

Trust Board Meeting 29 July 2020 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 29 July 2020, via Microsoft Teams

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence – Steve McGowan	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 24 June 2020	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – Alison’s Story - Alcohol Can Affect Anyone, Look Around, Is It You?	JB	To receive & note	√
6.	Chair’s Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & ratify	√
8.	Publications and Policy Highlights Report	MM	To receive & note	√
Performance & Finance				
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
Assurance Committee Reports				
11.	Quality Committee Assurance Report & 5 February 2020 Minutes	MC	To receive & note	√
12.	Workforce & Organisational Development Committee Assurance Report & 13 May 2020 Minutes	DR	To receive & note	√
13.	Charitable Funds Committee Assurance Report & 21 January 2020 Minutes	MC	To receive & note	√
Quality and Clinical Governance				
14.	Covid 19 Update Response	LP	To receive & note	√
15.	Safer Staffing 6 Monthly Report	HG	To receive & note	√
16.	Research & Development Report (Cathryn Hart joining the meeting)	JB	To receive & approve	√
Corporate				
17.	Our Black, Asian and Minority Ethnic (BAME) Workforce	HL	To receive & note	√
18.	Trust Constitution	MH	To receive & approve	√
19.	Risk Appetite 2020/2021 (Oliver Sims joining the meeting)	HG	To receive & approve	√
20.	Health Stars Annual Review	PBec	To receive & note	√
21.	Health Stars Operating Plan KPI's 2020/21	PBec	To receive & note	√



22.	Council of Governors Public Meeting Minutes 16 January 2020	SM	To receive & note	√
23.	Items for Escalation	All	To note	verbal
24.	Any Other Business			
25.	Exclusion of Members of the Public from the Part II Meeting			
26.	Date, Time and Venue of Next Meeting Wednesday 30 September 2020, 9.30am details to be confirmed			



Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020			
Title of Report:	Declarations of Interest			
Author/s:	Name: Sharon Mays Title: Chair			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly Board report	✓
Key Issues within the report:	Contained in the report			

Monitoring and assurance framework summary:

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



Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Chair of Yorkshire & Humber Clinical Research Network
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Sister is a Social Worker for East Riding of Yorkshire Council • Son is a Student at the St Mary's Health and Social Care Academy
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (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. No personal involvement in research funding or grants. Funding comes into the Trust and is governed through the Trust's Standing Instructions • Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).which is governed through Humber Teaching NHS FT standing orders and procedures
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	No interests declared
Mr Steve McGowan, Director of Workforce and Organisational Development (Non Voting member)	No interests declared
Non Executive Directors	
Mrs Sharon Mays – Chair (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"> • Non Executive Director Beyond Housing Limited • Son is a doctor in Leeds hospitals
Mr Mike Cooke, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Chair and Trustee of Yorkshire Wildlife Trust • Consultant Advisor, University of York • Advisor , National Institute for Health Research • Independent Executive Mentoring Coach • Chair of NIHR International Collaboration Panel Steering Group to embed Applied Research in Health Care Settings • Chair of Knowledge and Dissemination Panel, University of York Mental Health Network Plus NIHR grant • Chair, Cochrane Common Mental Disorders Expert Advisory Board

Mr Mike Smith, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director MJS Business Consultancy Ltd • Director Magna Trust • Director, Magna Enterprises Ltd • Sole 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"> • Non Executive Chair, 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 of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Director, Fleet Street Communications Limited • Non Executive Chair, Barnsley Facilities Services Limited • Non Executive Director Barnsley NHS Foundation Trust • Non Executive Chair of BIIAB which is an awarding body for training in the hospitality sector • Non Executive Chair of BIIAB Qualifications Ltd
Mr Dean Royles, Non Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Director Inspiring Leaders Network • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Strategic Advisor Skills for Health • Associate for KPMG

Item 3

Trust Board Meeting
Minutes of the virtual Public Trust Board Meeting held on Wednesday 24 June 2020
by Microsoft Teams

Present: Mrs Sharon Mays, Chair
Mrs Michele Moran, Chief Executive
Mr Peter Baren, Non Executive Director
Prof Mike Cooke, Non Executive Director
Mr Francis Patton, Non Executive Director
Mr Dean Royles, Non Executive Director
Mr Mike Smith, Non Executive Director
Mr Peter Beckwith, Director of Finance
Dr John Byrne, Medical Director
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Mr Steve McGowan, Director of Workforce and Organisational Development
Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Michelle Hughes, Interim Head of Corporate Affairs
Mrs Jenny Jones, Trust Secretary
Mr Adam Dennis, Communications Officer
Mrs Mandy Dawley, Head of Patient Carer Engagement and Experience (for items 100/20 & 111/20)
Ms Sam Grey, Team Leader, (for item 100/20)
Ms Sharon Nobbs, Voluntary Services Assistant, (for item 100/20)
Richard, Service User, (for item 100/20)
Alison Flack, Freedom to Speak Up Guardian (for item 117/20)

Apologies: None

Due to the Government guidance for the Coronavirus, the Board meeting was held by Microsoft Teams. Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on Youtube.

- 97/20 **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 items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.
- 98/20 **Minutes of the Meeting held 20 May 2020**
The minutes of the meeting held on 20 May 2020 were agreed as a correct record with the following amendments:-
- 86/20 Finance Report**
Reference to the Covid 19 spend in the third paragraph should read £600k. The final sentence of this paragraph should read “**Planning** guidance is ...”
- 99/20 **Matters Arising and Actions Log**
The actions list was discussed.



14/20(b) Safer Staffing 6 Monthly Report

Mr Patton queried whether the timescale for this item should be updated as he did not recall it being presented at the last Workforce Committee meeting. It was agreed for this to be discussed outside the meeting and the action log to be updated accordingly for the next meeting.

100/20

Patient Story – Accessing Volunteer Support Midst COVID-19

Mrs Dawley introduced the story. She explained that members of the Voluntary Services team have been providing a Befriending telephone service during the lockdown. Richard is a service user and joined the team to share his experiences of using the service.

Richard told the Board that he has suffered with mental illness since childhood and earlier this year was admitted to Miranda House. When he was discharged he found himself at home with no food, money or heating. He was grateful for the care he received whilst in Miranda House, but felt that there should be a checklist for people being discharged to ensure they have the basic things. He acknowledged that the care he received was very good but that at that time staff were busy and he felt unable to ask for help.

Sharon explained that Richard was referred from the home base team at Miranda House with a request for a befriender. As time moved on it was identified that Richard had no heating or food and ended up suffering with hypothermia. He had no money to buy food or heating. Contact was made with Hull City Council and the voluntary services team were able to secure weekly food parcels for Richard and requested support from the social care team. Contact was made with Richard's welfare officer to ensure that he has enough money to meet his basic needs.

Ms Grey explained that the telephone befriender services was set up at the start of lockdown using the community groups that were already established.

Richard felt that during these calls, he developed a relationship and Sharon and Ann who he was in contact with, asked the right questions and listened to him which he felt was not always the case. He wanted to share his story so that people who are discharged from services have the right basic needs at that time.

Mr Smith thanked Richard for sharing his experiences. He explained that he chairs the Mental Health Legislation Committee and there is S117 Aftercare (from the Mental Health Act), but recognised that this no good if a person's basic needs were not met. He suggested that, with Richard's permission, his experiences could be used as a case study in future planning. Mrs Parkinson agreed that recovery from a mental illness is more difficult if the basic needs are not in place and will discuss the situation with Ms Grey outside the meeting. People's home circumstances are part of the discharge plan and it will be reiterated to staff around the financial and food issues.

It was disappointing to hear that Richard felt not listened to. Work is being undertaken with the Community Mental Health Teams (CMHTs) around the transformation programme and there is service user co-production at the heart of this which is an opportunity to learn from experiences such as Richard's.

The telephone befriending scheme has been successful and enables time for listening. Sharon described the difference between clinical staff and a befriender and this approach has been built on with Peer Support Workers and clinical staff working together to meet the needs of the service user.

Mr Royles noted that in a post Covid 19 world this initiative could become part of the Trust's functions as we enter the new phase of people being isolated and working remotely and needing more support.

Professor Cooke thanked Richard for sharing his story. He wondered whether a similar

campaign to the “Back to Basics” would be helpful as a reminder around physical health which would ask if people were ok, if they had food and heating. The Chair thought this was a good idea and can be taken forward.

Ms Grey explained to the Board that it has always been her ambition and vision to have volunteers involved in care planning and pathways and eventually in all the work the Trust does. This has started to be achieved with voluntary services included in service planning something which the organisation is a leader in. Mrs Parkinson has linked voluntary services with the Recovery College, Peer Support Workers, Social Prescribers and Health Trainers so that they can work together and compliment service functions from a mental health illness aspect. These services are being included in service planning and are central and critical and there has been a fundamental shift to make this happen.

It was confirmed there are 60 people volunteering for the befriender service and this number could increase as there are more people wanting to volunteer with the Trust. Mrs Gledhill recognised that such a number would make a difference to main stream service. She supported the suggestion of a campaign to remind staff of the importance of listening and asking questions about basic needs and will look at taking this forward with other Executives. The Chief Executive agreed with the comments made and would prefer a separate message to be created so not to draw the attention away from the Back to Basics. Work is being done on around resilience hubs across the care system which this could be linked into. She suggested that story be used and progressed through Mrs Parkinson, Ms Grey and Mrs Dawley.

On behalf of the Board, the Chair thanked the befriender service for everything they are doing to help people. It was suggested that an update on the work be provided to the Board in a few months via the Chief Executive’s report.

Mrs Parkinson asked Richard that given his previous comments about not being listened to if he had felt listened to by the Board. Richard confirmed that he did and thanked the Board for the opportunity to share his views and for the care that he received. The Chair thanked Ms Grey and Sharon and all the volunteers for all the work they do.

Resolved: The Board noted the story.

An update on the work of voluntary services and the proposed campaign around physical health to be provided through the Chief Executive’s report **Action LP**

101/20

Chair’s Report

The Chair provided an update in relation to the work she has undertaken since the last meeting.

- Volunteers – the Chair and Chief Executive have written to all volunteers to thank them for all that they have done and to acknowledge their role in the organisation.
- The Trust has been accredited for the Veterans Aware NHS organisation and the Chair has attended a virtual veterans forum Various sessions have been arranged to coincide with Armed Forces week. Details will be circulated to the Board and are on the website
- Governors – some Governors are part of the befrienders scheme and have been doing a great job. A virtual Development Session for governors on Covid 19 was held via Microsoft Teams which was well attended. Areas covered included operational matters, infection control, personal protective equipment and restore and recovery.
- The Chair has continued to meet with both public and staff Governors and also held individual meetings with Governors. Work is ongoing to try to help Governors to engage in virtual meetings. Mrs Parkinson has been invited to attend the next staff

governor meeting (in her role as chair of the Staff Health and Wellbeing group) to discuss health and wellbeing of staff.

- Humber Coast and Vale (HCV) – as reported at the last meeting, an event looking at operating arrangements was held on 3 June. A Scenario Planning meeting is being held later today. A meeting is also planned to look at the role of NEDs and elected members

Mr Baren referred to the Veterans Aware scheme asking if there are any plans for the Trust to become involved in the career transition programme which helps with employment for ex armed forces personnel. Dr Byrne reported that the veterans programme has been developed over the last 18 months and within this there are three aspirations to help support veterans and spouses of veterans who are currently in service and how we make opportunities more attractive as an organisation. The Director of Workforce, Mr McGowan, and his team are leading on the Step into Help programme with support from Dr Byrne's team. Mr McGowan explained that the Trust is fully committed to this and there are signposts on the website for people to follow to gain more information. It is an important part of what the Trust does and feedback so far has been positive.

An invitation was extended to Mr Baren to join a meeting of the Veteran's Forum. There are some other events that anyone is welcome to join and the details will be shared outside the meeting

Resolved: The verbal updates were noted.

102/20

Chief Executive's Report

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

Research

The research Team has been involved in Covid 19 research and is now starting to step back up into other research studies.

Humber Mental Health Education Team

The Humber Mental Health Education team was nominated for an award by Hull York Medical School and won! Congratulations were extended to Dr Morris, Dr Roy and the team on this achievement

Freedom to Speak Up Appointments

Helen Young has left her role as Deputy Freedom to Speak Up Guardian. Following an appointment process, Alec Saxby and Nicki Titchener have been appointed as Deputy Freedom to Speak Up Guardians.

Communications Team

The Chief Executive thanked the team for doing a fantastic job in the organisation. The amount of work that has been done during Covid 19 and the awareness weeks has been phenomenal. The draft of a new website has been created which is easier to navigate and Board members were encouraged to review this. It is hoped it will go live in July

The team has also been involved in the Humbelievable work and other key areas of work including Back to Basics and the Stop Think Social Distancing campaigns.

The Annual Members Meeting is still going ahead in September and will be streamed on the web due to the Covid 19 restrictions.

A final NHS Clap even is planned for 5 July to coincide with the NHS 72nd birthday. Recordings will be made and streamed on the website.

Nurse recruitment is progressing well and the Chief Executive was pleased to report that 24 nurses have been recruited and 8 consultant which is above the plan.

Mrs Hughes reported that Volunteers Week was celebrated in month which resulted in strong support of our voluntary services and celebration of their achievements and our social media posts alone had over 8,000 views. The "Together We Can" campaign is starting to look at the next phase of Covid 19 to unite staff around the principles and working safely during this time. Work is also taking place with regional communication teams to share stories for the NHS 72nd birthday and as part of this a further opportunity will also been taken to thank staff for their work and celebration hampers will be delivered on the day.

Quality Account

Mrs Gledhill informed the Board that in relation to her update in 4.2.1 around the Quality Account, positive feedback has been received from the Lead Governor which will be circulated after the meeting for information. It is hoped that a response will be received from the Hull Overview and Scrutiny following presentation of the report recently.

Multi-Agency Public Protection Arrangements (MAPPA)

Mr Smith referred to this item in the Director's updates asking how assurance will be gained that victims of domestic violence can make representation. Mrs Parkinson was aware of this issues and will discuss outside of the meeting with the lead, Dr Yorke.

Mr Patton congratulated all the teams and services who have won awards, received positive comments for the Quality Account. With what the organisation is going through as a result of Covid 19, to have this amount of things to celebrate was a testament to the work that is being done. Mr Patton has also been involved in the mental health campus workshops which have been very thorough and well structured.

Resolved: The report and verbal updates were noted.

103/20

Publications and Highlights Report

The report provided an update on recent publications and policy with updates provided by the Lead Executives. It was noted that a separate audit trail of Covid 19 publications is being produced to show what action has been taken.

Resolved: The report was noted.

104/20

Performance Report

Mr Beckwith, Director of Finance, presented the report which informed the Board on the current levels of performance as at the end of May 2020. An update was included for the indicators that had fallen outside of the normal variation range which were:-

- Safer Staffing Dashboard
- Complaints
- Friends and Family Test (FFT)
- Waiting Times
- Delayed Transfers of Care

The performance report has been updated for 2020/21 and changes were detailed in the report.

The Chair asked for an update on waiting lists and incomplete pathways to be provided to the Board. In relation to adult autism diagnosis, Mrs Parkinson explained that due to Covid 19 patients were unable to be brought into the clinic to continue the diagnostic process. Due to the pandemic and in line with Business Continuity Plans it was necessary to move staff to other critical services and as a consequence there has been an increase in the number of service users waiting more than 18 weeks for a diagnosis. Services have resumed through

remote working by telephone or video options. Additional staff have been recruited and an improvement trajectory is being finalised.

For children and young people's autism diagnosis pathway the closure of schools has had a big impact as information to inform the process is provided through education. Now that schools are gradually starting to reopen this may improve. Contact has been made during this time with the young people and their families who are on the waiting list and measures have been put in place to restart the process as soon as possible.

The Department of Psychological Medicine has seen a significant increase in the number of referrals for post viral fatigue related to Covid 19. Measures have been put in place to support this increase including additional capacity and the issue has been raised with commissioners. Another pathway that has seen an impact is the Memory Services assessment process and dementia diagnosis which needs access to other testing provided by the acute hospital which has been unavailable during Covid 19 and continues to be unavailable.

All people who are on the waiting list have been contacted. The Trust is waiting for a response from commissioners as to when these pathways will be fully restored.

Professor Cooke was pleased to see an improvement in the three day follow up for Care Programme Approach (CPA). He noted the Early Intervention in Psychosis (EIP) position and wondered whether there was any learning from this team that could help with other areas that had waiting lists. He was informed that any evidence of good practice is already shared. There are some differences with the EIP team in that case loads are smaller and the referral routes are different. Due to Covid 19 some of the work that was taking place around transformation and pathways had to be stopped and will be resurrected particularly around the use of digital platforms which is all part of the modelling

Mr Patton congratulated everyone on the training compliance which was doing well. He noted that delayed transfers of care had increased and asked what is being done to improve this position. Compliments also appeared to have dropped off in recent months.

There are concerns about the rise in the delayed transfer of care position, especially since the position was a lot better last winter. Mrs Parkinson explained that a key issue is the impact of access to care homes which has been reduced over recent months. Work is ongoing with partners to ensure that patients are prioritised and for the right mechanisms to be in place for escalating cases. There are some other delays relating to Adult Mental Health Services for some patients who need specialist placements and this is being progressed with the relevant NHS England and commissioners.

Mr Smith referred to the vacancies section asking how many nurses are needed. Mr McGowan confirmed there are approximately 122 nursing vacancies that are being monitored. The Recruitment and Retention task and Finish Group met recently and discussed the position. A more detailed breakdown was also provided to the Workforce and Organisational Development Committee. Mr Smith asked if the vacancies (WTE) graph could be reviewed to make it clearer around the percentages for future reports.

Occupied Bed Days was noted to have a downward trend and Mr Baren suggested that the strategy in terms of the campus and block funding may need reviewing to ensure they are right. It was noted that occupancy rates will be low due to Covid 19 and the infection control regime that is required. In terms of the campus, the team has been asked to look at the wider system piece as we know that we are good at using beds and have a low bed base. We are expecting some increased usage due to the increase in delayed transfer due to the care home situation and the complexities of some service users that the organisation is dealing with. The team is working hard on this with region to resolve the problems. Prior to Covid 19 the low occupancy rates allowed the organisation to respond quickly to identify wards where Covid 19 positive patients could be placed safely.

Dr Byrne said that historically bed capacity has been viewed against an occupancy rate of 95%. He suggested that clinicians are celebrating low occupancy levels which put the organisation in a good position for Covid 19. He felt that there will be a second wave and if beds are at a higher occupancy level it may create problems. Low occupancy allows the medics some capacity to keep patients safe. He wondered that during Covid 19 how much unintentional harm there has been across the nation by putting people in the community and care homes which may not have been realised.

There is a focus on Children and Young people to look at how we can utilise some funding that has been given to the Integrated Care Services (ICS) around prevention and early contact. The Executive team are looking at what can be done in conjunction with the mental health trajectories and the long term plan. Planning guidance is due out in July.

On a positive note, Mr Baren was pleased to see some good sickness absence figures on the safer staffing dashboard which he felt was a reflection and credit to staff. The Chief Executive agreed and congratulated the teams on being able to provide the safer staffing dashboard during this time.

Mr Royles supported the view of his colleagues in that the positivity being seen through the report information was reassuring that the organisation had the systems and processes in place that allows things to happen during an emergency. He suggested that with the new ways of working being used around remote working it might be helpful to have some measure of these areas that can be monitored. The Chief Executive will discuss with the Executive team.

Resolved: The report and verbal updates were noted
Vacancy (wte) graph to be reviewed for future reports **Action SMcG**

105/20

Finance Report

The report presented by Mr Beckwith showed the financial position for the Trust as at 31 May 2020 (Month 2). Highlights from the report included:-

- The Trust recorded an operational break-even position at the end of May 2020.
- The reported position included year to date Covid expenditure claim of £1.754m and the month one Covid claim was reimbursed recently, The month two position is being finalised
- Cash balance at the end of May was £26.4m, which included the June block payment of £9.8m. The financial guidance for the remainder of the year is awaited which hopefully will set out the detail around the Mental Health Investment Standard (MHIS)

The Chair asked about trade debtors on appendix 1 which was showing a large increase. Mr Beckwith explained this was as a result of Covid 19 and the correct accounting treatment. The Trust has also paid NHS Property Services following advice to pay quickly during Covid 19.

Resolved: The report was noted.

106/20

Finance & Investment Committee Assurance Report 18 June 2020

The report provided an executive summary of discussions held at the meeting on 18th June 2020.

Mr Patton reported that it had been a good meeting where the detail of the finances was discussed. A request was made to Covid 19 costs to Divisions budgets so a clearer picture can be seen. Discussion took place around staffing and agency spend and around primary care which continues to be an issue. A detailed report has been requested for the next meeting.

The annual non clinical safety report was received and a suggestion made that future reports

include updates on gas, electricity and more detail on Covid 19 planning.

Resolved: The report was noted.

107/20 **Audit Committee Assurance Reports – 20 May and 17 June 2020**

An executive summary of discussions held at the meetings on 19 May 2020 and 17 June 2020 was provided.

Mr Baren reported that in the May meeting a number of internal audit reports were presented all of which had good or reasonable assurance. The draft Head of Internal Audit Opinion was received which gave good overall assurance. The Committee workplan for 20/21 was presented and it was agreed that a review will take place at the August meeting to see if any changes are required as a result of Covid 19. The Counter Fraud Tool kit was submitted with an amber rating. Mazars, the external auditors highlighted that there was a level of uncertainty around the year end work in relation to property, plant and equipment.

The June meeting was to agree the year end submissions. A good report was received from Mazars which was clear and the uncertainty raised around property, plant and equipment at the previous meeting had been resolved. Both the annual report and the annual accounts were discussed and recommended to the Board for approval.

The Board Assurance Framework was presented by the Corporate Risk manager and reviewed in the meeting. The Risk Register was presented and a verbal update given in relation to the addition of the Covid 19 risks which had been added and would be presented at today's meeting.

The internal audit planning for the year was completed. The clinical audit was deferred due to Covid 19. Mr Beckwith explained that the issue with property, plant and equipment was an issue for all organisations not just the Trust. It was agreed that in September/October a revaluation of the estate may be undertaken.

Resolved: The reports were noted

108/20 **Quality Committee**

Professor Cooke gave a verbal update of discussions from the Quality Committee meeting held on 18 June 2020.

The meeting was well attended and reviewed the actions taken as a result of Covid 19 including reviewing policies and the establishment of an Ethics Committee to support clinical decision making.

The Quality Account was reviewed and it was pleasing to see the additional feedback from stakeholders. The Committee workplan for 20/21 was discussed. The Committee offered an opportunity to the Board to take stock of how Covid 19 during the escalation phase work has gone in terms of safety, quality and impact.

The Care Quality Commission (CQC) insight report was noted. The infection control report was discussed and the Committee acknowledged the proactive approach the team has taken in a Covid 19 environment during the outbreak. Other reports presented included the Board Assurance Framework, Risk Register, Equality Diversity and Inclusion, Patient and Carer Experience annual report and a controlled drugs annual report where more incidents were noted to have been reported, but with less harm which is a positive position.

Mrs Gledhill reported that it had been a helpful meeting. Safeguarding referrals were reviewed and there was concern these had reduced in April nationally. However these had now started to increase and the team is very busy. Serious Incidents have continued to be reported. It was pleasing to hear from Non Executive Directors that they feel the governance processes are working well. Work has started around zero events and a deep dive into harm

incidents is being undertaken.

The Chair appreciated the verbal update and it was agreed that the offer from the Quality Committee to review quality, safety and impact during Covid 19 would be accepted.

Resolved: The verbal update was noted
The Quality Committee to review the quality, safety and impact during Covid 19 Action HG

109/20 **Infection Prevention and Control Board Assurance Framework**

The Infection Prevention and control team have undertaken completion of the nationally produced toolkit, the results of which demonstrates that the Trust is compliant with the majority of the areas outlined within the report.

Eight areas were identified to have some gaps in assurance and need further work, Work has already started including increasing the Healthcare Acquire Infection meetings to bi-weekly.

The Chief Executive thanked Mrs Gledhill and the team for producing the report. A significant amount of guidance was issues at the onset of the pandemic which the Infection Control team have worked through and continue to work through. Throughout the pandemic there have been no issues identified in relation to personal protective equipment. On behalf of the Board, the Chief Executive congratulated the team for all their work.

Resolved: The report was ratified by the Board

110/20 **Covid 19 Response – Summary Update**

The report provided a further update on the Trust's response and gave an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach being taking to plan for phase 2,3 and 4 (recovery and restore) of the pandemic.

Since the report was produced the national level has reduced from four to three. Daily sit reps continue to be reported to Gold command and the only issues are in relation to unplanned mental health and the crisis service at Avondale due to staffing. Generally Covid 19 sickness continues to reduce. Antibody testing for staff has commenced with approximately 500 staff tested. The potential impact of the test, track and trace system has been added to the Risk Register and monitoring forms part of the daily sit reps. Pilot tests show that there is a big cohort of healthcare workers identified from the system.

Additional guidance on the wearing of masks has been circulated and masks are available across the Trust including for any visitors who may not have one. The Back to Basics and Stop Think Social Distancing campaigns continue and are being reiterated through the matrons role. Additional capacity has been provided for personal protective equipment and a manager is in place.

Staff are starting to become fatigued and tired and the risk score has been increased to reflect this. Staff are being encouraged to take breaks and annual leave. The Staff Health and Wellbeing Group is focussing on this area and has identified a number of opportunities to help with this.

Work continues across the system in relation to mental health demand and the direct impact from Covid 19 including the financial and employment aspects. North Yorkshire and York are looking at out of hospital provision and how we continue to support this work in planning with care homes.

Winter planning is also being discussed and modelling around when the second wave may hit. Early suggestions are that this will be September/October time. Each area has their own outbreak plan facilitated by the Director of Public Health and the Trust has contributed to all

of these responses.

Mr Patton commented that from the antibody testing not many people appear to have had Covid 19 and he was concerned that when staff go outside and leave the normal working environment that they if they share cars they may be at risk. He suggested that perhaps the risk around the impact could be amended to reflect this.

Mr Royles noted that phase four is to explore service activity at a time when staff are tired, As we approach key events such as the NHS birthday and memorial events the general temptation may be to think that the situation is over and perhaps consideration needed to be given on how to keep the Board focussed.

The Staff Health and Wellbeing is taking a tactical approach with some people are working from home which was done in a relatively short period of time and Mr Royles felt there should be some focus on how these people are supported when they are remote working for longer periods. Mr McGowan said this has already been identified and has been included in the senior leadership and leadership programme content. Support is available to staff and a policy and procedure is in development along with guidance for managers. Risk Assessments are being completed to ensure that staff are adhering to Display Screen Equipment regulations and have the correct equipment and emotional and psychological support. Mr Royles will discuss further with Mr McGowan outside the meeting around the approach to staff health and wellbeing

Dr Byrne said that Medical Directors take their lead from national guidance and from people such as Professor Chris Whitty. He noted that recently there is a view that many members of the public think this situation is over, however in his view there is still uncertainty for staff, patients and carers across the NHS as to the future. He cautioned the Board that this pandemic is not over and therefore we cannot become complacent.

Resolved: The report was noted

Discussion to take place outside of the meeting regarding staff health and wellbeing Action SMcG

111/20

Patient and Carer Experience Annual Report (2019/2020) including Complaints and Patient Advice Liaison Service (PALS)

The Patient and Carer Experience Annual Report provided an overview of the work carried out across the organisation over the twelve month period to support the patient and carer experience and engagement agenda.

Dr Byrne explained that the report for the first time included community and GP data. Also included in the report was reference to the staff survey results and interesting to look at the outcomes in relation to corporate staff involvement in the patient and carer experience agenda.

Mrs Dawley informed the Board there are four national surveys the Trust participates in; mental health in patient, mental health community, GP and the Friends and Family Test. Of these the Friends and Family Test is the best source of feedback across the Trust. The data dashboard will be relaunched shortly as it has been split into two dashboards, one for Friends and Family patient and service users and another for other family members and carers and guardians. On line surveys are seen as the future way although there has been a national pause due to Covid 19. During this time there has been an increase in the number of responses by text from primary care which has previously been a lower performing area. Primary Care teams are doing a lot of work to promote it. The Trust has decided to unpause the Friends and Family Test and will provide services across the Trust with a digital link. Previously there was a preference for paper copies, but given the concerns around paper handling and Covid 19, this seemed the best way.

There are 73 Patient and Carer Experience champions in Hull and East Riding, 34 in

Scarborough and Whitby, 23 in Whitby and surrounding district and 145 staff champions.

Professor Cooke thanked Mrs Dawley for the summary. He felt that the transition that has occurred over the last three years is as a result of her enthusiasm and leadership. This was a good report that linked across all areas and the national recognition had helped to raise the profile of the organisation which is a significant achievement. The Quality Committee had reviewed the report and recommended it to the Board.

Mr Patton shared Professor Cooke's view. He noted there was better engagement, improvement in the quality of the report and welcomed the use of digital platforms.

Mr McGowan agreed it was a fantastic report especially with the integration of the staff survey results which staff would be able to see and note the response around corporate services and a champion has now been identified in the Workforce Directorate.

The Chair felt this was a good report which goes from strength to strength every year despite the team being relatively small. Links with membership and patient and carer experience are also being looked at with the Head of Corporate Affairs.

Resolved: The Board approved the annual report

112/20

Fit and Proper Persons Regulation (FPRR) and Trust Compliance 2019/2020

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all Executive and Non Executive Director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the FPRR.

A report was provided to give assurance to the Board that these requirements have been met. The report will be submitted to the Council of Governors.

Resolved: The Board noted the report

113/20

Board Assurance Framework (BAF) Quarter 1 20/21

The Quarter 1 2019/20 report was provided to the Board. It provided an update on progress against the aligned risks and highlighted the movement of current risk ratings from the previous position at Quarter 4 2019/20. Changes have been made to strategic goals 1, 2 and 5.

The Chief Executive reported that she was satisfied with the current ratings and continues to monitor them regularly.

Resolved: The Quarter 1 report was noted

114/20

Risk Register

An update was provided on the Trust-wide risk register (15+ risks) including any additional or closed risks since the last report to the Board in March 2020.

10 risks are held on the Trust-wide Risk Register and two risks have been closed/ de-escalated. As part of the Trust's business continuity arrangements implemented as a result of the COVID-19 pandemic, a command risk register was established to monitor and effectively manage operational and tactical risk facing the Trust at this time. 5 risks have been identified through the command arrangements and have been reflected on the Trust-wide risk register.

Resolved: The Risk Register update was noted
The timing of the register to the Workforce Committee to ensure it fits into the reporting schedule for the Board. Action SMcG/DR

115/20

2019-20 Annual Non Clinical Safety Report

The annual report provided analysis of the Trust's Health and Safety, Fire Safety and

Security Inspections activity during 2019-20. It included information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.

Information on incidents which met the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reported to the Health and Safety Executive (HSE) was also included. In the reference period there were five reportable incidents. Of these incidents, three related to violence and aggression.

During the reporting period, the Trust did not receive any enforcement notices from the Health and Safety Executive. Future reports will include updates on gas and electric updates in relation to portable appliance testing, medical gases etc

The Chair referred to the fire safety report in section 4.2 asking for this to be updated with the correct date to Board.

Resolved: The annual report was noted

116/20 **Annual Declarations Report**

A summary of the annual declarations required to be made by the Trust was presented including evidence of how the Trust meets these declarations and ensuring that the views of Governors have been taken into consideration.

The report was discussed with the Council of Governors in January 2020 and came to the Board in November 2019 for discussion.

The Chair suggested that additional evidence from the Fit and Proper Persons report to be included and the title for the visit programme to reflect that they include Governors, Executives and Board members.

Resolved: The Board ratified the annual declarations based on the evidence provided.

117/20 **Freedom to Speak Up Annual Report**

The Annual Report provided a summary of work that has taken place throughout 2019/20 and the work programme actions.

Mrs Flack reported that the National Guardians Office recently published its annual report and the Trust is doing well against the national position and will help to form the work plan for the future. Two Board sessions were held to go through the self assessment and no concerns have had to be escalated.

A strategy and policy have been approved which were developed with staff. A reduction in the number of speak up concerns has been seen with details provided in the report. Some of the concerns have been in relation to HR and the good relationship with the HR team allows concerns to be dealt with quickly. In most cases people want the time to tell their story and to have someone listen.

Mrs Flack extended her thanks to Ms Helen Young, who has now left the role of Deputy Guardian to take up another role. The Board recognised and acknowledged the work that Ms Young had done during her time in the role.

As mentioned in the Chief Executive report, two new Deputy Guardians have been appointed which will increase capacity. Each of them will cover specific areas of the Trust which will increase their visibility across the organisation.

Awareness continues to be promoted through the staff communications methods.

Mr Baren, as Senior Independent Director, is involved in the Freedom to Speak Up work. He felt this was a thorough report and recognised the work that Ms Young had done whilst in the role. There is energy and enthusiasm in the team and this came through in all of the applicants for the Deputy posts.

On behalf of the Board, the Chair thanked Ms Young for all her work and thanked Mrs Flack for her continued work.

Resolved: The report was noted.

118/20 **Equality, Diversity and Inclusion Annual Report 2019/20**

The annual report was presented to the Board and covered activity over the previous 12 months. The report has been discussed at the Workforce and Organisational Development Committee and the Quality Committee.

Mr McGowan reported that the team is working well and work has been undertaken in relation to Stonewall and relevant ethnicity groups have been established. A BAME group is in the process of being set up. A number of initiatives have been put in place over the year which is a testament to the staff survey result.

Links have been made into the Medical Directorate to ensure all of the protected characteristics are covered and included reference to the staff survey results in the Patient and Carer Experience Annual Report.

Mr Baren referred to appendix 5, number 3 asking if the percentage figures could be reviewed. Mr McGowan will review and circulate an update to the Board outside the meeting

The Chair thanked the team for an informative report and asked that the thanks of the Board were extended to the team

Resolved: The annual report was approved.
The percentages for BME staff will be reviewed and an update circulated to the Board outside the meeting **Action SMCg**

119/20 **Items for Escalation**

No items were raised

120/20 **Any Other Business**

No other business was discussed.

121/20 **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.

122/20 **Date and Time of Next Meeting**

Wednesday 29 July 2020, 9.30am by Microsoft Teams

Signed Date
Chair

Agenda Item 4

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

Summary of actions from June 2020 Board meeting and update report on earlier actions due for delivery in July 2020						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
24.6.20	100/20	Patient Story – Accessing Volunteer Support Midst COVID-19	An update on the work of voluntary services and the proposed campaign around physical health to be provided through the Chief Executive’s report	Chief Operating Officer	September 2020	Item not yet due
24.6.20	104/20	Performance Report	Vacancy (wte) graph to be reviewed for future reports	Director of Workforce & Organisational Development	July 2020	Updated for July performance report
24.6.20	108/20	Quality Committee	The Quality Committee to review the quality, safety and impact during Covid 19	Director of Nursing, Allied Health and Social Care Professionals	October 2020	Item not yet due
24.6.20	110/20	Covid 19 Response – Summary Update	Discussion to take place outside of the meeting regarding staff health and wellbeing	Director of Workforce & Organisational Development	July 2020	Discussion took place as part of EMT and Silver Command
24.6.20	114/20	Risk Register	The timing of the register to the Workforce Committee to ensure it fits into the reporting schedule for the Board.	Director of Workforce & Organisational Development	July 2020	The risk register has gone to every Workforce Committee as part of the Insight report. For this month it was separated out



						to show it was considered in its own right
24.6.20	118/20	Equality, Diversity and Inclusion Annual Report 2019/20	The percentages for BME staff will be reviewed and an update circulated to the Board outside the meeting	Director of Workforce & Organisational Development	July 2020	Update circulated 2.7.20
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
29.1.20	11/20(a)	Quality Committee Assurance Report and 9 October 2019 Minutes	High reliability organisations discussions to be continued at a future Board Time Out	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September
29.1.20	11/20(b)	Quality Committee Assurance Report and 9 October 2019 Minutes	Quality Improvement and Patient Safety Board Development Session to be arranged	Medical Director	June 2020	Due to Covid 19 the June Board Time Out has been cancelled and rearranged for September
29.1.20	14/20(b)	Safer Staffing 6 Monthly Report	Definitions and significance of reasonable evidence and sound evidence to be included in future reports	Director of Nursing, Allied Health and Social Care Professionals	June 2020	Report to be presented to July Workforce Committee prior to Board. Definitions to be included.
26.2.20	28/20	Chief Executive Report	Update on the Population Health Management and links into LHCRE to be provided at the April meeting	Medical Director	April 2020	Date to be confirmed when Covid 19 situation has ended
25.3.20	47/20	Chief Executive's Report	Diversion and Liaison Services offending and referrals data to be reviewed for the Mental Health Legislation Committee.	Medical Director / Chief Operating Officer	March 2020	Chief Operating has tasked the Mental Health Legislation Manager to address this in the Mental Health Legislation Steering Group and will update the Committee in quarter 2.
25.3.20	53/20(b)	Operational Plan 2020/21	Draft 18 month plan to come to the Board in October, subject to	Director of Finance	October 2020	Item not yet due

			any guidance issued before then			
20.5.20	85/20(c)	Performance Report	Quality Committee to undertake a deep dive around clinical supervision	Director of Nursing, Allied Health and Social Care Professionals	August 2020	Item not yet due

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020			
Title of Report:	Patient Story – Alcohol can affect anyone, look around, is it you?			
Author/s:	Name: Lisa Arnold Title: Senior Patient & Carer Experience Co-ordinator			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	To inform Board members of how; Alcohol can affect anyone. The help the Trust services have provided. Becoming a volunteer within the Trust has benefits for a number of other services users.			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	Name of group (please list all)	Date	Name of Group (continued)	Date
	A meeting took place between the service user and senior patient and carer co-ordinator. Also in attendance was Service User & Carer Lead.	10.02.20		
Key Issues within the report:	The key messages of the Board story are: <ul style="list-style-type: none"> • Highlight how alcohol doesn't discriminate • To advise on the help the Trust services have been able to provide • The benefits of becoming a volunteer and Peer Mentor 			

Monitoring and assurance framework summary:

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



Quality Impact	√			Values Based Recruitment will be realised by implementation of the framework.
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	

Alcohol can affect anyone, look around, is it you?

1. Introduction

The purpose of this update is to inform Board members of how;

- Alcohol doesn't discriminate
- Trust Services have helped the recovery process
- Becoming a volunteer and Peer Mentor is of benefit to others

2. Attendance at the Board meeting

In attendance will be Alison (Service User/ Volunteer / Peer Mentor) and David Reade, Service User & Carer Lead, Humber Teaching NHS Foundation Trust and East Riding Partnership.

A short You Tube video of Alison's story was circulated before the meeting to Board members with Alison providing the Board with the background of her story.

https://www.youtube.com/watch?v=uXIs_Lro0po

3. Key Messages

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

- To inform the Board members of how the Trust services have helped and assisted on the road to recovery.
- The importance of support and aftercare.
- Benefits of becoming a Volunteer and Peer Mentor.

Vodka for breakfast and all day in bed: 'My life as an alcoholic and how I came back from the brink'

Jane hopes her story will inspire others to get off the booze

By [Angus Young](#) 17:00, 10 AUG 2019

Jane's recovery from alcoholism has been a long and hard journey

A woman who helps people with drink problems has told of her own shocking descent into alcoholism which saw her downing a litre bottle of vodka every day.

Jane, 62, who lives in East Yorkshire, now volunteers as a peer mentor for the East Riding Partnership which is run by the [Hull-based Alcohol and Drug Service](#) and the [Humber Teaching NHS Foundation Trust](#).

But at the height of her own addiction, she kept a bottle of vodka by her bedside and willed her hands to stop shaking in order to pour herself another drink.

She said: "In my late twenties I married a merchant navy officer who was away at sea six to nine months of the year so I found it quite acceptable to drink on my own. I would often reach for a glass of wine as I walked through the door from a stressful day at work but at some point in my thirties my alcohol consumption had noticeably increased.

"I seemed to have a very high tolerance of alcohol and rarely suffered with a hangover but at some point I got into the habit of finishing the remains of a bottle first thing in the morning.

'A bottle of wine a day, turned into a box'

"This became a feature in my life and following two redundancies - which incidentally were not caused by my drinking - I started working for my now husband from home, which gave me every opportunity to drink what I liked, when I liked. A bottle of wine a day turned into a wine box a day and from there, into a litre of vodka each day.

Jane was drinking a bottle of vodka a day "In 1995 I was aware I had a problem with alcohol and started attending Alcoholics Anonymous meetings which continued for nine months.

"However, as is common with many people who drink, I thought I could do it on my own and stopped going to the meetings. Then unfortunately I carried on drinking and remained in denial for a further 20 years."

Jane's drinking eventually spiralled out of control.

"During this time my life became totally unmanageable," she said.

'I would drink then spend the whole day in bed'

"When I woke up in a morning my whole body would shake, so I kept a bottle by my bed and had to learn to steady my hands to such a position where I could actually pour a drink without knocking over the glass.

"Then I would be on a mission to buy more vodka and I might watch some morning TV before retiring to my bedroom for the rest of the day - usually managing to surface in time for my husband's return from work at about 6pm.

"From my husband's point of view, he was at a loss as what else to do and simply tolerated my behaviour. We would eat a pre-prepared meal, watch some television and I'd probably be back to bed by 8.30pm.

"Throughout these years I lied and became deceitful, was totally unreliable and forever breaking promises.

"I didn't care what I looked like and couldn't look at myself in the mirror. I injured myself falling over on numerous occasions and regularly telephoned people, repeating conversations twice in one day without realising.

'I woke up and thought, 'this has to stop''

"Being from the south originally I hadn't made many friends locally, but the people who knew me in the village where we live, seemed to just accept me the way I was."

"Then one day, I can vividly remember waking up and thinking to myself, 'don't do this again today, this has to stop'. This was the point where my recovery journey started."

Even then, it wasn't a straightforward journey back to sobriety.

There are 67,000 people living in East Yorkshire who drink to the point that it is a risk to their health. (Image: PA)

After seeing [her GP](#), she was told not to stop drinking as she was consuming alcohol to a level where quitting without close medical supervision could have been fatal.

Although she underwent a detoxification programme, started regular sessions with a support worker and returned to AA, a leaving gift bought for some colleagues at a new part-time job she had landed nearly proved fatal.

'I thought one drink wouldn't hurt but immediately, I was back to square one'

The gift was some bottles of wine and, because they had been on offer, she kept one bottle back for herself.

"I honestly thought at the time that one drink wouldn't hurt, but I was immediately back on the vodka and back to square one," she recalled.

"After a few weeks I got myself checked in for another detox and managed to stay sober for a few months. Then during a visit to see family, I again thought it would be OK to have one glass of cider, it was a hot day and I told myself it would be fine.

"Guess what? I was back on the vodka for six weeks before my last detox which is where my recovery journey started again."

Jane's last alcoholic drink was nearly three years ago and she believes her experience shows recovery is not an easy thing to achieve.

Tim Young, chief executive of the Hull-based Alcohol and Drug Service (Image: Unknown)

"For anyone else in the same position as I was, please don't beat yourself up or feel like a failure," she said.

"Alcohol is a powerful substance which is available all day and night, easily accessed from convenient locations - a corner shop or a petrol station, the temptation is there all of the time and relapsing is not uncommon. One of my peers did the detox seven times!

"The point is, you do not have to do this alone, we just take it one day at a time and support each other."

'Not all alcoholics are disheveled, rolling around drunk - they look like you and me'

Tim Young, chief executive of the Alcohol and Drugs Service, which is based in [Spring Bank](#), said: "The perception of people with an alcohol problem are those who look disheveled and roll around drunk, but this isn't necessarily the case.

"This stereotype is unhelpful as it can make it more difficult for people admit they have a problem. Especially as, more often than not, they just look like everyone else.

"We are very grateful to Jane for sharing her experience. As a [charity](#) we want to change the perception of recovery, from being a subject we avoid bringing up, to making it easier for people to talk about in order to recognise they have a problem and for people close to them to reach out and help."

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	✓
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
	To ratify the policies identified in the report			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report to Board	✓
Key Issues within the report:	<ul style="list-style-type: none"> Identified within the report 			

Monitoring and assurance framework summary:

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



Chief Executive's Report

This month's report is limited due to the work being progressed in response to Covid 19.

Around the Trust

1.1 Discussion Forum

Dr Fofie, Lynn Parkinson and myself took part in a discussion forum lead by Emma Hardy MP to discuss Mental Health and Covid. It was a productive session with good feedback and with more than 300 people taking part.

1.2 Commendation

Dr Ami Gledhill (higher trainee) has received a commendation regarding her training this year. The panel noted her range of impressive clinical and non-clinical achievements and particularly positive feedback on Ami being a hard working, compassionate and reflective practitioner. The panel were particularly impressed with her local leadership evidenced in the COVID19 era.

Ami transferred to the Trust last year from Merseyside and has clearly impressed many people this side of the Pennines. Congratulations to Ami.

1.3 Meetings

I continue to use IT platforms to meet and speak to staff from all areas across the organisation, morale remains high however staff are fatigued. We are discussing the importance of annual leave and health and wellbeing, we are the first trust to use the shiny minds application to support staff. We also had a full week of identifying ways for staff to get support (more details below) and outlined the psychology phases involved with the pandemic events.

1.4 Ask the Exec

The "ask the exec" sessions continue and remain popular, these will continue throughout the year.

1.5 NHS 72nd Birthday

On 5 July 2020, the NHS celebrated its 72nd Birthday. To celebrate, our Trust Chaplain Eve Rose held a virtual service on Sunday, 5 July to reflect and share thanks in the multi-faith service. It was attended by the Bishop of Hull, the Lord Mayor of Hull and the public.

We also lit up our Inspire Unit blue for the weekend as part of the national #lightupblue campaign to shine a light on young people's mental health – a group that we know in particular have struggled during lockdown.

We also sent out some special treats to those staff working over that weekend.

1.6 Health & Wellbeing Week

The health and wellbeing of our staff has always been one of our top priorities and working with the impact of COVID has provided an even greater focus on the need to look after ourselves. To help support staff health and wellbeing we held our first Wellbeing Week from 6-10 July. Throughout the week, we shared resources and top tips to help staff take care of themselves through these difficult times.

1.7 Winter Planning

The Trust is actively planning for winter and the flu vaccinations with more peer vaccinators being requested and trained

2 Regional

2.1 Integrated Care System (ICS)

The Integrated Care System is developing with a real focus on integration. Other updates include:-

- Looking to possibly merge budgets for next year, with total devolved by 21/22.
- Organisations remain sovereign but in co-operation with health and social care partners in care. Looking at the ICS possibly being a pathfinder in 21/22
- Still working though the governance with a joint committee to run the ICS
- Joint committee to run the ICS.
- Andrew Burnell will be leading on population health.
- Amanda Bloor will be leading on primary care and the flu programme.

Headlines from the Partnership Board include:

- Capital monies for Humber Coast and Vale (HCV)
- Memorandum of Understanding (MoU) signed with Harrogate.
- The operating framework was agreed (previously circulated).
- Digital capital monies agreed to be submitted.
- Black, Asian and Minority Ethnic (BAME) discussions and work progressed, our work on this vital agenda will be progressed by the Workforce and Organisational Development Committee

2.2 Humber Alliance

Humber Alliance headlines include:

- Memorandum of Understanding (MoU) developing
- Phase 3 planning in progress and looking at Health and Wellbeing Board reset.

North Yorkshire and York headlines include:

- Developing Structures
- Brent Kilmurray has commenced as Chief Executive at Tees Esk and Wear Valley.

3 National

3.1 Planning Guidance

Planning guidance is still awaited and financial flows will remain in block. More details to follow

3.2 Covid 19 and Winter Planning

Planning continues for Covid 19 and winter pressures. I have been speaking to Claire Murdock about money and demand in mental health services.

4 Director's Updates

4.1 Chief Operating Officer Update

4.1.1 New Adult Eating Disorder Service for the East Riding of Yorkshire

The Trust has been working in partnership with East Riding of Yorkshire Clinical Commissioning Group (CCG) and Evolve (an eating disorder service based in Hull provided by City Health Care Partnership) to develop a new adult eating disorder service as previously this was provided on cost per case basis only. The new service is now being implemented.

The referral pathway will be through the Mental Health Response Service and from Community Mental Health Teams (CMHT) to Evolve. A joint assessment will then be arranged and the most suitable package of care will be a shared decision with service user and family if appropriate. The interventions that will now be available are:

- Guided self-help programme

- Brief supportive sessions
- Individual therapy as defined in NICE guidelines.
- Multi family therapy
- Psychoeducation
- Medical assessment, medication and monitoring
- Physical health monitoring;
- Dietetic advice and support;
- Proven clinical interventions aimed at weight restoration, where appropriate;

A clinical pathway has also been designed to support young people with eating disorders currently being cared for by the Children and Adolescent Mental Health Service (CAMHS) to transition to the new adult service.

4.1.2 Redesigning Inpatient Mental Health Services

Our Redesigning Inpatient Mental Health Services project is progressing well and work on developing the Outline Business Case (OBC) is moving forward. Three stakeholder workshops in support of the qualitative options appraisal process have now been held (using remote technology), and the process will be complete by the end of July with a final workshop. The workshops have been attended by a wide variety of stakeholders all with a different but important perspective to bring to the process. The workshops provided an overview of the progress to date to ensure participants were fully briefed on the strategic context and are using the Comprehensive Investment Appraisal Model (CIAM) to reduce the long list of options to a shortlist which will be scored and produce a preferred outcome.

Access to capital remains uncertain due to the Covid19 pandemic, however NHS England/Improvement Strategic Estates Unit continue to be supportive of the progress we have made to date and we will continue to work with them. The membership of the programme board is being expanded to include commissioners and a wider stakeholder group is being established to ensure that engagement and support for the programme is effective. We are working with our partner Citycare in support of developing the OBC and we aim to keep to the timescales we have previously set out to the Board.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Continuous Professional Development (CPD) Funding

National CPD monies for nurses, midwives and allied health professionals has been allocated for 2020-21 totalling £320,333. This is new funding available to the NHS. Payable in two parts 50% has been received with the second allocation due in quarter 3 dependent upon approval of the Trust plan for spend.

This funding enables employers to provide a £1,000 training budget over the next three years for each nurse, midwife and allied health professionals (AHP) in their organisations in addition to investments made locally by the organisation.

In addition to this, there are allocations for Primary Care which will be managed through Primary Care Training Hubs.

The policy is aimed to support CPD requirements of nurses, midwives and AHPs in NHS provided services. This additional funding is to support employers in the delivery of an employee's CPD alongside service requirements to develop skills and expertise at point of care

This funding is a one year settlement and future allocations for years 2021/22 and 2022/23 will be reviewed in line with the spending review process and providers informed in the Autumn of 2020.

We are currently populating our plan in terms of expenditure with teams and individuals sending in their CPD requirements for this year. Managers and staff have also been reminded to capture and submit CPD requirements identified through the Trust appraisal process.

The receipt of these additional monies allows more funding to be available from the Trust training budgets for psychologists and social workers to ensure parity across professions in relation to access to funding for CPD.

4.2.2 Quality Accounts Feedback- Hull Overview and Scrutiny Committee (OSC)

The Trust's Quality Accounts were presented to Hull OSC in June by the Director of Nursing, Allied Health and Social Care professionals. Following the presentation the following feedback was received for inclusion in the accounts:

Hull City Council's Overview and Scrutiny Management Committee considered the Humber Teaching NHS Foundation Trust Draft Quality Account 2019/20 on the 11th of June, 2020. The Committee welcomed the work that was taking place to improve patient services and reduce waiting lists, while also dealing with the impact of Coronavirus. The Committee also welcomed the commitment to improve engagement with people who identified as BAME (Black Asian and Minority Ethnic) and offered its support in developing that capacity going forward.

The Scrutiny Function looks forward to being involved in the development of future quality accounts and asks that any information is circulated at the earliest opportunity so Members can consider and respond in full.

4.3 Medical Director

4.3.1 Patient and Carer Experience

Between the 24th and 31st July 2020, we are hosting several virtual events to spread awareness for and celebrate the LGBT+ community. In the following sessions, we will share lived experiences, the importance of Pride and our Trust network.

- Event 1, Friday 24th July, 11:00 to 11:30: Virtual Service hosted by Senior Chaplain Eve Rose with a focus on Pride.
- Event 2, Monday 27th July, 14:00 to 14:30: Lived experience with Andy Train (Andy is the Chair of Hull & ER LGBT+ Forum). He came out at 32 and struggled to find support.
- Event 3, Tuesday 28th July, 14:00 to 14:45: Transgender Awareness with MESMAC (Martin Storey will lead the presentation and he is the Education Development Coordinator at Yorkshire MESMAC). He will provide a brief Trans Awareness training session. Martin will be accompanied by Sophie Bracewell who works for the Gender Identity clinic in Leeds. Sophie will be sharing her lived experience.
- Event 4, Friday 31st July, 13:00 to 13:30: Kyle McInnes (Staff member) will talk about the Trust's LGBT+ Staff Network (Rainbow Alliance).

4.3.2 Appraisal & Revalidation For Doctors

The General Medical Council and NHS England will be holding a series of events in August to discuss how appraisal and revalidation will restart within the next couple of months. This will help inform our approach in Humber Teaching NHS Ft.

4.4 Director of Workforce & Organisational Development

4.4.1 Bank Workers

A satisfaction survey went to all bank staff on 6th July, open for four weeks, to seek feedback on

their experiences of working for the trust in a bank capacity.

4.4.2 TRAC Recruitment

Training has taken place of Workforce and Organisational Development (OD) staff in the new TRAC recruitment system which goes live on 4th August and two manager briefing sessions have been delivered via MS teams.

4.4.3 Appraisals

The window is now open and will continue through to the end of October.

4.4.4 Retirement Policy

The policy was updated and agreed at Workforce and OD Committee. This allows staff to retire and return more quickly than was previously the case, helping with the staffing vacancy issues.

4.4.5 Statutory and Mandatory Policy

This policy has been updated and agreed at Workforce and OD Committee. This sets out what people need to do and who the lead in the Trust is for each mandatory or statutory training course.

4.4.6 Operational HR

Case work continues to be effectively managed with only 3 grievances and 5 disciplinary cases (compared to 8 and 22 two years ago) and no live bullying and harassment cases. There is no back log with job evaluations.

4.4.7 Black, Asian and Minority Ethnic (BAME) Staff Network

The Trust is in the process of setting up its first BAME staff network, with Grace Gava taking on the role of chair for the first 12 months.

4.4.8 Pulse Surveys

A pulse survey will go out to half the organisation in quarter 2 (the other half in quarter 4). This will focus on the 10 lowest scoring areas from the last survey plus the two friends and family test questions.

4.4.9 Recruitment Task and Finish Group

3 year recruitment plans are now in place for Nurses, GPs and Consultants. The trust employs 165 more staff than 2 years ago and 33 more since the end of March.

4.4.10 Staff Survey

All departments have received a breakdown of their results compared to the trust overall and other departments. All are working on action plans and the Workforce and OD Committee in July heard from Secure Services on what they plan to do. As a reminder, the trust has better results across 9 of the 11 theme compared to two years ago with one the same and one marginally worse.

4.5 Director of Finance

4.5.1 Bridlington Re-Imaging

Meetings have now resumed for the Bridlington re-Imaging Steering Group; multi agency representation centred around the potential to bring services together in or around Bridlington Hospital.

This work links to the development of an East Coast Strategy, linking the Scarborough Acute Services review with the impact for Bridlington. East Riding of Yorkshire Council are leading this work and Humber FT is fully engaged and supporting the discussions. The next stages are an assessment of the potential opportunities across all sectors, appraisal of possible estates requirements and evaluation of funding opportunities to be explored.

4.5.2 Lead Provider Collaborative

Due diligence work on the lead provider collaborative commenced on the 13 July, work will be

influenced by the level of engagement and data NHSE can provide but will be sufficient to highlight potential risk and opportunity areas.

Melanie Bradbury came into post on 13th July and will lead the on the development of the Commissioning team, Governance and reporting structures.

4.5.3 Digital

Microsoft Teams

The Trust's usage of Microsoft Teams (MS Teams) has stabilised over the last 4 weeks. The NHS is removing the use of Skype for Business and directing people to use MS Teams. The change in number of video calls per week is shown in the table below:

w/e	Teams	Skype
21/6/20	1,164	1,059
28/6/20	1,441	1,218
5/7/2020	1,546	1,015
12/7/2020	1,785	302

Office 365

EMT have approved the Trust participating in the implementation of Office 365 as part of the NHS wide procurement. Work to establish volume and level of licence is progressing.

Digital Phase 3 Planning

Humber Coast and Vale ICS Digital Board have collated a "Digital Fast Forward" plan to collate a set of capital schemes to support the phase 3 planning response. The initial response includes £0.355m for Yorkshire and the Humber Care Record and £0.474m for Trust Schemes, progression will be dependant on securing capital funding.

Lorenzo Cloud

The Trust are to move DXC Lorenzo into a cloud from DXC's data centre. The Trust are a first of type and are working with DXC together with external assurance to ensure the move is carried out safely and improves the performance of the system. The move is expected to take place in September.

Cyber Operational Readiness Support (CORS)

The CORS remediation plan is progressing via the office of the SIRO, a level of external support to deliver parts of the remediation plan has been secured from NHS Digital.

4.5.4 Estates

Working Safely During COVID-19

Assessment developed for Trust premises, which has been undertaken by the Safety team to roll out Estates adaptations, which are being coordinated with the nominated responsible building managers. Further joint visits with infection prevention and control (IPC) are diarised to jointly visit inpatient facilities

Key identified areas of requiring a physical intervention:

- Signage; one way where applicable and social distancing, which are overlaid onto the Back to Basics campaign.
- Social distanced workstations.
- Maximum room occupancy.
- Appropriate use of screens.
- Hand sanitiser and face mask locations.

Return to Business as Usual

The Estates Department have worked to establish a business as usual model within safe parameters, in response to the current situation. Whilst from the outset of the pandemic, the

department moved to an essential maintenance only position, full planned and reactive maintenance regimes were reinstated at the beginning June. The department continues to work with the building managers to ensure that measures are in place to effectively support service delivery.

Whilst originally paused, delivery of the capital programme has been reintroduced. This has commenced with the refurbishment of the County unit area of Townend Court to enable Mental Health Rehabilitation Services to relocate from Hawthorne Court.

Use of Estate

In response to the recent government direction to implement remote working where possible, a number of community bases and corporate buildings have reduced in occupation or closed. Furthermore, the development of the Continuity and Operational Sustainability Plan will inform how the estate will be required to reshape in support. Currently the Estates team are in liaison with operational leads to ensure that the priority reintroduction of the estate is undertaken in a managed and safe manner. This is exemplified at Trust HQ, which has consolidated its office accommodation onto the ground floor and employs a desk booking system.

4.5.5 Turn off of Hard Copy Pay slips

The Executive Management Team (EMT) supported the decision to turn off the printing of hard copy pay slips and move to access to electronic payslips for all staff. The turn off of paper copies will be a Trust Wide outcome.

The current procedure during COVID 19 has been to print hard copies for staff in Hotel Services and Estates and for the management of those staff to ensure receipt of payslips for all staff.

Management teams in Hotel Services and Estates have been contacted to ensure that a process is in place to ensure that staff are ready for the turn off of the hard Copy pay slips and have access to ESR. This has been confirmed by the Patient Environment Manager and Head of Estates.

Pay Slips will no longer be printed from August.

.5 Trust Policies

The policies in the table below are presented for ratification. Assurance was provided to the Committee that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify the following policies.

Policy Name	Approving Committee	Date Approved	Lead Director
Statutory Mandatory Training	Workforce & OD Committee	16/7/20	Director of Workforce & OD
Retirement Policy	Workforce & OD Committee	16/7/20	Director of Workforce & OD

6 Communications Update

The Marketing and Communication’s team have continued to focus on supporting the Trust response to the COVID-19 outbreak. Key work during this time period includes:

- Mon- Fri COVID emails – weekend emails now paused
- Further development of COVID intranet – pages have now had over 21,100 page views
- Wellbeing Week (6-12 July) – a dedicated week of wellbeing content across our intranet and COVID communications.
- Mask guidance ‘What makes me a contact’ illustrations – bespoke illustrative poster created to clearly show correct mask wearing and social distancing to support response to Test, Track and Trace

Key Projects

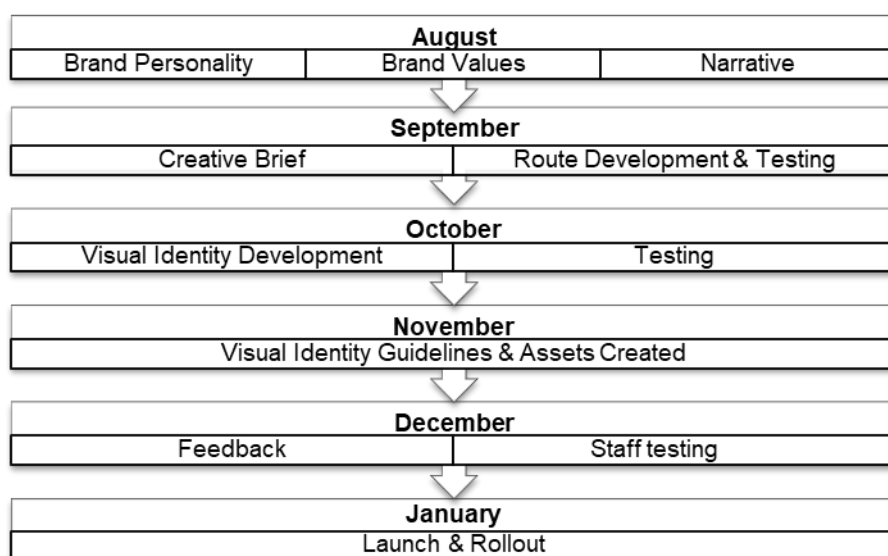
Humbelievable – recruitment campaign

As part of the recruitment task and finish group we created the 'Humbelievable' campaign as our first Trust wide advertising campaign. The campaign will be launched w/c 3rd August. The launch month will include a new recruitment specific recruitment website, local media advertising and a social media campaign. The new website site promotes our unique selling points (our 'Humbelievable promises') and has involved over 20 staff across all types of roles within the Trust.

Staff have been interviewed to develop the content to ensure that it draws from their experiences. The site integrates the new TRAC recruitment software to ensure a seamless recruitment experience from advert through to application.

Brand Project

Following the completion of the research an updated timeline has been produced for this project with the aim launching our new visual identity in January 2021.



External Communications

Awareness Days

Veterans Awareness Weeks (22 June – 3 July)

As part of Armed Forces Day (27 June) and to celebrate the Trust's recent Veterans Aware Status, we worked with Patient and Carer Experience to develop a two-week programme of online events and activity. The programme included events with people with lived experience, sharing official resources and celebrating our Veterans Aware status. Posts received over 16,000 views and 500 likes across the two week period. As a result, we have seen strong support for our position as a Veterans Aware Trust and also boosted staff morale through acknowledging Veterans service providers and the service users themselves.

NHS 72 (5th July)

Our events to part this important date were successful and attracted over 25,000 views and 1,500 likes on the associated posts. Activity included:

- Afternoon Tea deliveries for staff working over the weekend.
- Online participation in the final Clap for Carer's Event
- Online Sunday Service
- Supporting the 'Light Up Blue' campaign by lighting up our Inspire unit in Hull.

- Three case studies of good practice supplied to NHS England reached local media <https://www.yorkshirepost.co.uk/health/one-last-big-clap-nhs-celebrate-72nd-birthday-yorkshire-staff-continue-battle-coronavirus-crisis-2902112>

Other awareness dates covered:

- Cervical Screening Awareness Week (15th June)
- Safeguarding Week (22nd June)
- Health and Wellbeing Week (6th July)
- Pride Month (June)

- **Media**

Media interest has been high over the period but our focus remains on creating positive and uplifting content where possible as well as managing reactive enquiries.

Media report

Positive new stories published (to 11 th July)		Negative new stories	
Local media	5	Local media	1
Website/Social Media	9		
TOTAL	14		1

[please note: the negative story was the Sky News enquiry, Trust was not named directly in the final report online or in the broadcast.]

- **Website**

The new Trust website is now live (as of w/c 14/07). This is the final board report on the old site.

	Target	Performance over period
Bounce Rate	50%	64%
Social Referrals	12%	2.6%
	(a 10% increase in 2019 position)	

- **Social media**

	Target	Performance over period
Engagement Rate	4%	4.35%
Reach	+50,000 p/m	224,325
Link Clicks	1500 p/m	620

We have used our social media platforms to post positive and supportive content and to celebrate staff and volunteers.

We support services to place bespoke and highly targeted adverts on our facebook page. This month we supported Malton for recruitment to Registered Nurse Vacancy. For a budget of £100 we were able to reach 10,484 individuals. Of those 455 clicked engaged with the advert costing 22p per action. This lead to a number of applications for the position which have previously not been able to gather interest.

Internal Communications

Poppulo

Planning is well underway to launch Poppulo, a new platform to help to deliver targeted, relevant communications, on 2 September 2020. We are working closely with HR colleagues during the pre-launch phase to ensure it will enhance both staff communications and employee engagement.

Annual Members’ Meeting

Due to the COVID-19 restrictions our Annual Members’ Meeting will be held virtually on Thursday, 17 September. To showcase staff at the event we are reaching out to teams to create a feel good video to celebrate their efforts over the last four months.

Staff Awards

Given current restrictions due to COVID-19 it is unlikely that we will be able to hold our Staff Awards ceremony in the same way as we usually do. To gather insight from staff an plan an approach that resonates with them a survey was launched. Over 100 staff have now completed the survey. The survey is still open and the results will be presented to EMT for review.

- **Intranet**

Current performance

	Target	Performance over period
Bounce Rate	40%	61.68%
Visits	+20% on 2019 average	+42%

7 Health Stars Update

Walk for Health Stars

Health Stars launched “Walk For Health Stars – John O’Groats to Lands’ End” on the 8th June 2020. Health Stars encouraged people to walk/jog/run any distance and submit their total. The goal was to collectively walk 1020 miles (John O’Groats to Lands’ End.) People can text ‘WALK4HS’ to 70085 and this will donate £5 to Health Stars. The idea behind it was to encourage people to keep exercising, create a sense of community and support wellbeing. They reached the target on 2nd July and even surpassed the target by 45 miles. I’d like to say a huge thank you to everyone that took part and supported Health Stars.



Wish Spotlight

This month Health Stars have provided gazebos and chairs for Maister Lodge & Hawthorne Court. The gazebos are for patients and families to support visiting during these challenging times with social distancing in place.

Patients are also using them to enjoy the outdoors more, when our British weather allows. Here is a picture of the gazebo at Maister Lodge. Thanks to the teams at Maister Lodge & Hawthorne Court for putting the wish into Health Stars.

HEY Smile Foundation Volunteer Awards 2020

Our charity partner for Health Stars, HEY Smile Foundation have found a way to go ahead with their Volunteer Awards this year by having them online. Last year I was proud to have trust volunteers nominated for one of the awards. It would be great to see some of our staff/teams nominated this year as well. Please get involved and submit a nomination if you are a volunteer yourself or know a charity, group or organisation that you think deserves recognising for their hard work. More information about the awards and how to nominate an individual or group is available here: <http://heysmilefoundation.org/2020/06/19/volunteer-awards-2020/>

Pride

This month Health Stars would usually be taking part in Pride along with other teams in the Trust. Health Stars have still changed their logo to the Pride version of their logo and will be joining in with Hull Pride celebrations digitally via social media.

Domestic Abuse Champion

Health Stars Fundraising Manager, Kristina Poxon is delighted to have been selected to be a Domestic Abuse Champion for the Trust following the recent launch of the scheme.

Michele Moran
Chief Executive
July 2020

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020			
Title of Report:	Publications and Policy Highlights			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To receive & note	✓
	For information	x	To ratify	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	10/6
	Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Other (please detail)		
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	I. Understanding the impact of Covid-19 on BAME Group, II. Workforce race inequalities and inclusion in NHS providers III. Regulating during COVID-19 – why raising concerns about care is more important than ever IV. Learning from local areas: helping health and care providers prepare for future pressures V. Because we all care VI. First Do No Harm			

Monitoring and assurance framework summary:

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



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

Publications and Policy Highlights

The report provides a summary on recent publications and policy.

Understanding the impact of Covid-19 on BAME Group, Public Health England 16 June 2020

This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities. It supports the rapid review of disparities in the risk and outcomes of COVID-19.

The report summarises requests for action, which have been used to inform a number of recommendations. It also includes a rapid literature review. These insights will form the basis of the next steps being taken forward by the Equalities Minister.

Lead: Chief Operating Officer

This is a helpful report and it has been looked at within our Covid 19 command arrangements to ensure that we have considered and are responding to the recommendations. This has been encompassed in our approach to our staff risk assessment arrangements and the associated support provided to our BAME staff. Other recommendations are broader and connect with our equality and diversity work and the actions we have in place to take this forward

Workforce race inequalities and inclusion in NHS providers Kings Fund 7 July 2020

The NHS has one of the most ethnically diverse workforces in the public sector. However, year after year, ethnic minority staff¹ report worse experiences in terms of their lives and careers, when compared with white staff and people from an ethnic minority background are under-represented in senior positions in the NHS. Addressing race inequalities in the NHS workforce is critical on multiple levels. Experiences of discrimination can cast a long shadow on ethnic minority NHS staff; the impact on people can be profound (see www.kingsfund.org.uk/nhs-stories for powerful first-person accounts collected in connection with this research). There are also wider implications for the health service: evidence shows that fair treatment of staff is linked to a better experience of care for patients. Moreover, the NHS is in the midst of a workforce crisis and improving its performance on diversity and inclusion will play an important role in the NHS becoming a better place to work and build a career.

This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities. It supports the rapid review of disparities in the risk and outcomes of COVID-19.

Lead: Director of Workforce & Organisational Development

These stories will be shared with the ED&I working group and publicised across the Trust.

Regulating during COVID-19 – why raising concerns about care is more important than ever Care Quality Commission 17 June 2020

While routine inspections have been paused, we have continued to inspect in response to risk and concerns raised, and services have remained subject to close monitoring using a range of intelligence sources. This includes an additional monitoring tool – the Emergency Support Framework (ESF). The ESF helps us better understand the impact of COVID-19 on staff and people using services and identify where we may need to inspect, or escalate concerns to partner organisations.

As the situation evolves and the impact on the health and social care system changes, we'll be adapting the ESF tool to be used alongside our responsive visits and a managed return to routine inspection of lower risk services in the autumn. Inspectors are now scheduling inspections of higher risk services to take place over the summer.

Although calls often covered multiple topics, many of the calls (26%) related to lack of PPE or other infection control products. We have escalated these concerns to local authorities to ensure providers get the supplies they need – in some case we have even arranged loans of PPE from another provider to cover immediate need.

Thirty-two percent of calls included concerns about how infection control or social distancing was being practiced at the service they worked in and 4% of calls referred to quality of care being impacted by COVID-19. In these cases we followed up with the provider directly – usually by phone as we have only carried out a small number of physical inspections since mid-March in order to limit the number of people entering services and risk the further spread of infection. However, of the 17 physical adult social care inspections conducted since 17 March, 11 have been as a result of concerns raised by staff or members of the public – and as we increase physical inspections we will be crossing the threshold more frequently in response to concerns.

The voices of staff are crucial to understanding quality of care on the frontline and listening to them will be key to fighting infection in health and care settings. We have strengthened our processes to help ensure that we can listen and respond as effectively as possible. Our contact centre automatically allocates calls from care workers who have concerns about the safety or quality of care to an inspector or senior member of the team to investigate so these calls are fast-tracked, offering a quicker resolution to the issues raised. Trade unions have told us that they are getting a high number of enquiries from members employed in social care about how they can raise concerns about the quality and safety of care. In response, unions including UNISON, GMB, Unite and RCN will be promoting our contact centre number to their members, as will ADASS and the NMC. And staff in NHS, independent, primary medical or dental services should also contact us to raise

concerns – we are listening, and we will take action to protect people where necessary. We also continue to support the work of Freedom to Speak Up Guardians through the work of the National Guardian’s Office.

There has also been an increase in calls about, or from, people detained under the Mental Health Act – often expressing distress or confusion about why people are more likely to be confined to their rooms rather than being able to move around freely. In response, we have also changed the way we handle calls to help support people who complain to CQC about the Mental Health Act and care or treatment while detained during COVID-19. We now prioritise contacts from, or relating to, people who are detained on inpatient units and allocate them to Mental Health Act Reviewers. Of the eight mental health services we have inspected since pausing routine inspections, five have been as a direct result of concerns raised with us by staff or members of the public.

Lead: Chief Executive / Director of Nursing, Allied Health and Social Care Professionals

Report noted. We have not had any concerns raised with us by the CQC to date in relation to staff raising concerns in respect of availability of PPE or other infection control products, how infection control or social distancing was being practiced, quality of care being impacted by COVID-19 or patients movements being restricted due to COVID. No Freedom to Speak Up concerns have been raised regarding PPE

Learning from local areas: helping health and care providers prepare for future pressures CQC 9 July 2020

We are carrying out a series of rapid reviews of how providers are working collaboratively in local areas to help health and social care services learn from the experience of responding to coronavirus (COVID-19).

These Provider Collaboration Reviews (PCRs) will focus on Integrated Care System (ICS) or Sustainability and Transformation (STP) areas. They will involve understanding the journey for people with and without coronavirus across health and social care providers, focusing on the interface between health and adult social care for the over-65 population. The reviews will support providers across systems by sharing learning, helping to drive improvements and prepare for future pressures on local health and care systems.

The first phase will see reviews in 11 areas, however our ambition is to look at provider collaboration in all ICS and STP areas. [Visit our website for more information](#), including details of the areas involved in the first phase.

Because we all care CQC 9 July 2020

We have joined forces with Healthwatch and other health and care partners for a new campaign, *Because we all care*.

New research shows nearly two thirds of people would support the NHS and social care services by actively providing feedback on their care. People also say they are more grateful for their healthcare services since the coronavirus outbreak. Our new campaign aims to help services identify and address quality issues and support patients by encouraging people to share feedback on individual experience.

We're calling on health and social care providers to join the campaign to help spread the word. Our online toolkit includes a range of resources to help you support the campaign or run your own campaign to get feedback from people who use your services or those you support. You can also download posters and social media graphics and watch our animation introducing the campaign.

Lead: Medical Director

This report will be shared with Head of Patient and Carer experience to review alongside some of our own internal research which has taken place with regard to patient experience during COVID. This work had initially had a focus on the experience of virtual consultations.

First Do No Harm - Independent Medicines and Medical Devices Safety - 7 July 2020

The Independent Medicines and Medical Devices Safety Review, chaired by Baroness Julia Cumberlege, has published its report.

In February 2018, the Secretary of State for Health and Social Care, the Rt Hon Jeremy Hunt MP, announced a review into how the health system responds to reports from patients about harmful side effects from medicines and medical devices. The announcement in the House of Commons follows patient-led campaigns on the use of the hormone pregnancy test Primodos, anti-epileptic drug sodium valproate and surgical mesh.

Lead: Medical Director

This report will be shared with the Chief Pharmacist for discussion at the Drugs and Therapeutics committee. In terms of key messages we will focus on phenytoin prescribing whose risks have been well documented previously.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 29 th July 2020			
Title of Report:	Performance Report - Month 3 (June)			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>This purpose of this report is to inform the Trust Board on the current levels of performance as at the end of June 2020.</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>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Finance & Investment Committee		Executive Management Team	☑
	Mental Health Legislation Committee		Operational Delivery Group	☑
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<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>Commentary has been removed from the report but is included below for those indicators that have fallen outside of the normal variation range.</p> <p>Friends and Family Test - Involvement – performance has reduced 90.5% in month, this falls outside the lower control limit but remains above the national target of 90%</p> <p>During Covid-19 the Trust has continued to collect Patient Experience survey data (despite a national pause), however the transition from paper to a digital approach which has resulted in a smaller numbers of surveys with a consequential effect on the statistics.</p> <p>Increasing digital survey uptake is a focus of attention in the coming months, and it is expected that performance will return to the positive direction of travel, previously reported to board in the annual patient experience report..</p> <p>Waiting Times - In common with the National picture, the Trust’s performance on waiting lists has been affected by the impact of changes in services as a result of the response to the COVID19 pandemic.</p>			



	<p>Referrals have also seen a significant increase in recent weeks and are expected to continue to rise in the medium term. Whilst this has impacted on all services it has been particularly noticeable in CAMHS areas and specifically for the autism diagnosis service which has been effected by school closures leading to inability to access critical information to support making a diagnosis.</p> <p>Each service has developed plans as part of the Trust's Continuity of Operations and Sustainability Plan (Phase 3) to address the waiting list position.</p> <p>IAPT 18 Weeks – performance has reduced 98.2% in month, this falls outside the lower control limit but remains above the national target of 95%. Performance is recovering against the 6 week standard.</p> <p>Operational plans are in place to address this and the position will be recovered over the next two months.</p> <p>Sickness – sickness absence data for June is 4%, this falls below the lower control limit. This recognises the improvements that have been made to sickness management and the positive impact remote working is having on sickness absence.</p> <p>Cash in Bank - The cash balance at the end of June was £25.494m, this exceeds the upper control limit and is influenced by the fact the position is inclusive of the July Block payment (£9.8m).</p>
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Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			



Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Financial Year
2020-21

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:
Jun-20

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: **Jun 2020**

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	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
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	3 and 7 day follow ups	Percentage of patients who had a follow up within three days 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:

Jun 2020

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	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 5	Finance - Cash in Bank	Review of the cash in the Bank (£000's)
Goal 5	Finance - Income and Expenditure	Review of the Income versus Expenditure (£000's) by month
Goal 6	Complaints	Two charts showing the number of Complaints Received (1) and the number of Complaints Responded to and Upheld (2)
Goal 6	Compliments	Chart showing the number of Compliments received by the Trust by month

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2020**

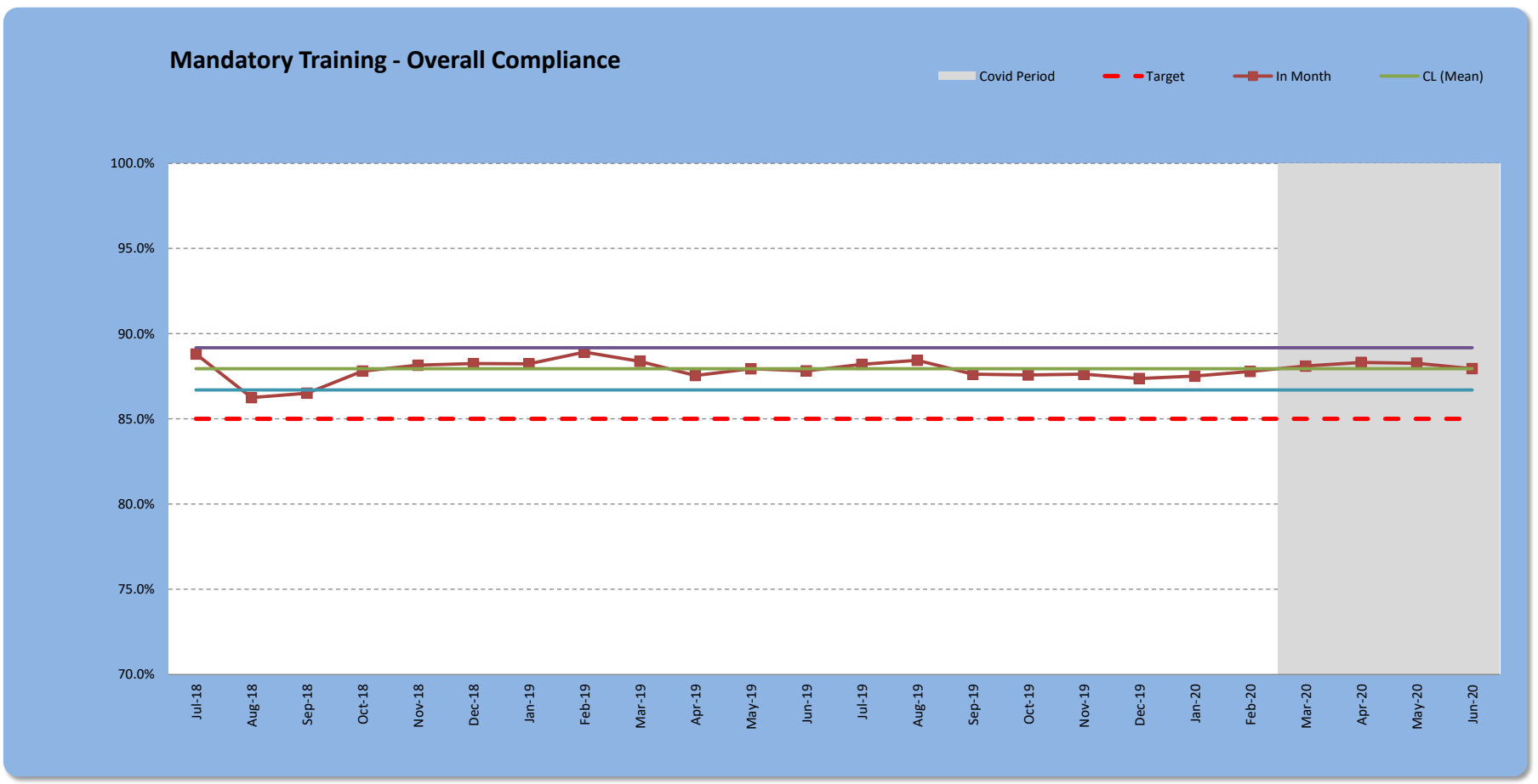
Indicator Title	Description/Rationale	Executive Lead
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan

KPI Type
WL 5

Narrative

Above Target,
decreased by 0.1% on
the previous month.

Target: 85%
Amber: 75%
Current month stands at 88.0%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2020**

Indicator Title	Description/Rationale	Executive Lead
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Steve McGowan

KPI Type
WL 2 VAC

Narrative

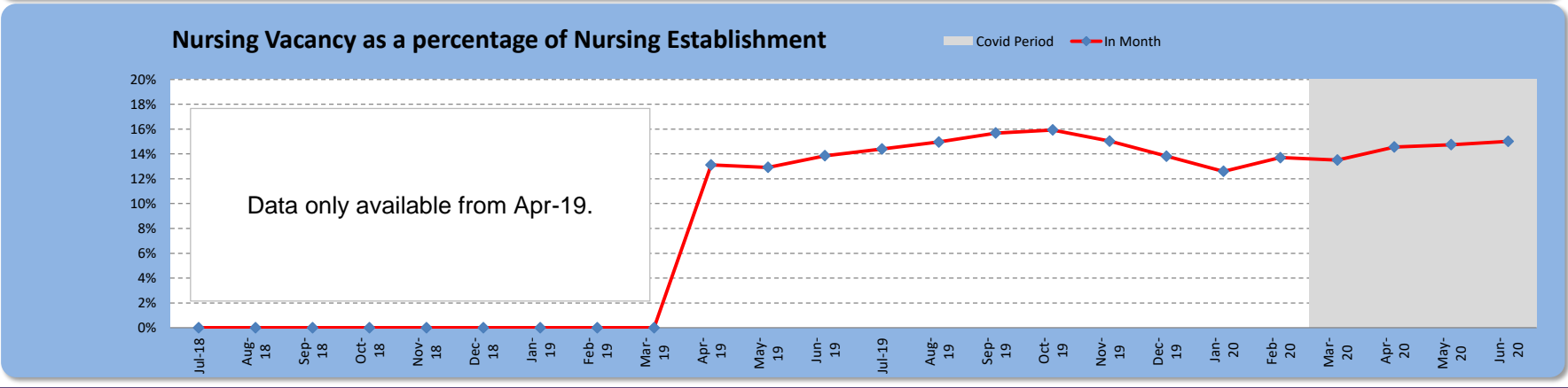
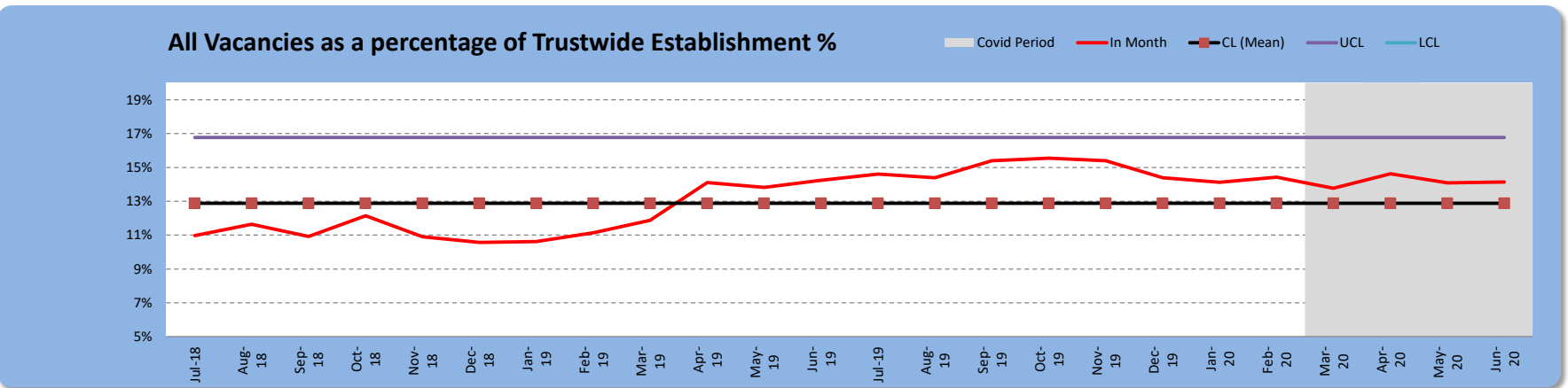
Now shown as a percentage of vacancies against total establishment.

Nursing Vacancy rate added in May-20. Previous years data to follow once developed.

Breakdown for Month

	Trustwide	Nursing
Est	2933.7	844.3
Vac	414.8	126.8
	14.1%	15.0%

Current month stands at 14.1%



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2020**

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

Narrative

Within Control Limits.

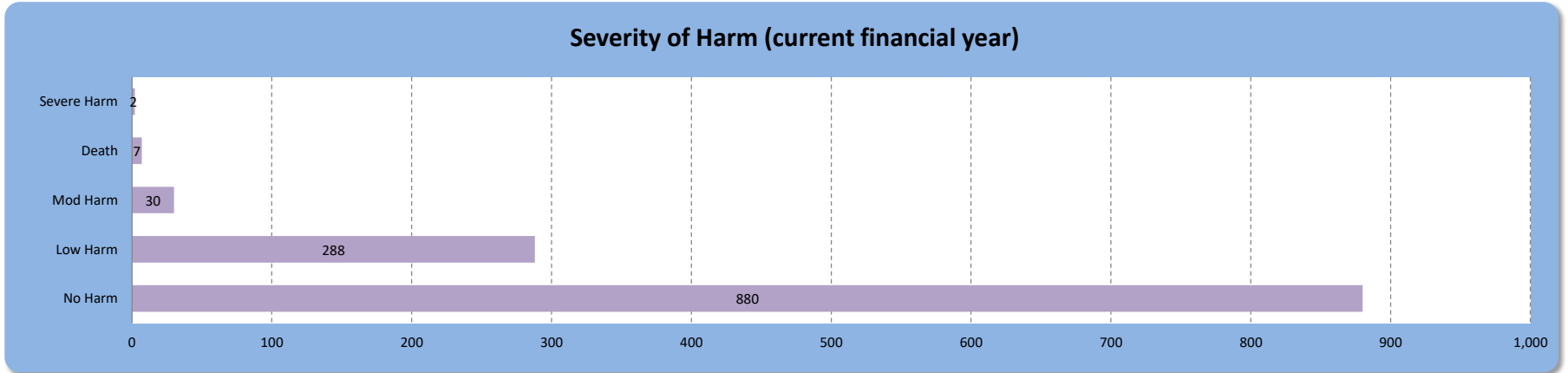
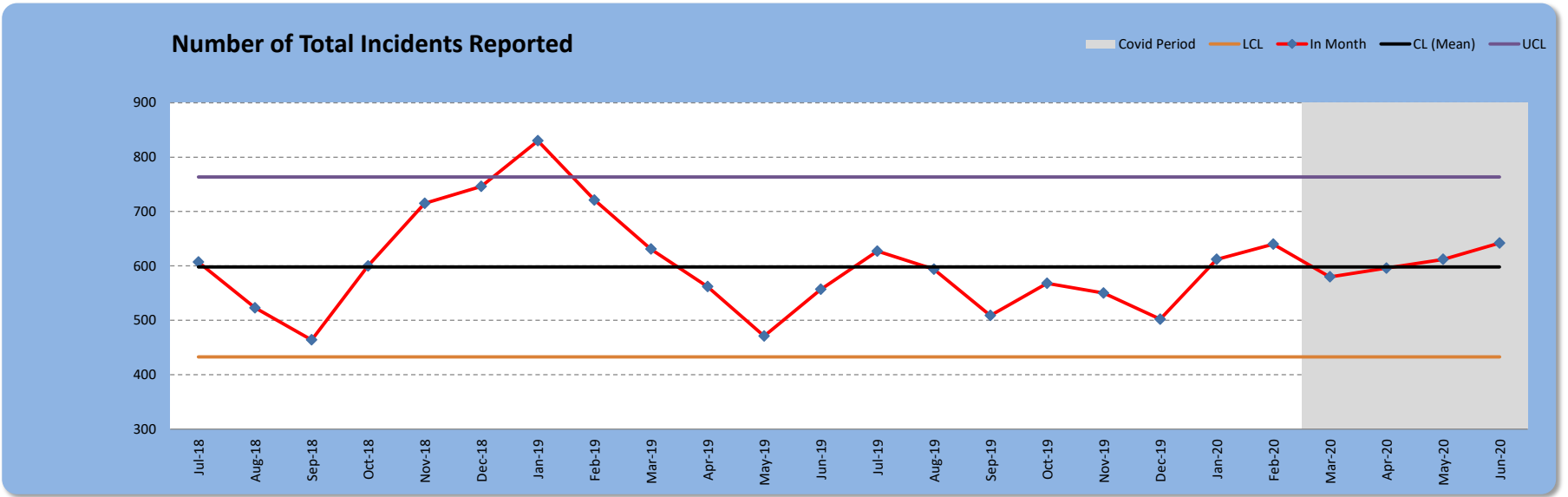
Increase of 30 when compared to the previous month.

Added Severity of Harm current fiscal year chart.

UCL: 764
LCL: 433

Current month stands at 642

Severity of incidents reported in the current financial year (YTD)



PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2020**

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

Narrative

Greyed out area on chart signifies Covid19 period.

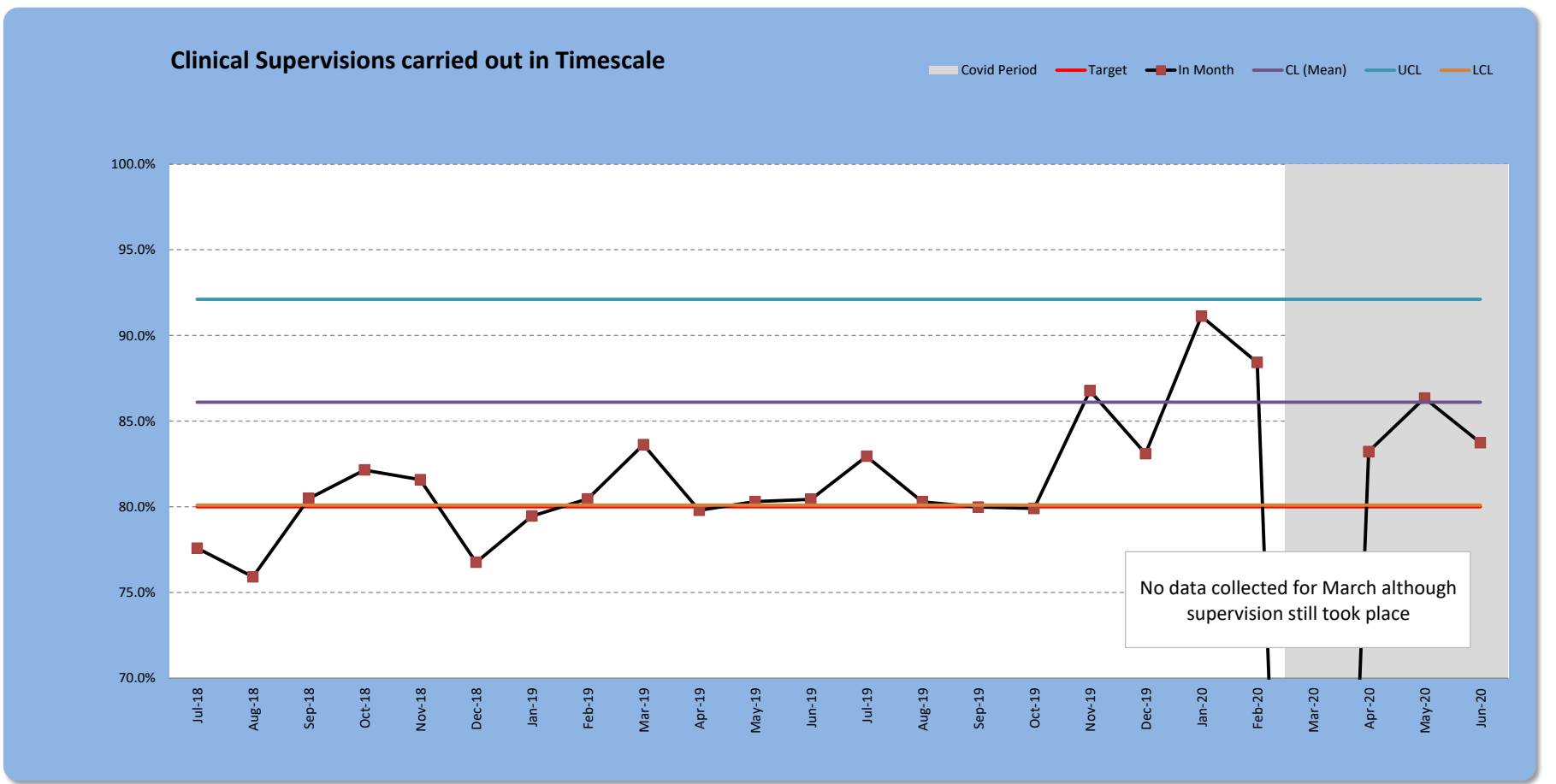
Performance remains above target for June.

No data for Mar-20 for any teams as the data collection was suspended due to COVID-19 planning.

Target: 80%

Amber: 75%

Current month stands at 83.7%



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Staffing and Quality Indicators

Contract Period: 2020-21
Reporting Month: May-20



Humber Teaching
NHS Foundation Trust

Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (Year to Date)				High Level Indicators					Indicator Totals			
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Apr-20	May-20	
										Registered	Un Registered	Registered	Un Registered													
Adult MH	Avondale	Adult MH Assessment	30.6	75%	19.36	15.8%	↑	0.0%	→	81%	87%	95%	100%	0	0	0	0	82.1%	91.5%	91.7%	100.0%	4.1%	2.2	2	0	
	New Bridges	Adult MH Treatment (M)	39.4	89%	10.54	5.6%	↑	6.5%	↑	87%	121%	95%	117%	0	0	0	0	68.4%	97.8%	92.3%	100.0%	0.8%	2.0	2	1	
	Westlands	Adult MH Treatment (F)	32.2	95%	9.15	29.7%	↑	8.5%	↑	75%	107%	83%	112%	1	9	0	0	60.0%	88.9%	88.9%	86.4%	5.6%	5.0	2	3	
	Mill View Court	Adult MH Treatment	25.2	25%	Joint facility as COHORT and COVID ward with MVL. Figures provided once ward re-established to regular provision										0	2	0	0	100.0%	94.0%	90.0%	93.8%	5.7%	5.8	1	1
	Hawthorne Court	Adult MH Rehabilitation	22.4	76%	11.65	22.6%	↑	0.2%	↓	72%	85%	105%	121%	1	2	0	0	72.4%	88.9%	81.8%	92.9%	9.3%	0.2	3	3	
OP MH	PICU	Adult MH Acute Intensive	24.2	70%	31.98	40.4%	↑	8.8%	↑	70%	210%	81%	167%	1	16	0	0	100.0%	89.3%	100.0%	100.0%	15.1%	8.6	1	2	
	Maister Lodge	Older People Dementia	36.4	58%	20.39	15.3%	↑	0.0%	→	61%	117%	119%	98%	0	0	0	0	100.0%	92.3%	81.8%	96.3%	7.4%	0.0	2	2	
Specialist	Mill View Lodge	Older People Treatment	24.2	19%	Joint facility as COHORT and COVID ward with MVC. Figures provided once ward re-established to regular provision										0	0	0	0	100.0%	94.3%	90.9%	92.9%	25.7%	1.9	3	1
	Pine View	Forensic Medium Secure	27.2	50%	11.77	2.8%	↑	0.0%	→	97%	72%	50%	102%	0	0	0	0	92.6%	94.2%	100.0%	83.3%	3.4%	1.0	3	3	
	Derwent	Forensic Low Secure	26.2	97%	10.85	22.5%	↑	5.4%	↑	103%	75%	65%	96%	1	1	0	0	100.0%	94.8%	100.0%	83.3%	8.1%	2.4	1	3	
	Ouse	Forensic Low Secure	24.2	93%	9.24	17.8%	↑	5.4%	↓	94%	108%	76%	135%	0	1	0	0	88.9%	95.3%	100.0%	88.9%	8.1%	2.4	1	1	
	Swale	Personality Disorder Medium Secure	24.3	49%	15.12	51.0%	↑	0.0%	→	82%	71%	60%	115%	0	0	0	0	100.0%	91.0%	88.9%	100.0%	6.3%	0.0	1	4	
Child & LD	Ullswater	Learning Disability Medium Secure	27.2	67%	17.51	41.0%	↑	0.0%	→	79%	110%	65%	92%	0	1	0	0	84.6%	94.5%	81.8%	100.0%	12.1%	0.0	2	2	
	Townend Court	Learning Disability	34.8	56%	21.55	24.5%	↑	0.0%	→	68%	82%	50%	125%	0	1	0	0	54.8%	94.8%	75.0%	100.0%	7.4%	4.0	2	4	
	Inspire	CAMHS	44.8	69%	26.02	2.3%	↑	0.0%	→	53%	49%	59%	31%	0	2	0	0	No Ret	88.6%	84.2%	100.0%	7.6%	3.0	5	2	
CH	Granville Court	Learning Disability Nursing Treatment	47.2	Not Avail	n/a	30.1%	↓	0.0%	→	96%	88%	106%	94%	0	0	0	n/a	92.5%	83.3%	100.0%	86.0%	4.2%	1.4	2	0	
	Whitby Hospital	Physical Health Community Hospital	34.3	46%	12.80	0.0%	→	0.0%	→	81%	57%	53%	79%	0	0	0	n/a	100.0%	94.6%	89.5%	70.0%	4.8%	0.0	4	2	
	Malton Hospital	Physical Health Community Hospital	26.4	58%	13.27	Not on eRoster	→	Not on eRoster	→	100%	106%	108%	98%	0	1	0	n/a	100.0%	83.3%	78.6%	45.0%	9.0%	3.8	2	2	

Exception Reporting and Operational Commentary

RAG ratings for Inspire have been removed until all beds are available. Planned establishment has been set at both Orion and Nova wards being fully operational. Until both units are open and functioning, the RAG rating has been stepped down.

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

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

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

Registered Nurse Vacancy Rates

Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
12.50%	14.30%	17.10%	16.80%	18.60%	16.11%	15.70%	15.00%	13.10%	13.90%	12.80%	12.64%

Slips Trips and Falls

Slips / Trips / Falls		4	5	6
Unit/Hospital		Apr	May	Jun
Maister Lodge (206330)	Maister Lodge	7	4	3
Mill View Lodge (206332)	Mill View Lodge	1	0	0
Whitby District Hospital	Whitby	1	9	1
Malton District Hospital	Malton	4	1	3

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

PI RETURN FORM 2020-21

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Jun 2020**

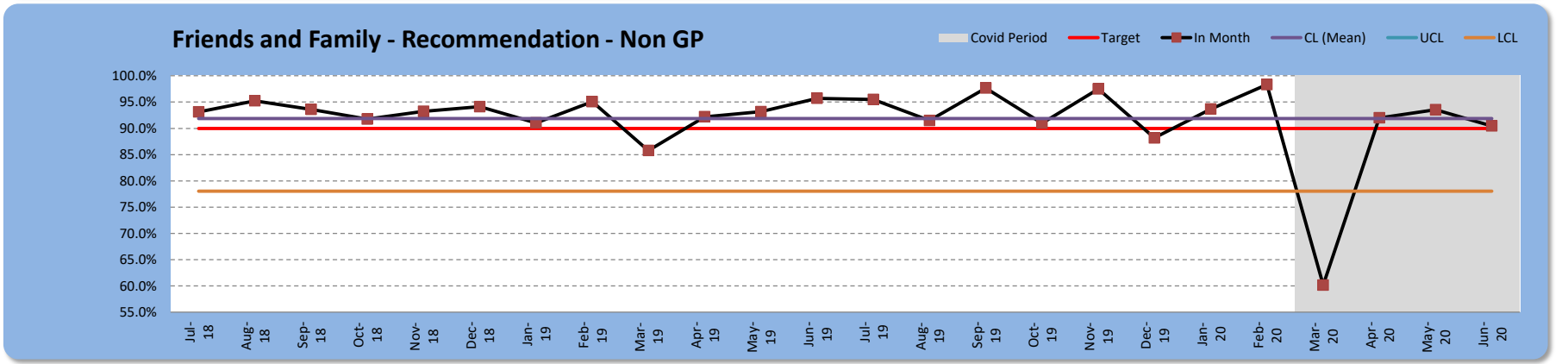
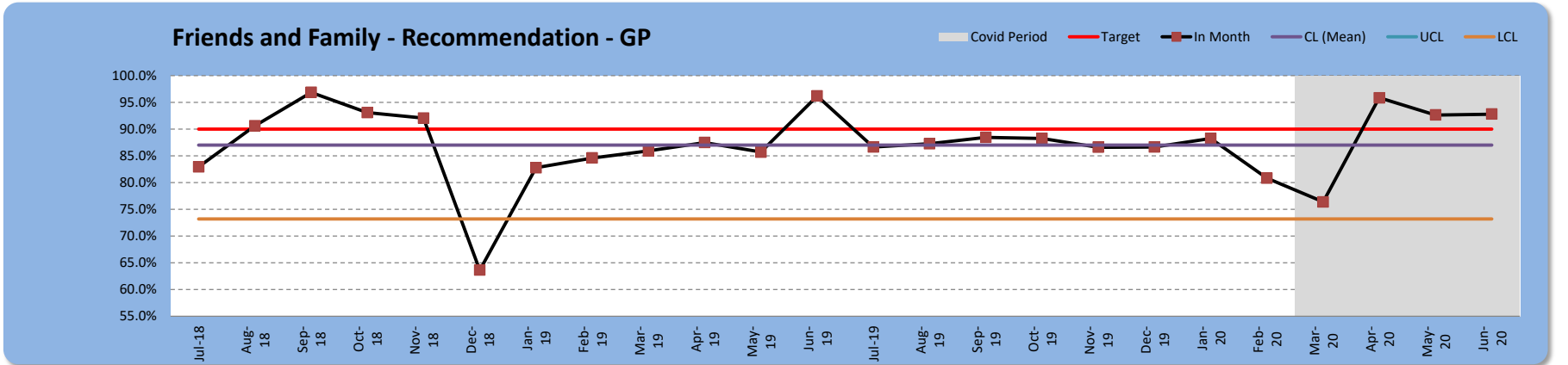
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	John Byrne	FFT %

Narrative

Split between GP and all others are now provided across two charts

Target: 90%
Amber: 80%

Current month stands at 92.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

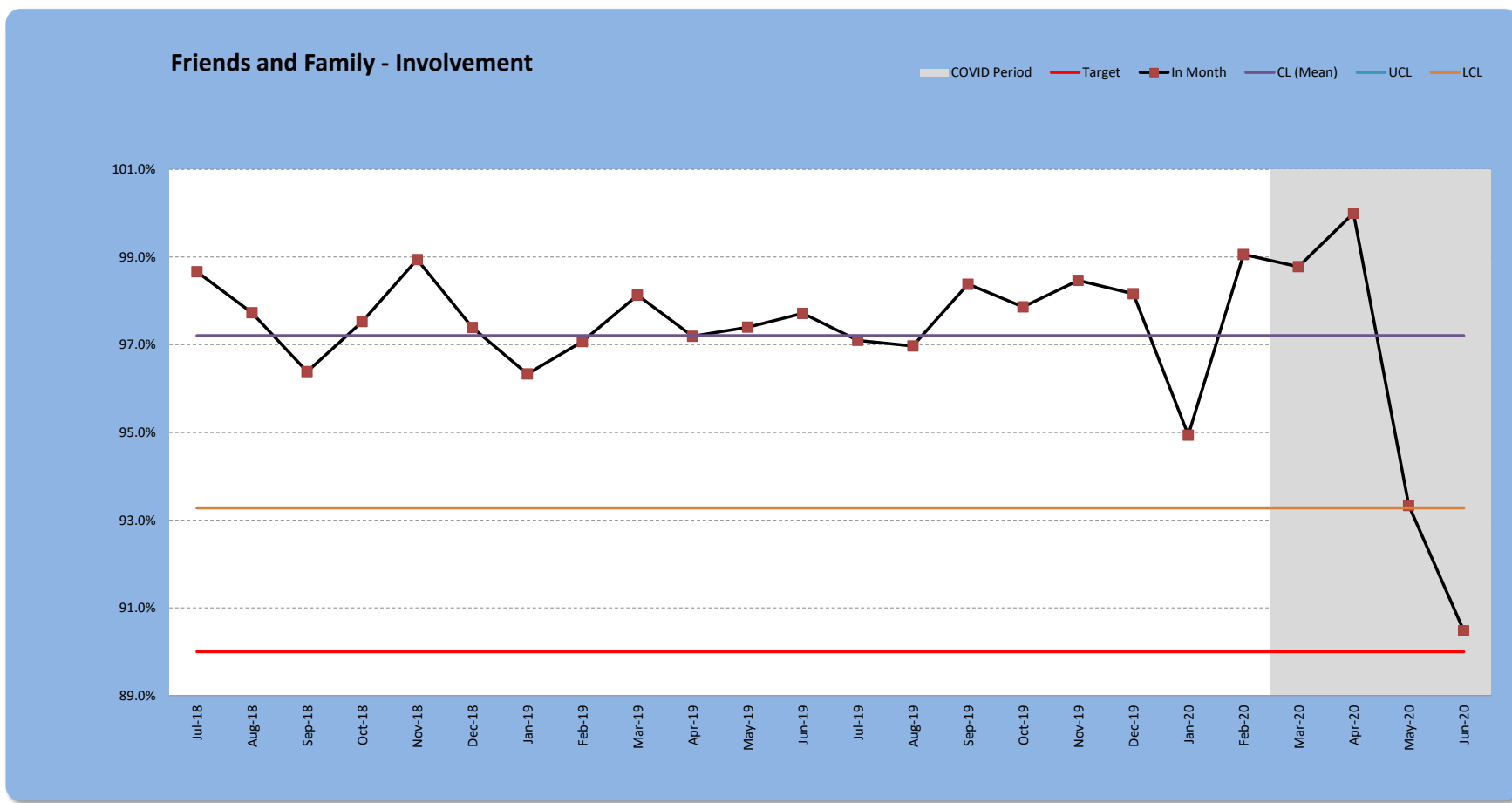
KPI Type
CA 3c %

Narrative

In month target achieved. But June performance has seen another significant drop and will be monitored moving forward.

Target: 90%
Amber: 80%

Current month stands at 90.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

Indicator Title	Description/Rationale	Executive Lead	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	Lynn Parkinson	OP 12

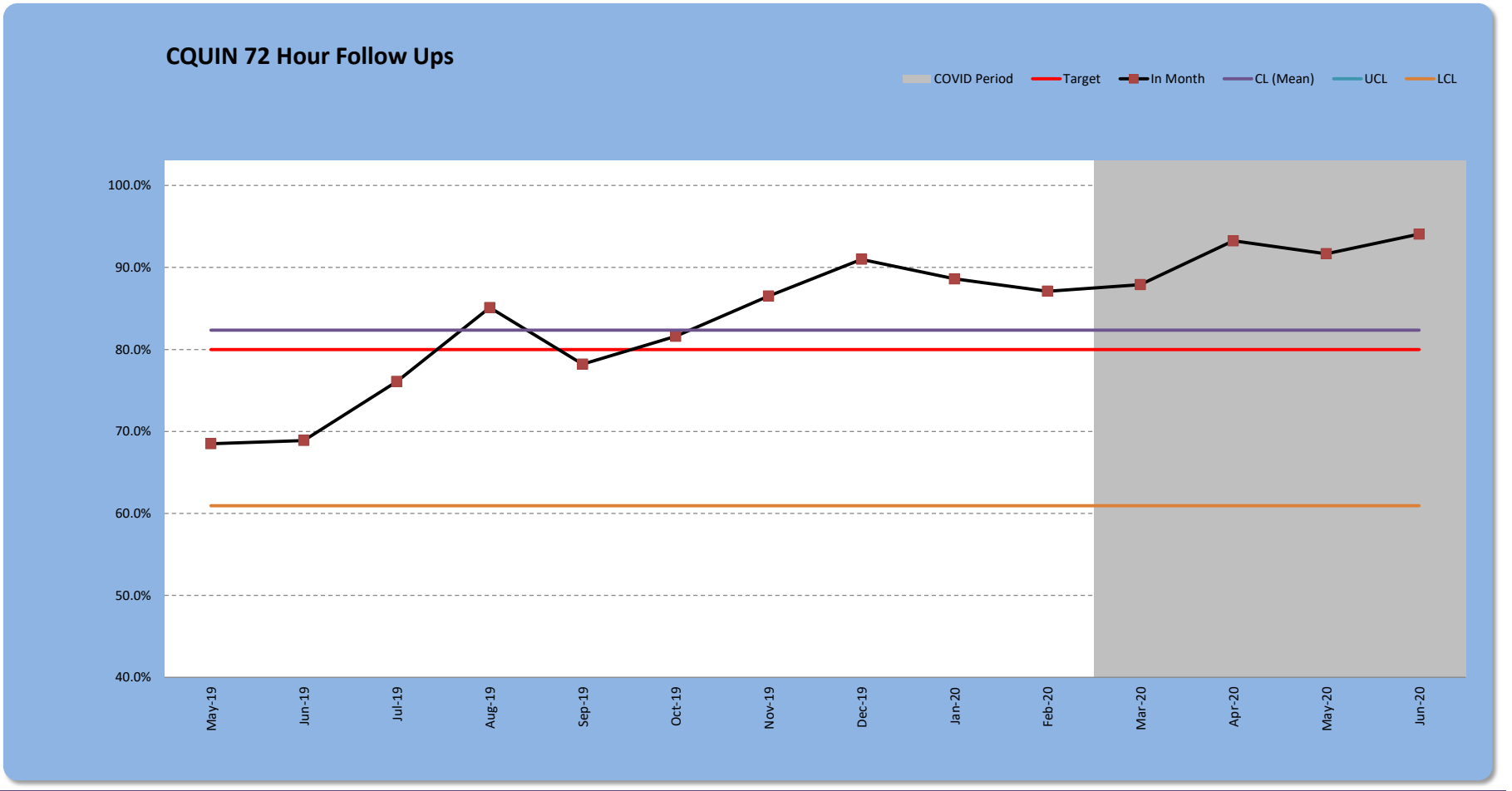
Narrative

Above Target.

The 7 day CPA follow up process is now obsolete. The 72 hour follow up chart was introduced in May-20. Two years data available but this includes results PRIOR to the CQUIN being introduced in October 2019

Target: 80%
Amber: 60%

Current month stands at 94.1%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

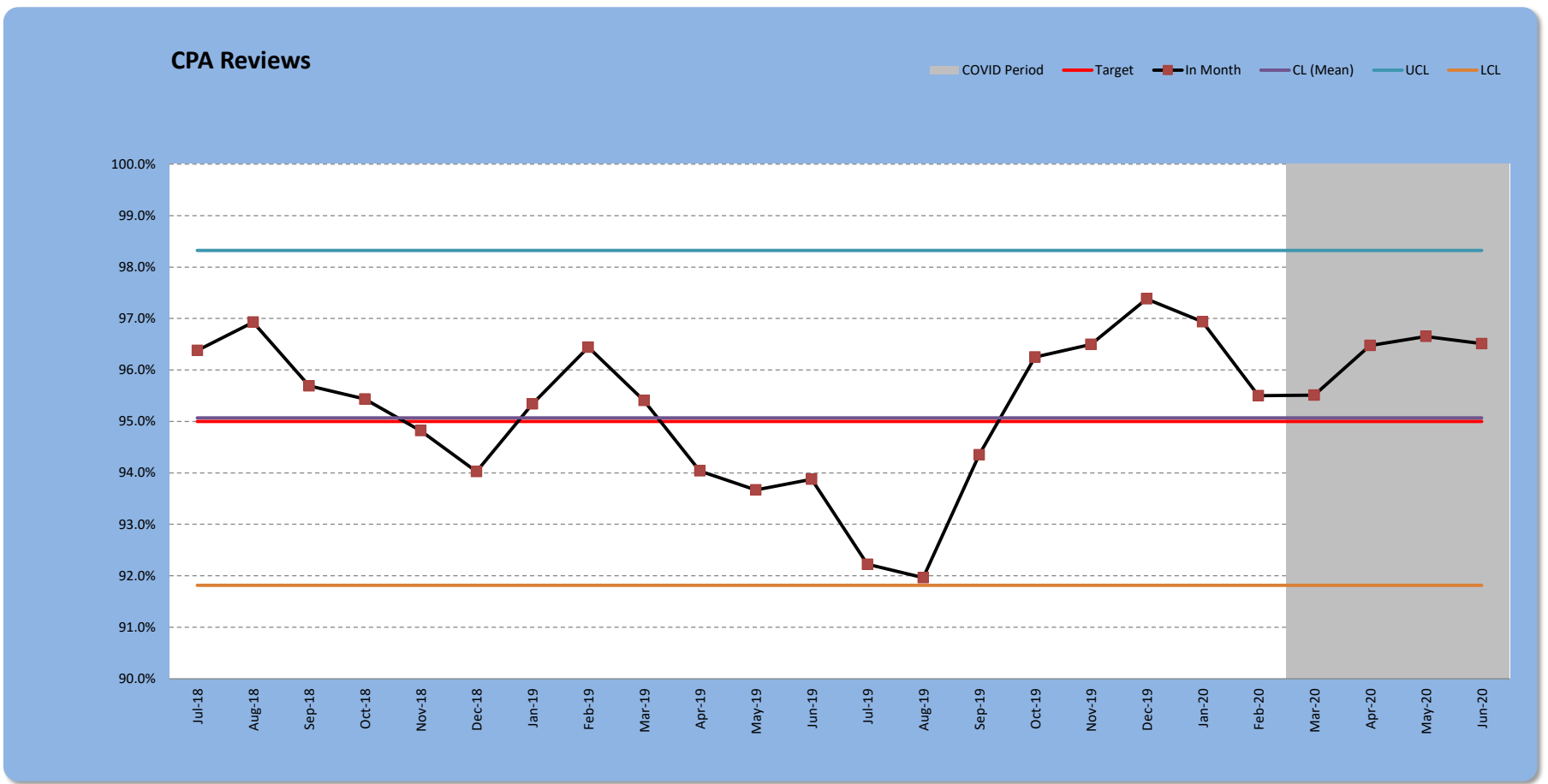
KPI Type
OP 7

Narrative

Performance remains consistent with recent months.

Target: 95%
Amber: 85%

Current month stands at 96.5%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

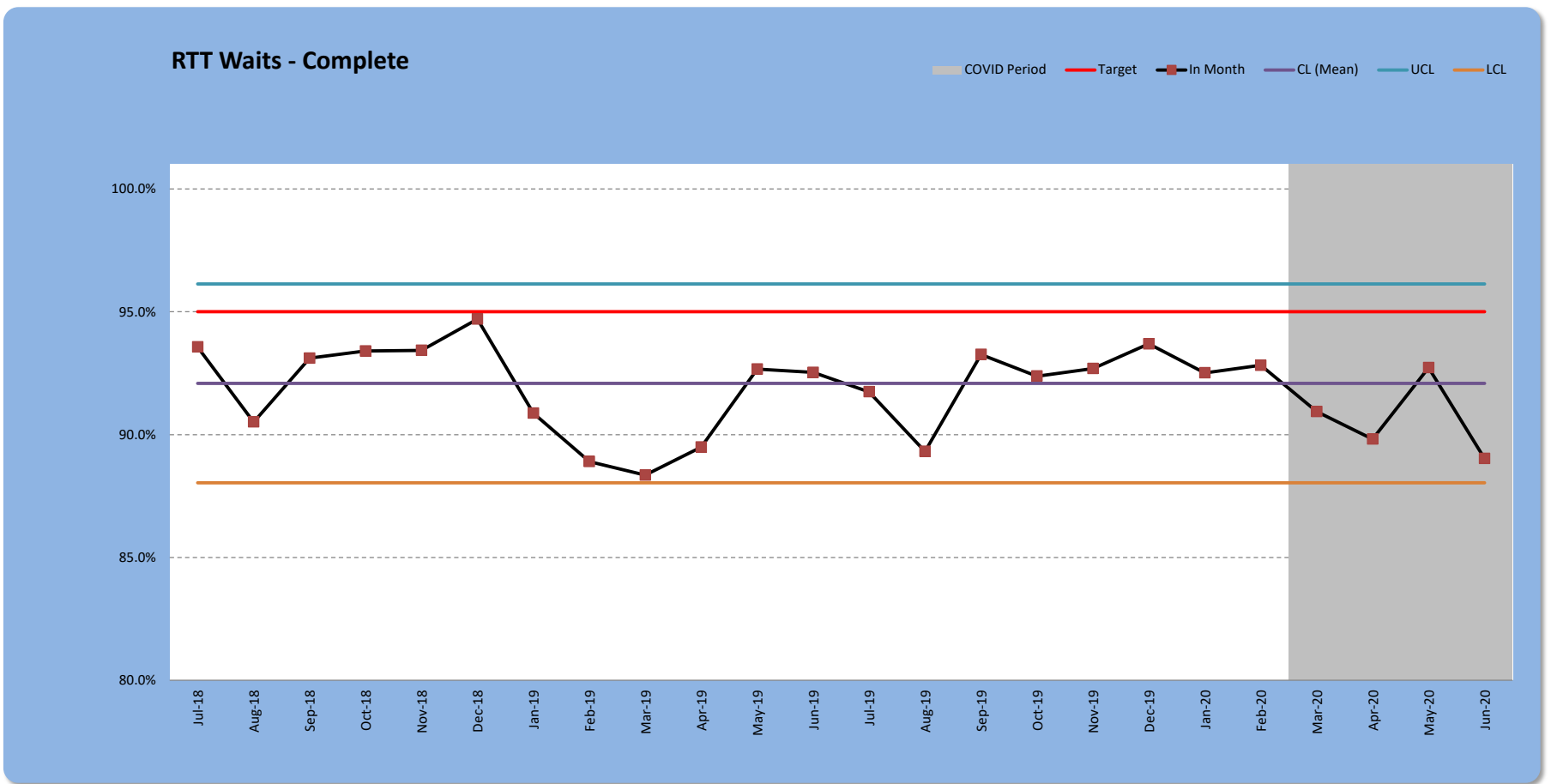
KPI Type
OP 20

Narrative

Decrease of 3.7% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 89.0%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

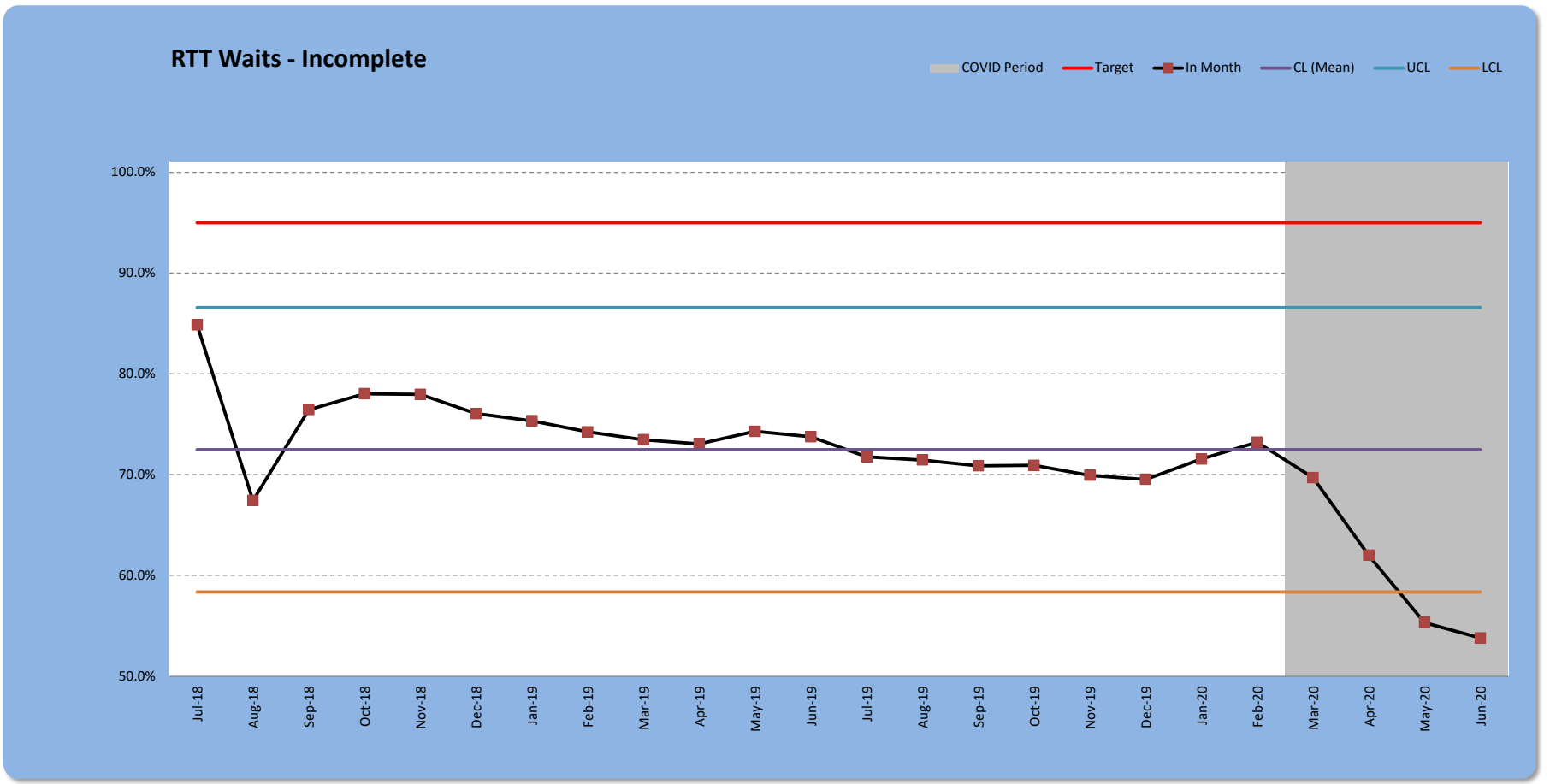
KPI Type
OP 21

Narrative

Reduction of 1.5% when compared to the previous month.

Target: 95%
Amber: 85%

Current month stands at 53.8%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

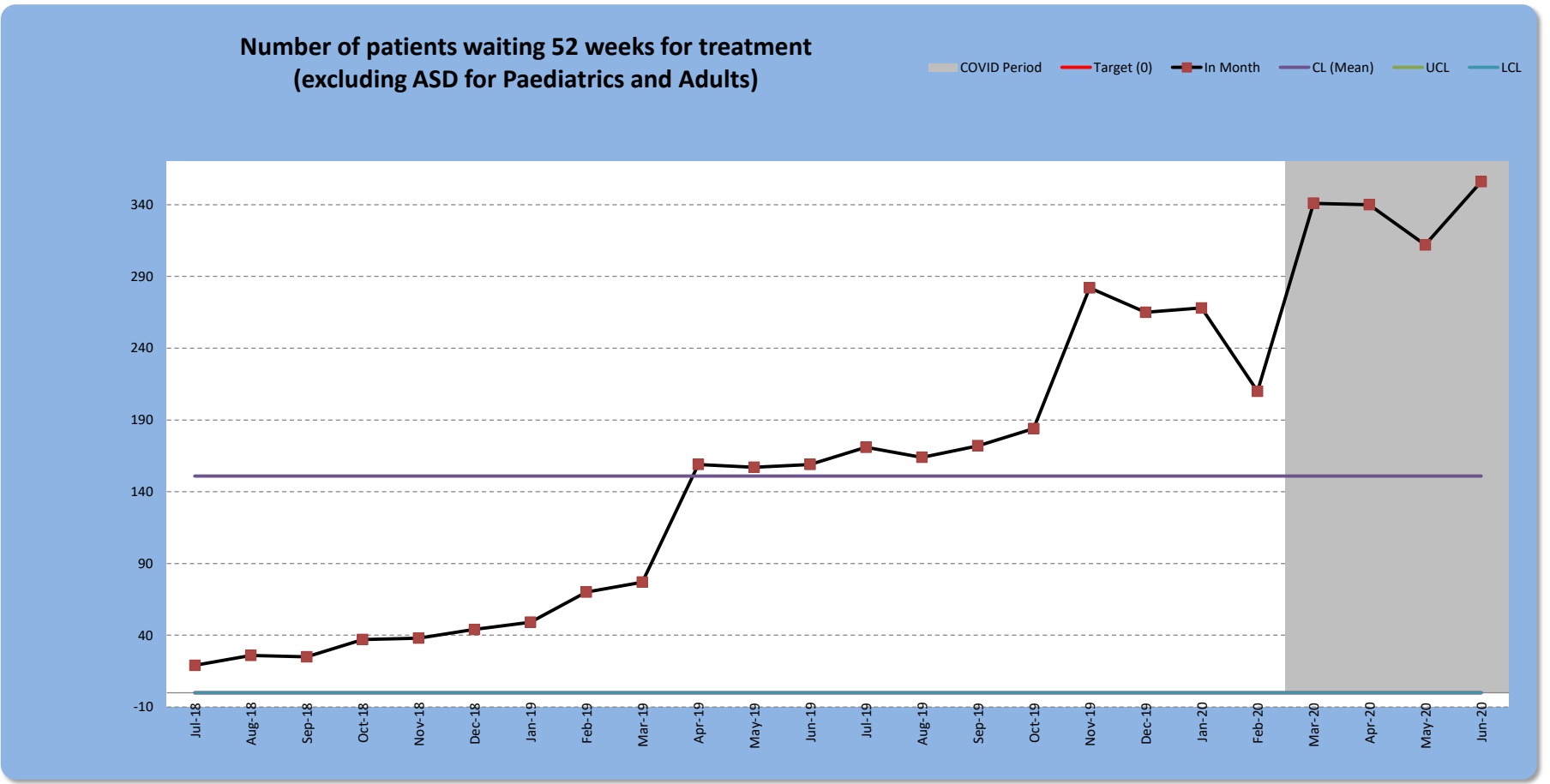
KPI Type
OP 22x

Narrative

Increase of 44 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 356



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

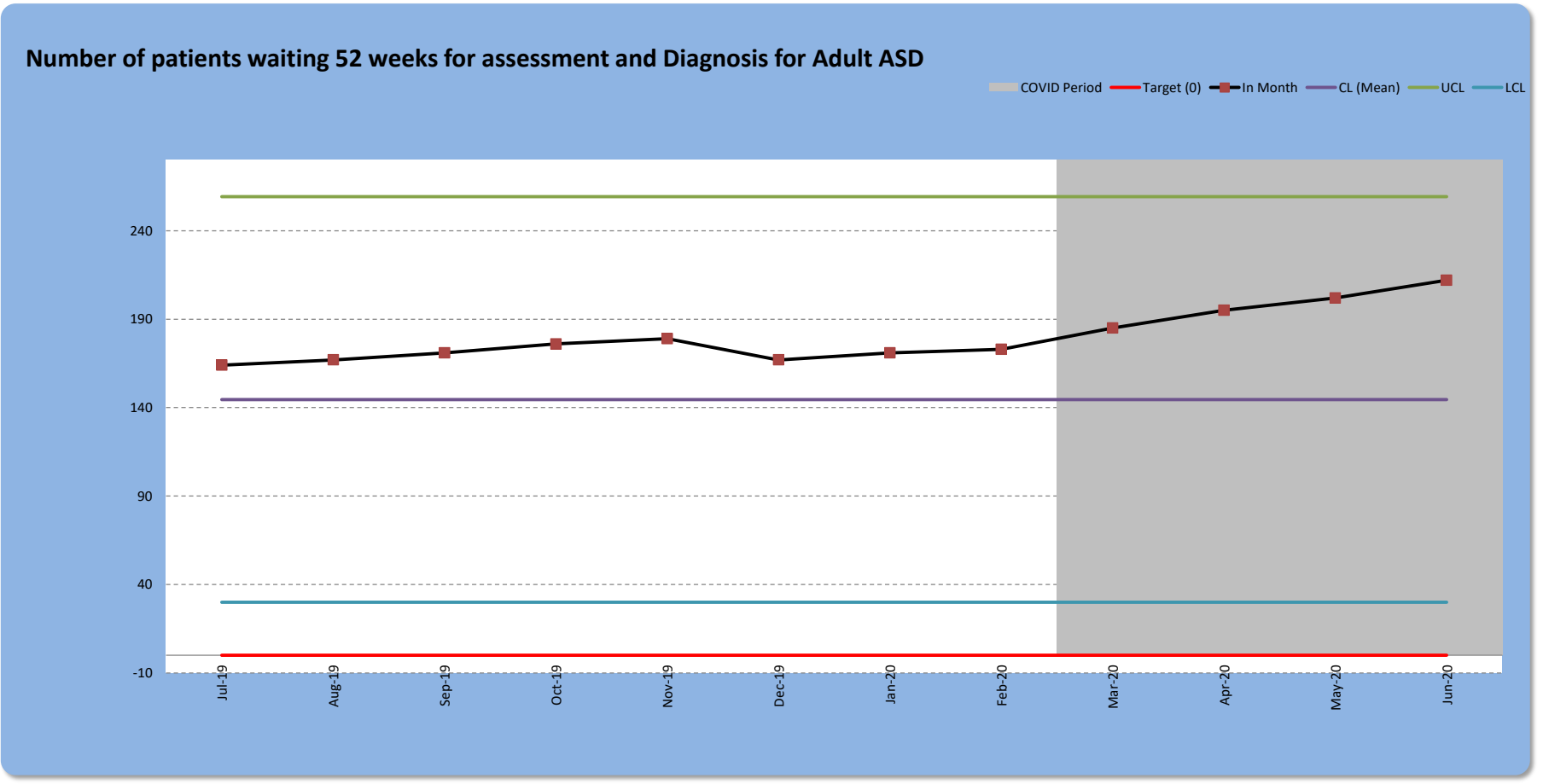
Indicator Title	Description/Rationale	Executive Lead
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks	Lynn Parkinson

KPI Type
OP 22u

Narrative

Increased by 10 when compared on the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 212



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

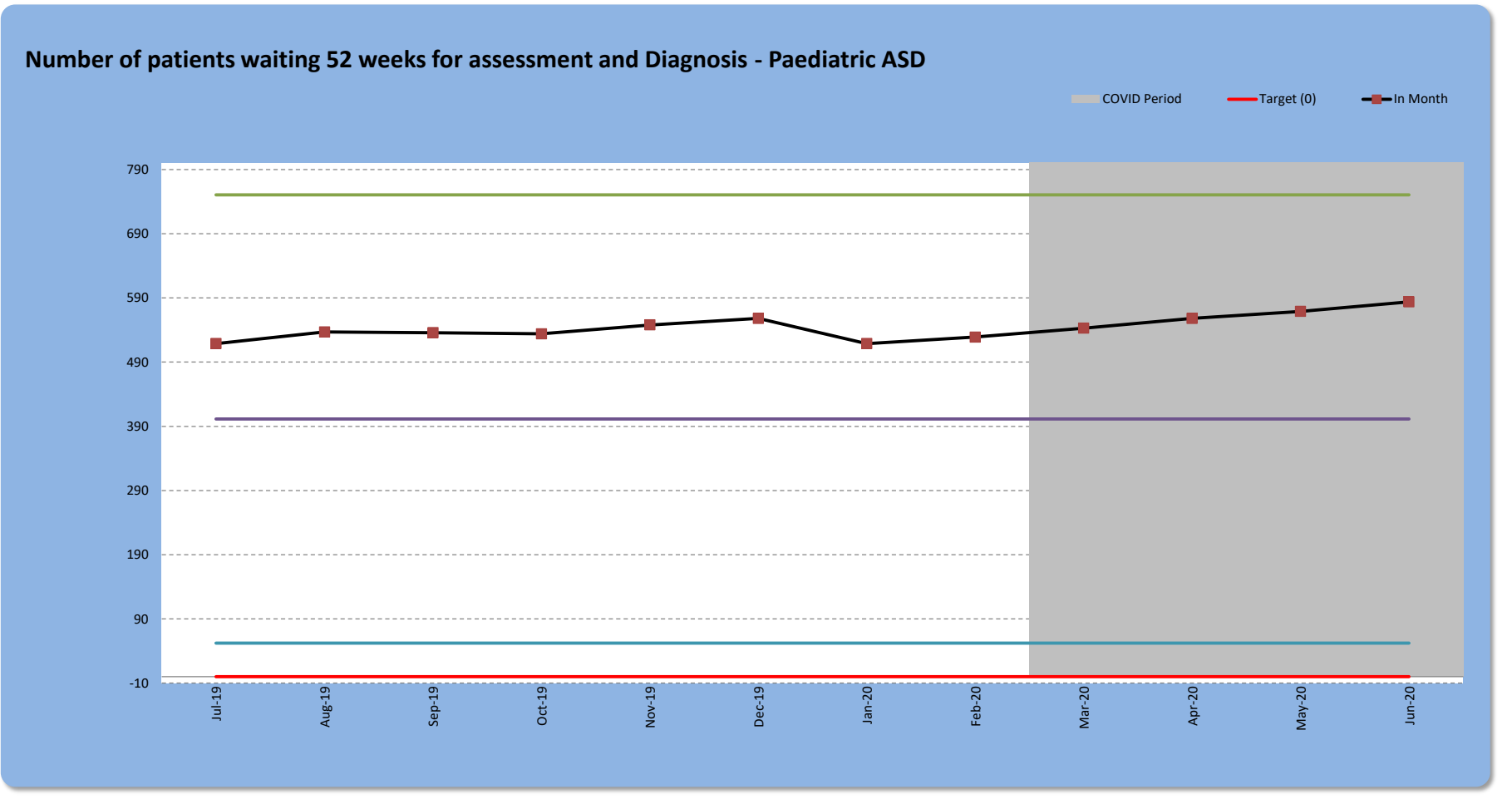
For the period ending: **Jun 2020**

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 22s

Narrative

Increase of 15 when compared to the previous reporting period.

Target: 0
 Amber: 0
 Current month stands at 584



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

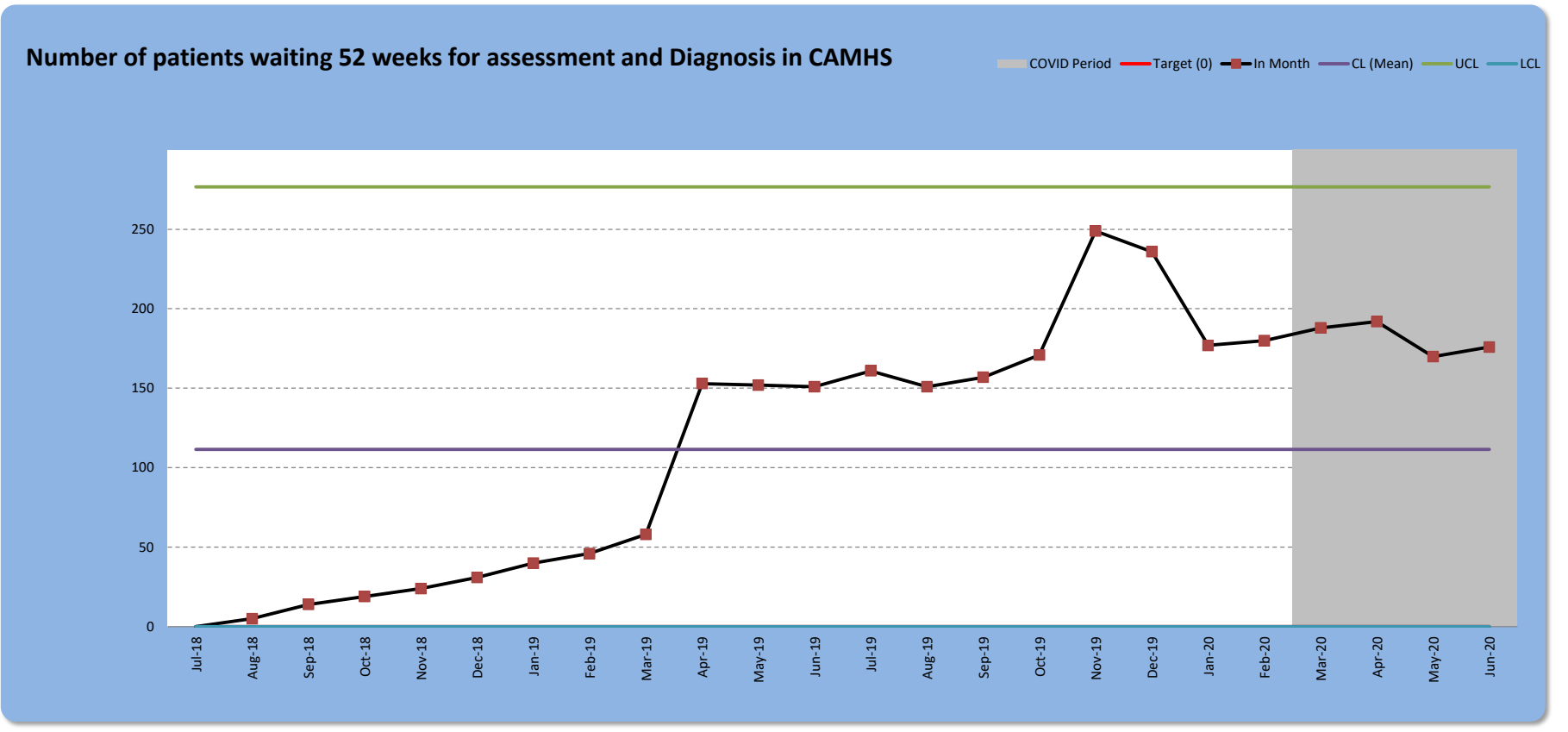
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD)	Lynn Parkinson	OP 22j

Narrative

Increased by 6 when compared to the previous month.

Target: 0
Amber: 0

Current month stands at 176



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

Narrative

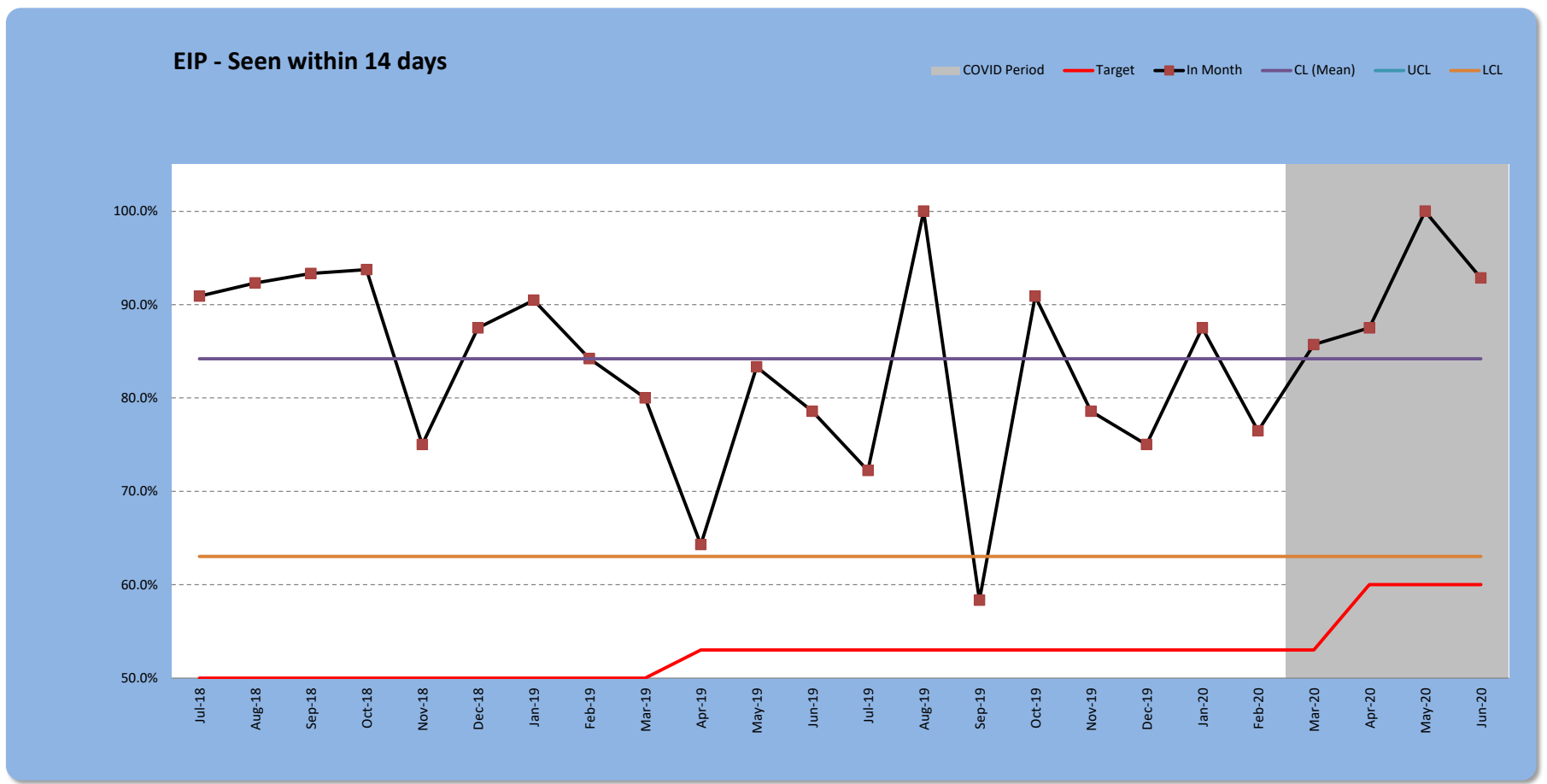
Decrease of 7.1% when compared to the previous month.

Target has increased to 60% in 2020/21.

Target: 56%

Amber: 51%

Current month stands at 92.9%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

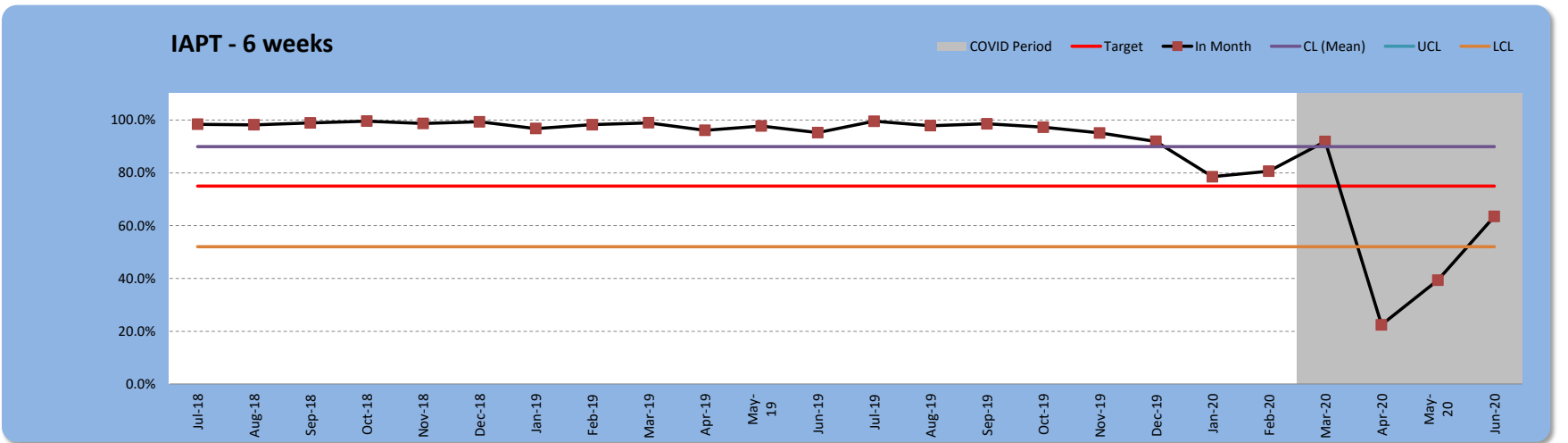
For the period ending: **Jun 2020**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Improved Access to Psychological Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral	Lynn Parkinson	OP 10a

Narrative

Performance has increased by 23.9% but remains well below the target of 75%

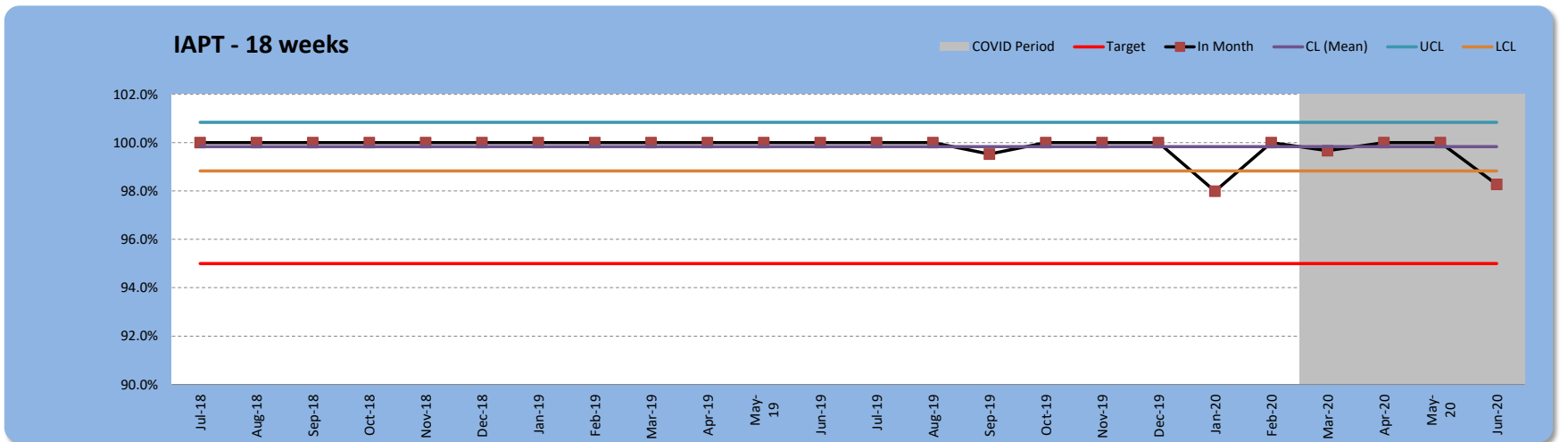
Target: 75%
 Amber: 70%
 Current month: 63.5%



Narrative

98.2% Achievement in the month

Target: 95%
 Amber: 85%
 Current month: 98.3%



PI RETURN FORM 2020-21

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Jun 2020**

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

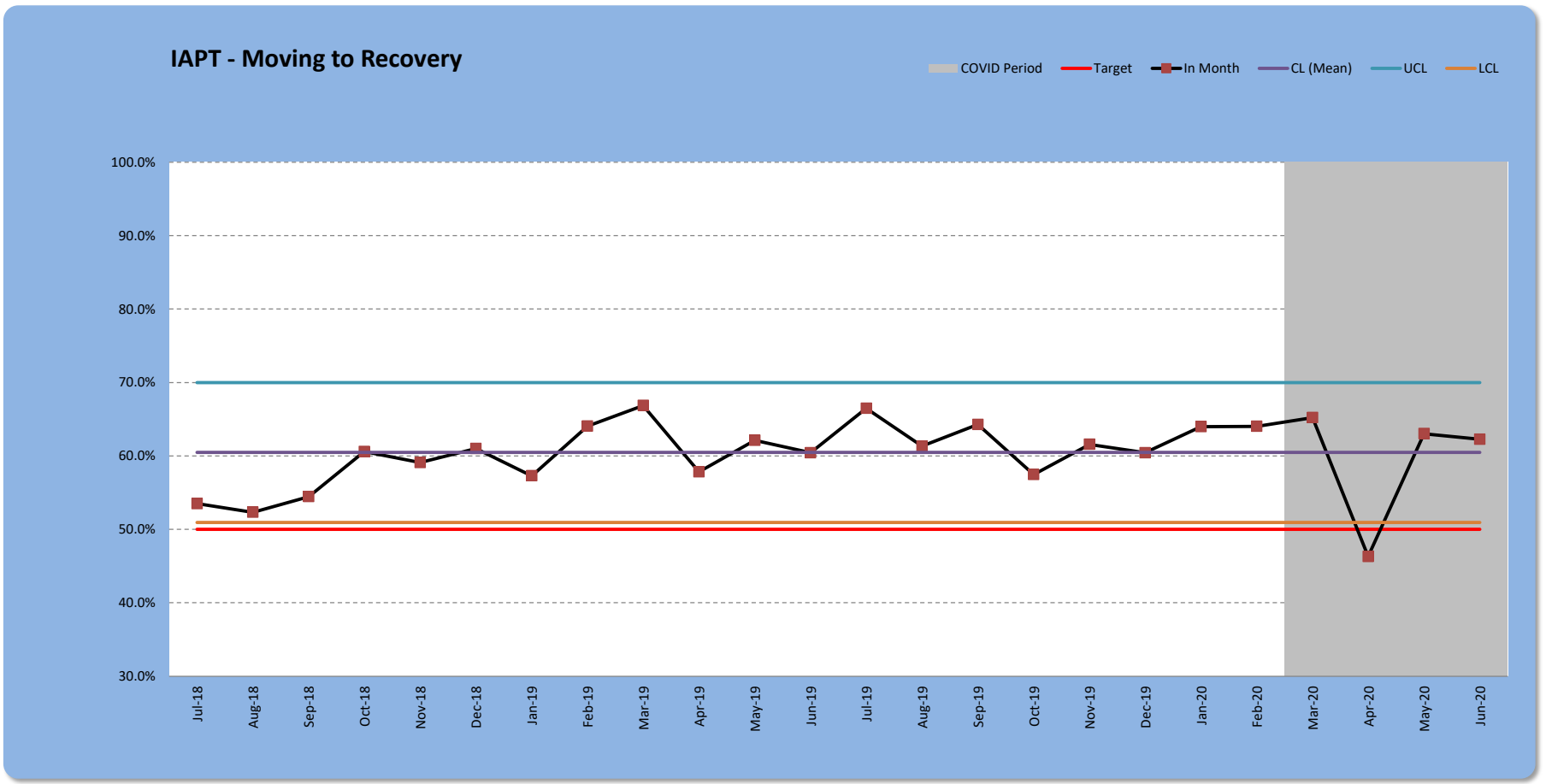
KPI Type
OP 11

Narrative

Performance has decreased by 0.7% when compared to the previous month.

Target: 50%
Amber: 45%

Current month stands at 62.3%



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2020**

Indicator Title

Description/Rationale

Executive Lead
Lynn Parkinson

KPI Type

Out of Area Placements

Number of days that Trust patients were placed in out of area wards

ST 4b

Narrative

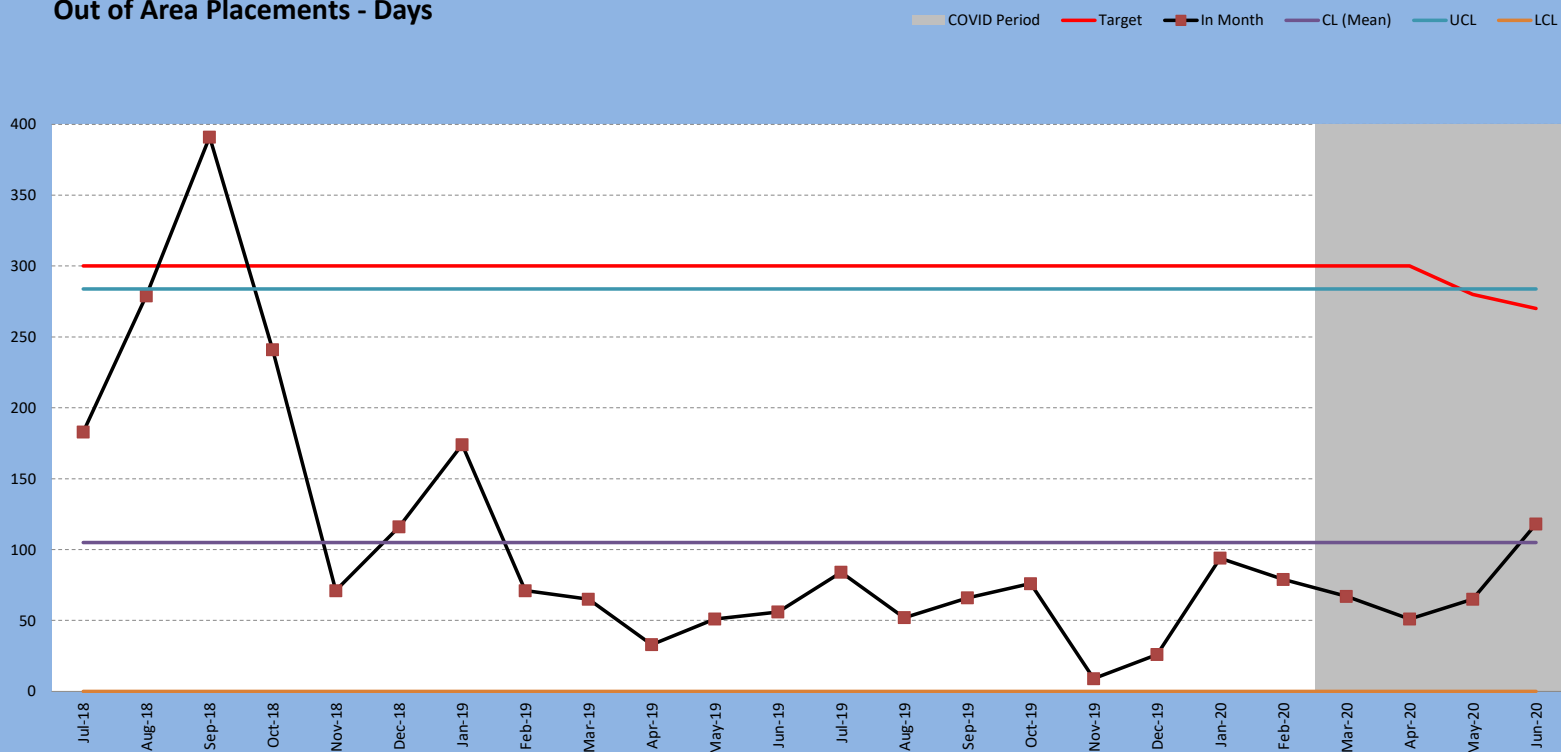
Out of area days have increased by 5 but remains well below the trajectory set.

Target: 270

Amber:

Current month stands at 118

Out of Area Placements - Days



PI RETURN FORM 2020-21

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Jun 2020**

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

KPI Type
OP 14

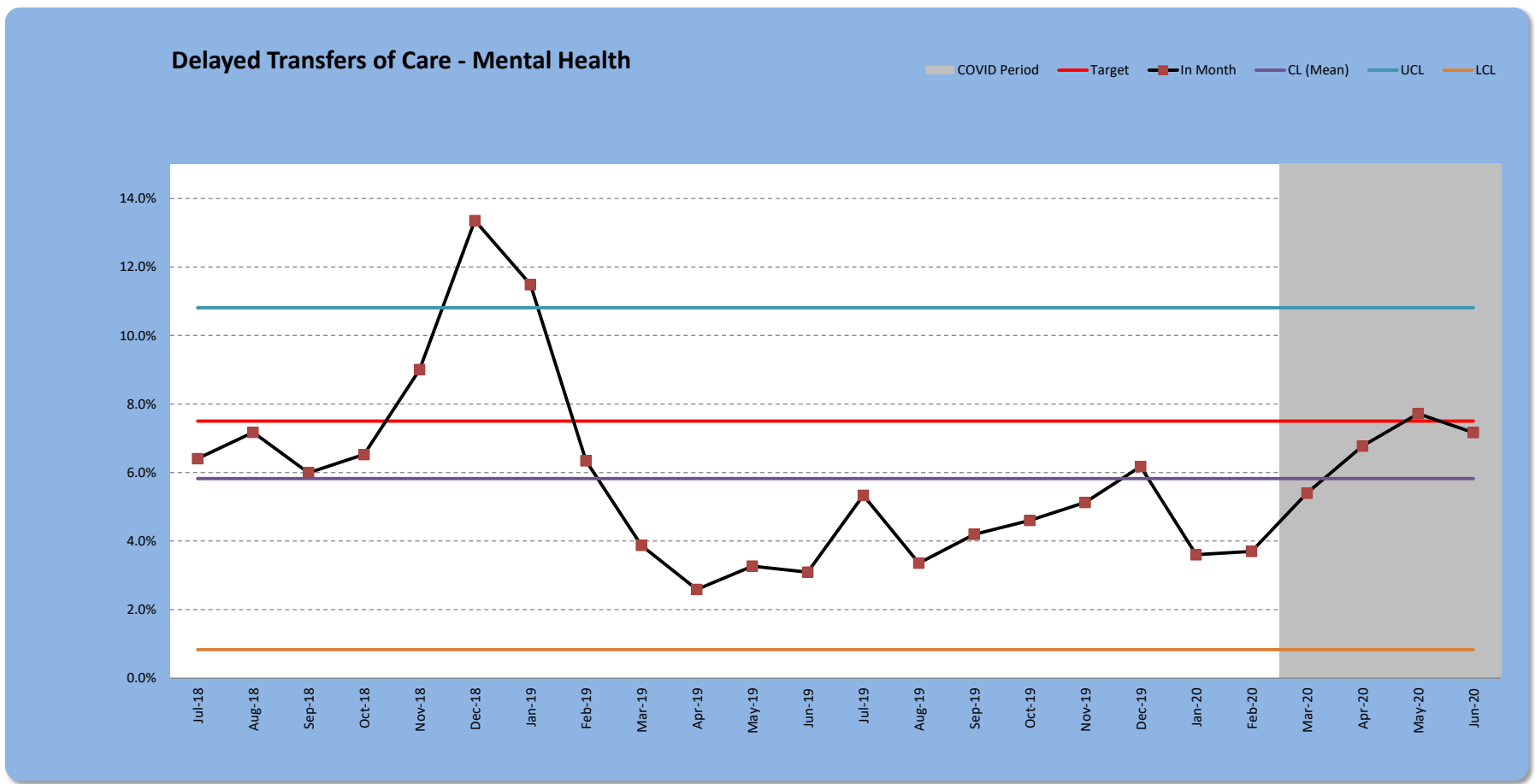
Narrative

Decrease of 0.5% when compared to the previous month.

DTOC rate is now just below the target by 0.3%, reporting at 7.2% for Jun-20.

Target: 7.5%
Amber: 7.0%

Current month stands at 7.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

Jun 2020

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

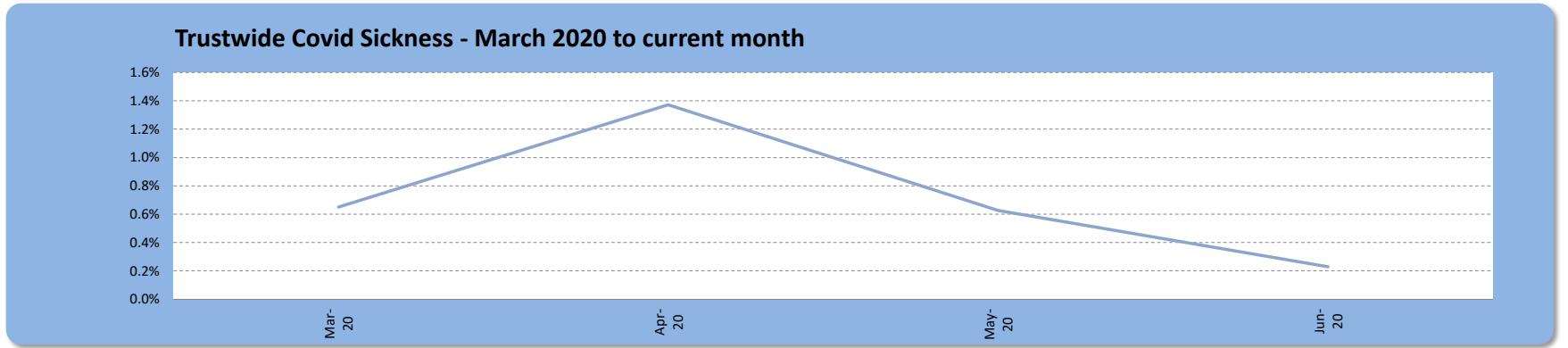
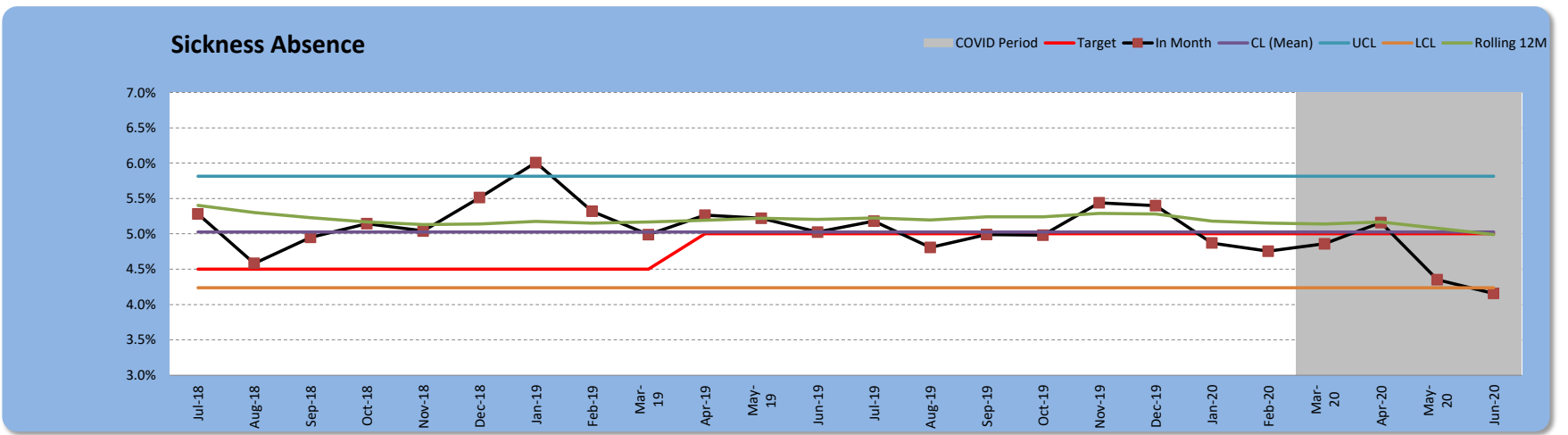
Introduction of COVID-19 related sickness/Absence.

Sickness/Absence Rate for Jun-20 is 4.2%. Final position for May-20 was finalised at 4.4%.

Jun-20 Rolling 12 month figure is within target for the first time in the past 24 months. Reporting at 4.99%.

Target: 5.0%
Amber: 5.2%

Current month
4.2%



PI RETURN FORM 2020-21

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Jun 2020**

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

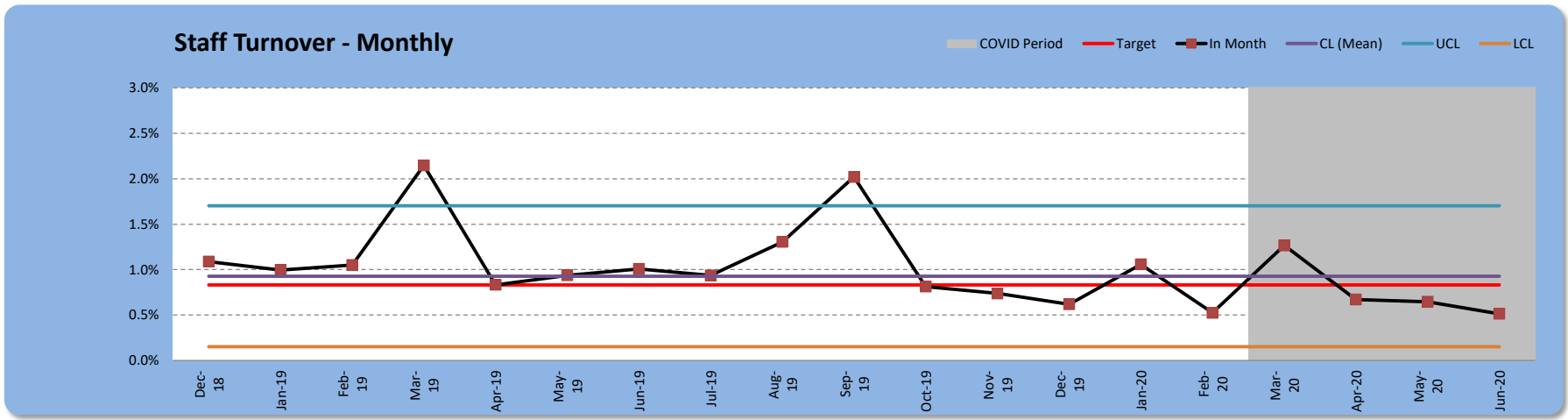
Narrative

Within target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.5%



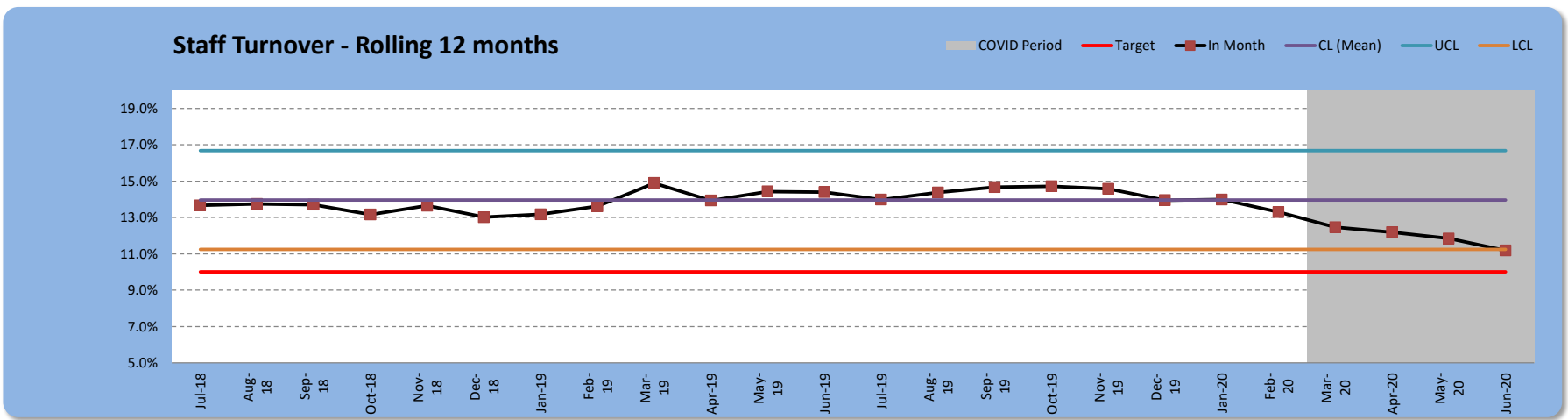
Narrative

Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 11.2%



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

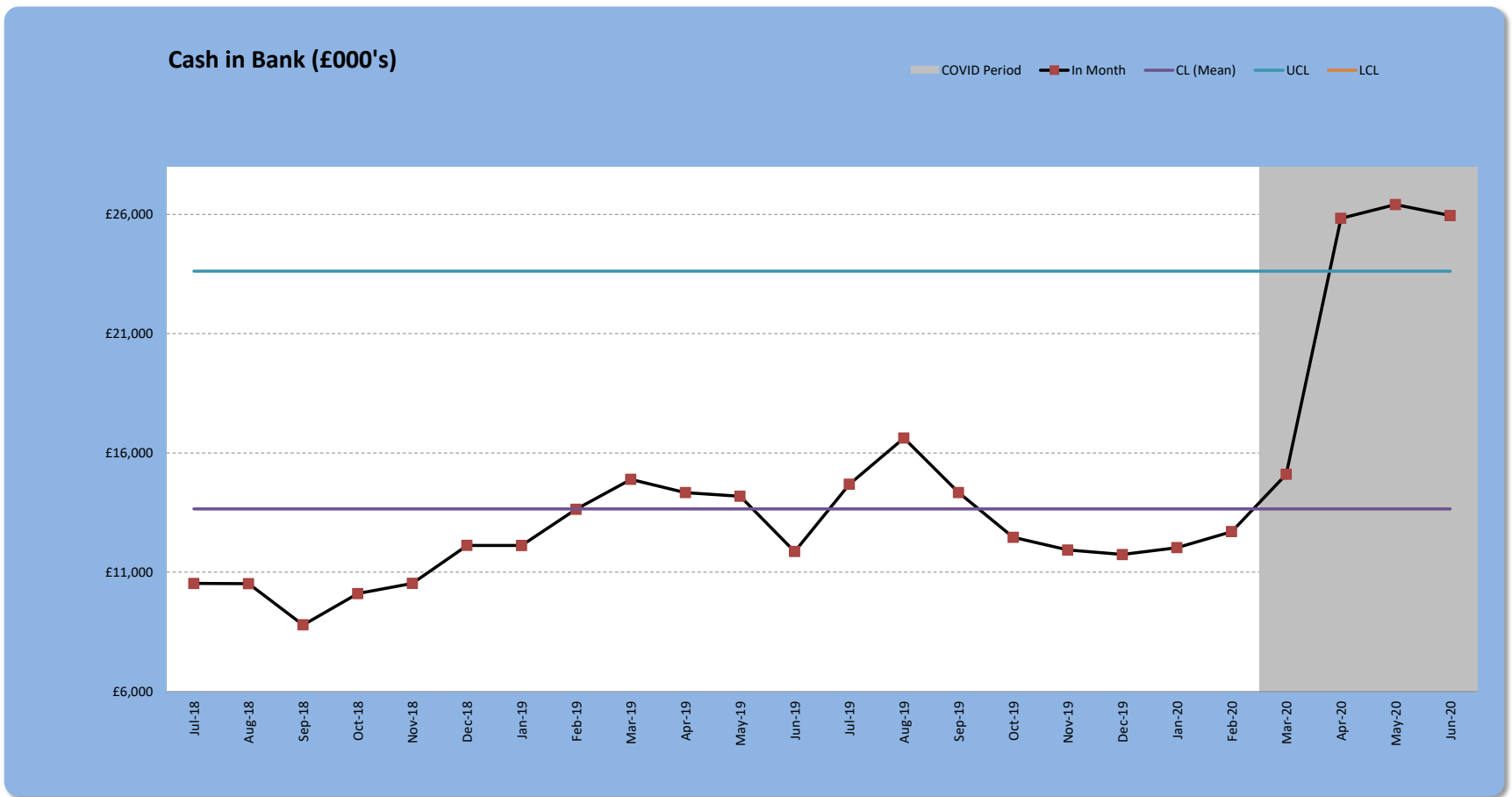
For the period ending: **Jun 2020**

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

Narrative

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

Current month stands at £25,949 ,000



PI RETURN FORM 2020-21

Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Jun 2020**

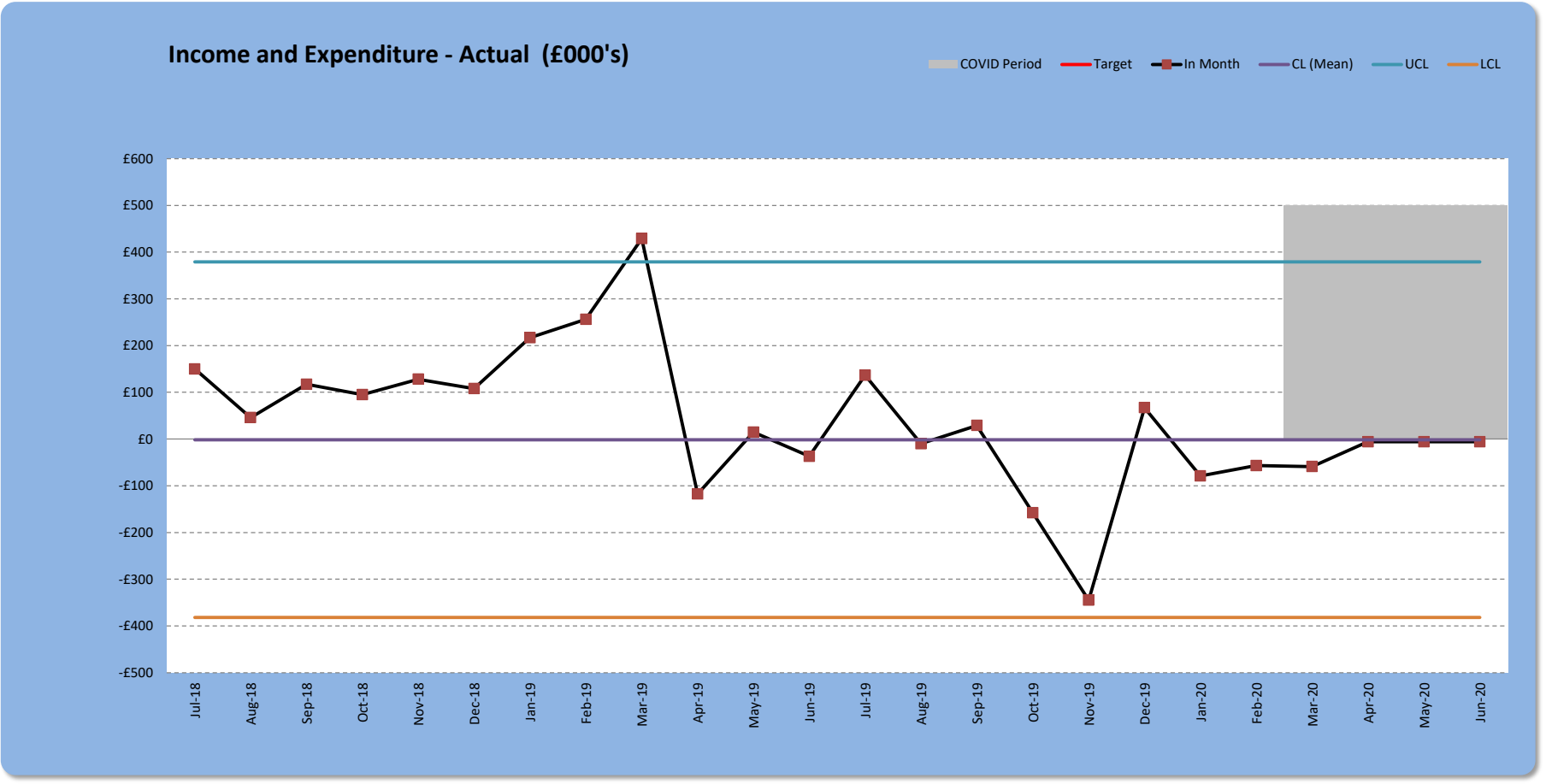
Indicator Title	Description/Rationale	Executive Lead
Income and Expenditure (£000's)	Review of the Income versus Expenditure (£000's) by month	Peter Beckwith

KPI Type
F 4b

Narrative

Remains within the control limits

Target:
Amber:
Current month stands at -£6 ,000



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jun 2020**

Indicator Title	Description/Rationale	Executive Lead	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)	John Byrne	IQ 1

Narrative

Upheld YTD

During the month, the following number of complaints was responded to

8

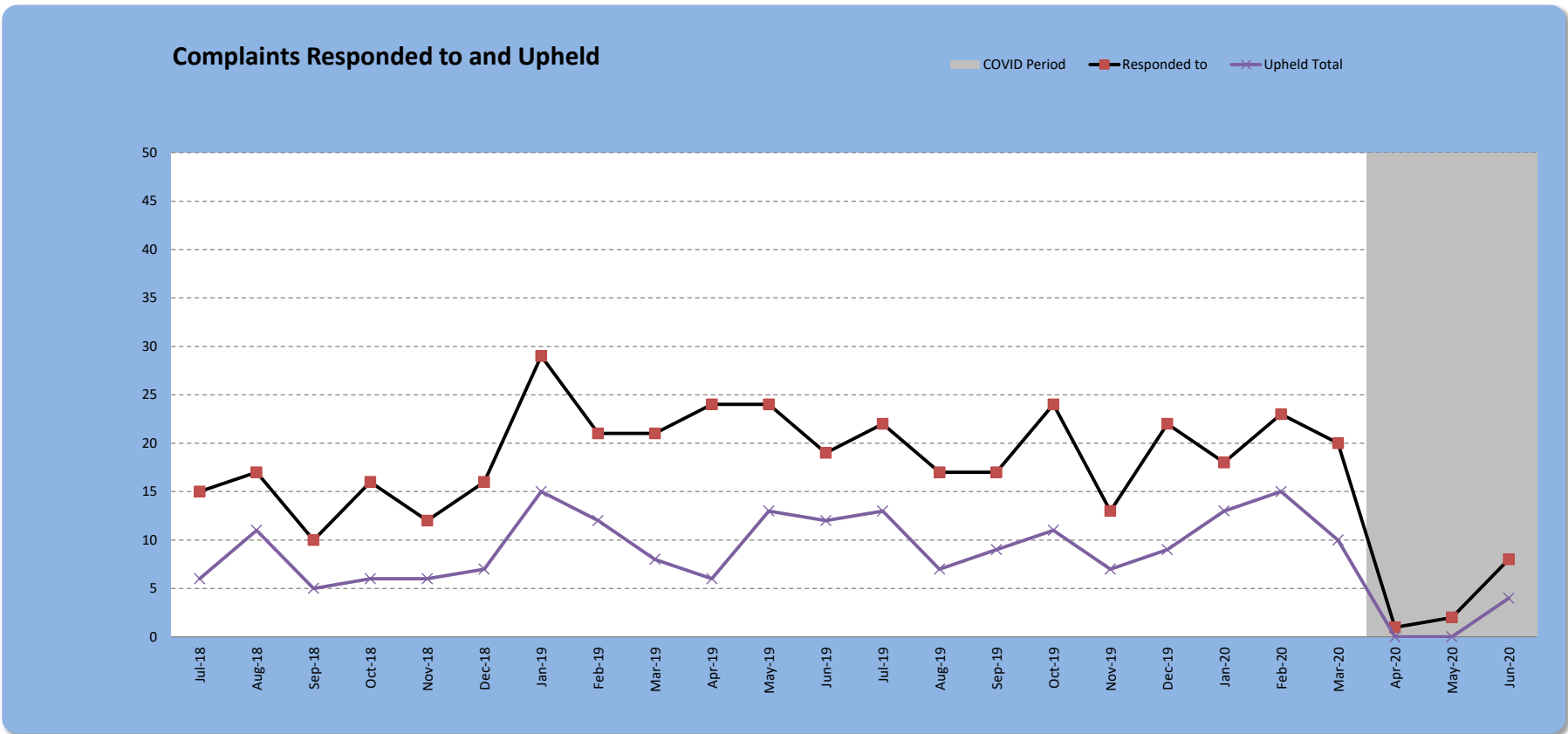
Of the number of complaints responded to in the month

4

was upheld

which equates to

36.4%



PI RETURN FORM 2020-21

Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Jun 2020**

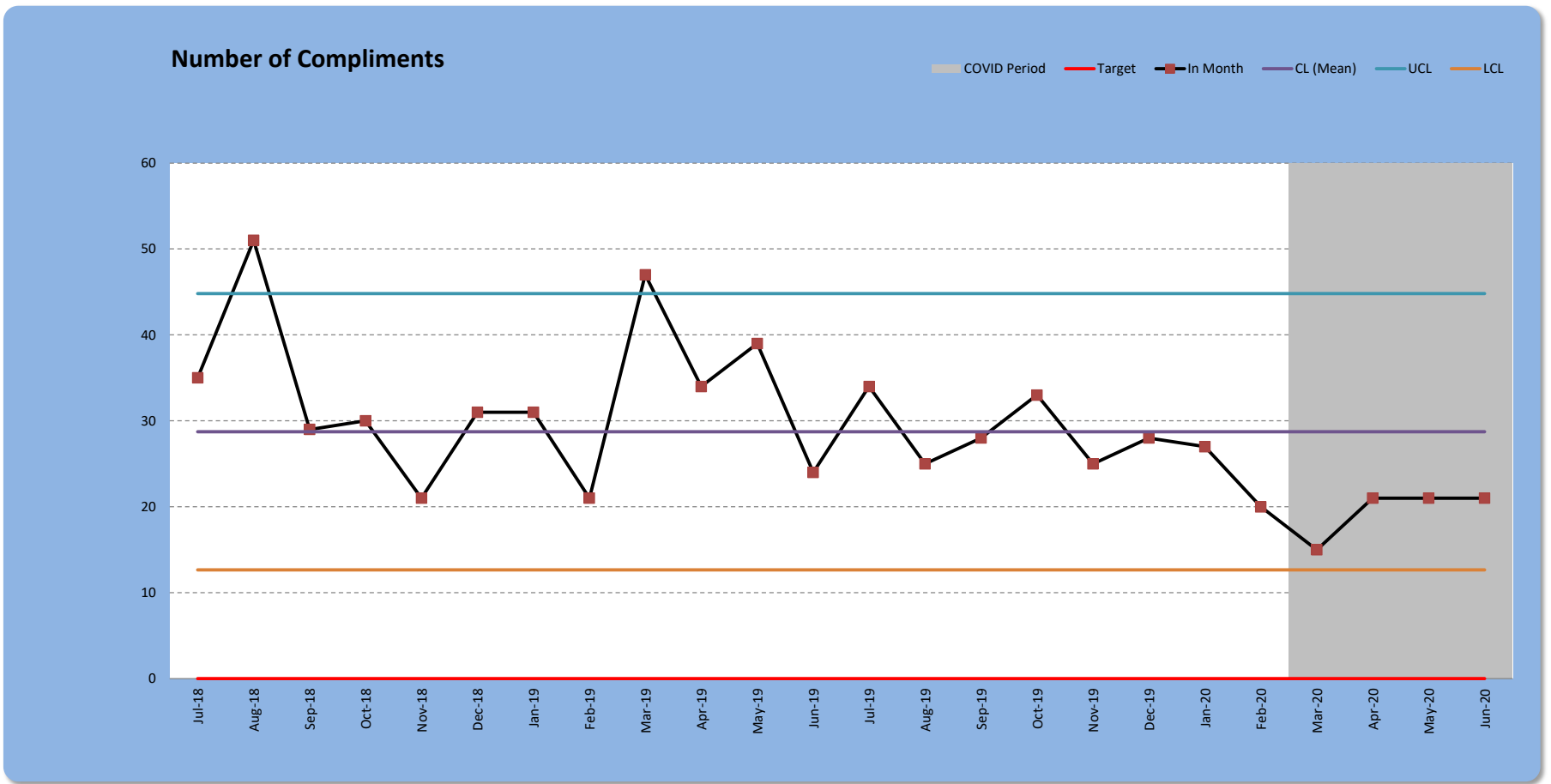
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Compliments	Chart showing the number of compliments received into the Trust	John Byrne	IQ 7

Narrative

within control limits

Target: 0
Amber: 0

Current month stands at 21





Executive Team:

Chief Executive: Michele Moran

Chairman: Sharon Mays

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: John Byrne

Director of Nursing: Hilary Gledhill

Issue Date: 21/07/2020



Agenda Item: 10

Title & Date of Meeting:	Trust Board Public Meeting– 29 th July 2020			
Title of Report:	Finance Report 2020/21: Month 3 (June)			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	X
	For information	X	To ratify	
Purpose of Paper:	<p>This report is being brought to the Trust Board to present the draft financial position for the Trust as at the 30th June 2020 (Month 3).</p> <p>The report provides assurance regarding financial performance, key financial targets and objectives.</p> <p>The Board are asked to note the financial position for the Trust and raise any queries, concerns or points of clarification.</p>			
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail)	
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<ul style="list-style-type: none"> The Trust recorded an operational break-even position at the end of June 2020. Within the reported position is year to date covid expenditure claims of £2.669m, details of which are included in the report. Cash balance at the end of June was £25.494m, which is inclusive of the July Block payment of £9.8m. 			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)

√ Tick those that apply



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



FINANCE REPORT – June 2020

1. Introduction and Purpose

This report is being brought to the Trust Board to present the financial position for the Trust as at the 30th June 2020 (Month 3). The report provides assurance regarding financial performance, key financial targets and objectives.

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

2. Income and Expenditure

2.1 For the period April to August the normal contracting arrangements between NHS organisations have been ceased and the Trust will receive a block income allocation.

For the purpose of Month 3 reporting all NHS clinical income has been grouped together with expenditure for clinical services reported as Gross.

Expenditure for corporate services continues to be reported as net, and provider to provider income arrangements continue to be in operation.

Income for covid claims included in the position has been allocated across the divisions and corporate areas to enable the non-covid underlying position to be reported.

The Trust recorded an operational breakeven position at the end of Month 3, details of which are summarised in the following table .



Table 1: 2020/21 Income and Expenditure

	20/21 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	119,415	10,489	10,188	(301)	30,259	30,568	309
Clinical Income	16,833	650	1,322	672	3,760	3,920	160
Total Income	136,248	11,138	11,509	371	34,019	34,488	469
Expenditure							
Clinical Services							
Children's & Learning Disability	27,245	2,507	2,318	189	7,057	6,993	64
Community & Primary Care	29,804	2,899	2,685	214	7,923	7,917	6
Mental Health	43,601	4,250	3,857	394	11,459	10,764	695
Secure Services	9,859	960	912	48	2,486	2,698	(212)
	110,509	10,616	9,772	845	28,925	28,372	553
Corporate Services							
Chief Executive	2,105	98	94	4	432	438	(7)
Chief Operating Officer	6,559	785	646	139	1,827	1,843	(16)
Finance	9,807	963	775	188	2,603	2,520	83
HR	2,820	273	250	23	771	737	34
Director of Nursing	2,115	202	161	41	604	548	56
Medical	1,756	171	148	22	461	433	28
Finance Technical items (including Reserves)	(587)	(2,286)	(699)	(1,587)	(2,001)	(1,545)	(456)
	24,575	206	1,375	(1,169)	4,695	4,974	(278)
Total Expenditure	135,084	10,822	11,147	(325)	33,620	33,346	275
EBITDA	1,164	316	362	46	398	1,142	744
Depreciation	2,942	245	253	(8)	735	760	(24)
Interest	148	12	(6)	18	37	36	1
PDC Dividends Payable	2,341	195	194	1	585	583	3
PSF Funding	(951)	(79)	(79)	(0)	(238)	(237)	(1)
Operating Total	(3,316)	(57)	0	58	(721)	0	722
BRS	(3,316)	(56)	-	(56)	(721)	-	(721)
Operating Total	(0)	(1)	0	1	(0)	0	1
Excluded from Control Total							
Donated Depreciation	220	18	6	12	55	18	37
Ledger Position	(220)	(19)	(6)	14	(55)	(18)	38
EBITDA %	1.0%	3.0%	3.6%		1.3%	3.7%	
Surplus %	-2.8%	-0.5%	0.0%		-2.4%	0.0%	



2.2 Trust Income

Trust income year to date was £0.309m ahead of budget. The income is based on a block allocation calculated by NHS England based on previous income figures.

2.3 Clinical Services

2.3.1 Children's and Learning Disability

Year to date expenditure of £6.993m represents an underspend against budget of £0.064m

2.3.2 Community and Primary Care

Year to date expenditure of £7.917m is broadly consistent with the year to date budget.

2.3.3 Mental Health

An underspend of £0.695m was recorded year to date for Mental Health. Budget pressures in Mental health unplanned care due to additional staffing costs, has been offset by the underspend in Mental Health planned care from current vacancies.

2.3.4 Secure Services

An overspend of £0.212m was recorded YTD for Secure Services. Cost pressures are a combination of the cost of enhanced packages of care and cost pressures in relation to medical agency.

2.4 Corporate Services Expenditure

The overall Corporate Services expenditure was £0.278m overspent. The main pressure sits within Finance Technical, when this line is excluded corporate services are reporting a £0.178m underspend.

- The Finance directorate is reporting a year to date underspend of 0.083m.
- The Human Resources directorate has a year to date underspend of £0.034m.

2.5 COVID Expenditure

At the end of June 2020 the Trust recorded £2.669m of Covid related expenditure, details of which are summarised below. Claims has been submitted to recover this expenditure and the April Claim was received in June.



COVID 19 Claim	April £m	May £m	June £m	Total £m
Pay Costs	0.258	0.414	0.397	1.069
Non Pay Costs	0.281	0.302	0.201	0.784
Income Top Up	0.100	0.399	0.317	0.816
Total Costs in Position	0.638	1.115	0.915	2.669

3. Statement of Financial Position

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 30th June 2020. In month, the net current asset position decreased by £0.009m to £7.380m. This was related to a reduction in cash in month due to payment of Trade Creditors.

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

3.1 Cash

As at the end of June 2020 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	24,857
Nat West Commercial Account	587
Petty cash	50
Total	25,494

As part of the national response to the COVID pandemic the Trust received its July Block income in June (£9.8m) and therefore the reported cash position is higher due to this.

3.2 Capital Programme

The Capital Resource limit for the Trust is £6.805m. Year to date capital expenditure of £0.961m comprises expenditure for IT services (£0.030m), Informatics (£0.118m), LHCRE (£0.330m), Property Maintenance (£0.202m) and Covid 19 (£0.280m).

4. Recommendations

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



Statement of Financial Position – 30th June 2020

	JUNE-20 £000	MAY-20 £000	Movement £000	COMMENTS
Property, Plant & Equipment	109,854	109,601	253	
Accumulated Depreciation	(25,267)	(25,019)	(248)	
Net Property, Plant & Equipment	84,587	84,582	5	
Intangible Assets	10,287	10,283	4	
Intangible Assets Depreciation	(1,903)	(1,892)	(11)	
Net Intangible Assets	8,384	8,391	(7)	
Total Non-Current Assets	92,971	92,973	(2)	
Cash	25,494	26,413	(919)	Faster payment for creditors
Trade Debtors	6,129	5,486	643	Increase due to quarterly invoices raised in June
Inventory	150	150	0	
Non Current Asset Held for Sale	990	990	0	
Other Current Assets	1,894	820	1,074	Increase due to accrued income for Covid claim
Current Assets	34,657	33,859	798	
Trade Creditors	2,938	3,756	(818)	Reduction due to change in payments terms to comply with the Procurement Policy Note guidance
Accrued Liabilities	24,339	22,714	1,625	Increased accruals including PDC
Current Liabilities	27,277	26,470	807	
Net Current Assets	7,380	7,389	(9)	
Non-Current Payables	1,216	1,216	0	Local Government Pension Scheme Liability
Non-Current Borrowing	4,146	4,152	(6)	Loan repayment
Long Term Liabilities	5,362	5,368	(6)	
Revaluation Reserve	18,568	18,568	0	
PDC Reserve	62,382	62,382	0	
Retained Earnings incl. In Year	14,039	14,045	(6)	
Total Taxpayers Equity	94,989	94,994	(6)	
Total Liabilities	127,628	126,833	795	





Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020			
Title of Report:	Quality Committee Assurance Report			
Author/s:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the virtual meeting on 18th June 2020 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 5th February 2020 are presented for information</p>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) QC Assurance Report	✓
Key Issues within the report:	<p>The following items were noted for communication to the Trust Board</p> <p>It was noted good assurance has been received through the Committee for the period during the Covid-19 pandemic when committees and meetings where initially stood down to give capacity for priority work showing the organisation had systems and process in place to ensure good governance was not overlooked.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)

✓ Tick those that apply

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

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

Executive Summary - Assurance Report:

Key Issues

The key areas of note arising from the Quality Committee meeting held 18 June 2020 were as follows:

The Chair welcomed everyone to the first virtual Quality Committee noting the April meeting was not held due to Covid but work has still been going on in the background.

MC also thanked people for the Covid-19 leadership and communications noting as a chair the assurance given during the Covid process

The minutes of the meeting held 5th February 2020 were agreed.

It was agreed a verbal assurance report would be taken to the June Trust Board and the written assurance report presented to the July 2020 Trust Board.

Quality Committee work plan

It was recorded this has been agreed as part of the committee effectiveness review was reviewed and noted a couple of items were deferred to the next Quality Committee due to the Covid situation. It was agreed the Committee will look at a quality review and learning from Covid at an appropriate time in the future.

Committee Effectiveness review and Terms of Reference annual review

The Committee noted this report would have been reviewed at the cancelled April meeting and therefore had been completed and reviewed by MC, HG and JB and taken to the May Trust Board.

Quality Insight Report

The Committee noted the report and discussed the CQC position statement with the current Covid situation including information from the last CQC Engagement meeting regarding CQC operating very differently in the future although they have not yet released further details on this. The CQC focus on long term segregation was noted.

The reduction in safeguarding referrals was noted during the peak of the COVID pandemic in line with the national picture and were reassured that the number of referrals was now increasing.

Serious incidents and action plans approved for closure by the Quality and Patient Safety Group were noted.

Infection Control Board Assurance Framework

The national Infection Control Board Assurance Framework was reviewed prior to it being presented to the June Trust Board meeting. The document was commended by the Quality Committee. It was noted that the key success to the first surge of Covid was due to the work of the Infection Prevention and Control team and the Committee thanked the IPC team and HG for their hard work and support.

Quality Committee Risk Register

A discussion was held on the quality committee risk register which included the BAF and the Covid quality risks from Silver Command. The report was commended to the Board.

Controlled Annual Drugs Report

The report was noted and felt really helpful to the Committee. It was noted that the report indicated good reporting and no harm. It was agreed that the annual report and a six month assurance report should be added to the Quality Committee work plan.

Equality, Diversity and Inclusion Report

The Committee welcomed the report which included both staff, and patient and carer prospective, and held a conversation around the BAME population within the current Covid situation. The committee thanked MD for her work and commended the report to Board.

Patient and Carer Experience Annual Report

The Head of Patient and Carer Experience (MD) gave an overview of the report highlighting a number of survey results and the work being undertaken to use the results to inform continuous improvement. Progress made over the past three months with the virtual technology which has enabled the Patient and Carer Experience forums to come together was commended. The Quality Committee commended the report to the Trust Board and thanked MD for her hard work

Minutes from reporting groups

The minutes from the Quality and Patient Safety Group were received and noted, along with the list of policies, procedures, SOPs and guidance which had required amending or new documents written for the changing situation during Covid-19. All of these documents had been reviewed by the Clinical Executives at the time and then taken to QPaS in May for final review and approval. It was noted some documents now required a further update and these would be taken back to QPaS in July 2020.

The minutes from the Drugs and Therapeutic Group were noted. The Committee welcomed the Terms of Reference.

The approved minutes from the February 2020 meeting are attached

**Quality Committee
Minutes**

For a meeting held on Wednesday 5th February 2020
9.30 am – 12.30 pm, the Boardroom, Trust HQ

Present		
Mike Cooke	Non-Executive Director and Chair	MC
Dean Royles	Non-Executive Director	DR
Sharon Mays	Chair of Trust Board	SM
Hilary Gledhill	Director of Nursing and Allied Health Professionals	HG
Tracy Flanagan	Deputy Director of Nursing	TF
John Byrne	Medical Director	JB
Caroline Johnson	Assistant Director of Quality Governance and Patient Safety and Acting Clinical Lead for the Humber Centre	CJ
Oliver Sims	Corporate Risk Manager	OS
Maggie Bean	Matron, Community and Primary Care Services	MB
Paul Johnson	Mental Health Services – Clinical Lead	PJ
Lynn Parkinson	Chief Operating Officer (up to item 4)	LP
Clive Brookes	Interim Deputy Chief Operating Officer (from item 5 onwards)	
Su Hutchcroft	Compliance Officer (minutes)	SH
Guests in attendance		
Victoria Winterton	Head of Smile Health	VW

1/20	<p>Apologies for Absence</p> <p>Apologies were received from Mike Smith (NED) and Nicki Sparling (Interim Assistant Director of Nursing, Patient Safety & Quality Assurance).</p> <p>MC noted MS had sent comments through to the chair for various items, and NS had sent a message of thanks for her secondment. MC noted thanks to NS for her contribution to the Quality Committee</p> <p>MC welcomed MB and Victoria Winterton from the Smile Foundation and assists with the Charitable Funds Committee and is attending to view how the Quality Committee is run.</p> <p>MC noted good feedback from the Trust Board in terms of the Assurance Report which was submitted following each Quality Committee and asked the meeting if they would like to see the Assurance Report. It was agreed the Assurance Report should be included in the meeting papers for subsequent meetings.</p> <p>Action – to add the Assurance Report to the agenda as a standing item.</p>
2/20	<p>Minutes of the Last Meeting</p> <p>The minutes of the 9th October 2019 were accepted as a correct record of the meeting.</p>

3/20	<p>Action List and Matters Arising The action list was noted with all actions closed,</p>
4/20	<p>Discussion Item – National Confidential Enquiry into Suicide and Safety 2019 Presentation circulated prior to meeting.</p> <p>TF/CJ gave a presentation following their attendance at the National Confidential inquiry into Suicide and Safety in Mental Health Conference in January this year.</p> <p>The Confidential Inquiry report provides the findings from 10 years of data 2007 to 2017.</p> <p>Key points from the presentation:</p> <ul style="list-style-type: none"> • UK map shows our STP has one of the highest rates of suicide in the country • Trend appears to be downward for suicides in patients open to services however the actual numbers year on year remain static but a greater number of patients are now in contact with mental health services. • Most common method is hanging and strangulation but the report does not differentiate between self-ligature to hanging and was felt it would be good to have feedback in next year's returns to differentiate between the two • Of those who had a risk assessment around the time of their death 84% were deemed low/no short term risk and 58% deemed low/no long term risk. • Suicide in the over 75 age group is increasing driven by males, with physical health, loneliness and depression key factors. • Suicide in women under 25 - this group has the highest number in contact with services (1/3) but risk assessment is missing the complexity of self-harming and drug and alcohol use. There is also an increase in use of ligatures. • Figures this year included suicide and the internet and was noted is likely to be understated, agreed one to watch, with a probably under estimated impact but also noted there remains a positive side of internet use too. <p>CJ noted that the learning from the Inquiry will be integrated into the training being developed in line with the Patient safety Strategy. It was also noted the work Mandy Dawley is doing with carers who have been bereaved by suicide will support this agenda as involvement of families in learning was a key take home message from the report.</p> <p>TF noted the area which needs focus is dual diagnosis areas. LP noted it is important that we continue to ensure the commissioners really understand what the needs are and noted that it has been discussed previously at the Commissioner led Quality Group and will again be revisited in light of the Confidential Inquiry findings.</p> <p>LP noted the efficacy of risk assessments which research led by Nav Kapur has demonstrated is limited. LP stated that she would ensure that this is picked up internally to review how we assess and manage risk. The outcome/proposals will be brought back at a later date to the Quality Committee.</p> <p>MC passed on comments from MS who welcomes the National Confidential Inquiry debate and enquired if this could be seen at MHLC. Noted the worrying rate of under 25 females but stated was good to see the downward trend on inpatient suicide but absolute figures or rate per 100 would be interesting to see.</p> <p>MC thanked TF/CJ attending the conference and presenting the findings back to the Quality Committee. He asserted that it is now about how we use this information to</p>

	improve safety.
5/20	<p>Quality Insight Report</p> <p>HG updated the meeting on the key items in the report.</p> <ul style="list-style-type: none"> • The CQC independent review into Whorlton Hall has influenced the CQC approach to inspections. There are a number of recommendations in the report which the CQC have agreed and are taking forward. • HG attended the North East and Humber Mental Health Forum for Chief Executives and Directors of Nursing, in January which was attended Kevin Cleary, Deputy Chief Inspector of Hospitals and lead for Mental health at the CQC. He talked about increasing emphasis on quality improvement and cultures and noted the inspection model will change, following the Whorlton Hall review • The approach to the Safe KLOE (Key Line of Enquiry) will change as many organisations are rated 'Requires Improvement' on Safe. There will be a consultation on this which HG noted she would inform the Quality Committee when this occurs. • MHA reviews will focus more on Human Rights, but there is no further clarity on this is available at present • The CQC will be placing a focus on CAMHS waiting lists and Trusts are unlikely to be rated higher than 'Requires Improvement' if there is a CAMHS waiting list. A consultation on the Well Led review is also being undertaken. HG noted the need to keep abreast of the updates and be involved in the consultation, continuing as normal at present but being mindful of the changes proposed. SM felt it would be useful in the assurance report or next report to board to keep them sighted on the changes particularly the CAMHS waiting list. HG confirmed she would include this in her next Board report. • CJ is currently undertaking a deep dive review of the CQC KLOE for Safe and a the report will be presented to April's Quality Committee • Zero events review – failure to recognise the deteriorating patient. QPaS requested a more in-depth report following noting in December's six monthly zero event report that there had been 9 reported zero incidents in relation to the deteriorating patient. The detailed review found that the number of incidents Q1 to Q3 have increased compared to the previous year, however the level of harm decreased. Review of the majority of incidents showed good practice, with staff picking up on training, education and policy changes. It was noted no moderate harm incident was reported in Q2 and Q3. CJ confirmed that work is underway to develop electronic systems for undertaking NEWS2 which will eliminate calculation errors. MB noted that in GP Practices SystemOne has been updated to include NEWS2. • Quality Account – a stakeholder event was held in January to identify the 2020/21 Quality priorities and these will be presented to EMT and Board in February for ratification. The areas stakeholders identified as priorities were: <ul style="list-style-type: none"> ○ Patient and Service user experience - Values based recruitment and development of the patient carer training programme ○ Effectiveness – having a robust approach around gaps in compliance and clear priorities in the year ahead and embed clinical audit in services ○ Patient Safety – interested in supporting staff when incidents occur as well as access around patient safety data at team level • Clinical supervision achieved the 85% target this month. Further work is being started with discussions at QPaS and updates will be provided to the Quality Committee as this work progresses. <p>MS thanked HG for her report and the work being done.</p>

6/20	<p>Divisional Quality Improvement Priorities – Progress update</p> <p>LP gave an introduction to both divisional plans noting they are key to the governance activity in divisions. LP noted the point in the insight report following the CQC feedback, SOPs have been developed for each division to set out the clinical governance arrangements and determine responsibility. This work is currently in progress with the Forensic Services SOP being signed off by QPaS in January with the remaining division's SOPS due to QPaS in March. It was noted the Primary Care and Community Quality Improvement plan (QIP) was presented as a summary and the Mental Health Services have presented their full plan.</p> <p>6.1 – Community and Primary Care Division</p> <ul style="list-style-type: none"> • Implementation of audits in all areas and Matron's audits have been implemented on MyAssurance and going well in primary care with an Infection Prevention Control (IPC) audit being developed for use in Q4. Currently developing a defensible documentation audit in My Assurance for Primary Care • GPs are involved in national benchmarking audits including the National Cancer audit and Community end of life along with the NEWS2 and blood born audits • The risk register has been reviewed in all areas and now reviewed regularly at the business meetings • The first Clinical Governance meeting has taken place this week with structures agreed and Terms of Reference being developed • SystmOne optimisation – working on standardising templates in GP practices • Community have refreshed the SystmOne training which now includes a You Tube video to assist with training • Supervision – packs have been given to all staff with a local training programme ongoing. GP Practices are looking at structures which will include GP lead responsibility. Looking at different ways of holding supervision • PPGs are now set up in all but one practice and work is ongoing for the last practice • Datix training has been provided and action trackers produced for SI/SEAs. Currently revisiting thematic reviews • Engagement of EPaCCS, (electronic palliative care co-ordination system) have been contacted for roll out and should be working within the next month • Safety huddles in place for Scarborough and Pocklington as well as all GP practices • Increased update of the Friends and Family Test (FFT) in primary care via the use of MJJOG. <p>MB noted with primary care a lot of work is standardisation of practices and MB is working closely with the Service Manager to identify issues before taking on new practices.</p> <p>LP noted the key quality indicators showing improvement related to standardisation of processes. Evidence has shown this is becoming embedded in Whitby, and Scarborough and Ryedale have transferred to this model with some modifications made. There is still more work required in relation to the clinical governance and structure which will be a key priority for the incoming Clinical Lead. Malton hospital has had a particular focus on safer staffing.</p> <p>JB noted the importance of understanding the work of medicines management in GP Practices and the need to work with the pharmacy team. MB confirmed they are working closely with Pharmacy colleagues.</p>

HG noted the divisional clinical governance SOP will be progressed through the March 2020 QPaS

SM commented that the summary report did not alone provide sufficient assurance but thanked MB for the narrative which was really helpful. It was agreed that the full QIP will come to subsequent reports rather than a summary report.

ACTION – it was agreed the full Quality Improvement plan would be circulated (LP/HC)

6.2 – Mental Health Services Division

PJ noted the plan was updated in January but is due for the annual review at the February clinical governance meeting and will be split in to planned care and unplanned care.

Key updates noted

- Production of the band 5 development plan which has finally been agreed and the pilot will start this month with Band 5 inpatient services going through the programme. The programme is a combination of self-learning, facilitated learning and observed practice, some working manuals . this is supported by supervision external to their own unit using a mentorship approach. This will be evaluated after the first programme to make any further improvements to the programme and plan how to roll out to the community teams.
- Understanding the care programme approach which is all about the culture. The CPA will be replaced by a care co-ordination model. Currently amending the current paper work and pulling together a training package. Looking at linking with the family inclusive care co-ordination
- The sexual safety piece of work has been incorporated into the work TF is leading. PICU and Avondale are part of the national QI Sexual Safety Collaborative
- The joint operating model with HCC has been signed off. This will continue to be reviewed by HCC and will include close joint working
- Improving access to psychology at the beginning of the patient journey, pilot project undertaken to understand the approach, have had some vacancies within the teams which has stalled the project but have taken the opportunity to review where the capacity is and now have a clear view of what capacity is required within teams.
- Widening the delivery of physical health screening within community mental health teams. Work has been done to extend this and looking at complex trauma etc. Doing well in certain areas but not in others so focus required on consistency across the board. Held a workshop with East Riding CCG and planned discussions with Hull CCG, to work closely with Primary Care to ensure those with mental health needs receive the physical health screening they require.
- PSYPHER Always Events[®] – moving to business as usual. Completed first round of Always Events, evaluated, reviewed and now looking at the next Always Event to be agreed. The Always Event process will now be embedded more broadly across the division.
- 3-day follow ups – work started over a year ago as part of the CQUIN but has moved to business as usual
- Improve the knowledge and understanding of personality disorder and management – this has not progressed as expected. One of the issues is KUF

	<p>training is now focussed on Forensic services nationally which left a huge gap in training availability. SASH training is being reviewed and extend to include more areas that previously KUF would cover. Have new resources in the complex emotional needs team and the division will review how this can be expanded</p> <ul style="list-style-type: none"> • Patient and Carer Champions are in place across all services • ReQol has been introduced, and the dashboard is good clinical tool for teams to use. The dashbaord is being monitored through the governance structure in relation to who is completing ReQol. • End of life care – a number of staff attended the training and advance care planning training. This is reviewed as part of the MDT review to ensure everyone is part of the process. <p>LP noted that there has been lots of work taking place, with a key transformation piece being the CMHT, which will have a positive effect across all mental health pathways as well as the campus work.</p> <p>HG noted the QIP methodology was introduced in 2016 and the huge changes are great to see. LP noted this is now a transformational plan. PJ commented the staff have worked very hard with this work.</p> <p>MC commented it was good to see the progress over the three years and would like to hear more about the inter-disciplinary divisional work and looking at the standardisation on how we approach the development plan.</p> <p>LP/MG/PJ left the meeting and CB jointed to deputise for LP. MC welcomed CB to the meeting</p>
7/20	<p>Quality Committee Risk Register</p> <p>OS updated the meeting with the latest Quality Committee Risk Register. DR enquired regarding definitions within the risk matrix and OS noted he would forward them through to him as they are part of the risk management policy.</p> <p>The report has been to the latest QPaS meeting and noted the following key points:</p> <ul style="list-style-type: none"> • 23 current entries, with some movement since the last Quality Committee • No current red risks • Closed down and reduced risks are documented in table 2 and includes <ul style="list-style-type: none"> ○ CHMHS-C7 around the inpatient unit delivery which has been closed and a new risk added to be included on the next report ○ MH55 for vacancies in terms of South Bank perinatal team which has been reduced to 6 and closed • New risks added are <ul style="list-style-type: none"> ○ PC7 – around clinical records being held as paper documents waiting summarising within practices ○ PC1 – lack of appropriate medical workforce within primary care generally across practices ○ PC3 – regarding delivery of the CQC action plan for Princess Medical Centre which could lead to regulation breaches ○ SR15 – current vacancies on Fitzwilliam ward ○ SR9 – staff vacancies within the Ryedale hub <p>OS noted changes are being seen monthly, and is comfortable with the process,</p>

seeing strengthened risks in primary care and a lot of work has been done with Practice Managers.

Comments received from MS regarding MH6 and section 136 and changes to wording which MS has spoken directly to OS about. OS confirmed this has been taken through MHLC and will be going this week and PJ has updated the Audit Committee yesterday

HG noted she remains concern regarding SS48 – alarms which have been on the register since 2018. This was discussed regarding wording to be updated. CJ explained that she is waiting for the estates solution to come through and has escalated this regularly.

ACTION – to escalate risk SS48 to Peter Beckwith (as Director for Estates) – HG

Comments were made on some older risks requesting wording to be reviewed and OS confirmed the older risks will be reviewed with the services to update the plan in Q4 and close as many risks as possible.

DR enquired about the vacancy risks in specific areas and asked if that means there are no vacancies in other areas. OS explained the vacancy risks are only those rated 9 and over and MC noted these are where people have linked risk to patient safety in those areas. TF commented that the safer staffing review gives a breakdown of each area. OS noted that unless defined as quality impact risk it would not show in this register but will include in the annual review.

JB enquired about LDC20 and LDC32 regarding repetition. OS confirmed this would be part of the review. Also discussed regarding wording of some CAMHS risks and MC noted a discussion on the workforce quality interface would be good.

ACTION – OS to look at the following in the annual risk register review with directorates/divisions

- **All staffing risks**
- **Review repetition of risk LDC20 and LDC 32**
- **Narrative of CAMHS risks**

SM felt this was an interesting paper, seeing the spread of risks and where they are coming from with some areas not really represented and some areas increasing on the register. From the assurance point of view, SM asked if the proper process had been followed by all areas not just this level. OS commented that risks are held locally and reviewed and did not feel any areas were not identified by divisions but would take this forward with the clinical leads at review. CB commented that the risk were also included as part of the accountability reviews with divisions so we can ensure the process is adopted across the trust.

Board Assurance Framework (BAF)

OS explained the BAF was the current iteration of Q4 which was still under development to allow Quality Committee to have involvement at this stage. The final version will be going to Trust Board in March 2020.

JB suggested part of the challenge is how they are aligned to each strategic goal. CB commented that the transformation programme is currently being revised with the approach that each new scheme will identify the contribution to each of the Trust

	<p>goals.</p> <p>SM noted the next risk register will be the important version as actions against the goals will be due to be competed then. OS noted that the work is ongoing and action fed by the risk register but this will be included as part of the annual review.</p> <p>It was agreed by the Quality Committee that the draft Q4 seems accurate and they are happy to support with assurance of the work going on currently. Request to look at the safety and workforce issues and try and reduce the number of risks to get a real sense of the current situation.</p> <p>ACTION – to forward definitions of risk scoring matrix to DR</p>
8/20	<p>CQC Regulation Breaches update</p> <p>HG updated the meeting on the progress of the 13 Must Do actions from the last CQC inspection explaining that assurance for these actions has become part of 'business as usual'.</p> <p>HG noted the progress of the actions is now being monitored through the accountability review meetings and have also been subject to the Confirm and Challenge meetings for each division.</p> <p>DR enquired if in terms of actions and assurance whether there a point where they are closed down. HG confirmed that actions are closed but they are still monitored to ensure the actions have met the regulation breach.</p> <p>MC asked the committee if they felt assured that the right effort and focus had been put in for closing down of the actions and the committee agreed they felt it had.</p>
9/20	<p>Professional Strategy – progress update</p> <p>TF updated the meeting in relation to the launch, explaining that the professional forum had decided it wanted a different approach which included the filming of the video, recording of podcasts, a self-portrait completion, culminating in a professional strategy launch tour of the patch. TF met with the Comms department last week regarding the continued development of the website around the professional strategy.</p> <p>Key points noted from the four main priority areas</p> <ul style="list-style-type: none"> • Priority 1 - Nursing directorate to include Allied health and Social Care professionals • Priority 2 - Divisional structures finally coming together with clinical leads being appointed and can now start to map how the divisional professional structure will sit underneath the directorate structure • Priority 3 - has given a prime opportunity with the CAMHS model and the lead psychologist has identified an evaluation strategy allowing supporting teams to do self-evaluation against the standards. • Priority 4 – work is already underway with Health Education England on the pre-registration pathway with funding coming into the organisation around registered CPD which allows investment in the way we support career development. <p>JB enquired if this was part of the Workforce Committee or Quality Committee going forward or whether it linked with both and MC confirmed the Workforce committee</p>

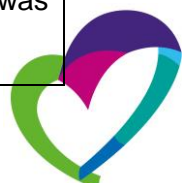
	but noted that the Quality Committee sponsored this as had workforce as part of its remit until the recent development of the Workforce Committee.
10/20	Policies for approval from QPaS None this month
11/20	Internal audit report There were no internal reports this month
12/20	Quality and Patient Safety Group minutes (November and December 2019) The minutes for October and December were received and noted. HG confirmed she was happy with the levels of attendance.
13/20	Drugs and Therapeutics Group minutes (October 2019) The minutes for October 2019 were received and noted JB confirmed he was happy with the meetings.
14/20	Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt Nil
15/20	Any Other Business Nil
16/20	Date and time of next meeting The next meeting will be held on Wednesday 1 st April 2020, 9.30am in the Boardroom at Trust Headquarters.

Title & Date of Meeting:	Trust Board Public Meeting – 29 th July 2020											
Title of Report:	Workforce and Organisational Development Committee Assurance Report											
Author:	Name: Dean Royles Title: Non-Executive Director and Chair of Workforce and OD Committee											
Recommendation	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> </table>				To approve		To receive & note	✓	For information	✓	To ratify	
To approve		To receive & note	✓									
For information	✓	To ratify										
Purpose of Paper:	<p>The Workforce and Organisational Development 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 held on 15th July 2020 and a summary of key points for the Board to note. The minutes of the meeting held on 13 May 2020 are attached for information.</p>											
Governance		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment Committee		Executive Management Team									
	Mental Health Legislation Committee		Operational Delivery Group									
	Charitable Funds Committee		Other (please detail)									
Any Issues for Escalation to the Board:	No issues raised											

Executive Summary - Assurance Report:

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

A summary of the key areas within the Workforce Insight report and risk register was discussed.



The committee also received a presentation from the Secure Services division on their action plan based on the 2019 staff survey results, updates from the reporting groups Equality, Diversity and Inclusion, Staff Health and Wellbeing, Medical Education and overview of workforce discussions taken place at the Operational Delivery Group. Reports were also received from Guardians of Safe Working, Recruitment Task and Finish Group as well as the safer staffing and verbal update on future working arrangements.

Key Issues:

The key areas of note arising from the Committee meeting held on 15th July 2020 were:

Minutes of the meeting on 13th May were approved and the action log was updated with agreement for those closed actions to be removed.

A presentation from Secure Service division was given based on their staff survey results. This was an opportunity for the division to acknowledge the feedback and determine areas for improvement. The Division are developing an action plan by seeking staff engagement. The Division was encouraged by the committee to ensure patient involvement in the action plan and also look at enhancing it using information from pulse surveys to see what has changed during the COVID period. Action plan will be completed by the end of August and monitored at the accountability reviews. Sickness rates on Ouse ward will also be discussed at the accountability reviews.

The committee received an update from the Staff Health and Wellbeing meeting. Activity from this group has cemented the agenda in the organisation including the positive support around health and wellbeing changes and psychology support. The committee received an update on break out rooms and wellbeing initiatives in the organisation. The Committee expressed that it was good to see ongoing energy and drive in area.

A report from the Equality, Diversity and Inclusion group which met in May was reviewed. The report gave updates on the different staff networks. The news of an appointment of a chair to the BAME network was welcomed by the committee. Concern on racist incidents from patients to staff was discussed. Suggestion of case studies and joint training as way into preventing incidents was made. The Committee suggested that there are a lot of disadvantaged groups in the surrounding community and to make sure focus is on all of them. Committee noted that the Director of Workforce and OD is taking to board a paper on BAME staff. It was agreed to invite the new chair of the BAME network to the next committee for introductions and to demonstrate support.

An overview of the Medical Education group was given with highlight drawn to their success with the HYMS placements and awards. The Committee were supportive of assisting those medical students whose courses were affected by COVID. The Committee were assured by the positive feedback from the inpatient units and GP practices relating to the Medical Student Volunteers and were hopeful this will inspire some to consider work in Primary Care and General Practice for the future and long term.

The Retirement and Statutory Mandatory Training policies were approved. The Statutory Mandatory Training policy will continue to be reviewed to maintain accuracy in terms of the number of training courses staff need to attend. The Committee welcomed the changes to the Retirement policy making it easier for people to follow and easier for those which may wish to extend their working time at the Trust.

The Committee welcomed the governance from the Operational Delivery Group and understood that, through accountability reviews, this helps highlight issues around staffing

and employment to improve performance of the organisation.

The Workforce insight report was presented to the committee. Highlights included the improvement in DBS as well as the improvement in turnover, sickness and headcount, with the Trust recruiting 165 more staff compared to the same period last year, with 33 of those new staff recruited since the 1st April. The committee noted the performance of the Mental Health division where progress hasn't been as sustained as other areas. This will be addressed in the accountability reviews. The positive performance of the Childrens and LD Division was noted.

The Risk Register was reviewed. The Committee approved how this is being managed. A suggestion was made on how to complete assurance gaps and to follow this up. The updated register is to be brought to the next meeting.

The Committee undertook a verbal discussion relating to the future working arrangements for staff and understanding how the clinical model drives the estate strategy. A paper is to be presented to the next committee meeting on the key principles to drive strategy in this area.

The committee considered the safer staffing report. The Committee was assured on this work.

An update on the Recruitment and Retention Group was given. The Committee noted the trajectory and assurance around this, progress on nursing and GPs was welcomed. It was agreed to keep this as a standing agenda item.

The Guardian of safe working report was received and the committee noted this and was assured as to how this is operating. COVID has been an unusual time the committee will continue to keep it under review. The committee expressed their thanks to Jennifer for her work in this area.

**Minutes of the
Workforce & Organisational Development Committee
held on
Wednesday 13th May 2020, 14:00 – 16:06pm,
Skype**

Present:

Members:

Dean Royles (DR), Non-Executive Director Chair
Mike Cooke (MC), Non-Executive Director
Steve McGowan (SMc), Director of Workforce & OD,
Hilary Gledhill (HG), Director of Nursing
John Byrne (JB), Medical Director
Lynn Parkinson (LP), Chief Operating Officer,

Other attendees:

Francis Patton (FP), Non-Executive Director
Michele Moran (MM), Chief Executive, (attended until 4pm)
Helen Lambert (HL), Deputy Director of Workforce & OD
Colette Conway (CC), Nurse Recruitment Project Lead
Jessica Norton (JN), Personal Assistant, (Note taker)

19/20	Apologies for Absence None
20/20	Declarations of Interest None declared
21/20	Minutes of the meeting held on 22nd January 2020 The minutes of the meeting held on 22 nd January were accepted as an accurate record subject to a minor change 08/202 CQC report 'three regulation breaches'.
22/20	Action Log Action Log was reviewed and discussed. Those closed are highlighted in grey will be removed from next month's report.
23/20	Chairs logs from any groups reporting to this committee <ul style="list-style-type: none"> a) Staff Health, Wellbeing Engagement Group – no meeting took place due to COVID b) Equality, Diversity and Inclusion Group – no meeting took place due to COVID c) Operational Delivery Group – no meeting took place due to COVID d) Medical Group – update report was taken as read. Doctors and their education are in a reasonably good place just need a different way of thinking going forward. <p>Committee noted that the above meetings are all being re-established and therefore updates will be available for the next committee meeting.</p> <p>Resolved: The update for the Medical Group was noted.</p>

24/20	<p>Policy Ratification No policies for approval</p>
25/20	<p>Workforce Insight Report (Including Risk Register) SMc gave overview of the insight report covering each section in turn.</p> <p>Sickness – Sickness is continuing to be monitored on a regular basis. As expected, COVID-19 is having an impact on sickness levels and the Trust has seen an increase. Before COVID-19 had three consecutive months where sickness was below 5%. There has being an improvement on the number of long term sickness compared to 12 months ago, even given the increase in head count.</p> <p>The majority of sickness relating to COVID-19 will come through in April onwards figures. Committee noted that, looking at the table within the report can see that sickness for the Trust is lower than most other Trusts and lowest of all Mental Health Trusts.</p> <p>The return to work interview figures need improvement. It was noted that there was a push and communication to do this.</p> <p>Turnover – has reduced from 15% to 12.5% compared annually. The data suggests there is always a peak in March due to end of contracts at the end of the financial year. There is also a peak in September when training contracts come to an end.</p> <p>Vacancies – still significant number across the Trust. Vacancies to be picked up further as part of later agenda item on recruitment task and finish group.</p> <p>Employee Relations – very few cases with employee relations and those have being moving through quickly.</p> <p>Workforce scheduling – Mental Health unplanned shows some red flags in certain areas. These will be picked up in accountability reviews by LP including rule breaks. Staffing metrics for Mental Health add up to over 20% so suggests a high rate of people absent. LP confirmed that they are focused on this as are concerns in this division. Mitigating this, operationally occupation of beds remains low. This has been a high contact area of patients with COVID and this has impacted on staff.</p> <p>Employee leaving reasons – retired and voluntary resignation is highest reason for leaving as well as work life balance. Due to COVID-19, the Trust went back to those that had retired within past three years to see if would return on a flexible basis. As a result, have around 10 people through the national bring back process.</p> <p>Committee noted that, according to the data in March’s report, there is a jump on all rule breaks. One of the main reasons is that the Trust delegated the sign off rules down to local managers due to COVID-19. Previously rule breaks had to be signed off by LP. This was done as a result of operational pressures relating to COVID-19. This was still monitored to make sure it was not compromising staff or patient safety. LP confirmed that she has had a lot of discussions with the divisions about this. LP considering reinstating the previous sign off rules.</p> <p>JB raised a query in regards to the timeline in terms of COVID-19 and when planning started and kicked in. COVID-19 impact for the Trust started around 10th March with 15th March being in overdrive and by 23rd March sickness leave was starting. The last two weeks were when the isolation letters went out and more people were being diagnosed. This shows that there would have being some impact on the figures due to COVID-19 rather than it the impact just being in April as the COVID-19 effect was seen to start ripping through in middle of March. Shut down was seen at end of March but things would have being going on ahead of this which would be seen in</p>

	<p>the figures.</p> <p>Risk Register – Discussion was undertaken in terms of the risk for clinical supervision on bank workers. Committee agreed that they could not clearly see how the actions on the risk were able to reduce the risk from a 12 to a 6. HG to with Tracy Flanagan.</p> <p>Committee was asked to note that there was an item on the 2020/21 Workforce work plan there is an action to survey our bank staff and one question will be how bank staff feels their clinical supervision is going. This survey likely to go out in July.</p> <p>In terms of the three red risks 64, 65 and 66, this shows additional actions which need to be completed but there is no indication as to when these were completed, if at all. These have been consistently the same for quite some time. Committee also noted that the rating of the risks were initially 20 and have gone down, due to mitigation, to 15 however, looking at the indicators for vacancies, the Trust has either stood still or got worse not better therefore the mitigation noted in the register is not necessarily helping and doesn't reflect the score going down. Despite all we are doing as a Trust, it doesn't seem to make a difference to the risks.</p> <p>Statutory Mandatory Training – Committee noted with concern the important training that is 'red'. JB noted that we might have to accept a slight deterioration in some compliance given the operational pressures COVID is placing on the trust. This was noted.</p> <p>General – DR noted that the report could be slimmed down for this Committee.</p> <p>Resolved: The report was noted.</p> <p>Action: HL to raise bank supervision with Tracy Flanagan and update the risk. HL to update risks 64, 65 and 66. HL Put narrative in on those that retire and return. HL to include narrative and number so n use of personal responsibility framework. DR to share thoughts with SMc on changes to the report prior to the next committee.</p>
26/20	<p>Committee Effectiveness Review</p> <p>Review was taken as read and included for information. Executive summary details the feedback received from the questionnaires sent out to members. Effectiveness review is included in the Trust Board pack for this month. Committee noted that, in the review, there is no mention of changes to the terms of reference however it was noted that Tracy Flanagan no longer attending and HG attended in her place. Committee agreed that, clarification can be given at board if necessary but no update of paper is needed. In terms of none attendance of Equality and Diversity lead, HL is in attendance to represent this function as Deputy Director of Workforce. Appreciation was expressed to Francis for his time as chair.</p> <p>MC raised a query as to whether the work programme for this meeting forms part of the paper. DR confirmed it was. MC suggested a triangulation between finance and quality committees to see how they work together in terms of workforce. Proposal for once a year, as part of the effectiveness view, to bring this work together. MM confirmed that Michelle Hughes does cover this as part of the effectiveness reviews process and she will raise this suggestion with her. This is to give a more formal structured opportunity to get the triangulation better.</p> <p>Resolved: The review was noted.</p> <p>Action :- MM to suggest triangulation of committees with Michelle Hughes</p>
27/20	<p>2019 Survey Results</p>

	<p>An overview of the presentation was given to the Committee. Presentation was previously distributed at the last Committee meeting as well as at April's and May's Trust Board. Will also be discussed at the next Board time out.</p> <p>The presentation focuses on the results from the 2019 survey and the areas of good news where the Trust saw improvement as well as those areas of concern. There is also a reflection on the areas where the Trust made changes in response to the 2018 survey as well as those decisions by the Executive Management team regarding investment in next 12 months. The survey shows that there are areas of progress but there are others in need of some improvement.</p> <p>The trust is aiming to get the directorates to take ownership of their results for their area to celebrate their successes as well as action any areas of improvement. As such, a detailed presentation was distributed to the directorate managers to allow them to focus on their results.</p> <p>The survey showed certain questions scoring under 40% for a positive response. As a result, the Executive Management team have pulled together a plan on what the Trust is doing to improve this score, focusing on the 11 questions and rolling out a communication plan on each of them. These low scoring areas are seen as a priority.</p> <p>The Trust currently does 3 pulse checks a year, (quarter 1, 2 and 4). The questions to be asked are under review.</p> <p>JB raised that this is the second year of three where we are doing something with the data and praised the work of the Workforce and OD team. He also noted this is first year where we have put in some investment into the areas in the survey. It can take time for some of the changes needed to take effect but if keep focusing on it; there are reasons to be optimistic.</p> <p>DR asked that a division from Operations presents at the next Committee on what they have done and are doing as a result of the survey results.</p> <p>Resolved: The report was noted.</p> <p>Action: LP to arrange for a division to present on the staff survey at the next Committee.</p>
28/20	<p>Recruitment Task and Finish Group</p> <p>Conversation was held last year within the Executive Management Team and there needed to be more of a focus on recruitment. There is good work in the organisation but this was at best maintaining the level of vacancies rather than improving them. Workforce planning shows growth over the next 12 months and it is predicted to get vacancies down to 10% in hard to fill roles we will need 122 nurses, 8.5 consultants and 5.5 GPs over the next 12 months.</p> <p>Work on the 'glide path' for each group is ongoing, but it is likely this is going to need a level of investment to support this work.</p> <p>HG confirmed that COVID-19 has given nursing an opportunity to fill posts including four RGNs, two RMNs and one OT that was clinical. It has also brought in students as well as bank staff.</p> <p>HG team leading on work regarding international recruitment and the Nursing Degree Apprenticeship.</p> <p>It was noted that COVID has put the NHS high on people's agendas at the moment so good to take advantage of this and to promote roles and jobs.</p> <p>Resolved: The report was noted.</p>

29/20	<p>Workforce Plan</p> <p>The draft plan was presented. It was noted that there is planned establishment growth in 2020/21.</p> <p>It was noted that there was little by way of workforce transformation/modernisation. LP updated on the work she is leading on this, with extra capacity being brought in to lead this work.</p> <p>MC felt that the plan is quite technical. In terms of the transformation piece, would be good to look at employees from various posts that epitomise the sort of changes we are looking for. Someone who has changed roles or returned to work due to COVID-19 to give a human story to help the plan. It was also suggested a plan on a page would help.</p> <p>Looking back at risks WF03, WF05 and WF10, the vacancy risks are address in the Recruitment Task and Finish Group in terms of the hard to recruit roles shows an investment plan on the back of this. The workforce plan also shows how we are addressing these issues and mitigating those risks. It was requested that the risk register be reviewed in light of this.</p> <p>Resolved: The report was noted.</p> <p>Action: HL to put in staff stories. Action: HL to put in a plan on a page. Action HL to review risks WF03, WF05 and WF10.</p>
30/20	<p>Equality, Diversity and Inclusion report</p> <p>The Equality, Diversity and Inclusion Annual report was present to the committee. The report covers staff and inpatient experience. It covers areas of governance arrangements towards the pieces put in formally through RES, DES and EDS2, staff survey results, and objectives for the following year.</p> <p>Report was well received by the committee in particularly noting the number of achievements during the year. Highlight was drawn to page 172/173 regarding the summary analysis which needs some rewording. Page 172 at the bottom in the last bullet it says '28% have experience harassment and bullying however 28.6 is a slight decrease' which reads well but when you go to next bullet point on the next page, '11.4% demonstrates a small rise', it was raised that the word 'however' is not the right fit and shouldn't be associated with a rise.</p> <p>In terms of objectives, not complacent, but ED&I was our highest scoring theme in the 2019 staff survey.</p> <p>Resolved: The report was noted.</p> <p>Action: HL to review the wording at page 172/173.</p>
31/20	<p>Guardian of Safe Working Report</p> <p>The committee received the Guardian of Safe Working quarterly report which comes to workforce committee to gain assurance on behalf of the Board. Thanks were given to Jennifer for all the good work she is undertaking on behalf of the Trust. Committee was reassured that everything is in order for doctors in training.</p> <p>Resolved: The report was noted.</p>
32/20	<p>To Review the Meeting</p> <p>It was felt it was a good productive meeting. It was noted the amount of time and work that had gone into the reports.</p>
33/20	<p>Any Other Business</p> <p>No other business.</p>

34/20	Date and Time of Meetings in 2020: <ul style="list-style-type: none">• Wednesday 15 July 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby• Wednesday 16 September 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby• Wednesday 18 November 2020, 14:00 – 16:00 pm, Meeting Room 2, Trust Headquarters, Willerby Hill, Willerby
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Agenda Item 13

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 29 July 2019			
Title of Report:	Charitable Funds Committee Assurance Report 21 July 2020			
Author/s:	Name: Mike Cooke Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The report includes details of the meeting held on 21 July 2020 and the minutes from 21 January 2020, which are attached for information.</p>			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Assurance Report	√
Any Issues for Escalation to the Board:	<ul style="list-style-type: none"> The committee noted the insight report and the celebrations of the NHS 72nd Birthday and the case study on the use of COVID monies to support staff. The committee welcomed the updated/combined Circle of Wishes and Finance Report and the use of performance ratios which the committee asked to be developed further. The committee reviewed the updated risk register and asked for a further review of risks from the executive management team. The committee endorsed the publication of a COVID booklet covering stories of peoples experiences during the COVID pandemic. 			

Monitoring and assurance framework summary:

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



Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Key Issues:

A meeting of the Charitable Funds Committee (CFC) was held on 21 January 2020. The meeting was positive and well attended with good progress and assurance being made in this area.

Key Issues

The Committee

- Welcomed Dean Royles to the meeting.
- Approved the 21 January 2020 CFC minutes as an accurate record (attached)
- Closed down the one remaining action from the action log.
- Noted the insight report and in particular the NHS 72nd birthday celebrations.
- Reviewed how the NHS Charities monies had been utilised and received a case study on the Food Hampers during the COVID Response, a copy of which is attached to this report.
- Requested that Health Stars and the Director of Workforce and Organisational Development meet to discuss progressing the NHS Charities phase III opportunity in relation to projects which support BAME communities.
- Reviewed and noted the Circle of Wishes Update and Finance Report, including the performance ratios which the committee requested be developed further. The committee welcomed the new report format which has been updated based on previous feedback from members.
- Requested a review of fund zones and how funding can be maximised/utilised to support staff engagement.
- Reviewed the annual effectiveness review for 2019/20 which has been reported to board earlier this year, noting the positive work and progress being made.
- Received and discussed the risk register, requesting that a further review of the risk register is undertaken with the executive management team.
- Received and reviewed the Operating Plan KPI's – these are reported elsewhere on this agenda, but provide a framework for the committee to review the performance of Health Stars
- Received the Annual Review which is reported to the Trust Board elsewhere on this agenda
- Received and discussed the budget for 2020/21 and acknowledged further discussion to take place between Health Stars and executive leads in relation to operating costs
- Welcomed the update on the Whitby Hospital Redevelopment, noting the scheme is due to handover to the Trust in July 2021 and that internal governance and oversight has been established including representation from Health Stars. The Committee asked for a paper to be brought to the next meeting to look at fundraising plans and targets for this key project.
- Endorsed the publication of a COVID booklet covering stories of peoples experiences during the COVID pandemic.

Charitable Funds Committee

Minutes of the Charitable Funds Committee Meeting

Held on Tuesday 21 January 2020, 11.30am – 1.30pm in Conference Room B, Trust Headquarters

Present: Professor Mike Cooke, Non-Executive Director (Chair)
Peter Baren, Non-Executive Director
Peter Beckwith, Director of Finance

In Attendance: Michele Moran, Chief Executive
Sharon Mays, Chair
Mike Smith, Non Executive Director (observing)
Andy Barber, Hey Smile Foundation Chief Executive
Victoria Winterton, Head of Smile Health
Kristina Poxon, Fundraising Manager
Rachel Kirby, Communications & Marketing Manager
Kerrie Neilson, PA (minutes)

Apologies: Steve McGowan, Director of Workforce and Organisational Development
Ann Newlove, Smile Health Operations Manager

01/20 **Declarations of Engagement**

Mr Smith declared that he is the Chair of the Charitable Funds Committee at The Rotherham NHS Foundation Trust.

02/20 **Minutes of the Meeting held on 12 November 2019**

The minutes of the meeting held on 12 November 2019 were agreed as a correct record.

03/20 **Action List, Matters Arising and Workplan**

The actions list was discussed and the following was noted:

88/19 Impact Appeal Update – Action complete.

87/19 Insight Report (c) – Action Complete.

79/19 CFC Finance Report

Mr Barber reported that regular meetings are taking place with 360 Accountants. The comments received from the previous meeting on the accounts have all been taken on board. We are now looking to use the Xero system to its full ability so that any of the Board who are the Trustees of the Charity would be able to log in and 'view only' the financial position.

Professor Cooke stated that he is interested in the turnover of the money. He referred to CAMHS as an example and noted that it is about to turnover quiet quickly so it is more about understanding not just the overall amount, as there is very little net difference between these two months. It is more about how it is churning so we know how active the fund is. Mrs Winterton provided assurance and noted that progress is being made with the accountants and the way that we are recording each transaction so we can pull off reports easier. She explained that at the minute it is all kind of separate with what is in circle of wishes and what is in finance so work will continue with bringing those things closer together.

Mr Barber updated the Committee on the unrestricted and restricted funds. Mr Beckwith confirmed that work is continuing with this.

69/19 Insight Report (a)

Mr Barber confirmed that the £15k is for a film for the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit and that is currently being followed up and may come back to a future meeting as a summary.

73/19 Any Other Business

Mr Barber reported that he and Mr Beckwith are meeting on 6 February to discuss and re look at the contracted terms.

55/19 Risk Update

Mr Beckwith reported that the investigation relating to Westlands has not yet concluded.

08/19 Trust Accounts

Mr Beckwith verbally reported that the timeline will be very similar to 2019/20 – Action complete.

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

Mr Barber and Mr Beckwith both agreed to finalise the unrestricted and restricted funds report and bring back to the next meeting action 79/19. **ACTION PBec/AB**

04/20

Insight Report

Mrs Winterton presented the report that provided an update on topical issues. The following key issues were highlighted and discussed:

- 2020 event plan
- Team Update
- Whitby Hospital Appeal
- A more in depth look at wishes – declined wishes
- Health Stars Café – Open
- Christmas Event

Mrs Winterton explained that appendix A attached to the report provides more detail on what the events are. She reminded the Committee that there is a need to encourage Trustees and Board members to identify which event they would like to be involved with/take part in. Mr Barber said once the 2020 event plan has been approved by the Committee it will be updated and designed and distributed across services and communicated out effectively.

Professor Cooke welcomed comments on the overall plan. Ms Moran asked how the events will be communicated. Mrs Kirby provided assurance and noted that connexions are in place and all events will be planned in to the Comms calendar. Ms Poxon confirmed that a meeting has been scheduled for Thursday 6 February to move the 2020 event plan forward. If everyone is happy to proceed then posters will be circulated etc. Mr Barber updated the Committee on a Smile designer that would come in to the Trust every Monday.

Professor Cooke and Ms Moran asked what plans are in place in relation to Valentine's day for the Trust Ms Poxon stated that bakes sales can be expanded out to each of the units so they can have their own bake sale, if they wanted to fund raise just for their unit they can dedicate the funds to go to their fund zones. Mrs Moran reminded Health Stars to be mindful about Whitby and Scarborough etc. It is about getting that team engagement together. She asked that the Comms around this is circulated as soon as possible.

Professor Cooke confirmed that he would be more than happy to help organise and support the golf day as well as also any others.

Mr Baren made reference to the 2020 event plan and noted that 2020 is the year of the Euro 2020 tournament and also it is the Olympics so this is something to think about.

Professor Cooke highlighted the importance not to forget World Mental Health Day.

Mrs Moran emphasised the importance to pick up the outstanding actions on pages 3 and 4 from the last meeting.

Mrs Mays suggested that the bake sale is extended to the patients as well as the staff.

Mr Smith referred to the patient group and noted that most of the activities if not all of them are physical activities so he wondered if some less physical activities could be planned. Mr Barber suggested commissioning someone to do poetry. Mrs Moran asked Health Stars to give some thought to Humber's got Talent as it was noted this did not really work last year.

Professor Cooke made reference to the provisional date for Trust Ball and asked that this also be communicated.

Mr Beckwith reported that it feels very Hull centric at time so he wondered if some thought could be given to doing the Scarborough 10k. Professor Cooke welcomed that but also stated that it would be good to welcome ideas from staff.

Mr Barber provided a further update on the team update. It was noted that Mr Barber is meeting with an individual this week that does have extensive charitable experience and looks to have all of the attributes that we are looking for.

Mr Barber formally thanked Ms Newlove for her incredible job on the Impact Appeal.

The Committee went on to discuss the Whitby update. Mrs Winterton confirmed that they have done two positive visits to Whitby. She updated the Committee on the successful conversations around what the appeal could look like particularly about how the ward is Dementia friendly because as far as she is aware that is not included in the core steps so that's where Health Stars can come in and help with fundraising. There were also talks about equipment and equipment in the gyms. It was noted that Whitby have their 'kick off' meeting scheduled for this week, therefore Health Stars will make contact with them after that meeting has taken place. Ms Winterton is mindful that there are a number of sensitivities around Whitby and the project has been on and off the table for some time. Mrs Moran asked that the Exec team are kept in the loop with everything particularly the sensitivities. Mrs Winterton asked for a timeline of when Health Stars can feed into. Mrs Kirkby confirmed that she is currently working on the Comms plan.

Mrs Winterton referred to comments received from the previous meeting in relation to declining wishes. Professor Cooke said it would be useful to know what the criteria is as to why the wishes have been declined. Mrs Moran would like to see a line with the reason it has been declined.

Professor Cooke asked how this Committee gets a handle on the wishes and how active the funds are. Mr Beckwith asked that this information is included as an exception. Mrs Moran said it needs to be part of the circle of wishes update.

Mr Barber raised a sensitive issue relating to wishes for team days that have been approved through the CEO fund. It was noted there is a concern within the wider Humber community about who gets them and what the priority is etc.

Mrs Winterton provided a further update on the Health Stars café that is now open. She explained that it would be good to get a steer from Trustees about the kind of information that would like to receive about the café going forward. Mrs Moran asked Health Stars to communicate with Mr Beckwith as Exec lead about how we are advertising and communicating it. Mr Barber pointed out that the café can also be used as a meeting place and theme days will be looked at, as well as discount for department or different services at different times. Mrs Moran noted that she would like to see an outline plan to come to the next meeting. Mrs Mays' fed back about her recent experience with the café. Mr Barber said a barista type coffee machine will be installed.

The Committee went on to discuss the 2019 Christmas event. It was noted that it wasn't as successful as previous years. Mrs Moran advised that she has already discussed it with Mr Barber prior to this meeting and discussions will continue. Professor Cooke asked if the date has been set for 2020 but it has not yet been set.

Professor Cooke asked about overall insight and asked if Health Stars have had a good year overall and what's the big thing for 2020. Mrs Winterton stated that Whitby Hospital Appeal will be the biggest thing for 2020, as well as being mindful of the developments that are going to happen on this site and how Health Stars can be involved in those going forward. She also wants to ensure the wish process is robust and hopefully getting back to full team.

Professor Cooke asked about the governance review. Mr Barber provided assurance.

Mr Smith asked Health Stars to be mindful that it is World Autism Awareness day on Thursday 2 April.

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

Ms Winterton agreed to look in to organising some less physical activities. ACTION VW

Professor Cooke agreed to personally thank Ms Newlove outside of this meeting. ACTION MC

Mrs Moran and Mr Barber agreed to discuss declined team days at a later date outside of this meeting. ACTION MM/AB

Mr Barber agreed to provide a detailed report on the café at the next meeting and invite someone from Autism Plus along to the next meeting to give some their feedback. ACTION AB

05/20

Charitable Funds Committee (CFC) Finance Report

Mrs Winterton presented the report that provided the Committee with a review of the current finance position of Health Stars charitable funds. Mr Barber highlighted the following key issues within the report:-

- Executive Summary
- Total Fund Balance
- Income and Expenditure
- Pledged Funds

It was noted that the finance report is in a new format due to feedback from previous meetings.

Grant income received in November/December includes a £15,000 grant from NISA towards the Impact Appeal and a grant from the Rank Foundation.

The majority of expenditure for Wishes – Patient Benefit was purchasing gym equipment for the Impact Appeal.

The Step into Christmas Challenge raised £140 with 14 teams taking part. The Christmas Event raised £202.30 through cake sales and market stall fees.

Not included in the figures below is the net income received from the Barclays & Smile Ball in November 2019. The estimate is £20,000 fundraised. This should be received by April.

The Fund balances as at 31/12/19 totalled £698,510 – breakdown by fund zone is attached at appendix A.

Mr Barber said the real focus financially from April 2020 onwards is how we are spending the money into the services and making sure there is going to be a surplus balance from the Impact Appeal on some of the things that we need to reserve to be able to fix things. There is also a lot of work to do around children's services, as well the unrestricted community funds so there is a lot of work to do with Comms around how we invest into those communities in a positive sense.

Mrs Mays expressed her concern on the table 3.1 in the report. Mr Baren stated that we should be showing the accumulative position year to date. The Non-Executive Directors all felt that the finance reporting is not quite right yet because they cannot see the accumulative trend of things. Mr Baren would really like to see the finances accumulative. He then referred back to 2019 when we did the operation plan and as part of that we developed some KPIs, and for some reason we are no longer reporting against the KPI figures that we agreed upon. He would really like to know where we are in terms of measuring against those agreed KPIs. Mrs Moran added that she would like to see the information within the insight report.

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

Mr Beckwith and Mr Barber agreed to discuss KPIs and the governance review when they meet on 6 February. ACTION PBec/AB

The Committee agreed to bring this back to the March meeting for further discussion on looking back and looking ahead. ACTION AB/VW/PBec

06/20

Draft Review of Committee Effectiveness

The Committee briefly discussed last years' report which was circulated with the papers.

Professor Cooke explained that he would like a new draft report to be populated in time for the March meeting in the new format report.

Professor Cooke advised Mrs Winterton to get insight from members from the first three meetings from Mr Baren and Mr Beckwith and for the final three meetings get an overview from Professor Cooke once he has seen sight of the draft report. Mrs Mays stated that she expects Mr Beckwith to help Mrs Winterton with the report as it is a Trust governance document and he is the Executive lead for this committee.

Resolved: The report and verbal updates was noted. Mr Beckwith and Mrs Winterton agreed to populate the report in time for the next meeting. **ACTION PBec/VW**

The Committee agreed that going forward a draft report would be required at the January meeting followed by a final version at the March meeting. ACTION PBec/AB/VW

07/20

Impact Appeal Update

Mr Barber presented the report which provided the Committee with an update on the Impact Appeal. The following key issues were highlighted within the report:

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

Fund raising balance as at 07/01/2020 including pledges/pending totals £301,708.99.

As per the previous update, available funds currently outweigh the value of the wish list so no additional grant funding will be sought without a clear and additional need being identified.

The Barclays Ball took place in November with the Impact Appeal benefitting from the proceeds of this fundraising event as well as the publicity that this wider corporate audience will bring. The final figure is yet to be confirmed following the conversion of pledges and the drawdown of match funding but it is anticipated this will be in the region of £20,000.

The gym equipment top up funding has been covered by one funder who is keen to discuss how they might be able to support the development of the garden space between Inspire and Sunshine House. This is also of interest to a large funder who has pledged previously but is keen that their funding is used to support this element and is looking forward to further discussions around this. It is hoped that through donations, charitable funds could be used to fund this garden work and the installation of play equipment in its entirety. More information will

follow in due course.

Ann Newlove will be supporting the opening event on January 10th, representing Health Stars. A number of donors and funders have been invited to take up the opportunity of a tour on this date. A photobook of artwork from the school campaign has been produced and will be on display before being handed to the unit.

We are pleased to report that low level spending has begun in earnest to coincide with the completion and subsequent opening of the unit.

Games consoles, gym equipment, toys, books, games, occupational therapy equipment, mobile phone charging units, 'non-NHS' crockery and patient welcome bags are all scheduled to be deployed around the unit to coincide with it's opening.

Further purchases of art supplies, enhanced educational items, garden equipment and the Children's Centre wishes will be progressed following all appropriate IPC, H&S and Fund Manager checks.

Following the request to approve an artwork project valued at £30,000 at the November meeting, Rozanne Beighton (project manager) has discussed the project with Elaine Burke, a local arts consultant who specialises in art in health establishments. This follows a recommendation made by the CFC and has resulted in some caution being advised. A meeting is taking place with Elaine (initial meeting at no cost to the Trust or Health Stars) on 13 January to explore the way forward.

An update and proposal for next actions will be brought to the CFC as quickly as practicable following this meeting and ideally a verbal update will be provided.

This artwork does not include the donor recognition piece which will be situated within the main entrance and can be added to over time as more donors support the service. A design concept is currently being drawn up and will be shared with the appropriate groups before any commissioning is undertaken.

Mr Barber reported that he is incredibly proud of what has been achieved. The next step is how we do the next stage. He suggested removing the impact element with a finish part of this financial year and then it moves in to the Inspire fund. The Committee went on to discuss

Professor Cooke asked how much of the £301,708 will be spent on setting up of the Inspire. Mr Barber anticipates 80% of funds raised will be spent. Professor Cooke said it would helpful to see a summary of the reconciliation. Mr Barber proposed (subject to agreement) that Inspire becomes the actual fund and will be a public appeal. Mrs Moran stated that the Board need a little more detail about how the money has been spent. Mrs Winterton provided assurance on this and noted that Ann Newlove has a spreadsheet of every wish that was submitted. Professor Cooks said he would prefer to see some interpretation on where the 80 % will be spent. Mrs Kirby suggested an Impact report to give some visual and get patient feedback. Mrs Moran wants to see a reflection piece for the Board.

Resolved: The report and verbal updates was noted.

Professor Cooke agreed to write to Ann Newlove to thank her. ACTION MC

08/20

Risk Register

Mrs Winterton presented the report that provided the Charitable Funds Committee with a risk register for Health Stars. She took Committee members through the high risks and picked up on those in more detail.

Mrs Moran referred to risk id HS2 and noted that she felt the risk rating is too high. Mrs Mays stated that she had the same query, lack of insight and lack of ownership and awareness of skills

is different to lack of skills. The Committee agreed to raise this at the February Aboard meeting.

Professor Cooke made reference to risk around the Impact Appeal in terms of whether it actually got spent on the things it was raised for.

Mr Baren asked if there are any risks that have scored less than 9 that are not listed. Mrs Winterton confirmed that all of the risks are on the risk register. Mr Baren asked why there are not any information governance risks or system risks. Professor Cooke asked Mrs Winterton to review other Committee risk registers.

Professor Cooke asked Mrs Winterton to consider the joint partnership role as a risk when she meets with Mr Beckwith. Mrs Kirby indicated that it would be good to have employer engagement on the group and connecting HR and Comms up to that would be good.

Professor Cooke formally thanked Mrs Winterton and Oliver Simms for their work on the risk register.

Resolved: The report and verbal updates was noted.

The Committee were in agreement that wording for risk id HS2 needs to be widened as well as the end rating. ACTION VW

Mrs Winterton to consider including more risks. ACTION VW

The Committee agreed that the risk register will be standing agenda item going forward. If no movement is recorded then commentary will be provided. ACTION VW/KN

09/20

Circle of Wishes Update

Mrs Winterton presented the report that provided an update to the Charitable Funds Committee on the progress Health Stars Circle of Wishes for November and December.

It was agreed that going forward the detail of all declined wishes will be included in the COW report.

Ms Poxon updated the Committee further on the sample of wishes for November and noted that most of those wishes are in progress or on the near end of been granted.

It was noted the one declined wish in November related to a request from voluntary services for a non paid member of staff to fund their driving lessons and test to support the non paid member of staff to get to work and save on bus fees.

Mr Barber reported that they want to encourage more wishes to come through and one of the things they will be looking at is how to simplify the communication on the process. In light of this a one minute and thirty second animation has been created which simplifies how you put a wish in and where.

Resolved: The report and verbal updates was noted.

Mrs Winterton agreed to include declined wishes in the report going forward. ACTION VW

It was agreed the demo animation would be showed at the next meeting. ACTION AB

10/20

Items for Escalation or Inclusion on the Risk Register

Professor Cooke summarised another productive meeting and requested that all of the following is included in the Board assurance report.

- Noted the insight report and really welcomed the 2020 event plan and suggest its launch, and encourage the Trustees and Board members to identify which event they would like to be involved with/take part in
- Reviewed and noted the wishes and agreed to develop these into the finance report
- Welcomed the re-opened Café and its partnership with Autism plus, and so far positive feedback has been received

- Professor Cooke to congratulate Ann Newlove on raising £301,709
- Noted the first look at the risk register and suggested that becomes a standing agenda item going forward
- The Committee
- Welcomed Sharon Mays, Michele Moran and Mike Smith to the Charitable Funds Committee meeting
- Noted Mr Smith's declaration of interest that he is the Chair of the Charitable Funds Committee at The Rotherham NHS Foundation Trust
- Approved the 12 November CFC minutes as an accurate record
- Chased some actions from the actions log and agreed to spend some more attention to ensure that actions are closed down
- Noted the insight report and really welcomed the 2020 event plan and suggest its launch, and encourage Trustees and Board members to identify which event they would like to be involved with/take part in
- Noted the team update around charity champion and the Committee have agreed to support that
- Professor Cooke asked Mrs Moran and Mr Barber discuss wishes for team days outside of this meeting
- Noted the verbal update on the investigation about feasibility for the Whitby Hospital Appeal what it might focus on and who are the key players to get relationships with and linking in to the Executive team
- Reviewed and noted the wishes and agreed to develop those into the finance report
- Welcomed the re-opened Café and its partnership with Autism plus, and so far positive feedback has been received. The Committee welcomed an item for the next meeting in terms of meeting some of the people who are involved in it and who will report on it, so that we can support further
- Noted and reviewed the update on the 2019 Christmas event and agreed that a de-brief to build from 2019 for 2020
- Action is being followed up with Westlands (minute number 55/19)
- £15k for the film for the Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit is also being followed up
- Finance is generally going well. The Committee are keen to see slightly different reporting so it does link to the operational plan KPIs that were worked on before. It also separates it from the Impact Appeal so we can see the general movement, as we as specific movement
- Professor Cooke made reference to the March 2020 meeting and suggested that it would be a good opportunity to look back as well as look ahead at next year, and also receive the draft effectiveness report for 2020/21. Professor Cooke welcomed views from the people who have been on the Committee for all 6 meetings as well those who joined mid-way
- Noted the impact appeal report. Professor Cooke to congratulate Ann Newlove on raising £301,709
- Noted the first look at the risk register and suggested that becomes a standing agenda item going forward. Agreed that the wording for some will be adjusted and wider things to be considered
- Noted the Circle of Wishes (CoW) report
- Looking forward to the Board Part III meeting on Wednesday 26 February.

Resolved: The verbal updates were noted by the Committee.

It was noted that all of the above would be included in the January Board Assurance Report and be sent to Mr Beckwith for review and then to Professor Cooke for approval. **Action**

PBec/MC/KN.

11/20

Any Other Business

Mr Baren referred to the Operational Plan and noted that going forward he would like us to look back at that and do an audit against last year's Operational Plan.

Professor Cooke asked Mr Barber and Ms Winterton about how much time they will require at the February Board meeting. It was noted that 45 minutes should be enough time and that all of the Health Stars team including Ann Newlove will be in attendance. Each of them will do a section on the presentation. Mr Barber said he would very much like to focus on where people want us to go rather than where we have been. Mr Baren stated that questions will arise about where this charity fits within the STP and the ICS and wider than just Humber.

Mr Barber said he would like to get engagement from the Board and spend five minutes on where we have come from and where we started and how do we draw out the wishes hopes and dreams and how does the Board help do that as that is something that Health Stars struggle with. Mrs Mays advised for her it is about challenging the Board and for them to give a clear direction but also discuss what sort of strategic things that we could do together with the help of Mrs Moran and Mr Beckwith.

Mrs Mays suggested a one page summary to go out in advance of the Board meeting so everybody understands the very basics beforehand. Mr Barber agreed with Mrs May's suggestion and noted that he will also do a paragraph on benchmarking.

Resolved: The verbal update was noted.

12/20

Review of Today's Meeting

Professor Cooke thanked everybody for another productive meeting.

Professor Cooke and a couple of the Committee members completed the PROUD behaviours questionnaire which was positive, and those will be submitted to Michelle Hughes.

Resolved: The verbal update was noted by the Committee.

13/20

Date and Time of Next Meeting

Tuesday 24 March 2020, 1.00pm – 3.00pm, CRB

Signed:Chair: Mike Cooke

Date:

Case Study July 2020 – Health Stars Food Hampers COVID19 Response

Introduction

Health Stars is Humber Teaching NHS Foundation Trusts Charity, during the COVID19 pandemic we were able to take advantage of the NHS Charities Together urgent appeal grants totalling £56000.00. Following a request from Gold Command and the Executive Leads our Food Hampers plan was put into action quickly to support our staff, particularly at a time when getting food from the supermarkets was challenging. We were able to use the grant funds to provide the Health Stars Food Hampers for staff for six weeks this was through the most detrimental part of COVID19.

Information

The Hampers were delivered on a site by site basis for all staff that were working within Humber NHS Teaching Foundation Trust. This included 40 Primary & Community Care sites and 13 Inpatient Units. The Hampers included a variety of items from fresh fruit, biscuits, chocolate, crisps, drinks and much more.

The Deliveries were undertaken by the volunteering team within the Trust and 14 COVID19 Volunteer drivers.

Facts

***5184 Hampers were delivered over the six week period**

***13,000 Miles were driven whilst delivering the Health Stars Food Hampers**

(The equivalent to driving around the UK coastline twice)

Staff Quotes

"Thank you for thinking of us, this will be so welcomed by all of the teams during this difficult time"

"Hi Kristina I just wanted to reiterate our thanks to Health Stars. All the staff at Pine View are really grateful that you have thought of us."

"We received the hamper today from Health Stars and this was a very welcomed gift. All of the staff at Maister Lodge would like to thank Health Stars for this."

"Miranda PICU want to express our thanks for the deliveries yesterday. We were all so grateful and excited. Thank you again"

"Just to say a big thank you to Health Stars and Manique for delivering a Health Stars hamper for the staff at Beverley Health Centre, it is much appreciated by all"

"Everyone at Driffield CMHT was excited to receive our delivery today, Thank you so very much"

"On behalf of everyone at Bridlington & Driffield CMHT just want to say Thank you for the Health Stars Hampers you're a little ray of sunshine"

"Our Bridlington team are feeling very loved and appreciated and would like to thank Health Stars and all the Volunteers for the fantastic delivery received today! We're over the moon"

"Michele Moran CEO reiterates the fantastic work that Health Stars have been carrying out across the Trust to help and support our staff during this difficult time and the Board express their thanks"

"Ouse Ward would like to say a massive thank you to Health Stars for all our treats that are keeping us going"

"Wonderful hamper of goodies for staff at Pine View received this morning from Health Stars - it really makes a difference to everyone's day to have a little treat! Thank you for thinking of us!"

"All the staff at Pocklington Neighbourhood Care Team would like to express their appreciation for the amazing Health Stars Hamper which we received it really is such a kind gesture and put a massive smile on our faces"

"Everyone at Chestnuts and Hallgate surgeries would like to say a massive thank you for the wonderful Health Stars treats"

"The District nursing team and the Filey Surgery would like to say thank you for the kind Health Stars food and drink delivery we received today."

"In what is such an uncertain and challenging time for all, your Health Stars Hamper has shown us we are not alone. We all feel truly valued and supported and we cannot thank you enough for this gesture. Receiving this today has shown that we are part of such a wonderful team thank you"

The Difference

Being able to respond fast and put the Health Stars Hampers in place during the pandemic has had such a positive impact on our staff and their general health and wellbeing. Working on the frontline and experiencing the virus first hand has been extremely challenging for all and something which will be noted in history. Being that support mechanism for all really has made a difference. Staff have felt valued, appreciated and most importantly not alone. What seems like a small gesture to some has made a lasting impression, one which won't be forgotten and has built many a relationship for years to come.

The Future

Following the positive outcome from the Health Stars Hampers the Trust have decided to introduce Care Hampers themselves of which they will send on occasions throughout the year to show their appreciation to all staff across the Trust.

Conclusion

Here at Health Stars we are incredibly proud to have been able to organise and deliver the Hampers with such success, the time and detail which went into this process has been a wonderful experience connecting us to many of the staff members located across the vast geography patch of which Humber Teaching NHS Foundation Trust spans. Through this experience we have also built new relationships within the Trust especially the Voluntary Services who went above and beyond to ensure the Hampers reached their destinations.

Through these unprecedented times we are grateful and humbled that we were able to make a difference to the working lives and environments to all who remained on the front line through this pandemic.

Photographs of appreciation





Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 29 th July 2020			
Title of Report:	Covid-19 Response – Update (July)			
Author/s:	Name: Lynn Parkinson Title: Chief Operating Officer			
Recommendation:	To approve		To receive & note	√
	For information		To ratify	
Purpose of Paper:	This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid- 19 emergency during the last month. The paper provides and update on the planning in place to address the NHS Response to Covid- 19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England in April 2020 and the approach we are taking to address the requirements of phase 3 and 4 recovery planning.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Monthly report	√
Key Issues within the report:	The report provides an update on the Trusts Emergency Preparedness, Resilience and Response (EPRR) and command arrangements in place to respond to the Covid- 19 emergency during the last month. It gives an overview of the key issues relating to patient and staff testing, personal protective equipment (PPE), staff health and wellbeing, service changes and the approach we are taking to plan for phase 2,3 and 4 (recovery and restore) of the pandemic.			

Monitoring and assurance framework summary:

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



Communication	√			as and when required by the author
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Covid-19 Summary Update July 2020

1. Introduction

This report provides an overview of the ongoing arrangements and continuing work in place in the Trust and with partner organisations to manage the Covid-19 emergency. The paper also provides further updates on the work that we have now undertaken and planned to address the second, third and fourth phase of the NHS Response to Covid-19 as set out in the letter to Chief Executive Officers from Sir Simon Stevens and Chief Operating Officer Amanda Pritchard from NHS England on 29th April 2020 and in relation to additional national guidance that has been received since this letter. This letter explained that whilst the data describes that England is coming through the peak of hospitalisations from Covid-19, that also coronavirus is set to be with us for some time to come.

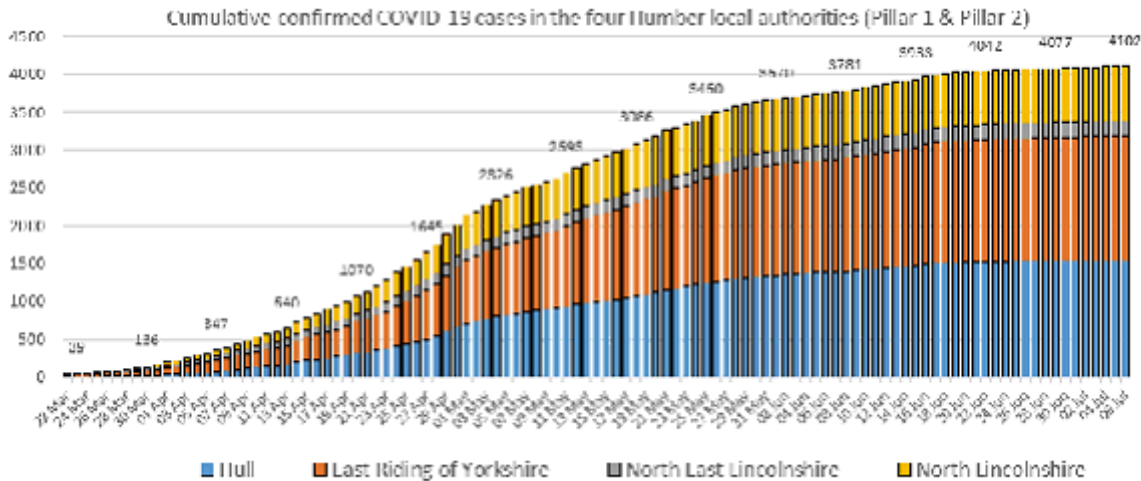
In summary this letter required that:

- Ongoing and consistent application of PHE (Public Health England)/NHS Infection Prevention and Control guidance in all NHS organisations.
- Organisations should continue to assess staff that may be at greater increased risk and make appropriate arrangements accordingly.
- Plan for increased demand for Covid-19 aftercare and support in community health services, primary care, and mental health.
- General practice need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.
- Further support to be provided to care homes.
- Each STP/ICS to build a plan for the service type and activity volumes that will be needed. This needs to retain the demonstrated ability to quickly repurpose and 'surge' capacity locally and regionally, should it be needed again.
- To fully step up non-Covid-19 urgent services and to make judgements on whether there is further capacity for at least some routine non-urgent elective care.
- To 'lock in' beneficial changes that have been achieved during the pandemic to date including enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

The Trusts response work since the last update report to the Board in June has continued to focus in these areas.

As of 16 July 2020, there are 30,372 pillar 1 and pillar laboratory-confirmed cases across the Yorkshire and Humber area (554.3 per 100,000 resident population). In the Humber region there are now 4,122 confirmed cases of COVID-19.

As of 16 July 2020, there have been 338 hospital deaths due to COVID-19 across the Humber area. This includes 205 deaths registered by Hull University Teaching Hospitals (HUFT), 118 deaths registered by North Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG), 14 deaths registered by Community Health Care Partnership (CHCP) and 1 death registered by us. York Teaching Hospitals NHS Trust recorded 214 deaths over the same period.



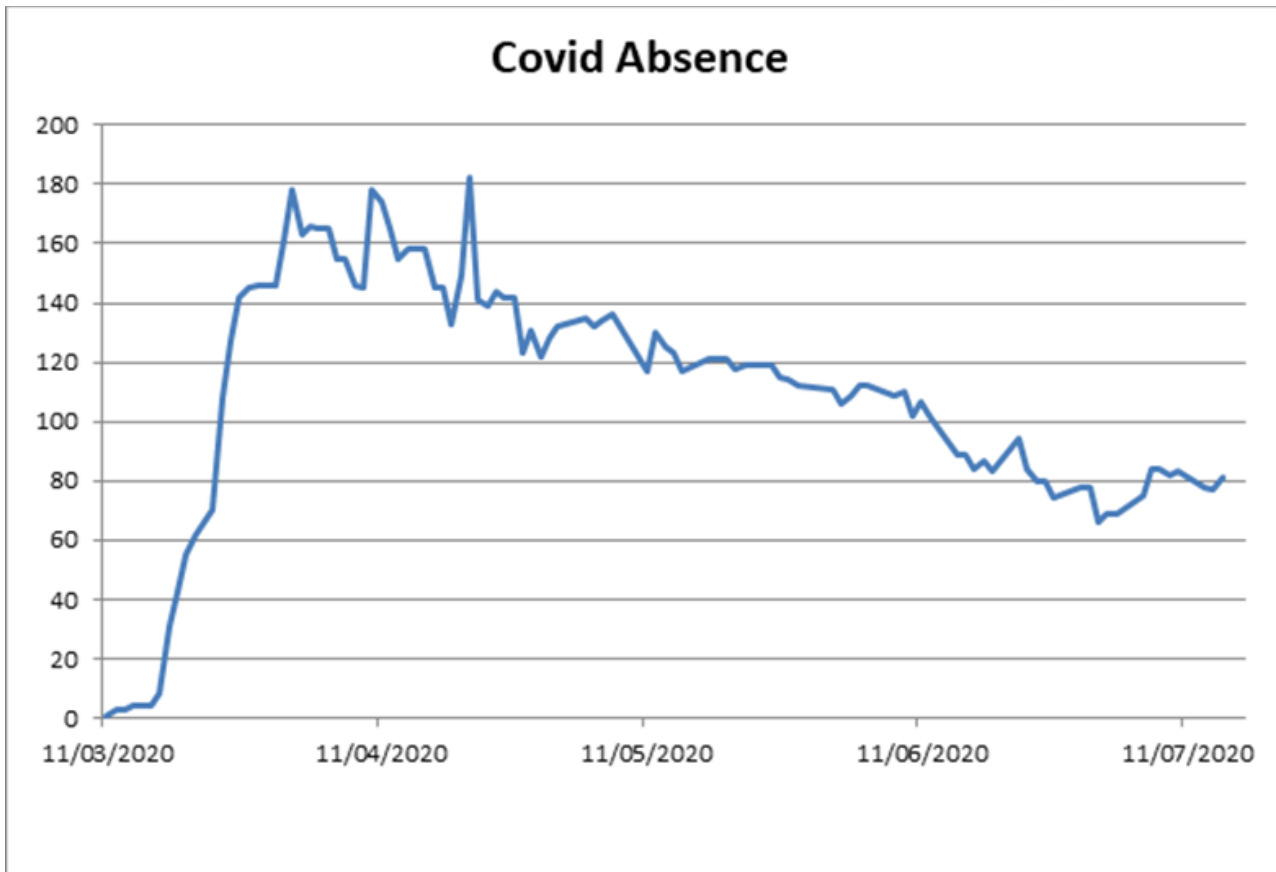
2. Emergency Preparedness, Resilience and Response (EPRR) and Command Arrangements in response to Covid-19

We continue to be in a Level 4 NHS National Incident due to the pandemic and as a consequence all NHS organisations need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The Trust therefore continues to maintain business continuity and EPRR command arrangements. The arrangements are being kept under continual review by Gold and Tactical Silver command. Sitrep reporting remains in place and is provided to Gold command daily.

The actions within the business continuity plans remain in place and so far have been effective. A number of service changes remain in place to accommodate the requirement to keep both patients and staff safe during this pandemic. Where possible clinical interventions and support continue to be provided utilising technology enabled delivery. Where our covid safety environmental risk assessments and associated estates work have been completed, consideration is now being given to increasing face to face interventions where this is necessary and cannot be delivered in alternate ways. Throughout the pandemic we have maintained all of our inpatient services and the majority of our community and out of hospital provision.

Operational service pressures have remained manageable over the last month with the highest pressure seen in unplanned care within the mental health division due to an increase in demand. Due to the need to accommodate the Public Health England Infection, Prevention and Control guidance bed numbers remain reduced in some units, however our overall bed occupancy has risen in July but remains good and is between 65-75%. A rise in delayed transfers/discharges has occurred predominantly due to reduced availability of care home capacity. We have not had any Covid 19 positive patients in our inpatient beds since 6th June 2020. Our surge plan is in place and sets out how the Trust will respond to significant rise in service demand as a direct result of the Covid-19 outbreak.

Key to assessing the position against our business continuity plans continues to be the availability of staff, the chart below sets out the number of instances of Covid-19 related absence. The slight rise in absence during July has been due to a small number of staff having to isolate for 14 days when they have been identified as a contact via the Test, Track and Trace process.



Our process of “staggered debrief” continues to be in place in order to review the effectiveness of our EPRR arrangements and this has been undertaken again during July. Systemised feedback has again been collected from each of our command levels and our second stage summary report will be received by Gold command. This information will be used to inform our final debrief report which will be produced at the end of the emergency. We continue to participate in local and regional EPRR planning and coordinating meetings, many of these are now reduced in frequency as the number of covid 19 cases and deaths continues to reduce.

3. Patient and Staff Testing

The Trust continues to carry out swab or polymerase chain reaction (PCR) tests for any patients in our inpatient beds that have symptoms of Covid-19. Isolation areas remain in place for all of our inpatient services. Our Covid 19 Rapid Response Team is still stood down as we have not had any patients testing positive since early June, however we will resume the service again if that position changes. In line with national guidance, testing is taking place for all patients on admission to an inpatient bed and on transfer between units. Capacity is now available to test weekly our residents and staff at Granville Court as this unit falls within the national care home guidance. Arrangements are also in place to test our staff weekly that have contact with care homes.

Coronavirus tests for all of our symptomatic staff or symptomatic members of their households have continued via our pillar 1 and pillar 2 testing arrangements.

Antibody Testing (Pillar 3)

Following Public Health England Guidance we have completed a programme that offers antibody testing to all of our staff and patients. The purpose of this test is to establish the number in the population that either test positive or negative for having antigens to Covid 19 in order to support public health data collection and research. Current medical advice however is that receipt of a

positive result cannot be taken as having immunity to the virus. This test requires a blood sample to be taken and supported by our occupational health department and phlebotomists across all service areas we have been able to offer the test to all staff and our inpatients who wanted it. Currently there is no guidance about the frequency that this test should be carried out and if it should be repeated. Receipt of test results is taking up to two weeks, at the time of writing this report the position in relation to antibody testing in the Trust is:

Total Consent Forms Received	Total Results Received From Lab	Total Positives	Total Negatives	Total Rejected	Awaiting Results
1840	1357	172	1157	29	483

Surveillance Testing/ Test, Track and Trace (Pillar 4)

The Government has now launched the NHS Test and Trace service aimed to minimise community transmission of Covid 19. It is designed to ensure that anyone who develops symptoms can quickly be tested to find out if they have the virus and, if they do, to trace close recent contacts who will be notified that they should self-isolate at home for 14 days. Where a member of NHS staff tests positive for coronavirus, the Test and Trace self-isolation rules apply and close contacts must self-isolate if the NHS Test and Trace service requires them to. However close contact does exclude circumstances where Personal Protective Equipment (PPE) is being worn in accordance with the current guidance on infection, prevention and control. In other circumstances, i.e. where a member of staff has come into contact outside work with someone who has subsequently tested positive for coronavirus, NHS staff are subject to the same test and trace protocols as all other members of the public and will be advised to self-isolate for 14 days. Where the Trust has tested staff and the result is positive, the guidance requires that we undertake the contact tracking and tracing. We have put in place arrangements via our Occupational Health Department to respond to this seven days a week. During July demand for our contact tracking and tracing has been very low however we did have one case in our Child and Adolescent Mental Health Inpatient Unit (Inspire) that led to six staff members and a visitor needing to self-isolate. This incident has been fully reviewed by our Infection Prevention and Control team.

Through our command arrangements we have continued to consider the impact on our services of staff absences due to contact tracking and tracing and our business continuity plans remain robust. Sickness absence is monitored daily across all of our service areas, however contact tracing remains a risk on the risk register as this arrangement is still relatively new.

To reduce the risk of healthcare associated infections we continue to reiterate and monitor the ongoing and consistent implementation of national infection prevention and control guidance including in all staff areas such as offices and staff rooms. This includes all staff adhering to social distancing (2 metres). The Chief Operating Officer and Director of Nursing, Allied Health and Social Care meet weekly with the Matrons to support and ensure that focus and leadership is maintained in this area.

In June NHS England issued new guidance on the use of face masks and the recommendations applied to everyone working or visiting in a hospital/clinical setting. This requires the use of a surgical face mask for all staff when not in patient-facing clinical settings (where appropriate personal protective equipment (PPE) should be used in line with published guidance),

The use of face coverings is now applied to all members of the public when in our hospital/clinical settings, including those visiting patients or attending outpatient appointments. Arrangements are

in place to ensure that surgical masks are available for our staff and visitors who don't bring their own face covering are supplied with one.

We continue to maintain the government advice that where possible, staff that can work from home and remotely continue to do so in order to reduce the risk of infection and outbreak.

4. Personal Protective Equipment (PPE) and Infection Control

Our established robust systems to ensure that staff have access to the appropriate Personal Protective Equipment (PPE) remain in place. Stock continues to be received via a PUSH delivery system from the NHS Supply chain and daily SITREPS are used to determine the content and frequency of deliveries. Currently, the supplies of PPE are at good levels and we have not had any shortages of equipment during the last month.

The infection control team continues to support all areas, clinical and corporate to ensure that PPE is used in line with PHE guidelines and that staff are effectively trained and competent to do so. We have reviewed and updated our arrangements in accordance with PHE requirements to ensure that all patients, those who are symptomatic and those that are not, are cohorted correctly in all of our clinical areas.

5. Safe Working in our Environments

In accordance with the Government published guidance 'Working safely during coronavirus (COVID-19)' which included recommended measures to be carried out to minimise the risks associated with the transmission of the virus within the workplace. The estates safety team have now completed a programme of site visits and assessments across all trust sites. Key areas of the risk assessment and adaptations that are being put in place are:

- Signage; one way where applicable and social distancing (2 metres apart), which are overlaid onto the Back to Basics campaign.
- Social distanced workstations.
- Appropriate use of screens.
- Hand sanitiser, hand washing and face mask locations.

A separate exercise has been undertaken in conjunction with the Infection Prevention and Control team to assess inpatient donning and doffing of PPE facilities. Whilst these are in place across the estate, adaptations have been identified to facilitate the provision on a longer term basis.

Our Clinical Risk Environment Group (CERG) is focussed on ensuring that clinical areas are optimised further where necessary to meet and comply with infection control requirements being in place over the longer term, it is supported by clinical staff, infection control and estates advice. By putting all of these measures in place this has resulted in reduced office and clinical space being available. To assist with this, safe bookable space is being made available, initially on the Willerby Hill site with plans to expand the provision to other sites. We understand the importance of staff coming together for some activities i.e. appraisals, clinical supervision, however this needs to be balanced with the need to maintain infection control requirements.

6. Covid-19 Risk Register

The operational risk register developed to support the Trust's business continuity arrangements during the Covid-19 emergency situation remains in place. The risk register is maintained by the Corporate Risk Manager and is reported to the Trust Silver Command meetings (Operational and Tactical) at each command meeting to ensure that it is representative of key operational risks that the Trust is facing and that it adequately captures the mitigations in place, as well as further

actions required to support service delivery at this time. Gold Command receives the full Covid 19 operational risk register on a fortnightly basis to provide assurance on the management of the Trust's key risks at this time. The highest-rated risks held on the Covid 19 operational risk register are described below:

COVID-19 Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score
Command Risk 34	Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation.	16	16
Command Risk 46	As a result of the COVID-19 national emergency and isolation measures implemented, there a risk of a post-COVID Mental Health surge and increased demand on Trust services.	16	16
Command Risk 49	As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed.	16	16
Command Risk 52	Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements.	15	15

7. Staff Health and Wellbeing

We continue to recognise that for all of our staff, this is a unique and challenging time. Since the start of our response to this pandemic help and resources have been shared and built on through the Trusts Health and Wellbeing Hub on our intranet. Feedback from our staff continues to be positive and they value the support that has been provided.

Whilst our covid related sickness absence has been improving and our non-covid related absence is below 4%, during July some of our staff are continuing to tell us that they are feeling fatigued. The executive management team, our senior managers and clinical leaders are well sited on this issue and continue to take steps to address this. The importance of rest breaks and taking annual leave has been stressed repeatedly and managers are ensuring that this is taking place. Reports have been provided to the divisions to identify those staff who have taken very little leave.

Our communications team have continued their efforts to maintain a focus on staff health and wellbeing and held our first Wellbeing Week which took place from 6-10 July. Throughout the week, the team shared resources and top tips in our daily Covid staff updates to help staff take care of themselves through this challenging period. Further plans are in place to maintain this focus supported by our Staff Health, Wellbeing and Engagement Group. A daily Covid 19 update continues to be issued to all staff Monday to Friday. This daily newsletter contains guidance from the Trust and Government, also relevant updates from our stakeholders. An "Ask the Exec"

session was held on Friday, 13 July, these continue to be received well with over one hundred staff attending

Work has continued to be undertaken to support those staff who are working from home. Our remote working policy has been reviewed and includes a risk assessment that is being offered to all staff who are working from home. Arrangements are already in place for staff to be supported with equipment if they need it and the importance of contact with managers and other team members is vital.

Focus has been maintained on those groups of staff that are more vulnerable to Covid-19, such as those with underlying health conditions, older staff, shielded staff, pregnant women and, people from Black, Asian and Minority Ethnic (BAME) backgrounds. The National guidance has been revised to include all men within the vulnerable groups, therefore our Trust guidance and risk assessment has been updated to include all of our male staff. The guidance requires managers to liaise frequently with staff in any of the increased risk groups in order to support them to consider adaptations to their roles.

Feedback from staff and managers is that the guidance in place is working well and roles have been adapted. Uptake of the use of the risk assessment is being monitored closely to ensure that it has been offered to all vulnerable staff, national data submissions are now required to report on the number of completed risk assessments and this will take place next w/c 20th July. Any staff member that wishes to can ask for the risk assessment to be undertaken.

Impact on BAME groups of Covid 19

The Trust has considered the emerging evidence about the impact of covid 19 on BAME groups and this has been summarised in a recent paper produce by Public Health England "Beyond the data: Understanding the impact of Covid 19 on BAME groups, June 2020". This paper states that the most recent research from the UK suggests that both ethnicity and income inequality are independently associated with Covid 19 mortality. Historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment or risk. The report also highlighted the high proportion of BAME groups that were key workers and in occupations that placed them at risk by increasing the likelihood of social contact and increasing the risk of being exposed to those infected with Covid 19. They are also more likely to use public transportation to travel to their essential work. Key actions recommended in the report included the importance of valuing and respecting the work of key workers; provision of adequate protective equipment; stronger arrangements for workplace wellbeing and risk assessments; targeted education, awareness and support for key workers; occupational risk assessments; and tackling workplace bullying, racism and discrimination to create environments that allow workers to express and address concerns about risk. The role of severe mental illness as a risk factor for Covid 19 disease severity and death was also reported. A key recommendation in the report is to ensure COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change.

Action to respond to these issues is already set out in the Trusts equality and diversity work plan. Our Chief Executive Officer recently wrote to all of our BAME staff in relation to "Black Lives Matter" campaign to recognise the contribution these staff make to the Trust, to encourage them to raise any concerns they have and to reiterate the opportunity to utilise our Freedom to Speak Up provision. A group is being established to support our BAME staff as a vehicle to raise and address any concerns and this will be chaired by one of our matrons. Our patient data is regularly reviewed in relation to our BAME population and health inequalities e.g. application of mental health act. Significant focus has continued this month to ensure that our covid 19 staff risk assessment has been offered to and completed in relation to all of our BAME staff.

Staff who are shielding

National guidance has now been received that from 1 August, those clinically vulnerable staff who are shielding will be able to return to work if they cannot work from home. It is recognised that staff may have mixed feelings about coming back to work and managers need to support them effectively with this including undertaking an individual risk assessment. If staff are unable to return to their substantive post a suitable alternative will be made available.

Health Stars

The Trusts charity, Health Stars have continued to support our staff and services during the emergency by initially providing 5,184 hampers to all of our sites (supported by our volunteers) to also supporting the setup of a number of "Wobble rooms" across the Trust including, Whitby Hospital, Malton Hospital Fitzwilliam Ward and a number of inpatient wards within the units in Hull and East Riding. These rooms have created a quiet a relaxing space for staff to gather their thoughts and take a break away from the frontline. They have also continued to support a number of "wishes" through the pandemic both to support staff and patients.

8. Covid-19 Clinical Advisory Group

The Covid-19 clinical advisory group continues meet weekly to consider and address any clinical implications of the impact of the pandemic on our services. In June and July the group has focussed on:

- Ensuring our arrangements remain in place for supporting shielding patients,
- Providing additional training to support staff using NEWS 2 (National Early Warning Score – a tool used to clinically monitor physical deterioration in patients) as this was changed early in the pandemic to be recorded only in the electronic patient record and not in paper format.
- Continuing to ensure that our covid related changes and interventions do not increase restrictive practices.

This group reports to tactical silver command and items are escalated to gold command as necessary.

9. Phase 2, 3 and 4 Planning - Recovery and Restore

Our Covid 19 Continuity of Service and Sustainability Plan has continued to be progressed at pace. This plan has utilised the NHS England/Improvement plan (NHS E/I) below for the management of the Covid 19 pandemic which has 4 phases as its underpinning framework.

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards 1 to 74 year time horizon for some elements
Purpose	Enable NHS to deal with peak covid-19 demand	Enable NHS to deal with covid-19 demand Start to deliver a range of routine services	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Begin to address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care Continued action on backlogs and unmet need/ inequalities impacts Resume LTP/ manifesto delivery Inform SR positioning
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS planned for issue late April 2020	Letter to NHS / light touch planning guidance planned for issue late May 2020	Planning guidance planned for issue December 2020

During July as part of the part of the NHS North East and Yorkshire Phase 3 Covid 19 planning and preparation the Humber Coast and Vale Integrated Care System (ICS) has participated in an exercise to assess and understand what capacity is available and what activity this could deliver for the remainder of 2020/21, with and without additional financial resources. Central to this request is ensuring local health and care systems remain ready and resilient for the predicted and ongoing Covid 19 response requirements in this period. It has been considered that understanding what additional resources could enable systems to deliver will position the region well to respond quickly and with clarity and focus as the resources available for the NHS for the remainder of 2020/21 become clearer over the next few weeks. Exactly how these allocation processes will work in practice is still being finalised but having developed and considered plans in place increases the likelihood of investments that would strengthen recovery and restoration activities being secured. In order to support this work the Trust has made detailed financial and service activity modelling submissions to the ICS.

The Trust continues to work closely with our system partners across a wide range of forums and the work is now focusing generally in the following areas. Specific system recovery workshops and planning sessions have been held at HCV Partnership and subsystem levels, the Trust has participated and shaped the plans that have been developed to date. Our services continue to support the care home sector across our patch by working closely with our local authority partners,

Local Outbreak Control Plans, led by Directors of Public Health working with Public Health England local health protection teams and working with Local Resilience Forums are now in place. These plans are being tested through EPRR scenario planning events and the Trust is participating in these.

The Humber Coast and Vale ICS Mental Health and Learning Disability programme is undertaking a programme of work as part of the recovery planning process, significantly progress is being made to develop Covid 19 resilience hubs which will coordinate the emerging mental health demand and support the place based primary and secondary services with additional capacity.

10. Conclusion

The Trust has continued to manage effectively the impact of Covid19 within its ongoing EPRR and command arrangements. The current phase of delivery and planning is crucial to ensure that we can sustain our services supported with adequate capacity to manage the anticipated increase in demand. Staff health, wellbeing and engagement continues to be paramount to our successful ability to achieve our plans and continued focus will remain on this. The efforts our staff make to keep our patients, their colleagues and themselves safe remains highly impressive and we need to continue as an organisation to demonstrate how much this is appreciated.

Title & Date of Meeting:	Trust Board Public Meeting - 29 th July 2020																											
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (October 2019-March 2020)																											
Author(s)	<p>Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals</p> <p>Author: Tracy Flanagan Title: Deputy Director of Nursing, Allied Health and Social Care Professionals</p>																											
Recommendation:	To approve		To receive & note	✓																								
	For information		To ratify																									
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year.</p> <p>This report covers the period October 2019-March 2020. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report has been presented to the Workforce and Organisational Development Committee in July where it was well received.</p> <p>The report offers assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust Board to this effect.</p>																											
	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td>✓</td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>✓</td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee	✓	Finance & Investment Committee		Executive Management Team	✓	Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee		Other (please detail)				
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Charitable Funds Committee		Other (please detail)																										
Key Issues within the report:	<ul style="list-style-type: none"> • Overall the majority of units are maintaining adequate and safe fill rate requirements and performance with the majority of areas seeing an improvement. The Humber Centre in particular has improved in all areas and across all wards • Westlands; Townend Court, and Hawthorn Court require further improvement in relation to fill rates. For the latter two this needs to include a review of minimum staffing requirements in the light of transformational change • Malton requires further improvement in relation to performance around appraisal; supervision; sickness and training. • Sickness remains a challenge across all areas and this is the major factor in lower fill rates and Care Hours per 																											



	<p>Patient Day (CHPPD) – the exception across both reporting periods being Avondale.</p> <ul style="list-style-type: none"> • The majority of areas have seen an improvement in their RN vacancies with the exception of Ouse, Millview Lodge, Millview Court, Newbridges, Westlands and PICU. The latter two have seen significant increases to 42% and 51% respectively. • Data shows that some areas with lower fill rates are still providing good CHPPD due to reduced bed occupancy • CHPPD for the 2 community wards looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit. • PICU vacancy position is still increasing and reduced bed occupancy is still required to maintain safe staffing and additional use of bank staff • Incidents reported via Datix show no episodes of harm associated with staffing shortages • Sustained or improved performance in training, supervision across most areas is noted • Appraisal performance has fallen across most areas throughout the reporting period • Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally • Allied Health Professionals (AHP) roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. This needs to be resolved.
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Monitoring and assurance framework summary:

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

Six-Month Review of Safer Staffing

1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period October 2019-March 2020. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. It includes a review of agreed minimum safe staffing levels for each team and the adequacy of their budgeted establishment. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018).

Due to the COVID19 pandemic the expected discussion and analysis at team level of what an efficient use of staffing establishment from a finance/rostering perspective, alongside local feedback in relation to multidisciplinary team (MDT) and leadership continuity and patient and staff satisfaction has not been possible. Similarly a review of existing establishments based on available dependency data using recognised evidence based methods i.e Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool has not been able to be undertaken for this period.

The next safer staffing report will cover the period April 2020- Sept 2020 and will be a period of exceptional reporting due to the impact on staffing of COVID19. We will begin a programme of establishment and staffing reviews from Sept 2020 to incorporate any lessons learnt from managing staffing during the pandemic.

2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports.

Fill Rates

Since the last reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of Maister, Westlands, Townend and Hawthorn Court. Townend Court persists with low fill rates but due to low bed occupancy their CHPPD are high. Maister Lodge continues to have low but improving fill rates for registered nurses (RN) on days but good CHPPD rates and they have progressed the introduction of new roles following unsuccessful attempts to recruit registered nurses. These new roles are currently not reflected in the fill rates.

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

Care Hours Per Patient Day

CHPPD in most areas remains above the national average with Darley and Ouse both below. The exception is Malton and Whitby where the national comparators are not reliable as they do not relate specifically to community wards. We have sought information from an acute trust which indicates their required CHPPD on 20 bedded elderly medical ward, based on SNCT calculations is 6.2. Both Whitby and Malton have 7/6.9 CHPPD for the reporting period.

Registered Nurse Vacancies

The majority of areas have seen an improvement in their RN vacancies with the exception of Ouse, MVL, MVC, Newbridges, Westlands and PICU. The latter two have seen significant increases to 42% and 51% respectively. The nurse recruitment project lead has been in post since March and will support the Trust wide hard to recruit plan. They will work with those wards experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term.

Sickness

Sickness remains a challenge across most areas with only Avondale maintaining a position at 6 and 12 months below the target of 4.5%. All the rest are above 5.2%, with Ouse with one of the highest levels at 13.5% and Westlands remaining high with 11.9%. Both had high levels in the previous reporting period .PICU and Hawthorn Court's sickness levels have both more than doubled from the previous reporting period. 5.7 % to 13.1% and 7.2% to 13.8% respectively. Derwent has reduced their sickness from 12.1% to 7.1%. A robust approach to managing sickness at a team level continues to be supported by HR business partners and improved reporting around short and long term sickness is enabling more targeted approaches to managing this issue but progress is slow and staggered.

Training/Appraisal and Supervision

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

Cancelled Leave- Mental Health/Secure and Learning Disability Services

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. Five episodes have been reported in this period compared to 25 in the previous reporting period; one on Avondale, one on PICU one at Maister and two at the Humber Centre. This indicator will continue to be reported in the monthly safer staffing dashboard.

Incidents

Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 53 incidents were reported on datix citing Staffing level shortage. Of these one is cited as having caused low harm due to cancelled s17 leave. Three related to the Humber Centre as a whole. Nineteen are classed as staffing shortages not affecting patients directly. The rest are broken down as follows: five related to cancelled section 17 level; ten cited reduced activity and eighteen cited unable to provide adequate care. In each case the datix provides evidence of mitigating action to ensure safety such as moving staff, using 'floating' staff to cover two units; and leave being renegotiated. There is also evidence of escalation and where there have been more serious concerns then this had been investigated locally and learning and further action to prevent this happening again taken

3. Staffing Establishments Review Methodology

The Deputy Director of Nursing (DDN) has undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness; supervision; appraisal compliance and Training. Vacancies and use of Bank and agency are noted. FFT and reported safer staffing incidents are reviewed but these measures are not aligned to targets as they are inconsistently reported upon and often occur in numbers too small to draw relevance from without looking at the detail. Collection of supervision data was temporality suspended during March and incident reporting may have been impacted during March.

An indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indicators are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indicators are below the minimum target

Issues or areas of concern from the previous April 2019–Sept2019 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

4.2 Results

Unit	Summary and Action
Granville Court	<p>Since the period April 2019- Oct 2019 there has been a slight deterioration in sickness from 6.2% to 7.6%. Performance in relation to appraisal has dropped to 64% below target, Registered Nurse (RN) fill rates and overall fill rates are comfortably above target. Supervision and training performance also remain strong and above target. One incident relating to staffing shortages were reported via datix. This did not result in any harm</p> <p>No evidence based tool is currently available that is appropriate for the patient group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is not collated or reported for the unit due to its care home status. The vacancy rate has improved from 10% to 6% and the use of bank and agency has reduced slightly.</p> <p>The fill rates and performance indicators give good assurance that the unit is safely staffed.</p>
Townend Court	<p>Since the last reporting period the bed occupancy has increased to 57%. Whilst the fill rates remain below target they are improved for RNs on days and overall. CHPPD has decreased but is still strong compared to other areas. All other quality and productivity target have been met with the exception of sickness which remains around 7.8% in the current period and appraisals which has dropped to 69%. Supervision has improved to above target at 83%. 3 incidents relating to staffing shortages was reported via datix. No harm resulted from these. Vacancies have reduced slightly form 27% to 23% and bank and agency use has increased slightly.</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to appraisals performance and RN fill rates in particular</p>
Ullswater	<p>Since the last reporting period RN fill rates have improved and are now above target at 80% on days and 97% on nights. CHPPD has remained at 17.5. The quality and productivity outcomes remain above target in this reporting period with the exception of sickness which has risen from 8.6% in the last reporting period to 9.6%. Four incidents relating to staffing shortages were reported via datix. One related to reduced activities and the other three did not result in any harm. Vacancies have reduced from 18% to 6%. Bank and Agency use is still relatively high at 37%. The FFT score has improved from 50% in the previous reporting period to 75%.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Darley	<p>Since the last reporting period fill rates for registered nurses on days have improved to just within target at 78% on days and 104 % on nights. CHPPD rates have dropped slightly but are still within target .</p>

Unit	Summary and Action
	<p>Sickness has continued to decrease but is still above target at 6.8%. Other quality indicators remain above target and appraisals has remained just below target at 84%. One incident relating to staffing shortages was reported via datix. This related to cancelled s17 leave. Vacancies have reduced from 30 % in the last reporting period to 20% and FFT has improved slightly to 80%</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Derwent	<p>Since the last reporting period fill rates for registered nurses on days have improved and are now above target at 95% CHPPD rates have dropped but remain relatively strong at 13.6. Sickness has decreased from 12.1.in the last reporting period to 7.1% which is still above target. 5 incidents relating to staffing shortages were reported via datix. All related to reduced activities and requiring patients to have their meals on the ward instead of attending the dining area. Other quality indicators have improved from 72% to 95 % for supervision and 68% to 84 5% for appraisals (still just below target). Training has improved further to 93% Vacancies have improved and bank and agency use has reduced but is still relatively high at 31% FFT score are at 40% .</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Ouse	<p>Since the last reporting period the registered nurse and overall fill rates on days have both improved and are now above target at 86% . CHPPD remains low at 7.3. Sickness remains high at 13.5% but has improved from 15.5% in the previous reporting period high. Appraisal performance has improved from 68% to 98% and training and supervision performance remain good. Two incidents relating to staffing shortages were reported via datix. One related to cancelled s17 the other did not result in any harm. Vacancies have risen from 14% to 23 % but bank and agency use has decreased slightly.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Swale	<p>Since the last reporting period fill rates for registered nurses on days have improved to just above target at 83%. CHPPD has dropped slightly but is still relatively good at 12.9. Sickness has increased to 11% and remains above target. All other quality indicators are within or above target but appraisals have dropped slightly to 81%. Three safer staffing incidents have been reported. These resulted in no harm. Vacancies have reduced from 21% to 14% bank use remains high at 40%. This relates to overfill on nights which will be addressed with the Charge nurse.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>

Unit	Summary and Action
PICU	<p>Since the last reporting period there has been a slight increase in registered nurse fill rates on days taking it just above target at 77%. CHPPD continue to improve to 22.3. Sickness has risen significantly from 5.7% to 13.1% remaining above target. Appraisal compliance has dropped and is below target at 66%. Supervision and training remain above target at 99% and 88% respectively. Vacancies of registered nurse have continued to increase increased and are now at 51% with a subsequent rise in bank and agency to 51% which has been required to cover vacancies. Three incidents relating to staffing shortages were reported via datix. One related to cancelled section 17 leave. the other did not result in any harm.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed despite the significant vacancies the unit continues to carry.</p>
Newbridges	<p>Since the last reporting period the registered fill rates on days and nights have improved marginally and are within target (81% on days and 93% on nights). Overall fill rates have also improved slightly and remain above target. CHPPD have improved and are above target at 9.8. Sickness has dropped to 5.8% from 7.4% in the last reporting period but remains above target .Supervision has dropped to 71% But appraisal and training compliance has remained good and above target. Vacancies have dropped from 7% to 24% and bank and agency use has remained around 14%. 5 incidents relating to staffing shortages were reported via datix. These did not result in any harm.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Westlands	<p>Since the last reporting period there has been a marginal increase in fill rates generally with a slight shortfall in the target for registered nurses on days which remains below target at 74%. CHPPD are just above the national average. Sickness has dropped to 11.9% from 14.7% in the previous reporting period but is still above the target. Supervision compliance has improved to 85% and training has remained around 90%. However appraisal compliance has dropped to 75% which is below target. Vacancies have increased to 42 % and bank and agency use has subsequently risen also to 44% 1 incident relating to staffing shortages was reported via datix. This did not result in any harm.</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to appraisal performance; sickness and RN fill rates in particular</p>
Mill View Court	<p>Since the last reporting period registered fill rates have improved to just above target. CHPPD have also improved and are above the national average. There is good performance against quality indicators with the exception of sickness which has dropped slightly to 6.6% from 7.1% in the last reporting period but it remains above target. There has been an improvement from 71% to 93% against the clinical supervision target.</p>

Unit	Summary and Action
	<p>No incidents relating to staffing shortages were reported via datix. Vacancies have risen from 21% to 27% but bank and agency use has dropped marginally to 22%</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Avondale	<p>Since the last reporting period registered fill rates have improved to 81% and 97% on days and nights respectively putting them just above target. CHPPD are good at 15.5 and above the national average. All other quality measures are above target. Appraisal compliance has dropped slightly to 81%. Sickness has improved further to 3.7% Vacancies have dropped to 20% but bank use has remained around 25%. 3 safer staffing incident have been reported. One of these related to cancelled s17 leave. The others did not result in any harm. FFT has remained consistent at 84%</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Hawthorn Court	<p>Since the last reporting period the RN and overall fill rates on days have fallen slightly putting both below the minimum target at 71% and 73% respectively. However the CHPPD remain relatively good compared to the other MH units at 11.2. Sickness has risen from 7.2% in the last reporting period to 13.8% and appraisals has decreased from 76% to 71% and remains below target . Supervision has improved from 77% to 82% and is now above target and training has remained around 90% compliance. Two incidents relating to staffing shortages were reported via datix. Neither resulted in any patient harm. Vacancies have improved from 12% in the previous reporting period to -1% but bank use has increased to 33% to cover for increased sickness. The FFT has improved to</p> <p>AHPs and associate practitioners are on the roster but not counted in unregistered or registered fill rates and this needs to be addressed as part of roster project . This would improve the picture in relation to fill rates on days .</p> <p>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed but requires improvement in relation to appraisal performance; sickness and fill rates on days in particular</p>
Maister Lodge	<p>Since the last review period fill rates for registered nurses on days have increased to 62% whilst this is still below target. Significant work has been done by the team to review skill mix and introduce new roles to support safer staffing. i.e nursing associate and pharmacy technicians. AHPs and associate practitioners are on the roster but not counted in unregistered or registered fill rates and this needs to be addressed as part of roster project.</p> <p>The overall fill rates reflect that unregistered hours are being utilised to compensate for this. CHPPD have dropped slightly form 14.7 to 13.5 but remain comparable to the other adult mental health units and above</p>

Unit	Summary and Action
	<p>the national average. All other quality indicators are above target with the exception of sickness that has risen to 7.6% from 2.7 in the previous reporting period. FFT remains at 100% One safer staffing incidents have been reported. This related to cancelled s17 leave.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Mill View lodge	<p>Since the last review period fill rates have dropped slightly for RNs and overall levels on days at 79% and 81% respectively but 6 remain within the minimum target. CHPPD are comparable to the other adult mental health units and above the national average. Supervision has improved from 62 % in the last reporting period to 89%. Sickness has reduced slightly to 5.8% but is still above target and appraisal compliance has dropped to 67%. No safer staffing incidents have been reported. Vacancies have increased from 7% to 11% and bank and agency use has remained around 14%. AHPs and associate practitioners are on the roster but not counted in unregistered or registered fill rates and this needs to be addressed as part of roster project and would improve the picture in relation to fill rates on days.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Whitby	<p>Since the last review period fill rates have been maintained and are all within or above target. CHPPD has remained at 7 which is higher than required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. Sickness has dropped slightly but remains above the target at 8.5%. Appraisal compliance has improved from 77% to 81% which is within the minimum target. Supervision compliance has improved further to 87% and training remains around 86%. 4 incidents relating to staffing shortages were reported via datix. None resulted in harm. There are no vacancies and a small amount of bank and agency has been used 5%.</p> <p>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</p>
Malton	<p>Since the last reporting period the fill rates across the board have all improved and are all above minimum targets. The CHPPD has also remained at 6.9 but is higher than required CHPPD calculated using SNCT for 20 bedded older adult unit from an acute trust. 7 safer staffing incidents have been reported. None have resulted in patient harm. Sickness has increased from 5.6% in the last reporting period to 9.6%. Clinical supervision has improved from 49% to 57% but remains below target and appraisal compliance has dropped from 59% to 41%. Training remains just within minimum target at 76%. There are RN vacancies. No bank or agency use is reported for the period. The service manager and modern matron are working directly with the charge nurse to support the continued programme of training and</p>

Unit	Summary and Action
	<p>reporting around supervision and appraisals and identify organisational development resource to manage a wider improvement programme and culture change. It is noted that the unit is still showing an over fill rate for RNs at night. Consultation is ongoing to improve flexible working within the team.</p> <p>The fill rates and CHPPD give adequate assurance that the unit is safely staffed but requires improvement in relation to supervision, appraisal performance and sickness in particular</p>

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

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services. The most recent data was published in December and shows that the Trust continues to perform well against our regional peers and nationally. It is of note that the overall CHPPD has decreased both regionally and our figures have decreased slightly also. Registered fill rates have improved regionally including ours but have remained static at a national level. Some Trusts regionally and nationally were reporting AHP in December but we have not started to show AHP data yet (reflected in column 5). Despite this we remain above the regional and national average

August 2019	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD overall including AHP staff
Trust	11.1	3.7	7.4	11.1
Peer*	9.9	3.6	6.6	10.5
National	9.0	3.4	5.6	9.7

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

6.0 Summary Findings

- Overall the majority of units are maintaining good and safe fill rate requirements and performance and the majority of areas have seen an improvement. The Humber Centre in particular has improved in all areas and across all wards
- Westlands; Townend and Hawthorn Court require further improvement in relation to fill rates. For the latter two this needs to include a review of minimum staffing requirements in the light of transformational change
- Malton requires further improvement in relation to performance around appraisals; Supervision; sickness and training.
- CHPPD for the 2 community wards looks favourable when compared to acute trust CHPPD for a 20 bedded older adult unit.

- Incidents reported via Datix show no episodes of harm associated with staffing shortages
- Sustained or Improved performance in training, supervision across most areas
- Appraisal performance has fallen across most areas throughout the reporting period
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD. This needs to be resolved.

7.0 Recommendations

- Continued introduction of new roles and skill mix to support RN vacancy position (Appendix1)
- Nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans
- QIA process for new roles/re modelling of clinical teams developed and signed off and process for evaluation of ongoing impact agreed
- AHP and other new roles to be on roster and included in fill rates and CHPPD return
- 6 month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT to recommence from September and take into account learning and recommendations in relation to COVID19 period staffing.
- Continued focus across all inpatient services on improving sickness (led by the Chief Operating Officer).
- Appraisal window to be implemented from July supported by refreshed policy and training as required
- Focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality; safety and productivity indicators.

8.0 Next steps

1. Implementation of recommendations to be overseen by the Deputy Director of Nursing (DDN) with regular reports of progress to the Executive Management Team and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.
2. Report to inform and support the development of local action plans including the use of available data from the review of minimum staffing levels to review skill mix and options for introduction of new roles with aligned QIA process.
3. Nurse recruitment project lead to work with identified team to look at recruitment plans and improved retention

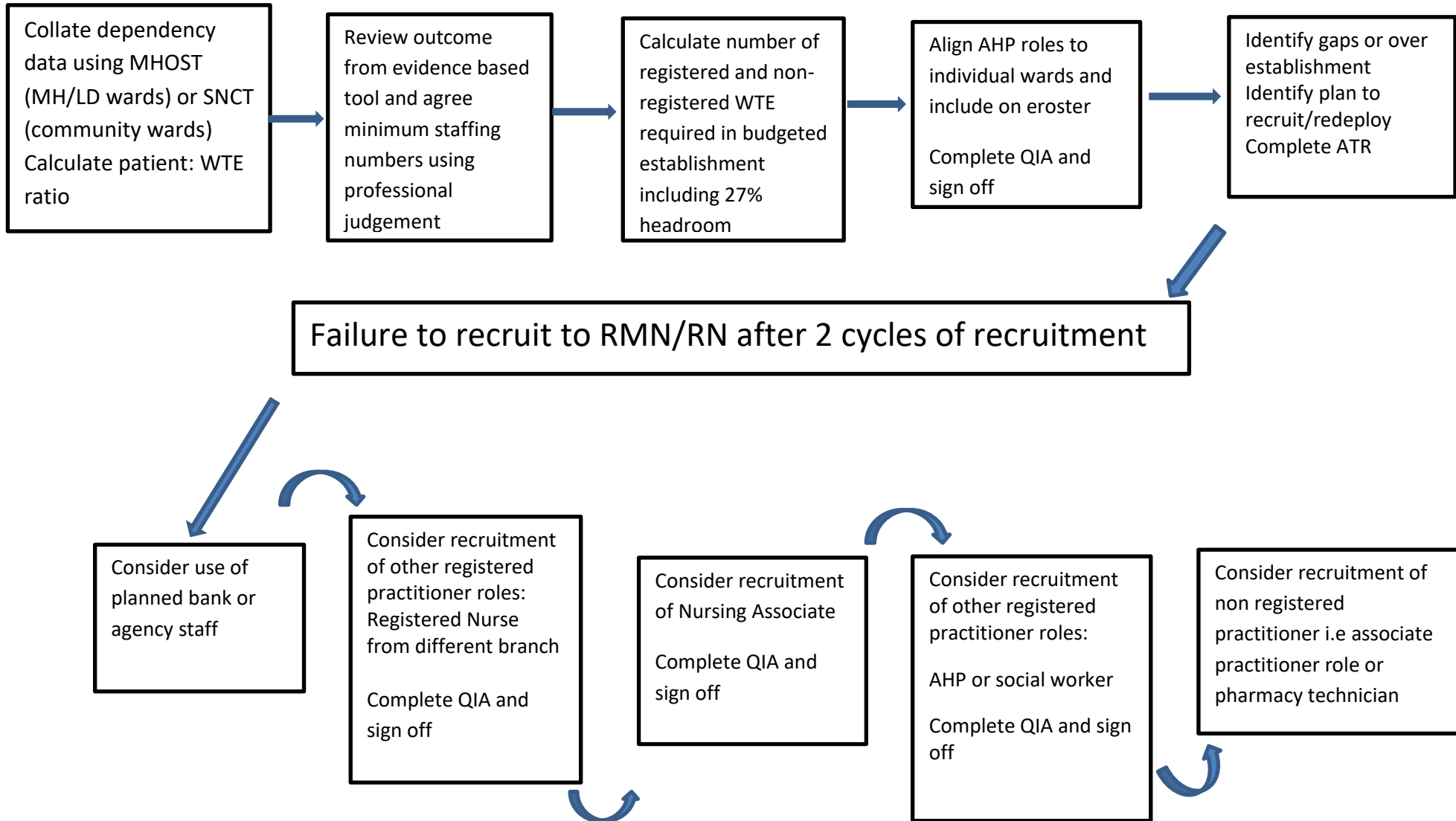
4. Continuing schedule of meetings established to strengthen engagement between the Charge Nurses, the Chief Operating Officer and Director of Nursing to be used to

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

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

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

Appendix 1: Redesign of workforce using National Quality Board 'Strategic Clinical Team Establishment Methodology'



Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting 29 Jul 2020			
Title of Report:	Six Monthly Research & Development Report			
Author/s:	Cathryn Hart, Assistant Director Research & Development			
Recommendation:	To approve	√	To receive & note	√
	For information		To ratify	
Purpose of Paper:	To provide the Board with assurance/reassurance that work continues to enhance research in the Trust and ensure the Trust's obligations in relation to the delivery of NIHR Portfolio research and performance targets are met, thus facilitating opportunities for our community to participate in research, to trial new interventions and enhance quality. Also a review of research in 2019-20 via infographics, plus a particular focus on COVID-19 research.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) 6 monthly report	√
Key Issues within the report:	<p>Section 1: Assurance in relation to key performance targets being met.</p> <p>Section 2: Board asked to approve Chief Executive signing of Yorkshire and Humber Clinical Research Network variation to contract in line with the Trust's scheme of delegation.</p> <p>Section 3: External research funding secured for 2020/21.</p> <p>Section 4: The importance of research during the COVID-19 pandemic, participation in 'urgent public health studies' and adapted ways of working.</p> <p>Section 5: Snapshot of current research opportunities, innovation and alliances.</p> <p>Section 6: Examples of research dissemination, implementation and publicity. Plans for first virtual research conference in Nov 2020.</p>			

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery



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

Research & Development (R&D) Report for Trust Board - Jul 2020

1. Performance

An overview of research for 2019-20 is included in the Trust's Quality Accounts, already reviewed by the Board. However an infographic summarising 'Research in numbers 2019-20' is included in *appendix 1* and a second illustrating the 'Impact of research 2019-20' in *appendix 2*. Usually at this time of year the national research activity league tables are published by the National Institute for Health Research (NIHR), where performance between trusts is compared, but due to research efforts switching to the collective fight against COVID-19, tables are not available.

The Trust's recruitment target for NIHR Portfolio studies in 2020-21 is 660. At the end of Jun 2020 recruitment already stood at 883, largely made up of participants in COVID-19 related research. There are currently 24 Portfolio studies active in the Trust (see *appendix 3, table 1*), plus 6 'non-portfolio' (see *appendix 3, table 2*).

Whilst progress is being made against the new Research Strategy 2020-22 approved by the Board in January, the process of achieving the objectives will be reconsidered in the light of COVID-19 and different ways of working.

2. Governance

The Partnership Agreement the Trust has had since 2014 with the host of the CRN, Sheffield Teaching Hospitals NHS Trust, has been extended by an extra year to 31 Mar 2023 under a variation to contract. The Variation value is £0.326m and in line with the Trust's scheme of delegation approval is sought from the Board for the Chief Executive to sign.

Future CQC Well-Led inspections are now expected to have a stronger focus on research as an indicator of quality; how well a trust supports research activity via strategic and divisional leadership, and patient opportunity and access around research.

3. Funding

As mentioned above, CRN funding has been confirmed for 2020-21 to support NIHR Portfolio studies; an increase of 6% from 2019-20 as a result of previous performance, which is the fifth highest percentage increase of the 22 trusts in Yorkshire and Humber, 50% of whom had a decrease. £20k Research Capability Funding has also been confirmed by DHSC for 2020-21 (due to achieving 500+ study recruits in 2019-20) and is being used to support two clinicians working with academic colleagues to develop new research opportunities and grant applications.

4. COVID-19 Research

The COVID-19 pandemic has really highlighted the importance of research in public health. Very early on the Chief Medical Officer, Prof Chris Whitty, advanced an action plan to coordinate the UK's response to COVID-19 which had four main elements: 1) Contain, 2) Delay, 3) Research, and 4) Mitigate. The daily televised briefings from Downing Street often made reference to the importance of research and more recently to some of the key discoveries this has brought. Particular studies, addressing numerous questions to help inform fast effective responses to COVID-19, were mandated as 'Urgent Public Health Research' and all providers were encouraged to prioritise these; a mixture of clinical trials and observational studies.

To enable COVID-19 research to take place and for the research team to help out in other areas of the Trust and also on research at the Harrogate Nightingale hospital (as yet not required), most of the non-COVID-19 studies were suspended initially. A few continued where safe to do so, for

example when the intervention being investigated could be conducted remotely, and where the study involved little input from stretched clinical services. The research team quickly adapted their ways of working and many follow-up 'visits' for ongoing studies were conducted remotely with participants. This is something patients and carers reported they really valued as during 'lockdown' they felt isolated from everyone.

As the number of COVID-19 cases has reduced the NIHR is now urging Trusts to restart the suspended studies where safe to do so and to consider opening new studies, whilst still prioritising COVID-19 research. The NIDUS trial (see *Appendix 3, table 1*) is an example of a new study where the psychological intervention has been adapted to enable delivery remotely via phone/video. Prior to COVID-19 the Trust was not able to be a site for this study due to the intervention being delivered face-to-face by a practitioner in Bradford, but now it is remote this is something Humber patients and carers have the opportunity to take part in.

The Trust has participated in a number of COVID-19 studies and various teams across the Trust have helped in promoting some of these, including Communications, Volunteer Services, Patient and Carer Experience and our clinical teams. The COVID-19 studies are listed in the tables in *appendix 3*, and have ranged from the vaccine trial for NHS staff (300+ taking part in Hull), drug trial in primary care and the psychological impact survey for anyone aged 16+. A key observational study, of all inpatients testing positive for COVID-19, has been the World Health Organisation study. This has involved collecting extensive data which is helping to answer urgent questions about the virus and contributing to almost real-time information nationally and internationally.

Amid significant concerns about the particular impact of COVID-19 on people from black, Asian and minority ethnic (BAME) backgrounds, a member of the research team has joined a Yorkshire and Humber project team to focus on tools, materials and methods which support and/or enhance the recruitment of members of BAME communities on to existing COVID-19 studies (and ultimately will help with non-COVID studies). This work is key to building an understanding of the impact of the condition on specific population groups and enable access to potential treatments.

5. Opportunities, innovation and alliances

Work continues to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement. A number of grant applications have been submitted in 2020 and others currently being worked on. New studies have also commenced recently (see *appendix 3, table 1*), and others in the pipeline, including a potential opportunity to take part in a study categorised by the Chief Medical Officer as 'urgent public health', to evaluate an intervention addressing the increased risk of depression and loneliness for those aged 65+ with multi-morbid physical-health problems who have been isolated due to COVID-19.

6. Implementation, learning and publicity

Appendix 2 includes examples of learning and implementation during 2019-20.

The Trust's annual research conference, sharing research findings and potential new research opportunities, was due to take place in May 2020 with all 180 places filled. Unfortunately it had to be cancelled due to the pandemic. However, planning for our first virtual research conference is now underway and will take place on 17th(pm) and 18th(am) Nov. A new video 'celebrating research and changing lives' will also be launched and having cancelled the Spring edition of our research newsletter, a Summer edition will be published late July.

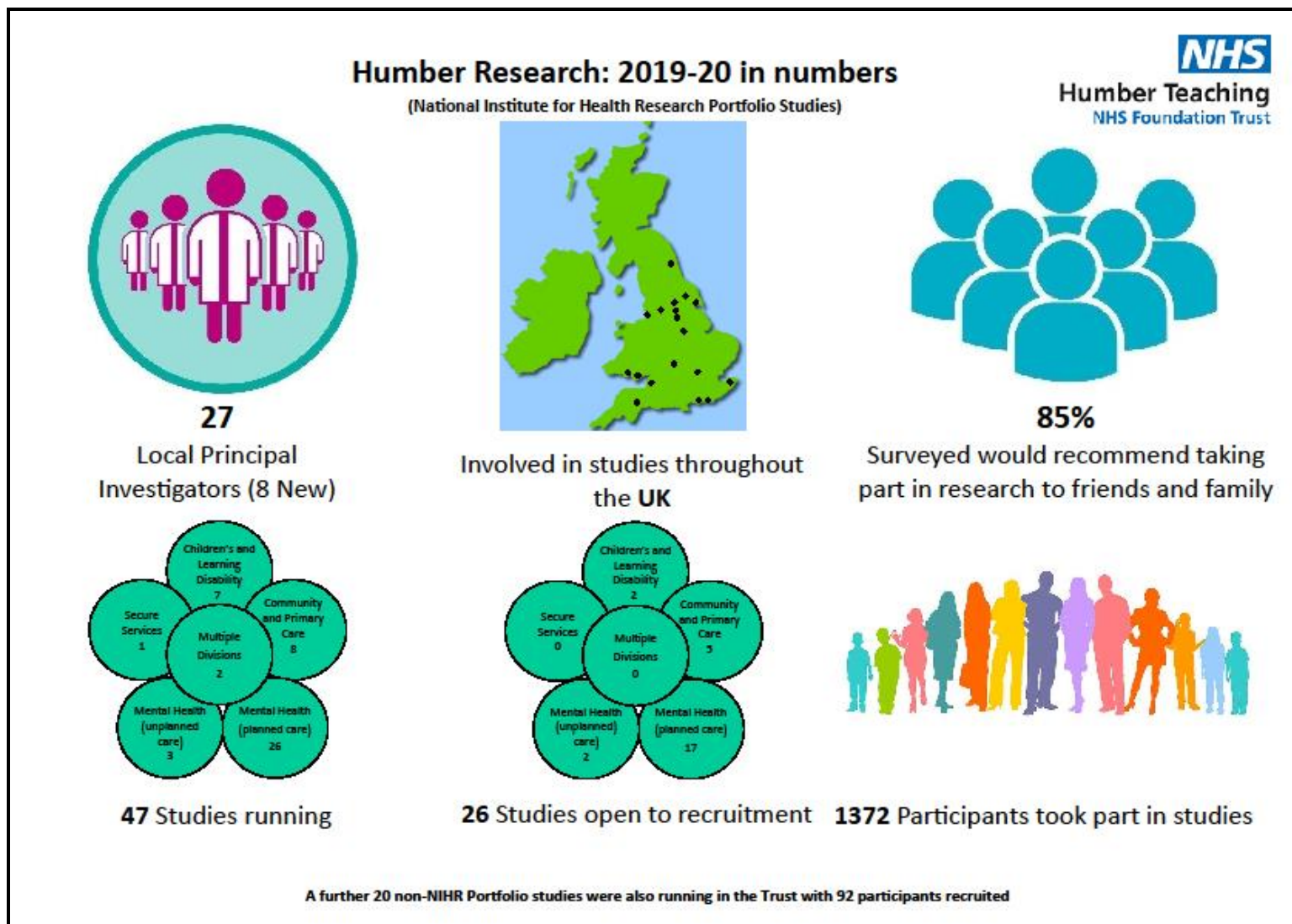
Prior to COVID-19 becoming the immediate focus in the NHS, Claire Marshall, Trust Specialist Perinatal Mental Health Nurse, featured on the NIHR website in celebration of the international year of the nurse and midwife - *Your Path in Research: Claire's story* (<https://local.nihr.ac.uk/news/your->

[path-in-research-claires-story/24260](#)). Here Claire talks about the support she has been given by the Trust to develop her clinical academic research career, including her pre-doctoral clinical academic fellowship she is now completing with the NIHR.

Since 'lockdown' our twitter followers for @ResearchHumber have increased by a third, from just over 300 to over 400. Articles relating to research have been regularly included in the staff newsletter *Humber and Proud*, the Trust *COVID-19 Update* and in *Midweek Global* to help raise awareness and encourage staff to take part in COVID-19 studies. Members of the research team have featured on BBC Radio Humberside and Vixen Radio and the CRN published an article in April 'A Day in the Life: A Redeployed Research Assistant's Story'; based on one of our researchers' who helped at Market Weighton practice at the start of the pandemic. This is a small extract: *'the team of staff there were fantastic, I felt well supported and part of the team from day one; and likewise the patients were very understanding. Overall it was an enjoyable experience, and I felt I was exposed to a lot of new things I wouldn't otherwise have the opportunity to learn. On top of that, I was humbled by the hard work of all the doctors, nurses, HCAs and pharmacists who were rushed off their feet.'*

Two poems relating to life during COVID-19 entitled 'Not Going Out?' and 'The Daze of Days', written by a patient taking part in research, were also read out at the Trust's NHS Birthday celebration service on 5 July.




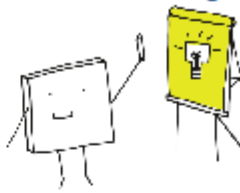

Appendix 1 – Humber Research: 2019-20 in numbers



Appendix 2 – Impact of research 2019-20



Impact of Research 2019-20

<p style="text-align: center;">Saved Lives</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>'Taking part in the research has been an amazing experience for us both'</i></p> <p><i>'Better insight into how to resolve some of my negative feelings'</i></p> <p><i>'The intervention has made me feel very safe'</i></p> </div> <div style="width: 10%; text-align: center;">  </div> <div style="width: 45%;"> <p><i>'Just having somebody to discuss things with made a big difference'</i></p> <p><i>'I always feel better about things after your visits'</i></p> <p><i>'Seeing my mum interacting and having fun chatting to others'</i></p> </div> </div> <p style="text-align: center;">This is what research participants told us</p>	<p style="text-align: center;">Enhanced Clinical Skills</p> <div style="text-align: center;">  </div> <p style="text-align: center;">32 staff trained in new clinical interventions</p>
<p style="text-align: center;">Generated Income</p> <div style="text-align: center;">  </div> <p style="text-align: center;">£389k external research funding into the Trust</p>	<p style="text-align: center;">Contributed to Evidence</p> <div style="text-align: center;">  </div> <p style="text-align: center;">45 national and international publications included authors from the Trust</p>
<p style="text-align: center;">Implemented Research</p> <div style="text-align: center;">  </div> <p>PINCER safety tool into most Trust GP practices. Identifies patients at risk from their medications. Increases quality of life—lowers number of complications, hospital admissions and deaths.</p>	<p style="text-align: center;">Shared Learning</p> <div style="text-align: center;">  </div> <p>172 delegates from 32 organisations for Research Conference 2019</p> <p>47 local events (internal and external) attended by research team</p>
<p style="text-align: center;">Increased Patient \ Carer Contact</p> <div style="text-align: center;">  </div> <p style="text-align: center;">700+ hours spent with patients and carers by researchers (over and above clinical contacts)</p>	<p style="text-align: center;">Enhanced Lives</p> <div style="text-align: center; background-color: #0056b3; color: white; padding: 5px;">  Humber Recovery & Wellbeing College </div> <p><i>'Excellent workshop – entertaining, educating and inspiring'</i></p> <p><i>'Humour, friendship, enjoyable morning an amazing double act'</i></p> <p><i>'Done at a level that everyone could understand'</i></p> <p><i>'Brilliant sharing of tips and experiences'</i></p> <p style="text-align: center;">50 people participated in workshops facilitated by research team and person with dementia</p>

Appendix 3 – Research studies running in the Trust

Table 1: NIHR Portfolio studies currently in set-up, open to recruitment or in follow-up (01/07/20)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Detecting Susceptibility Genes for Dementia with Lewy Bodies (DLB Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Dr Rebecca Sims University of Cardiff	31/03/2021	Currently suspended
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	31/12/2022	Open
Behaviours that Challenge' [BtC] in Dementia care: A Multi-disciplinary Stakeholder Survey	Observation	Prof Esme Moniz Cook University of Hull (Honorary with Trust)	Esme Moniz Cook University of Hull	30/10/2020	Open
Helping older people to engage effectively with community social care (The HOPES study)	Observation	Gill Gregory Advanced Occupational Therapist	Mark Wilberforce University of York	31/03/2021	Open
Clinical and cost effectiveness of a New psychological intervention to support Independence in Dementia (NIDUS) for family carers and people living with dementia in their own homes: A randomised controlled trial	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	28/02/2022	Open
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
The cap-mem study. Exploring the cause and prevalence of memory problems in people with mental health disorders	Observation	Dr Graham Harkness Consultant Psychiatrist	Dr Stuart Watson Newcastle University	30/09/2021	Open
Psychosocial assessment and psychological therapy following self-harm	Observation	No Local Investigator Required	Prof Nav Kapur University of Manchester	08/01/2021	Open
LIGHTMind 2: Low-Intensity Guided Help Through MINDfulness	Intervention	Zoe Lane Psychological Wellbeing Practitioner	Dr Clara Strauss Sussex Partnership NHS Foundation Trust	01/09/2020	Follow up until Sep 20

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist	Dr Domenico Giacco East London NHS Foundation Trust	30/06/2021	Open
Suicide by middle-aged men	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/10/2020	Open
Conversion And Neuro-inflammation Disorder Observational study (CANDO)	Observation	Marie Acton Principal Psychotherapist	Prof Christina Van der Feltz-Cornelis University of York	31/12/2020	Open
Patient preferences regarding psychological therapies for distressing voice-hearing experiences (PREFER)	Observation	Dr Maria Kallikourdi Consultant Psychiatrist	Dr Clio Berry University of Sussex	30/09/2020	Open
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2022	Open
Hearing nasty voices: Developing new ways to measure the experience	Observation	Dr Geetanjali Chitnis Consultant Psychiatrist	Dr Bryony Sheaves University of Oxford	30/09/2020	Open
Children's & Learning Disability					
Alleviating Specific Phobias Experienced by Children Trial (ASPECT) - A non-inferiority randomised controlled trial comparing one session treatment with multi-session cognitive behavioural therapy	Intervention	Dr Ravi Mahendra Consultant Child & Adolescent Psychiatrist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	01/09/2020	Follow up until Sep 20
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services and SECURE STAIRS	Observation	Helen Booth Principal Forensic Psychologist	Dr Julian Childs University College London	29/10/2021	Open
Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2)	Intervention	Dr Hannah Armit Senior Clinical Psychologist	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	29/05/2021	Open

Community & Primary Care Services					
PRINCIPLE - Platform Randomised trial of INterventions against COVID-19 In older peoPLE	Intervention (COVID-19)	No Local Investigator required	Prof Christopher Butler University of Oxford	25/03/2022	Open
Alcohol Dependence and Adherence to Medicine (ADAM) – a trial of the effectiveness of adjunctive medication management and contingency management to enhance adherence to Acamprosate for relapse prevention in alcohol dependence.	Intervention	Prof Tom Phillips, University of Hull (Honorary with Trust)	Prof Colin Drummond Kings College London	31/08/2020	Follow up until Aug 20
Across multiple services					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Large scale Observation (COVID-19)	Cathryn Hart Assistant Director R&D	Professor Calum Semple University of Oxford	28/02/2023	Open
A phase 2/3 study to determine the efficacy, safety and immunogenicity of the candidate Coronavirus Disease (COVID-19) vaccine ChAdOx1 nCoV-19	Intervention (COVID-19)	No Local Investigator required	Prof Andrew Pollard University of Oxford	31/12/2021	Open
Psychological Impact of COVID-19	Large scale Observation (COVID-19)	Cathryn Hart Assistant Director R&D	Professor Shanaya Rathod Southern Health NHS Foundation Trust	20/04/2021	Open
Molecular genetics of Adverse Drug Reactions from candidates' genes to genome wide association studies.	Observation	Jackie Stark Principal Pharmacist	Prof Munir Pirmohamed University of Liverpool	30/04/2021	Open

Table 2 – Non-portfolio studies currently in set-up, open or in follow-up (01/07/20)

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
Care coordinators' perceptions of family growth associated with relatives' experiences of first episode psychosis	Observation	Emily Thornhill Trainee Clinical Psychologist	Emily Thornhill University of Hull	25/09/2020	Open
Secure Services					
Long Term Effectiveness of the Firesetting Intervention Programme for Mentally Disordered Offenders (FIP-MO)	Observation	Sarah Rockliff Consultant Forensic Psychologist	Nichola Tyler University of Kent	01/04/2033	Open
Children's & Learning Disability Services					
Computerised Behavioural Activation for young people with Depression	Observation	Dr Ravi Mahendra Consultant Psychiatrist	Lucy Tindall University of York	01/08/2020	Open
Community & Primary Care Services					
Feasibility study of Telemedicine in Addictions Randomised Controlled Trial	Intervention	Dr Soraya Mayet Consultant Psychiatrist	Dr Soraya Mayet Humber Teaching NHS Foundation Trust	08/09/2020	Open
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
Across multiple services					
The COVID-19 Staff Resilience Project	Large scale observation (COVID-19)	No Local Investigator required	Dr Kate Allsopp Greater Manchester Mental Health NHS Foundation Trust	01/10/2021	Open

Agenda Item 17

Title & Date of Meeting:	Trust Board Public Meeting - 29 th July 2020										
Title of Report:	Our Black, Asian and Minority Ethnic (BAME) Workforce										
Author:	Name: Steve McGowan Title: Director of Workforce and Organisational Development										
Recommendation	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To receive & note</td> <td>✓</td> </tr> <tr> <td>For information</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>			To approve		To receive & note	✓	For information		To ratify	
To approve		To receive & note	✓								
For information		To ratify									
Purpose of Paper:	This paper provides an update on our support and actions for BAME employees.										
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date								
	Audit Committee		Remuneration & Nominations Committee								
	Quality Committee		Workforce & Organisational Development Committee 15/7/20 discussion								
	Finance & Investment Committee		Executive Management Team								
	Mental Health Legislation Committee		Operational Delivery Group								
	Charitable Funds Committee		Other (please detail)								
Key Issues within the report:	<p>Key issues to note within the report:</p> <ul style="list-style-type: none"> The Trust as a workplace is overall broadly representative of the communities it delivers services in; The Trust reports via the Workforce Race Equality Standard (WRES) every year on the impact of certain actions comparing BAME staff to white staff; The staff survey provides useful BAME staff data; Action plans are in place for 2020/21; The Trust has put in place a risk assessment process during COVID for BAME staff. 										

Monitoring and assurance framework summary:

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

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

Black, Asian and Minority Ethnic (BAME) Workforce

Introduction

The impact of COVID on BAME staff within the NHS, together with the Black Lives Matter movement have brought into focus the huge contribution BAME staff make to the NHS.

This paper reflects on what the Trust has done and is doing to support BAME staff that work for us.

NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between BAME and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In our 2019/20 WRES submission (4.7% of staff are BAME (an increase of 1.7% on the 2018/19 figure). This compares to our geographical area, as shown in the table below:

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Summary analysis of the Trust's Workforce Race Equality Standard (WRES) data for 2019/20 shows:

- 20% of BAME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues. However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months;
- 28.6% of BAME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues. However, 28.6% is a slight decrease of 1.1% on 2018 where 29.7% of BAME staff reported experiencing harassment, bullying or abuse from staff in the last 12 months;
- 81.8% of BAME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues. 81.8% demonstrates a small decline of 5.4% on 2018;
- 11.4% of BAME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues. 11.4% demonstrates a small increase of 0.9% on 2018.

Staff Survey

Areas of Strength for BAME staff:

- 85% of BAME staff say they are enthusiastic about their job which is +14% higher than is reported by their white peers and higher than the average of 71% for the benchmarking of the Trusts staff;
- 91% of BAME staff say that they are satisfied with the quality of care I give to patients / service which is +13% higher than is reported by their white peers and considerably higher than the average 79%;
- 47% of BAME Staff believe that senior manager's act on staff feedback, which was +18% higher than white colleagues and substantially higher than the average of 30%;
- 65% of BAME staff reported in the last three months they have **not** come to work when not feeling well enough to perform their duties, which is +22% higher than their white peers and is considerably higher than the average of 43%;

Areas for Improvement:

- 38% of BAME staff believe they have a choice in deciding how to do their work, this is lower than the incidence reported by white staff which is 63%;
- 28.6% of BAME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues;
- 11.4% of BAME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.5% for white colleagues.

What the Trust has recently done

During the year 2019/2020 the Trust undertook a wide range of initiatives to support BAME staff, these included:

- Established an Equality, Diversity & Inclusion (EDI) Working Group that reports to Workforce and Organisational Development (OD) Committee;
- Facilitated a Setting Equality Priorities for 20/21 workshop with staff, patients, carers and service users;
- Refreshed the Equality, Diversity & Inclusion Policy to ensure inclusion for all staff;
- Produced a WRES action plan and published on Trust Website;
- The Chief Executive issued a statement to staff in support of Black Lives Matters;
- Produced Equality Impact Assessment for Covid – 19 impact measures;
- Developed a range of communications for staff to support diversity such as Black History Month;
- Refreshed intranet EDI pages and developed new resources;
- Worked with NHSI to promote NED vacancies to potential BAME candidates;
- Through the PROUD programme, a Leadership and Senior Leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader;
- Developed a new a Leadership Forum (for manager's band 3 – 7) designed to develop the Trusts junior managers;
- In partnership with North East Partners, the Trust was able to offer places on the regional 'Stepping Up' Programme designed to support BAME staff to develop leadership skills for promotion opportunities;
- Put in place a risk assessment process for all BAME staff in relation to COVID (current take up 77%);

- Chief Executive wrote to all BAME staff at the start of COVID and given the information of how COVID was disproportionately impacting upon them, offered our support.

Proposed actions during 2020/21

- New BAME staff group being set up, with Grace Gava to chair;
- New Deputy Chief Operating Officer to be nominated for the WRES expert scheme;
- Deliver bullying and harassment awareness training for managers (postponed until September 2020 due to COVID);
- Review and revise the Bullying and Harassment Policy and procedure;
- Reduce the number of 'unspecified' in staff records when reporting disability, religion and sexual orientation.
- Provide support to BAME staff with preparing applications for regional 'Stepping Up Programmes' to develop career progression opportunities;
- Proposed zero event for abuse of BAME staff;
- New zero tolerance campaign of racist abuse towards trust staff from patients and service users;
- Implement value based recruitment across the Trust;
- Deliver recruitment and selection training for managers.
- Chief Executive to hold regular conversations sessions with the BAME group

Summary

Alongside the data we hold from the staff survey, the new BAME staff group will give the trust valuable feedback on how it is feels to be a member of staff from a BAME background. The survey data, feedback from this group and best practice will continue to shape the way we work to ensure we are seen as an excellent employer for all staff, including our BAME colleagues.

Agenda Item 18

Title & Date of Meeting:	Trust Board Public Meeting - 29 July 2020			
Title of Report:	Trust Constitution			
Author/s:	Name: Michelle Hughes		Jenny Jones	
	Title: Head of Corporate Affairs		Trust Secretary	
Recommendation:	To approve	x	To receive & note	
	For information		To ratify	
Purpose of Paper:	To present proposals to changes to the Constitution.			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Other (please detail) Council of Governors	16/7
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>A review has been undertaken to ensure the constitution remains appropriate and meets the needs of the organisation.</p> <p>The key changes are to annex 1 - a clarification of the description of public constituencies and a proposal for the appointed governor terms of office to be flexed.</p> <p>The changes were approved at the Council of Governors on 16th July subject to a change on 14.4.3 of Chairman to Chair</p>			

Monitoring and assurance framework summary:

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



Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Constitution

1. Introduction

The Constitution was reviewed in 2017 and approved by the Council of Governors (CoG) on 20th July 2017. A review has been undertaken to ensure the constitution remains appropriate and meets the needs of the organisation.

Any amendments to a Foundation Trust's Constitution must be approved at a formal meeting of the Council of Governors if more than half of the voting members of the CoG approve the amendments, and more than half of the members of the Board of Directors vote to approve. The next steps, subject to the outcome of discussions are detailed at the end of this report.

2. Proposals

a) Annex 1

A clarification of the description of the areas covered within the public constituencies – *blue italic font indicates addition or change*:

Name of Areas within the Constituency	Area
East Riding of Yorkshire	The electoral wards of East Riding of Yorkshire
Hull	The electoral wards of Hull
Wider Yorkshire and Humber Area	The electoral wards of <i>Yorkshire and Humber (excluding those electoral wards covered by the other areas of the Public Constituency)</i>
Whitby	The electoral ward of Whitby and surrounding areas

b) Annex 3

Description of service user and carer constituency updated

Name of Constituency	Description of individuals eligible to become members
Service User and Carer	<i>An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust and who lives in one of the Public Constituencies shown in Annex 1.</i>

c) Appointed Governors Terms of Office

Appointed Governors are appointed by their organisation. At present the Constitution states that appointed Governors may hold office for up to 3 years and be eligible to serve two consecutive terms of office or a maximum of six years.

If an appointed governor had completed two consecutive the appointing organisation may consider a specific individual as being the most appropriate person to continue to represent their organisation. The proposal is to provide flexibility in the Constitution to allow this.

The proposal is that section 14 of the Constitution be amended to say:

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, *subject to paragraph 14.4.3 below*, shall serve no more than 2 consecutive terms of office or a maximum of 6 years.

14.4.3 *Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chair and the Chief Executive to appointing the individual to serve a further term or terms of office.*

d) Elections

An election campaign is planned for governor seats available at the next election. An internal action plan, managed by the Trust Secretary working with the Membership Officer has been produced. The plan aims to generate interest through a variety of means for all seats and includes a focussed membership drive for young people to increase our membership in this area and to encourage young people to stand for governor positions to reflect the growing voice of service users and carers on our Council of Governors.

e) Recommendation

- To approve the changes detailed above which were approved by the Council of Governors on 16th July 2020.
- Subject to approval by the Trust Board the changes will become effective immediately.
- To note elections are due to commence in October 2020 and plans in place to promote these.

July 2020

Agenda Item: 19

Title & Date of Meeting:	Trust Board Public Meeting - 29 th July 2020		
Title of Report:	Risk Appetite 2020/2021		
Author:	Oliver Sims Corporate Risk Manager		
Action Required:	To approve	X	To receive & note
	For information		To ratify
Purpose of Paper:	<p>The report provides the Trust Board with context and guidance material around risk appetite, to assist in defining the Trust's tolerance for risk against each of its strategic goals over the next year.</p> <p>The Trust Board are asked to consider the risk appetite for each of the Trust Strategic Goals in line with the attached guidance and determine the ratings to be applied for 2020/21.</p>		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Specific Board Report
Key Issues within the report:	<ul style="list-style-type: none"> Risk appetite can be described as '<i>the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.</i>' It is best practice that the Trust's risk appetite be reviewed on an annual basis so the board can set specific limits for the levels of risk the Trust is able to tolerate in the pursuit of its strategic objectives. The Good Governance Institute offers detailed guidance on risk appetite, which has been included in this report as Appendix 1, to help inform discussion and to aid in the appropriate identification of risk appetite for each of the Trust's strategic goals. Trust Board is asked to review the content of the paper and determine the level of risk the Trust is willing to accept in relation to each of the organisation's strategic goals for the next year. 		

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	√		√	
Legal	√		√	
Compliance	√		√	
Communication	√		√	
Financial	√		√	
Human Resources	√		√	
IM&T	√		√	
Users and Carers	√		√	
Equality and Diversity	√		√	
Report Exempt from Public Disclosure?			√	

Annual Assessment of Trust Risk Appetite

1. Introduction

Risk appetite can be described as *'the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time'* (HMT Orange Book definition).

As a Trust we need to determine risk appetite because:

- 1) If we do not know what our organisation's collective appetite for risk is and the reasons for this level of accepted risk, then this may lead to erratic or inopportune risk taking, exposing the organisation to considerable levels of risk it cannot tolerate; or an overly cautious approach which may stifle growth for development.
- 2) If our leaders do not know the levels of risk that are legitimate for them to take, or they do not take important opportunities when they arise, then service improvements are compromised and patient outcomes affected.
- 3) Defining risk appetite gives an opportunity for clear understanding of the collective mind of Trust leadership and understanding our risk appetite helps us achieve insight into whether we genuinely have an agreed approach to leading the organisation.

2. Application of risk appetite

In setting risk tolerance levels, the board should consider risk factors in both the external and internal business environments. These levels could be measured quantitatively, qualitatively, or both, and should be specific to each of the relevant core activities and outcomes. Where the risk appetite exceeds, or deviates materially from the limits of the trust's risk tolerance (the trust's ability to tolerate), this should be disclosed.

The board should monitor and audit management of significant risk undertaken by managers and care workers/ clinicians, and satisfy itself that management decisions balance performance within the defined tolerance limits.

This process is dynamic; risk probability and impact as well as risk appetite can change through circumstances and experience. The perception of the public to risk and confidence in the organisation's ability to identify and mitigate risk successfully can shift quickly in the light of publicity and risk failures often outside the direct control of the organisation.

The Board should be aware of and influence the risk appetite for each of the Trust's strategic goals and through the Board Assurance Framework seek assurance that only the accepted level of risk be tolerated to ensure that services to users for whom we have responsibility are not being compromised.

3. Risk Appetite Guidance

The Good Governance Institute (GGI) guidance for the assessment of risk appetite is included as this report as **Appendix 1** and has been added to enable review of the risk appetite by presenting guidance under the key domain/ element areas and what actions would warrant specific ratings for risk appetite.

The GGI Matrix sets 6 levels of risk appetite for each of the risk vectors (financial / value for money, compliance/ regulatory, innovation/quality/outcomes and reputation).

There are no right answers, but the matrix allows board members to articulate their appetite and tolerances and arrive at a corporate view, taking into account the risk appetite of others and the capacity for management to communicate and deliver.

The board should consider each strategic objective against the matrix and agree its level of risk appetite, what it can delegate, and what additional assurance it requires. The matrix can also be used for individual initiatives and emerging problems and should help the board to better manage its agenda and the level of routine reporting required.

The risk appetite definitions can be found in **Table 1** below:

Table 1: Risk Appetite Rating Definitions

Appetite Level	Definition
Avoid (No risk)	Avoidance of risk and uncertainty is a key organisational objective.
Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

4. Trust Board agreed risk appetite rating 2019/20

The risk appetite ratings agreed by the Trust Board for 2019/20 are included in **Table 2** below for reference and to assist in the process of determining the current risk appetite for each of the Trust Strategic Goals:

Table 2: Trust Board agreed 2019/20 Risk Appetite Ratings

Trust Strategic Goal	2019/20 Agreed Risk Appetite
Strategic Goal 1: Innovating Quality and Patient Safety	Open
Strategic Goal 2: Enhancing prevention, wellbeing and recovery	Seek
Strategic Goal 3: Fostering integration, partnership and alliances	Mature
Strategic Goal 4: Developing an effective and empowered workforce	Seek
Strategic Goal 5: Maximising an efficient and sustainable organisation	Seek

Strategic Goal 6: Promoting people, communities and social values	Seek
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5. Action for Trust Board

Trust Board are asked to consider the risk appetite for each of the Trust Strategic Goals in line with the attached guidance and determine the ratings to be applied for 2020/21.



Risk Appetite for NHS Organisations

A matrix to support better risk sensitivity in decision taking

Developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU – January 2012

Risk levels ▶	0	1	2	3	4	5
Key elements ▼	Avoid Avoidance of risk and uncertainty is a Key Organisational objective	Minimal (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VIM)	Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VIM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VIM is the primary concern.	Prepared to accept possibility of some limited financial loss. VIM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

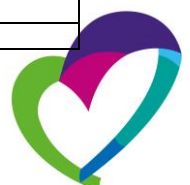
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Agenda Item 20

Title & Date of Meeting:	Trust Board Public Meeting 29th July 2020																										
Title of Report:	Health Stars Annual Review																										
Author/s:	Peter Beckwith, Director of Finance Andrew Barber, CEO of HEY Smile Foundation																										
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>																								
	For information		To ratify																								
	The Trust Board are asked to receive and note the contents of the report.																										
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with a review of Health Stars activity from the 2019/20 financial year.																										
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td>21/7/20</td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>				Date		Date	Audit Committee		Remuneration & Nominations Committee		Quality Committee		Workforce & Organisational Development Committee		Finance & Investment Committee		Executive Management Team		Mental Health Legislation Committee		Operational Delivery Group		Charitable Funds Committee	21/7/20	Other (please detail)	
		Date		Date																							
Audit Committee		Remuneration & Nominations Committee																									
Quality Committee		Workforce & Organisational Development Committee																									
Finance & Investment Committee		Executive Management Team																									
Mental Health Legislation Committee		Operational Delivery Group																									
Charitable Funds Committee	21/7/20	Other (please detail)																									
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>A version of this report was presented to the Charitable Funds Committee on the 21st July, verbal feedback will be provided at the board meeting.</p> <p>This report updates on the following areas:</p> <ul style="list-style-type: none"> - Overview of 19/20 - People - Presence - Projects - Core Activity - Finances 																										

Monitoring and assurance framework summary:

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



Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



1 Introduction and Purpose

The purpose of this paper is to update the Board on the progress Health Stars is making against the agreed charity strategy for Humber Teaching NHS Foundation Trust charitable funds.

2 Alignment to Trust Goals

The Charity strategy is aligned to support the values and strategic goals of the Trust, namely:



3 2019/2020 Overview

The last 12 months has seen further change within our corporate trustee's services and within Health Stars resources within the year. This included the COVID-19 pandemic at the end of the financial year as the team went into lockdown, our services continued to be operated remotely.

Within just a few days the Head of Smile Health and Fundraising Manager turned attentions to supporting our NHS teams working in partnership with voluntary services, whilst also ensuring that business as usual was maintained maximising our digital platforms.

Throughout the year Health Stars has benefitted from strong leadership from the core HEY Smile Foundation (Smile) team, which has enabled change to be managed effectively.

Within the year, Health Stars have responded to 166 wishes (grants and support) to teams across the range of Humber Teaching NHS Foundation Trusts services, with 96% of those being granted or in process at the end of the year. (*This does not include the work carried out in the first weeks of COVID-19*).

This year saw the successful delivery of the first major appeal, the IMPACT Appeal for the Inspire building a new centre for young people's mental Health. Health Stars are proud to have achieved the financial goals for this appeal. A lot has been learnt from the first major appeal, Health Stars are proud to have extended partnership working with corporate trustee, employees and vitally, patients and their families.

Caring, Learning and Growing



Timescales on the second appeal (Whitby Hospital) have been extended due to a number of reasons out of the charity and the corporate trustee's control. In the year, further scoping of the project and funding opportunities have been progressed.

Overall the year will again be seen as a success, despite changes and the new world we begin to operate in.

Thanks continue to go to Michele Moran CEO, Sharon Mays Chair, Pete Beckwith Finance Director, Mike Cooke and his fellow charitable funds committee members for the support and guidance which continues to see Health Stars grow into its role as a strategic partner of Humber Teaching NHS Foundation Trust.

3.1 People

Within the last year changes were made within the operational team as the Charity Manager left Health Stars in July 2019 to take up a role in a neighbouring Trust. This change saw us revisit the operational team requirements, and a recruitment process was managed and completed by Smile.

Change occurred against the back drop of an operational plan which was evolving with the needs of the Corporate Trustee and the time scales of allocated capital appeals. In response a Fundraising Manager was recruited and commenced in post from October 2019.

In January 2020 recruitment began for a Charity Champion, a candidate was selected but as a result of lockdown, recruitment was put on pause until the effects of COVID-19 could be assessed.

In the interim period the charity continued to be delivered by the Smile Foundation with some temporary administrative support.

A key aspect under review is the increased focus on grant funding and digital fundraising both of which remain a prime source of income for at least the next 12-18 months, as events continue to be at risk due to the nature of their operation.

Current resources to support the charitable works are summarised below:

- Head of Smile Health (Lead)
- Fundraising Manager
- Additional support from Smile

Current average monthly cost £5.5k

3.2 Presence

Health Stars has increased its presence across the last year, social media channels have seen larger engagement with new followers on Twitter, Facebook and a profile is being established on Instagram.

This presence is being built to support further asks of stakeholders for fundraising campaigns and gift in kind requests. Vitality it is used to show stakeholders how funds raised are invested in Trust services, and equally the difference it is making to staff and patients.



Offline regular visits to trust services take place, covering Willerby to Whitby, building both the knowledge for Trust teams of the charity and also the current and future potential to maximise funds.

In the last 12 months Health Stars have built stronger links with the Trust communications, volunteering and HR leads, with an aim to expand our reach internally and externally of the Trust.

- Twitter Followers: 1,110
- Facebook Likes/Followers: 677/706
- Instagram Followers: 134

4 Projects

4.1 CAMHS – *Impact appeal and the Inspire building*

The Impact Appeal saw Health Stars provide a range of enhancements on the new capital build from gardens, bedrooms, lounge areas, gym equipment and digital.

Grant funding success, and the generation of gifts in kind, saw additional provision for support to the children's centre interlinked with the CAMHS Insight building.

Work is still ongoing for the enhancements, and future developments for the sites include further engagement with services users to manage any balance of funds for continued enhancements.

4.2 Whitby – *Redevelopment of existing site*

Whilst timelines for this project have been revised the Health Stars team have made a number of site visits with Trust leads to scope the level of enhancements that could be made on the refurbished areas operated by the Trust, and the team have built strong relationships with key members of staff at Whitby.

Health Stars are extremely grateful to receive a contribution of over £24k from the League of Friends Whitby who has decided to disband, transferring all remaining funds to Health Stars. This very much felt like a vote of confidence from the Whitby League of Friends volunteers in Health Stars moving forwards.

4.3 Employee enhancements – COVID-19

In response to the COVID-19 pandemic a large focus in the last month of the financial year was placed on supporting our Trust operational teams. This included the delivery of food and well-being hampers to each site, and the exploration of Wobble Rooms for a number of sites.

It is envisaged that a number of project activities in 2020/21 will be driven by the grant rounds and funding availability of the NHS Charities Together to which we are a member.

Health Stars will ensure that the team remain agile and prepared to respond to opportunities which become available at short notice through this new funding stream, working with partners in our region and as the funding evolves and maximising links with the wider community.



Pre-Covid-19 proactive investments into the well-being of our employees and volunteers was being delivered in partnership with our HR colleagues driven by our CEO Michele Moran and her fundraising efforts connecting into the PROUD programme. This work will continue and work alongside the new investment from NHS Charities together.

4.4 Community investments

In the year a review of restricted funding was completed, this highlighted the opportunity with community funds. These funds had been stagnant predominately and in the coming year we will be looking to work with partners in the health and Voluntary and Community sectors.

This was a long but valuable process which will see funds designated to a specific service being able to be utilised by the beneficiary group on a wider range of services.

4.5 Volunteering, Recovery Services and Positive Assets

Health Stars have worked throughout the year with internal partners to explore the further potential of the above listed Trust services, and ways in which Health Stars could compliment and combine resources and opportunities.

Further work is envisaged in this area for 2020.

5. Core activity

5.1 Circle of Wishes

Within the reporting year 166 Wishes were put forward (approximately 14 per month).

Wishes continue to be the main driver of impact across the Trust, ensuring that the voice and influence of Trust employees, patients and relatives are heard in the granting of charitable funds entrusted to Health Stars and the Trust.

The skills and connections of the Health Stars and Smile teams ensures that funding goes further, work harder and last longer.

Health Stars continue to have both the financial capacity to deliver more, however current resource would suggest that a maximum of 180 wishes a year is the current capacity.

A focus for the team in the coming year will be;

- *Looking to encourage larger Wishes and potential projects*
- *Scalable projects for multi-site delivery*

6. Finances

Finance headlines from the last financial year are

- Income Generated £166k
- Year end fund holding £681k
- £2.50 generated for every £1 spent on operational costs



- £31k invested into the trust for patient experience and staff benefit

7 2020/21

Given the current circumstances the approach for 2020/21 will require Health Stars to find new ways of working and raising funds.

Health Stars will focus more on grant applications wherever possible, working with teams across the Trust to support applications.

Due to the current pandemic planned events have had to be cancelled or postponed, however the charity are optimistic some planned events may still be able to take place.

The Charity will also be looking at different ways of fundraising and giving including the use of contactless donation points at areas of high footfall.

8 Conclusion

There has been significant amount of changes over the last financial year, however Health Stars remain in a positive financial position.

People resources have evolved in line with operational need, reducing fixed costs and further maximising the central resources of Smile to meet current need.

Health Stars are particularly proud of the impact in the year, seeing the fulfilment of the IMPACT appeal, the first major appeal, engaging with a wider group of stakeholders through that process.

Health Stars remain focused on reducing fund holding, working with partners within the communities to maximise the funding for greater impact. As the Trusts charity there are more opportunities to work with internal services and departments.

Adopting a continued proactive approach Health Stars can continue to develop even in tough operating circumstances, supporting NHS teams, patients and relatives.

As the Trust continues to expand its services, and receive national accolades for service improvements and innovation, Health Stars hope to support that continued success even further.



Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting– 29 th July 2020		
Title of Report:	Health Stars Operating Plan KPI's 2020/21		
Author/s:	Peter Beckwith, Director of Finance Andrew Barber, CEO of HEY Smile Foundation		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
The Trust Board are asked to receive and note the contents of the report			
Purpose of Paper:	The purpose of this paper is to provide the Trust Board with a proposed suite of Key Performance Indicators (KPI) for 2020/21 against which regular performance updates can be presented to the committee.		
Governance: <i>Please indicate which group or committee this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee	21/7/20	Other (please detail)
Key Issues within the report: <i>Please ensure you also complete the monitoring and assurance framework summary below:</i>	<p>This report was presented to the Charitable Funds Committee on the 21st July, verbal feedback will be provided at the board meeting.</p> <p>Following presentation to the Trust board in February, a draft suite of KPI's has been established. Indicators have been categorised across the following themes, linkages to the Trusts Strategic Goals are identified: -</p> <ul style="list-style-type: none"> • Finance (<i>Strategic Goals 5 and 6</i>) • Engagement (<i>Strategic Goals 1,2, 3 and 4</i>) • Patient/Staff Centred (<i>Strategic Goals 4 and 6</i>) • Governance (<i>Strategic Goal 5</i>) <p>Indicators are attached at appendix A.</p> <p>The work of Health Stars is consistent with the Trust Values of Caring, Learning and Growing.</p>		

Monitoring and assurance framework summary:

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



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

Challenging Questions looking ahead to the next operational plan

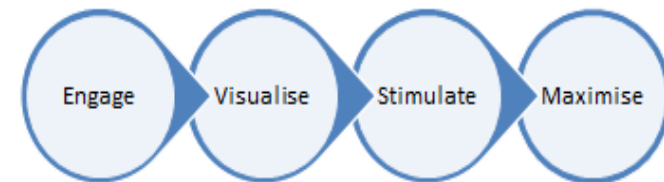
- Can our service users see the charitable impact in our services?
- Do our employees feel supported by the charity?
- Can the Trust board quantify the impact the charity is having?

- Is the charity maximising it's resources?
- Are the funds held managed effectively?
- Does the resources expanded in the year represent good value for money?

- Is the charity representing the trust positively?
- Is the charity led by service users and our people?
- Is the charity legally compliant and sustainable?




Looking ahead - Principles to guide the charity



Finance:	Proposed Outcomes	Measurement	Status
<p>Is the charity maximising its resources?</p> <p>Are the funds held managed effectively?</p> <p>Does the resources expanded in the year represent good value for money?</p>	Financial plan reached	Budget achieved for both income and investment into Trust services	
	Fundraising costs and retaining Trust	Fundraising costs to remain below 30% of total expenditure. The remaining 70% expenditure must be for charitable outcomes*	Q1 2020/21 Operating Expenditure 28% of Total Expenditure
	Income generation	A minimum target of £2.50 raised for every £1 spent on fundraising	Q1 2020.21 Income Raised £92.8k Operating Exepnditure £16.6k Ratio 5.6
	Benchmarking	<p>To benchmark the charities performance annually with three other local trusts.</p> <ul style="list-style-type: none"> - Tees Esk and Wear Valleys NHS Foundation Trust - Leeds Community Health Care NHS Trust - Lincolnshire Community Health Services NHS Trust 	<p>Financial Year 18/19</p> <ul style="list-style-type: none"> - Health Stars (Income £260.3k Spending £165.4k) - Tees Esk and Wear Valleys NHS Trust <i>(Income £148.8k Spending £170.4k)</i> - Leeds Community Health Care NHS Trust <i>(Income £6.9k Spending £5.9k)</i> - Lincolnshire Community Health Services NHS Trust <i>(Income £345.5k Spending £296.2k)</i>

Engagement:	OUTCOME	ACTION/MEASURE	STATUS
<p>Can our service users see the charitable impact in our services?</p> <p>Do our employees feel supported by the charity?</p> <p>Can the Trust board quantify the impact the charity is having?</p> <p>Is the charity representing the trust positively?</p>	<p>WISHES:</p> <p>The success rate of wish requests increased year on year</p>	Total number of wishes on average 150 per year for the next three years	<p><u>1st April 2019-31st March 2020</u> Received 202</p> <p><u>1st April 2020- 30th June 2020</u> Received 21</p>
		Successful rate of wishes target 80%	<p><u>1st April 2019-31st March 2020</u></p> <p>Granted 138 In Progress 24 Declined 4 96 % Granted/In progress</p> <p><u>1st April 2020- 30th June 2020</u> Granted 10 In Progress 9 Declined 2 90%Granted/In progress</p>
	<p>APPEALS:</p> <p>To have regular fundraising appeals</p>	One new Appeal established each year.	<p>2020/21 Appeal to be Whitby</p> <p>A list of items is being compiled to support the project.</p> <p>Works on the development where paused in response to covid but have now recommenced.</p>
	<p>ANNUAL SURVEY:</p> <p>To be able to monitor staff engagement</p>	Improvement of understanding, confidence and engagement with the charity. Carry out a survey in 2020 to begin progress monitoring.	To be discussed with communications teams in August 2020.
	<p>POSITIONING (EVIDENCE BASED)</p>	Minimum of one media worthy stories a quarter to be taken up by media source either online or in print	Kristina Poxon's Look North Interview to discuss Health Stars Hampers through NHS Charities Together Grants:

	<p>To increase knowledge of the charity among staff, patients and general public</p>		<p>http://www.bbc.co.uk/iplayer/episode/m000j5yz</p> <p>TMBAW Charity shirt interview “That’s TV Humber” (Featuring Lee Middleton Who organised the shirt)</p> <p>https://www.facebook.com/272031052913531/posts/2905867259529884/</p>  <p><i>*Lee Middleton and Kristina Poxon*</i></p>
		<p>By March 2021</p> <p>Reach 1000 followers on Facebook Reach 300 followers on Instagram Reach 1200 followers on Twitter Establish a presence on LinkedIn</p>	<p>June 2020</p> <p>Facebook - 677 People Like, 706 People Follow Instagram – 134 Followers Twitter – 1,110 Following</p>
		<p>Engage an average of 500 people per month in social media posts.</p>	<p><u>1st June 2020 – 28th June 2020</u> Post Reach 17.6k (+66%) Post Engagements 9.5k (+87%) New Page Likes 101 (+85%) <i>Facebook Statistics</i></p>

Appendix A
Proposed KPI's (Patient/Staff Centred Domain)

Patient-centred & Staff-centred:	OUTCOME	ACTION/MEASURE	STATUS
Can our service users see the charitable impact in our services?	Wishes from patients	Number of wishes that come from a patient. To be obtained by asking staff who submit wishes and recording wishes that come from Patient experience forums.	To date 3 wishes came from requests from patients to staff <i>(1st January – 30th June 2020)</i>
Do our employees feel supported by the charity?	To have a good balance of wishes for both patients and staff	Number of wishes for patient benefit and number of wishes for staff benefit	<u>1st January 2020 – 30th June 2020</u> 24 Staff Benefit Wishes Received 41 Patient Benefit Wishes Received
Is the charity led by service users and our people?	To demonstrate the impact the charity is having.	Impact reporting, capture case studies as part of report. A minimum of 6 case studies per year. To be a mixture of staff focused and patient focused.	Please see attached first case study on the Health Stars Food Hampers delivered during lockdown.
	Staff engagement	Increase staff lottery numbers by 10% To start recording how many staff are attending events and to increase this number	We currently have 118 Players with 149 numbers We have had 2 new members in April and 1 new member in May with a total of 4 numbers. <i>(2.54% Increase from April 2020 to June 2020)</i>

Appendix A
Proposed KPI's (Governance Domain)

Governance:	OUTCOME	ACTION/MEASURE	STATUS
<p>Can the Trust board quantify the impact the charity is having?</p> <p>Is the charity legally compliant and sustainable?</p>	Assurance to the trust board	<p>Monthly CEO update</p> <p>Engagement at two board meetings year, one from the Health Stars Team and one from the Chair of CFC</p>	Engagement at Trust board meeting held - 26 th February 2020
	Legally compliant and sustainable	<p>Fundraising Regulator membership and providing updates from them to the CFC.</p> <p>Updated Risk Register at each CFC meeting.</p> <p>GDPR audit every six months.</p>	<p>Registered with the Fundraising Regulator. Fundraising Regulator: ID-134456.</p> <p>Risk Register on Agenda</p> <p>GDPR Audit will take place October 2020</p>

Agenda Item 22

Title & Date of Meeting:	Trust Board Public Meeting – 29 July 2020		
Title of Report:	Council of Governors Meeting Minutes – 16 January 2020		
Author/s:	Name: Sharon Mays Title: Chair		
Recommendation:	To approve		To receive & note <input checked="" type="checkbox"/>
	For information		To ratify
Purpose of Paper:	The minutes of the Council of Governors meeting held on 16 January are presented for information. The April 2020 meeting was cancelled due to Covid 19.		
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Other (please detail) Council of Governors 16.7.20
Key Issues within the report:	Identified within the minutes		

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)

√ Tick those that apply

<input type="checkbox"/>	Innovating Quality and Patient Safety			
<input type="checkbox"/>	Enhancing prevention, wellbeing and recovery			
<input type="checkbox"/>	Fostering integration, partnership and alliances			
<input type="checkbox"/>	Developing an effective and empowered workforce			
<input type="checkbox"/>	Maximising an efficient and sustainable organisation			
<input type="checkbox"/>	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



**Minutes of the Council of Governors Public Meeting held on
Thursday 16 January 2020 in the Lecture Theatre, Trust Headquarters**

Present: Sharon Mays, Chair
Michele Moran, Chief Executive
Eric Bennett, Hull Public Governor
John Cunnington, East Riding Public Governor
Mandy Dawley, Staff Governor
Christopher Duggleby, East Riding Public Governor
Craig Enderby, Staff Governor
Anne Gorman, Staff Governor
Jack Hudson, Staff Governor
Huw Jones, Lead Governor
Sam Muzaffar, East Riding Public Governor
Doff Pollard, Whitby Public Governor
Fiona Sanders, East Riding Public Governor

In Attendance: Peter Baren, Non Executive Director/Senior Independent Director
Mike Cooke, Non Executive Director
Francis Patton, Non Executive Director
Dean Royles, Non Executive Director
Mike Smith, Non Executive Director
Pete Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer
Michael & Georgina (for item 04/20)
A member of the public

Apologies: Andy Barber, Appointed Governor, Smile Foundation
Stephen Christian, Service User and Carer Governor
Sam Grey, Staff Governor
Robert Hunt, Hull Public Governor
Ros Jump, East Riding Public Governor
Gwen Lunn, Appointed Governor, Hull City Council
Paul McCourt, Appointed Governor, Humberside Fire & Rescue
Jacquie White, Appointed Governor, University of Hull

01/20 **Declarations of Interest**
Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest they should declare the interest and remove themselves from the meeting for that item.

02/20 **Minutes of the Meeting held on 22 October 2019**
The minutes of the meeting held on 22 October 2019 were agreed as a correct record.

03/20 **Matters Arising and Actions Log**
The action log was reviewed and noted.

The Chair provided an update on Governors visits 29/19. She explained that a task and finish group consisting of a Non Executive Director, Governors and an Executive Director held a meeting to discuss visits. This was followed by a further meeting where it was agreed to delay the planned session for the November Governor development session to the February Governor development session and this will include part scenarios and part presentation.

Mr Jones explained that dates for visits have already been circulated. Governors are encouraged to attend visits to the services and units. A revised document pertaining to the visits will be circulated.

04/20 **Patient Story – Michael & Georgina’s Story**

Michael & Georgina attended to share their stories of a Veteran’s experience of living with Post Traumatic Stress Disorder (PTSD) and his wife’s experience of living with someone with the condition.

The Council of Governors thanked them for attending and for their courage in sharing their experiences.

05/20 **Chair’s Report**

The Chair provided a verbal update on her activities and news since the last meeting. These included:-

Governor Updates

The Council was informed of the resignation of Mr Mike Oxtoby with immediate effect. On behalf of the Council and the Board, the Chair thanked Mr Oxtoby for his contribution to the Council, but in particular his work with the Trust patient and carer agenda. The vacancy in the Service User and Carer constituency will be held until the next round of elections.

Mr Rob Hunt reaches the end of his term of office at the end of January. The Chair thanked Mr Hunt for his contribution whilst he has been a Governor for the Hull constituency.

From 1 February, Mr Ian Graves and Mrs Helena Spencer will be taking up their roles as Governors seats in the Hull constituency. Mr Tim Durkin was elected to the wider Yorkshire and Humber constituency and Craig Enderby was re-elected as a clinical staff Governor for a second term. Congratulations to all!

Induction Session – details of the induction session taking place on 20 January have been circulated. All Governors are welcome to attend.

Calendar – a calendar of meetings and events has been circulated which has key dates that Governors may be interested in. The calendar will be updated throughout the year.

Annual Declaration Forms – these have been circulated to Governors. Please complete these and return as soon as possible.

Lead Governor Role – two Governors have expressed an interest in the role. Voting papers have been circulated to Governors. Please return them by the closing date of 29 January 2020.

Since the last meeting in October there have been a number of events held including the Annual Members Meeting (AMM), Armistice Day service and the

Health Service Journal Awards. The Chair has undertaken a number of visits to units and teams to engage with patients and staff. There continues to be a number of external partnership meetings attended by the Chair and a significant amount of work taking place to support the integration and partnership agenda.

Inspire, the new Child and Adolescent Mental Health Services unit opened recently. The Chair thanked all who have been involved.

Resolved: The verbal update was noted

06/20

Chief Executive's Report

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

Annual Members Meeting (AMM)

The report included details of attendance at the AMM over the last two years which was fairly low. The Trust through Governors needs to encourage members of the public to attend this year. The date for the AMM is 24 September 2020 at KCOM Stadium.

100% Attendance Letters

The Chief Executive signed over 750 letters to staff who have achieved 100% attendance between 1 September 2018 and 31 August 2019.

Health Service Journal (HSJ) Winners

In November, the Trust was announced as the winner of the Mental Health Provider of the Year, winning against strong competition. It is important to note that this award is for the whole organisation. Two pre celebratory events were held prior to the event in October to celebrate the achievement.

Director Portfolio Change

There has been a recent change agreed to the job title for the Director of Nursing to Director of Nursing, Allied Health and Social Care Professionals.

Greentrees

Ahead of the move back into the building the service users have proposed a change of name to give the unit a new identity - the service users have chosen Pine View. The unit will open in February and is an important step in our approach to the changing bed provision of our Forensic Services.

Staff Survey

This closed with a 40% response rate which was slightly lower than the previous year

Flu Vaccination Update

This is currently at 69% which is ahead of last year.

Website Update

Work is underway to review the Intranet and the web site. Some changes have already been made.

Election

The publication of the Operating Plan setting out the financial framework is awaited following the recent election. It is clear however, there will be two NHS Bills, one for the funding model and the Long Term Plan (LTP) which is a positive

move as it will give priorities and trajectories to work towards. The Integrated Care System (ICS) will remain which is highlighted through the Accelerator programme with organisations working in collaboration and taking accountability across the system. Organisations will retain their sovereignty within the system. It was suggested that a session be held at the April development day (28 April) to provide further information and potentially include Chris O'Neill and other relevant representatives. Mr Jones informed the Council that there is a mixed model of governance process within the ICS. Locally there is good input from staff members that gives direct feedback into the organisation. However there are issues nationally in terms of the ICS. The Chief Executive thought an assembly was needed for the Local Authority and Health with quarterly staff engagement and public engagement. There are still national discussions ongoing about the Foundation Trust model.

Mrs Gorman referred to the Inspire unit commenting that there were concerns that young people might still be placed out of area. She asked if there are any plans to communicate publicly the intentions. The Chief Executive said that guarantees could not be given that a young person would not go out of area. The intention is to repatriate young people back into the area. The Chief Executive went on to note that Humber does have an extensive community CAMHS team.

Resolved: The report and verbal updates were noted.
A session will be arranged for the April development day with appropriate representatives

07/20 **Public Trust Board Minutes**

The minutes of the public Board meetings for September and October 2019 were provided for information.

Resolved: The minutes were noted.

08/20 **Annual Declarations**

The Trust is required to make annual declarations after the financial year end. Details of declaration and comments/evidence were included in the report. Mr Beckwith explained that the annual declarations are based on the evidence included in this report including:

- The Board has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution.
- The Trust has complied with required governance standards and objectives
- The Trust has a reasonable expectation that required resources will be available to deliver designated services
- That the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that Governors are equipped with the skills and knowledge to undertake their role.

The Council of Governors was asked to approve the annual declarations for submission to the May Trust Board for ratification.

Resolved: The Council of Governors approved the annual declarations submission to the Board in May 2020.

09/20

Performance Update

The report informed the Council of Governors of the current levels of performance as at the end of November 2019. The majority of indicators are within normal variation, the exceptions being clinical supervision (positive performance) waiting times and appraisals. The Trust remains segmented under the Single Oversight Framework within segment 2, 'targeted support in relation to finance and use of resources', which is consistent with the Trust's approved financial plan. This remains positive.

Mr Jones asked about waiting times for Child and Adolescent Mental Health Services (CAMHS). He explained that more detail was provided at the Finance, Audit Quality and Workforce Governor Group and the trajectories were starting to improve and it will be interesting to see whether this continues. Mr Jones suggested that the Operational Plan session at the development day will be a good time to look at the details of this. Mrs Parkinson confirmed that the December data showed that the improved trend has been maintained, but there continues to be pressures within this for core CAMHS. Mrs Parkinson explained that no one is waiting over 52 weeks to be seen, but Autism cases over 52 weeks have increased. Looked After Children priorities are being reviewed in this age group. Funding has been provided which has helped with the trajectory and scrutiny of this continues.

Mr Jones thanked Professor Cooke for sharing the waiting times information with the group. Professor Cooke explained that the questions raised are the same that are debated at the Board around capacity to deal with the extra demand and keeping in contact with those people on the waiting list making sure they are supported. He agreed that the early improvements needed to be sustained.

Mrs Sanders asked if there was any indication how delays are impacting on families and whether family members are having to use services to cope with the situation. Mrs Parkinson explained that there are clear steps identified and information is provided to families as part of the process including how to contact services if additional support is required. An area for additional investment is Contact Point. The triage process is being effective because of the continued focus. Mrs Parkinson agreed to take this away to see if there is any further information that can be gathered on this matter.

The Chair asked for an update on appraisals compliance. Mrs Parkinson reported that clinical services are improving and improvement trajectories are in place for those areas that need to improve. The Chair reminded Governors of the change to the appraisal reporting period which runs from April to June. Mr Enderby asked if there was a particular reason for changing the reporting period. He was informed that evidence has shown that this is a good time to think about the coming year and reflect on the previous year.

Mr Enderby felt clarification was required on whether they should be known as PADR's or Appraisals referring to an announcement placed in a global e mail last July. The Chief Executive thought this was a good point and a post meeting note will be included in the minutes to clarify the title. Professor Cooke recognised that this was a good conversation to have to help increase the uptake.

Resolved: The report and verbal updates were noted.
A post meeting note to be included the minutes to clarify the language around

PADRs/Appraisals

Post Meeting Note

The Executive Management Team (EMT) confirmed that PADRs will be known as Appraisals. This was publicised to all staff in the EMT News Headlines on 21 January 2020

10/20 **Finance Report**

This report is a summary of financial performance for the Trust for the 3 month period September 2019 to November 2019.

- For 2019/20 the Trust has a control total to deliver a £0.350m deficit.
- As at the end of November 2019, the Trust had recorded an operational deficit of £0.350m.
- The Cash Balance at the end of November 2019 was £11.929m.

It was noted that Finance, Audit, Quality and Workforce Governor group will be discussing the consequences of this year on next year and funding pressures in the system as well as the Operational Plan at its next meeting.

Resolved: The report was noted.

11/20 **Governor Groups Feedback and Activity**

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

Mr Jones reported that that it was the first time that quality and workforce had been discussed at the same time at the recent Finance, Audit, Quality and Workforce Governor group and the key challenges in workforce and the pressures points in quality were explained. Discussions were robust and there was a good debate on quality. Professor Cooke commented that the challenges with vacancies and sickness issues are discussed at the Board and it was good for Governors to be involved in discussions.

The Chair thanked the Non Executive Directors for attending the meeting.

Activity logs submitted were noted.

Resolved: The report and verbal updates were noted.

12/20 **Responses to Governor Questions**

No new questions or queries have been raised since the last meeting. In terms of updates it was noted that the Humber Centre will be piloting the Electronic Staff Record (ESR).

The Chair informed Governors that she and Mr Royles, Non Executive Director had visited Whitby with Mrs Pollard and Health Stars to start discussing the fundraising campaign for Whitby Hospital. Mrs Pollard is liaising with Health Stars to start this work. Any Governor who would like to be involved please let the Chair know.

The Council of Governors was reminded that the induction session is taking place on 20 January for new Governors, but all Governors are invited to attend.

Resolved: The verbal updates were noted.

13/20 **Any Other Business**
No other business was raised.

14/20 **Date and Time of Next Meeting**
Thursday 23 April 2020, 2.00pm in the Lecture Theatre, Trust Headquarters,
Willerby

Signed..... Date
Chair