meet with Membership lead to discuss further engagement. Key points for discussion, fundraising volunteering, Lottery, community wishes. Clare Woodard will present a Health Stars update at Governor meeting.

Financial Report

A financial report was presented. Although the budget is healthy lots of work is ongoing in order to maximise charitable funds and identify the best ways that these are invested within the Trust.



Clare Woodard with the support of HEY Smile Foundation, has established good relationships with local corporate organisations, and community partnerships. This is a continued area of growth. Health Stars also remain resourceful in scoping grant applications (for capital resources in particular).

We remain committed to spending Health Stars charitable funds as a priority, done well this with the right communication will continue the development of income. As the best way to raise funds is to spend it well.

Committee Annual Effectiveness Review

The annual Committee Effectiveness Review was submitted to the meeting and apart from a few minor changes the review was accepted. It was agreed that reporting to the committee has much improved the quality of papers which it presents. Trust Governance is adhered to.

Humber Centre – How Health Stars has made a difference

Yvonne Flynn, Senior Nurse and Fund Guardian for the Humber Centre gave an update to the committee about how they have worked closely with the charity to get great results throughout their service. The staff at the Humber Centre wanted to introduce structured activities plans for patients as part of their treatment plans to help combat obesity and increase physical activities and exercise to improve both mental and physical wellness. Health Stars supported the Humber Centre Staff through the Circle of wishes and funded gym equipment and allotment items. Health Stars applied to TESCO and was successful in securing a £4000 grant for the Humber Centre Garden project. The grant was used to build a large poly tunnel and transform a discussed area of ground into a fully operational allotment which allows patients to contribute to activities centred on food provenance and healthy eating. Health Stars has also gained support from a local grant making trust who donated £2000 toward the gym. The Humber Centre has specialist personal trainers working with patients and staff to fully utilising the new equipment and embrace a healthy lifestyle culture. The support of Health Stars has had a very positive impact on everyone involved.

Circle of Wishes Update

The Circle of Wishes is the process used to apply for charitable funding. It is run from the Health Stars website and anyone (patients, carers, staff, and members of the community) is encouraged to submit their wishes for things which they feel will enhance NHS services provided by the Trust. www.healthstars.org.uk for details. To date we have received almost 400 wishes and have granted/in the process of granting 79%.

Impact Appeal Update

The Health Stars website continues to be updated and social media is scheduled on a regular basis to direct readers to the website.

To coincide with Children's Mental Health Week in early February, an appeal was made to all local secondary schools to encourage them to get involved the Impact Appeal. This campaign will run until mid-July and we will engage regularly with schools during this time.

ResQ – Hull based call centre business are supporting the appeal and are organising fundraising events throughout the year.

Kathryn Shillito, Chief Exec of Hull Bid held an evening of food and entertainment on March 7th. The event secured sufficient funding for the electric piano which featured on the wish list.

Making A Difference Locally (MADL) who have previously supported the appeal with a £40,000 donation have confirmed that the Impact Appeal is to be the focus of a week of fundraising activities at their head office in Scunthorpe during Mental Health Awareness Week in early May.

Colleagues from Barclays Bank have now confirmed that, in partnership with HEY Smile Foundation, they will be arranging a fundraising ball in aid of the Impact Appeal.

TESCO store in Withernsea are supporting the Impact Appeal throughout May and June and shoppers are encouraged to vote with their blue tokens.

We have received numerous donations recently from grant making Trusts and are gaining continued support from local businesses and community groups.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

held on Thursday 17 January 2019, 12noon – 2.00pm in the Boardroom, Trust Headquarters

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

In Attendance: Michele Moran, Chief Executive
Iain Omand, Deputy Director of Finance
Andy Barber, Hey Smile Foundation Charity Director
Clare Woodard, Head of Fundraising, Health Stars
Ann Newlove, Smile Health Operations Manager
Andy Stelle, 360 Accountants (for item 5.5)
Sophie Holmes, 360 Accountants (for item 5.5)
Kerrie Neilson, PA (minutes)

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

01/19 **Declarations of Engagement**
None declared.

02/19 **Minutes of the Meeting held on 13 November 2018**
The minutes of the meeting held on 13 November 2018 were agreed as a correct record subject to the following amendments:

76/18 Translation for the Trust Website

The Committee agreed that the following sentence needs to be added at the end of item 76/18.

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

78/18 Any Other Business

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

Post Meeting Note from Mr Baren and Mr Barber.

78/18 Any Other Business

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

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

ACTION KN



03/19 **Matters Arising and Actions Log**

The actions list was discussed and the following was noted:-

75/18 Whitby Request

The Chief Executive reported that she is not sure this action has been completed. Mr Barber confirmed that Dr Byrne has discussed this with Mr Beckwith and it will be brought back to a future meeting once we know the future direction of Whitby. The timescale will be March 2019.

36/18 (a) Health Stars Update

The Chief Executive advised this will be picked up in the annual accounts process and the two should link together. The timeline needs to be amended to March 2019. It was noted that we do not exclude Health Stars contribution to the social value report.

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

ACTION KN

04/19 **Key Operations Plan Highlights including Finances**

Mr Barber provided a brief verbal update on the operational plan. It was noted that item 6.2 (Health Stars Update) covers off some of the operational plan elements. The Chief Executive said that going forward she would like to see a written report which includes headlines. She asked Mr Barber to contact Michelle Hughes for the standard Trust report template. The Chief Executive also said if there is anything that is going to be late, missing or needs escalating between now and the March meeting then a virtual meeting will have to take place.

Mr Barber reported that the total balance as at 31 December 2018 was £132k which is an increase and on line with operation plan. The total fund includes a £50k purchase from Help for Health for when the CAMHS project has been completed. The total income from 1 October to 31 December was just short of £60k and the total expenditure was £27,500k. Included in the expenditure was the BrowseAloud subscription fee. There has also been an increase in wishes amounting to £3500 in that period. It was noted that financially we are on plan and the only thing we are seeing a challenge with is Whitby however, that will be highlighted in the next report. Wish expenditure is on the increase and so is wish delivery.

Resolved: The verbal updates were noted by the committee.

Mr Barber agreed to contact Michelle Hughes for the standard Trust report template. ACTION

AB

Mr Barber to provide a detailed update at the next meeting in relation to the bank balance on where it is invested, where it should be invested and whether we are getting good value for money on the deposit interest. ACTION AB

Mr Barber to include what our expectations are, where we are in line with our expectations and are we where we expected to be in the next operational report. ACTION AB

05/19 **Costs Allocations**

Mr Barber presented the report, which clarifies the current process on the allocation of costs for the Health Stars operation and to propose a different process for 2019/20 and future years. The key issues within the report were:

- Background to the current charging mechanism for operation costs of running the charity
- Propose future approach to allocation of operational costs across zones

It was noted that a set charge for governance and administration across all fund zone balances on the 1st April each year 3% is transferred into the Big Thank You fund zone. This also encourages positive spending habits across the year to reduce balances in funds increasing staff and patient benefit. In terms of specific major appeals it was noted that a maximum of 12% of funds raised is allocated to the Big Thank You fund zone and should be budgeted in the appeal. This allocation would also cover all appeal costs including marketing resources.

Mr Barber noted that Health Stars had been allocated potential funding by the Trust to support back office costs depending on performance. Mr Barber informed that meeting that current levels of performance by the charity meant that these funds had not been drawn down. Mr Barber went in to ask if the Committee were happy with the cost allocations and whether they are transparent and clear. It was noted that Mr Barber, Mrs Woodard and Mr Beckwith would meet to discuss what is the procedure re future provision of support funds, and how these may or may not be allocated.

Mr Baren questioned the shortfall. Mr Barber confirmed there is not a shortfall however there was a commitment to pay for the charity manager's salary from the Trust. It was more of a backstop if we was developing the charity and the income wasn't coming in but we have started to see that the income is coming in and a cost centre will be to be put in to get that back from each for the funds, which would create a surplus to go in the Big Thank You general fund.

Resolved: The report and verbal updates were noted. Mr Barber agreed to go back to Mr Beckwith and follow up on the shortfall. **ACTION AB**

The Committee approved the cost allocations to be put into place from April 2019. ACTION AB/PBec

Mr Barber, Mrs Woodard and Mr Beckwith agreed to meet to discuss what is the procedure re future provision of support funds, and how these may or may not be allocated. ACTION AB/CW/PBec

06/19 **Revised Terms of Reference (ToR)**

Ms Bee presented the newly revised ToR and discussed the changes with the Committee. No questions or concerns were raised.

Resolved: The revised ToR was approved by the Committee.
To be reviewed again in November 2019. ACTION PB/KN

07/19 **Mini Bus Fund Zone**

Mrs Woodard presented the mini bus fund zone report. The key issues within the report were:

- Future plans 2019 and beyond/best use of charitable funds
- Current Mini bus provisions

The Trust currently operates 2 volunteer services mini buses which are used to provide patient transport and for recreational activities for volunteer services groups. It was noted there is also a third mini bus at CHCP. It has been noted that they are not in use every day and there is scope for more groups/community services to use them. One mini bus is on a 3 year lease the other we believe is owned by Humber.

The Volunteer Services Team along with Health Stars actively fundraise to pay towards the annual lease of the newest bus (£3000 PA) and the current fund balance for mini bus fund is £10,498.89.

The mini bus which was transferred across to CHCP at nil value is currently parked up at the fire station in Bridlington and is very rarely used, this is mainly due to the fact they have no volunteer drivers in the area.

CAMHS have requested a mini bus for the new unit as part of their wishlist.

The Chief Executive asked why we don't transfer the minibus at nil cost to CHCP. She went on to ask how many mini buses are actually needed.

Mr Barber provided Committee members with the background story and noted that he has contacted CHCP for two reasons. One, we still hold the charitable funds for Bridlington and are exploring better use of that fund for the residents of Bridlington who gifted the money so

therefore should include assets. CHCP responded well and want to move forward with Humber and Charitable funds and maximise that asset for Bridlington as well as the other communities. Mr Barber highlighted the two mini buses that we have for voluntary services here as well and CHCP have proposed this morning that we sit down and discuss dual use and some of the resources we have got and the possibility of CHCP transferring this asset back to us at nil value. Mr Barber is meeting with CHCP in the next month to try and find a satisfactory resolution. Mr Barber felt that we need to stop raising money for minibuses as CAMHS do not need one.

Mr Baren said from a control point of view how do we know that these minibuses are being used for the correct purpose and not somebody's private purpose. Mr Barber provided assurance and said controls are in place. Sam Grey, Voluntary Services Manager will monitor this. The Chief Executive asked for a brief update on what we are using the minibuses for to go to EMT.

The Committee discussed sustainability and replacements and ensuring we get the right provision. Ms Bee said maybe we don't stop raising money for the mini bus because we always need scoping paper to come to the next meeting AB to do.

Resolved: The report and verbal updates were noted.

It was agreed a scoping paper will be submitted to the next meeting. ACTION AB

Mr Barber agreed to go back to CHCP for a 3 year plan on minibus provision. ACTION AB

A brief update to be submitted to EMT on what we are using the minibuses for. ACTION AB/CW/MM

08/19

Trust Accounts

Mr Andy Stelle and Ms Sophie Holmes from 360 Accountants introduced the Trust Accounts and declared that the deadline is 31 January 2019.

Mr Barber reported that the next lot of accounts will be done in June/July 2020.

Mr Stelle referred members to page 8 (statement of financial activities for the year ended 31 March 2018) and explained that there was just short of £195k of income followed by costs of just over £100k. During the period under review there was increase in the value and assets amounting to £92k. The total fund carried forward was £425,042k. It was noted that at the end of March 19 other than the endowment fund that is invested there is £342k worth of unrestricted funds and £168k of restricted funds. A very healthy amount of unrestricted funds. Mr Barber said in terms of restricted funds there is a lot of work underway to lower that fund and move restricted funds to a designated geographical area fund. The Chief Executive emphasised the importance to lower hospital provision.

Mr Stelle concluded the independent examination with no errors to report. Ms Holmes flagged up some minor issues with the Committee. She referred to the email which she received from Mr Omand, whereby Annette Clough raised a query on a £7k difference. Ms Holmes believes this relates to the endowment fund and how it is shown - she agreed to look at this in more detail.

Ms Holmes reported that she has made contact with Mervyn Simpson with regards to the legacy documents, as so far nothing has been received. Mr Barber asked for some clarification on the donations and legacies figure. Ms Holmes provided clarity and noted that there was G.Thompson and various pieces from Macmillan for this year and after the year end there was £3k from G.Brotherill, which will be accounted for in these accounts. A post meeting note to follow on this.

Ms Holmes made reference to page 17 (detailed statement of financial activities for the year ended 31 March 2018) and noted that under the support costs in the last years' accounts it was all shown behind governance costs in the Charitable activities so with this in mind is everyone happy if those are split out in more detail this year. Ms Bee asked if a note could be

included at the bottom explaining that.

Mr Baren raised a few comments and said it would have been helpful to see page 1 a little bit earlier. He went to advise that the Trust name on page 1 needs amending. Ms Bee added to this and said that the word 'don't' in the fifth paragraph needs to be amended to do not. The Chief Executive said that more information is required about how this fund is helping the Trust achieve its objectives and strategies. Paragraph's 1, 2, 3 and 4. Mr Barber agreed to action this and submit a form of words to 360 Accountants.

Ms Bee asked for clarity on the second to last paragraph on page 2 as it does not make sense. The Chief Executive also asked for the wording to be amended on the second and sixth paragraph on page 2.

Mr Baren referred to the names and titles on page 6 (delegation limits) he asked Mr Barber to check against the CFC ToR. The Chief Executive asked for names not to be included anywhere in the accounts she only wants job titles to be listed. Mr Barber agreed to remove Mr Simpson's name from the bottom of page 4 and replace with his job title. The sentence which starts "The fundraising" needs a full stop after The Health Stars. Mr Baren pointed out that some of the titles on page 6 are incorrect. Mr Barber to rectify to following: Ms S Mays is Mrs, Mr A Milner is Dr, Mr D Crick is Dr, Mr M Cooke is Professor and finally Mr P Bee is Ms. The Committee agreed that Page 6 amend titles of names.

Ms Bee made reference to the CAMHS appeal and asked for clarification around whether future appeals will go down as restricted or designated. Mr Barber felt those should go down as designated. Ms Holmes said as long as it is clearly stated then she does not foresee any problems.

The Chief Executive asked for a timeline to be produced for next years' accounts for the March 2020 meeting.

The Committee formally thanked 360 Accountants.

Resolved: The Trust Accounts were approved in principle subject to the amendments which will need to be circulated to Committee members ahead of the Board meeting. The Trust Accounts will be submitted to the January Trust Board. ACTION AB/PBec
Timeline to be produced for next years' accounts for March 2020. ACTION AB
More work required on pledges from end of March. ACTION AB
Post meeting note to follow on the £7k difference. ACTION SH/AB
All names to be removed and replaced with job titles with the exception of page 6. ACTION AB
Titles on page 6 to be corrected. ACTION AB
Mr Barber agreed to send Sophie Holmes the agreement between Health Stars, the Trust and Smile. ACTION AB

09/19

Circle of Wishes (CoW) Update

Mrs Woodard presented the CoW update report which updates the Committee on Health Stars progress and progress on wishes received during the period 31 October 2018 to 31 December 2018. She reported that CoW is going from strength to strength. Following on from the last meeting it was noted there has been a really good uptake and a lot of them were Christmas gifts. The aim going forward it to try and spend the money.

Mr Barber informed Committee members that another fund guardian meeting will be arranged in due course, due to low numbers at previous meetings. The Chief Executive suggested a Health Stars newsletter every quarter.

Resolved: The report and verbal updates was noted.
Mrs Woodard agreed to produce a Health Stars newsletter every quarter. ACTION CW

Health Stars Update

10/19 Mrs Woodard presented the report, which updates on charity activity since the last meeting. The key issues within the report were:

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

No questions or concerns arose from the Committee.

Resolved: The report and updates were noted.

Staff Engagement Fund Update

11/19 Mrs Woodard presented the report, which updates on the Charitable funds Committee details surrounding the recently established Chief Executive Staff Engagement Fund. The key issues within the report were:

- Fund Zone has been created
- Zone Guardian identified
- Zone purpose quantified

The Health Stars Staff Engagement Fund is a charitable sub-fund set up under The Big Thank you fund zone. It has been credited with funds raised following several fundraising events by key members of the Trust Management team. The Chief Executive has been named as the fund guardian.

The fund has been created to encourage team building, staff motivation and to help to create a feel good atmosphere across the Trust. Staff are being encouraged to submit their wishes for things such as improved workplaces, group activities out of work and things that will help motivate and make teams feel good about themselves. Accessing the fund is just like any other fund zone, through the CoW and wishes will be assessed on their merits and outcomes.

It was noted that all of the fund zones each have an allocated guardian and every quarter a statement is sent out to all fund zone guardians, making them aware of what is in their fund. The Chief Executive suggested the EMT have a discussion on the fund guardians and check that people are in the right places and that they still have the time to do this. The Chief Executive said it might be worthwhile for Mrs Woodard to go and meet with the fund guardians on a one to one basis explaining the background.

Resolved: The report and verbal updates were noted by the Committee.

Mrs Woodard agreed to clarify who all of the fund guardians are so the EMT can check that people are in the right place and they still have the time to continue it. ACTION CW/MM

Health Stars Annual Review

12/19 Mr Barber presented the report, which updates on annual progress of the charity measured against the agreed strategic plan. The key issues within the report were:

- 2018-2019 targets and achievements - Non-financial impact the charity is having

Mr Barber reported that he and the team are really proud with the report and felt that the report gives a clear picture on the drive towards fundraising and getting the fundraising in. He welcomed questions of which none were received.

From Mr Barber's perspective he would like to see more visual next year. The Chief Executive agreed and suggested doing a patient or staff story about Health Stars at a future Trust Board meeting.

Resolved: The report and verbal updates was noted.

Mrs Woodard agreed to contact Jenny Jones with regards to booking a 20 minute slot at a future Trust Board on the positive benefits of Health Stars. ACTION CW

13/19

Impact Appeal Update

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

- Comms and Marketing
- Fundraising update
- Wish List & Release of Funds

Ms Newlove reported that the fund balance as at 18 December 2018 is £113,665.31 and the additional funds pledged / pending is £50k and there are some other bits of funds to come in from the other fundraising events over the Christmas period.

Additional grant opportunities are being highlighted on a regular basis and a priority list of 14 separate funding applications have been submitted since the appeal launched. We have had early indication that a local trust is minded to support with a £5,000 contribution but the majority of the funds applied for are unlikely to respond until early 2019 in line with their Trustee meeting dates. A further round of funds will be applied to over the coming weeks for Trustee meetings in February – April. Where possible, our requests are for unrestricted funds for the appeal but where it is felt that a particular focus meets fund objectives, the application is tailored to a specific wish i.e. the therapy garden or the exercise equipment.

Ms Newlove referred the Committee to the current wish list which has 125 separate items on and is growing. There are 4 possibly 5 items on the list that are highlighted as they are likely to be above the authorisation levels, and Paul Warwick is helping put the papers together to come back to a future CFC meeting for approval. The Chief Executive expressed concern on who is signing the items off. She went on to emphasise the importance of having the clinical teams established first and ensure that we get their views but also there is a real need for a priority list. She explained to the Committee that this will be discussed further at EMT on Monday 21 January.

Ms Bee asked for a really simple one sided A4 sheet which shows how and where they have been agreed, who has prioritised and where the agreement needs to come and the risk involved. The Chief Executive said that going forward she wants all items to be approved at CFC and they need to have some clinical recognition to say that is what is required.

The Chief Executive mentioned that she would like to see a big wooden sign on the site which gives an outline of what it is going to look like along with a picture so people can see what it looks like.

Ms Bee referred back to the earlier minibus conversation in terms of sustainability and making sure that if we are setting something up then we have it in within our gift to be able to maintain it.

Mr Barber confirmed that he met with Rob Walsh over at Grimsby CCG to highlight a number of items and get engagement from that side of the river.

Resolved: The report and verbal updates were noted.

Mrs Woodard agreed to chase up the sign for the CAMHS in-patient site. ACTION CW

14/19

CAMHS Update

This item was covered within item 13/19 Impact Appeal Update.

15/19

Items for Escalation or Inclusion on the Risk Register

Ms Bee reported that all of the following should be included in the Board Assurance report.

- Proforma for operations plan
- Model proposal around cost allocations
- Scoping document relating to mini buses
- Various actions around the trust accounts that will be moved forward very swiftly and timeline for 2020
- CoW newsletter proposal
- Update to come to the next CFC meeting around fund zone guardians and what activity has been done, what and where – this will also be shared with EMT or the Operational Delivery Group.
- Little bit of work around the management oversight governance of proposals for fundraising, donations and granting wishes etc

Resolved: The verbal updates were noted.

It was noted that all of the above will be included in the Board Assurance report. **ACTION PBee/KN**

Any Other Business

16/19

Mr Baren asked to see sight of the 2019-2020 CFC workplan at the next meeting.

Mr Barber pointed out that there is not a risk register that links in to the Trust for the charity.

Mrs Woodard updated the Committee on an email that was received prior to Christmas asking about the pennies from heaven scheme to see if that could be changed over to Health Stars on a regular basis. The Committee discussed this in more detail.

Mrs Woodard went on to update the Committee on two separate wish requests for defibrillators from two GP surgeries amounting to £2,500k each, to have in their bags. She has had the chance to get Dr Byrne’s views on this and he said it was a nice to have. Mrs Woodard agreed to do scope up some more work on this.

Mr Barber reported that there is £30m across the STP area the question is how you use that collaboratively.

The Chief Executive requested a list of annual events to come to the next meeting.

Other fundraising events was discussed and getting the Board more actively involved in those.

Resolved: The verbal updates were noted.

Mr Barber agreed to review the work plan and add risk register on to the work plan starting from April 2019. ACTION AB/CW/KN

Updated work plan to come to the next meeting. ACTION AB/CW/KN

Mrs Woodard agreed to submit a report about pennies from heaven to the next meeting. ACTION CW

Mrs Woodard agreed to scope up some more work on the two defibrillator requests and bring back to the next meeting. ACTION CW

A list of upcoming annual events to be submitted to the next meeting. ACTION CW/AB

17/19

Date and Time of Next Meeting

Monday 25 March 2019, 11.30-1.30 –Conference Room B, Trust HQ

Signed:Chair: Paula Bee

Date:

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting– 24 th April, 2019		
Title of Report:	Trust Strategy Update		
Author:	Michele Moran, Chief Executive Alison Flack, Transformation Programme Director		
Recommendation:	To approve	To note	YES
	To discuss	To ratify	
	For information	To endorse	
Purpose of Paper:	To provide the Trust Board with an update on progress on the Trust Strategy and plans to refresh this during 2019/20.		
Key Issues within the report:	<p>A progress report against what has been achieved against the 6 key strategic objectives.</p> <p>A new Director lead for the Trust Strategy and the Operational Plan together with the appointment of a new Strategy Manager. The Executive Lead still remains as the Chief Executive.</p> <p>Proposed plans to refresh the Trust Strategy during 2019/20 in partnership with all our stakeholders.</p> <p>The draft Trust’s operational plan on a page is included for the Trust board to review and provide comment on.</p> <p>The next update will be provided in September 2019.</p> <p><u>Recommendations</u></p> <p>The Board is asked to note the progress made and support the plans to refresh the Trust Strategy during 2019/20.</p> <p>The Board is asked to provide feedback on the draft operational plan on a page.</p>		

Monitoring and assurance framework summary:

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



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

Trust Strategy Update

This report provides the Trust Board with an update on progress made against our strategic objectives during 2018/19.

Our Trust Strategy has been in place since 2017 and has been rolled forward on an annual basis in line with our operational plan and also the national, regional and local context. This has been shared with all of our staff on an annual basis.

During 2018/19 we identified an executive lead and a sub-committee of the Trust Board to oversee the delivery of progress against each of our six strategic objectives. These have also been reviewed on a regular basis as part of the Board Assurance Framework (BAF),

Progress against our Strategic Objectives

Innovating Quality and Patient safety

Our Quality Committee is now well established and has supported the work of our clinicians and our managers to implement the following developments.

- **Safety Huddles**

In order to provide Trust-wide oversight of patient safety incidents on a daily basis, a daily corporate safety huddle was introduced in February 2018. The daily safety huddle is attended by a range of professionals and managers, e.g. safeguarding, matrons, care group directors, consultant psychiatrists, pharmacy etc. The huddle reviews all incidents reported within the previous 24 hours (or 72 hours following the weekend). The review of all levels of incidents ensures that potential emerging risks are identified and addressed, preventing escalation to more serious incidents. Dependent upon the incident, the huddle may commission a detailed incident report from the team where the incident occurred, for completion within 72 hours. This enables immediate actions to prevent further incidents to be identified and implemented and the required level of further investigation to be agreed.

Throughout 2018-19 the Trust has also accessed support from the Quality Academy in the implementation of safety huddles in a number of teams. A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk.

- **Pressure Ulcers**

Our approach to the monitoring of pressure ulcer incidents was further strengthened in 2018 with the daily safety huddle initially reviewing reported incidents of pressure ulcers and requesting 72-hour reports. The Pressure Ulcer Review and Learning (PURL) forum was increased to fortnightly from monthly and has oversight of all pressure ulcer incidents and associated 72-hour reports commissioned by the daily safety huddle. The pressure ulcer policy was also refreshed in line with the new guidance produced by NHS Improvement.

- **Outcome measures**

In collaboration with patients, service users and carers a tool called ReQoL was agreed as a Patient reported Outcome Measure (PROM) for adult mental health. ReQoL was developed by a scientific group led from The University of Sheffield and funded by the Department of Health and Social Care Policy Research Programme in England for free use in the NHS. It is used to assess the quality of life for people with different mental health conditions. The ReQoL is short and simple to use and is suitable for a range of mental health conditions from common mental health disorders to more severe ones. The tool has been built into our electronic patient record, Lorenzo, and all Community Mental Health Team (CMHT) staff have been trained in its completion. Patient leaflets in relation to ReQoL have been finalised and the tool was launched in February 2019.

The PHQ-9 and CORE have also been agreed for use across primary care and secondary mental health services within the depression pathway. The PHQ-9 is a patient questionnaire used to monitor the severity of depression and response to treatment. The CORE is where client is asked to respond to 34 questions about how they have been feeling over the last week, using a five-point scale ranging from 'not at all' to 'most or all of the time'. The 34 items of the measure cover four dimensions:

- Subjective well-being
- Problems/symptoms
- Life functioning
- Risk/harm

The responses are designed to be averaged by the practitioner to produce a mean score to indicate the level of current psychological global distress (from 'healthy' to 'severe'). The questionnaire is repeated after the last session of treatment; comparison of the pre- and post-therapy scores offers a measure of 'outcome' (i.e. whether or not the client's level of distress has changed, and by how much).

The adult mental health care group is working with Business Intelligence to develop a clinical dashboard to enable practitioners to use the ReQoL results therapeutically. In addition, the data from the dashboard will be available for the Board to assess effectiveness of our services.

Introducing outcome measures requires time to train staff and embed the tools in practice; therefore this work will continue throughout 2019-20.

- **Learning from Deaths**

Humber Teaching NHS Foundation Trust is committed to embedding a culture of continuous learning. Throughout 2018-19 we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a week day basis these are reviewed in a daily patient safety huddle held in the Patient Safety department. The huddle is attended by a range of professionals

which include, safeguarding, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria.

In addition to the Mazars LLP criteria we have also built into Datix mandatory indicators (known as red flags) for mortality reviews developed by the Royal College of Psychiatrists. Patient deaths which meet the red flag indicators are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided.
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month.
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

A bi-monthly Quality Newsletter has been introduced and alongside a twice-yearly Learning the Lessons Conference, these are two of the vehicles by which learning from deaths is disseminated across the organisation.

- **Safeguarding**

The Humber safeguarding service is a key contributor to the new VARM (vulnerable adult risk management) processes in Hull, East Riding and North Yorkshire via strategic work groups. Humber adopted the VARM processes ahead of the new partnership working arrangements and are currently being asked to contribute to the new VARM processes being developed in all three local authorities using their recent experience.

Prevent, (which is moving to local authority responsibility) is a key area for Humber and we have been cited as a very positive contributor to the complex Prevent cases involving mental health. Humber safeguarding attends all key Prevent meetings and provides complex information for high risk cases.

Self-Neglect has been another key area of multi-agency working and we have shared our newly developed training materials with Hull SAR (safeguarding adult review) panel to identify Humber safeguarding actions and progress on this issue. Humber safeguarding is developing a new Self-Neglect policy in conjunction with partners to reflect the growing focus on Self Neglect. Local authority feedback has been very positive and Humber is regarded as moving forward with new developments in this area.

The Humber safeguarding service is part of the ongoing multi agency review of safeguarding referral, threshold agreements and advisory processes.

Early Help and Hidden Harm are part of the statutory sub groups processes; Humber safeguarding has contributed to the development of new procedures and processes. Humber safeguarding sit on the EHASH (early help and safeguarding hub) management sub groups, have a presence in EHASH and are working with partners on issues including Voice of the Child and Domestic Abuse.

The Humber safeguarding service is currently undertaking a multi-agency audit in MSP (making safeguarding personal) with Hull and East Riding. This is to understand and analyse the involvement of the adult at risk, reflecting their views and outcomes, and is part of the Hull Adult Safeguarding Board business plan.

Humber will be facilitating a multi-agency working group to review the forthcoming changes for MCA DOLS (mental capacity act and deprivation of liberty safeguards) and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for the new process falling more on Humber Teaching Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

- **Quality Improvement**

Our Trust Board have recently approved our Quality Improvement Strategy - Our Quality Improvement Approach (2018-22) and work has now started on our journey towards our goal of having an embedded Quality Improvement (QI) culture.

We now have a growing number of QI specialists who are developing their skills and knowledge in order to be able to roll out training within the organisation and to build our team of experts. This team will be welcoming staff, volunteers and patients alike and is already providing training to people from each of those groups.

We have also started to identify a number of projects and schemes to support and champion which will not only develop the staff and expertise across the organisation, but make a real difference to the lives of our patients, services users and carers.

- **Quality Impact Assessments**

We have developed an approach to ensuring that any service change or efficiency scheme undergoes a thorough and robust quality impact assessment to ensure that we maintain high quality and safe services.

Each saving/remodelling of service provision/changes to workforce structure and/or skill mix that affects clinical services requires an impact assessment to be undertaken on quality and safety using the NHS Improvement QIA template.

Enhancing prevention, wellbeing and recovery

- **High performing quality services**

NHS Five Year Forward View Mental Health Targets

Early Intervention in Psychosis

First episode treated within 2 weeks. Performance for 18/19 year to date (up to Feb-19) is 87.7% against a national target of 53%

Improving Access to Psychological Therapies (IAPT)

Referral to treatment target of 6 and 18 weeks are both well above target.

Recovery Rates up to Feb-19 month end are above the 50% national target, reporting 58%

Care Programme Approach (CPA)

Care Programme Approach (CPA) - Follow Up within 7 days of discharge – year to date (up to Feb-19) performance was high at 98.8% when compared to the national standard of 95%.

Reducing Out of Area Placements

Out of Area Placements have reduced in year, our plan was to reduce the number of days throughout the year to 3100, as at 28/2/19 the figure has reduced to 1129 days.

- **A new Tier 4 Child and Adolescent Mental Health Unit**

We were successfully awarded the contract by NHSE to provide CAMHS services and we were awarded capital funding to build a new state of the art inpatient environment.

- **A Patient and Carer Experience Strategy**

Our Trust Board have approved our Patient and Carer Experience strategy (2018-2023) which is a five year plan to further build on the work we have been doing with our patients, service users and carers. We are continuing to actively engage and involve patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

- **Patient and Carer Forums**

We have introduced four forums spread across our Trust areas and services to give our patients, carers and staff a voice and a real opportunity to be involved in developing our services.

- **Patient and Carer Stories**

We regularly share patient and carer stories with our Trust Board.

- **Patient, Carer, Friends and Family Test Live Dashboard**

We have recently launched a new 'live' data dashboard showing the results of the FFT surveys received from patients and carers. The information shows how we are performing at organisation, care group and team level and includes;

- **A Vibrant Recovery College and our Recovery Strategy**

Our Recovery College has recently launched its 2019 prospectus and is offering a wide variety and range of courses. We regularly seek service user feedback to ensure that courses are meeting individual needs. We still have more work to do to ensure that recovery principles are fully embedded in all service areas and this work will be taken forward as part of our recovery strategy.

- **Increased the number of primary care practices**

During 2018 we have increased the number of primary care practices by 2. We are currently revising our primary care strategy which will be discussed by our Trust Board in July 2019.

- **Reduced the number of inappropriate out of area admissions**

During 2018 we have significantly reduced the number of patients who would have historically received care out of area. Our acute care pathway continues to work effectively and we have maintained a reduction in the use of out of area placements. We have also undertaken work to improve our psychiatric intensive care unit (PICU).

- **Peer Support Workers**

We are developing a plan to employ peer support workers across our services, we have engaged with other Trusts that have achieved this and our plan will be implemented in 2019. Our intention is to provide a structured career pathway that is well supported.

- **A redesigned rehabilitation and recovery pathway**

We have completed a review and have finalised a new service model and pathway for our recovery service. This will enable use to provide a service to our patients who are currently placed out of areas. The new model will provide a new community service from mid-2019.

- **A revised pathway for older people with long term needs**

We have further developed and enhanced our pathway for memory service diagnosis. We have provided an enhanced service to care homes in order to address mental health needs and reduce the need for hospital admission.

- **Providing responsive Community Mental Health services**

We have reviewed our community mental health team service this year and have made incremental changes to make it more responsive and address waiting times. We have engaged with the recent National Programme of community service redesign work and have incorporated this into a proposal for a revised service model that we will begin to implement in 2019.

Fostering partnerships and alliances

- **Humber, Coast and Vale Health and Care Partnership**

During 2018/19 we have continued to invest significantly across the mental health collaborative programme. The Chief Executive is the Senior Responsible Officer (SRO) and our senior staff provide the leadership and programme management support. The HCV HCP Mental Health Partnership Board continues to improve collaborative and partnership working, not only at HCP level but also at a regional and national level. The priorities agreed in 2018/19 will continue to be developed in 2019/20, with a key focus on partnership working with patients, carers and other stakeholders and improved clinical engagement.

The Mental Health Partnership Board priorities are all congruent with our operational service priorities. These workstreams will support the delivery of the milestones outlined in the NHS Long Term Plan for mental health services for adults, children and young people.

- **Specialist Perinatal Mental Health Services and New Models of Care**

As a result of our successful collaboration with a range of partners, we have been successful in being awarded lead provider status for the delivery of perinatal mental health services across the Humber area. During 2019 we will continue to build on the new models of care and be a lead provider for forensic services and children and young people.

- **A Valued Partner**

We have established close working relationships with Humbercare and MIND in developing our mental health services as part of our adult mental health transformation programme. We will continue to play a key role in delivering the work of the crisis care concordat and prioritising the development of our crisis services for adults and young people. We also work in partnership with Matthew's Hub on autism diagnosis pathways.

We will continue to work in partnership with the Alcohol and Drug Service (ADS) to provide the East Riding of Yorkshire Council's Drug and Alcohol Service. Our older people's mental health team works closely with Dove House Hospice. As part of the Multi-Agency Public Protection Arrangements (MAPPA) we play a key role in working with all partners including police and probation services. We also work closely with NHS England and NHSI colleagues. We are also continuing to work closely with Hull and East Yorkshire Smile Foundation through our Health Stars charity.

We have become a valued partner with the 28 partner organisations that are part of the Humber, Coast and Vale Health and Care Partnership and also work closely with Humberside and North Yorkshire Police services, Humber Fire and Rescue, Yorkshire Ambulance Service and the Probation Service. We are also a key partner in working with local partners in Hull to deliver the "Our People – Our Place" programme of work.

Developing and effective and empowered workforce

- **Recruitment and Retention Plans**

We have recruitment and retention plans in place to support the recruitment of our most hard to recruit to roles and a retention plan to respond to and understand the reasons staff leave the organisation. We are working with other mental health providers within our geographical area to review the feasibility of attracting new staff from overseas, with a particular focus on hard to recruit roles for example registered nurses and medical staff.

- **Apprenticeship Schemes**

We will continue to promote our apprenticeship scheme with opportunities for career development starting with an entry level scheme for those new to the organisation and will include nursing apprenticeships and development opportunities, linked to formal qualifications. We will be exploring opportunities for new apprenticeships within allied health professional roles such as occupational therapy. We currently have a high number of health care assistant vacancies and are developing plans to address this.

- **Reducing our spend on agency staff**

We have robust processes to improve compliance with agency price and wage caps and the new requirements set out by NHS Improvement to eliminate the sub-optimal use of agency staff. We are also exploring ways of reducing medical locum expenditure and a possibility of collaborating on a staff bank for medical locums.

- **Improving Our Staff Health and Well Being**

Our staff are our most important asset in providing high quality, safe patient care to our patients. We want to build on the work that we have developed during the last 12 months in supporting our staff's health and wellbeing. We have a Staff Charter and are continuing to develop new ways of being able to demonstrate how we truly value our staff's dedication and commitment. We will continue to hold staff awards events locally but also look to how we can support our staff to share their innovative work on a more regional and national basis. We want to continue to demonstrate how we are working within our values of caring, learning and growing.

Our staff health and wellbeing forum is becoming more established and we are looking at different initiatives to improve staff's working lives. We need to continue to develop ways to improve staff engagement and to ensure that staff's views are heard in developing services.

We have a Health and Wellbeing working group that is chaired by the Trust's Director of Psychology and a programme of work that is sponsored by the Chief Executive.

- **Our PROUD programme**

As part of our ongoing commitment to our staff we have developed a programme of organisational development which is called "PROUD – a programme of organisational development with U at the heart of it". This programme will expand on our current leadership development offer. The programme will continue to see investment in both middle and senior managers, with various initiatives including mentoring and coaching support. There will also be a process to identify and supporting talent within the Trust, as well as an expansion of the current Leadership Forum and action learning sets.

- **Our Staff Survey Results for 2018**

We were pleased to see a significant improvement in the staff survey scores in 2018, with over 78% of responses seeing an improvement against 2017 results. This included an increase in all the questions used to measure staff engagement and staff satisfaction. We still have work to do on a range of areas and we will continue to take this forward working closely with our staff during 2019.

- **Improving attendance rates**

We have continued to reduce sickness rates. Our attendance rates have improved during 2018/19 compared to the previous year.

- **Reducing our turnover**

We have continued to reduce the numbers of staff leaving the Trust.

- **Mandatory training rates**

We have continued to improve our mandatory training rates.

- **Appraisals and Clinical Supervision**

We have continued to improve the number and quality of appraisals undertaken for our staff. We have also seen a significant improvement in clinical supervision and this is now reported to the Trust Board on a regular basis.

Maximising an efficient and sustainable organisation

- **Growing our services**

We have grown our turnover with the successful award of tenders for Scarborough and Ryedale, Perinatal Mental Health, Social Prescribing and further acquisitions in Primary Care

- **Meeting our financial targets**

We have achieved our financial targets and our cash position has improved.

- **Maintaining our Estate**

We have continued to improve the condition of our estate including the refurbishment of Maister Lodge.

- **Major capital investment awarded**

We have been successful in our capital bid to NHSE and commenced construction of our new Child and Adolescent Mental Health Inpatient Unit.

Promoting people, communities and social values

- **Working at Place**

We have been a key partner working with the Hull and East Riding Place based boards on their local community programmes of work.

- **Social Values**

We will be publishing a social values report in June 2019.

Strategy Relationship Map

Our Governor Strategy and Business Development Group has met on a number of occasions during 2018/19 to review progress against the strategy, the operational plan and to receive updates on the Humber, Coast and Vale Health and Care Partnership – Mental Health Programme. We have also worked with our governor group to develop a strategy relationship map. This has helped governors and staff to understand how the different strategies and plans fit with our overarching Trust strategy.

Change in Director Portfolios

As a result of the changes to the Director portfolios previously agreed by the Trust Board, Peter Beckwith, Director of Finance is now the Director lead for the Trust Strategy and the Trust's Operational Plan. Michele Moran will continue to be the Executive Lead for this. Claire Strawbridge has recently been seconded to the post of Strategy Manager to support this work. Claire has completed the draft plan on a page for review by the Trust Board.

Trust Operational Plan (2019) – Draft Plan on a Page

The Trust Board approved the submission of the Trust's Operational Plan for 2019 to NHSI. The draft operational plan on a page is attached for the Trust board to review and provide feedback. It is proposed that the final plan on a page and refreshed Trust Strategy (2019-23) will be circulated in booklet form via payslips to all our Trust staff.

Refreshing the Trust's Strategy during 2019/20

It is proposed that during 2019/20 the Trust Strategy will be reviewed to take into account the significant progress that has been made since it was agreed in 2017 and also the national, regional and local changes that have occurred. The Trust Strategy will need to include the recently published NHS Long Term Plan (2019) together with the Trust Board's future plans for the continued development of the Trust. It is important that our Trust Strategy is developed in conjunction with our governors. Future staff and stakeholder involvement workshops are planned to help support this work.

Future Updates

The Trust Board will receive updates on the Trust Strategy every 6 months. The next update will be provided in September 2019.

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.

Values

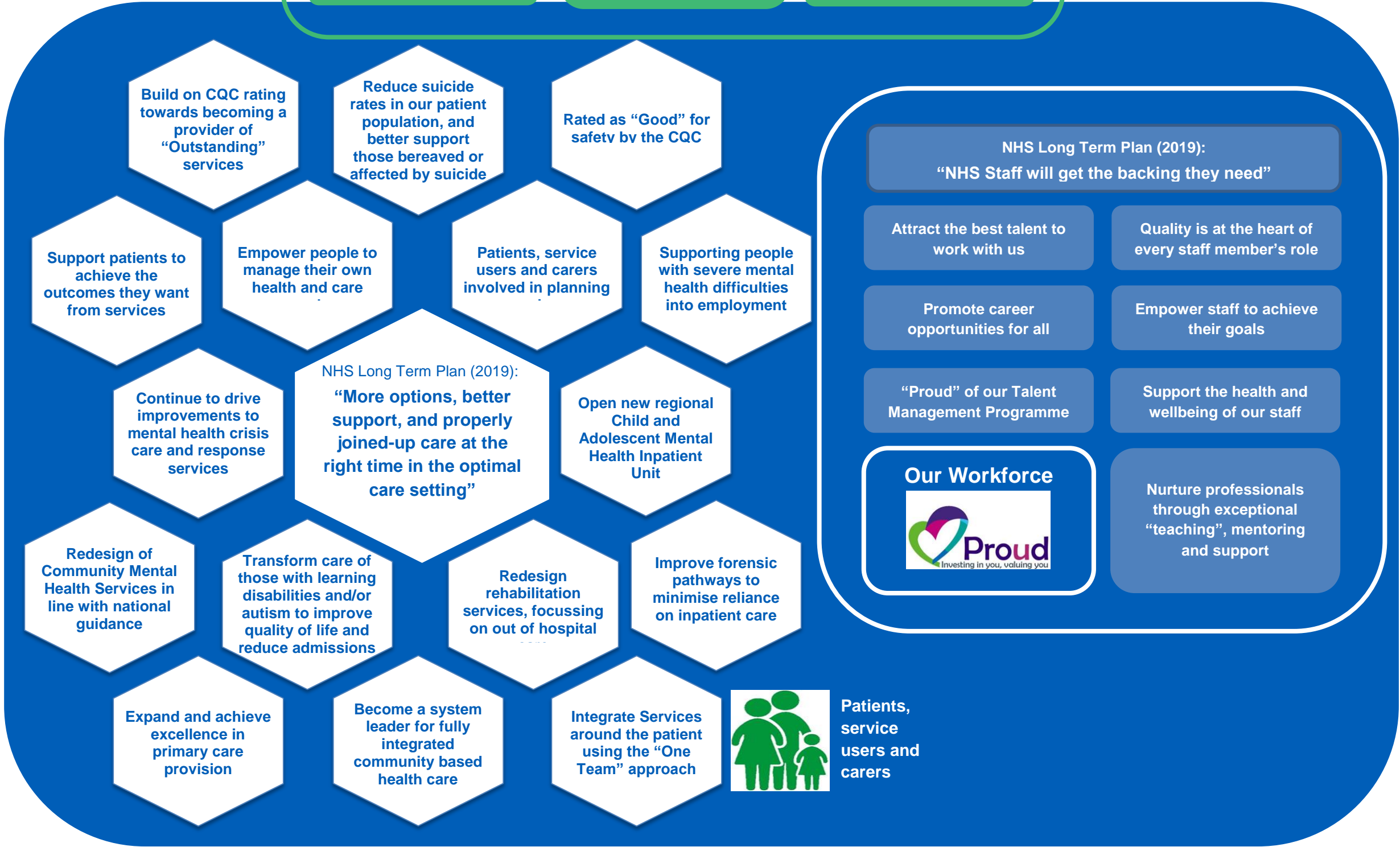
- CARING** for people while ensuring they are always at the heart of everything we do.
- LEARNING** and using proven research as a basis for delivering safe, effective, integrated care.
- GROWING** our reputation for being a provider of high quality services and a great place to work.

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.

**NHS Long Term Plan (2019):
“Future-proof the NHS for the decade ahead”**

- Improved access to clinical records wherever staff are
- Reduction to the overall footprint of Trust estates
- Patient access to information about their health and care, including video, online and telephone consultations
- Organisational Support
- Achieve and maintain financial sustainability
- Respond positively to business opportunities



Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting– 24 th April, 2019			
Title of Report:	Freedom to Speak Up Guardian Update			
Author:	Executive Lead – Michele Moran, Chief Executive Alison Flack Freedom to Speak Up Guardian Helen Young Deputy Freedom to Speak Up Guardian			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide members of the Trust Board with an update from the Freedom to Speak Up Guardian.			
Key Issues within the report:	<p>The Trust Board received the Freedom to Speak Up Guardian Annual Report in January 2019.</p> <p>This recent report provides the Trust Board with an update of the activity taking place and the number of people contacting the Guardians.</p> <p>The Trust now has an approved Speak Up Vision and Strategy (2019) which was approved by the Trust Board in March 2019.</p> <p>The report also provides an update on the recent work programme and further work taking place.</p> <p>The continued sharing of information and close working between the Guardian, the National Guardian's Office and the Regional Network. The Trust is hosting the Regional Network meeting In June 2019.</p> <p>The learning from staff speaking up and how this will continue to be developed. Plans in place to gather feedback from staff raising concerns.</p> <p><u>Recommendation</u></p> <p>The Board are asked to note the progress that has been made and receive a further update in September 2019.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals

YES | Innovating Quality and Patient Safety



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

Freedom to Speak up Guardian Update Report (April 2019)

The following provides the Trust Board with an update on the work that has been progressed in relation to the Freedom to Speak Up programme. The Freedom to Speak Up Annual Report was presented at the Trust Board in January 2019.

National Guardian's Office (NGO)

The National Guardian's Office have recently appointed Regional Liaison Leads. A lead has been appointed for North East and Yorkshire region. The regional leads will work with organisations to support the implementation of local plans. They will also support the further development of speak up across primary care services.

Yorkshire and Humber Regional Guardian's Network

The Regional Guardian's Network meetings are held on a bi-monthly basis and Humber Teaching NHS Foundation Trust will be hosting the network meeting in June 2019. We regularly attend the network meetings which provide an opportunity for peer support and wider learning. The Regional network meeting in March provided the opportunity to meet with a senior manager from NHSI to provide feedback on the NHSI self-assessment tool which is currently being reviewed.

Our Freedom to Speak Up Vision and Strategy

Following consultation with our staff and governors, the Trust Board have approved our Freedom to Speak Up Vision and Strategy (2019-2023). We are now able to review our speak up policy in line with our vision and strategy and recent guidance from the National Guardian's Office.

Humber Teaching NHS Foundation Trust – Number and type of Speak Up concerns received

We have seen a significant increase in the number of staff contacting the Guardian and Deputy to speak up and raise concerns during 2018/19. Since 1st April, 2018 to 31st March, 2019 there have been 58 members of staff who have contacted the Guardian's to raise concerns or seek advice and guidance. It is important to note that if more than one staff member raises the same concern this is counted by the number of staff raising the concern.

The speak up concerns raised mainly fall into the following categories:-

- Patient safety and quality of care
- Bullying and harassment
- Staff morale

Since December 2018, the main services where concerns have been raised are from the Humber Centre, Maister Lodge and Market Weighton practice. These concerns have been escalated to the relevant executive director. One independent investigation has recently been commissioned by the Guardian.

A number of speak up concerns have been resolved by listening to concerns and providing support and advice as to the most appropriate route for resolution and the Freedom to Speak Up Guardian and Deputy Guardian are working more closely with the Trust's HR team to signpost staff where appropriate.

Once a speak up concern is received this is escalated to the relevant Executive Director and Care Group Director to agree appropriate actions in line with our speak up policy. Regular briefing meetings are held with the Chief Executive as the executive lead for Freedom to Speak Up, the Senior Independent Director and more recently, the Chairman.

We are continuing to develop and improve the speak up service by asking staff for feedback. A letter from the Chief Executive is going to be sent to all those staff who contacted the Guardians' during 2018/19 to thank them for speaking up and to ask them for feedback on their experience of speaking up. This will help us to identify improvements on how we respond and investigate concerns and also whether we need to make any further changes to our speak up policy.

During 2018, no staff member reported feeling detriment to themselves as a result of speaking up through the Guardian route. A number of staff noted that their speak up concerns had been resolved and that they would use the speak up route again. In some instances where the staff member speaking up was not satisfied with the outcome, they still fed back that they would use the Guardian route again.

Resources and support for the Speak Up Guardian

Although dedicated time is allocated for the Guardian and Deputy Guardian role (1.5 days per week) this is proving challenging to ensure we continue to raise awareness of the role, communicate learning and also provide support to individual members of staff. The Chief Executive has recently agreed to provide some additional support to enable the Deputy Guardian to increase her hours for a temporary period to help to address this.

Raising Awareness of the Freedom to Speak up Guardian Role and Function

We continue to promote the Guardian role across the Trust by attending the Trust monthly induction, attending team meetings and visiting Trust sites.

Through our visits to teams across the Trust and also speaking at each monthly Trust induction, we have shared information on the role of the Guardian to over 700 staff. We have also recently commenced a schedule of visits to GP practices managed by the Trust.

Completed Actions

We will continue to promote and raise awareness of the Guardian role across the organisation and work with the Trust Board to develop an open and transparent culture where staff feel safe to speak up when they have concerns. These actions

link closely to the Trust's strategic goals with particular reference to innovating quality and patient safety, and developing an effective and empowered workforce.

Action	Complete by
Review of Speak Up Policy to align with our Speak Up Strategy and to include best practice from the NGO's office.	February 2019 This action was deferred pending completion of the Trust strategy and vision. It will be completed in May 2019. TO BE COMPLETED
Identify actions arising from staff survey results and develop plan.	March 2019 COMPLETED XXX
Consultation of the draft Speak Up Vision and Strategy with our staff and staff governors. Approval of the Vision and Strategy by the Trust Board	March 2019 The Trust Board approved the Strategy and Vision in March 2019. COMPLETED
Continued work to ensure expectations and actions from the NHSI/CQC self assessment tool are implemented.	April 2019 The Trust Board will review this again in September June 2019. COMPLETED
Review of recommendations from the National Speak Up Survey (2018).	February 2019 COMPLETED
Complete review of recommendations from the 5 NGO reviews and case studies.	February 2019 COMPLETED
Continue with awareness raising and communication to staff.	March 2020 We are continuing with our programme

	<p>of visits and raising awareness through our communication systems.</p> <p>We are currently meeting with all GP practices that the Trust manage</p> <p>ONGOING.</p>
Review of self-assessment by Trust Board.	<p>December 2019</p> <p>COMPLETED</p> <p>The Trust Board have reviewed the document on a 6 monthly basis.</p> <p>July 2018 and December 2019.</p> <p>This will be reviewed again in June 2020.</p>
Continue to share learning from concerns and communicate on a regular basis across the Trust.	<p>March 2020</p> <p>ONGOING</p>
Continue to participate in national and regional events.	<p>March 2020</p> <p>ONGOING</p> <p>The Guardians attend the regional network and Humber are hosting this in June 2019.</p>

Future Actions

We will be reviewing the feedback from the questionnaire sent to staff who contacted the Guardian's during 2018/19.

A further update report will be provided to the Trust Board in September 2019.

Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting - 24 th April 2019												
Title of Report:	Performance Report – March 2019												
Author:	Name: Peter Beckwith Title: Director of Finance												
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">To approve</td> <td style="width: 5%;"></td> <td style="width: 35%;">To note</td> <td style="width: 10%; text-align: center;">✓</td> </tr> <tr> <td>To discuss</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For information</td> <td></td> <td>To endorse</td> <td></td> </tr> </table> <p>The Board is asked to note the report.</p>	To approve		To note	✓	To discuss		To ratify		For information		To endorse	
To approve		To note	✓										
To discuss		To ratify											
For information		To endorse											
Purpose of Paper:	<p>This purpose of this report is to provide the Trust Board with an update on board approved key performance indicators as at the end of March 2019.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p> <p>Future reports will include benchmarking data (where available) for workforce indicators.</p>												
Key Issues within the report:	<p>Exception reporting and commentary is provided for each of the reported indicators:</p> <p>The majority of indicators are within normal variation, the exceptions being:</p> <p>Waiting times – 52 week waits have increased further in March. Currently 70 patients waiting (excluding ASD).</p> <p>One 7 day follow up breach.</p> <p>Three admissions of patients aged under 18 to adult wards.</p> <p>Full detailed explanations are included in the exception report.</p>												

Monitoring and assurance framework summary:

Links to Strategic Goals	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce

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

Financial Year
2018-19

INTEGRATED BOARD REPORT

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

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



Reporting Month:
Mar-19

Caring, Learning and Growing

Chief Executive: Michele Moran
Prepared by: Business Intelligence Team



Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending: **Mar 2019**

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

What are SPCs? Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.
 SPC tells us about the variation that exists in the systems that we are looking to improve.
 S – statistical, because we use some statistical concepts to help us understand processes.
 P – process, because we deliver our work through processes ie how we do things.
 C – control, by this we mean predictable.
 SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

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

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

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

Humber Teaching NHS Foundation Trust

Integrated Board Report

For the period ending:

Mar 2019

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

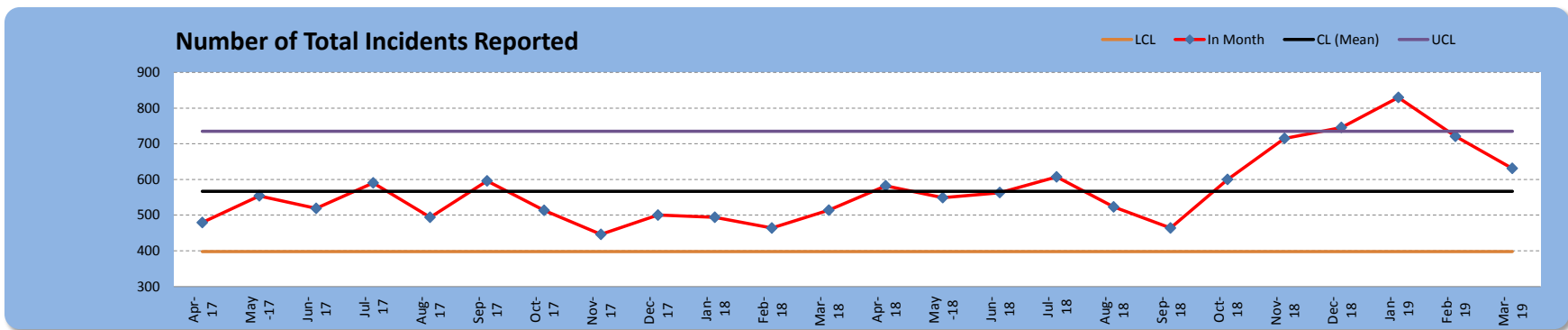
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Total number of incidents reported on Datix	Hilary Gledhill	IQ 6

Narrative

above Upper Control Limit

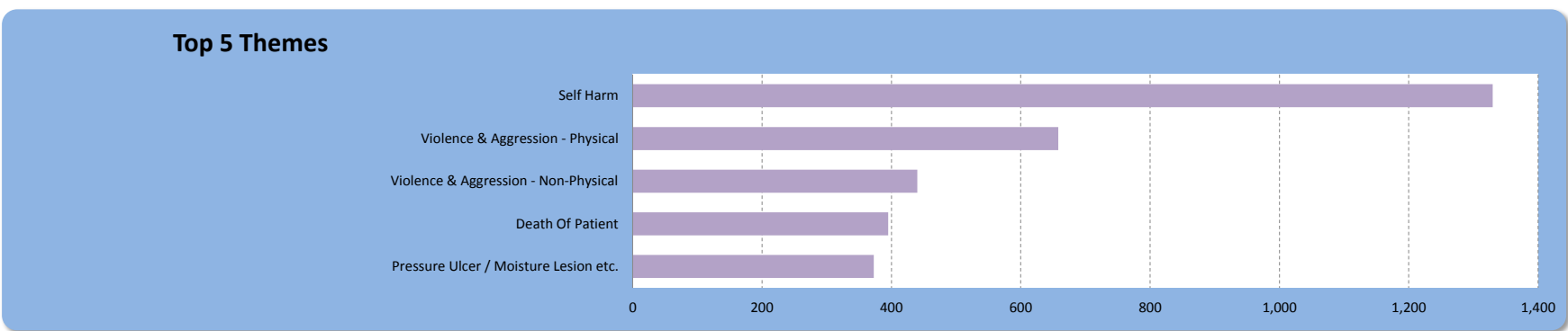
UCL: 735
LCL: 398

Current month stands at 631



Top 5 Themes

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



Exception Reporting and Operational Commentary

The level of incident reporting has seen a drop of 24% going from a peak of 830 incidents in January 2019 to 631 in March 2019. Self-harm continues to be the highest reported category of incidents although it should be noted that 2 patients within one clinical area accounted for 84 (70%) of those incidents. One of the patients has now been transferred to an external provider so it is anticipated there should be a decrease seen in subsequent months. The majority of the incidents attributed to these patients resulted in no harm or low harm.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

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

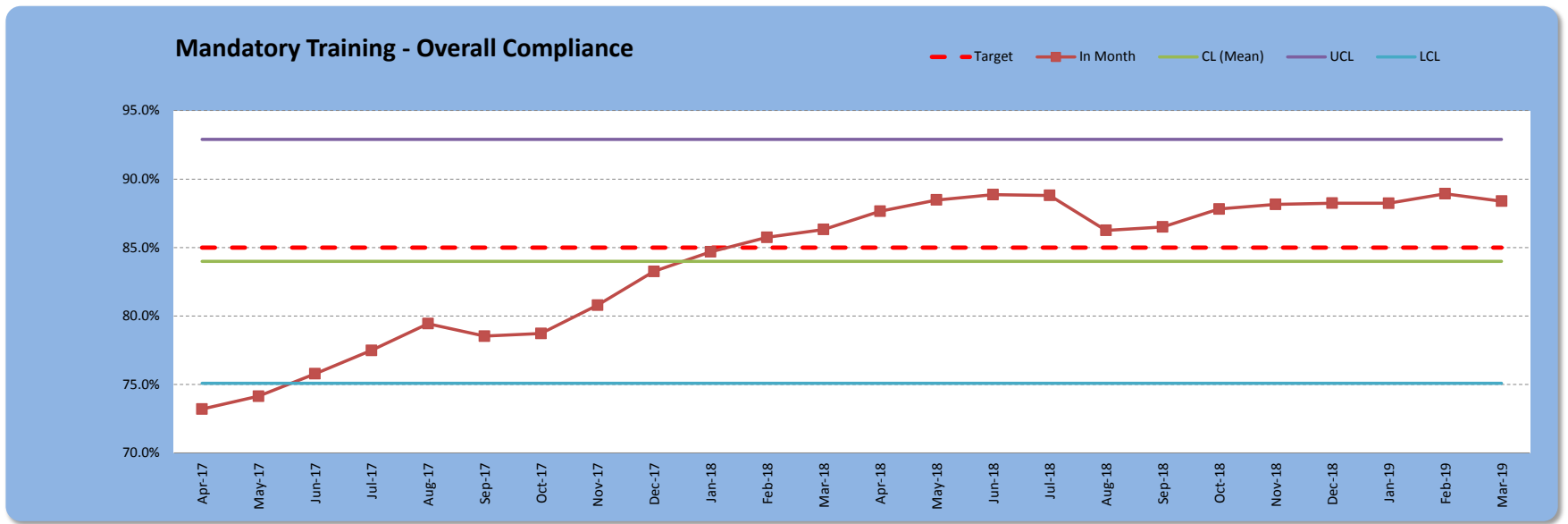
KPI Type
WL 5

Narrative

Above Target

Target: 85%
Amber: 75%

Current month stands at 88.4%



Exception Reporting and Operational Commentary

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

Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (MAPA 83.1% IG 94.6%, ILS 82.2 %, BLS 75.8% MHA 80.9%). With one red (PATS 70.2%)

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Vacancies (WTE)

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

Executive Lead
Steve McGowan

KPI Type

WL 2 VAC

Narrative

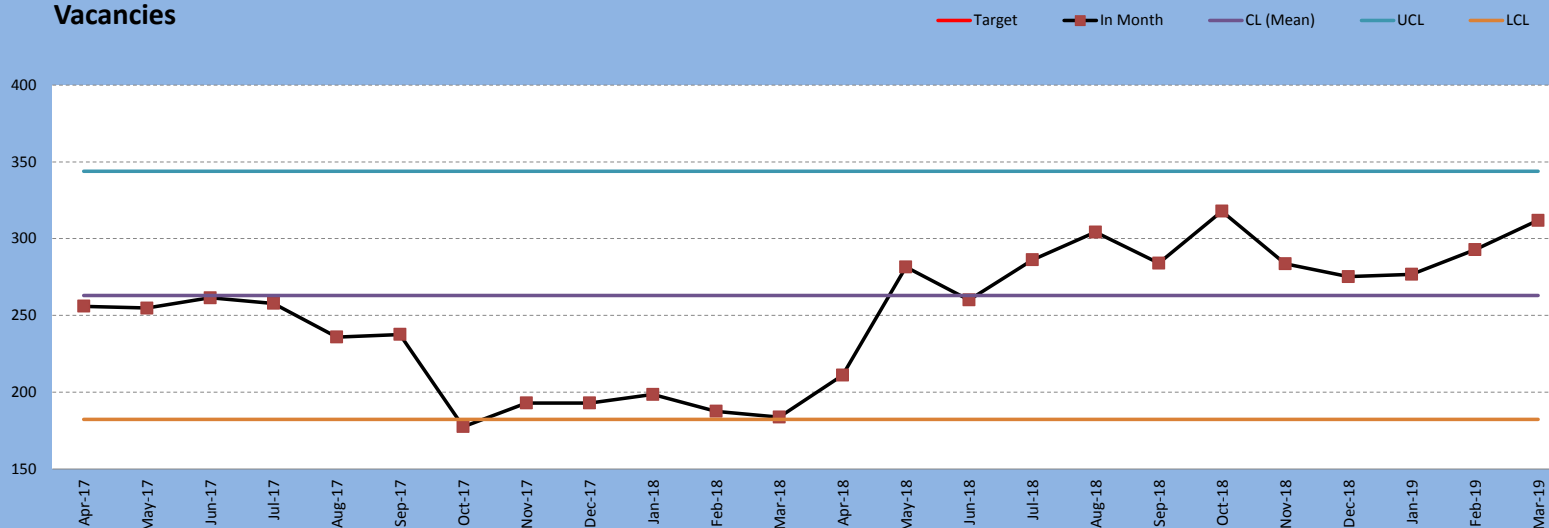
within control limits

Target: TBC

Amber: TBC

Current month
stands at
311.9

Vacancies



Exception Reporting and Operational Commentary

At the time of writing 37 roles are currently out to advert on NHS jobs covering 38.57 FTE roles. 66 people from outside the Trust have been offered a job and are currently in pre employment screening or notice periods. The highest number of vacancies is within our Nursing group with 83.9 vacancies (10.9%). other notable groups are Consultants (8.7 vacancies 19.2%) and Occupational Therapists (14.2 vacancies 19.9%). The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position.

Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/03/19
 Corporate 62.9 (12.61%)
 Mental Health Services Care Group 115.3 (12.87%)
 Primary Care, Community, Children's and LD Services 105.7 (10.54%)
 Specialist Services 28 (15.86%)
 Total 311.9 (12.12%)

PI RETURN FORM 2018-19

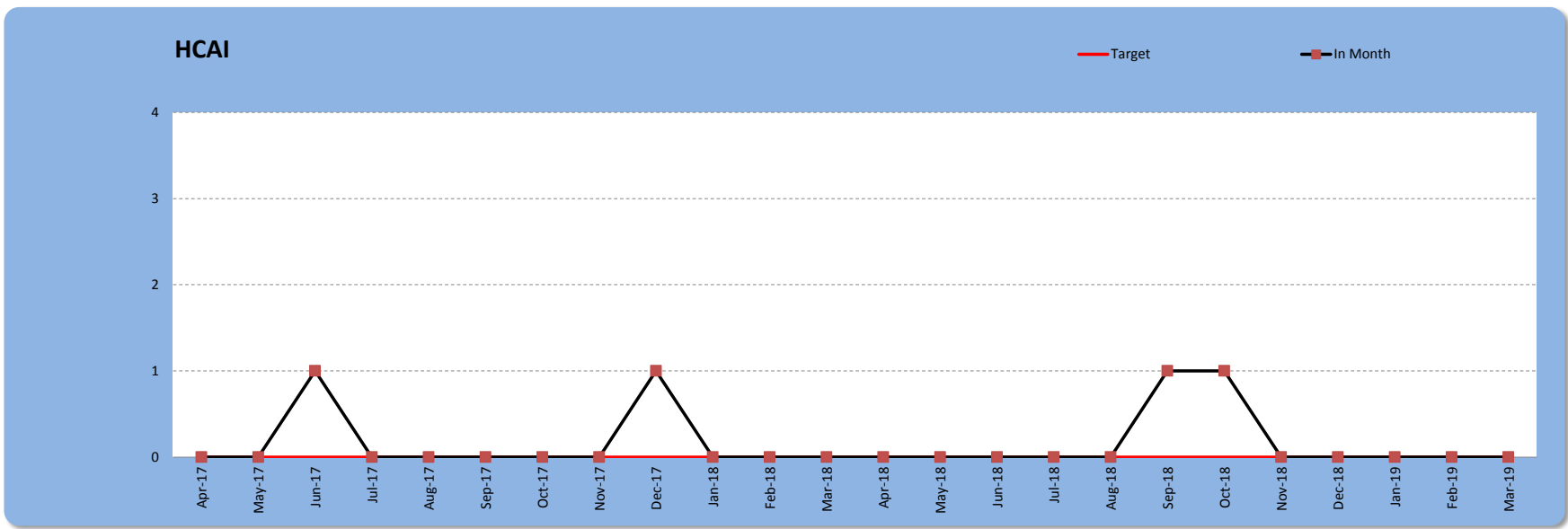
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

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

KPI Type
HCAI

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



Exception Reporting and Operational Commentary

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

No cases to report for March.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

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

KPI Type

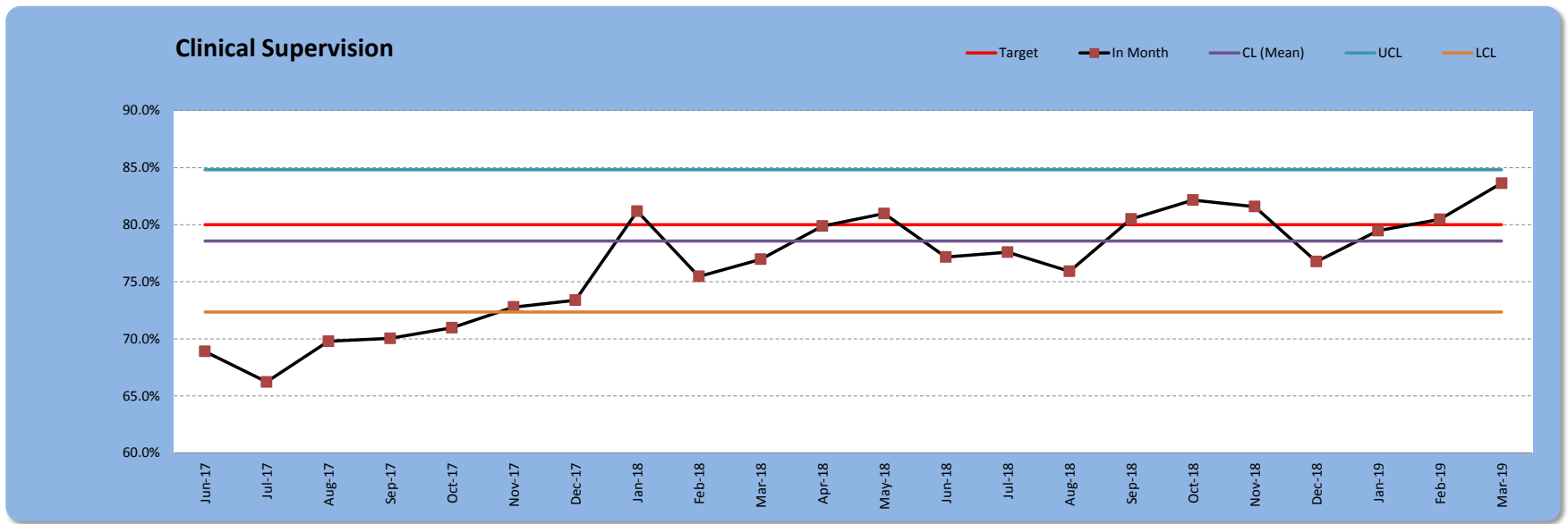
WL 9a

Narrative

Increase in achievement and above target

Target: 80%
Amber: 75%

Current month stands at 83.6%



Exception Reporting and Operational Commentary

We have seen an overall continuing improvement across the past 18 months and an improvement through January to March following a dip in December. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting.

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

Business Intelligence

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

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

Quality Dashboard

Mortality Dashboard

Quarter 4

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

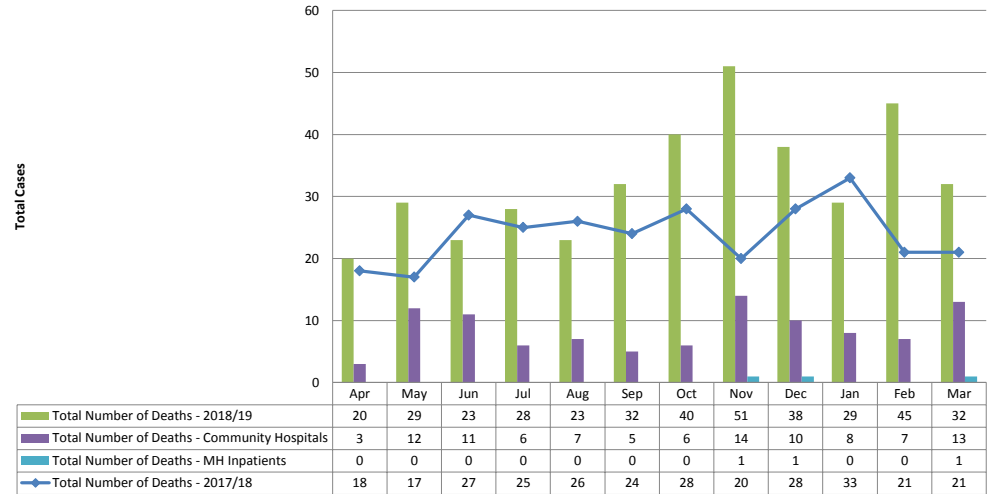
(does not include patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2018/19	72	83	129	106	390
Total Number of Natural Deaths	58	68	116	91	333
Proportion of Natural Deaths	80.6%	81.9%	89.9%	85.8%	85.4%
Total Number of Deaths - Community Hospitals	26	18	30	28	102
Total Number of Deaths - MH Inpatients	0	0	2	1	3
Total Number of Deaths - LD Inpatients	0	0	1	0	1
Total Number of Deaths - Forensics Inpatients	0	1	0	0	1
Total Number of Deaths - All Community excl. MH	23	41	59	42	165
Total Number of Deaths - MH Community	23	23	39	38	123

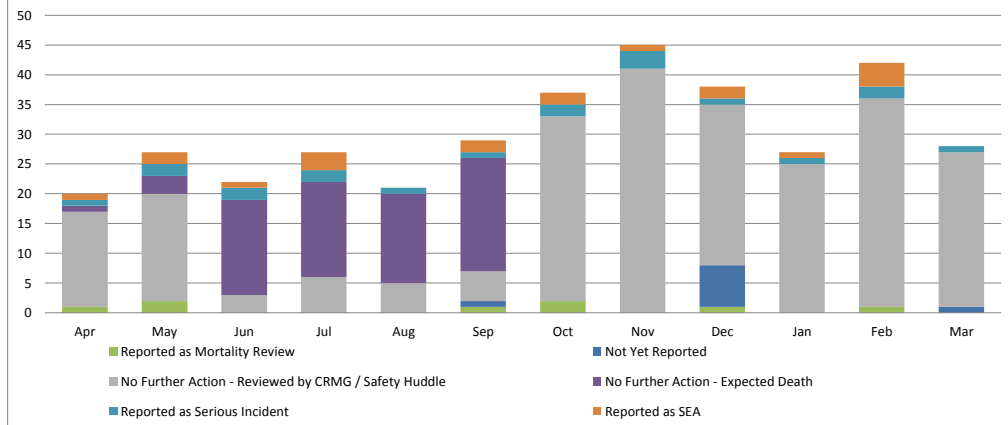
Review Process

Reported as Mortality Review	3	1	3	1	8
No Further Action - Reviewed by CRMG / Safety Huddle	37	16	99	86	238
No Further Action - Expected Death	20	50	0	0	70
Reported as Serious Incident	5	4	6	4	19
Reported as SEA	4	5	5	5	19
	0	0	0	0	0
	0	0	0	0	0
Total Deaths Reviewed	69	76	113	96	354
Not Yet Reported	0	1	7	1	9
Awaiting Cause of Death	3	6	9	9	27

Total Number of Deaths per annum



Outcome of Death Reviews (2018/19)



Quality Dashboard

Mortality Dashboard

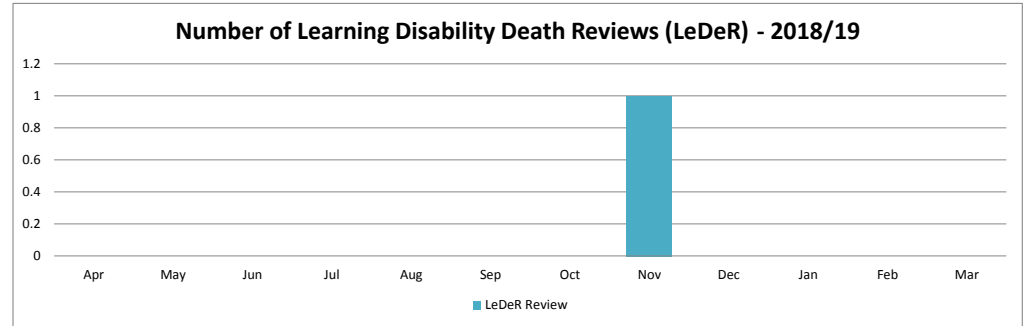
Quarter 4

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 Deaths	0	0	2	3	5
Number of Deaths in Inpatients	0	0	1	0	1
LeDeR Review	0	0	1	0	1
Number of Deaths - Problems in Care Identified	0	0	0	0	0



Key Messages/Learnings:- Deaths/Mortality

As this is the 4th Quarter of producing this dashboard a review will take place to ensure that the data and the way that it is presented;including the narrative is in line with best practice.

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2018-19
Reporting Month:	Feb-19



Speciality	Units				Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (YTD 2018-19)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jan-19	Feb-19
Adult MH	Avondale	Adult MH Assessment	27.8	64%	15.55	31.1%	↓	0.6%	↑	91%	91%	82%	113%	1	16	0	4	75.0%	90.0%	72.7%	88.9%	96.6%	3.0%	4.2	1	1
	New Bridges	Adult MH Treatment (M)	39.2	94%	8.56	26.2%	↓	0.0%	→	89%	91%	97%	104%	2	35	0	3	92.3%	98.5%	100.0%	87.5%	90.2%	10.3%	1.0	2	2
	Westlands	Adult MH Treatment (F)	36.8	91%	8.47	25.4%	↑	3.6%	↓	79%	91%	89%	108%	10	64	0	5	91.7%	88.8%	80.0%	85.0%	95.0%	9.5%	3.0	3	1
	Mill View Court	Adult MH Treatment	28.8	87%	9.08	23.3%	↓	0.4%	↓	99%	95%	95%	96%	1	23	0	10	60.0%	91.5%	91.7%	81.3%	90.0%	7.4%	2.0	1	2
	Hawthorne Court	Adult MH Rehabilitation	30.0	37%	15.04	22.0%	↓	0.0%	→	69%	92%	101%	98%	2	9	0	4	65.6%	86.7%	72.7%	100.0%	56.7%	6.1%	-1.0	1	4
	PICU	Adult MH Acute Intensive	25.7	54%	20.44	47.1%	↓	3.9%	↓	81%	153%	79%	141%	2	180	0	1	96.2%	90.1%	66.7%	71.4%	86.2%	8.6%	5.4	2	1
OP MH	Maister Lodge	Older People Dementia Treatment	32.8	101%	11.72	24.0%	↓	0.0%	→	58%	132%	100%	102%	14	81	0	74	44.7%	85.1%	72.7%	88.0%	95.0%	3.9%	4.1	4	3
	Mill View Lodge	Older People Treatment	24.2	100%	12.30	15.2%	↓	0.0%	→	90%	96%	103%	119%	0	9	0	27	88.9%	93.5%	93.3%	91.7%	100.0%	3.5%	1.0	1	1
Specialist	Darley	Forensic Low Secure	22.4	100%	9.97	15.4%	↓	0.0%	→	69%	63%	100%	95%	0	10	0	1	69.6%	95.2%	100.0%	82.4%	92.0%	11.8%	3.7	2	5
	Bridges	Forensic Medium Secure	53.6	86%	9.84	0.8%	↑	0.0%	→	65%	83%	97%	98%	7	13	0	0	83.0%	88.5%	86.4%	83.8%	71.4%	10.7%	0.0	2	3
	Swale	Personality Disorder Medium Secure	26.3	54%	16.88	45.3%	↓	0.0%	→	105%	79%	104%	154%	5	8	0	2	100.0%	93.8%	100.0%	86.7%	92.9%	14.4%	1.0	1	1
	Ullswater	Learning Disability Medium Secure	27.6	91%	12.75	36.6%	↓	0.0%	→	64%	112%	97%	92%	3	10	0	9	100.0%	93.7%	77.8%	73.7%	96.4%	7.1%	2.0	2	2
LD	Townend Court	Learning Disability	40.6	31%	61.12	28.4%	↑	0.0%	→	59%	114%	89%	106%	0	104	0	6	89.2%	95.5%	60.0%	100.0%	85.7%	3.7%	3.4	2	2
	Granville Court	Learning Disability Nursing Treatment	39.6	Not Avail	0.00	37.0%	↓	0.0%	→	103%	88%	100%	100%	1	2	0	3	87.8%	86.9%	90.0%	73.5%	65.4%	13.4%	1.0	1	2
CH	Whitby Hospital	Physical Health Community Hospital	34.4	86%	7.54	51.5%	↓	0.0%	→	93%	87%	98%	100%	18	13	0	50	91.9%	82.4%	33.3%	70.0%	90.0%	4.5%	-0.6	3	1
	Malton Hospital	Physical Health Community Hospital	31.3	93%	6.96	Not on eRoster	→	Not on eRoster	→	95%	95%	100%	100%	0	0	0	9	60.5%	79.2%	76.5%	86.4%	80.0%	4.3%	2.6	1	2

Exception Reporting and Operational Commentary

Low registered nurse fill rates on Hawthorn Court and Townend Court and are offset by their low bed occupancy- as evidenced by higher CHPPD rates. Ullswater's fill rates are against a demand template that was requesting 3 qualified nurses on during the day- this has now been corrected back to 2 qualified nurses. Darley and Bridges (Ouse and Derwent) have both had a recent safer staffing review which has confirmed that these are often the areas that have staff moved if clinical activity is high in other areas which will partially account for their fill rates. Additional actions are in place to support the number of vacancies in the Humber centre including the short term use of agency staff. March data for supervision shows an improvement on all of the units which are flagging red. Highest levels of sickness remain in the Humber Centre- with Swale and Darley both seeing a slight increase over the 3 month period and PICU and westlands also showing a slight upward trend. This continues to be addressed at a local level with teams

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

Registered Nurse Vacancy Rates

Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
11.62%	12.06%	15.60%	16.60%	15.67%	15.73%	12.40%	11.80%	14.10%	12.50%	13.40%	

Staffing Incidents include all levels of harm/no harm

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

PI RETURN FORM 2018-19

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Executive Lead
John Byrne

KPI Type

Friends and Family Test

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

FFT %

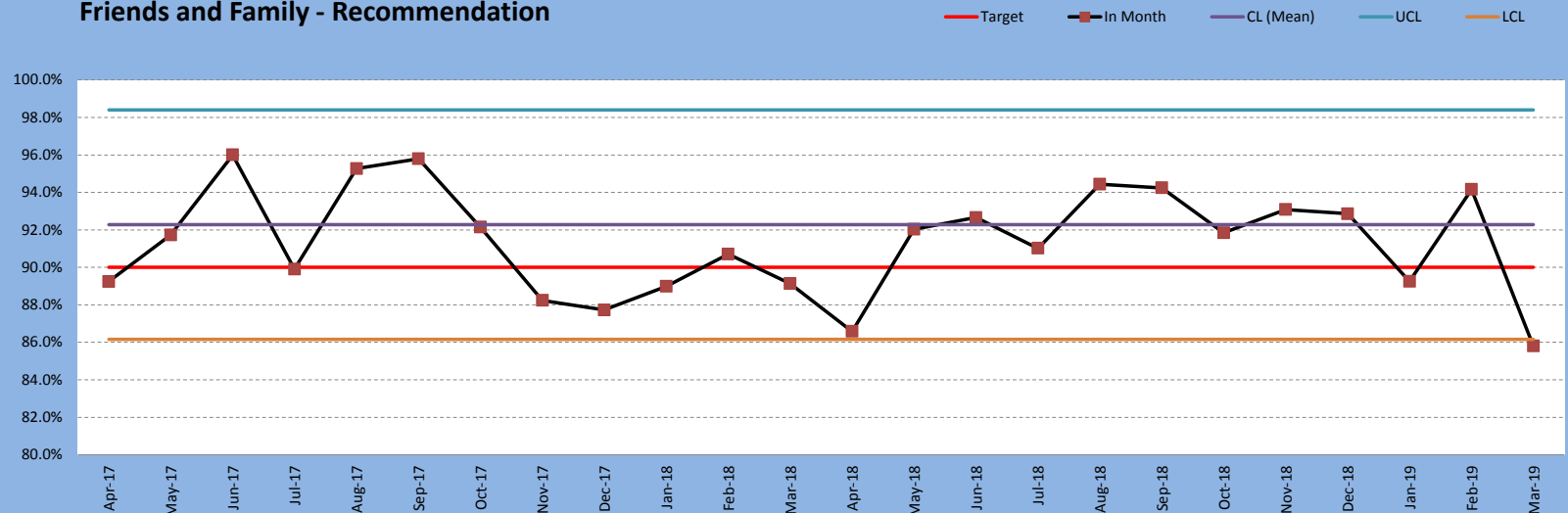
Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 85.8%

Friends and Family - Recommendation



Exception Reporting and Operational Commentary

Patients likely to recommend our services has considerably reduced when compared to February's score (8.4% decrease). The national target is 90%. The main reason for the decrease in score is because of the HPV vaccination. A large number of young girls receiving the vaccination are feeding back that they either don't know, or are negative or neutral when recommending the service to their friends and family. For the month of March 2019, 49 out of 63 responses (78%) relate to "don't know, neutral or negative" for the vaccination provided by the school nursing immunisation team. The feedback is consistent throughout the year. The School Nursing team have recently redesigned the FFT survey form to make the questions more user friendly for their patient group, however the criteria for the questions remain the same to ensure consistency and alignment to the FFT data dashboard.

Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number surveys completed for school vaccinations which is likely to have impacted on feedback received.

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

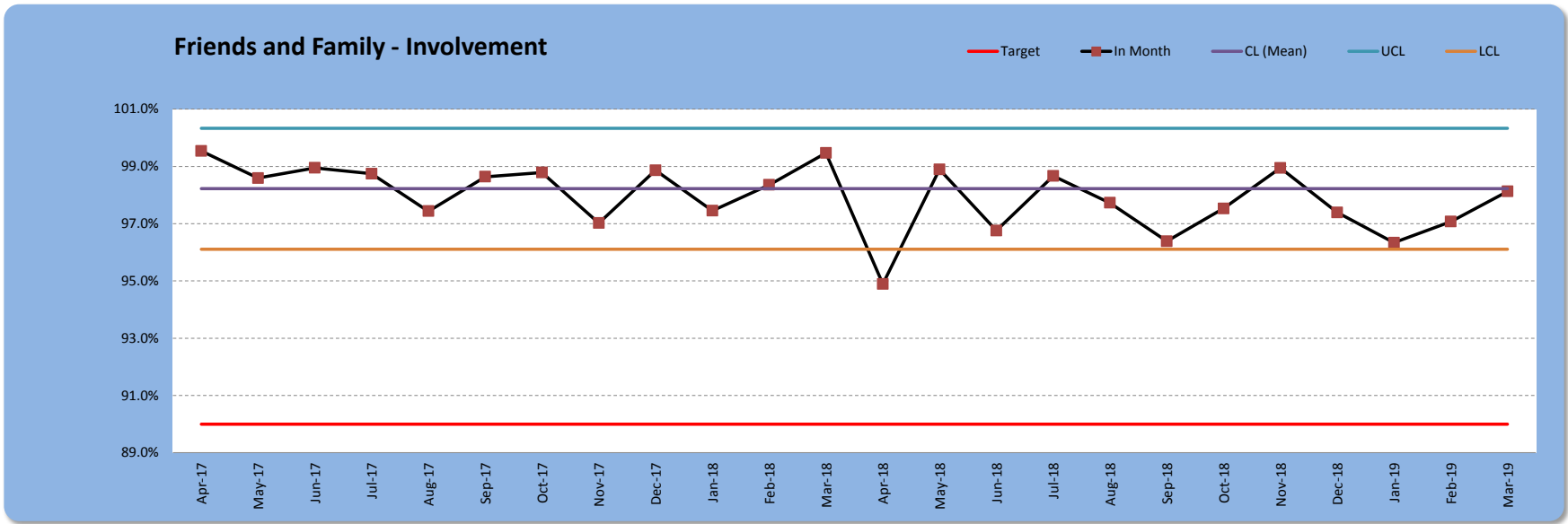
KPI Type
CA 3c %

Narrative

In month target achieved.

Target: 90%
Amber: 80%

Current month stands at 98.1%



Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score of 98.1%. 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 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

CPA 7 Day Follow Ups

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

OP 12

Narrative

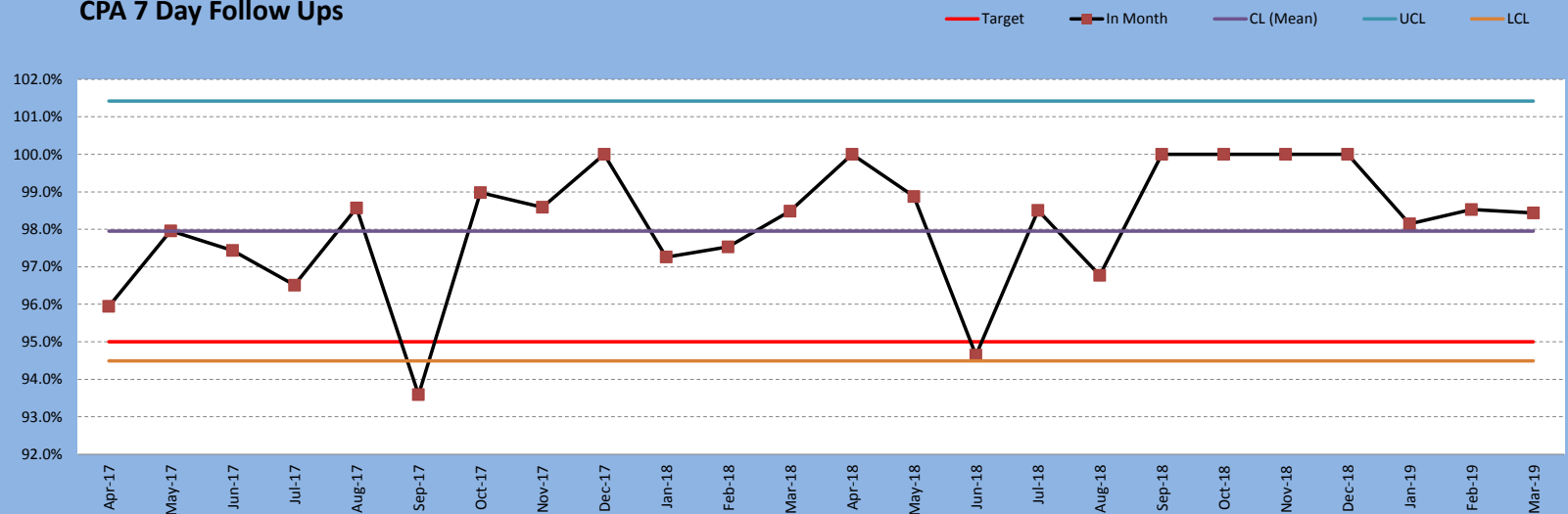
Within target

Target: 95%

Amber: 85%

Current month stands at 98.4%

CPA 7 Day Follow Ups



Exception Reporting and Operational Commentary

There were one breach in March. Unable to visit patient due to safety risk. Patient chose to disengage as would not answer phone calls.

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 view by senior personnel.

Business Intelligence

One breaches in March. 59.4% of follow ups achieved within 3 days.

Timescales of Completion
No of Discharges
Patients Seen
BREACHES

Mar	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
64	38	16	9	0
63	59.4%	25.0%	14.1%	0.0%
1				

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Care Programme Reviews

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

Executive Lead
Lynn Parkinson

KPI Type

OP 7

Narrative

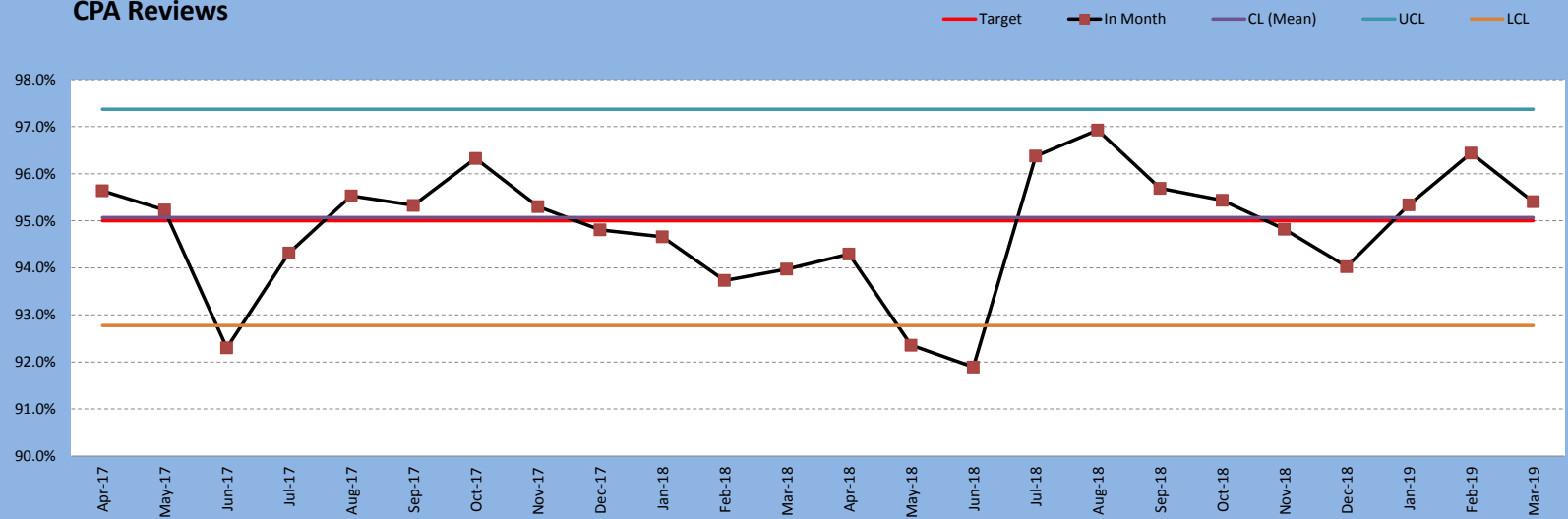
Above target

Target: 95%

Amber: 85%

Current month stands at 95.4%

CPA Reviews



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

KPI Type

OP 20

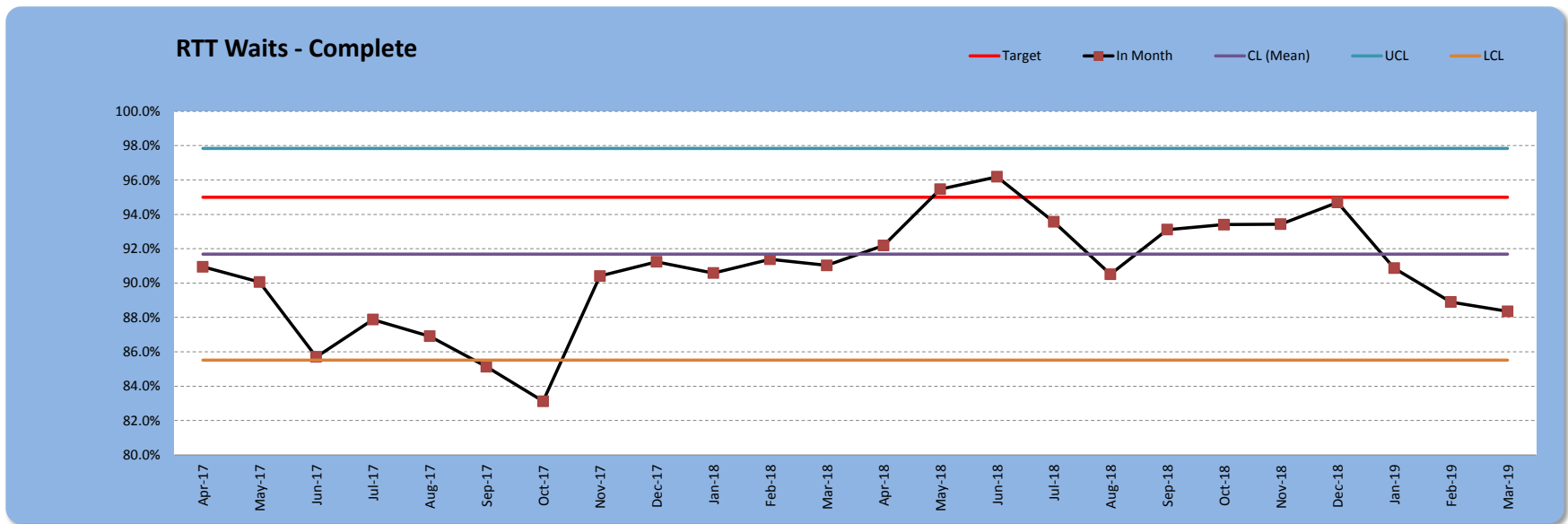
Narrative

Below the mean

Target: 95%

Amber: 85%

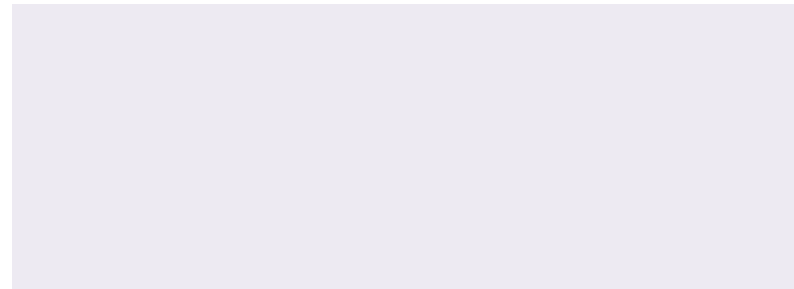
Current month stands at 88.4%



Exception Reporting and Operational Commentary

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

Business Intelligence



PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

KPI Type

OP 21

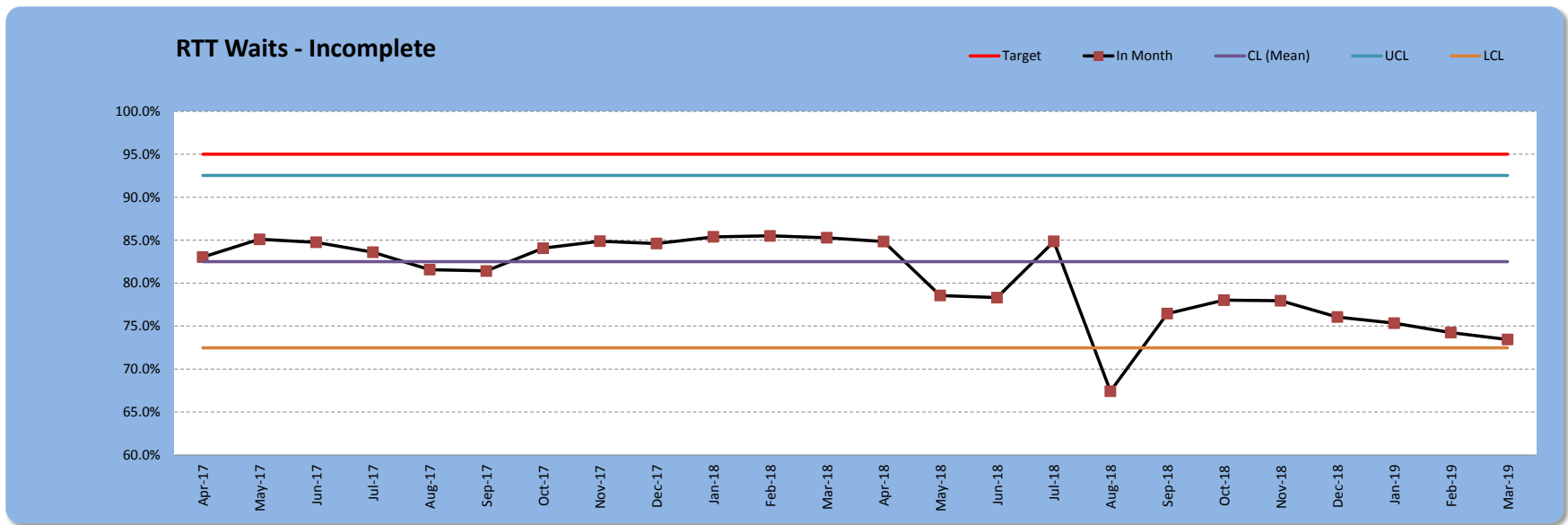
Narrative

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 73.5%



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

KPI Type

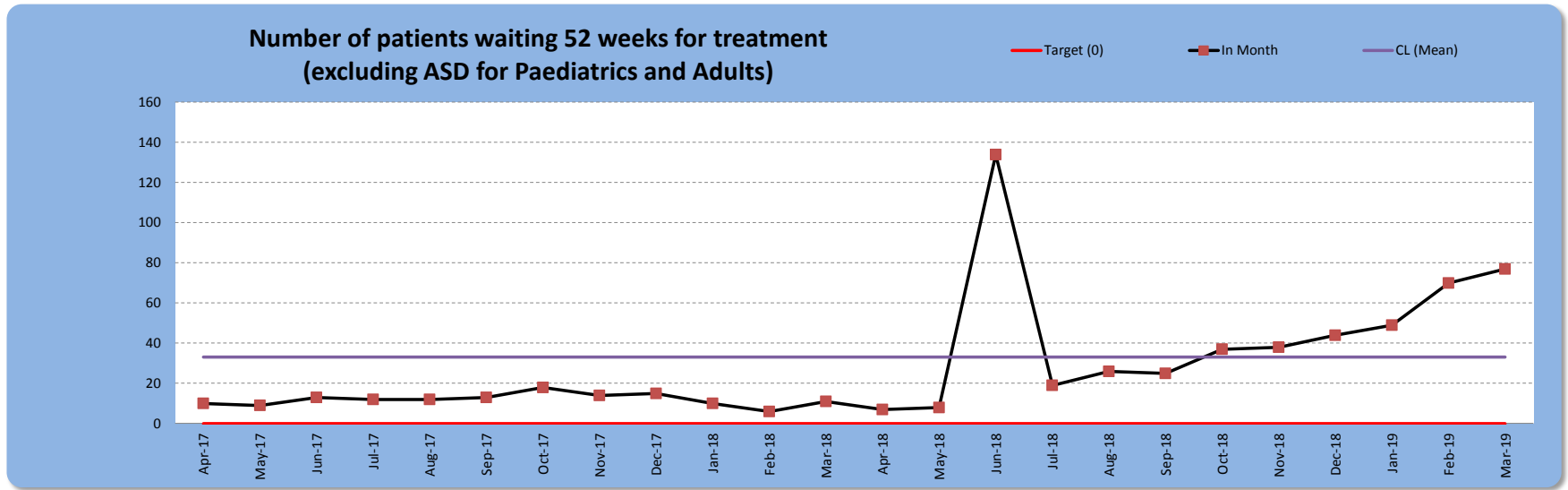
OP 22a

Narrative

Increase of 21 since last month

Target: 0
Amber: 0

Current month stands at 77



Exception Reporting and Operational Commentary

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

Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in, most of these patients are waiting for ADHD assessments.

Additional posts have and are being recruitment to which will ensure that there is increased capacity to meet commissioned service requirements.

In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully aware of the position and they are assured of our progress and transparency, however we are continuing to work with them closely due to the position not yet recovering.

Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

KPI Type

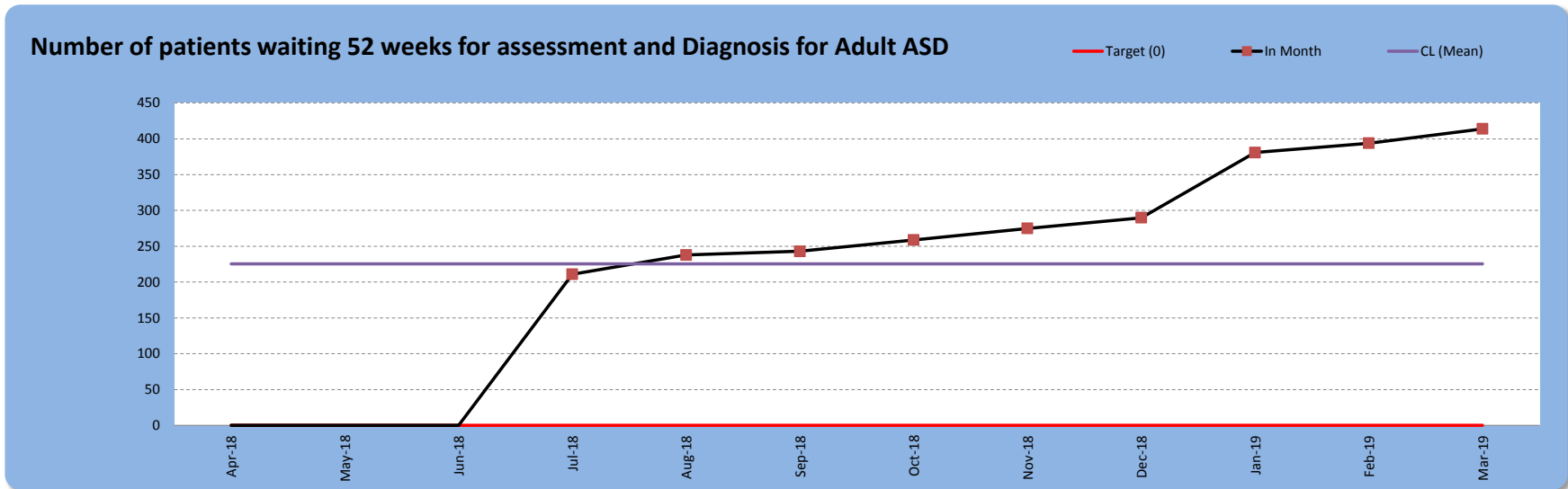
OP 22s

Narrative

Increase on last month

Target: 0
Amber: 0

Current month stands at 414



Exception Reporting and Operational Commentary

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

Business Intelligence

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

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

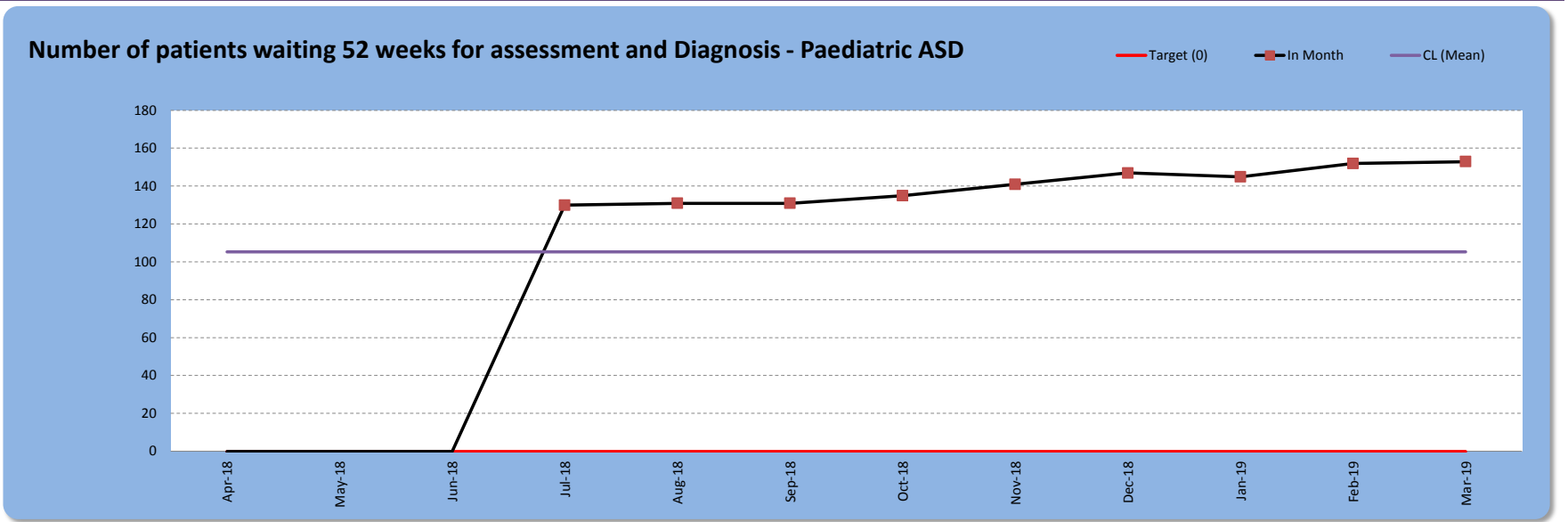
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

Narrative

Increase of 1 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 153



Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. Referrals into the service continue to be high.

Historically referrals for children's ASD for the Hull service were significantly over the commissioned activity. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018. Recruitment began ahead of October 2018 – this is progressing well with partial service delivery having commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners are taking place to assess compliance with the trajectory and that is monitored.

Staff are now coming into post; in addition we have secured an agency member of staff who is DOS and ADAiR (Autism Diagnosis Training) to support decrease in the waiting times. In addition the skill mix for the diagnosis pathway has been reviewed and has expanded in line with NICE guidance to include nurses.

Discussions have taken place with commissioners about referrers and the plan is to cease GP referrals and accept referrals from SENCO's. This is a development that the CCG are leading on.

Discussions with Commissioners has also taken place regarding securing some on line assessments via HELIOS (a on line support package which has proved successful in the East Riding). To do this the procurement and contractual processes are currently being progressed.

Business Intelligence

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

BI will introduce SPC once 10 data points is reached as at April 2019

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

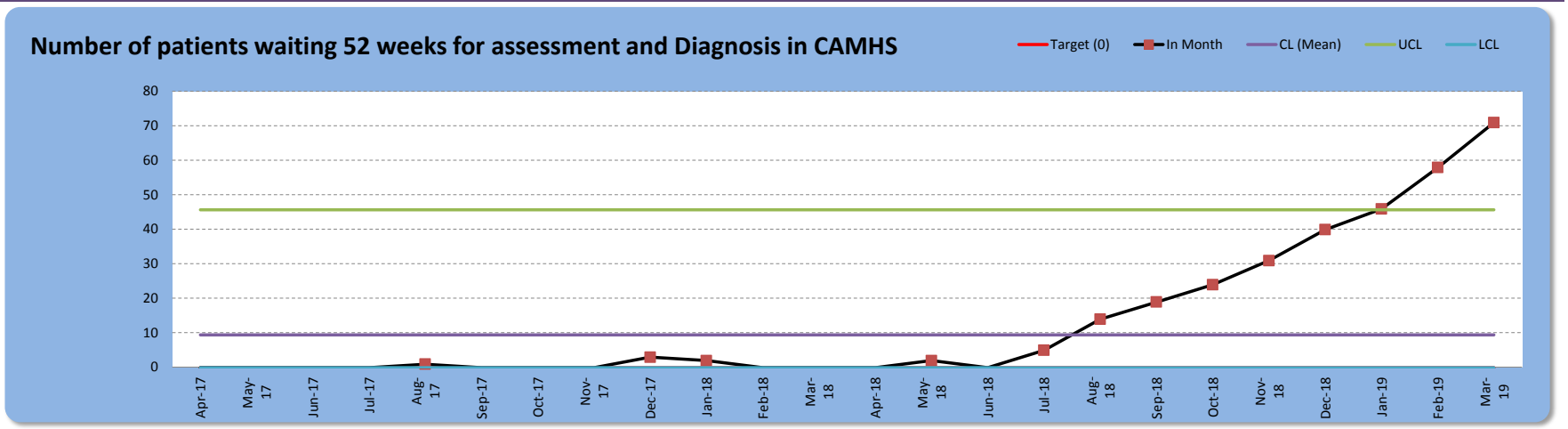
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks	Lynn Parkinson	OP 22j

Narrative

Increase of 13 since last month

Target: 0
Amber: 0

Current month stands at 71



Exception Reporting and Operational Commentary

The number of referrals into Contact Point continue to be high, over 300 per month; all of which need to be triaged and processed. The number that is accepted at Core CAMHS is around one third. We are working with the commissioners to review the 'front door' due to the high number of referrals that need redirecting. These are taking considerable capacity to process which could be redirected to providing treatment and reducing the waiting list.

The anxiety and mood pathways have shown slight improvement in waiting times. 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 as part of HTFT's sub contract and the counselling service commissioned by the local authority and HeadStart.
- We provide a significant amount of group work into this pathway to increase capacity,
- We are also a placement site for trainee psychologists who under the supervision of Clinical Psychologists can pick up a non-complex caseload and undertake evidence based interventions.
- Temporary bank staff are being used as part of a waiting list initiative as is an Agency CBT therapist

Measures already in place

- CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals
- Anxiety and Autism Groups continue to run to manage the high level of Autism referrals although there continues to be a number of young people with Autism that need individual work
- Continue to use a Child Psychological Wellbeing Practitioner (CPWP) to provide a waiting list initiative for non-complex cases (10 years and under).

Further discussions are taking place with the commissioners to identify other action we can take to reduce the waiting times.

Business Intelligence

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

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

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

KPI Type

OP 9

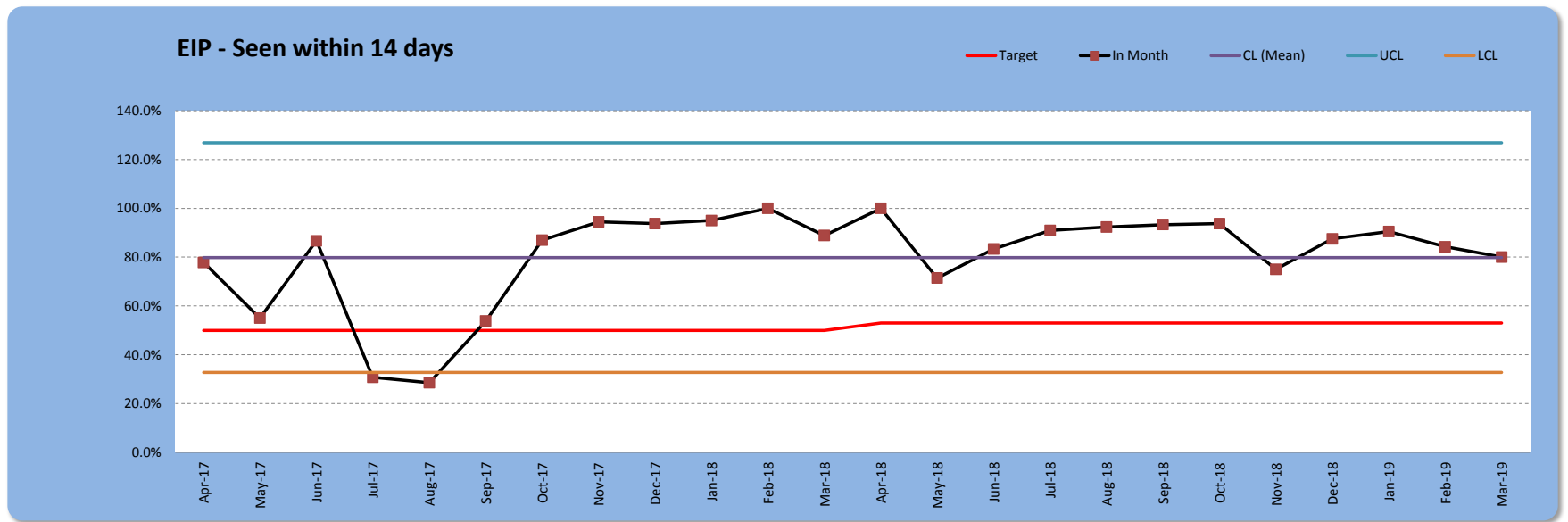
Narrative

Target achieved

Target: 53%

Amber: 48%

Current month stands at 80.0%



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Business Intelligence

Low numbers of referrals may dramatically affect percentage results. In April 2018 the target changed from 50% to 53%. The target will increase to 56% from 1st April 2019 and by 2020/21 the target will increase to 60%

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

OP 10a

Narrative

Target achieved

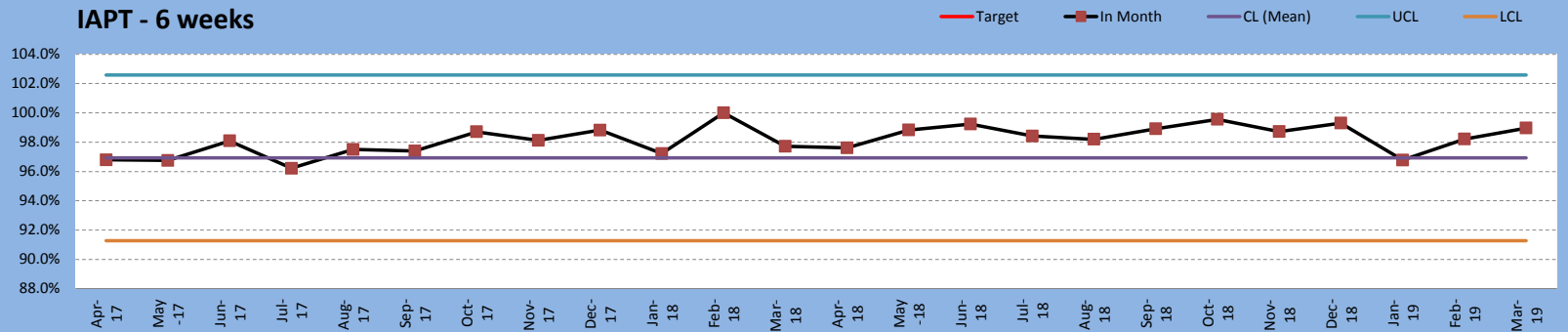
Target: 75%

Amber: 70%

Current month

99.0%

IAPT - 6 weeks



Narrative

Target Achieved

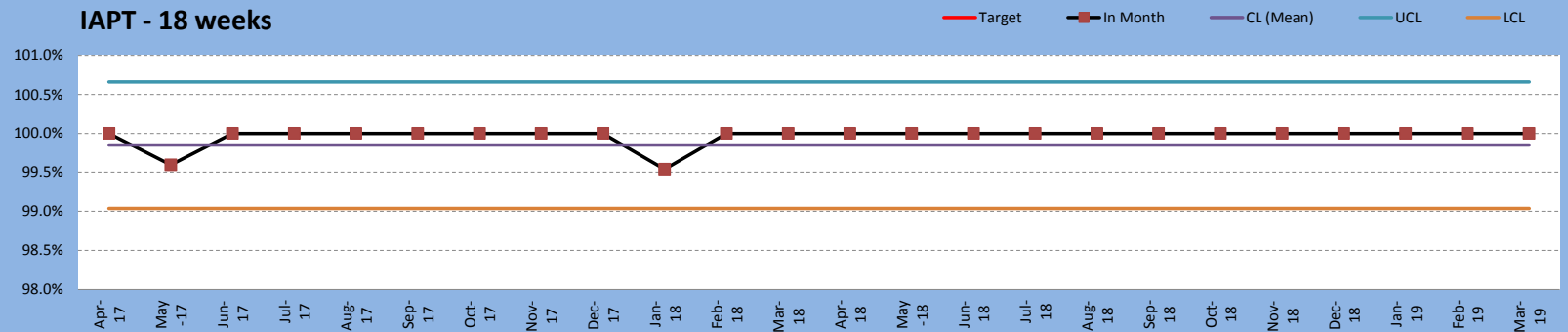
Target: 95%

Amber: 85%

Current month

100.0%

IAPT - 18 weeks



Exception Reporting and Operational Commentary

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

Business Intelligence

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

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

PI RETURN FORM 2018-19

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Improved Access to Psychological Therapies

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

Executive Lead
Lynn Parkinson

KPI Type

OP 11

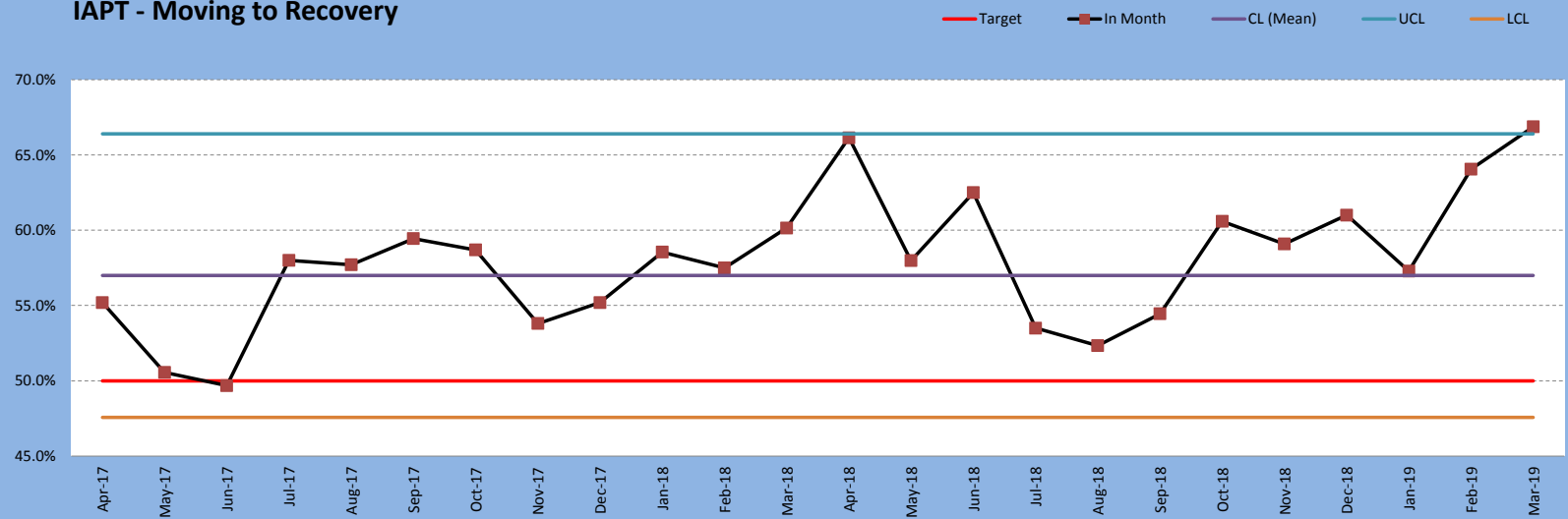
Narrative

Target Achieved

Target: 50%
Amber: 45%

Current month stands at 66.9%

IAPT - Moving to Recovery



Exception Reporting and Operational Commentary

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Under 18 Admissions

Number of patients aged 17 and under who were admitted to an adult ward

ST 1

Narrative

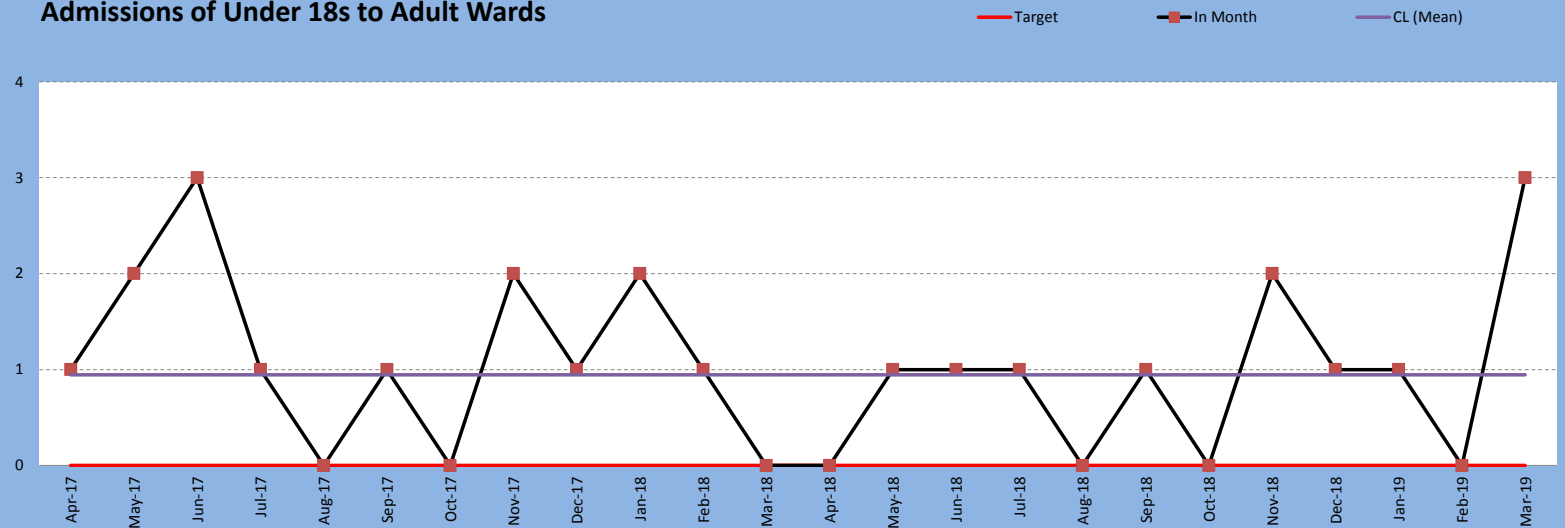
One admission

Target: 0

Amber: 1

Current month
stands at
3

Admissions of Under 18s to Adult Wards



Exception Reporting and Operational Commentary

There were three admissions of Under 18s during March. All three patients admitted for safeguarding reasons. Patient A transferred following day. Patient B discharged to community three days later and Patient C transferred after 9 days.

Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	10	1	11

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2019**

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

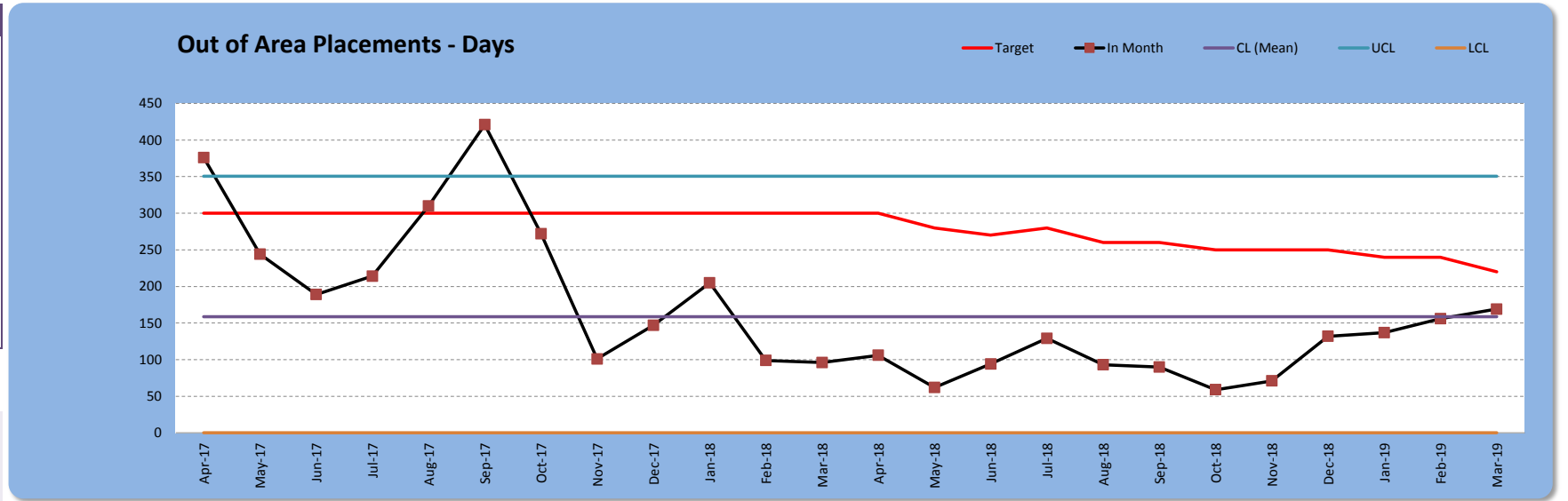
KPI Type
ST 4b

Narrative

Target Achieved

Target: 220
Amber:

Current month stands at 169



Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	169	Adult	0
Safeguarding	0	OP	110
Offending restrictions	0	PICU	59
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	0		

An internal data quality audit has been conducted and a subsequent refresh identified. Submissions to NHS Digital have been updated resulting in a reduction of Out of Area Placement Days

PI RETURN FORM 2018-19

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Delayed Transfers of Care

Results for the percentage of Mental Health delayed transfers of care

OP 14

Narrative

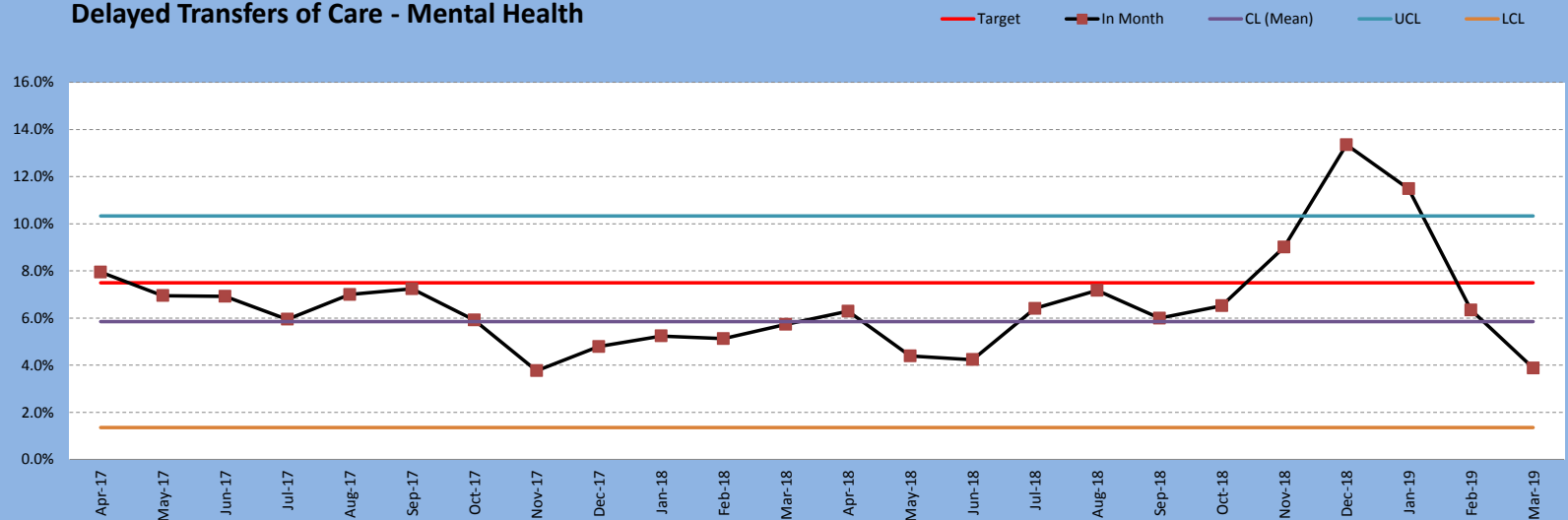
Reduced significantly and within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.9%

Delayed Transfers of Care - Mental Health



Exception Reporting and Operational Commentary

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

Business Intelligence

There were 165 delayed days in mental health during March. A significant improvement on the previous month. Six patients in Older People's, 4 patients in Adult services and 1 in Specialist.

The top three reasons are:

Awaiting residential home placement	67
Housing - not covered by the Housing Act	42
Awaiting further non-acute NHS Care	42

No delays in Learning Disabilities and 4.6% in Community Hospitals.

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2019**

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

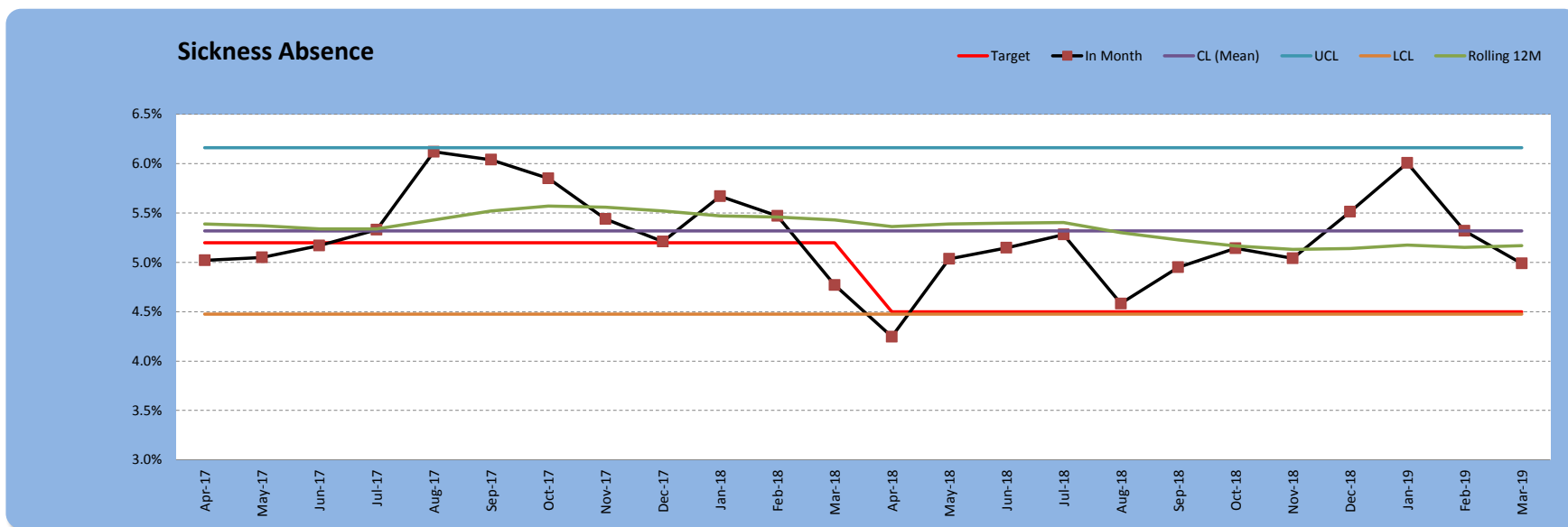
Narrative

In month target not achieved.

Target: 4.5%

Amber: 5.2%

Previous month Refresh 5.3%



Exception Reporting and Operational Commentary

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

Business Intelligence (previous month)

Trustwide - Feb
5.3%
Rolling 12m
5.1%
WTE
2320.27

Care Group Split Below	Feb %	Rolling 12m	WTE
Specialist Services	8.12%	8.39%	221.27
Mental Health Services	6.08%	5.71%	600.33
Older Peoples MH	3.80%	5.67%	179.05
Community Services	5.02%	4.88%	326.96
Children's and LD	5.46%	4.70%	474.51

Corporate Split Below	Feb %	Rolling 12m	WTE
Medical	7.28%	5.62%	29.75
Human Resources	3.74%	4.01%	62.83
Finance	3.86%	3.86%	220.07
Nursing and Quality	5.55%	4.86%	34.22
General Practices	2.43%	2.38%	83.31
Chief Executive	10.85%	7.51%	9.21
Chief Operating Officer	2.55%	1.31%	78.75

PI RETURN FORM 2018-19

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Mar 2019**

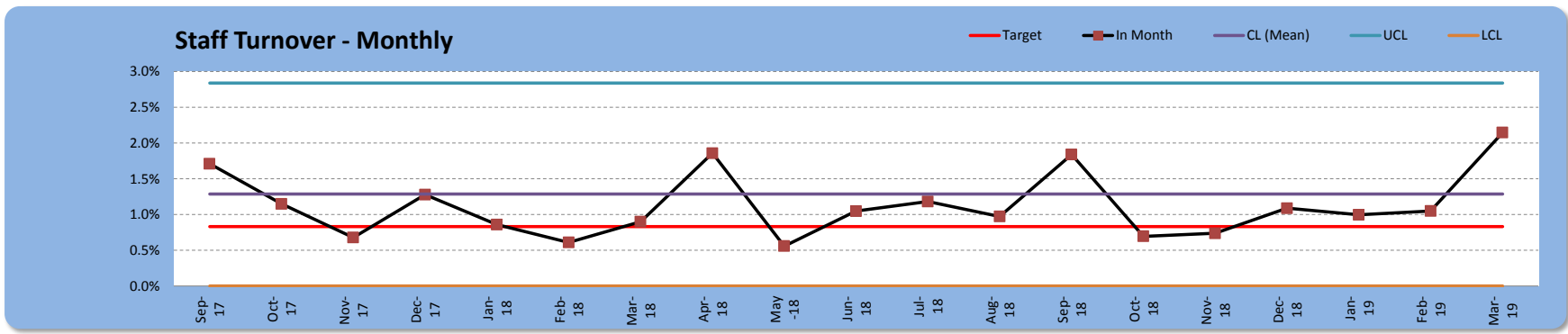
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff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

Narrative

Exceeds Target

Target: 0.83%
Amber: 0.70%

Current month stands at 2.1%

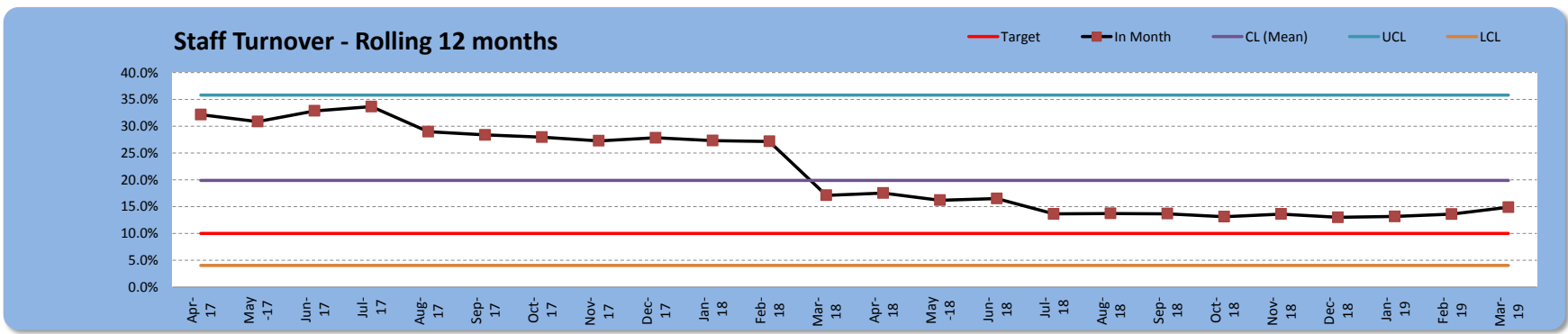


Narrative

Exceeds Target

Target: 10%
Amber: 9%

Current month stands at 14.9%



Exception Reporting and Operational Commentary

The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures March 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust. There has been a spike in staff registering the reason for leaving as work life balance. HR Business Partners are looking into this and will identify any hot spots and report back to Care Group Directors/Heads of Department accordingly.

Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	107
Voluntary Resignations	209
Work Life Balance	57
End of Contract	28
Other	15
Total Leavers	416

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Performance and Development Reviews

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

Executive Lead
John Byrne

KPI Type

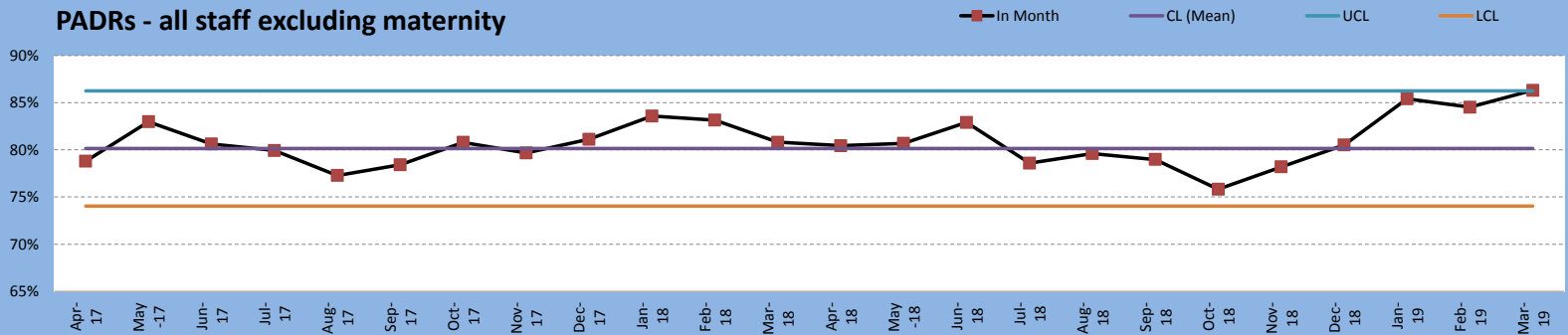
WL 4 (i)

Narrative

in month target not achieved

Current month stands at 86.3%

PADRs - all staff excluding maternity

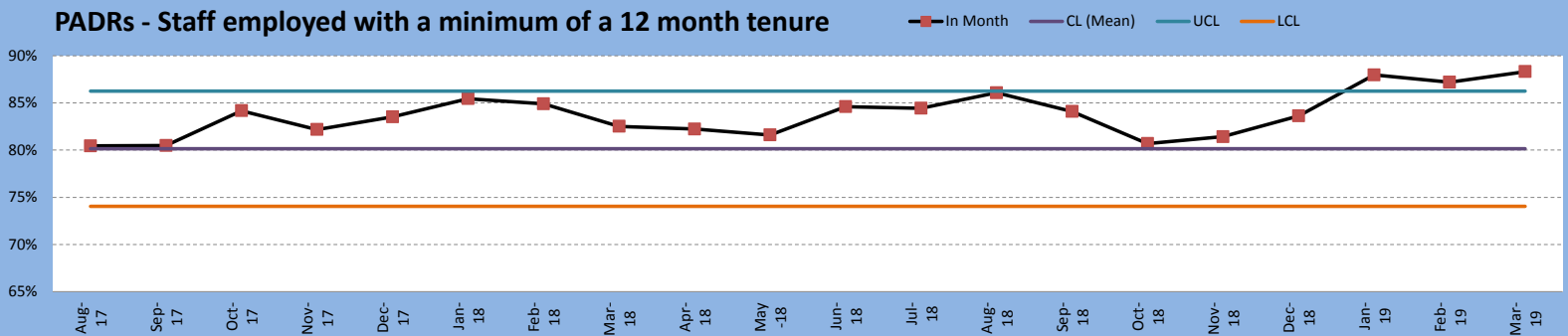


Narrative

Target achieved

Current month stands at 88.3%

PADRs - Staff employed with a minimum of a 12 month tenure



Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Accountability Reviews and discussed at quarterly Leadership Forums. The pilot ESR supervisor self service went live on 1st December, with full roll out due for completion at the end of June 2019. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service.

Business Intelligence

Care Group and Corporate Splits Below

Mental Health	85.3%
Corporate	91.8%
PCCHLD	80.7%
Specialist	83.8%

Corporate Split by Service

Chief Exec	100.0%
Chief Operating Officer	52.0%
Finance	95.8%
Human Resources	91.2%
Medical	81.6%
Nursing and Quality	97.4%

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2019**

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

KPI Type

F 2a

Narrative

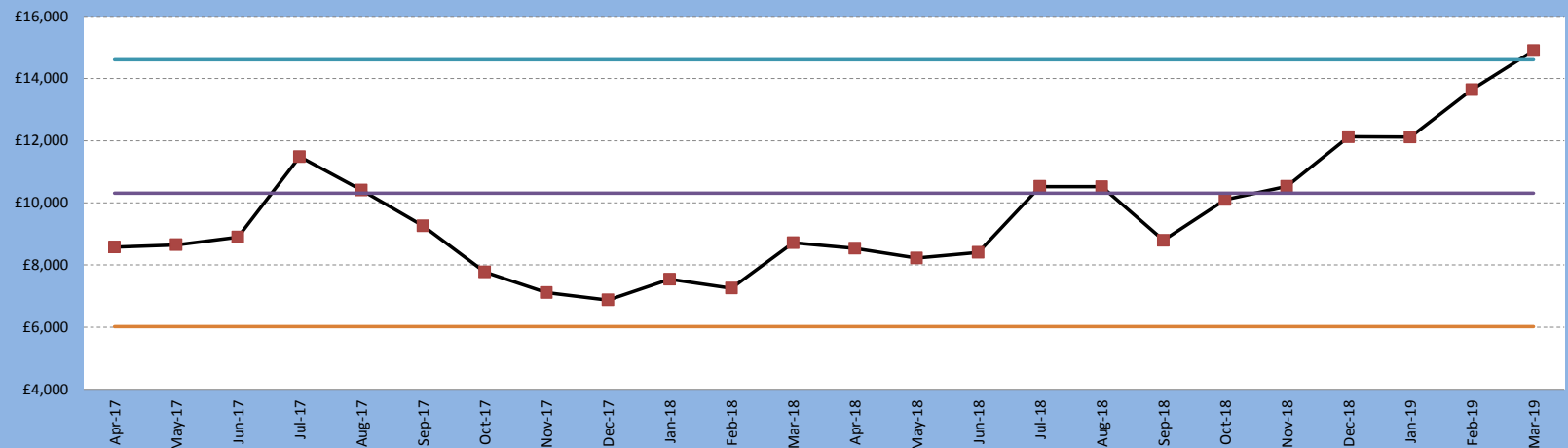
The Trust has not target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £14,896 ,000

Cash in Bank (£000's)



Exception Reporting and Operational Commentary

As at the end of March 2019 the Trust cash balance was £14.896m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £11.057m. Main movement in the underlying Cash position relates to the receipt of Q3 PSF.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

**Budget Reduction Strategy
(£000's)**

Review of the cost improvement variance against plan

Executive Lead
Peter Beckwith

KPI Type

F 6

Narrative

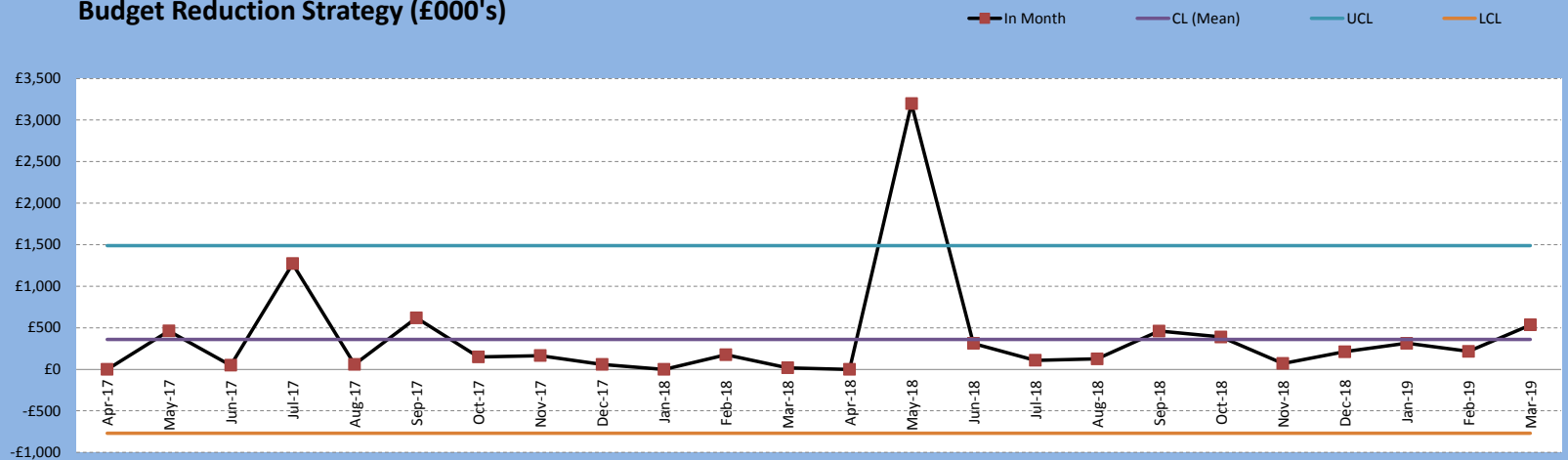
No Target to note.

Target:

Amber:

Current month
stands at
£534 ,000

Budget Reduction Strategy (£000's)



Exception Reporting and Operational Commentary

Within March (Month 12) additional BRS savings of £0.534m were achieved against the profiled target savings.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2019**

Indicator Title

Description/Rationale

Resource Score

The Single Oversight Framework assesses the Trust's financial performance across different metrics

Executive Lead
Peter Beckwith

KPI Type

F 2b

Narrative

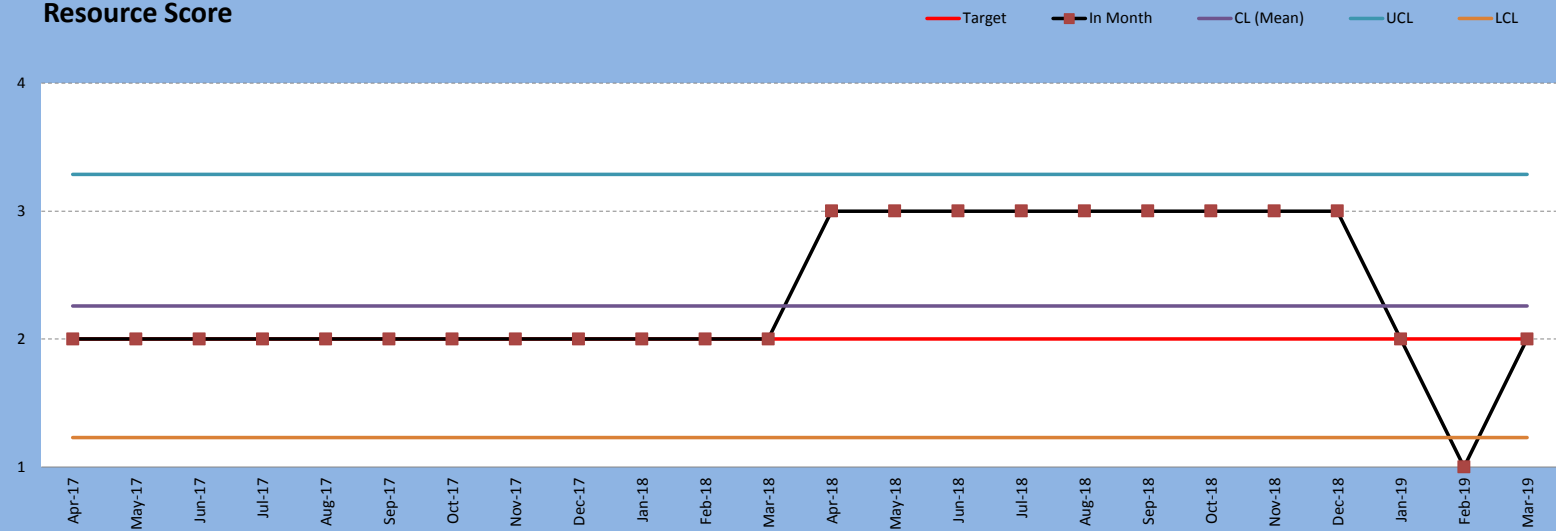
Use of Resources Score has improved to at 1 for February 2019.

Target: 2

Amber: 3

Current month stands at
2

Resource Score



Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score in March 2019 is a 2, dropping from the February score of 1, due to the position being lower than the control total, as agreed with NHS I.

Business Intelligence

Full two year dataset now available following change to the Resource Score settings

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2019**

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

KPI Type

F 4b

Narrative

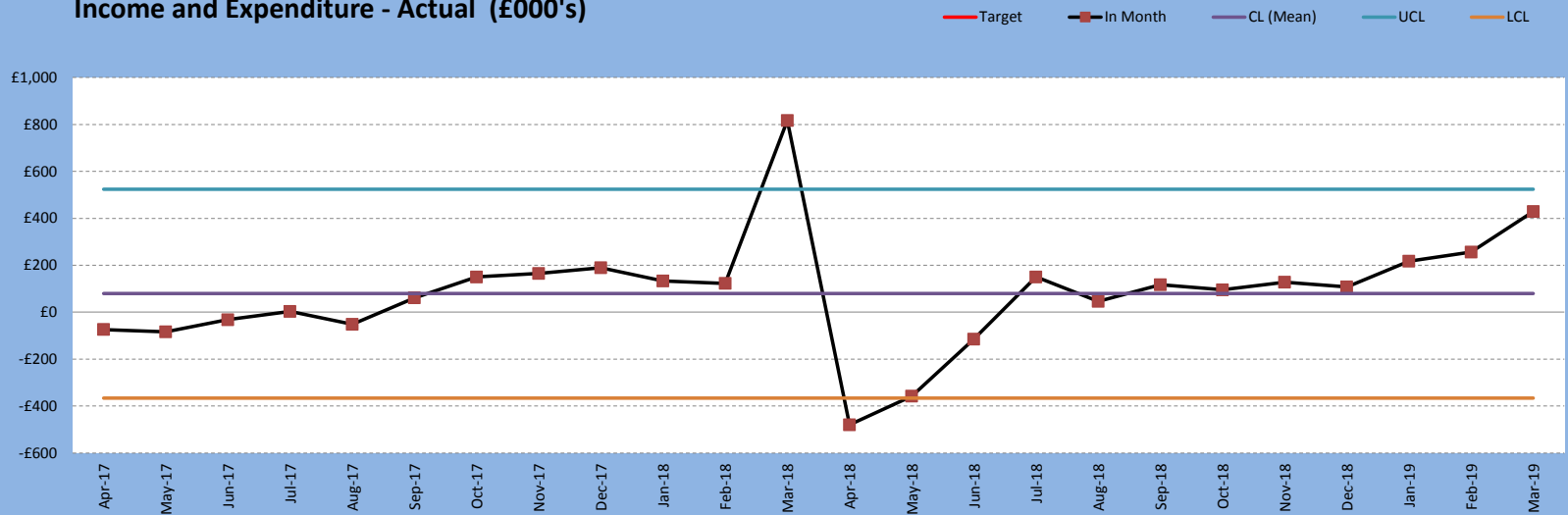
The Trust are reporting a year to date surplus and have had 8 months of improved financial health.

Target:

Amber:

Current month stands at £429 ,000

Income and Expenditure - Actual (£000's)



Exception Reporting and Operational Commentary

The Trust reported a draft year to date operational surplus of £0.592m, this was an improvement of £0.429m from the Month 11 reported surplus (£0.163m), this position was inclusive of 12 months Provider Sustainability funding of £2.012m.

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

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Mar 2019**

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

KPI Type

F 5

Narrative

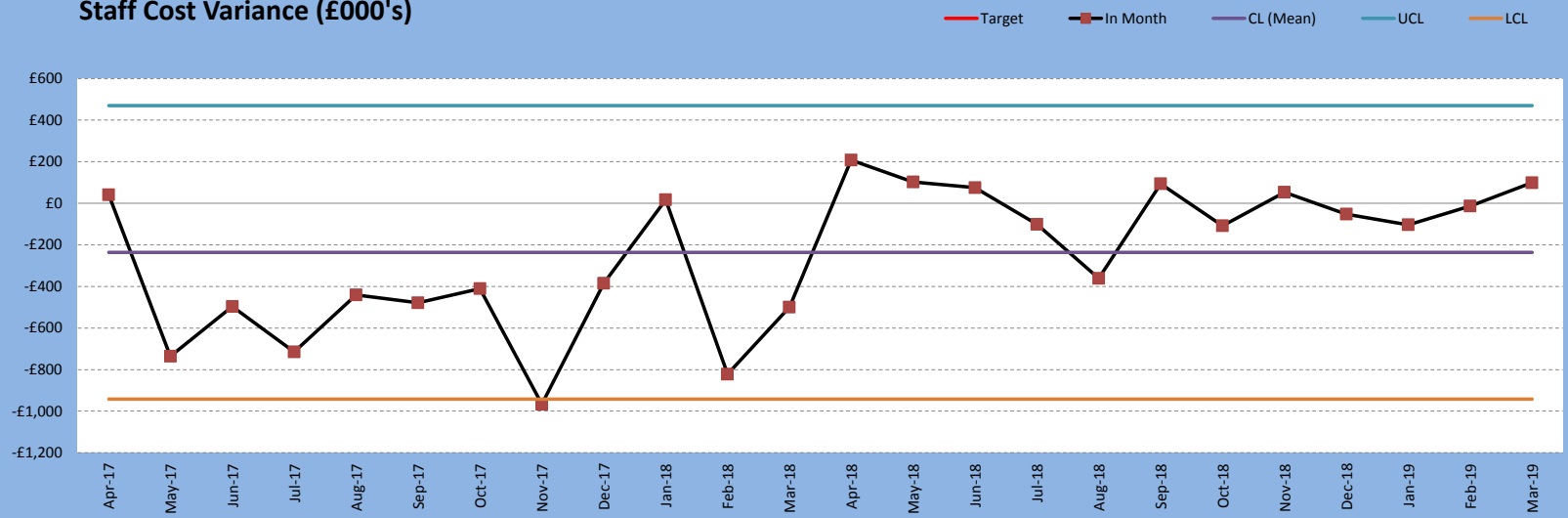
Data points below the zero are a deficit. Data points above the zero are an underspend

Target:

Amber:

Current month variance stands at £99 ,000

Staff Cost Variance (£000's)



Exception Reporting and Operational Commentary

The staff costs are £0.099m below the planned budget for March.

Business Intelligence

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

PI RETURN FORM 2018-19

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Mar 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

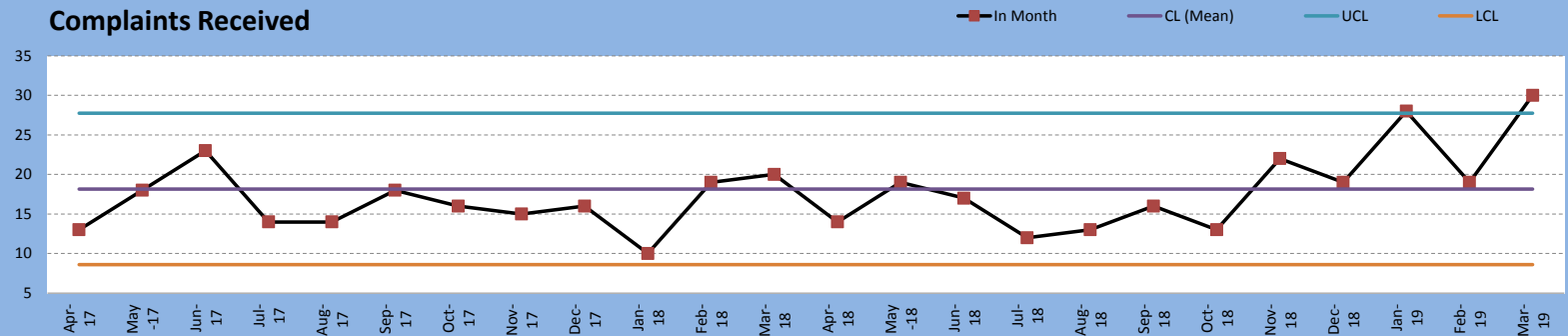
IQ 1

Narrative

within tolerance

Current month stands at 30

Complaints Received

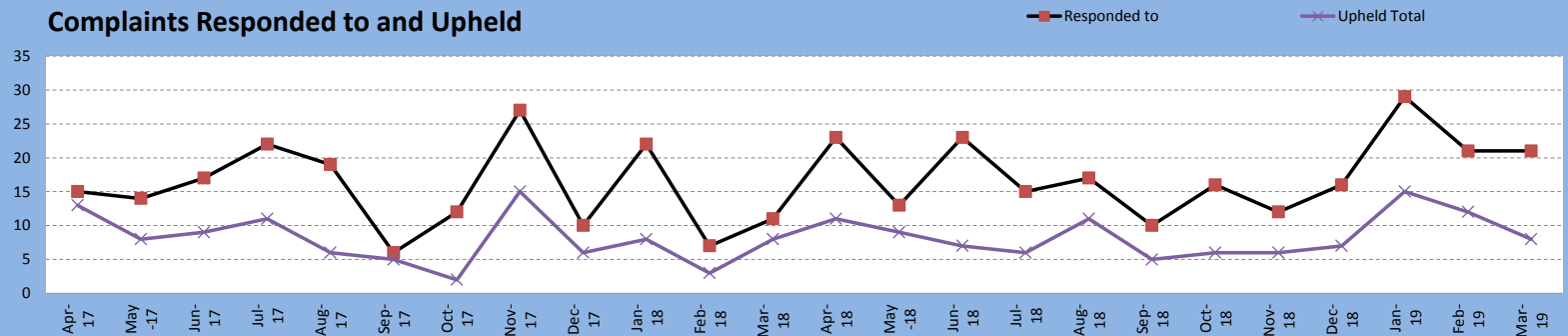


Narrative

103 upheld YTD 47.7%

Current month upheld stands at 8

Complaints Responded to and Upheld



Exception Reporting and Operational Commentary

The Trust responded to 21 complaints in the month of March 2019. Of the 21 complaints, 13 complaints were not upheld (61.9%) and 8 complaints were partly or fully upheld (38.1%). The top theme for complaints responded to (year to date) continues to be patient care with 46 complaints.

The Trust received 45 compliments during the same month.

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

Patient care	46
Appointments	34
Values and behaviours (staff)	30
Communications	29
Trust admin/policies/procedures including patient record management	16

All Complaints responded to YTD 216



Executive Team:

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

Issue Date: 17/04/2019



Agenda Item: 15

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Finance Report 2018/19: Month 12 (March)			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with an update of the financial position of the Trust at Month 11			
Key Issues within the report:	<ul style="list-style-type: none"> An operational surplus position of £0.592m was recorded to the 31st March 2019. The Trust delivered a surplus of £0.803m at year end, compared to the agreed NHSI target of £0.801m Expenditure for clinical services was lower than budgeted by £0.296m year to date The cash balance at the end of March 2019 was £14.896m, this includes £2.154m of LHCRE and £1.518m of CAMHS capital funding. Capital Spend as at the end of March was £9.911m, mainly related to the CAMHS unit, the LHCRE project, IT hardware and Backlog Maintenance 			

Monitoring and assurance framework summary:

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



FINANCE REPORT – March 2019

1. Introduction

This report summarises the financial position for the Trust as at the 31st March 2019 which is the draft year end position.

2. Income and Expenditure

The Trust has a draft Operating surplus of £0.803m. This is compared to the position agreed with NHSI which allows the Trust to outturn at a value of £0.350m below the original target of £1.151m giving an adjusted figure of £0.801m.

The position includes £0.400m income not received relating to the Greentrees dispute with NHSE.

After the following costs which are not included in the control total and are effectively below the line the draft Year End position is a deficit of £3.593m:

	£m
Impairment Costs	3.911
Local Government Pension Scheme Costs	0.274
Donated Asset Depreciation	0.211

In month the Trust reported a surplus of £0.447m before the inclusion of Local Government Pension Scheme costs and impairment costs.

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



Table 1: 2018/19 Income and Expenditure

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income	126,666	10,965	11,646	681	126,666	126,542	(124)
	126,666	10,965	11,646	681	126,666	126,542	(124)
Expenditure							
<i>Clinical Services</i>							
Childrens, Learning Disability & Primary Care	44,067	3,925	3,888	37	44,067	43,321	746
Specialist Services	11,786	1,008	1,007	2	11,786	11,599	187
Adult Mental Health Services	36,953	3,140	3,255	(115)	36,953	37,666	(713)
	92,805	8,074	8,150	(76)	92,805	92,585	220
<i>Corporate Services</i>							
Chief Executive	1,622	135	135	(0)	1,622	1,728	(106)
Chief Operating Officer	4,358	377	387	(9)	4,358	4,572	(215)
Finance	15,434	1,240	1,309	(69)	15,434	15,054	380
HR	3,127	227	264	(36)	3,127	3,110	17
Director of Nursing	1,526	127	141	(14)	1,526	1,607	(82)
Medical	1,867	163	196	(33)	1,867	1,983	(116)
Finance Technical items (including Contingency)	1,925	148	376	(229)	1,925	1,846	79
	29,857	2,417	2,807	(390)	29,857	29,900	(43)
Total Expenditure	122,662	10,491	10,957	(466)	122,662	122,486	176
EBITDA	4,004	474	690	216	4,004	4,056	53
Depreciation	2,645	220	228	(8)	2,645	2,745	(100)
Interest	198	17	9	8	198	165	33
PDC Dividends Payable	2,022	168	240	(72)	2,022	2,355	(333)
PSF Funding	(2,012)	(234)	(235)	1	(2,012)	(2,012)	-
Operational Position	1,151	303	447	143	1,151	803	(348)
<i>Excluded from Control Total</i>							
Impairment	-	-	3,911	(3,911)	-	3,911	(3,911)
Local Government Pension Scheme	-	-	274	(274)	-	274	(274)
Donated Depreciation			18	(18)		211	(211)
Ledger Position	1,151	303	(3,756)	4,346	1,151	(3,593)	4,049
EBITDA %	3.2%	4.3%	5.9%		3.2%	3.2%	
Surplus %	0.9%	2.8%	3.8%		0.9%	0.6%	



2.1 Income

Income year to date was £0.124m behind budget.

2.2 Expenditure

Expenditure for clinical services was lower than budgeted by £0.220m year to date.

2.3 Clinical Services Expenditure

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

Year to date expenditure of £43.321m represents an underspend against budget of £0.746m.

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

2.3.2 Specialist

An underspend of £0.187m was recorded YTD for Specialist Services and is mainly due to staff vacancies within the care group which are expected to be filled in coming months.

2.3.3 Mental Health

An overspend of £0.713m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure shows a £0.043m overspend year to date.

- The Chief Operating Officer directorate has a year to date overspend of £0.215m due to higher than budgeted pay costs and the non achievement of the BRS target to date.
- Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs and the reclaim of the VAT on Lorenzo.
- The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.

The year end position also includes the following costs, which are not included in the control total . When included, the draft Year End position is a deficit of £3.593m:

	<u>£m</u>
Impairment Costs	3.911
Local Government Pension Scheme Costs	0.274
Donated Asset Depreciation	0.211



3.0 Statement of Financial Position

The Draft Statement of Financial Position in Appendix 2 shows the Trust’s assets and liabilities as at 31st March 2019. The report is draft as the year end process has not yet been completed and may be subject to change. In month, the net current asset position decreased by £3.360m to £9.469m, due to an increase in accrued liabilities relating to Capital Creditors.

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

3.1 Cash

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

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	14,729
Nat West Commercial Account	132
Petty cash	35
Total	14,896

In month income of £15.236m was received compared to expenditure of £14.031m.

The income included the capital loan receipts of £0.743m for the CAMHS and £0.634m for HSLIH funding. The main expenditure for the month was for the interim payment for the CAMHS project, pay costs and purchase ledger payments.

3.2 Capital Programme

The year to date capital expenditure of £9.911m comprises expenditure for IT (£4.465m) and Property Maintenance/Acquisitions (£5.446m) as detailed in the table In Appendix 3.

4. NHSI Use of Resources Assessment

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

The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. For March the overall use of resources rating for the Trust is a 2, which lower than the planned rating, due to the variance from the control total.

Table 3: Use of Resources



Use of Resources Metrics	Weight	Planned Rating	Actual Rating
Capital Service Cover rating	20%	2.0	2.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	2.0	2.0
Variance From Control total rating	20%	1.0	2.0
Agency	20%	1.0	1.0
Weighted Average Risk Rating		1.0	2.0

5. Recommendations

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



Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019			
Title of Report:	Report on the Use of the Trust Seal			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide the Board with a report on the use of the Trust Seal			
Key Issues within the report:	In line with Standing Orders this report details the use of the Trust Seal. Over the period 1 April 2018 – 31 March 2019, the Trust Seal has been used twice.			

Monitoring and assurance framework summary:

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



Use of the Trust Seal Report

Introduction

In line with Standing Orders this report details the use of the Trust Seal. Over the period 11 April 2018 – 31 March 2019 the Trust Seal has been used twice for the following:-

Internal Reference Number	Description of Document	Date of Sealing
01/18	TR1 for Princes Medical Centre, Princes Avenue, Hull due to acquisition of practice	23.5.18
02/18	Licence to assign lease Princes Medical Centre, Princes Avenue, Hull due to acquisition of practice	23.5.18

Recommendation

The Board is asked to note the use of the Trust Seal

Agenda Item: 17

Title & Date of Meeting:	Trust Board Public Meeting – 24 April 2019		
Title of Report:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2019/12		
Author:	Name: Lynn Parkinson Title: Accountable Emergency Officer		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information		To endorse
Purpose of Paper:	To provide an overview of the EPRR programme and activities over the last 12 months and its compliance with the NHSE core standards		
Key Issues within the report:	The attached annual report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1 st April 2018 to 31 st March 2019. The report provides an overview of EPRR activities and sets out EPRR priorities for 2019/20		

Monitoring and assurance framework summary:

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



Emergency Preparedness, Resilience and Response

Annual Report to the Trust Board

1st April 2018 – 31st March 2019

FOREWORD

2018/19 has been another busy year for Humber Teaching NHS Foundation Trust not just in terms of additional demands on NHS services but also from a variety of unexpected internal and external incidents and the organisations planning for the EU Exit.

Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must evidence that they can plan for and deal with a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to in the health community as Emergency Preparedness, Resilience and Response (EPRR).

All NHS funded organisations must meet the requirements of the Civil Contingencies Act (2004), Health and Social Care Act (2012), NHS England Command and Control Framework and NHS Business Continuity Management Framework. It is for these reasons that Humber Teaching NHS Foundation Trust continues to drive improvement within its EPRR agenda.

Throughout the year the Emergency Planning Team has assessed risk, worked collaboratively with key stakeholders, partners, managers and clinicians in order to ensure that Humber Teaching FT is able to provide an effective, resilient and coordinated response that improves resilience, minimises the impact of emergencies and large scale planned events as they occur and to directly plan for the resumption of normal activity.

Humber Teaching FT is respected locally and regionally for its EPRR planning and response.

I am pleased to present the EPRR 2018-19 Annual Report which identifies the work undertaken to address key priorities, identifies Trust compliance with statutory duties and acknowledges its achievements over the last twelve months.

Lynn Parkinson
Chief Operating Officer and
Accountable Emergency Officer

1. Background

NHS Organisations and providers of NHS Funded care must evidence that they can deal with major incidents or emergency disruptions whilst maintaining services to patients. This is commonly known within the NHS as Emergency Preparedness, Resilience and Response (EPRR).

Humber Teaching NHS Foundation Trust must ensure consistent delivery of high quality safe care to patients through resilience, planning and preparation. Robust arrangements must also be in place to continue to deliver this level of care when unexpected incidents occur or at times of great pressure (emergencies).

The Trusts response to emergency situations has been tested over the last 12 months by means of live incidents, loss of communications and a desk top exercise.

2. Purpose

This Annual Report provides the Trust Board with assurance that the Trust has met the EPRR duties and obligations as set out in the Health and Social Care Act (2012) as a responder during the period 1st April 2018 to 31st March 2019. The report provides an overview of EPRR activities and sets out EPRR priorities for 2019/20.

3. Statutory Framework and National Policy Drivers

Under the Civil Contingencies Act (2004) the Trust is not categorised as a responder as it does not have an Emergency Department and is therefore not subject to the Act however; there is an expectation under the Health and Social Care Act (2012) that the Trust prepares and responds as though it were.

The Acts are accompanied by other requirements such as the NHS Standard Contract, NHS England Core Standards for EPRR, the national EPRR Framework and NHS Business Continuity Management Framework.

The strategic national EPRR Framework contains principles for health emergency planning for the NHS in England at all levels including NHS provider organisations, providers of NHS funded care, clinical commissioning groups (CCGs), general practices and other primary/community care organisations.

The NHS England Core Standards for EPRR provides the minimum standards which NHS organisations and providers of NHS funded care must meet. The Trust undertakes an annual self-assessment against the core standards relating to its services and provides assurance to NHS England that robust and resilient EPRR arrangements are established and maintained within the Trust.

The Trust is expected to state overall whether it is fully, substantial, partially or non-compliant with the core standards. In 2018 the Trust self-assessed itself as demonstrating a substantial compliance level; maintaining the substantial compliance level submitted in 2017; and provided an appropriate improvement plan to work towards full compliance.

The self- assessment was considered by the Trust’s EPRR Sub Group on 6th September 2018 and at EMT on the 10th September 2018 and approved by the Trust Board on 18th October 2018 with final submission to NHSE on 31st October 2018.

October 2018 Submission

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	1	1	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	4	1	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	6	1	0
Total	54	49	5	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	3	0	1
Command structures	4	2	2	0
Total	8	5	2	1

Overall assessment:	Substantially compliant
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April 2019 Updated actions

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0

Duty to risk assess	2	2	0	0
Duty to maintain plans	13	13	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	7	6	1	0
Total	54	51	3	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	4	0	0
Command structures	4	4	0	0
Total	8	8	0	0

Overall assessment:	Substantially compliant
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4. Accountable Emergency Officer

The Chief Operating Officer is the designated Accountable Emergency Officer with responsibility for EPRR in the Trust. The Chief Operating Officer delegates responsibility to the Head of Transformation and Emergency Planning in order to ensure that all legislative requirements and responsibilities are delivered with the support of the Emergency Planning Officer.

5. Emergency Preparedness, Resilience and Response Discharge of Responsibilities

5.1 Emergency Preparedness, Resilience and Response Sub Group

Since its inception in March 2016 the Trust's EPRR Group has met quarterly to oversee the development and maintenance of Trust emergency and business continuity plans along with associated documentation pertinent to EPRR, this has now changed to bi-monthly.

The group is primarily an assurance group established to ensure compliance with EPRR statutory legislation, strategic framework and core standards and is currently chaired by the Head of Transformation and Emergency Planning; the group is accountable to the Executive Management Team for EPRR.

The core membership of the group includes representatives from both corporate and clinical areas and they are expected to contribute to delivering the aim, objectives and duties of the sub

group. This group is also important as a vehicle for raising awareness of EPRR matters and ensuring wider communication as to the important role of EPRR in the organisation.

5.2 Risk Assessment

Assessing the potential risk of emergencies occurring and using this knowledge to inform contingency planning is a key duty of responders and therefore Humber Teaching FT must have suitable, up to date, plans which set out how it plans for, responds to and recovers from major incidents and emergencies as identified in local and community risk registers.

The Trust has an EPRR risk register which is reviewed at the EPRR sub group; entries onto the risk register are aligned with the Humber Local Resilience Forum community risk register. A suite of plans, that are regularly updated, ensure we can test and respond to incidents.

5.3 Partnership Working

The Trust is represented at health and multi-agency emergency preparedness groups within the Yorkshire and Humber area. This facilitates information sharing and coordination amongst other local responders. The groups also provide a valuable platform in terms of planning and sharing learning from events and incidents. Groups attended this year are:

- Humber Local Resilience Forum (multi-agency)
- North Yorkshire and Humber Local Health Resilience Partnership
- System Resilience Group/A & E Delivery Board
- North of England Mental Health Forum

The Trust works closely with the lead CCG for winter and surge planning and regularly responds to requests for assurance on its ability to deliver operationally during times of increasing pressure in the health system, assisting with patient flow at HRI and the planning for bank holidays/events. The Trust has also revised its Operational Escalation Levels (OPEL) in line with all system partners to ensure consistency of reporting across the patch and continues to submit daily situation reports until further notice.

5.4 Training, Exercising and Testing

A key element of EPRR is the ability for the organisation and its staff to respond positively to incidents and emergencies. In order to support this objective the Trust has had a number of staff including clinical staff attend desk top exercises over the last year arranged by other organisations:

- Bronze command role undertaken for Malton/Whitby Community Services in the live exercise for Scarborough Hospital run by York FT at York Medical Services Training Centre. Attended by Deputy Director, Scarborough & Ryedale Community Services and Trust Emergency Planning Officer

- Clinical staff from ISPHN and IPC Nurse attended desktop exercise with PHE for multi-agency response for meningitis outbreak in October 2018
- Trust Internal desktop exercise in November 2018

In July 2018 a session for on call managers was held where presentations of key areas such as the MHA, CQC and U18 notification, Bed Management Policy, AWOL, Safer Staffing Policy, OPEL Escalation Levels and The Flexible Workforce Team was delivered as well as a presentation on the Scarborough and Ryedale Services that would be covered as part of the on call systems.

There is an expectation that all Trusts conduct a desktop exercise annually. This years exercise was based on a Mental Health Unit experiencing a fire in the out of hours period testing, communications, command and control and service business continuity plans. Miranda House was selected as it not only houses a number of 24 hour services such as CAMHS Crisis, Adult Mental Health Response Service and the main switchboard for on call but also provides patient care within two wards, one of which has a number of Ministry of Justice Restrictions, the loss of this building would significantly impact the organisation if this occurred in reality. A number of key staff attended including clinical, medical, on call managers, directors and the non-executive director for EPRR ensuring that they and staff are prepared for leading the Trust in its response to disruptive challenges.

As part of the Trusts preparedness trained Loggists are required and a number of staff from the Trust attended a Loggist training course at Castle Hill Hospital which was delivered by Hull University Teaching Hospital NHS Trust in October 2018 and these have made themselves available on a voluntary basis if required for incident purposes.

The EPRR team also continue to deliver a presentation at the Trust Induction ensuring new starters have a basic awareness and understanding of the EPRR department and their role within the organisation.

As a result of a number of live incidents and service pressures during the course of 2018/19 it has been necessary for some services to invoke business continuity plans at times and these have been satisfactorily tested. In March 2018 the 'Beast from the East' tested services significantly in Whitby and across the patch in general. As a result of this the Trust has ensured that the Business Continuity Plans take account of weather related issues and in some cases have included details of the North Yorkshire Mountain Rescue Team who have offered their services as a support network to ensure hard to reach patients receive the treatment and care that is needed in challenging conditions.

The required six monthly communications tests with on call staff have also taken place and these were successfully completed on 18 September 2018 and 9 March 2019 respectively.

5.5 Responding to Incidents

Due to the geographical location, age and size of some of our buildings operational services can and do at times suffer a wide range of small to large scale disruption due to unexpected flooding, IT, data or utility failures.

Whilst we have a well-established team of engineers and on-call managers in place to respond to such unforeseen incidents, some can have far reaching consequences to patient care and safety and require the implementation of business continuity plans and special measures to maintain safety and address risk.

The Trust has taken part in a number of multi-agency teleconferences during 2018/19 in response to extreme weather such as flood and high wind and is on the current list of organisations to be contacted by both the Humber Local Resilience Forum and North Yorkshire Local Resilience Forum using the mass communication blanket texts facility.

Also during 2018 the Trust was part of the EPRR response to the national clinical waste issue which was managed centrally by NHSE and NHSI. The Trust implemented a number of measures across the Trust including the placement of a number of shipping containers at key locations to store the uncollected clinical waste until a new contractor was identified and took part in numerous conference calls, meetings and the submission of daily situation reports as part of a seven day reporting process.

5.6 Responding to Industrial Action

During 2018/9 the Trust has not had to respond to any Industrial action.

5.7 Event Briefings

Event planning is quite a newly established but embedded function of the Emergency Planning Team. 2015 saw the first ever Tour de Yorkshire cycle race that has become an annual event with at least one of the stages passing through part of the Trusts geographical service areas. In May 2019 the race takes place again running over four days and will pass through at least two of the Trusts geographical service areas. In addition to this there will be a UCI Road World Cycling Championship race in September 2019 coming to the Yorkshire area and on a similar scale to the Tour de France, this will run over a period of eight days and will have a number of time trials, road races and para cycling events which will involve full road closures impacting on some of the Trust service areas.

Briefings via the communications department are circulated to senior clinical, operational and on-call teams in order to ensure that the impact and any disruptions to travel and patient care are identified, kept to a minimum and included in the planning. Key messages through the Communications Team provide advice to staff to pre-plan journeys when access to the Trusts services may be disrupted.

The Hull Marathon and the Humber Bridge Half Marathon are also regular local annual events with a potentially significant impact; the Trust takes the same steps to ensure that all staff and services are advised of any disruption and can pre-plan journeys and patient visits. Staff are also provided with passes to assist in moving across the planned route of the Hull Marathon.

5.8 Business Continuity Management

The Trust continues to update and review the business continuity plans for every service area of the Trust both clinical and corporate, improving and revising as appropriate.

As the country prepares to leave the EU the NHS as a whole has been asked to prepare and plan specifically taking into account the seven key risk areas identified and communicated out to organisations from the Department of Health and Social Care. The Director of Finance is the SRO for Brexit and the Trust has convened an EU Exit project group which meets weekly, developed an EU Exit business continuity plan and the EPRR team take part in weekly calls, meetings and submit daily situation reports to NHSE. Although it is not designated as one of the seven key risk areas the Trust has maintained strong links with the Local Resilience Forum to understand and plan for any key risks around transport due to us potentially providing alternative port facilities.

In support of the Trusts business continuity plans, the Trust has a robust on-call manager and director rota system. On-call activity is documented in an on-call log by each manager on completion of a period of on-call rota duty; these are submitted to the Emergency Planning mailbox the following morning at the end of their duty period and collated onto a central spreadsheet. On call logs are routinely reviewed for issues or learning and are distributed to the Service Managers and Senior Managers appropriately. The on call manager rotas are managed centrally by the EPRR Admin.

The Emergency Planning Team also continues to collate and publish a weekend clinical capacity and contingency plan that incorporates key service information from all areas of the Trust which supports the on-call managers and directors with any issues that may arise during their on-call duty.

Similarly bank holidays are managed with the production of a specific bank holiday plan which covers the period before, during and after the bank holiday and again includes key service information from all areas of the Trust in much the same way as the weekend plan.

Comprehensive and up to date on-call packs provide a range of information, policies, maps and procedures to support the on-call teams and there is also a centralised area on the V drive for electronic access.

5.9 Emergency Preparedness Plans –

The Emergency Planning Team continues to develop, update and improve trust-wide resilience plans in alignment with updated national risk registers, local risk registers, national guidance, and learning from incidents, events and exercises and in response to new emerging specific threats or hazards. Most plans are updated every three years, when new legislation is issued or after publication of national documents.

The table below illustrates the suite of plans:

Trust Wide Plans	Updated
Emergency Preparedness, Resilience & Response Policy	September 2018
Major Incident Plan	March 2019
Severe Weather and Winter Plan	November 2018
Heatwave Plan	June 2018
Pandemic Influenza Plan	November 2018
Fuel Shortage Plan	March 2018
Miranda House on call procedure	January 2017
On call manager to director scheduled call procedure	April 2018
Surge and Escalation Plan	June 2017
Trust Wide Plans due for update	
Mass Vaccination/Treatment Plan – PHE coordinating	
Industrial Action Plan	
Communications plan – in development	

6. Assurance and Governance Arrangements

6.1 Internal Audit

A Disaster Recovery Business Continuity Audit was undertaken in 2018 on a small number of services to review local procedures and processes within their Business Continuity Plans. The audit reported 'reasonable assurance' and an action plan was developed to address the recommendations. As a result of this a greater level of scrutiny, detail and consistency has been applied to all business continuity plans across the Trust as part of the annual update and this is continuing.

6.2 Local Health Resilience Partnership (LHRP) and Local Resilience Forums (LRF)

Whilst the EPRR sub group reports to EMT and Trust Board internally the LHRP for the Yorkshire and Humber area provides additional governance in terms of reviewing the Trusts submission of core standards. The LHRP is chaired jointly by the Director of PHE and NHSE and attended by Accountable Emergency Officers or director equivalent if unavailable from health organisations.

The LRF is a multi-agency partnership made up of representatives from local public services including the NHS particularly Category 1 Responders and work collaboratively with the LHRP for their areas.

7. Conclusion and EPRR Priorities for 2019/20 for Emergency Planning, Response and Resilience

The NHS England Core Standards have changed this year which makes direct comparison with 2017/2018 problematic. However the EPRR team feel we have seen significant improvement in the quality of our Business Continuity Plans due to a greater level of scrutiny following internal audit. The was then “tested” in our desktop exercise which clinical teams and corporate staff found really helpful and the action plan is ensuring continuous development.

2018/19 has been a busy year for Humber Teaching NHS Foundation Trust in terms of EPRR. In particular, there have been responses to power failures, telecommunication disruptions and measures implemented to ensure patient safety during disruption to services. As new guidance is developed, introduced and learning from emergencies and planned events is collated the Trust’s key priorities for the 2019/20 are as detailed below:

- Maintain/improve the level of compliance against the NHS England Core Standards through work programmes that address the Trust’s improvement requirements
- Maintain the programme of updating the Trust’s suite of plans, policies and procedures in order to ensure that they reflect national guidance, best practice and learning from live and test situations
- Improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally, through networks and partners. In particular the actions around command and control training identified in the desktop exercise in 2018.