

**Trust Board Meeting 30 January 2019  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 30 January 2019, in the Conference Rooms, Trust Headquarters

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence – Paula Bee	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 28 November 2018	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Community Mental Health Service User Survey Presentation – Jennie Bradley, Business Development Consultant, Quality Health attending	JB	To receive & note	√
6.	Chairman's Report	SM	To note	verbal
7.	Chief Executives Report	MM	To receive & note	√
8.	Publications and Highlights Report	MM	To receive & note	√
<b>Assurance Committee Reports</b>				
9.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
10.	Charitable Funds Committee Assurance Report	PB	To receive & note	√
11.	Charitable Funds Annual Accounts	PB	To receive & ratify	√
12.	Re-appointment of Associate Hospital Managers on Honorary Contracts	MS	To receive & approve	√
13.	Workforce and Organisation Development Terms of Reference	SMcG	To receive & approve	√
<b>Quality and Clinical Governance</b>				
14.	Guardian Of Safeworking Quarterly Report	JB	To receive & note	√
15.	Research & Development Report – Cathryn Hart, Assistant Director of Research & Development	JB	To receive & note	√
16.	Freedom to Speak Up Annual Report - Alison Flack, Transformation Programme Director attending	MM	To receive & note	√
17.	Freedom to Speak Up - Self Review Tool - Alison Flack, Transformation Programme Director attending	MM	To receive & note	√
18.	Freedom to Speak Up Vision and Strategy- Alison Flack, Transformation Programme Director attending	MM	To receive & discuss	√
<b>Strategy</b>				
19.	NHS Long Term Plan	MM	To receive & note	√
<b>Performance &amp; Finance</b>				
20.	Performance Report	PBec	To receive & note	√



21.	Finance Report	PBec	To receive & note	√
	<b>Corporate</b>			
22.	Health Stars Annual Review	PBec	To receive & note	√
23.	Items for Escalation	All	To note	verbal
24.	<b>Any Other Business</b>			
25.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
26.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 27 February 2019, 9.30am in the Board Room, Gosschalks, Dock Street, Hull HU1 3AE			



**Agenda Item: 2**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019			
Title of Report:	Declarations of Interest			
Author:	Name: Sharon Mays Title: Chairman			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non Executive Directors interests.			
Key Issues within the report:	<ul style="list-style-type: none"> <li>Removal of declaration for Hilary Gledhill</li> </ul>			

**Monitoring and assurance framework summary:**

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



## Directors' Declaration of Interests

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

<p>Mr Mike Smith, Non Executive Director (Voting Member)</p>	<ul style="list-style-type: none"> <li>• Director MJS Business Consultancy Ltd</li> <li>• Director Magna Trust</li> <li>• Director, Magna Enterprises Ltd</li> <li>• Owner MJS Business Consultancy Ltd</li> <li>• Associate Hospital Manager RDaSH</li> <li>• Associate Hospital Manager John Munroe Group, Leek</li> <li>• Lord- Lieutenant's Officer for South Yorkshire</li> <li>• Council Member Barnsley and Rotherham Chamber of Commerce</li> </ul>
<p>Mr Francis Patton, Non Executive Director (Voting Member)</p>	<ul style="list-style-type: none"> <li>• Chairman, The Cask Marque Trust</li> <li>• Treasurer, All Party Parliamentary Beer Group</li> <li>• Industry Advisor The BII (British Institute of Innkeeping)</li> <li>• Managing Director, Patton Consultancy</li> <li>• Non Executive Director and Chairman, SIBA, The Society of Independent Brewers</li> <li>• Director, Fleet Street Communications</li> <li>• Chairman, Barnsley Facilities Services Limited</li> <li>• Director, Walrus &amp; Carpenter Limited</li> <li>• Non Executive Director Barnsley NHS Foundation Trust</li> </ul>

**Item 3**

**Trust Board Meeting – Public Meeting**  
**Minutes of the Trust Board Meeting held on Wednesday 28 November 2018 in the Conference Room, Trust Headquarters**

- Present:** Mrs Sharon Mays, Chairman  
Ms Michele Moran, Chief Executive  
Mr Peter Baren, Non-Executive Director  
Ms Paula Bee, Non-Executive Director  
Prof Mike Cooke, Non Executive Director  
Mr Francis Patton, Non Executive Director  
Mr Mike Smith, Non Executive Director  
Mr Peter Beckwith, Director of Finance  
Dr John Byrne, Medical Director  
Mrs Hilary Gledhill, Director of Nursing  
Mr Steve McGowan, Director of Human Resources  
Mrs Lynn Parkinson, Chief Operating Officer
- In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Ms Amy Smith, Communications Officer  
Clair Pharoah (Advanced Occupational Therapist (Paediatrics) for item 213/18  
Oliver Sims, Corporate Risk Manager (for items 226/18 & 227/18)  
Huw Jones, Public Governor  
Hamida Begum, Graduate Management Trainee  
Kate Matysiak, Graduate Management Trainee  
A representative from the Care Quality Commission (CQC)
- Apologies:** None

210/18 **Declarations of Interest**  
The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chairman requested that if any other items on the agenda presented anyone with a potential conflict of interest, they excuse themselves from the meeting for that item.

211/18 **Minutes of the Meeting held on 31 October 2018**  
The minutes of the meeting held on 31 October 2018 were agreed as a correct record with the following amendment:-

**196/18 Matters Arising and Action Log**

**171/18 Publications and Highlights Report** - A “t” was missing from the word “toolkit” in the last sentence.

212/18 **Matters Arising and Actions Log**  
The actions list was discussed and the following noted:-

**42.4/17 Hull City of Sanctuary**

The Chief Executive will provide feedback on this area when it is available. It was agreed it could be closed on the action log.



## 204/18(h) Performance Report

It was noted that vacancies will be discussed further by the Executive Management Team in January 2019.

213/18

### Tracey's Story

Clair Pharoah (Advanced Occupational Therapist (Paediatrics)) attended the meeting to tell Tracey's (parent) story that was in relation to her child who has a diagnosis of Polymicrogyria, Dystonia and a global developmental delay, since birth. Clair told the story from Tracey's perspective on the care and issues that she had experienced in caring for her daughter during the transition from another provider elsewhere in the country. In the story Tracey made some suggestions about how things could be improved. These were:-

The first letter to someone who has been referred should be reviewed and consider the circumstances of the people concerned. Tracey's daughter had transferred from another provider and the first letter received talked of assessment to see what services would be available. Having already received services and specialist equipment for her daughter through another provider, the letter gave anxieties that support may not be provided.

For providers and professionals to understand that a parent knows their child best and should listen to them

That people who sit on commissioning panels visit families to see the consequences of the decisions they are making. This related specifically to a request for a specialist equipment and also the timeliness of making decisions and receiving equipment. The Board was informed that a specialist single bed was approved as this was a clinical need, but as Tracey's daughter often became unsettled throughout the night the family had requested a double bed to allow mum to be with her daughter during the night. Commissioners authorised the purchase of a single bed with an option for the family to pay the additional costs to upgrade this to a double bed. By the time the request came through the family had already bought a specialist double bed.

When in Oxfordshire the family had all the specialist equipment they required, but as this changed to another provider when they moved to this area, they had to return it. Clair said it would be helpful if there was an agreement between equipment providers allowing a new provider to purchase the equipment already provided by the new provider saving time, money and anxieties for the families who rely on it.

The Chief Executive suggested that Tracey's story should be shared with commissioners who share some of the responsibility for care. It was good to hear that the family appreciated the service provided by the Therapies team for their daughter and felt it was effective, professional and responsive. In terms of the initial letter, Mrs Parkinson will ask for it to be reviewed for people who have already been in receipt of some services and equipment. The Chief Executive also suggested that the feedback be provided to the Head of Patient Experience as part of the work that is being undertaken for the patient's forum.

Mrs Parkinson said the suggestions made by Tracey will be shared. She congratulated Clair and the team for the work they have done with the family and the good relationship they have developed.

The Chairman thanked Clair for attending and asked that on behalf of the Board, Tracey be thanked for sharing her story. She recognised that specialist equipment for children has been an issue for some time as there is very little stock. By sharing the story with commissioners it may help to improve this. Clair explained that when the story was being prepared Tracey felt that she had a voice and was appreciative that she had been given the opportunity to share her story and was sorry she had not been able to attend in person.

**Resolved:** The Chairman thanked Clair for attending.  
Tracey's story which will be shared with commissioners to demonstrate some of the issues

that have been encountered. **Action LP**

The first letter on receipt of a referral to be reviewed to see how it can be improved **Action LP**

214/18

### **Chairman's Report**

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

- Meeting with the Chair of Hull CCG
- Separate meetings with the outgoing Chief Executive of MIND and the Chairman of MIND who are both stepping down from their positions. The Chairman spent a day with the MIND recruitment panel to look at the role and job description for the Chief Executive.
- Attending the Chairs Northern Network meeting with Mr Patton with a focus on North financial performance. Lord Carter attended and stressed the importance of having strong financial plans. The Chair for NHS Resolution also attended to promote their work, details of which will be circulated to the Board.
- Meeting with Anne Jeffries the new incoming Chair of East Riding Clinical Commissioning Group (CCG)
- Observing some of the Board Sub Committee meetings
- Attendance at the Learning the Lessons event that was held in the newly opened Lecture Theatre.
- Being part of the second Humber's Got Talent event which showcases what staff have learnt from attending the Leadership Programme. There were some excellent suggestions that will be taken forward.

Mr Smith asked if Lord Carter had updated on his report which stated that £5 billion in savings could be made and whether he felt this had been achieved. The Chairman explained that his attendance at the meeting was more as a Non Executive Director (NED) of NHS Improvement and he mentioned the need for strong financial plans and holding Boards to account.

**Resolved:** The verbal update was noted.

215/18

### **Chief Executive's Report**

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

#### **Visits and Meetings**

These continued during the month across the patch.

#### **Lecture Theatre**

It was great news that the Lecture Theatre opened as scheduled with our Learning the Lessons conference. This has been possible through a partnership with the Hull York Medical School (HYMS) and was in response to a request by staff to have an appropriate venue for events/training. Professor Cooke made a suggestion about officially opening the Lecture Theatre and to ask staff to make recommendations on who this should be.

#### **Minibus Fundraising**

Congratulations were extended on the successful fundraising with the minibus fund now standing at over £12000 from just over a year of fundraising.

#### **East Riding Health and Well-being Board**

Good news that Childhood Obesity figures are showing some improvements across the East Riding. Indicators are also showing reductions in waiting times for Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT).



### **Regional Chief Executive Officer Meeting**

At the Regional CEO meeting both Paul Lelliott and Stephen Dalton were key guests. A thematic review of long term segregation was the main theme of the Care Quality

### **Brexit**

An update was included in the report. In accordance with the national guidance we have nominated Pete Beckwith as the Senior Responsible Office (SRO) for the work.

### **Vacancies**

The Executive Management Team (EMT) is focussing on vacancies in the organisation and how this fits into the safer staffing work that is underway following the guidance published from NHS Improvement.

### **NHS Plan**

The NHS Plan is due on 3 December 2018 subject to any fall out from Brexit. Professor Cooke suggested that this is considered further at a future development session or a part III Board meeting

### **Health Service Journal Awards**

The SMASH work was highly recommended at the awards.

### **Communications and Health Stars**

Lots of work is being done on a number of areas through the teams including the Impact Appeal which is gaining momentum.

Professor Cooke related to the Community Mental Health Team (CMHT) Review item in the Chief Operating Officer section. He stressed the importance of moving this forward quickly. Mrs Parkinson explained that this work needed to look at the whole system. Discussions are taking place with commissioners around the whole pathway. There will be deep dive into the whole pathway in December in relation to beds and when completed a further update will be provided.

In relation to the Workforce Plan Professor Cooke asked if this could be linked to the Business Plan so the base line would be right. Mr McGowan confirmed that it will be included and will also give delivery options for the next two years.

Clinical supervision data was discussed with Mrs Gledhill explaining that this will be included in the next report. Discussions are taking place with Band 7 staff in all units, but in some cases supervision is not being reported or being recorded differently. Band 7 staff have been asked to review the policy to ensure it reflects the way they work.

Professor Cooke asked if appropriate people have been suggested for the Quality Service Improvement course. Dr Byrne explained that eight applications have been made including patients and the outcome is awaited.

Given reports in the media around Norfolk and Suffolk Mental Health Trust and reduction in doctors and trained staff, Professor Cooke asked if the Trust was aware of any similar issues. Dr Byrne stated there has been no reduction in medical posts in the Trust and there has been additional investment in recruitment to try and fill the gaps to ensure there is no reduction on quality and safety. The Chief Executive added that there is better understanding now of the vacancies and that the Budget Reduction Strategy (BRS) is around re-shaping services not making changes to clinical posts. The organisation does not want to lose staff as they are our biggest asset and hard to replace and she outlined the changes that have been made including growing the bank and a weekly vacancy recruitment panel that is held. Professor Cooke felt it would be a useful subject for a future development session which was supported by the Chief Executive and could also include an update on clinical supervision and the work that is being done with Assistant Psychology posts and using staff in a different way.

A further session on the Integrated Care Service (ICS) was also suggested as it is becoming clearer around PLACE, ICS and Integrated Care Provider (ICP) Professor Cooke asked for an update on the staff survey uptake. Mr McGowan reported that the current rate is 44% return which equates to 1100 responses. The national average is 40%.

Mr Patton asked what is done to attract people to work in the organisation. The Chief Executive said that some staff come back to work through the retire and return scheme and there is a good conversion rate. The Chairman said that a few years ago there were discussions around recruiting from military families as there are bases within the Trust's geographical area. As families move round some may have the skills that the organisation is looking for. Mr McGowan will look into this.

In terms of Basic Life Support training Mr Patton asked whether Board members could undertake the training to help encourage staff compliance. It was agreed that dates of the training will be circulated for anyone wishing to undertake the training.

**Resolved:** The report was noted

NHS Plan to be discussed at a future development session or Part III Board meeting **Action MM**

Future development session to be held on vacancies including clinical supervision and the work being done to use staff in different ways **Action MM**

Development session to be planned for ICS, ICP and PLACE **Action MM**

Feedback on the CMHT work to be provided when concluded **Action LP**

Basic Life Support dates to be circulated **Action SMcG**

Recruitment within military families to be considered/reviewed **Action SMcG**

216/18

### **Publications and Highlights Report**

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

Mr Baren referred to the "Steeling Ourselves for Winter" report stating that a recent business continuity controls internal audit had recently been completed. He asked whether the actions recommended have been undertaken in preparation for winter. Mrs Parkinson explained that a lot of planning and engagement events have been held across the system that the organisation has participated in. Funding has been allocated to the Local Authorities to support winter pressures and the organisation has actively been involved in putting proposals together for this funding primarily around the Older People with Dementia pathway. From an Adult Mental Health perspective it is a good position and the plans are being closely monitored. The Flu vaccination campaign has been successful and overall all the areas within business continuity are progressing.

Commitment to mental health was seen as a big issue by Professor Cooke especially around parity of esteem and the big investment the organisation is asking for Child and Adolescent Mental Health Services (CAMHS). The Chief Executive explained that the Sustainable Transformation Programme (STP) is leading this through the mental health workstream. Through new models of care money from the specialist commissioning is being moved to lead providers. It is hoped that this can be developed across all specialist commissioning. At a recent meeting it was agreed for a "think tank" group to consider a better and appropriate system for dissemination of money from the CCGs in the future. The money comes to CCGs, but in mental health it is not allocated to the areas specified in the Five Year Forward View. Professor Cooke felt the service user/carer element and front line staff is being left out in mental health. The Chief Executive confirmed this is being addressed through the STP and involves third sector organisations.

A piece of work is underway around a change in tariff which affects mental health. The planning guidance is due imminently and the tariff change needs to be understood as will still

affect the organisation despite it being on block contracts. The changes will be considered and feedback through to the Finance Committee.

**Resolved:** The report was noted

**Changes to the tariff for mental health to be considered and reported to the Finance Committee Action PBec**

217/18 **Quality Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 7 November and a summary of key issues for the Board to note. The minutes of the meeting held on 1 August were provided for information.

Mr Smith informed the Board that it was useful to be able to raise something from the Mental Health Legislation Committee to the Quality Committee around prone restraint. Good discussions took place at the meeting including a report from Human Resources. In terms of sexual safety on mental health wards discussion around parity of esteem in mental health and available sector funding were held.

Mrs Gledhill explained that more work has been done on Quality Impact Assessments and the process is currently being reviewed to stream line the process. A report will be provided to the Executive Management Team (EMT) in December which will be presented to the Quality Committee.

**Resolved:** The report and minutes were noted

218/18 **Mental Health Legislation Committee Assurance Report**

An executive summary of discussions held at the meeting in November 2018 was provided. Mr Smith particularly highlighted the presentation from Dr Byrne on the National Confidential Inquiry into Suicide that was given at the meeting. Dr Byrne added that Professor Nav Kapoor was currently speaking at an event at the lecture Theatre to staff.

**Resolved:** The report was noted

219/18 **Reappointment of Associate Hospital Managers on Honorary Contracts**

Under s 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people have contracts ending on 31 December:

- Jill Hetherton
- Jann Petherbridge
- Martin Craven

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

**Resolved:** The Board approved the reappointment of the above named individuals.

220/18 **Finance Committee Assurance Report**

The report provided assurance to the Board on the financial performance of the Trust. Mr Patton drew the Board's attention to the following areas:-

- the delivery of the cumulative operational financial plan in month seven with an improved position on month six.
- The Committees continued concern over the forecast outturn in terms of operational performance.
- the Committee's continued ongoing concerns over achievement of the Business Reduction Strategy for 2018/19.

- the Committees request for more assurance from the Health and Safety Quarterly report.
- the Committees review of and recommendation of the Estates and Procurement strategy updates.
- the issues raised in the Digital Delivery Report.
- Recommended to the Board to approve the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions (SFIs).

Mr Beckwith said some recovery is beginning to be seen in the financial position, but the last half of the year will be challenging. Mr Smith suggested the Board needed assurance on the corporate overspend and that action is being taken. The Chairman assured him that there is significant challenge at the Finance Committee in this and other areas. Dr Byrne expected to see a reduction in agency locum spend following the recruitment of two consultants.

**Resolved:** Board members noted the report

221/18

### **Audit Committee Assurance Report**

The report provided a summary of discussions held at the November 2018 meeting. Generally good or above assurance was given through internal audit. There was recognition of the work undertaken by internal audit and Counter Fraud services. Mr Baren thanked Executive colleagues for providing updates in advance of the Committee on internal audit actions.

**Resolved:** The report and verbal updates were noted.

222/18

### **Charitable Funds Committee Assurance Report**

An executive summary of discussions held at the meeting on 13 November 2018 and a summary of key issues for the Board to note was presented. The minutes of the meetings held in July and September 2018 were also included for information.

Ms Bee explained that there was a growing sense in a number of areas that details of social values in the organisation was required. Dr Byrne confirmed that work is taking place and there is a plan for an annual report at the end of the year. Ms Bee asked if this could also include the work of Health Stars and Charitable Funds and will discuss this outside of the meeting with Dr Byrne.

**Resolved** The report and minutes were noted

**Discussion around the inclusion of Health Stars and Charitable Funds in the Social Values annual report to take place Action PBee/JB**

223/18

### **Risk Management Strategy 2016-2019**

An updated Strategy was presented to the Board. The Strategy has been updated to reflect the current risk management processes and arrangements, as well future planned changes in operational structure. All changes were identified in the report.

Professor Cooke commented on the risk appetite section suggesting that some thought may be given to developing this section as it was hard to understand. In section he was disappointed that the work the Quality Committee has done to help reshape the Quality and Patient Safety Group was not reflected. The Chairman agreed commenting that all of the Board Sub Committees regularly review their relevant risks and this did not come through strongly enough in the strategy. Mrs Gledhill will take forward the comments and include them in the strategy

**Resolved:** The Board approved the updated Risk Management Strategy subject to the inclusion of the points below.

**Strategy to be updated to include the work the Quality Committee has done to help reshape the Quality and Patient Safety Group and that all Board Sub Committee review the risks assigned to their Committee Action HG**

## Performance Report

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

- Exception reporting and commentary is provided for each of the reported indicators.
- The Trust Safer Staffing as at the end of September 2018 is also presented within the body of the report.
- The report now includes a breakdown of the over 52 week awaiting split by Adult Autistic Spectrum Disorder (ASD), Paediatric ASD and Child and Adolescent Mental Health Services (CAMHS).
- Performance Appraisal Development Review (PADR) compliance has dipped to 75.8% in Oct-18 against a target of 85%.

Mr Patton referred to the Safer Staffing Quality Dashboard noting that the daily average staff filling rates were all amber or yellow. Mrs Gledhill explained that some of this related to the occupied bed day work that need to be done. A pilot has been undertaken to try to give more accurate picture and this is supporting the work being done in the team. A good example of this is when unit occupation has been deliberately reduced due to acuity with commissioner agreement and it shows as being lower than the number of beds. The report needs to be able to reflect this view which is part of the work being undertaken.

Sickness absence figures were raised by Mr Patton in relation to some Humber Centre wards, Newbridges and Whitby which were high. Mrs Parkinson said that despite the figure an improvement in the sickness absence rates are being seen. However, a number of these are long term sickness. A pilot has been undertaken at the Humber Centre to try to improve staffing efficiency when there are periods of sickness. Mrs Gledhill explained that this is the first time that a unit has six red flags which Whitby is experiencing. She has a meeting planned to discuss these areas further. It was highlighted that some units do not use the dashboard as intended and this has been raised with the appropriate managers.

Mr Patton asked if the NHS Choices website is used in relation to complaints and the Friends and Family Test. It was confirmed that it was, but further clarity will be sought from the Head of Patient & Carer Experience & Engagement.

Discussion took place around the waiting list that have been split into Trust and commissioner waiting lists. Mr Beckwith explained that for Autistic Spectrum Disorder (ASD) there is clarity however it is more complex for Child and Adolescent Mental Health Services (CAMHS). Professor Cooke noted that improvement was seen with waiting times last year and he suggested that consideration be given to making this a zero event. Specific improvement plans should be in place and the Board may wish to consider setting a trigger point. The Chief Executive felt it would be useful for the Board to see the work that has been done and suggested this is done through the Quality Committee and it can be escalated if further Board support is required. It was pointed out that adult ASD is on a cost per case basis arrangement with the commissioners but the organisation reports each case. In all cases patients are contacted whilst on waiting lists. Professor Cooke asked to see the number of people who do not maintain contact in the report. This was supported by the Chief Executive. Mrs Parkinson said commissioners are being urged to address this issue.

The Chairman noted that the date when City Health Care partnership (CHCP) stopped providing the ADHD services was incorrect and it was confirmed that this should be July 2018.

Mr Patton commented on Performance Appraisal Develop Reviews (PADRs) and the compliance rate. Discussion has taken place at the Executive Management Team meetings as the Statistical Process Charts demonstrate the data in a clearer way. Professor Cooke

said that a quarter of staff have not had a PADR. He felt there should be an improvement plan trigger and suggested consideration of a stretch target for compliance which in his view should be 90%. Mrs Parkinson said improving the compliance has been a care group priority and Care Group Directors are being held to account to actively improve the position. There have been instances where PADRs have been completed, but have not been recorded on the system. In the Nursing and Quality Directorate all non compliant staff have been emailed asking them for the date when they have scheduled the appraisal by Mrs Gledhill. The work with the Band 7s is also being used to reinforce this message.

Mr Patton asked if more information on complaints could be included in the report. Dr Byrne clarified that further details are included in the report that is provided to the Quality Committee. The Chairman explained that Mr Patton will be attending more Quality Committee meetings in order to improve the link with the Sub Committees he chairs.

Professor Cooke noted the 101 voluntary resignations to date this year. He asked if exit interviews are conducted and what the quality of the process is. Mr McGowan confirmed that there is a process however an action has been taken to review it by the end of the financial year. Exit interviews take place and choices offered on how to undertake them. It is planned to conduct these earlier in the process to allow the person to be met with prior to them leaving

Dr Byrne pointed out that over the last two years the position for statutory and mandatory training compliance has improved and a trend could not be identified on a month by month basis until there is sufficient data over a period of time to take this from.

**Resolved:** The report was noted.

**Clarity to be sought around the use of the NHS Choices website Action JB**

**Work that has been done on waiting times to be presented to the Quality Committee Action LP**

**The number of people on the waiting lists who do not maintain contact to be included in the report. Action LP**

225/18

### **Finance Report**

Mr Beckwith presented the report which provided an update of the financial position of the Trust at month seven. Of particular note was

- A deficit position of £2.062m was recorded to the 31<sup>st</sup> October 2018, after the inclusion of £1.516m risk for unidentified BRS.
- The cash balance in the period was £10.106m.
- On the NHS Improvement (NHSI) return the use of resources metric is 3

Additional detail was also included in the assurance report earlier in the meeting.

**Resolved:** The report was noted

226/18

### **Board Assurance Framework Report**

The report was presented by Mr Sims and provided the Quarter 2 2018-2019 Board Assurance Framework (BAF). Changes to the Board Assurance Framework from Quarter 1 2018-19 to Quarter 2 2018-19 were provided in the report and included:-

#### **Strategic Goal 1 – Innovating Quality and Patient Safety**

*NQ44 - Inability to corporately collate clinical supervision compliance across clinical teams to support assurance that teams are delivering high quality care – new risk scoped and aligned to section of the framework.*

#### **Strategic Goal 4 – Developing an effective and empowered workforce**

*HR33 (Inability to retain appropriately qualified, skilled and experienced clinical workforce) –*

new risk scoped and added to the framework.

HR32 (Significant nursing and consultant staff vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact the credibility/reputation of the organisation) – description of the risk has been amended to better reflect the current risk facing the Trust.

**Strategic Goal 5 – Maximising an efficient and sustainable organisation**

FII206 (If the Trust cannot achieve its Budget Reduction Strategy for 2018-19, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm) – new risk scoped following merge of previous entries FII202 and FII203 which have now been closed.

Mr Baren queried why finance had been reduced in score. Mr Beckwith explained that the cash position in April was £8 million. Currently the CCGs pay in month and the cash position has been stable around £8 million. The position will be kept under review and the Chairman suggested the Finance Committee review at its December meeting.

The content of the report is regularly reviewed by the Assurance Committees and the Executive Management Team. The Chairman queried why there were no gaps in assurance for strategic goal 2. Mrs Parkinson explained that the report only covers some of the specialised areas and is reporting on quarter 2 performance. Waiting lists will be covered on the Standard Operating Policy that is being reviewed. It was agreed this would be made clearer on future reports.

**Resolved:** The Board noted the updates in the report.

Gaps in assurance to be made clearer for future reports **Action OS**

Finance risks to be reviewed by the Finance Committee in December **Action PBec**

227/18

**Risk Register**

The report provides the Board with an update of Trust-wide risk register (15+ risks). The Trust-wide risk register detailed the risks facing the organisation scored at a current rating of 15 or higher (significant risks) of which there are currently four risks.

Three risks have been removed from the Trust-wide risk register since the July Board meeting and two additional risks have been added.

Professor Cooke noted the improvement in how risks are identified and understood. Of the 158 risks on local risk registers, he asked if there are any trends. Mr Sims said the risks are reviewed regularly through the appropriate forums. In terms of trends he will review how this can be included in the report to give the Board assurance that local level risks are being managed. The Chairman suggested this detail be presented to the Quality Committee.

**Resolved:** The report and updates were noted.

Detail of local risks and any trends to be presented to the Quality Committee **Action OS**

228/18

**Any Other Business**

No other business was raised.

229/18

**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.

230/18

**Date and Time of Next Meeting**

Wednesday 30 January 2019, 9.30am in the Conference Room, Trust Headquarters

Signed ..... Date .....  
Chairman



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

<b>Summary of actions from November 2018 Board meeting and update report on earlier actions due for delivery in January 2019</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
28.11.18	213/18(a)	Tracey's Story	Tracey's story will be shared with commissioners to demonstrate some of the issues that have been encountered.	Chief Operating Officer	January 2019	The story has been shared with the chair of the Children's and Learning Disability Delivery Group which is part of our commissioning structure.
28.11.18	213/18(b)	Tracey's Story	The first letter on receipt of a referral to be reviewed to see how it can be improved	Chief Operating Officer	January 2019	The service has been asked to review the referral letter in order to make improvements.
28.11.18	215/18(a)	Chief Executive's Report	NHS Plan to be discussed at a future development session or Part III Board meeting	Chief Executive	January 2019	Item on the agenda
28.11.18	215/18(b)	Chief Executive's Report	Future development session to be held on vacancies including clinical supervision and the work being done to use staff in different ways	Chief Executive	March 2019	A session on Systems Leadership is planned for the March timeout agenda.
28.11.18	215/18(c)	Chief Executive's Report	Development session to be planned for ICS, ICP and PLACE	Chief Executive	March 2019	Included on Board Development programme for March
28.11.18	215/18(d)	Chief Executive's Report	Feedback on the CMHT work to be provided when concluded	Chief Operating Officer	February 2019	New CMHT service proposal has been completed and feedback can be provided to the



						Board in February.
28.11.18	215/18(e)	Chief Executive's Report	Basic Life Support dates to be circulated	Director of Human Resources & Diversity	January 2019	Dates circulated
28.11.18	215/18(f)	Chief Executive's Report	Recruitment within military families to be considered/reviewed	Director of Human Resources & Diversity	January 2019	This action is to be picked up by the new E&D lead who starts in February.
28.11.18	216/18	Publications and Highlights Report	Changes to the tariff for mental health to be considered and reported to the Finance Committee	Director of Finance	January 2019	Verbal update provided at January Committee meeting
28.11.18	222/18	Charitable Funds Committee Assurance Report	Discussion around the inclusion of Health Stars and Charitable Funds in the Social Values annual report to take place	Paula Bee/Medical Director	January 2019	Health Stars will be in the Social Values Report (SVR) and a meeting is scheduled with the Communications team and the directorate to design the report.
28.11.18	223/18	Risk Management Strategy 2016-2019	Strategy to be updated to include the work the Quality Committee has done to help reshape the Quality and Patient Safety Group and that all Board Sub Committee review the risks assigned to their Committee	Director of Nursing	December 2018	Strategy updated. Complete
28.11.18	224/18(a)	Performance Report	Clarity to be sought around the use of the NHS Choices website	Medical Director	December 2018	On receipt of a concern, the Communications Team informs the complaints team and where the comment is anonymous a generic appropriate response, encouraging the author to contact the Patient Advice and Liaison Service.
28.11.18	224/18(b)	Performance Report	Work that has been done on waiting times to be presented to	Chief Operating Officer	February 2019	This will be included in the Director of Nursing /Chief

			the Quality Committee			Operating Officer Insight report at the Quality Committee on 6 <sup>th</sup> February
28.11.18	224/18(c)	Performance Report	The number of people on the waiting lists who do not maintain contact to be included in the report.	Chief Operating Officer	February 2019	This will be included in the Director of Nursing /Chief Operating Officer Insight report at the Quality Committee on 6 <sup>th</sup> February
28.11.18	226/18(a)	Board Assurance Framework Report	Gaps in assurance to be made clearer for future reports	Chief Executive /Corporate Risk Manager	March 2019	Item not yet due
28.11.18	226/18(b)	Board Assurance Framework Report	Finance risks to be reviewed by the Finance Committee in December	Director of Finance	December 2018	Discussed at December meeting
28.11.18	227/18	Risk Register	Detail of local risks and any trends to be presented to the Quality Committee	Director of Nursing / Corporate Risk Manager	February 2019	Added to Quality Committee work plan

**Outstanding Actions arising from previous Board meetings for feedback to a later meeting**

<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
23.5.18	119/18(b)	Health & Safety Annual Report	2019 report to include the size of the team in the Health and Safety Training rate table	Director of Finance	May 2019	Item not yet due
23.5.18	121/18(b)	Annual Fire Safety Report	Next year's report to include all Trust properties	Director of Finance	May 2019	Item not yet due
25.7.18	149/18(a)	Chief Executive Report	More information to be provided at the next meeting on the Humber Acute Services Review Steering Group	Chief Executive	September 2018	January 2019 Update – This continues to be reviewed. An update will be provided when available
26.9.18	176/18(b)	Quality Improvement (QI) Approach	The Chairman will discuss further with Dr Byrne around appropriate timescales for the Trust Board project	Chairman/Medical Director	October 2018	Discussed at December Time Out and Medical Director to develop proposals for a Board QI piece to be developed for Board to consider.

26.9.18	182/18(a)	Patient Led Assessment of the Care Environment (PLACE) 2018	PLACE to be added to the cycle of work for the Quality Committee	Director of Nursing	February 2019	Item on February agenda
26.9.18	182/18(b)	Patient Led Assessment of the Care Environment (PLACE) 2018	The Quality Committee to review the process for the assessment and how training and support is given to Governors to undertake the assessment.	Director of Nursing	February 2019	Item on February agenda
31.10.18	203/18(a)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Updates on progress to be submitted to the Quality Committee and Executive Management Team meetings	Chief Operating Officer	February 2019	Item not yet due
31.10.18	203/18(b)	East Riding Adult Mental Health and Dementia Strategy 2018-23	Executive Team to consider the needs of older people in digital transformation discussions	Chief Executive	November 2018	Will be covered in our discussions within PLACE
31.10.18	204/18(e)	Performance Report	Update on additional funding and impact on over 52 week waiting times to come to the January Board	Chief Operating Officer	January 2019	Included in the performance report narrative
31.10.18	204/18(h)	Performance Report	Understanding of the increase in vacancies to be reviewed and feedback to the Board	Director of Human Resources & Diversity	November 2018	This will be discussed further by the Executive Management Team in January 2019

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

**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019			
Title of Report:	Community Mental Health Service User Survey Presentation			
Author:	Name: Mandy Dawley Title: Head of Patient and Carer Experience and Engagement			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	√	To endorse	
Purpose of Paper:	Quality Health is attending the Board meeting to present the findings from the recently published Mental Health Community Service User Survey 2018 report.			
Key Issues within the report:	<ul style="list-style-type: none"> <li>• The Trust participated in the survey between February and June 2018. The report captures patient views and perceptions of the care they received whilst receiving community mental health services.</li> <li>• The survey was sent to a basic sample size of 850 service users from which there were 274 (33%) completed surveys returned. There were 21 (2%) responses excluded from the survey for the following reasons; patient deceased or moved/not known at the address.</li> <li>• The survey included 38 questions across the following domains;             <ul style="list-style-type: none"> <li>• Your care and treatment</li> <li>• Your health and social care workers</li> <li>• Organising your care</li> <li>• Planning your care</li> <li>• Reviewing your care</li> <li>• Changes in who you see</li> <li>• Crisis care</li> <li>• Medicines</li> <li>• NHS Therapies</li> <li>• Support and wellbeing</li> </ul> </li> <li>• There have been some changes in the scores for this year's survey compared to the previous year, however it must be recognised that the majority of scores were in the intermediate and top 20% ranges.</li> </ul>			



**Monitoring and assurance framework summary:**

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

**Agenda Item: 7**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Chief Executive's Report		
Author:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To note <input checked="" type="checkbox"/>
	To discuss		To ratify
	For information	<input checked="" type="checkbox"/>	To endorse
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.		
Key Issues within the report:	Identified within the report		

**Monitoring and assurance framework summary:**

**Links to Strategic Goals**

<input checked="" type="checkbox"/>	Innovating Quality and Patient Safety
<input checked="" type="checkbox"/>	Enhancing prevention, wellbeing and recovery
<input checked="" type="checkbox"/>	Fostering integration, partnership and alliances
<input checked="" type="checkbox"/>	Developing an effective and empowered workforce
<input checked="" type="checkbox"/>	Maximising an efficient and sustainable organisation
<input checked="" type="checkbox"/>	Promoting people, communities and social values

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



## Chief Executive's Report

### **1. Around the Trust**

#### **1.1 Care Quality Commission (CQC)**

The CQC inspection continues, several units and areas have already been inspected with the Well Led week commencing February 12th.

#### **1.2 External Visits to the Trust**

Ian Trenholm visited the Trust on the 18/1/19. Many thanks to all those who met with Ian and displayed work on our market stalls. It was good to have such a high profile visit and follows on from Chris Hobson's visit last year.

Clare Murdoch is also scheduled to visit Humber and the Sustainable Transformation Partnership (STP) Mental Health work on 8th February.

Sean Duggan has also expressed an interest in visiting to see our work in progress.

#### **1.3 New Years Honours**

Margaret Kitching, North of England Chief Nurse received an MBE for her work to nursing. Clare Murdoch received a CBE for services to Mental Health Services.

#### **1.4 Pumping Marvellous Foundation Award**

Specialist Cardiac Nurse Alison Walker has won the "You're Simply Amazing" Award from The Pumping Marvellous Foundation, this foundation is to support patients with heart disease. Well done to Alison.

#### **1.5 Brexit**

The Department of Health and Social Care (DHSC) has published Operational Guidance which sets out the local actions that providers and commissioners of health and adult social care services in England should take to prepare for EU Exit, including immediate actions to manage the risks of a 'no deal' EU Exit. The guidance advises trusts to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts focussing on seven areas

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

The government has produced an action card for trusts, which state that all providers should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments, and escalating any points of concern on specific issues. EMT have approved the establishment of a project team to oversee the required actions for Trusts.

Further operational guidance is expected to be issued and updated to support the health and care system to prepare for the UK leaving the EU prior to 29 March 2019. The Trust has a working group in place and our Senior Responsible Office is the Director of Finance.

### **2. Around the Region**

#### **2.1 Integrated Care Partnership (ICP)**

The Integrated Care Partnership (ICP) has met a couple of times over the past few weeks and



follows on from the letter that local providers sent to establish closer working practices. The main area of focus for the ICP is around the following areas:

- How provider partners collaborate more?
- How do we get the behaviours we need and how are we going to work?
- Do we understand what the issues is, the problem we are trying to solve or the opportunity?
- How do we clarify working around operational issue versus working together as a partnership to consider the future longer term model of the service?

Community Paediatrics and End of Life Care for Children & Young People – specifically workforce issues for which planning meetings have taken place to look at the future service model and the service plan which was being developed which will include the setting up of a Transformational Board. This work does include Autism and Attention Deficit Hyperactivity Disorder (ADHD). The leaders did agree to look at a programme director role to develop the ICP.

## **2.2 Chief Executive Officer Feedback**

Tim Kendall, NHS England National Clinical Director for Mental Health discussed the Long Term Plan for Mental Health and gave an overview of the plan and is looking for good proactive sites to promote nationally.

## **3 National News**

### **3.1 Publications**

Both the long awaited NHS Long Term Plan and planning guidance have been reviewed during the moments. Briefs are included in the Board papers, but headlines for the long term plan include:

- The whole of England is to be covered by integrated care systems in just over two years, with ICS “central to the delivery of the long-term plan”.
- The 30 worst financially performing NHS trusts will be subject to a new “accelerated turnaround process” as part of plans to bring the provider sector into the black by 2020-21.
- The NHS is asking the government to rip up key parts of the Lansley Act on competition, with the regulator consulting with “clinicians and NHS leaders” to present government with a “provisional list” of requests for changes to legislation.
- GPs will sign new “network contracts” as part of NHS England plans to extend the scope of primary and community services.
- Formal regulation of senior NHS managers could be introduced to improve their standing and help fill the most difficult jobs, with the NHS to consider “the potential benefits and operation” of a professional registration scheme.
- The NHS and government will look at funding key public health services from the NHS budget, including considering “whether there is a stronger role for the NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be”.
- More doctors will be encouraged to train as generalists rather than specialising in a specific area of medicine in an effort to shift away from the dominance of “highly specialised” medicine and to ensure medics are better able to provide care to patients who have more than one long-term condition.
- No commitment made on when the service will get back to meeting its core statutory access targets, although the document pledges to speed up access for the sickest patients.
- Patients will have “a new right” to switch from their existing GP to a “digital first” provider and all patients in England will have access to a “digital first primary care offer”, such as online or video consultations, by 2022-23.
- The target for all secondary care providers to move to digital records has been pushed back to 2024.
- Specific waiting time targets for emergency mental health services will be introduced from 2020, while a new national waiting time for children and young people’s services and access standards for community mental health will also be introduced.

## **4 Director's Updates**

### **4.1 Chief Operating Officer Update**

#### **4.1.1 Development of a Forensic Outreach and Liaison Service (FOLs) across our Transforming Care Programme (TCP) area (Hull, East Riding and North East Lincolnshire)**

The national Transforming Care Programme advocates the development of specialist community capacity that can meet the needs of people with a learning disability and/or autism who display behaviour that challenges or may lead to contact with the criminal justice system. The programme has three key aims:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, reducing inappropriate hospital admissions and length of stay.

The aim is to achieve a reduction in the number of people in secure inpatient settings by 2019 of between 25% and 40%.

The Trust is aiming to have the new FOL's service available from April 2019. The aim of FOLs is to reduce or safely manage behaviour amongst people with a learning disability and/or autism which (LD) may put members of the public at risk, and would thereby otherwise lead to contact with the criminal justice system or admission to a secure hospital. Throughout delivery of all elements of the functions of support detailed below there should be a focus on prevention and early intervention through collaboration with other services.

FOLs should deliver six core functions of support:

- ✓ Forensic risk assessment and management of risk in the community to ensure public safety and safety of the individual
- ✓ Delivery
- ✓ Case management
- ✓ Support and training to other agencies providing day to day support to this group
- ✓ Consultation
- ✓ In-reach support to ensure safe and timely discharge.

The service will support a reduction in secure learning disability beds through the provision of enhancing community services. The main aim of the service will be to support an identified patient cohort transition effectively from secure care into community provision; safely managing risk and avoiding contact with the criminal justice system or re-admission to secure hospital.

In addition, the service will support a more effective approach to the identification and management of individuals at risk of offending, or being admitted into secure services.

The core functions of FOLs support is for adults (18+ and individuals transitioning into adult services) with:

- A confirmed diagnosis of learning disability; and/or
- A confirmed diagnosis of autism; or
- In the absence of a confirmed diagnosis of either a learning disability or autism, evidence that on the balance of probability such a condition may be present.

AND who either:

- Have a conviction for an offence
- Have had an allegation of offending made against them
- Are considered to be \*at significant risk of offending

- Present a risk of serious harm to the public.

The Transforming care model service specification is explicit that the starting point for supporting people with a learning disability and/or autism should always be mainstream services with access to specialist multi-disciplinary support as appropriate. Therefore in the proposed model ongoing, day to day, CPA Care Co-ordination, Psychiatry, Psychology, Social Work, OT and SALT will all be provided from the existing Intensive Support Team (IST) in Hull & East Riding, and by the Intensive Care Team (ICT) in NEL.

#### **4.1.2 Mental Health Response Service Update**

Service review work has been taking place in relation to the Mental Health Response service (MHRS). The service operates 24/7 managing all mental health enquires and referrals for the Trust for adults and older adults. It carries out a triage process on all referrals to help define appropriate care pathways; these include advice and signposting out of the Trust to primary care or third sector support packages, referral to IAPT, agreeing face to face non urgent contact where a brief assessment is completed to define if a comprehensive assessment is required, and urgent response (24hrs) or an emergency/crisis response which is with 4 hours. The service continues to develop with the integration of the Decisions Unit , Avondale, into the crisis pathway, better links and working with housing providers, substance misuse services, Humber Police and HEY.

Besides the referral, triage and assessment element of the service it also manages Mental Health Act requests and the Trust's Section 136 suite at Miranda House. Carer and service user feedback is positive and a Fidelity Review undertaken in September 2018 through the NHS England's clinical network, highlighted that once a referral was received the care had significantly improved from 3 years ago however the same review reported that access to the service was sometimes difficult with delays on the phone due to incremental increase in demand for the service over the past two years during the peak times of 9am until 5pm. As a consequence of our own monitoring of call response times to the service and due to referrers raising this concern with us, additional call handlers were put in place during October and November 2018 and since then call response times have improved. The service have undertaken a wider analysis of the demand and staffing capacity to ensure that staff are optimally deployed to safely manage all aspects of this service. The most significant increase in demand is for routine (non-urgent) referrals and therefore other improvement work is taking place to address this.

The relationship between the MHRS and the CMHT's has been strengthened to ensure that referrals that are appropriate for the CMHT's are clinically triaged daily and allocated without delay. Work is taking place to streamline the referral process further, the CCG's are supporting us with this and we are communicating with primary care.

This service is a critical component of our mental health pathway and ongoing quality development work is focussed on supporting the multidisciplinary team to ensure it provides high quality clinical supervision both to individual staff members and to the team to enable it to safely manage the clinical complexity and demand that it is responsible for.

## **4.2 Director of Human Resources Update**

### **4.2.1 PROUD OD Programme**

The PROUD – A Programme of OD with U at the heart of it – OD Programme was launched at the Leadership Forum on 24<sup>th</sup> January. Working with the Institute for OD, through a combination of Action Learning sets, development programmes, new talent management pool, 360 degree feedback and coaching and mentoring this programme is a significant investment in our staff to help us deliver on our organisational goals.

## **4.2.2 Flu Vaccinations**

The programme of vaccinations started in early October and finishes in February. To date 64% of all clinical staff has had a vaccination.

## **4.3 Director of Nursing**

### **4.3.1 Quality accounts: reporting arrangements 2018/19**

Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations. NHS Improvement have confirmed the reporting requirements for quality accounts for 2018/19.

There are two additional considerations for quality accounts this year:

(1) Providers of acute services are asked to include a statement regarding progress in implementing the priority clinical standards for seven day hospital services. This progress should be assessed as guided by the *Seven Day Hospital Services Board Assurance Framework* published by NHS Improvement. Further information can be found at <https://improvement.nhs.uk/resources/seven-day-services/>

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

NHS I has also reminded organisations that schedule 6, paragraph 11b of the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016* requires a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps to be included in a statement in the Trust's Quality Account.

NHS Improvement will continue to separately publish detailed requirements for quality reports and detailed requirements for external assurance on quality reports. These requirements form part of NHS Improvement's requirements to foundation trusts as to the information to be included in their annual reports.

The Trust management lead for the development of the Trust Quality Accounts is Caroline Johnson, Assistant Director of Governance and Patient Safety. An event has been scheduled with patients, service users and commissioner representatives on Friday 25 January to consult on the quality priorities for 2019/20.

### **4.3.2 Scheduled Care Quality Commission Well- Led Inspection**

The CQC has commenced announced and unannounced inspections and a review of some corporate functions as part of its scheduled well led inspection. Clinical areas visited to date are all of the in-patient adult mental health units, PICU, Mental Health Response Service, Scarborough, Pocklington and Whitby Neighbourhood Care Services, Ryedale Community Hub services and CAMHS.

For corporate functions the CQC has reviewed fit and proper person, the Trust approach to human resource investigations (disciplinary), investigating deaths, managing safeguarding concerns,

compliance with equality and diversity requirements, management of patient complaints, training and education and information technology.

Positive feedback has been received in terms of the CQC finding staff on the adult mental health wards to be compassionate, respectful, and empathic and focussed on the needs of the patient. CQC have reported that feedback from patients and carers is very positive; access to advocacy for detained patients seems very well embedded and the CQC found improved medicines management practices on most wards visited with a focus on least restrictive practices. Staff told the CQC they are up-to-date with mandatory training and have access to further development and training appropriate to meeting the needs of patients. Staff at ward level reported feeling supported by their immediate supervisors and ward managers.

Some areas for improvement have been identified in relation to ward cleanliness, activities available for in patients, the approach of in-patient services to equality and diversity, recording of patient information, supervision for bank staff and more work is needed to embed the trust approach to smoke free. We have responded to the areas where it is felt improvement is required through submitting information where requested supplemented with information in relation to the actions we are taking to address the issues.

#### **4.4 Medical Director Update**

##### **4.4.1 Film Production Support**

The Patient and Carer Experience Team have been approached by NHS Improvement to support them in the production of a film. They would like to showcase how we have developed our approach to integrating quality improvement and patient experience. A filming crew will be coming to the Trust within the next few weeks to produce the film. When finished, the film will be shared nationally with NHS Improvement, NHS England and Heads of Patient Experience staff and colleagues.

##### **4.4.2 Workshop**

Mandy Dawley, one of our service users and a patient experience lead from NHSI patient are delivering a workshop at a national Patient Experience and Involvement Conference in Birmingham on 13th February. This conference will showcase examples of involvement and improvement work, and offer four interactive sessions on how to work with patients and carers to continually improve patient experience. Our session will focus on how patient experience drives quality improvement and learning. Delegates will also hear about Humber Teaching NHS Trust's experiences of using the Patient Experience Improvement Framework and it will share how Humber's leadership around Quality Improvement and Patient Experience helps inform learning.

##### **4.4.3 Quality Conference**

Our Patient Experience Team together with Caroline Johnson are attending the national Quality Conference at The Kings Fund in London this June to deliver a workshop to a national audience. The purpose of the workshop will be to share with participants the work our Trust is doing around patient experience and safety. There will be a particular focus on our new patient experience dashboard which will be piloted in the near future.

##### **4.4.4 “Veterans Aware” Application**

The Trust is working with NHSE with a view to proceeding with our application to be considered ‘Veterans Aware’. If successful we will be the first Mental Health & Community Trust to apply and receive this recognition. An update will come to Board in the near future outlining the positive implications.

##### **4.4.5 Healthcare Safety Investigation Branch’s (HSIB) National Clinical Reference Group**

The Medical Director has been asked to join The Healthcare Safety Investigation Branch’s (HSIB) national clinical reference group. Dr Kevin Stewart, the Medical Director at HSIB will be visiting the Trust in February to give an update on their national work and progress to date.

#### 4.4.6 Quality Improvement

There is now an approved QI strategy entitled Our Quality Improvement Approach (2018-20) which describes our aims for QI within the Trust and provides an overview of the methodology we want to employ. This can be found on our intranet page <https://intranet.humber.nhs.uk/resources/trust-strategies-and-plans.htm>. There is also a QI communications plan in development entitled Our Quality Improvement Communications Plan (2018-20) which will also be uploaded upon approval. The following list of individual QI projects has been compiled from engagement that has taken place with various groups of staff through a variety of different forums. The charters have been issued to the lead for completion with support from the team as and required. In addition, 4 members of staff and 2 patients will shortly start their QSIR college Quality Improvement training program.

No.	Project Title	Project Lead	Link to Strategic Goals						
			Innovating Quality	Enhancing Prevention	Fostering Integration	Developing workforce	Maximising Organisation	Promoting People	
A0001	Newbridges Mental Health Unit Enhanced Training Project (We're Valued)	Jonpaul Robinson	X	X		X	X	X	
A0002	Digital Delivery Group: Communications Workshop – The Art Of The Possible	Iain Omand	X				X		
A0003	Improving Sexual Safety of Staff and Patients Within Mental Health Inpatient Services	Jonpaul Robinson	X	X		X			
A0004	Forum for Carers of Patients with BPSD 'Carers 4 Carers'	Dr Manorama Bhattarai							
A0005	Dual Diagnosis Pathway	Michelle Martin							
A0006	HEYHT and HFT Physical Health Pathway	Grace Gava			X				
A0007	Supportive Engagement	Jessica Slingsby and Sian Johnson	X	X			X	X	
A0008	Pregnant Patient Pathway	Claire Antley	X	X	X				
A0009	Safe Wards Implementation	Abbie Moore and Jess Lowe	X	X					
A0010	ECT Video Walk-Arounds	Jon Spence	X				X	X	
A0011	Quality Circle Meetings	Grace Gava							
A0012	Humber Centre Clinical Model Redesign	Mark Naylor	X	X		X	X		

#### 5 Trust Policies

No policies have been presented to sub committees of the Board for approval since the last report to Board in November 2018 that require ratification by Board.

#### 6 Communications Update

##### External

- 27 stories were posted on the Trust's website between 16 November 2018 and 17 January 2019. They included:
  - Stubbing out the habit: NHS staff celebrate stop smoking success
  - 'Don't be blue, enjoy a brew' – All you need to know about Blue Monday 21 January
  - Local business boosts NHS charity appeal for children's mental health
  - Children's University to spend a day in the life of the NHS

- A vision to make the NHS fit for the future
  - New Year, New You - NHS Healthtrainers are on hand to help you in 2019
  - Trust Nurse recognised for marvellous quality of care by UK charity
  - The dazzling dozen! Top stories from 2018
  - What to do if you become unwell over the Christmas and New Year holidays
  - Managing your mental health at Christmas
  - Meet our 2018 Staff Award winners
  - Chief Executive's latest blog
  - How to support somebody with dementia at Christmas
  - Staff Awards 2018: An evening of celebration and reflection
  - NHS Graduate Management Trainees successfully embark on their latest placement at local Trust headquarters
  - Trusts team up to help people with mental health problems over winter
  - Trust first to use new digital service which links paramedics to shared patient care records
  - Trust Aromatherapist has an article published in prestigious international magazine
  - NHS Trust to receive £300,000 to fund new electronic prescribing system across the region
  - Local Co-op stores raise almost £5,000 for NHS charity and volunteer services
  - Humber Teaching NHS Foundation Trust celebrates staff at annual awards
  - Christmas gift appeal for patients across Hull, East Riding and North Yorkshire NHS services
  - Trust Specialist Nurse celebrates acceptance onto prestigious national research programme
  - New Willerby Hill Lecture Theatre Opens
  - Coming soon... Trust Staff Awards 2018
  - Smile Community Hive East Riding Launch
  - Alcohol Awareness Week: Local NHS Health Trainers offer alcohol intake advice to festive party goers
- Between 16 November 2018 and 17 January 2019, the Communications team dealt with 30 enquiries from local and national media.
  - We've had positive media including:
    - BBC Radio Humberside visited the CAMHS site to interview Paul Warwick and Louise Mowthorpe about young people's mental health and get an update on the build.
    - Viking FM interviewed the Emotional Wellbeing Service.
    - NHS England featured the Recovery College and Healthtrainers in their social media advent calendar.
    - BBC Hull is in talks with the SMASH team to create a series of videos on young people's mental health for their show 'No Filter'.
    - Health Trainers have taken part in features by TV Humber around Dry January.
    - The systems wide winter planning comms has been picked up well also with all TV and radio news outlets continuing to promote required messages to the public.
    - The Whitby Gazette thanked staff at Whitby Hospital for their hard work over the festive period.
    - TV Humber filmed the Staff Awards and interview John Byrne about ePMA funding.
    - The East Riding Stop Smoking Service have been approached by a film company to discuss
  - The team continue to work with partners system wide to deliver the Stay Well This Winter campaign which has promoted mental health signposting for the public on social media.
  - On Facebook we now have 1,617 followers and our Trust Instagram has 369 followers.
  - We have over 4,200 followers on Twitter with the figure standing at 4,228 as of 17 January 2019.

### ***Internal***

- Annual Staff Awards

The team planned and delivered the Annual Staff Awards on 6 December 2018 at the Willerby Manor Hotel. The Annual Staff Awards is an opportunity to celebrate the inspiring and innovative work staff do across the Trust every day to improve the lives of our patients and service users. There were 14 award categories that staff could nominate themselves or their colleagues for. This year we had 112 entries across the 14 categories which were shortlisted by the Staff Award judging panel.

A total of 187 people attended the awards ceremony. It was the most successful year in terms of sponsorship raised and feedback from staff who said it was the best awards ceremony to date. This was the first year that we created a video montage to present the nominees, rather than the compare performing this task. Again, this was well received by those attending the ceremony. The Chief Executive's Staff Engagement Fund sponsored drinks on arrival for guests.

- Prepared and issued the fifteenth edition of *Humber Voice*,
  - the 20th edition of *Board Talk* and
  - the 17th edition of *Team Talk*;
- Filmed and issued the latest edition of the Chief Executive's vlog;
- Managed the Communications and Contact Us inboxes
- Supported:
  - Trust Health and Wellbeing Steering Group;
  - the Trust's flu campaign;
  - the staff survey campaign;
  - Christmas fair
- Supported the Trust's Employee of the Month competition;
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared and issued MDM and the Midweek Global
- Designed and distributed the Learning by Listening posters across the Trust
- Attended the first Events Committee to discuss the organisation of the Spring Ball and our presence at Hull Pride
- Developed a new FOI form for the website to help formalise the FOI request process
- Facilitated intranet training for staff to help them manage their intranet pages

## **7 Health Stars Update**

### **7.1 Fundraising and Staff Engagement**

Health Stars experienced very positive engagement with staff and local community groups, especially on the run up to Christmas.

At the Annual Staff Awards the Health Stars Sparkle award was won by Dave Rainforth (Practice Manager at Crystal Villas Bridlington) and Lisa Elvidge (Support Time and Recovery Worker at Holderness Mental Health Team). They took part in a parachute jump in June and raised over £1500.

Teams from Estates and several Mental Health nurses took part in the Dunker Challenge to raise funds for Health Stars. This is an annual event organised and run by HOTA and we were lucky to have been allocated places. The teams raised £500 for Health Stars.

The Child and Adolescent Mental Health Services (CAMHS) Crisis Team held a fundraising music event on 15<sup>th</sup> December and raised £350 for the Impact Appeal. The event was arranged by nurses from the service and attended by lots of members of staff. Health Stars supported the event by promoting and selling tickets, sourcing raffle prizes and helping with social media.



The Christmas Carol concert and first ever Trust Christmas Market was held at Trust HQ on 14<sup>th</sup> December 2018. Lots of people came along and it was great to see patients from the units enjoying the carols and the cakes. The Exec Vs NEDS bake off was very popular and the overall winner was Francis Patton with his Lemon Drizzle Cake. It is hoped this years' event will be held in the lecture theatre. The date has been pencilled in for 12<sup>th</sup> December 2019.

Step 2 it Again – The 2019 Stepper Challenge is running from 7<sup>th</sup> January to 4<sup>th</sup> February. The aim is to help improve employees' physical, social and mental wellbeing during the post-Christmas lull. Staff have been asked to donate £5.00 to register which will go towards the Health Stars Staff Engagement Fund. There will be lots of prizes awards throughout the months as well a prize for the overall winner.

## **7.2 Events Calendar**

A full list of events will be published on the Health Stars website and our social media platforms along with details on how people can get involved. These include fundraisers such as a sponsored walk, bike ride, Hull 10K and Humber Half Marathon, as well as social activities like The Bubble Rush, Hull Pride, the Humber Sess and the Freedom Festival. Other events taking place across the patch will also be promoted and publicised

The Patient and Carers Experience Team and Health Stars are organising a ball to help raise money for the Charity. The ball will take place on 11<sup>th</sup> May at the Mercure Hotel in Willerby, Ticket and event details will be out soon.

## **7.3 Impact Appeal**

The next step of the fundraising plan is to further engage our local business community. We have had amazing support from Hull based call centre firm ResQ who will be presenting a cheque to the Chairman, Sharon Mays on 29<sup>th</sup> January from the fundraising they have done so far (approx. £5000). ResQ are championing Health Stars and especially the Impact appeal as their charity for 2019 and are keen to use their local business influence to encourage more local firms to get on board. They would like to host the next engagement session at their premises and will invite potential supporters to find out about the project, the appeal and the charity – Dates TBC possibly end of February 2019.

## **7.4 North Yorkshire Updates**

Health Stars provided "Christmas in a Box" to the Scarborough and Ryedale hubs as well as patient gifts for the ward at Whitby. Clare Woodard, Head of Fundraising visited Malton and Whitby hospital before Christmas with Chairman Sharon Mays to take gifts to staff and patients. The plan for 2019 is to visit the outlining areas on a more regular basis to help spread the Health Stars word and encourage staff participation and the wider involvement of the local communities.

## **7.5 Circle of Wishes**

The Circle of Wishes continues to go from strength to strength with over 350 wishes been submitted to date –mainly from staff and patients. We will continue to promote the Circle of Wishes internally but during the next few months extra steps will be taken to spread the word to the wider population so that more community based services supported by Humber Teaching NHS Foundation Trust can benefit from the Charity.

## **Michele Moran, Chief Executive**

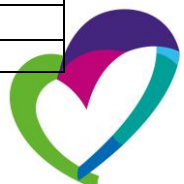
**January 2019**

**Agenda Item: 8**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> January 2019			
Title of Report:	Publications and Policy Highlights Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To update the Trust Board on recent publications and policy.			
Key Issues within the report:	<ol style="list-style-type: none"> <li>1. NHS Long Term Plan NHS England</li> <li>2. NHS long term plan - trusts are committed to creating world class services</li> <li>3. The NHS Long Term Plan: Equality and Health Inequalities Impact Assessment</li> <li>4. Operational planning and contracting guidance 2019/20</li> <li>5. Care Quality Commission recommendations will bring clarity to patient safety improvement efforts</li> <li>6. NHS Trust contingency planning in the event of a no deal Brexit</li> <li>7. Tackling workforce shortages vital to meeting ambitions for children and young people’s mental health services</li> <li>8. Commitment to a consistent patient safety strategy across the NHS is welcome</li> <li>9. Positive progress has been made towards collaborative commissioning at system levels</li> <li>10. Review of Mental Health Act sets out achievable changes to improve access to services</li> <li>11. Guidance for wholly owned subsidiaries sets the bar too high</li> <li>12. Funding for community services is welcome opportunity to address past failures</li> </ol>			

**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	Yes	Yes	N/A	Comment



considered?		Detail in report		
		Any Action Required?		
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### 1. NHS Long Term Plan NHS England

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years' time we have a service fit for the future. The NHS Long Term Plan will do that by giving everyone the best start in life; helping people live well with long term conditions, such as cancer and dementia; and helping people age well.

Our Long Term Plan, backed by extra investment, has been drawn up by those who know the NHS best – frontline health and care staff, patients and their families, and other experts – who will continue to shape how it is implemented across the country. Read the [NHS Long Term Plan](#).

### 2. NHS long term plan - trusts are committed to creating world class services

07 January 2019 NHS Providers

- NHS England has published the NHS long term plan.
- The plan includes a renewed focus on prevention to stop an estimated 85,000 premature deaths each year.
- Measures will help prevent 150,000 heart attacks, strokes and dementia cases while more than three million people will benefit from new and improved stroke, respiratory and cardiac services over the next decade.
- The plan includes a new guarantee that investment in primary, community and mental health care will grow faster than the growing overall NHS budget.
- The plan includes the biggest ever investment in mental health services rising to at least £2.3bn a year by 2023/24.

### 3. The NHS Long Term Plan: Equality and Health Inequalities Impact Assessment NHS England 9<sup>th</sup> January 2019

The Equality and Health Inequalities Impact Assessment (EHIA) explains how NHS England has considered and addressed these 'equality duties' in developing the [NHS Long Term Plan](#). This EHIA has assisted, and will assist, decision-makers to make informed decisions about the NHS Long Term Plan and these legal obligations.

**Lead: Chief Executive**

[Paper on the agenda](#)

#### 4. **Operational planning and contracting guidance 2019/20** NHS Providers 10<sup>th</sup> January

NHSE and NHSI published the second part of the 2019/20 operational planning and contracting guidance. This overarching guidance covers the new financial framework (including the new Financial Recovery Fund), new operational planning requirements, and further detail on system planning and national tariff proposals.

##### **Key points**

- A new financial framework is being introduced to the provider sector, with the aim of eliminating all trust deficits by 2023/24. Central to this is a new financial recovery fund (FRF) that will be targeted at trusts that agree control totals, deliver efficiencies but still record a deficit. The new financial regime will phase out the control total and provider sustainability fund (PSF) regime, which will be brought to an end in 2020/21.
- Trusts and systems will be expected to produce recovery plans during 2019/20 and beyond. Not much detail is provided on these plans but further guidance is expected. It is likely that capital plans drawn up by sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) will play an important role in these.
- NHSI and the Department of Health and Social Care (DHSC) are reviewing the cash and capital regimes for providers. More detail is expected in the comprehensive spending review, likely in autumn 2019.
- Further detail is provided on system planning. STPs and ICSs will be expected to provide an overview of how system resources will be utilised, in addition to submitting aggregated data sets based on each member's plans.
- There are a number of new commitments around mental health spending. In addition to meeting the mental health investment standard (MHIS) requirements, commissioners will be expected to increase the share of their total mental health spend that is spent on mental health providers. NHS England will also look at mental health spend per head for each CCG.
- The guidance does not include performance recovery trajectories, but makes clear that the existing NHS Constitution standards remain in force

An 'on the day briefing' provided by NHS providers can be found here:

<https://nhsproviders.org/media/605856/nhs-operational-planning-and-contracting-guidance-otdb.pdf>

**Lead: Director of Finance**

##### **Part of the Finance papers for a Finance and Investment Committee discussion**

#### 5. **Care Quality Commission recommendations will bring clarity to patient safety improvement efforts** NHS Providers 19 December 2018

- The Care Quality Commission (CQC) publishes [\*Opening the door to change: NHS safety culture and the need for transformation\*](#).
- The report follows a review examining the issues contributing to never events and wider patient safety incidents in NHS trusts.

- It highlights complexity in the current patient safety system leading to confusion and a lack of clarity on which external organisations can provide information and support.
- It also argues that pressures on the health service are leaving little time for staff to implement safety guidance effectively.

Responding to the report, the head of policy at NHS Providers, Amber Jabbal said: "Patient safety will always be a top priority for the NHS and Care Quality Commission (CQC) make clear that NHS staff are committed to ensuring that patients are kept as safe as possible. Patient safety will always be a top priority for the NHS and Care Quality Commission make clear that NHS staff are committed to ensuring that patients are kept as safe as possible. "However, CQC also found that funding, rising demand and workforce challenges make it difficult to learn from incidents and make changes effectively amid so many competing priorities, and that the current NHS approach to patient safety improvement adds confusion on top of these pressures. "We very much welcome the report and are supporting the development of a national patient safety strategy. CQC have made recommendations that will bring much-needed clarity, consistency and alignment to patient safety efforts across the NHS. It is vital that they are supported as a priority, with all NHS organisations and staff given the training, expertise and resources needed to fully embed an effective safety culture, underpinned by a new coordinated national long term patient safety strategy. Organisations must be able to respond effectively when staff raise concerns about risk and harm in NHS care, to help reduce the risk of further patient safety incidents."

### **Lead: Medical Director**

**This report will be reviewed by the Medical Director and Nursing Director as part of the refresh of our current Patient Safety Strategy, in addition we will consider how we can reference the report as part of a future learning the lessons event.**

### **6. NHS Trust contingency planning in the event of a no deal Brexit NHS Providers**

Although a withdrawal agreement on the terms of exit has been agreed by the UK Cabinet and EU leaders, a deal will not be confirmed until this has been approved and ratified by both the UK and EU Parliaments and the EU Council. In anticipation, trusts are planning for a range of possibilities.

To support trusts' development of their no deal Brexit contingency plans, please find <https://nhsproviders.org/media/518761/nhs-providers-briefing-no-deal-contingency-planning.pdf> attached a briefing which provides information on:

- what a 'no-deal is
- contingency planning relevant to health at a national level
- other considerations for trusts.

### **Lead: Director of Finance**

**This guidance is currently being worked through, a project team has been established which will report into EMT on a Weekly basis.**

## 7. **Tackling workforce shortages vital to meeting ambitions for children and young people's mental health services** 11 January 2019 NHS Providers

- The Public Accounts Committee has published its report on mental health services for children and young people.
- It finds that most people with a mental health condition do not get the treatment they need, while many face long waits for treatment.
- The report finds that getting the right workforce in place is the biggest barrier to the government's ambitions for children and young people's mental health services.
- It finds that the NHS has committed to achieving 'parity of esteem' between mental and physical health services, but has not defined what the practical, meaningful outcomes are in terms of access to services, waiting times, or patient outcomes.

**Lead: Director of Nursing**

**The NHS long term plan has bold ambitions for CAMHS – ensuring that 100% of children and young people can access these services, trailing waiting times targets and ensuring funding for CAMHS grows faster than overall spending on mental health.**

**It is absolutely vital that this funding is earmarked for and reaches the front line and is spent on training and developing the mix of staff we need to meet growing demand for these important services, as well as ensuring that we are working to keep the hard working staff we already have.**

**This report will inform our discussions with our commissioners and education providers as part of implementing the NHS long term plan.**

## 8. **Commitment to a consistent patient safety strategy across the NHS is welcome** 14 December 2018

- NHS Improvement national director of patient safety Dr Aidan Fowler has [set out proposals to halve types of avoidable harm](#) over the next five years.
- These avoidable harms include medication errors and Never Events.
- Dr Fowler seeks to develop a 'just culture' for the NHS where frontline staff are supported to speak up when errors occur.

**Lead: Medical Director**

**This report will be reviewed by the Medical Director and Nursing Director as part of the refresh of our current Patient Safety Strategy, in addition we will consider how we can reference the report as part of a future learning the lessons event.**

## 9. Positive progress has been made towards collaborative commissioning at system levels NHS Providers 14 December 2018

- Our new joint report with NHS Clinical Commissioners examines the changing relationship between commissioners and providers
- The report finds that although at an early stage, commissioners are beginning to take a more strategic approach
- Providers are taking on or supporting activities previously actioned by CCGs, such as developing pathways.

NHS trusts and commissioners have a strong appetite for working together more collaboratively to improve the way they deliver services for their local populations, according to the membership bodies representing both clinical commissioners and providers.

A joint report from NHS Providers and NHS Clinical Commissioners finds that although progress is at an early stage, the relationship between commissioners and providers is on the brink of significant change. Commissioners are beginning to take a more strategic approach, commissioning for outcomes across larger population footprints, with trusts taking on or supporting activities previously undertaken by clinical commissioning groups (CCGs) such as developing pathways and service specifications.

[Driving forward system working: a snapshot of early progress in collaborative commissioning](#) is based on interviews with leaders from CCGs, NHS trusts, national policy makers and think tanks and explores the changing relationship between commissioners and providers in the context of system working.

Although progress is at an early stage, the relationship between commissioners and providers is on the brink of significant change.

The report finds that while there is no single best approach to deliver collaborative commissioning, a number of common success factors are already facilitating system working:

- Strong collaborative and clinical leadership that transcends organisational boundaries and is focused on delivering care to meet the needs of a local population.
- Establishing 'one version of the truth' that can drive honest open and honest conversations.
- Supporting staff to work flexibly across systems, potentially pooling resources or appointing joint posts.
- Involving all system partners, including local authorities and the voluntary and independent sectors.

The report shares practical examples of local areas that have made progress on collaborative system working, such as in Gloucestershire where local authority and CCG staff have access to the same electronic network to share information, and in Devon where a collaboration of mental health providers has succeeded in reducing out of area placements.



Changes at the national level could further enable providers and commissioners to navigate these challenges and collaborate more freely as system partners. These changes identified in the report include:

- Aligning national policy requirements, such as regulation, financial incentives and assurance processes, with the realities of developments on the ground.
- Adopting an approach in day to day dealings with local bodies that mirrors the expectations of collaborative working.
- Offering national guidance and support to help all systems navigate in this new landscape. This involves supporting leadership, supporting risk management and governance arrangements, and continuing to support the sharing of innovative practice.

**Lead: Chief Executive**

**Work being progressed as part of the local Integrated Care Partnership work and integrated systems work**

**10. Review of Mental Health Act sets out achievable changes to improve access to services** NHS Providers 06 December 2018

- The Independent Review of the Mental Health Act is publishing its recommendations to better support vulnerable people
- The review was carried out by Professor Sir Simon Wessely
- They recommend people's wishes and preferences should carry far more legal weight
- They argue that action is needed for people from ethnic minority communities, children and young people, people in the criminal justice system, and those with a learning disability, autism, or both
- The review recommends the use of compulsion should be targeted and justifications should be transparent
- They also say services should be modernised as laws are modernised.

**Lead: Medical Director**

**This report will be considered at the Mental Health Legislation Committee. The key highlights will also be shared through the clinical networks in and added to the subjects to be covered at clinical teaching sessions.**

**It's not yet clear what the legislative timetable will be, however, the Mental Health Legislation team is already considering an approach to Community Treatment Orders and their role in future care models.**

**11. Guidance for wholly owned subsidiaries sets the bar too high** NHS Providers 26 November 2018

- NHS Improvement has published an addendum to the transactions guidance outlining a new framework that changes the way subsidiaries are reported to and approved.
- The guidance will require all proposals to create subsidiary companies to be reported to NHS Improvement by trusts.

- NHS Improvement will then review those wholly owned subsidiary proposals which identify 'significant risk'.
- The guidance will require trusts to prove that they have engaged with staff, put plans in place to comply with any consultation requirements and have a workforce strategy.
- If a trust does not receive approval, it must delay establishing the subsidiary while it addresses the risks highlighted by NHS Improvement.

NHS Improvement remains committed to reviewing this process within a year.

**Lead: Director of Finance**

**This Wholly Owned Subsidiary Project Team has been reinstated and has reviewed the consultation outcome, further work is planned to enable a paper to be presented to EMT to recommending any future consideration.**

## **12. Funding for community services is welcome opportunity to address past failures NHS Providers 22 November 2018**

- Prime Minister Theresa May set out a major new investment in primary and community healthcare, worth £3.5bn a year in real terms by 2023/4, to build on the existing NHS budget for these services.
- May announced that more patients will be cared for at home and in their community to avoid them going into or staying in hospital unnecessarily.
- This will be achieved through community-based 24/7 rapid response teams and dedicated support for care home residents.
- This announcement forms a key part of the long-term plan for the NHS which is the biggest ever cash boost for the health service.

Responding to the announcement of additional funding for primary and community care under the NHS long term plan, the head of policy at NHS Providers, said: "It is not clear from this announcement whether the additional funding amounts to a significantly increased share of the overall NHS budget for primary and community services. We look forward to detailed confirmation that this will be the case. "Given that new commitments are being announced separately, we need to see how these all fit together. It is vital that we recover NHS finances and performance as well as transform services. To do this the long term plan must be coherent, have clear priorities and be manageable for the frontline staff who will deliver it."

**Lead: Director of Finance**

**Covered in Long Term Plan and planning work taking place**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Finance and Investment Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 23rd January 2019 and a summary of key points for the Board to note.</p>		
Any Issues for Escalation to the Board:	<p>The committee recommends that the Board:-</p> <ul style="list-style-type: none"> <li>• Notes the delivery of the cumulative operational financial plan in month nine with an improved position on month eight.</li> <li>• Notes the financial performance of Humber Coast and Vale and the other areas flagged in the Insight Report.</li> </ul>		

**Executive Summary - Assurance Report:**

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

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

Month nine performance showed that the Trust had reduced its year to date operational deficit to £0.310m (6th consecutive month of improvement), improved its cash position and seen a reduction in trade debtors. Work is needed on performance in all areas to improve the year end outturn as a number of areas a forecasting a worsening position.

In terms of positioning the Humber Coast and Vale Position has worsened for the fourth month in succession, the year to date deficit has more than doubled from £5.9m to £13.6m, Planning Guidance has been issued for the 2019/20 planning round, initial financial plans are due mid February, CCG Allocations have been published and the Trust has received its CNST premium for 2019/20.

**Key Issues:**

The key areas of note arising from the Committee meeting held on 23rd January were:



- The committee received the Finance Insight report from which several key highlights need pulling out as follows. The Humber Coast and Vale Position has worsened for the fourth month in succession, the year to date deficit has more than doubled from £5.9m to £13.6m. The STP forecasting deficit to plan has increased from £14.7m to £15.3m and the STP is forecasting to earn £31.7m of the £56.3m sustainability funds. Planning Guidance has been issued for the 2019/20 planning round, initial financial plans are due mid February and key highlights are that Tariff Uplift will be 3.8% with a Deflator of 1.1% expected and £1bn of PSF going into emergency care. A 20% reduction is expected in CCG running costs. Mental Health growth is to match CCG allocation growth, plus additional funding for MH was announced with Mental Health Investment being subject to external audit review. There is a new framework for provider sector (Financial Recovery Fund), Control Totals and PSF are to be brought to an end in 2020/21, Recovery Plans are to be produced and NHS England is to look at Mental Health Spend per head for CCG's. CCG Allocations have been published showing a c5% uplift across Humber Coast and Vale.
- In terms of financial performance at month 9 the Trust recorded a deficit position of £1.546m made up of an Operational Deficit of £0.310m (previous £0.418m) and the inclusion of a BRS risk of £1.236m. Year to Date staff costs of £73.497m are £0.089m higher than budget and the cash balance at the end of December 2018 was £12.125m (this includes £0.665m of LHCRE and £1.247m of CAMHS capital funding). Capital Spend as at the end of December was £4.432m, mainly related to the CAMHS unit, IT hardware and Backlog Maintenance.  
In terms of the divisions PCCCLD has a year to date underspend of £0.783m. A year end underspend of £0.674m is forecast. Mental Health has a year to date overspend of £0.240m with a yearend forecast outturn of an overspend of £0.967m due to pressures in medical staffing. The Specialist Division is showing a year to date underspend of £0.165m relating to non-pay efficiencies in addictions services and year end £90k favourable outturn position is currently predicted. Corporate Divisions are showing an overspend of £0.573m at month 9 moving to a yearend outturn of £0.991m. All areas were questioned closely on both in month performance and yearend forecast with Corporate being challenged to improve their outturn forecast. The predicted BRS yearend underachievement is £2.840m and this is included in the forecast outturn position. The aged debtors outstanding at the end of December were £5.662m, a £0.668m decrease on the previous months balance and the finance team were complimented for their work on debtors.
- The committee reviewed the Terms of Reference for the new Finance and Investment Committee and asked for some amendments to be made so they will come back to February committee and then to February Board.
- The committee received an update on Whitby and this will be tabled as a short paper at Private Board.

**Agenda Item: 10**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019			
Title of Report:	Charitable Funds Committee Minutes 13 November 2018			
Author:	Name: Paula Bee Title: Non Executive Director and Chair of Charitable Funds Committee			
Recommendation	To approve		To note	√
	To discuss	√	To ratify	
	For information		To endorse	
Purpose of Paper:	<p>The Charitable Funds Committee (CFC) is one of the sub committees of the Trust Board.</p> <p>The minutes of the meeting held on 13 November 2018 are attached. Assurance report to follow for the February Board.</p>			
Any Issues for Escalation to the Board:	Identified within the key issues and/or minutes			

**Key Issues:**

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



## **Charitable Funds Committee**

### **Minutes of the Charitable Funds Committee Meeting**

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

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

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

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

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

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

#### **60/18 Impact Appeal Update**

It was noted the item should be amended to read:-

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms Bee thanked everyone on all of their hard work.

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

66/18

### **Matters Arising and Actions Log**

The actions list was discussed and the following noted:-

#### **48/18 Staff Engagement Fund Update**

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

#### **56/18 Health Stars Update**

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

#### **57/18 Allocation of Costs**

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

#### **58/18 Fundraising Activity Update (Including Step Challenge)**

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

#### **59/18 Circle of Wishes Update**

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

### **59.2/18 Request for Discussion (My Health Guide)**

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

### **60/18 (a) Impact Appeal Update**

Mr Barber confirmed that this item is on the agenda and he has met with Lynn Parkinson about where it sits – action complete.

### **54/17 CAMHS Campaign**

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

### **26/18 Circle of Wishes Update – Annual Report Update**

It was noted that the Smile credit card now in use for Health Stars - this action is complete.

### **23/18 Staff Engagement Fund**

This action is now complete.

### **35/18 (b) Health Stars Operations Plan Update**

This item was on September's CFC agenda – this action is now closed.

### **36/18 (a) Health Stars Update**

The Committee agreed to leave this action open – update to come to the January meeting.

### **46/18 (a) Health Stars Update**

Printed and in use – action complete.

### **46/18 (b) Health Stars Update**

It was confirmed that this action relates to how we purchase items. All fund zone guardians have been contacted and a presentation will take place on 5 December – action is closed.

### **48/18 (b) Staff Engagement Fund Update**

Update to come to the next meeting in January on staff engagement publicity and communications and what activity is taking place and what the parameters are including how it operates.

### **49/18 (a) Circle of Wishes Update**

Action complete.

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

### **ACTION KN**

67/18

### **Key Operations Plan Highlights including Finances**

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

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

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



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

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

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

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

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

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

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

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

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

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

**Mr Barber agreed to look at why Driffield and Bridlington are separate from East Yorkshire when they are both East Yorkshire. ACTION AB**

68/18

### **Costs Allocations**

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

**Resolved:** The report and verbal updates were noted.

**It was agreed cost allocations will come back to the next meeting in January. ACTION AB/PBec**

69/18

### **Revised Terms of Reference (ToR)**

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

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

**Resolved:** The verbal updates were noted.

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

70/18

### **Wish Highlights**

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

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

**Resolved:** The report and verbal updates was noted.

71/18

### **Fundraising Activity**

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

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

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

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

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

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

**Resolved:** The report and updates were noted.

**A minibus proposal to come to the next meeting in January. ACTION AB/CW**

**An update on fund zone guardians meeting to come to the January meeting. ACTION AB/CW**

72/18 **Impact Appeal Update**

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

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

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

**Resolved:** The report and verbal updates were noted.

73/18 **Development Update**

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

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

A detailed discussion on the furniture was noted.

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

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

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

**Resolved:** The verbal update was noted.

**It was agreed a more definitive paper with proposals should come to the next meeting.**

**ACTION AB/CW/PW**

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

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

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

**Resolved:** The verbal update was noted.

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

75/18 **Whitby Request**

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

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

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

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

**Resolved:** The verbal update was noted.

In Mr Beckwith's absence Mr Byrne agreed to raise the Whitby request at EMT ASAP and discuss further with Mr Beckwith tomorrow. **ACTION JB**

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

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

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

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

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

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

The Committee had a detailed discussion on the translation costs.

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

**Resolved:** The verbal update was noted by the committee.

**The Committee agreed to evaluate and review as long as a robust evaluation and comparison are completed.**

**Mandy Dawley agreed to send Ms Neilson the BrowseAloud summary paper so that it can be circulated to Committee members after the meeting. ACTION KN**

**Mr Barber agreed to circulate the standard business plan proforma template to Committee members. ACTION AB**

77/18

**Items for Escalation or Inclusion on the Risk Register**

Update on staff engagement fund which includes parameters to come to the next CFC meeting in January.

Reporting template for the operational plan to be agreed.

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

Bridlington funds report to come to the next CFC meeting.

Costs allocations deferred to the next CFC meeting.

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

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

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

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

Statutory accounts to be submitted to the January Trust Board.

**Resolved:** The verbal updates were noted.

**It was noted that all of the above will be included in the November Board Assurance Report.**

78/18

**Any Other Business**

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

**Resolved:** The verbal update was noted.

**Mr Barber agreed to go back to 360 and progress. ACTION AB**

79/18

**Date and Time of Next Meeting**

Thursday 17 January 2019, 11.30-1.30, Boardroom, THQ

Post Meeting Note from Mr Baren

**78/18 Any Other Business**

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

Signed: .....Chair: Paula Bee

Date: .....

**Agenda Item 11**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> January 2019		
Title of Report:	Charitable Funds Annual Accounts		
Author:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To note
	To discuss		To ratify <input checked="" type="checkbox"/>
	For information		To endorse
	The Board is asked to ratify the accounts.		
Purpose of Paper:	This purpose of this report is for the Trust Board to ratify the audited financial statements for the year ended		
Key Issues within the report:	<p>Three Financial statements are included which were approved, subject to minor changes, by the Charitable Funds Committee on 17 January, which have subsequently been made.</p> <ul style="list-style-type: none"> <li>• Audited Trustee Annual Report 2017/18</li> <li>• Audited Annual Accounts 2017/18</li> <li>• Letter of Representation.</li> </ul> <p>The Accounts need to be submitted by 31<sup>st</sup> January 2019.</p>		

**Monitoring and assurance framework summary:**

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



Report of the Trustees and  
Unaudited Financial Statements for the Year Ended 31 March 2018  
for  
Humber NHS Foundation Trust Charitable  
Funds

360 Accountants Limited  
19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG



Humber NHS Foundation Trust Charitable  
Funds

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for the Year Ended 31 March 2018

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Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

The trustees present their report with the financial statements of the charity for the year ended 31 March 2018. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

The Humber NHS Foundation Trust charitable funds working name Health Stars continued on its exciting journey to create greater engagement, investment and delivery from the full range of funds held.

In the last year, the Charity has been gearing up for its first significant appeals across the Trust services, while continuing its greater access and transparency to funds by the Circle of Wishes process. This process sees patients, carers and employees access funding for enhancements across our Trust services via a straightforward route.

In the last year, we have had over 100 wishes, supporting our beneficiaries to fulfil their wishes, from gym equipment for our inpatient mental health services to comfort bags for children and young people's services.

We regularly challenge ourselves to ensure we do not become too fundraising focussed, our drive is to ensure each funding pot has a plan, commitments and asks engaging patients and their families in the developments.

The Charitable fund's committee carries out the responsibilities of the Trustees (Directors of the Humber NHS Foundation Trust) working closely with our commissioned charity services (HEY Smile Foundation) and their seconded team members.

Over the year a new strategy and operations plan was developed for the next three years, we collectively believe this plan is both ambitious but realistic as we look to move the charity to be a strategic partner of the Trust.

The Trust and its executive team remain committed and passionate about charitable funds within the Humber NHS Foundation Trust and look forward to reporting on successes over the next three years and beyond.

Finally, we'd like to say a huge thank you to all of our supporters who have helped us to have such a fantastic year. This charity represents true partnership working to have the best possible resources available for the ever-changing needs of health care across the Humber NHS Foundation Trust service area.

Our Vision

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients, by embracing generosity and investing in innovation.

Our Mission

We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people, environments, resources, training and research.

Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

**OBJECTIVES AND ACTIVITIES**

**Significant activities**

The commissioned service By HEY Smile Foundation is challenging the Trust positively to think differently about our charitable funds and provides efficient and effective delivery of our charitable funds within Humber NHS Foundation Trust.

This work is bringing forward many opportunities and within our Strategy and draft form operations plan we look to a future of the charity as a strategic partner of the Trust, its primary beneficiary, rather than a pot of funding.

This is purposely linked closely to the trusts strategy and is regularly reviewed by the charitable funds committee with highlights directly to the trust board. In addition our work with partners across the Strategic partnership area, to ensure charitable funds plays its part in the continued enhancement to health and well-being of the Humber NHS Foundation Trust patients, staff and broader communities.

This work is enabling us to think bigger, and that has led us to a capital campaign for two of the Trusts newest services, to which a plan of activity has been submitted to the charitable fund's committee and Trust board for approval.

The above will see in 2018/19 the most significant investment of charitable funds into the Trust since its establishment.

The trustees of Humber NHS Foundation Trust in the reporting year, noted the changes to the community service contract operated by Humber NHS Foundation Trust which transferred to another provider. The trustees made an informed decision following extensive consultation to hold the associated community services funds, with the best intentions of the donors and subsequently the beneficiaries in each community.

This decision was taken with legal advice to ensure we (Health Stars) and the corporate Trustee fulfilled our commitment to the range of donors who had contributed to these funds. Furthermore it is noted that as part of the transfer of service a Minibus previously funded by the charitable funds, was transferred at nil cost as part of the community services asset transfer to enable the patients attending the limited services continue to have a provision.  
\*This asset sat on the Trust register not the charities.

In 2018/19 we plan to see a 40% plus increase in Wish activity (Grants into service) and further enhances in cash flow, and un-restricted fundholding. Ensuring Health Stars has a target of six months un-restricted income by the end of 2018/19.

Ultimately the Trustees' goal is for the Charity to increase its vibrancy and value across the full range of services the Trust delivers, making a more significant impact on the staff, patient and career experience each year.

Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

**OBJECTIVES AND ACTIVITIES**

**Public benefit**

In the reporting year, Health Stars continued to develop and operate a clear and transparent system to access charitable funds across the Trust services, for patient, carer and employee benefit in line with the objects of the charity and special purpose funds.

The central fund has NHS wide objectives and shall hold the trust fund upon trust to apply the income at their discretion so far as permissible, for any charitable purpose relating to the NHS.

The public benefit is further tested through the Wish process by carrying out the following asks of each wish;

- Is the Wish an enhancement of the current statutory provision?
- Explain how the patient or patients will see a benefit
- Finally, would you put a pound in a collection box for this ask? (Public perception)

One of our continued aims in 2017/18 was to develop the charitable funds even closer to that of a charity beyond the walls of the NHS, linking in with and creating effective partnerships with other health and well-being charities and groups.

We strongly believe employee perception is pivotal to future success of the charity. They are the greatest asset and promoter of our charity and we need to ensure they are engaged and inspired to support our appeals but vitally knowledgeable of how to maximise the funds we have for patient benefit.

In the reporting year, over 80 requests for enhancements were delivered by the charity. With a further 20+ declined due to being too far away from our core objectives and or not meeting our public perception test.

**ACHIEVEMENT AND PERFORMANCE**

**Fundraising activities**

In the reporting year, the Trustees continued to commission the HEY Smile Foundation to develop the charities strategy and operations plan for the next three years.

This along with the continued leadership of the Corporate Trustee, principal advisor and patient and career engagement, enables us to decide upon the most beneficial way to use the charitable funds held and donated within the year.

The charity also continues to receive communication from our investment bankers CCLA Investment Management Ltd (COIF Charitable Funds), the charity commission and Health Stars is an active member of the Association of NHS Charities.

Health Stars has expanded its fundraising efforts to match the ambition of the Trustees to provide greater access to charitable funds to its beneficiaries across the Trust service area. Therefore our income now derives from, individuals, corporate supporters, Grant giving trusts, direct donations from grateful families and our range of fundraising activities.

**FINANCIAL REVIEW**

**Investment policy and objectives**

The Trust has a deposit account with CCLA Investment Management Ltd (COIF Charitable Funds). Dividends are paid into a high-interest deposit account.

The Trust also has 510 COIF Charities Investment fund income units with a value of £7,252 at the end of March 2018.

The Trust has endeavoured to maximise the return from the resources in the COIF Deposit Funds as we have no fixed commitments on these funds to require any significant movement in the next six months.

The Charitable fund's committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2017/18.

**Reserves policy**

In 2018/19 we plan to see a 40% plus increase in Wish activity (Grants into service) and further enhances in cash flow, and un-restricted fundholding. Ensuring Health Stars has a target of six months un-restricted income by the end of 2018/19.

Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Charity structure**

The charity was incorporated by a declaration of trust deed dated 15th January 1996 and all funds held on trust as at the date of registration were either part of the unrestricted funds, designated or restricted funds. These funds are allocated under an Umbrella charity.

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. By designating funds, the Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where funds have been received which have specific restrictions set by the donor, the donation will be ring-fenced for a specific area within the broader relevant fund.

The charitable funds available for spending are allocated to specialities within the NHS Foundation Trust's Directorate management structure. Each allocation is managed by use of a designated fund within the general unrestricted funds.

The Board of Trustees manage the funds on behalf of the Corporate Trustee. The Board of Trustees consists of Executive and Non-Executive Directors. Executive Directors are subject to the Trust's recruitment policies.

The Chair gives new members of both the NHS Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds. A guided tour of the beneficiary Foundation Trust's facilities and any additional training that their role(s) may require is also offered.

Acting for the Corporate Trustee, the Charitable Funds' Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- Provide support, guidance and encouragement for all its income-raising activities while managing and monitoring the receipt of all income. Control, manage and monitor the use of the fund's resources.
- Ensure that "best practice" is followed in the conduct of all its affairs and fulfilling all of its legal responsibilities.
- Ensure that the Investment Policy approved by the Foundation Trust Board, as Corporate Trustee, is adhered to and that performance is continually reviewed while being aware of ethical considerations. Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department and the Health Stars Charity manager, based at Humber NHS Foundation Trust, Beverley Road, Willerby, East Yorkshire.

The fundraising, grant-making and other administration of funds are dealt with by Health Stars at the same address.

**Principal charitable fund advisor to the board**

For 2017/18, the Chief Executive of the Humber NHS Foundation Trust was Mrs Michele Moran who, under a scheme of delegated authority approved by the Corporate Trustee, has overall responsibility for the management of the Charitable Funds. The arrangements for approval of charitable fund expenditure under the scheme of delegation of the Corporate Trustee, are as follows:

**Delegation limits**

£1 - £1,000	Authorisation from Health Stars Charity Manager
£1,001 - £5,000	Further authorisation from Fund Guardian
£5,001 - £25,000	Further authorisation from Charitable Funds Committee
£25,001 and above	To be approved by the Trust Board

The Humber NHS Foundation Trust Financial services manager acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year. Operational changes came in during the year with support from The HEY Smile Foundation's Office Manager and an agreed change in independent examiners to 360, Chartered Accountants. A new finance system, Xero, was also brought in.

Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Key personnel**

Chair of Charitable Funds Committee

Charity Manager - Operational management

Charity Director & CEO of The Hull and East Yorkshire Smile Foundation - Strategic Direction and leadership of the charity manager

**Wider network**

We are delighted to work with a range of community partners include the range of League of Friends across our service area. Likewise, we look to work with funders not just request investment whether they are corporate, community partners or individual donors.

**Risk management**

The Corporate Trustee is responsible for managing risk issues for the Charity, which is underpinned by the internal policies and procedures of the NHS Foundation Trust, including;

Code of Conduct;

Standing Orders;

Standing Financial Instructions and Scheme of Delegation; and

Fraud Policy.

In the reported year, no major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified is the reduction in income. These have been carefully considered, and there are procedures in place to review the reserves policy and to ensure both spending and firm financial commitments remain in line with income.

Income and expenditure are regularly monitored. Listings of income and expenditure and the balance on individual funds are examined on a monthly basis to detect trends as part of the risk management process to avoid unforeseen calls on reserves.

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Registered Charity number**

1052727

**Principal address**

Finance Department

Mary Seacole Building

Beverley Road, Willerby

Hull

East Yorkshire

HU10 6ED

Humber NHS Foundation Trust Charitable  
Funds

Report of the Trustees  
for the Year Ended 31 March 2018

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Trustees**

Charitable funds received by the charity are accepted, held and administered as Funds and Property Held on Trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990. These funds are held on Trust by the corporate body.

The Humber NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The NHS Foundation Trust Board devolved responsibility for the on-going management of funds to the Charitable Funds Committee that administers the funds on behalf of the Corporate Trustee.

The names of those people who serve as agents for the corporate trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2018;

Mrs S Mays	Chair, Non-Executive Director	
Mrs M Moran	Chief Executive	
Mrs T Cope	Chief Operating officer	Resigned 31 March 2018
Mrs H Gledhill	Director of Nursing, Quality and patient experience	
Mr P Beckwith	Director of Finance	
Dr A Milner	Non-Executive Director	Resigned 31 October 2017
Dr D Crick	Non-Executive Director	Resigned 31 May 2018
Ms P Bee	Non-Executive Director	
Prof M Cooke	Non-Executive Director	
Mr M Smith	Non-Executive Director	
Mr P Baren	Non-Executive Director	
Mr F Patton	Non-Executive Director	Appointed 1 February 2018
Mrs E Thomas	Director of Human Resources and Diversity	Resigned 30 April 2018
Mr S McGowan	Director of Human Resources	Appointed 1 July 2018
Mrs L Parkinson	Chief Operating officer	Appointed 1 October 2018
Dr D Michael	Medical Director	Resigned 30 September 2017
Dr J Byrne	Medical Director	Appointed 1 October 2017

The Directors do not receive remuneration or expenses from the Charity.

**Independent examiner**

360 Accountants Limited  
19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG

**Bankers**

National Westminster Bank Plc  
34 King Edward Street  
Hull  
East Yorkshire  
HU1 3SS

Approved by order of the board of trustees on ..... and signed on its behalf by:

.....  
Mr P Beckwith - Trustee

Independent Examiner's Report to the Trustees of  
Humber NHS Foundation Trust Charitable  
Funds

**Independent examiner's report to the trustees of Humber NHS Foundation Trust Charitable Funds**

I report to the charity trustees on my examination of the accounts of the Humber NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2018.

**Responsibilities and basis of report**

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I confirm that there are no other matters to which your attention should be drawn to enable a proper understanding of the accounts to be reached.

Andrew Mark Steele  
FCA FCCA  
360 Accountants Limited  
19 Albion Street  
Hull  
East Yorkshire  
HU1 3TG

Date: .....



Humber NHS Foundation Trust Charitable  
Funds

Statement of Financial Activities  
for the Year Ended 31 March 2018

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/18 Total funds £	31/3/17 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>						
Donations and legacies	3	183,319	-	-	183,319	83,044
<b>Charitable activities</b>						
Patient Education, Welfare & Amenities		2,000	8,431	-	10,431	-
Investment income	2	-	1,107	-	1,107	3,125
<b>Total</b>		<b>185,319</b>	<b>9,538</b>	<b>-</b>	<b>194,857</b>	<b>86,169</b>
 <b>EXPENDITURE ON</b>						
<b>Charitable activities</b>						
Patient Education, Welfare & Amenities	4	29,854	2,554	-	32,408	22,156
Staff Education, Welfare & Amenities		14,132	-	-	14,132	3,000
Contribution to Healthcare		49,903	6,333	-	56,236	98,788
<b>Total</b>		<b>93,889</b>	<b>8,887</b>	<b>-</b>	<b>102,776</b>	<b>123,944</b>
Net gains/(losses) on investments		-	-	127	127	-
<b>NET INCOME/(EXPENDITURE)</b>		<b>91,430</b>	<b>651</b>	<b>127</b>	<b>92,208</b>	<b>(37,775)</b>
 <b>RECONCILIATION OF FUNDS</b>						
<b>Total funds brought forward</b>		<b>250,917</b>	<b>167,000</b>	<b>7,125</b>	<b>425,042</b>	<b>462,817</b>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>342,347</b>	<b>167,651</b>	<b>7,252</b>	<b>517,250</b>	<b>425,042</b>

The notes form part of these financial statements

Humber NHS Foundation Trust Charitable  
Funds

Balance Sheet  
At 31 March 2018

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/18 Total funds £	31/3/17 Total funds £
<b>FIXED ASSETS</b>						
Investments	8	-	-	7,252	7,252	7,125
<b>CURRENT ASSETS</b>						
Debtors	9	-	-	-	-	3,000
Cash at bank		<u>359,713</u>	<u>168,151</u>	-	<u>527,864</u>	451,047
		<b>359,713</b>	<b>168,151</b>	-	<b>527,864</b>	454,047
<b>CREDITORS</b>						
Amounts falling due within one year	10	<u>(17,366)</u>	<u>(500)</u>	-	<u>(17,866)</u>	(36,130)
<b>NET CURRENT ASSETS</b>		<u><b>342,347</b></u>	<u><b>167,651</b></u>	-	<u><b>509,998</b></u>	417,917
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u><b>342,347</b></u>	<u><b>167,651</b></u>	<u><b>7,252</b></u>	<u><b>517,250</b></u>	425,042
<b>NET ASSETS</b>		<u><u><b>342,347</b></u></u>	<u><u><b>167,651</b></u></u>	<u><u><b>7,252</b></u></u>	<u><u><b>517,250</b></u></u>	<u><u>425,042</u></u>
<b>FUNDS</b>						
Unrestricted funds	11				<u><b>342,347</b></u>	250,917
Restricted funds					<u><b>167,651</b></u>	167,000
Endowment funds					<u><b>7,252</b></u>	7,125
<b>TOTAL FUNDS</b>					<u><u><b>517,250</b></u></u>	<u><u>425,042</u></u>

The financial statements were approved by the Board of Trustees on ..... and were signed on its behalf by:

.....  
Mr P Beckwith -Trustee

The notes form part of these financial statements

Humber NHS Foundation Trust Charitable  
Funds

Cash Flow Statement  
for the Year Ended 31 March 2018

	Notes	31/3/18 £	31/3/17 £
<b>Cash flows from operating activities:</b>			
Cash generated from operations	1	<u>75,837</u>	<u>(28,445)</u>
<b>Net cash provided by (used in) operating activities</b>		<u>75,837</u>	<u>(28,445)</u>
<b>Cash flows from investing activities:</b>			
Revaluation of investments		(127)	(1,125)
Interest received		<u>1,107</u>	<u>3,125</u>
<b>Net cash provided by (used in) investing activities</b>		<u>980</u>	<u>2,000</u>
<b>Cash flows from financing activities:</b>			
Income attributable to endowment		-	<u>1,125</u>
<b>Net cash provided by (used in) financing activities</b>		<u>-</u>	<u>1,125</u>
<b>Change in cash and cash equivalents in the reporting period</b>			
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>451,047</u>	<u>476,367</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u><u>527,864</u></u>	<u><u>451,047</u></u>

The notes form part of these financial statements

Humber NHS Foundation Trust Charitable  
Funds

Notes to the Cash Flow Statement  
for the Year Ended 31 March 2018

<b>1. RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES</b>	<b>31/3/18</b>	<b>31/3/17</b>
	<b>£</b>	<b>£</b>
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>	<b>92,208</b>	<b>(37,775)</b>
<b>Adjustments for:</b>		
Interest received	<b>(1,107)</b>	<b>(3,125)</b>
Income attributable to endowment	<b>-</b>	<b>(1,125)</b>
Decrease/(increase) in debtors	<b>3,000</b>	<b>(3,000)</b>
(Decrease)/increase in creditors	<b>(18,264)</b>	<b>16,580</b>
	<hr/>	<hr/>
<b>Net cash provided by (used in) operating activities</b>	<b>75,837</b>	<b>(28,445)</b>
	<hr/> <hr/>	<hr/> <hr/>

Humber NHS Foundation Trust Charitable  
Funds

Notes to the Financial Statements  
for the Year Ended 31 March 2018

**1. ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

**Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

**Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

**Taxation**

The charity is exempt from tax on its charitable activities.

**Fund accounting**

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

**Pension costs and other post-retirement benefits**

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

**2. INVESTMENT INCOME**

	<b>31/3/18</b>	31/3/17
	<b>£</b>	£
Deposit account interest	<b>991</b>	2,125
Dividend income	<b>116</b>	1,000
	<u><b>1,107</b></u>	<u>3,125</u>

**3. INCOME FROM CHARITABLE ACTIVITIES**

	<b>31/3/18</b>	31/3/17
	<b>£</b>	£
Grants	<b>10,431</b>	-
	<u><b>10,431</b></u>	<u>-</u>

Humber NHS Foundation Trust Charitable  
Funds

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2018

**3. INCOME FROM CHARITABLE ACTIVITIES - continued**

Grants received, included in the above, are as follows:

	31/3/18	31/3/17
	£	£
Other grants	<u>10,431</u>	<u>-</u>

**4. CHARITABLE ACTIVITIES COSTS**

	Direct costs	Support costs (See note 5)	Totals
	£	£	£
Patient Education, Welfare & Amenities	21,818	10,590	32,408
Staff Education, Welfare & Amenities	2,508	11,624	14,132
Contribution to Healthcare	44,577	11,659	56,236
	<u>68,903</u>	<u>33,873</u>	<u>102,776</u>

**5. SUPPORT COSTS**

	Management	Finance	Governance costs	Totals
	£	£	£	£
Patient Education, Welfare & Amenities	10,090	-	500	10,590
Staff Education, Welfare & Amenities	11,624	-	-	11,624
Contribution to Healthcare	11,051	108	500	11,659
	<u>32,765</u>	<u>108</u>	<u>1,000</u>	<u>33,873</u>

**6. TRUSTEES' REMUNERATION AND BENEFITS**

There were no trustees' remuneration or other benefits for the year ended 31 March 2018 nor for the year ended 31 March 2017.

**Trustees' expenses**

There were no trustees' expenses paid for the year ended 31 March 2018 nor for the year ended 31 March 2017.

**7. STAFF COSTS**

	31/3/18	31/3/17
	£	£
Wages and salaries	27,497	-
Social security costs	2,229	-
Other pension costs	194	-
	<u>29,920</u>	<u>-</u>

The average monthly number of employees during the year was as follows:

	31/3/18	31/3/17
Employed staff	<u>2</u>	<u>1</u>

No employees received emoluments in excess of £60,000.

Humber NHS Foundation Trust Charitable  
Funds

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2018

**8. FIXED ASSET INVESTMENTS**

	<b>Listed investments £</b>
<b>MARKET VALUE</b>	
At 1 April 2017	7,125
Revaluations	127
At 31 March 2018	<u>7,252</u>
 <b>NET BOOK VALUE</b>	
At 31 March 2018	<u>7,252</u>
At 31 March 2017	<u>7,125</u>

There were no investment assets outside the UK.

**9. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	<b>31/3/18 £</b>	<b>31/3/17 £</b>
Trade debtors	-	3,000
	<u>          </u>	<u>          </u>

**10. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	<b>31/3/18 £</b>	<b>31/3/17 £</b>
Trade creditors	16,866	12,426
Other creditors	1,000	23,704
	<u>17,866</u>	<u>36,130</u>

**11. MOVEMENT IN FUNDS**

	<b>At 1/4/17 £</b>	<b>Net movement in funds £</b>	<b>At 31/3/18 £</b>
<b>Unrestricted funds</b>			
General fund	250,917	91,430	342,347
<b>Restricted funds</b>			
Restricted	167,000	651	167,651
<b>Endowment funds</b>			
Endowment Fund	7,125	127	7,252
 <b>TOTAL FUNDS</b>	<u>425,042</u>	<u>92,208</u>	<u>517,250</u>

Humber NHS Foundation Trust Charitable  
Funds

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2018

**11. MOVEMENT IN FUNDS - continued**

Net movement in funds, included in the above are as follows:

	<b>Incoming resources £</b>	<b>Resources expended £</b>	<b>Gains and losses £</b>	<b>Movement in funds £</b>
<b>Unrestricted funds</b>				
General fund	185,319	(93,889)	-	91,430
<b>Restricted funds</b>				
Restricted	9,538	(8,887)	-	651
<b>Endowment funds</b>				
Endowment Fund	-	-	127	127
<b>TOTAL FUNDS</b>	<u>194,857</u>	<u>(102,776)</u>	<u>127</u>	<u>92,208</u>

**Comparatives for movement in funds**

	<b>At 1/4/16 £</b>	<b>Net movement in funds £</b>	<b>At 31/3/17 £</b>
<b>Unrestricted Funds</b>			
General fund	251,817	(900)	250,917
<b>Restricted Funds</b>			
Restricted	205,000	(38,000)	167,000
<b>Endowment funds</b>			
Endowment Fund	6,000	1,125	7,125
<b>TOTAL FUNDS</b>	<u>462,817</u>	<u>(37,775)</u>	<u>425,042</u>

Comparative net movement in funds, included in the above are as follows:

	<b>Incoming resources £</b>	<b>Resources expended £</b>	<b>Movement in funds £</b>
<b>Unrestricted funds</b>			
General fund	81,044	(81,944)	(900)
<b>Restricted funds</b>			
Restricted	4,000	(42,000)	(38,000)
<b>Endowment funds</b>			
Endowment Fund	1,125	-	1,125
<b>TOTAL FUNDS</b>	<u>86,169</u>	<u>(123,944)</u>	<u>(37,775)</u>



Humber NHS Foundation Trust Charitable  
Funds

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2018

**12. RELATED PARTY DISCLOSURES**

During the year, the charity undertook transactions with the The HEY Smile Foundation totalling £36,000. Andrew Barber CEO of Smile is a governor of Humber NHS Foundation Trust.

As at 31 March 2018, the charity owed The HEY Smile Foundation £15,826 (2017 - £10,392)

Dr A Milner for part of the year reported was a Non-Executive Director of Humber NHS Foundation Trust and a Trustee and Director of the The HEY Smile Foundation.

Health Stars also made a payment of £14k for administration and expenses in 16/17 and in 17/18 this payment was £5,833. The Trustees are the Trust board (whose names are listed in this document).

Humber NHS Foundation Trust Charitable  
Funds

Detailed Statement of Financial Activities  
for the Year Ended 31 March 2018

	<b>31/3/18</b>	<b>31/3/17</b>
	<b>£</b>	<b>£</b>
<b>INCOME AND ENDOWMENTS</b>		
<b>Donations and legacies</b>		
Donations	34,176	68,424
Legacies	<u>149,143</u>	<u>14,620</u>
	<b>183,319</b>	<b>83,044</b>
<b>Investment income</b>		
Deposit account interest	991	2,125
Dividend income	<u>116</u>	<u>1,000</u>
	<b>1,107</b>	<b>3,125</b>
<b>Charitable activities</b>		
Grants	<u>10,431</u>	<u>-</u>
<b>Total incoming resources</b>	<b>194,857</b>	<b>86,169</b>
<b>EXPENDITURE</b>		
<b>Charitable activities</b>		
Grant funding of activities	27,070	47,788
Governance Costs	<u>41,833</u>	<u>74,156</u>
	<b>68,903</b>	<b>121,944</b>
<b>Support costs</b>		
<b>Management</b>		
Wages	27,497	-
Social security	2,229	-
Pensions	194	-
Advertising	1,089	-
Sundries	1,370	-
Travel	<u>386</u>	<u>-</u>
	<b>32,765</b>	<b>-</b>
<b>Finance</b>		
Bank charges	108	-
<b>Governance costs</b>		
Independent examination	<u>1,000</u>	<u>2,000</u>
<b>Total resources expended</b>	<b>102,776</b>	<b>123,944</b>
<b>Net income/(expenditure)</b>	<u><b>92,081</b></u>	<u><b>(37,775)</b></u>

This page does not form part of the statutory financial statements

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Reappointment of Associate Hospital Managers on Honorary Contracts		
Author:	Name: Mike Smith Title: Non Executive Director		
Recommendation:	To approve	X	To note
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	To ask the Board to approve the reappointment of 3 Associate Hospital Managers.		
Key Issues within the report:	<p>Under s 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose. The following people had contracts ending on 31 December 2018:</p> <ul style="list-style-type: none"> <li>• David Boswell</li> <li>• Angela Loughlin</li> <li>• Martin Parry</li> </ul> <p>The re-appointees have been observed and fully appraised. All three are recommended for reappointment for three years, expiring on 31 December 2021.</p>		

**Monitoring and assurance framework summary:**

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



**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019			
Title of Report:	Workforce and Organisational Development Committee Terms of Reference			
Author:	Name: Steve McGowan Title: Director of Human Resources & Diversity			
Recommendation:	To approve	X	To note	
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To present the Terms of Reference for the new Workforce and Organisational Development Committee agreed by the Executive Management Team (EMT)			
Key Issues within the report:	Contained in the paper			

**Monitoring and assurance framework summary:**

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



## Workforce and Organisational Development Committee

### DRAFT Terms of Reference

<p><b>Constitution &amp; Authority</b></p>	<p>The Workforce and Organisational Development Committee is appointed by the Trust Board in line with the powers set out in the Trust Standing Orders.</p> <p>The Workforce and Organisational Development Committee holds only those powers as delegated in these Terms of Reference as determined by the Trust Board.</p> <p>The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall apply to the Committee and any of its established groups.</p>
<p><b>Overall Aim/Purpose</b></p>	<p>The Workforce and Organisational Development Committee exists to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care.</p> <p>To provide assurance to the Trust Board in relation to the health and wellbeing of staff.</p> <p>To provide assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.</p>
<p><b>Scope &amp; Duties</b></p> <p><b>Functions</b></p>	<p>The Workforce and Organisational Development Committee will:</p> <ul style="list-style-type: none"> <li>• Provide oversight and assurance to the Board in relation robust processes for the effective management of Workforce and Organisational Development;</li> <li>• Scrutinise structures in place to support workforce and organisational development to be assured that the structures operate effectively and action is taken to address areas of concern.</li> <li>• Receive assurance on the delivery of the Workforce and OD Strategy</li> <li>• Be assured on the management of the high operational risks on the corporate risk register which relate to workforce and organisational development and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.</li> <li>• Be assured of the Trust’s response to all relevant Directives,</li> </ul>

	<p>Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.</p> <ul style="list-style-type: none"> <li>• Receive assurance that the Trust has effective and transparent mechanisms in place to monitor workforce and organisational development performance.</li> <li>• To be assured that the views of staff are captured, understood and responded to.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for equality and diversity.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for staff health and wellbeing.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for safe working for junior doctors.</li> <li>• Scrutinise the robustness of the arrangements for and assure compliance with the Trust’s statutory responsibilities for freedom to speak up.</li> </ul>
<b>Membership</b>	<p>The members of Committee are:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director (Chair)</li> <li>• Non-Executive Director (Deputy Chair)</li> <li>• Director of HR and Diversity</li> <li>• Chief Operating Officer</li> <li>• Medical Director</li> <li>• Deputy Director of Nursing</li> <li>• Chief Executive</li> </ul> <p>The following roles will be routine attendees at the committee:</p> <ul style="list-style-type: none"> <li>• Deputy Director of HR and Diversity</li> <li>• Organisational Development Lead</li> <li>• Medical Workforce Manager</li> <li>• Workforce Equality and Diversity Lead</li> </ul> <p>All Board members are able to attend meetings of the Committee but will be recorded as “in attendance”.</p>
<b>Responsible to:</b>	Board of Directors
<b>Frequency of meetings</b>	The Committee will meet bi- monthly.
<b>Quorum</b>	The Committee will be quorate when three of the membership are present if this includes one non-executive director and one executive director.

	Where members are unable to attend they should ensure that a deputy is in attendance who is able to participate on their behalf.
<b>Agenda &amp; Papers</b>	<p>Agendas and supporting papers will be circulated no later than 7 days in advance of meetings.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than 8 working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>Minutes will be taken at all meetings, presented according to the corporate style, circulated in draft to members within 7 days and approved by agreement of members at the following meeting.</p> <p>A schedule of business reflecting the annual work programme shall be developed annually.</p>
<b>Record Keeping</b>	Agenda and Papers can be accessed via the Committee Secretary.
<b>Reporting</b>	<p>The Committee shall be accountable to the Trust Board. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary.</p> <p>The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.</p>
<b>Monitoring and Review</b>	<p>The Terms of reference for the committee will be reviewed annually by the Committee and submitted to the Trust Board for approval.</p> <p>The Committee will on an annual basis review and approve the terms of reference, work plan and work programmes of all of its reporting group</p> <p>The Committee will operate using a work plan to inform its core agenda. The agenda will be agreed with the Chair prior to the meeting.</p> <p>A review of attendance and effectiveness will be undertaken annually.</p>
<b>Terms of Reference Review</b>	It is the responsibility of the Chair to review the effectiveness of the Workforce & Organisational Development Committee's Terms of Reference.
<b>Agreed</b>	Tbc

<b>Review</b>	Tbc
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**Workforce and Organisational Development Committee Schematic**



**Agenda Item 14**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019			
Title of Report:	Guardian of Safe Working Quarterly Report			
Author:	Name: Dr Lucy Williamson Title: Consultant Forensic Psychiatrist & Guardian of Safe Working			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information	✓	To endorse	
Purpose of Paper:	To inform the Board regarding the safe working conditions of junior doctors September - December 2018.			
Key Issues within the report:	<ul style="list-style-type: none"> <li>No issues identified</li> </ul>			

**Monitoring and assurance framework summary:**

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



## Guardian of Safe Working Report Sept-Dec 2018

The Guardian of Safe Working has now been in post since July 2016 to oversee the safe working conditions of junior doctors in the Trust as part of the new Junior Doctors Contract. Dr Lucy Williamson meets with junior doctors at the forum now on a bi-monthly basis to review working pattern issues. Carol Blampey, BMA Industrial Relations Officer attends to support the meeting when available.

Number of doctors / dentists in training (total): 25 (5 LTFT and 1 on maternity leave) (excluding Grimsby trainees) 10 FY doctors, 4 GPs, 11 Core Trainees

Number of doctors / dentists in training on 2016 TCS (total): 17

Amount of time available in job plan for guardian to do the role: 0.5 PA per week

Exception reports (with regard to working hours) 38

Hours monitoring - Repeat hours monitoring took place in September but returned borderline valid (requires 75% returns of eligible doctors). Work schedule reviews  
0

Locum bookings (bank/agency) 32 (27 bank/5 agency)  
(Jul-Sep) (12 nights/20 days)

Locum work carried out by trainees 14.5 (11.5 evening/days, 3 nights)

Vacancies 1 (1 CT plus 1 maternity leave))

**Fines** 0

Qualitative information – On-call rotas are being composed by hand rather than using Allocate/e-roster to accommodate individual working patterns of a number of junior doctors. Unfortunately this has caused some variation in the on-call burden between doctors and discontent and will be addressed through the operational group. Locum/bank bookings have reduced slightly (from 34 to 32) but the number of nights covered has increased significantly (4 to 12). Liz Schumacher and Dr Doug Ma have produced guidance for nursing staff regarding appropriate on-call tasks and a flowchart for phlebotomy and ECGs. Dr Ma is working with the matrons to ensure its embedded with ward teams. Exception reports have increased from 23 to 38. The exception reports continue to highlight some very busy periods on rota 2 (Avondale and nearby units). We hoped the hours monitoring would give additional information to understand if further changes to the rota system were required but we await the outcome on validity and need for repeat monitoring.

### Summary

Currently there are increasing numbers on the new contract however we have a high proportion of 'less than full time' trainees and those who cannot undertake on-call work leading to increased difficulty in securing on-call cover. We still need to embed junior and senior doctors consistently using the software system for exception reporting however there are signs since August that a wider group of juniors are regularly using the exception report system. Attendance

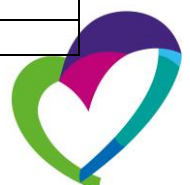
at the Guardian forum has been very low and it was agreed to change the frequency to bimonthly as the junior doctors do not feel more frequently is required.

**Agenda Item: 15**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Research & Development Report		
Author:	Name: Cathryn Hart Title: Assistant Director Research & Development		
Recommendation:	To approve		To note
	To discuss		To ratify
	For information	✓	To endorse
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.		
Key Issues within the report:	<p>Sections 1-3: Assurance/reassurance in relation to research performance, funding and governance – key performance targets/benchmarks have been met, research funding secured and allocated and evidence for CQC well-led inspection prepared.</p> <p>Section 4: Research Strategy 2017-19 progress update – good progress made on all objectives (detail in appendix 3).</p> <p>Section 5: Snapshot of research opportunities, innovation and alliances - illustrates the pioneering innovations being evaluated within research studies in the Trust, the development opportunities for staff and involvement of service users.</p> <p>Section 6: Examples of dissemination and implementation work – includes adoption of a new patient reported outcome measure developed through research.</p> <p>Section 7: Overview of research promotion and awards achieved - includes examples of recognition received for Trust performance in national research studies.</p> <p>The contents of this report and key issues highlighted above can be specifically mapped to the following Trust strategic goals:          Goal 01: Innovating quality and patient safety          Goal 02: Enhancing prevention, wellbeing and recovery          Goal 03: Fostering Integration, partnership and alliances          Goal 04: Developing an effective and empowered workforce</p>		

**Monitoring and assurance framework summary:**

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



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

## Research & Development (R&D) Report for Trust Board Jan 2019

### 1. Performance

There is an expectation by the Department of Health and Social Care (DHSC) that all NHS Trusts will participate in research studies recognised by the National Institute for Health Research (NIHR); known as NIHR Portfolio studies. Through a partnership agreement with the host of the local Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Foundation Trust, which has been extended by DHSC to 2022, the Trust receives funding to support the delivery of such studies.

The NIHR Research Activity League Table for 2017-18 was published in late July 2018 and is accessible via [www.nihr.ac.uk/nihrleaguetable](http://www.nihr.ac.uk/nihrleaguetable). Of the 54 mental health trusts listed the Trust was 21<sup>st</sup> for number of studies and also 21<sup>st</sup> for number of participants recruited, so well inside the top half. In terms of percentage change from 2016-17 to 2017-18 the Trust was 9<sup>th</sup> (21% increase) for studies and 14<sup>th</sup> (40% increase) for recruitment, which indicates continuing growth and increased opportunities to impact on future healthcare for the Humber community. See *appendix 1* for a summary infographic of 2017-18.

The Trust's recruitment target for NIHR Portfolio studies in 2018-19 is 660. At the end of Dec 2018 recruitment stood at 1286, far exceeding the annual target, meaning many patients, carers and staff have had the opportunity to participate in research. There are currently 24 Portfolio studies active in the Trust (see *appendix 2*), plus a further 12 'non-portfolio' (not supported by NIHR) which are mostly carried out as part of further educational qualifications.

Each quarter the Trust is required to publish information about its performance in initiating and delivering (PID) research; a DHSC benchmark relating to NIHR Portfolio intervention trials. DHSC has confirmed that quarters one and two were met (awaiting quarter three). Not achieving this benchmark can result in the Trust's Research Capability Funding (RCF) from DHSC being reduced.

### 2. Funding

All CRN research funding received specifically for delivery of NIHR Portfolio studies in 2018-19 is allocated and no underspend forecast; any underspend would have to be returned. From Sep 2018 Michele Moran has become Chair of the CRN Partnership Group meetings and the Trust receives a small honorarium for this. In Aug 2018 an additional £18.5k of CRN funding was granted from a successful bid made to their contingency fund in order to increase research capacity in the Trust, in particular to support recruitment to Portfolio studies in primary care, children and young people's mental health and dementia, all of which are regional priorities for the CRN. The CRN were overwhelmed with applications, far exceeding the funds they had available, so the Trust did well to be successful.

The £20k Research Capability Funding received from DHSC for 2018-19 (due to achieving 500+ recruits in 2017-18) is being used to support a small number of clinicians working with academic colleagues on grant applications and bringing new research to the Trust for the future. Additional study-specific funding from universities has also been secured.

For 2019-20 the Trust has been told to expect a similar level of CRN funding as for 2018-19 to support the delivery of Portfolio studies and to prepare an annual financial plan on that basis. This will be submitted to the CRN in Feb 2019.

### 3. Governance

The Care Quality Commission (CQC) has included more about research in its inspection framework for well-led (Version 5, 21/09/18), with research being viewed as a proxy for quality. It aims to determine how well an NHS trust integrates research into its corporate strategy, planning and how

well research opportunities are communicated to patients. This signifies the value for NHS trusts to embed research trust-wide in its ethos. Cathryn Hart has prepared a document evidencing how the Trust is achieving this in advance of any CQC requests for this information. The CQC are continuing work nationally with the NIHR and the R&D Forum (national body for R&D leaders) on the development of an indicator for CQC monitoring of NIHR Portfolio research activity.

The NHS Long Term Plan published Jan 2019 recognises the importance of research and innovation. It states (p75-77) ‘Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.... We will work to increase the number of people registering to participate in health research to one million by 2023/24.... We will continue to make it faster, cheaper and easier to undertake research in England through simpler standardised trial set-up processes.... We will speed up the pipeline for developing innovations in the NHS, so that proven and affordable innovations get to patients faster. We will create a simpler, clearer system for medtech and digital that will apply across England. This will include a new advisory service for innovators, linked to the Academic Health Science Networks (AHSNs). We will bring together in one place all ‘horizon-scanning’ activities. And we will simplify health-related national innovation programmes, backing those that are most successful under a single multi-stakeholder governance structure.... We will invest in spreading innovation between organisations.... Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data.’

The R&D Unit is ensuring the Trust operates in accordance with the statutory guidance of the *UK Policy Framework for Health and Social Care Research (2017)*. This includes conducting specific tasks to ‘assess, arrange and confirm local capacity and capability’ to deliver each new study, as part of the national Health Research Authority (HRA) study approval process. Work is ongoing to adapt EDGE (local performance management system) to manage this information and enable the CRN to access the data they require to monitor Trust performance, including that of ‘recruitment to time and target’ (RTT), which has increased in importance for the NIHR this year and the Trust is being managed more closely on. Currently the Trust is achieving or exceeding RTT, with the exception of one study.

#### **4. Research Strategy progress**

Much progress has been made against the objectives set out in the Research Strategy 2017-19. A detailed update is provided in *appendix 3*. The strategy will be refreshed over the next few months.

#### **5. Opportunities, innovation and alliances**

A proposal to provide a research service for one of the Yorkshire Clinical Commissioning Groups (CCG) was submitted to the CCG concerned in 2018. Unfortunately this was not successful, though feedback was positive – ‘We did like several elements of your proposal and we may consider your team in the future once we are on a more stable footing with our R&D requirements.’

Work continues to strengthen research collaborations, form new alliances, bring studies to the Trust in areas where there has been limited previous involvement and explore new ways of involving the Humber community. Some recent examples include a social care-related NIHR grant application with the University of York which is through to round two and an application to Innovate UK with a commercial organisation around a medication compliance device. Unfortunately the NIHR application around perinatal mental health that was reported on previously, was unsuccessful but other research funders are being considered. A number of new studies have also started recently, e.g. a randomised controlled trial of an intervention PRomoting Independence in DEmentia



(PRIDE), led by Prof Orrell at the Institute of Mental Health in Nottingham and one across some Trust GP practices investigating interventions to increase uptake of bowel scope screening, led by University College London in collaboration with researchers at Hull York Medical School.

Currently exploring opportunities to work with MAC Clinical Research Ltd, a commercial research organisation that conducts clinical trials for sponsors across various health conditions, largely in GP practices. MAC specialise in dementia trials, but also cover acute and chronic pain, psoriasis, eczema, fibromyalgia, arthritis, diabetes, depression, anxiety and insomnia. As well as offering new opportunities for patients to take part in early and late phase trials, there would also be some funding attached for patients and for the Trust GP practices. A confidential disclosure agreement has just been signed by both parties to enable further information about the potential opportunities to be shared with the Trust.

A number of clinicians, including psychiatrists, have recently taken on Trust Principal Investigator (PI) roles for the first time. Also a Principal Investigator (PI) development workshop for mental health, organised by Prof Tom Phillips as part of his CRN role and in collaboration with the Trust, was held at the University of Hull on 24 October and attended by 43 people, including 22 medics. Junior doctors also received an introductory session from the research team and a professional development event for Humber Centre psychologists included a session delivered by the Research Support Manager.

Cathryn Hart and Wendy Mitchell, Patient Research Ambassador, facilitated a workshop entitled 'Living with dementia and things you can do to help' as part of the Recovery College on 15 Nov at Beverley library. This was attended by a mix of social care staff, family supporters and people with dementia. The evaluation forms were incredibly positive and some comments included:

'One of the best 'take-aways' ever; well happy with the information.'  
'It has made me realise I do too much as a carer and should let my husband do more for himself.'  
'I shall sign up for research.'  
'Can take what I've learnt and put to good use within our service.'

## 6. Dissemination and implementation

Most studies in the Trust are national NIHR Portfolio research; peer reviewed, appropriately funded and approved by the HRA. These contribute to the larger national and international jigsaw of evidence which in future may lead to, for example, new NICE guidance, more appropriate patient/clinical outcome measures and new genetic discoveries to inform treatment and/or prevention. The Trust has now officially adopted the ReQoL (Recovering Quality of Life) patient reported outcome measure across many of its mental health services. This was developed via national research, for which the Trust was a site, with direct involvement from service users. This measure places service users at the heart of their recovery and can be used as a practical aid for clinicians, is suitable for use within clinical sessions to review progress and to guide conversation that is beneficial to the service user.


The NIHR Dissemination Centre produces various 'Signals', 'Highlights' and 'Themed Reviews' (<https://discover.dc.nihr.ac.uk/portal/home>) which are sent out by Cathryn Hart to appropriate care group directors and other relevant staff to share or action as they deem appropriate.

## 7. Promotion, publicity and awards

It is important to raise the profile of research for various reasons, including reputation, research implementation and quality. The next annual research conference will take place on 15 May 2019.

The programme is almost finalised and booking opened just before Christmas, with over 130 places already filled.

The research team work hard to ensure a quality service and that the Trust is a site national experts want to work with. Below provides recent evidence for this:



**Clinical Research Network  
Yorkshire & Humber**

**NHS**  
National Institute for  
Health Research

**NETWORK NEWS**                      November 2018

**Humber Successes**  
Congratulations to the research team at Humber Teaching NHS Foundation Trust who were the first site nationally to meet their recruitment target for DESCANT, a randomised control trial exploring whether providing access to advice on improving everyday memory and the use of memory aids has a beneficial impact on the health and well-being of people with dementia and their carers.

They also exceeded their target and were the highest recruiting site to the study 'Exploring the contribution of the social work role in CMHTs for working age adults: Service user priorities'.

Both studies were sponsored by the University of Manchester.

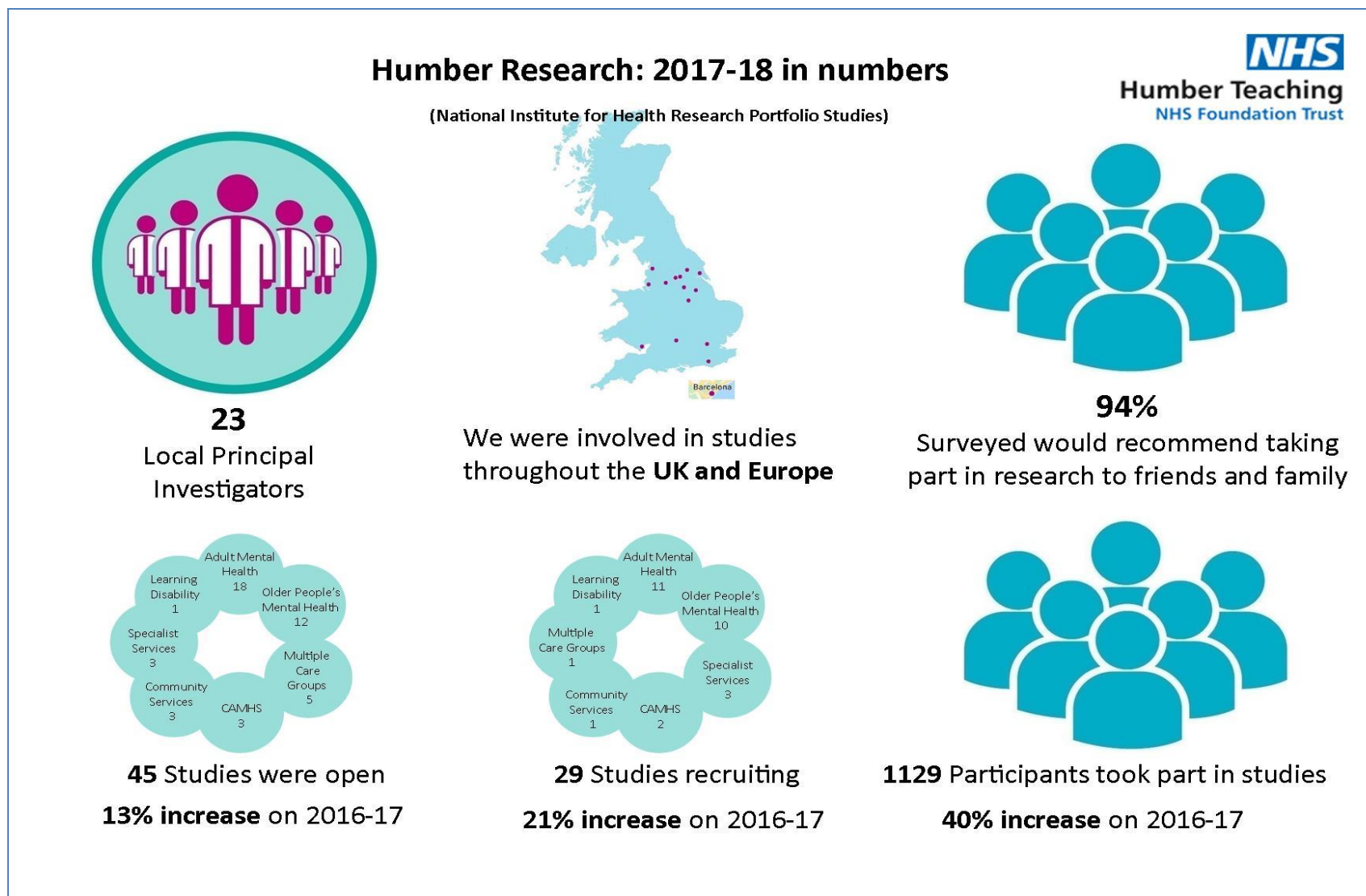
Humber ought to be proud that it comfortably exceeded the (stretching) target set of 50 participants, and were head-and-shoulders above the other sites. We're really chuffed.  
University of York, Social Policy Research Unit

Claire Marshall, Specialist Nurse and Clinical Lead with the Trust Perinatal Mental Health Liaison Team, will be further developing her research skills and contributing to high-calibre research at the University of Hull as part of the Health Education England and NIHR Integrated Clinical Academic Programme. Only 40 of the 146 clinicians that applied nationally for this pre-doctoral clinical academic fellowship were accepted onto the programme. Claire will continue to work clinically within the Perinatal Mental Health Liaison Team two days a week whilst taking up the NIHR fellowship which funds a further 2 days/week of her time for 2.5 years to develop research in this crucial area. Research shows that between 10-20% of women are affected by perinatal mental health conditions. This fellowship is another example of the positive collaboration between the Trust and the University of Hull.

The Trust's research twitter account, launched in Sep, and has lots of followers and activity (@ResearchHumber).

The research team were also delighted and very proud to be awarded corporate team of the year at the Staff Awards ceremony in Dec 2018. One of the Trust's volunteers, Jean Hart, who helped the team promote the EU-funded dementia study alongside University of Hull researchers, was also shortlisted.

## Appendix 1 – Humber Research 2017-18 in numbers



**Appendix 2 – List of NIHR Portfolio studies currently open, in follow-up or in set-up (31/12/18)**

<b>Study title</b>	<b>Study type</b>	<b>Local Principal Investigator</b>	<b>Chief Investigator, Sponsor</b>	<b>Estimated End Date</b>	<b>Status</b>
<b>Older People's Mental Health Services</b>					
Effective Home Support in Dementia Care: Project 2.2 Impact of different models of home support in later stages of dementia	Observation	Cathryn Hart Assistant Director R&D	Prof David Challis University Of Manchester	31/01/2019	In Follow up until Jan 2019
Journeying through dementia (JtD): a randomised controlled trial of the clinical and cost effectiveness of the JtD intervention compared to usual care	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Gail Mountain Sheffield Health & Social Care Foundation Trust	31/05/2019	In Follow up until May 2019
Detecting Susceptibility Genes for Alzheimer's disease (AD-Genetics)	Observation	Dr Chris Rewston Clinical Psychologist	Prof Julie Williams University of Cardiff	01/02/2019	Open
CAREGIVERSPRO-MMD: A research trial examining the utility of a website for people with memory problems and their caregivers	Intervention	Dr Emma Wolverson Clinical Psychologist	Dr Emma Wolverson University of Hull	31/03/2019	In Follow up until Oct 19
Experiencing Loss and Planning Ahead Study (ELPAS): Caring for a relative or friend with dementia	Observation	No Local Investigator Required	Dr Kirsten J Moore University College London	01/02/2019	Open
Effective Home Support Dementia Care: DESCANT memory aids trial	Intervention	Dr Chris Rewston Clinical Psychologist	Prof David Challis University of Manchester	31/07/2019	In Follow up until May 19
Memory Service professional practice regarding Assistive Technology	Observation	Cathryn Hart Assistant Director R&D	Lisa Newton Northumberland Tyne and Wear NHS FT	31/05/2019	Open
The IDEAL-2 study: Improving the experience of dementia and enhancing active life: a longitudinal perspective on living well with dementia	Observation	Dr Reena Roy Consultant Psychiatrist	Prof Linda Clare University of Exeter	30/06/2020	Open
Promoting Independence in Dementia (PRIDE) Feasibility Randomised Controlled Trial	Intervention	Dr Rachel Whitehead Clinical Psychologist	Prof Martin Orrell University of Nottingham	01/08/2019	Open
<b>Adult Mental Health Services</b>					
The effectiveness of perinatal mental health services (ESMI)	Observation	Katy Morley STR Manager/Team Leader	Prof Louise Howard Kings College London	04/02/2018	In Follow up until Jan 19
Lifestyle Health and Wellbeing Survey (HWB) – a survey of health and lifestyle behaviours of people with severe mental ill health	Observation	Dr Renato Merolli Associate Specialist	Prof Simon Gilbody University of York	01/01/2021	Open

<b>Study title</b>	<b>Study type</b>	<b>Local Principal Investigator</b>	<b>Chief Investigator, Sponsor</b>	<b>Estimated End Date</b>	<b>Status</b>
Liaison Psychiatry Services: measurement and evaluation LP-MAESTRO WS1	Observation	Dr Stella Morris Consultant Psychiatrist	Prof Allan House University of Leeds	30/06/2019	Open
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Dr Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
Exploring the contribution of the social work role in CMHTs for working age adults: Service user priorities	Observation	Fran Ashton Principal Social Worker	Prof David Challis University of Manchester	01/05/2019	Open
Assertive Responding to Voices (AppRoVE)	Observation	Dr Geetanjali Chitnis Consultant Psychiatrist	Dr Mark Hayward University of Sussex	31/05/2019	Open
EMERALD: Exploring severe mental illness and diabetes: a qualitative study with patients, relatives and healthcare professionals.	Observation	Dr Laura Manea Consultant Psychiatrist	Dr Najma Siddiqi University of York	31/08/2019	In Follow up until Jan 18
Mental health practitioner survey into engagement with the role of service users as parents and of parenting practice	Observation	Cathryn Hart Assistant Director R&D	Abigail Dunn University of Sussex	30/04/2019	Open
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	30/09/2019	Open
<b>Specialist Services</b>					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2019	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	31/05/2020	Open
<b>Children's Services</b>					
A non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias - Alleviating Specific Phobias Experienced by Children Trial (ASPECT)	Intervention	Patrick O'Connor Primary Mental Health Practitioner	Prof Barry Wright Leeds and York Partnership NHS Foundation Trust	31/05/2019	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Power Up for Parents: A pilot study	Intervention	Dr Mushayyada Nisar Consultant Child & Adolescent Psychiatrist	Shaun Liverpool University College London	01/10/2019	In Set Up
<b>Learning Disability Services</b>					
Cognitive Stimulation Therapy in people with Intellectual disability and dementia	Intervention	Dr Amir Javaid Locum Consultant Psychiatrist	Dr Afia Ali University College London	31/03/2019	Open
<b>Primary Care</b>					
Bowel Scope Screening: Interventions to Increase Uptake in Yorkshire	Observation	Cathryn Hart Assistant Director R&D	Dr Lesley McGregor University College London	30/09/2019	Open
<b>Across multiple services</b>					
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	28/02/2019	Open

*N.B. Other Portfolio studies have been running in 2018-19 but are now closed. 'Non-portfolio' (not supported by NIHR) research studies are also running in the Trust but are not included in the table above; most are carried out as part of further educational qualifications in partnership with local universities.*

### Appendix 3: Research Strategy 2017-19 Progress (31/12/18)

Objective 1	Embed research as core business
How will we know we have achieved it?	Progress
<ul style="list-style-type: none"> <li>Increased numbers of staff referring people to research studies</li> <li>Staff training/induction programmes include research awareness training</li> <li>Research-funded staff embedded in care groups/specialties and general practices</li> <li>Research signposting included in appointment letters, clinical assessments and public areas</li> </ul>	<ul style="list-style-type: none"> <li>More clinical teams have been involved in helping the research team recruit to studies in 2017 and 2018 than in previous years.</li> <li>From June 2017 'Introduction to research' included in staff induction and in-patient nurse preceptorship peer support programme. Medical teaching programme includes session on research.</li> <li>Named research staff link in directly with some clinical teams across the Trust, e.g. CAMHS, adult CMHTs, memory clinic. Research team regularly attend clinics and clinical meetings. Clinical staff time funded via research funds to support study recruitment across a number of specialties.</li> <li>'How to signpost to research' circulated via Midday Mail, clinical network groups, quarterly research newsletter and induction. Sentence included in clinic letters but since removed due to unanticipated issue. Generic research poster/flyer developed with patient research ambassador and Patient and Care Experience Forum made available for clinical staff to distribute and display. Also included in Midday Mail.</li> </ul>
Objective 2	Increase participation in research
How will we know we have achieved it?	Progress
<ul style="list-style-type: none"> <li>Increased numbers of participants recruited into NIHR Portfolio studies</li> <li>Increased numbers of Portfolio studies running in the Trust</li> <li>EDGE (research performance database used by majority of Trusts in England) shows recruitment to time and target for Portfolio studies across care groups</li> <li>Increased numbers of local people registered with the 'Join Dementia Research' service</li> <li>Patient and public involvement in research goes beyond that of being a research participant, e.g. includes contributing to research proposals.</li> </ul>	<ul style="list-style-type: none"> <li>2017-18: increased numbers recruited for the fourth year running.</li> <li>2017-18: increased numbers of studies for the fourth year running.</li> <li>2017-18: majority of Portfolio studies recruited to time and target, with a very small number of exceptions. Recruitment target of 660 for 2018-19 already met.</li> <li>Numbers increasing all the time as Trust research staff also now help people register. People from the register have been recruited into studies running in the Trust.</li> <li>Patient Research Ambassador actively involved in many activities with the research team (and presented at 2017 &amp; 2018 research conference). Carers group set up to inform research for external grant application (presented at 2018 research conference). Two more Research Ambassadors volunteered in 2018, plus a volunteer helping promote dementia app study.</li> </ul>

Objective 3	Maximise research income	
	How will we know we have achieved it?	Progress
<ul style="list-style-type: none"> <li>• National and regional NIHR performance targets met</li>   <li>• Funded research grant applications include Trust staff as applicants</li>   <li>• Increased share of Yorkshire &amp; Humber Clinical Research Network (CRN) partnership funding</li>   <li>• Qualification for more than the minimum £20k of DoH Research Capability Funding (RCF)</li>   <li>• Participation in commercial pharmaceutical industry research</li> </ul>		<ul style="list-style-type: none"> <li>• Exceeded annual recruitment target in 2017-18 and 2018-19. DoH Performance in Initiating and Delivering research indicators met for quarters 1-4 in 2017-18.</li> <li>• One NIHR application submitted but unsuccessful, another has reached stage 2 and awaiting result. Small number of others submitted or in progress.</li> <li>• 2% cut in CRN funding to the Trust in 2017-18 (compared to cuts of 2.5-3.5% in most other Yorkshire &amp; Humber Trusts). No cut for 2018-19, plus applied for and granted additional £18.5k CRN contingency funding. Honorarium for Chief Exec as Chair of Partnership Group meeting from Sep 2018.</li> <li>• £34,742 RCF in 2017-18. £20k confirmed for 2018-19. Future NIHR grant applications, if successful, will hopefully result in an increase in RCF funding in future years.</li> <li>• None presented via CRN in 2017-18 that Trust able to participate in. Preliminary discussions with commercial research organisation started.</li> </ul>
Objective 4	New partnerships for applied research	
	How will we know we have achieved it?	Progress
<ul style="list-style-type: none"> <li>• Proactive in seeking new partners from industry, academic institutions, provider organisations and the wider community (as well as strengthening existing partnerships)</li>   <li>• Trust staff collaborators on external research grant funding applications</li> </ul>		<ul style="list-style-type: none"> <li>• Strengthened relationships with e.g. University of York Mental Health and Addictions Research Group, University of Hull Faculty of Health Sciences and University of Manchester Personal Social Services Research Unit. Working with numerous NHS trusts and non-NHS organisations on particular studies.</li> <li>• Host organisation on two NIHR grant applications submitted in 2018 (one unsuccessful, one awaiting outcome), plus named collaborator</li> </ul>



<ul style="list-style-type: none"> <li>Trust selected as a site for studies led by research sponsors that have not previously worked with us</li> <li>Studies in clinical specialties not previously participating in research, or where activity has been minimal</li> </ul>	<p>on one to Innovate UK (awaiting outcome). Trust staff also submitted applications for CCG research funding in Nov 2018 (one unsuccessful, one awaiting outcome). Other grant applications currently being worked on.</p> <ul style="list-style-type: none"> <li>Selected by various new sponsors, e.g. Sheffield Health &amp; Social Care FT, Leeds &amp; York Partnership NHS FT, Sussex Partnership NHS Trust, and Universities of Sussex &amp; Exeter.</li> <li>Increased research activity in various specialties and professional groups e.g. CAMHS, adult mental health, GP practices, social work.</li> </ul>
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<b>Objective 5</b>	<b>Increase capacity and capability for research</b>
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<b>How will we know we have achieved it?</b>	<b>Progress</b>
<ul style="list-style-type: none"> <li>New joint clinical and academic research posts across professions</li> <li>Principal Investigators developed in clinical specialties not previously research-active</li> <li>Research included in supervision and personal annual development reviews</li> <li>Protected time for research within job plans</li> <li>Research awareness training provided for frontline staff</li> <li>Post-graduate training supported</li> </ul>	<ul style="list-style-type: none"> <li>Adult psychiatry clinical academic in post. Others being explored.</li> <li>New principal investigators in e.g. CAMHS, older people's crisis team, PSYPHER, community adult mental health, learning disabilities, social work. Trust Clinical Psychologist, supported and nominated by R&amp;D Unit, received national 'Outstanding Contribution to Early Career Research' award at Alzheimer's Society Conference in London May 2018.</li> <li>Research team issue certificates for professional development/re-validation/annual reviews when staff refer people into studies/signpost to the research team.</li> <li>Small number of clinical staff have time allocated for research with external research funding passed to care group to support this.</li> <li>'Introduction to research' included in staff induction and in-patient nurse preceptorship peer support programme from Jun 2017. Medical teaching programme includes session by research team and also present at other professional development events. Frontline staff attended Trust research conference in May 2017 &amp; 2018. Principal Investigator development event hosted by University of Hull 2018.</li> <li>Mental Health Nurse successfully applied for NIHR Pre-doctoral Clinical Academic Fellowship 2018 (commenced Oct 2018). Various post-grad research studies ongoing in the Trust and a small number of PhDs.</li> </ul>

<b>Objective 6</b>	<b>Excellence in the quality, safety and governance of research</b>
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<b>How will we know we have achieved it?</b>	<b>Progress</b>
<ul style="list-style-type: none"> <li>Continued provision of a professional research management and support service</li> </ul>	<ul style="list-style-type: none"> <li>R&amp;D Unit continue to provide guidance and advice (including on regulatory issues), performance management, staff support to studies, in particular those classed as 'NIHR Portfolio', and support to enable development of research-active clinical staff.</li> </ul>

- Compliance with all applicable regulatory requirements
- Enhanced systems for monitoring research quality and performance, e.g. maximising utilities in EDGE (research performance database)
- Health Research Authority approval process implemented for all research studies
- Operating procedures that conform with the NIHR Research Support Services Framework
- R&D Unit operates according to new UK Policy Framework for Health & Social Care Research, Health Research Authority (HRA), Mental Capacity Act and other applicable regulations.
- R&D Unit now using EDGE as their primary source of all performance monitoring & reporting data (feeds national system).
- R&D Unit adapted internal processes and guidance to conform to new HRA system introduced in 2016 and undertake 'capacity and capability' assessment as part of this.
- Standard operating procedures (SOPs) adapted to take into account changes in regulatory processes and new SOPs introduced.

### Objective 7

### Translate research into practice

How will we know we have achieved it?	Progress
<ul style="list-style-type: none"> <li>• Increased involvement in implementation research, e.g. through closer working with the Yorkshire and Humber Collaboration for Leadership in Applied Health Research and Care (CLAHRC) and the Academic Health Sciences Network (AHSN)</li> <li>• Improved dissemination of research findings for studies in which the Trust has participated</li> <li>• Embracing research involving digital technologies that seek to aid health service provision and self-management of health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Trust involved in Yorkshire Health Study led by CLAHRC. Involved in various studies with Prof Gilbody who is the CLAHRC mental health and comorbidity theme lead. Trust Chief Executive sits on Yorkshire and Humber AHSN Strategic Advisory Board.</li> <li>• List of published papers, including Trust staff as authors or that specifically relate to research studies the Trust has been a site for, is now available on the research section of the Trust's website. Participation in national ReQoL study has resulted in ReQoL questionnaire being adopted as a standard patient reported outcome measure (PROM) for quality of life recovery in mental health; a free PROM the Trust has now also adopted. Relevant 'Signals' and themed reviews (research evidence) from NIHR Dissemination Centre sent to Care Group Clinical Directors and other staff for circulation as appropriate.</li> <li>• Lead NHS site for digital technology self-management intervention study for people with dementia and those who support them (CaregiversPro-MMD). Collaborator in external research grant application submitted in 2018 (awaiting outcome) for use of digital technology in medication compliance.</li> </ul>

**Agenda Item 16**

Title & Date of Meeting:	Trust Board Public Meeting– 30 <sup>th</sup> January, 2019			
Title of Report:	Freedom to Speak Up Guardian Annual Report			
Author:	<p>Executive Lead – Michele Moran, Chief Executive</p> <p>Alison Flack Freedom to Speak Up Guardian</p> <p>Helen Young Deputy Freedom to Speak Up Guardian</p>			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To provide members of the Trust Board with an update from the Freedom to Speak Up Guardian.			
Key Issues within the report:	<p>The completion by the Trust Board of the self- assessment tool developed by NHSI.</p> <p>The increase in the number of speak up concerns received by the Guardian and Deputy.</p> <p>The types of concerns that are being raised with the Guardian and Deputy.</p> <p>The continued sharing of information and close working between the Guardian, the National Guardian's Office and the Regional Network. We are hosting the Regional Network meeting In June 2019.</p> <p>The learning from staff speaking up and how this will continue to be developed.</p> <p>The work plan for the next 12 months and the development of a Freedom to Speak Up Strategy.</p> <p><b><u>Recommendation</u></b></p> <p>The Board are asked to note the annual report and support the work programme for 2019/20.</p>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals	
YES	Innovating Quality and Patient Safety
YES	Enhancing prevention, wellbeing and recovery



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

## **Freedom to Speak up Guardian's Annual Report**

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. A healthy speaking up culture is an indication of a well led Trust. Freedom to Speak Up Guardians are a trusted pillar for NHS workers. They provide a route through which staff can speak up about any matter that could get in the way of delivering high quality patient care or prevents the workplace being the supportive, caring environment that NHS staff should expect.

The following is an overview of the work that has been undertaken to continue to develop the speak up culture across the Trust during the last 12 months and to provide an update on the number of speak up cases received.

### **National Guardian's Office (NGO)**

The NGO has recently published its Annual Report (2018) and Survey of Speak Up Guardians (2018). There are now over 800 Freedom to Speak Up Guardians, Champions and Ambassadors across health care providers in England.

The National Guardian's Office continue to support the work of the Freedom to Speak Up Guardians and are now working more closely with NHSI and CQC.

Nationally the number of cases raised through Speak Up Guardians has increased each quarter. During 2018, there were over 7000 cases brought to Guardians and others carrying out this role.

The NGO has also published 5 reports following their review of individual Trusts and their speaking up processes and completed 13 case reviews. A significant number of recommendations have been made and the Guardian and Deputy are in the process of reviewing these with senior HR colleagues to ensure best practice from these reviews is implemented, where appropriate in the Trust.

Both the Guardian and Deputy have now successfully completed the national FTSU training course and there is an expectation to attend refresh training on an annual basis.

The Trust's Guardian is required to submit data on the number and type of speak up concerns to the National Guardian's Office on a quarterly basis and we receive the overall activity by size and type of trust. The activity for Quarter 3 has now been submitted. From the information that has been shared from the National Guardian's office we are not an outlier compared to other similar Trusts. We have seen an increase in the number of staff contacting us to raise concerns and this did increase slightly during October 2018 which was National Speak Up month. All Trusts including Humber ran an awareness campaign which saw numbers of staff contacting their Guardian's increase.

The national quarter one data (April 2018) showed that nationally 2348 cases were raised through the speak up route and of these 731 had an element of patient safety or quality of care. Over 1000 of the cases included elements of bullying and

harassment. 110 related to incidents where staff speaking up may have suffered some form of detriment. 264 cases were received anonymously. 12 of the 223 Trusts that submitted data reported that 0 staff had raised concerns through the speak up route.

The recent Speak Up Guardian Survey (2018) noted that 83% of people in a speaking up role believed that the Freedom to Speak Up culture in the NHS has improved over the last 12 months.

### **Yorkshire and Humber Regional Guardian's Network**

The Regional Guardian's Network meetings are held on a bi-monthly basis and Humber Teaching NHS Foundation Trust will be hosting the network meeting in June 2019. We are regularly attending the network meetings which provide an opportunity for peer support and wider learning.

### **NHSI Board Self-Assessment**

The National Guardian's Office and NHSI have developed a guide for Trust Boards and a self-assessment which sets out the expectations and individual responsibilities in relation to Freedom to Speak Up. All Trusts were requested to complete the self-assessment by September 2018. A board development session was held in July 2018 to complete and review the self-assessment. A second session was held to review and update the self-assessment in December and this has been shared with the Trust Board and has helped to form the work plan for 2019/20.

### **Developing our Freedom to Speak Up Vision and Strategy with our staff**

The main action from the self-assessment is to develop a clear FTSU vision, translated into a robust strategy. Staff governors have agreed to help to support the development of this strategy which is to be completed and finalised during early 2019. The draft strategy has been initially developed by the Trust Board and will be shared with other groups for consultation during February 2019.

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

We have seen an increase in the number of staff contacting the Guardian and Deputy to speak up and raise concerns during 2018/19. Since 1<sup>st</sup> April, 2018 to 31<sup>st</sup> December, 2018 there have been 42 speak up concerns received. It is important to note that if more than one staff member raises the same concern this is counted by the number of staff raising the concern.

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

- Patient safety and quality of care
- Human resource processes i.e. grievances
- Bullying and harassment

The areas where speak up concerns have been raised are the Humber Centre, Improving Access to Psychological Therapies, Whitby Inpatient, Whitby Neighbourhood Care Service, Hull Community Mental Health Teams, Westlands and PICU.

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

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

We are continuing to develop and improve the speak up service by asking staff for feedback.

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

### **Resources and support for the Speak Up Guardian**

The Freedom to Speak Up Guardian and Deputy were appointed via a selection and appointment process. Nationally 44% of Guardians have been identified outside of a formal process of appointment.

Both the Speak Up Guardian and the Deputy Speak Up Guardian have ring-fenced time to undertake their roles and a clear job description. Nationally, 42% of Guardians still have no ring fenced time to carry out their duties. This reflects the Trust's Board commitment to create the right environment and provide staff with support if they do not feel able to speak up within the team's they work if they have concerns.

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

We continue to promote the Guardian role across the Trust by attending the Trust monthly induction, attending team meetings and visiting Trust sites. October 2018 was national speak up month and we used the opportunity to visit a number of teams across the Trust including Whitby, Trust HQ, Goole, Maister Lodge, Humber Centre, Westlands, Newbridges and Miranda House, to share information on the role and function. As part of the October speak up campaign, we also took the opportunity to promote the role by featuring as the wallpaper setting on staff computers.

As part of the peer review of teams, information is shared with us when areas are identified as not being aware of the Guardian role and function so we can prioritise these areas.

We have also had the opportunity to meet with staff governors, the health and wellbeing group and also the occupational health team.

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

### **Learning from Speak Up concerns**

One of the roles of the Guardian is to ensure that any learning from speak up cases are shared more widely. As a result of staff speaking up, the following have been implemented:-

- Changes in practice and the policy for weighing palliative care patients.
- A review of how we collect and use information from staff who are leaving the organisation and exit interviews.
- A review of medication management for a community patient.
- Development of service improvement plans and introduction of organisational development and team building.
- Improving training and induction for new starters.

### **Completed Actions during 2018/19**

- Completed Board self-assessment and identified further actions to ensure all areas are addressed.
- Development of draft Freedom to Speak Up Strategy to be consulted on with staff.
- Speak Up monthly surgeries now established.
- Improved timescales to investigate and respond to speak up concerns.
- Regular briefings through Trust communication channels and sharing learning from speak up concerns.
- Improved access to HR team to signpost individuals when appropriate.
- Briefed over 700 staff on the role of the Guardian.
- Worked with over 42 staff who have raised their concerns through the Guardian.



## **Future Actions**

We will continue to promote and raise awareness of the Guardian role across the organisation and work with the Trust Board to develop an open and transparent culture where staff feel safe to speak up when they have concerns. These actions link closely to the Trust's strategic goals with particular reference to innovating quality and patient safety, and developing an effective and empowered workforce.

<b>Action</b>	<b>Complete by</b>
Review of Speak Up Policy to align with our Speak Up Strategy and to include best practice from the NGO's office.	February 2019
Identify actions arising from staff survey results and develop plan.	March 2019
Consultation of the draft Speak Up Vision and Strategy with our staff and staff governors. Approval of the Vision and Strategy by the Trust Board	March 2019
Continued work to ensure expectations and actions from the NHSI/CQC self assessment tool are implemented.	April 2019
Review of recommendations from the National Speak Up Survey (2018).	February 2019
Complete review of recommendations from the 5 NGO reviews and case studies.	February 2019
Continue with awareness raising and communication to staff.	March 2020
Review of self-assessment by Trust Board.	December 2019
Continue to share learning from concerns and communicate on a regular basis across the Trust.	March 2020
Continue to participate in national and regional events.	March 2020

**Alison Flack**  
Freedom to Speak Up Guardian

**Helen Young**  
Deputy Speak Up Guardian

**Agenda Item 17**

Title & Date of Meeting:	Trust Board Public Meeting– 30 <sup>th</sup> January, 2019			
Title of Report:	Freedom to Speak Up National Guardian’s Office/NHSI - Self Review Tool			
Author:	Michele Moran, Chief Executive Alison Flack, Freedom To Speak Up Guardian			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	<p>The self-assessment tool has been developed by the National Guardians Office (NGO) and NHSI to set out expectations of boards in relation to Freedom to Speak Up. The tool will help boards to create a culture that is responsive to feedback and focused on learning and continual improvement.</p> <p>The guide is aligned with the good practice set out in the CQC well led framework.</p> <p>The Trust Board have completed the self-assessment on two occasions during July 2018 and December 2018 and have now fully met a number of the expectations.</p> <p>Further work is required in some areas and the actions needed are noted in the document.</p> <p>The review tool is shared with the Board to note the progress made and should be read in conjunction with the Freedom to Speak Up Annual Report.</p>			
Key Issues within the report:	<p>The draft Freedom to Speak Up vision and strategy has been developed by the Board and will now be consulted widely on with our staff and staff governors.</p> <p>It is expected that the Speak up Vision and strategy will be presented to the March Trust Board for final approval.</p> <p>The Board are asked to note the completion of the self assessment and the progress made and support the areas of development required to ensure that all expectations are fully met.</p>			

**Monitoring and assurance framework summary:**

Links to Strategic Goals	
<b>YES</b>	Innovating Quality and Patient Safety
<b>YES</b>	Enhancing prevention, wellbeing and recovery
<b>YES</b>	Fostering integration, partnership and alliances



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

## **Humber Teaching NHS Foundation Trust Freedom to Speak Up Self-Review Tool for NHS Trusts**

NHS Improvement and the National Guardian's Office have published a guide setting out expectations of boards in relation to Freedom to Speak Up to help boards create a culture that is responsive to feedback and focused on learning and continual improvement.

A self-review tool has also been developed to enable boards to carry out in depth reviews of leadership and governance arrangements in relation to Freedom to Speak Up and identify areas to develop and improve.

The self-review tool has now been reviewed and completed by the Trust Board in July 2018 and December 2018. The review has a number of indicators that are aligned to the CQC well led key lines of enquiry. By completing the review, this has helped to identify the key areas of focus and the workplan of the Board and the Guardian. We have continued to make good progress and demonstrable improvement in a number of the expectations.

The completed self-review assessment is available if required and has been shared with all the Trust Board members.

### **Summary of Progress**

The expectations of the indicators, progress to date and further work to complete is outlined below.

#### **Leaders are knowledgeable about speak up**

The Board is knowledgeable and kept up to date about speak up issues and our executive lead and non-executive lead are aware of guidance from the National Guardian's Office. Concerns are shared with the Board on a regular basis.

The draft speak up vision and strategy has been developed and presented to the Board in January 2019. Consultation events are planned during February 2019 to ensure a good level of consultation and discussion before this is finalised in March 2019.

#### **Leaders have a structured approach to speak up**

We have an up to date speaking up policy that reflects the minimum standards set out by NHS Improvement.

#### **Leaders actively shape the speaking up culture**

Our leaders prioritise speaking up and work in partnership with the Freedom to Speak Up Guardians.

Further work needs to be developed to ensure that all our senior leaders are proactive in developing ideas and initiatives to support speaking up.

#### **Leaders are clear about their role and responsibilities**

We have a named executive and named non-executive director responsible for speaking up and both are clear about their roles and responsibilities.

Our leads meet regularly with the Guardian to receive updates and provide appropriate advice and support.

#### Leaders receive assurance in a variety of forms

We need to undertake further work to ensure that we remove barriers for speaking up for those in more vulnerable groups.

We share lessons learnt from speak up concerns within the relevant area but we need to share these more widely across the Trust.

Our Board receives a report from the Guardian on an annual basis but this will increase to twice a year. A report is also received by the Quality Committee.

#### Leaders are confident that wider concerns are identified and managed

Our Guardian has ready access to senior leaders and others to escalate patient safety issues rapidly.

#### Leaders engage with all relevant stakeholders

As part of developing our vision and strategy, we need to ensure we seek a diverse range of views from our staff to shape the culture of the organisation in relation to speaking up.

We continue to develop our reporting to ensure that we share concerns quickly with our partners.

Our Guardian is encouraged to work closely with other local and national Guardians and also our regulators.

#### Leaders are focused on learning and continual improvement

We are currently reviewing the National Guardian's Office inspection reports and case studies and ensuring we implement the recommendations, as appropriate. These will be reflected in the Guardian's reports.

Our speak up policy will be reviewed annually and will align to our strategy and vision.

We will develop a system for auditing case reviews and we are currently seeking support from our regional network colleagues to implement this.

#### Individual Responsibilities

Chief executive, Chair, Executive Lead, Non Executive Lead, HR Director, Medical and Nurse Director are all clear on their individual roles and responsibilities and will work closely with the Guardian to complete further actions required.

Copies of the completed assessment tool are available on request.

The Board will review the self-assessment tool on a 6 monthly basis and this will be completed again in June 2019.

**Agenda Item 18**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> January, 2019		
Title of Report:	Freedom To Speak Up Developing our Freedom to Speak Up Vision and Strategy		
Author:	Michele Moran, Chief Executive  Alison Flack, Freedom to Speak Up Guardian Helen Young, Deputy Freedom to Speak Up Guardian		
Recommendation:	To approve		To note
	To discuss	YES	To ratify
	For information		To endorse
Purpose of Paper:	<p>The Trust Board have discussed the key principles they would like to include within Trust Speak Up Vision and Strategy for consultation with our staff and staff governors during February 2019.</p> <p>The final strategy will be shared with the Trust Board in March 2019 for approval.</p>		
Key Issues within the report:	<p>The Board are asked to discuss the draft strategy and make any suggestions for additional changes prior to consulting with our staff.</p> <p>The Board are asked to support the proposal to consult with our staff during February 2019.</p>		

**Monitoring and assurance framework summary:**

Links to Strategic Goals				
YES	Innovating Quality and Patient Safety			
YES	Enhancing prevention, wellbeing and recovery			
YES	Fostering integration, partnership and alliances			
YES	Developing an effective and empowered workforce			
YES	Maximising an efficient and sustainable organisation			
YES	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			



Report Exempt from Public Disclosure?			No	
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## **Humber Teaching NHS Foundation Trust**

### **Developing our Freedom to Speak Up Vision and Strategy (2019-2022)**

It is a requirement of each Trust to have a Freedom to Speak Up Vision and Strategy in place. The Trust Board have had some discussions regarding what is their collective vision and what elements they would like to see in this as part the work that was undertaken to complete the NHSI/CQC self assessment tool. It is vitally important to the Trust Board that all our staff have the opportunity to contribute to this.

The Trust Board are asked to consider and discuss the draft strategy and vision below and support the proposal to develop this further with our staff. It is proposed that there will be a number of focus groups across the Trust during February 2019 led by the Freedom to Speak Up Guardian and Deputy supported by members of the Board to gain staff's views on the proposed vision and strategy with the final vision and strategy being presented for the Board's approval in March 2019.

#### **Purpose**

In 2015 Sir Robert Francis produced a Freedom to Speak Up Review which amongst a range of recommendations and principles, called for all NHS organisations to appoint a Freedom to Speak Up Guardian (FTSU) to improve the way health care organisations deal with concerns raised by NHS staff as part of the process of developing a culture of safety, learning and continuous development in which all staff feel safe to raise concerns.

In 2018 guidance was issued by the National Guardians Office (NGO) NHS Improvement which advised organisations to produce a Freedom to Speak Up Vision and Strategy which would be supported by the organisations's Freedom to Speak Up policy.

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is an indicator of a well-led Trust.

Positive leadership and a developing culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes will help to support our strategy.



## **Proposals for discussion by our Trust Board and all our staff**

### **Our Speak Up Vision**

We will provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

### **Our Values**

Our Freedom to Speak Up Strategy supports the Trust Strategy (2018-23) and is underpinned by our Values - "Caring, Learning and Growing".

### **Our Speak Up Strategy**

The Board and senior leaders of the Trust have made a commitment to implement our speak up vision by taking the following actions:

We will model the behaviours that promote a positive speaking up culture.

We will ensure that our teams learn and develop from staff speaking up and raising their concerns.

We will continue to raising awareness of the speak up Guardian role

We will encourage speaking up and thank and support those who do so.

We will challenge poor behaviour when these do not align with our vision and values

We will provide the resources required to deliver an effective speak up function;

We will ensure that we fully meet and can evidence the expectations outlined in the National Guardians office (NGO) and NHS Improvement self review tool.

We will regularly engage with the the National Guardian's Office and the regional network of Freedom to Speak up Guardians in order to learn and share best practice.

We will regularly review the national case reviews to ensure that any recommendations and learning are implemented, where appropriate.

### **Monitoring our Progress**

We will use the following information to monitor our achievement against the strategy.

Annual staff survey results

Freedom to Speak Up Guardian Annual Report

Staff questionnaires to those staff who have raised their concerns.

Quarterly Guardian updates for all staff that will be shared through the Trust's communication channels. This will include updates on learning from concerns that have been raised.

Review of case investigations to ensure that they are timely, proportionate and that the learning has been implemented across the relevant team and across the wider organisation.

### **Recommendation**

The Board are asked to discuss the draft vision and strategy and consider whether it includes their collective ambition to ensure that staff feel safe to speak up and raise their concerns freely.

The Board asked asked to support the proposal to consult with staff during February 2019 and present final strategy and vision in March 2019.

**Agenda Item 19**

Title & Date of Meeting:	Trust Board Public Meeting – 30 <sup>th</sup> January 2019			
Title of Report:	The NHS Long Term Plan (2019)			
Author:	Michele Moran, Chief Executive Alison Flack, Transformation Programme Director			
Recommendation:	To approve		To note	
	To discuss		To ratify	
	For information	X	To endorse	
Purpose of Paper:	To provide the Trust Board with an overview and summary of the NHS Long Term Plan.			
Key Issues within the report:	<p>The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the right place. Almost everything in the plan is already being implemented successfully somewhere in the NHS and it will be essential that we use this work to spread good practice across the whole of the NHS.</p> <p>This plan presents a real opportunity for additional investment and expansion in the following areas:-</p> <ul style="list-style-type: none"> <li>- Mental health services for adults, children and young people;</li> <li>- Learning disability and autism;</li> <li>- Primary care and community services</li> </ul> <p>The Board are asked to note the report and support the next steps.</p>			

**Monitoring and assurance framework summary:**

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



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

## **The NHS Long Term Plan**

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

The plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. There were over 200 engagement events held and 2500 submissions from individuals and groups representing the interests and views of 3.5 million people.

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

In order to deliver the plan, improved levels of growth funding have been identified averaging 3.4% a year over the next 5 years. It is expected that investment in mental health services will grow faster than the NHS overall budget growth. The plan creates a new ring fenced investment fund for mental health services worth at least £2.3 billion a year by 2023/24.

Integrated Care Systems (ICS) will be central to the delivery of the Long Term Plan and by April 2021 all systems will be operating as ICSs which will be built on strong and effective providers and commissioners, underpinned by clear accountabilities.

### **Key Aims of the Long Term Plan**

The following are the three key aims of the plan with the main areas outlined that are relevant to the services delivered by our Trust.

#### **Making sure everyone gets the best start in life**

- Expanding support for perinatal mental health conditions.
- Increasing funding for children and young people's mental health.
- Reducing waiting times for autism assessments.

#### **Delivering world-class care for major health problems**

- Increasing early intervention and prevention of heart attacks, strokes and dementia.
- Spending at least £2.3 billion more a year on mental health care.
- Helping 380,000 more people get therapy for depression and anxiety by 2023/24.
- Delivering community based physical and mental health care for 370,000 a year for people with severe mental illness by 2023/24.



## **Supporting people to age well**

- Increasing funding for primary care and community care by at least £4.5 billion.
- Helping more people to live independently at home for longer.

## **Key Enablers of the Long Term Plan**

In order to achieve the ambitions set out in the Long Term Plan the following are key enablers to ensure success.

- Preventing illness and tackling health inequalities

Wider action on prevention will help people stay healthy and reduce demand on the NHS. To help tackle health inequalities and unmet need, NHS England will base its five year funding allocations to local areas on a more accurate assessment.

- Developing our workforce

A comprehensive workforce implementation plan is due to be published in late 2019 which sets out specific actions. The workforce will continue to increase and there will be more training places available for medical staff, nurses and apprenticeships.

- Making better use of data and digital technology

More convenient access to services and health information for patients with the new NHS App as a digital front door. Better planning of services based on analysis of patient and population data.

## **Key Ambitions**

The plan sets out a number of key milestones that will need to be achieved. In many of these areas work has commenced and has been identified as a priority of the Humber, Coast and Vale Mental Health programme.

## **Mental Health Services for Adults**

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE approved IAPT services.
- By 2023/24 NHS 111 will be the single, universal point of access for people experiencing mental health crisis including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.

- Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24 there will be the introduction of mental health transport vehicles, mental health nurses in ambulance control rooms and building mental health competency of ambulance staff to ensure that ambulance staff are trained to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospitals.
- Continued focus on suicide prevention

### **Children and Young People's Mental Health**

- A new commitment to additional funding for children and young people's mental health services that will grow faster than both overall NHS funding and mental health spending.
- Investment to expand access to community based mental health services.
- Investment to expand eating disorder services.
- Investment to support those children and young people experiencing a mental health crisis.
- Mental health support for children and young people will be embedded in schools and colleges.
- A new approach to young adult mental health services for people aged 18-25 to support the transition to adulthood.

### **Learning Disability and Autism**

- A reduction in waiting times for specialist services.
- Improving the health and wellbeing of people with a learning disability and autism
- Investment to increase intensive, crisis and forensic community support.

## **Next Steps**

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) will now need to develop and implement their own strategies for the next five years. These will be published in Autumn 2019.

These strategies will need to set out how they intend to take the ambitions of the NHS Long Term Plan and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve by continuing to build on the work that has been developed.

As a Foundation Trust and a partner in the Humber, Coast and Vale STP we will be significantly involved in developing and implementing these plans for our patients and communities. We will continue to work closely with the HCVSTP Mental Health Partnership Board which is chaired by Michele Moran as the Senior Responsible Officer and the local placed based boards together with our local Clinical Commissioning Groups to deliver on the ambitions set out in the plan.

Our Trust strategy (2018-2022) also aligns well to the NHS Long Term Plan and we will need to review this and our Operational Plan for 2019/20 to ensure we reflect the ambition laid out in the NHS Long Term Plan.

## **Summary**

There are opportunities for the Trust within the framework, the strong emphasis on prevention wellness, recovery and reablement to note but there are also others such as the emphasis on schools and families.

The issues remain about the hypothecated funding, continuing to meet the acute constitutional targets and how the money for mental health and primary care will be allocated and protected. However, the main area of challenge to consider is the NHS workforce and how this will be fit for purpose to deliver the plan.

## **Recommendation**

It is proposed that the Trust Board will review in detail the NHS Long Term Plan and how it fits with our Trust Strategy and Operational Plan (2019/20) at their development session on 6<sup>th</sup> March, 2019.



**Agenda Item 20**

Title & Date of Meeting:	Trust Board Public Meeting - 30 <sup>th</sup> January 2019			
Title of Report:	Performance Report – December 2018			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	The Board is asked to note the report.			
Purpose of Paper:	This purpose of this report is to provide the Trust Board with an update on Board approved key performance indicators as at the end of December 2018.			
	The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.			
Key Issues within the report:	Exception reporting and commentary is provided for each of the reported indicators:			
	<p>The Trust Safer Staffing as at the end of November 2018 is also presented within the body of the report.</p> <p>Key headlines for the month include:</p> <ul style="list-style-type: none"> <li>• PADR compliance has risen to 80.5% against a target of 85%, this is the second month of improvement.</li> <li>• Increase in Delayed Transfers of Care for MH Services. 13.4% in December.</li> <li>• Care Programme Approach (CPA) formal reviews in 12 months, performance is 94% for December.</li> <li>• Admissions for Under 18s – one admission in December with a total of three admissions in Q3.</li> <li>• Out of Area Placements has increased in December with 194 days spent out of area in the reporting period (Mainly in Older People's services, however it does remain within target parameters).</li> <li>• Sickness has increased to 5.8% in December (provisional data) which is above the 4.5% target set by the Board</li> </ul>			

**Monitoring and assurance framework summary:**

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



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

Financial Year  
2018-19

# INTEGRATED BOARD REPORT

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

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



Reporting Month:  
Dec-18

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: **Dec 2018**

**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.

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

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

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

# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending:

**Dec 2018**

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

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

**Dec 2018**

Indicator Title

Description/Rationale

**Incidents**

Total number of incidents reported on Datix

Executive Lead  
Hilary Gledhill

KPI Type

IQ 6

### Narrative

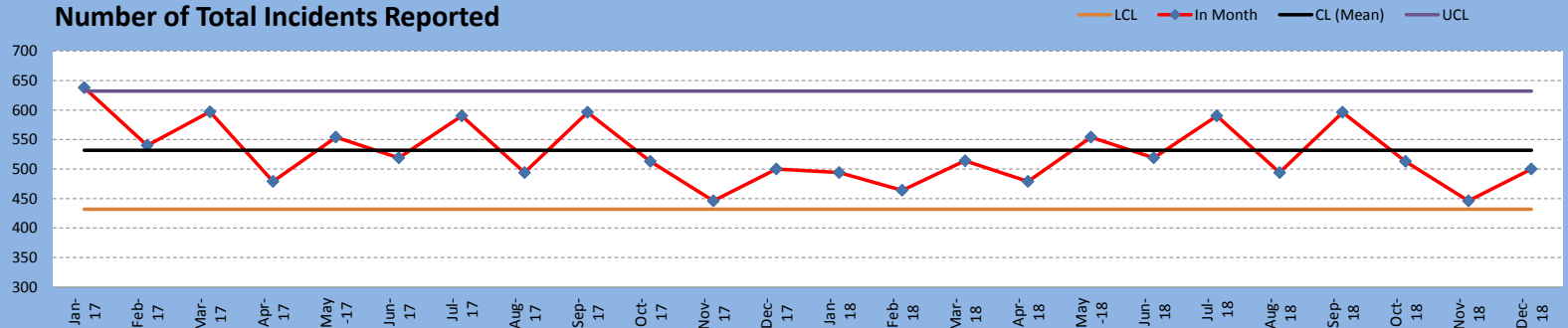
within tolerance

UCL: 632

LCL: 432

Current month stands at 500

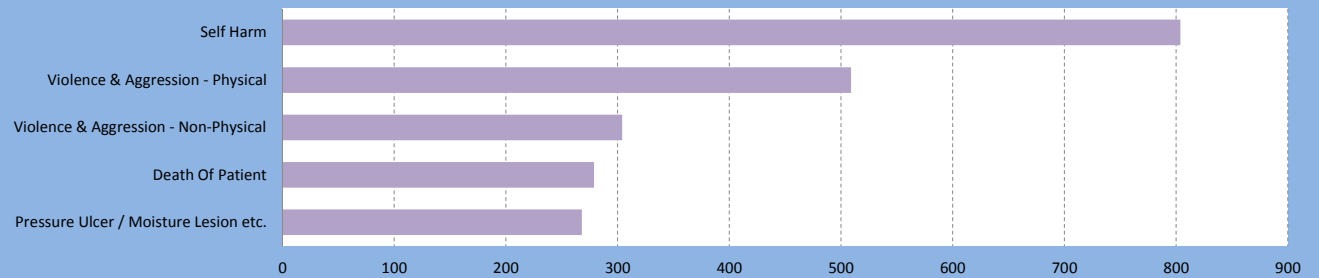
### Number of Total Incidents Reported



### Top 5 Themes

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

### Top 5 Themes



### Exception Reporting and Operational Commentary

There has been an increase in the number of incidents reported in December 2018. The highest increase occurred in the self harm category due to an increase in self ligatures (not to a fixed point). Multi-disciplinary professional meetings are being held to ensure robust management plans are in place to manage the risk and reduce incidences for the patients affected.

### Business Intelligence

As the Trust diversifies and acquires business, the number of incidents may increase/decrease to reflect this. Currently the RAG rating is based on the number of incidents outside the Upper and Lower Control Limits. There are plans to include data split by level of harm in future reports

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

**Mandatory Training**

A percentage compliance based on an overall target of 85% for all mandatory and statutory courses

Executive Lead  
Steve McGowan

KPI Type

WL 5

### Narrative

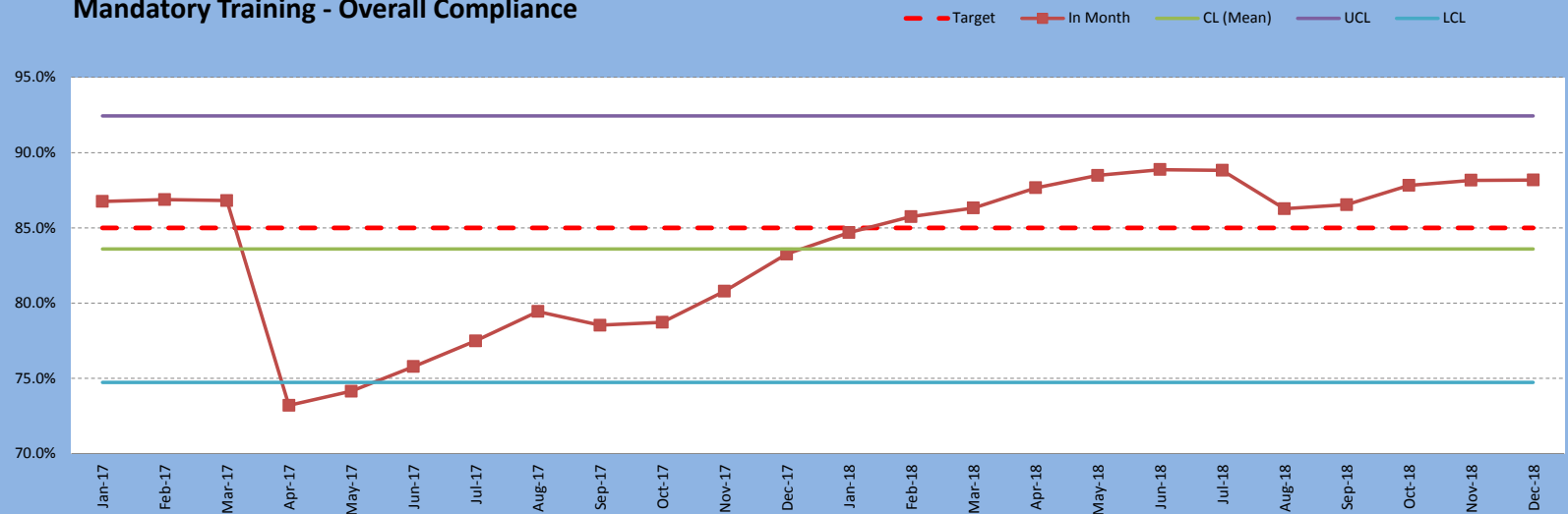
**Above Target**

Target: 85%

Amber: 75%

Current month  
stands at  
88.2%

### Mandatory Training - Overall Compliance



### Exception Reporting and Operational Commentary

Performance remains above target and 4.9% higher than the same time last year. Managers continue to receive information on a monthly basis of staff that have not completed their training so that they can take the necessary action. For 17 of the 18 courses performance is better than at the same time last year. Of the two 'red' courses (PATs and BLS), both are significantly better than at the same time last year (PATs 50.4% compared to 69.1%, BLS 71.6% compared to 55.7%). These areas remain a focus for the Chief Operating Officer and are being actively managed.

### Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. Three courses rated Amber (ILS 75.5%, IG 88.2% and MHA 82.9%). PATs and BLS remain in the red (PATs 69.1% and BLS 71.6%). Both of which have improved on last month.

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2018**

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

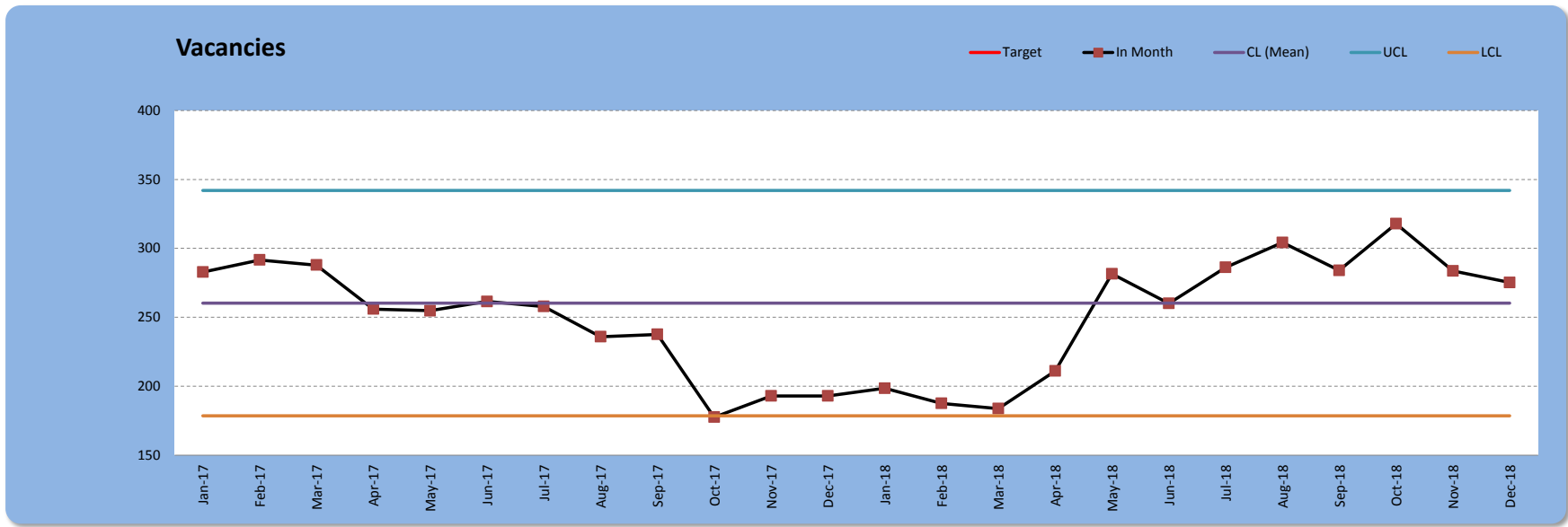
KPI Type
WL 2 VAC

**Narrative**

no target

Target: TBC  
Amber: TBC

Current month stands at 275.2



### Exception Reporting and Operational Commentary

Vacancies reduced by 9 during December, a reduction for a second consecutive month. Of the 275 vacancies, the two largest groups are Nursing (84.6 FTEs 10.7% vacancy level) and Healthcare Assistants (64.6 FTE 15.3% vacancy level). Recruitment plans for both of these occupational groups are being drawn up by the Chief Operating Officer. It needs to be recognised that there is a national shortage of registered nurses. The current trust vacancy factor means we would expect to see 150 posts vacant at any one time to achieve the 2018/19 Trust budget position.

### Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/12/18

- Corporate 61 (12.4%)
- Mental Health Services Care Group 90.8 (10.3%)
- Primary Care, Community, Children's and LD Services 83.5 (8.5%)
- Specialist Services 39.9 (15.48%)
- Total 275.2 (10.56%)



# PI RETURN FORM 2018-19

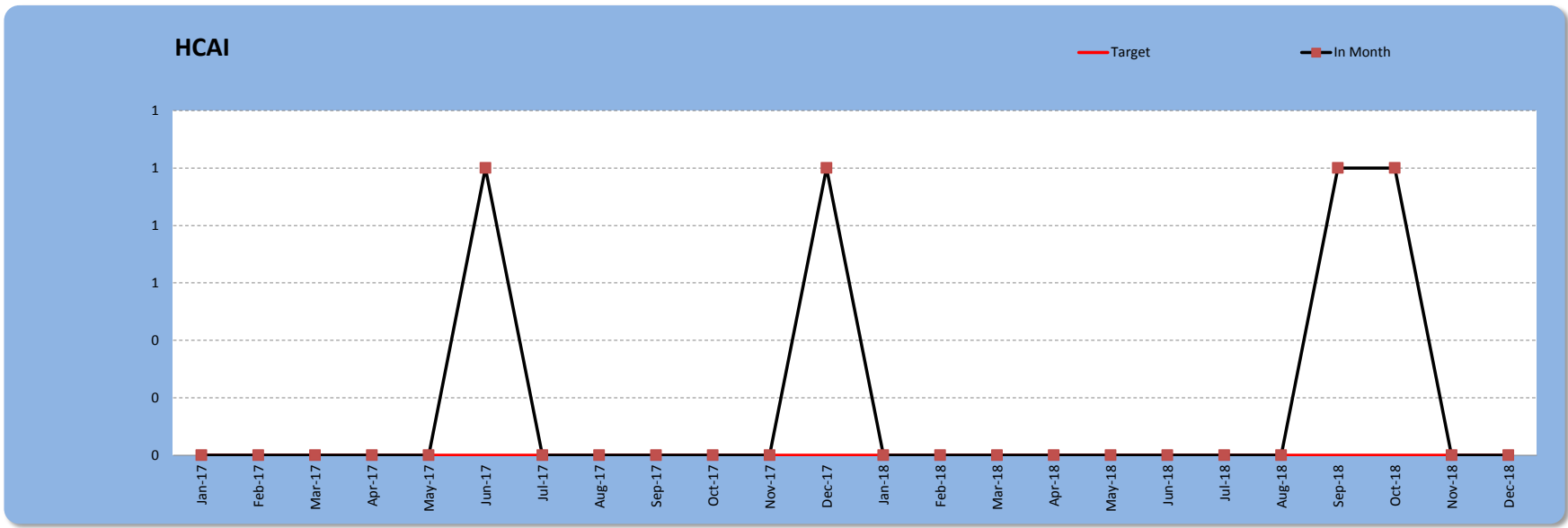
## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2018**

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

KPI Type
HCAI

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



### Exception Reporting and Operational Commentary

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

Whitby C.Diff update: No further information received from York. However, the root cause analysis was shared with the CCG who confirmed that there were no lapses in care provided by the Trust.

### Business Intelligence

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

Conclusion of the C.Diff case at Whitby in October is provided in the operational commentary box.

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

**Clinical Supervision**

Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks

Executive Lead  
Hilary Gledhill

KPI Type

WL 9a

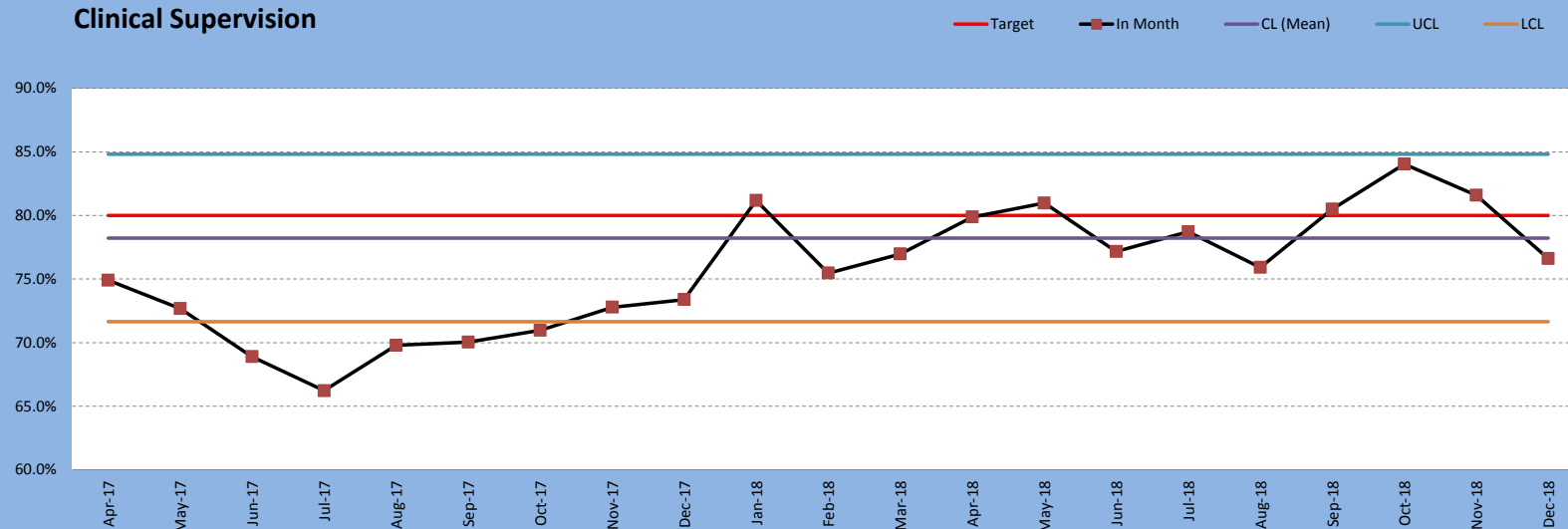
### Narrative

**Reduction in achievement**

Target: 80%  
Amber: 75%

Current month stands at 76.6%

### Clinical Supervision



### Exception Reporting and Operational Commentary

We have seen an overall continuing improvement across the past 18 months. However the last two months have shown a slight decline. This is being addressed at an individual team level. Work continues to encourage a full return from all teams. Scarborough and Ryedale teams now have structures in place for 1:1 supervision and group supervision is also taking place with a programme of training to support full implementation and reporting from November 2018.

### Business Intelligence

The mean average and the Upper and Lower Control limits are based on data points since Nov-17 (12 data points).

Clinical Supervision data was not collected prior to April 2017 so is not able to be shown in the chart above. Teams who do not provide a return are being actively managed by the Care Group.

# Quality Dashboard

Mortality Dashboard

Quarter 3

Description : Learning from Mortality Reviews

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

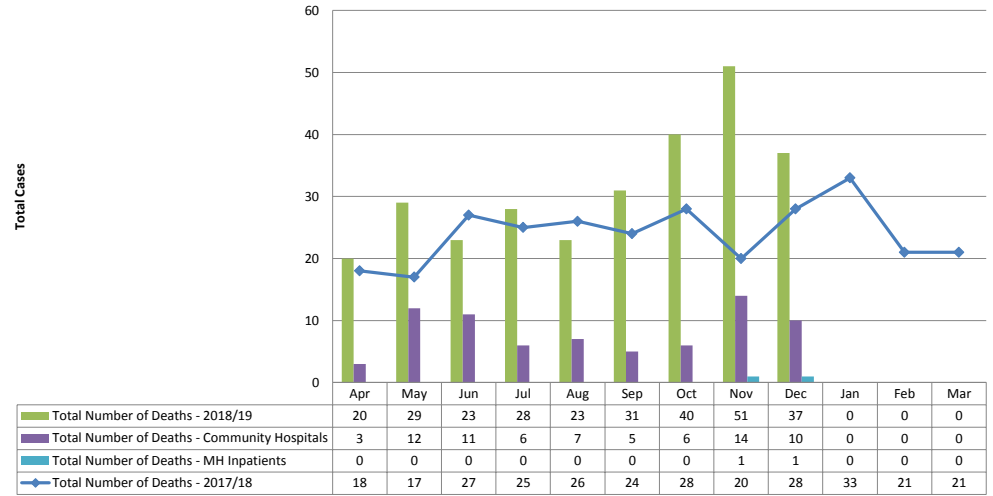
Total Number of Deaths and Deaths Reviewed  
(does not include patients with identified Learning Disabilities)

	Q1	Q2	Q3	Q4	YTD
Total Number of Deaths - 2018/19	72	82	128	0	282
Total Number of Natural Deaths	58	67	113	0	238
Proportion of Natural Deaths	80.6%	81.7%	88.3%		84.4%
Total Number of Deaths - Community Hospitals	26	18	30	0	74
Total Number of Deaths - MH Inpatients	0	0	2	0	2
Total Number of Deaths - LD Inpatients	0	0	1	0	1
Total Number of Deaths - Forensics Inpatients	0	1	0	0	1
Total Number of Deaths - All Community excl. MH	23	40	58	0	121
Total Number of Deaths - MH Community	23	23	38	0	84

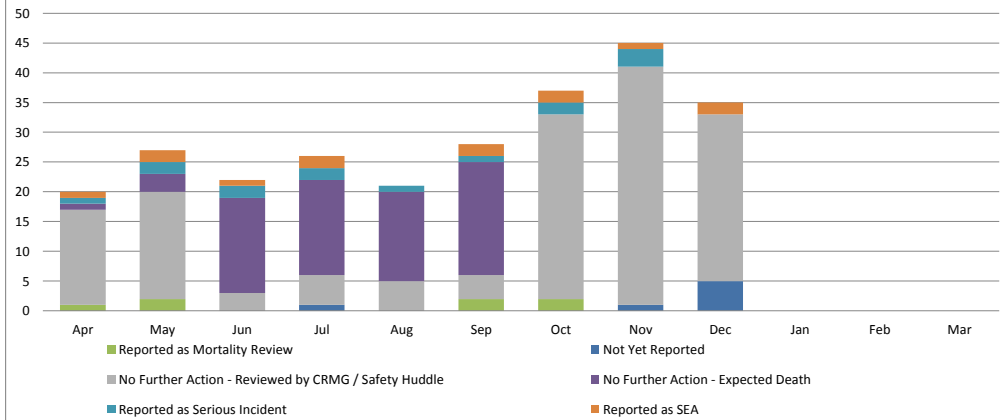
## Review Process

Reported as Mortality Review	3	2	2	0	7
No Further Action - Reviewed by CRMG / Safety Huddle	37	14	99	0	150
No Further Action - Expected Death	20	50	0	0	70
Reported as Serious Incident	5	4	5	0	14
Reported as SEA	4	4	5	0	13
	0	0	0	0	0
	0	0	0	0	0
Total Deaths Reviewed	69	74	111	0	254
Not Yet Reported	0	1	6	0	7
Awaiting Cause of Death	3	7	11	0	21

## Total Number of Deaths per annum



## Outcome of Death Reviews (2018/19)



# Quality Dashboard

Mortality Dashboard

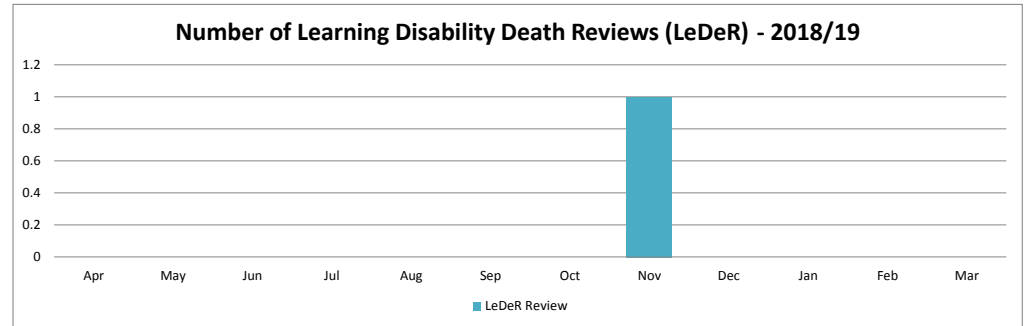
Quarter 3

Description : Learning from Mortality Reviews

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

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

	Q1	Q2	Q3	Q4	YTD
Number of Deaths	0	0	1	0	1
Number of Deaths in Inpatients	0	0	1	0	1
LeDeR Review	0	0	1	0	1
Number of Deaths - Problems in Care Identified	0	0	0	0	0



Key Messages/Learnings:- Deaths/Mortality

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

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2018-19
Reporting Month:	Nov-18



Speciality	Units			Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (YTD 2018-19)				High Level Indicators						Indicator Totals			
	Ward	Speciality	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents affecting patient care	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Slips Trips Falls	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Oct-18	Nov-18
									Registered	Un Registered	Registered	Un Registered													
Adult MH	Avondale	Adult MH Assessment	63%	16.61	28.6%	↓	0.0%	↑	94%	91%	99%	111%	1	16	0	4	54.2%	94.1%	91.7%	92.3%	92.3%	1.1%	3.0	1	1
	New Bridges	Adult MH Treatment (M)	94%	8.65	15.9%	↑	1.1%	↑	94%	96%	100%	100%	2	30	0	3	92.1%	94.3%	88.2%	91.3%	64.4%	8.1%	0.0	3	3
	Westlands	Adult MH Treatment (F)	78%	11.65	24.1%	↑	1.4%	↑	94%	99%	69%	112%	10	30	0	0	83.3%	85.7%	53.3%	85.0%	61.1%	3.9%	2.6	5	3
	Mill View Court	Adult MH Treatment	86%	9.13	21.0%	↓	0.0%	→	105%	91%	102%	100%	1	20	0	10	80.0%	94.8%	85.7%	92.9%	100.0%	10.9%	1.0	1	1
	Hawthorne Court	Adult MH Rehabilitation	54%	9.92	22.3%	↑	0.0%	→	63%	123%	100%	102%	1	6	0	3	64.0%	90.4%	88.9%	87.5%	74.1%	4.5%	1.0	3	3
	PICU	Adult MH Acute Intensive	56%	19.51	20.6%	↓	2.2%	↑	80%	108%	78%	109%	1	152	0	1	62.5%	85.6%	78.6%	75.0%	66.7%	10.8%	5.4	3	3
OP MH	Maister Lodge	Older People Dementia Treatment	96%	13.22	18.2%	↑	0.0%	→	73%	116%	107%	117%	12	64	0	60	89.7%	87.6%	91.7%	64.0%	82.5%	7.1%	2.4	2	4
	Mill View Lodge	Older People Treatment	89%	13.05	16.9%	↓	0.0%	→	86%	98%	100%	100%	0	4	0	24	59.1%	93.6%	92.9%	81.8%	88.5%	5.6%	1.0	2	2
Specialist	Darley	Forensic Low Secure	100%	10.58	24.3%	↓	0.0%	→	43%	68%	100%	92%	0	9	0	1	68.2%	93.8%	87.5%	62.5%	87.0%	17.1%	4.2	4	6
	Bridges	Forensic Medium Secure	92%	8.80	1.7%	↑	0.0%	→	59%	73%	100%	109%	3	11	0	0	74.1%	92.9%	94.7%	73.5%	87.5%	15.3%	0.0	4	4
	Swale	Personality Disorder Medium Secure	71%	15.94	34.3%	↑	0.0%	→	77%	96%	100%	162%	2	5	0	0	100.0%	92.8%	84.6%	70.6%	85.2%	3.3%	0.0	1	0
	Ullswater	Learning Disability Medium Secure	100%	14.26	32.9%	↑	0.0%	→	60%	140%	102%	114%	3	9	0	8	96.3%	93.0%	100.0%	94.7%	88.9%	2.5%	0.0	5	2
LD	Townend Court	Learning Disability Assessment/Treatment	50%	26.97	27.1%	↓	0.0%	→	60%	103%	100%	95%	0	76	0	4	90.0%	95.4%	72.2%	92.3%	91.3%	4.6%	-1.2	3	1
	Granville Court	Learning Disability Nursing Treatment	Not Avail	0.00	36.5%	↑	0.0%	→	117%	86%	103%	99%	1	1	0	3	93.8%	81.7%	100.0%	70.6%	84.3%	6.1%	0.9	2	1
CH	Whitby Hospital	Physical Health Community Hospital	72%	7.65	0.0%	→	0.0%	→	85%	94%	99%	100%	15	13	0	43	55.6%	80.0%	56.3%	40.9%	56.4%	14.8%	1.2	5	5
	Malton Hospital	Physical Health Community Hospital	71%	8.79	Not on eRoster	→	Not on eRoster	→	86%	88%	97%	95%	0	0	0	9	64.9%	78.5%	35.3%	86.4%	60.0%	8.6%	2.5	5	3

### Exception Reporting and Operational Commentary

PADRs at Newbridges and Westlands are a concern. Both units have seen an improvement in December figures and this will continue to be an area of focus for improvement. Similarly ILS training on Westlands has also improved. Whitby is a concern across the range of staff quality indicators. A development plan is in place with oversight by the Director of Nursing. The Darley fill rates for registered nurses on days (43%) has failed to include the Band 6 hours in error. This is a reporting issue which has been addressed with the service manager and FWT. The sickness level relates to significant long term sickness which is being addressed through the sickness policy. Indications show that training and supervision compliance has improved in December.

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

### Registered Nurse Vacancy Rates

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

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

# PI RETURN FORM 2018-19

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **Dec 2018**

Indicator Title	Description/Rationale	Executive Lead
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

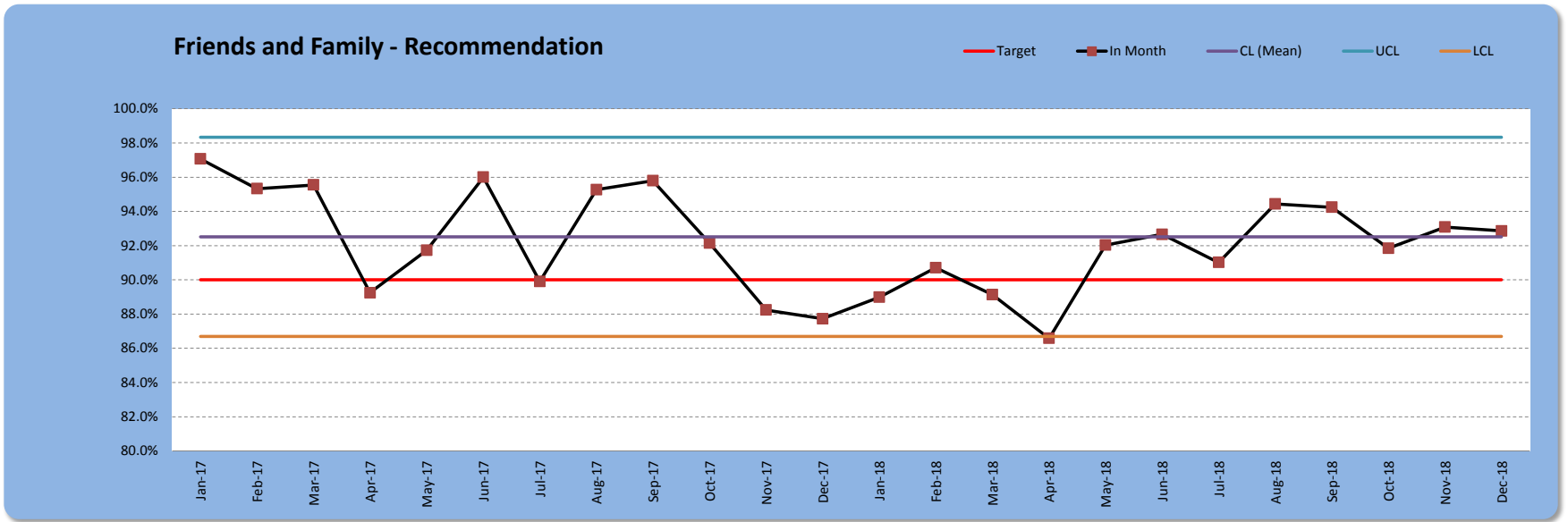
KPI Type
FFT %

**Narrative**

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 92.9%



### Exception Reporting and Operational Commentary

Patients likely to recommend our services continues to remain high. The national target is 90% and the Trust is consistently performing in excess of 90%.

Teams are embracing the Friends and Family Test live data dashboard and are developing internal processes to discuss patient and carer experience at team meetings to celebrate the positive feedback and develop actions for negative feedback to act upon and learn lessons.

### Business Intelligence

Calculation based on ALL surveys completed across all service areas including GPs. Significant increase in the number of surveys completed in Primary Care and Community Services care group since May 2018.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

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

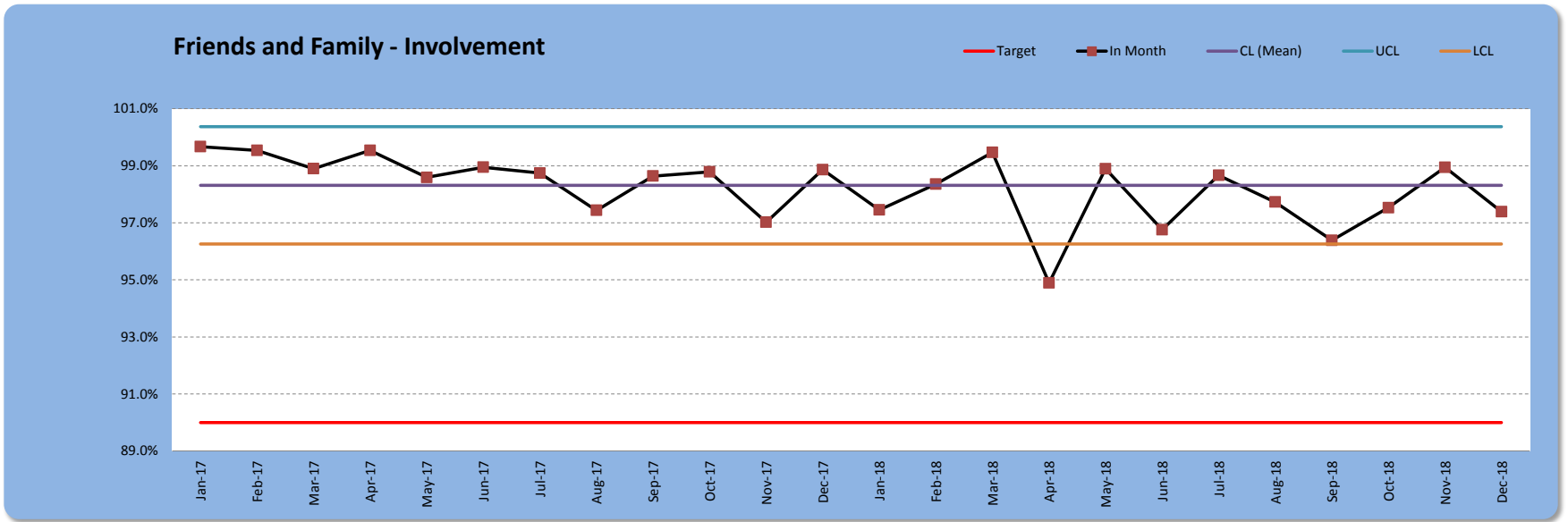
KPI Type
CA 3c %

**Narrative**

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 97.4%



### Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement.

### Business Intelligence

The remaining two Core Questions (Staff Helpfulness and Sharing Information) show a return of 99.1% and 97.8% respectively.

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 12

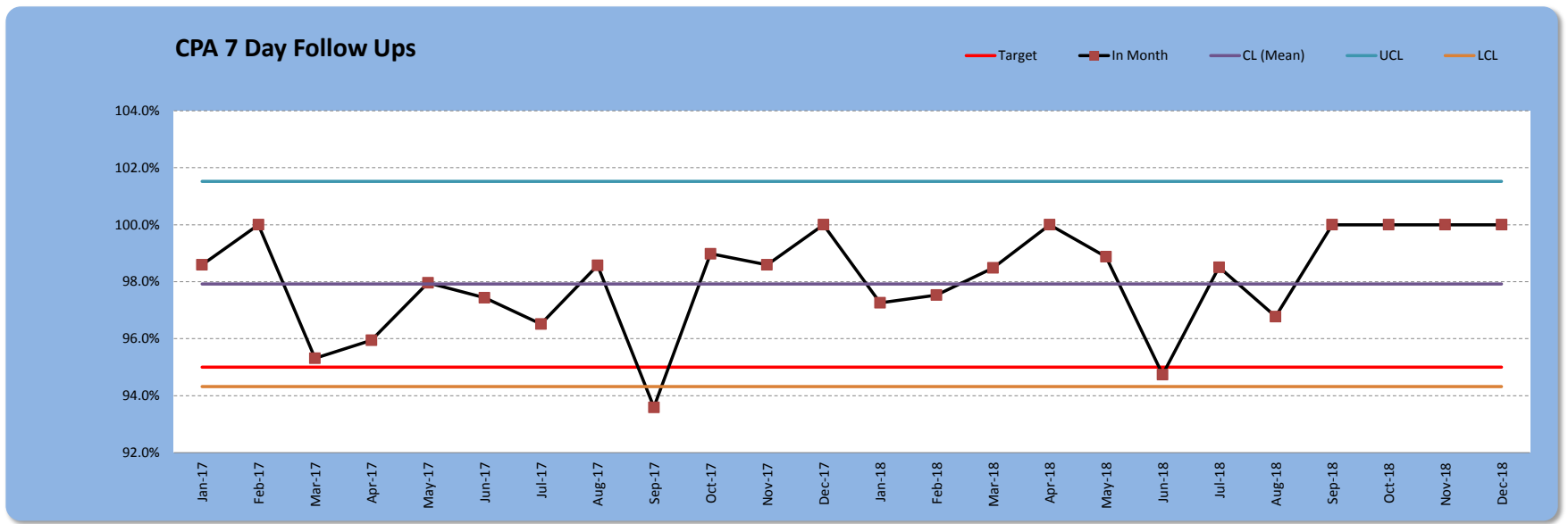
**Narrative**

Fully achieved

Target: 95%

Amber: 85%

Current month stands at 100.0%



### Exception Reporting and Operational Commentary

The Trust has achieved full 100% follow up rate for December

### Business Intelligence

All discharges in December were followed up within timescale. 51.9% of follow ups achieved within 3 days.



# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

Care Programme Reviews

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 7

### Narrative

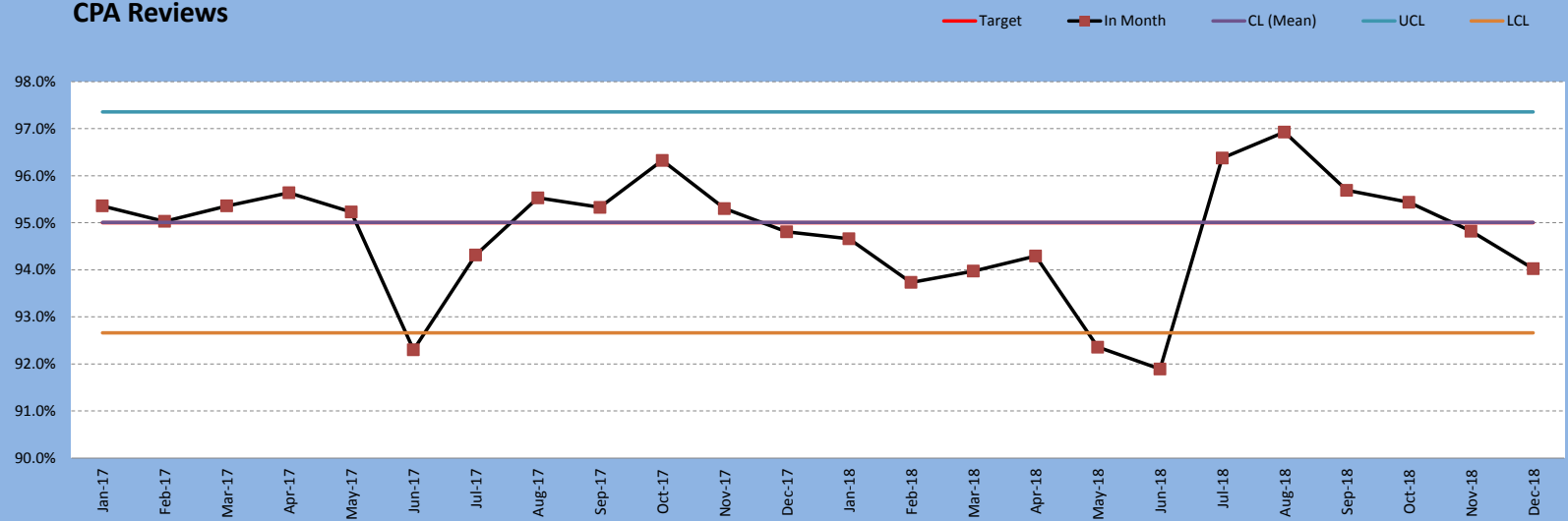
Below target

Target: 95%

Amber: 85%

Current month  
stands at  
94.0%

### CPA Reviews



### Exception Reporting and Operational Commentary

The CPA compliance has slipped to 1% below target. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occur the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks. The CLDT's have not reached compliance this month and this has been impacted by the introduction of the Intensive Community Service and changes in processes, work is in place to address this and compliance is expected to be achieved by the end of January 2019

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

KPI Type

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

OP 20

### Narrative

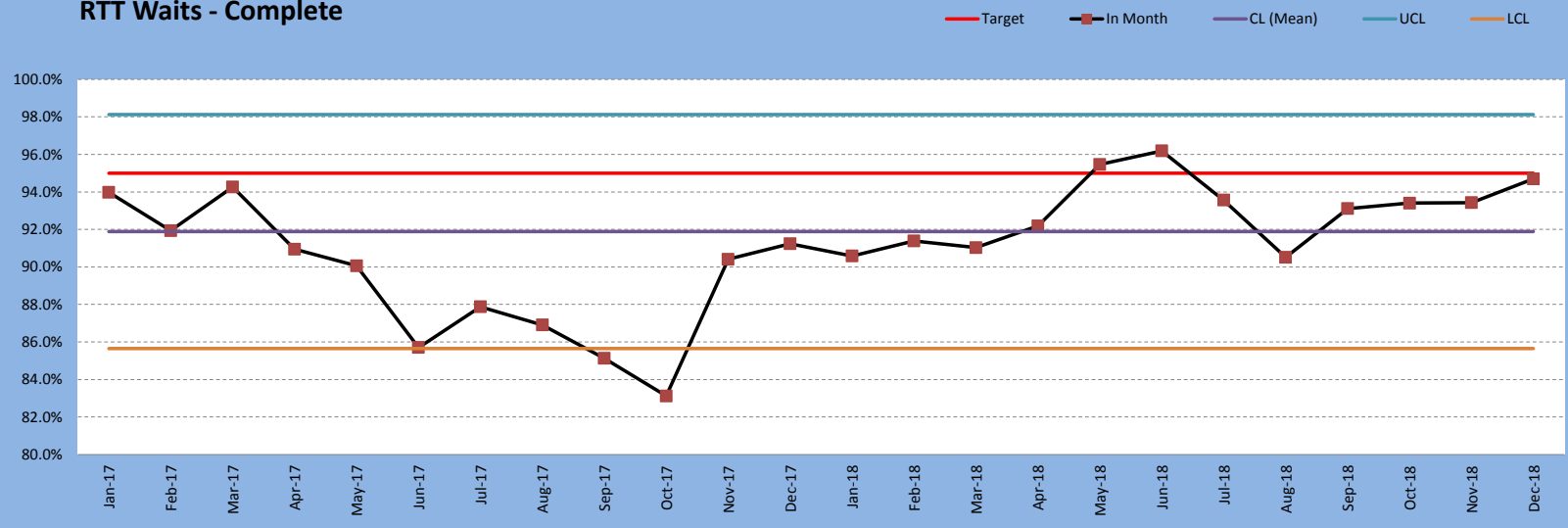
Slightly below target but improving

Target: 95%

Amber: 85%

Current month stands at 94.7%

### RTT Waits - Complete



### Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Performance and Risk Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place.

### Business Intelligence

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

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

KPI Type

OP 21

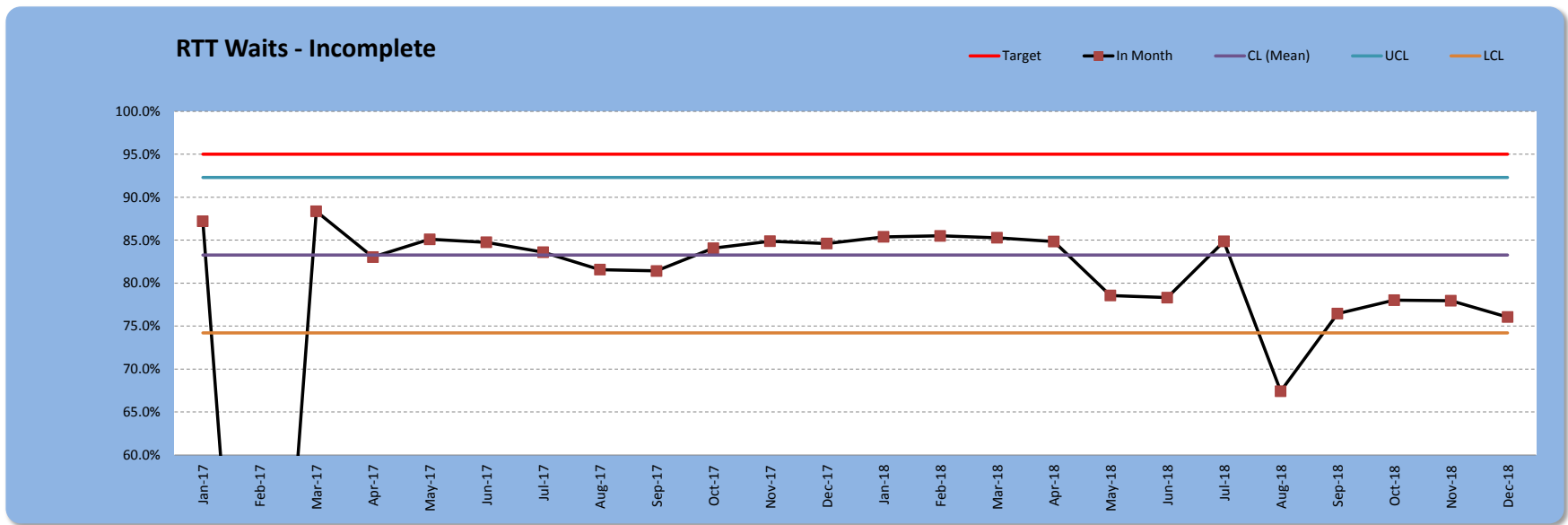
**Narrative**

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 76.1%



### Exception Reporting and Operational Commentary

Waiting times are monitored rigorously by the care groups and oversight is monitored and managed by the Operational Performance and Risk Group chaired by the COO. Where necessary exception reports, remedial action plans and improvement trajectories are required and put in place.

### Business Intelligence

There was no data available in February 2017 which explains the dip in the chart above for that time period.

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

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

KPI Type

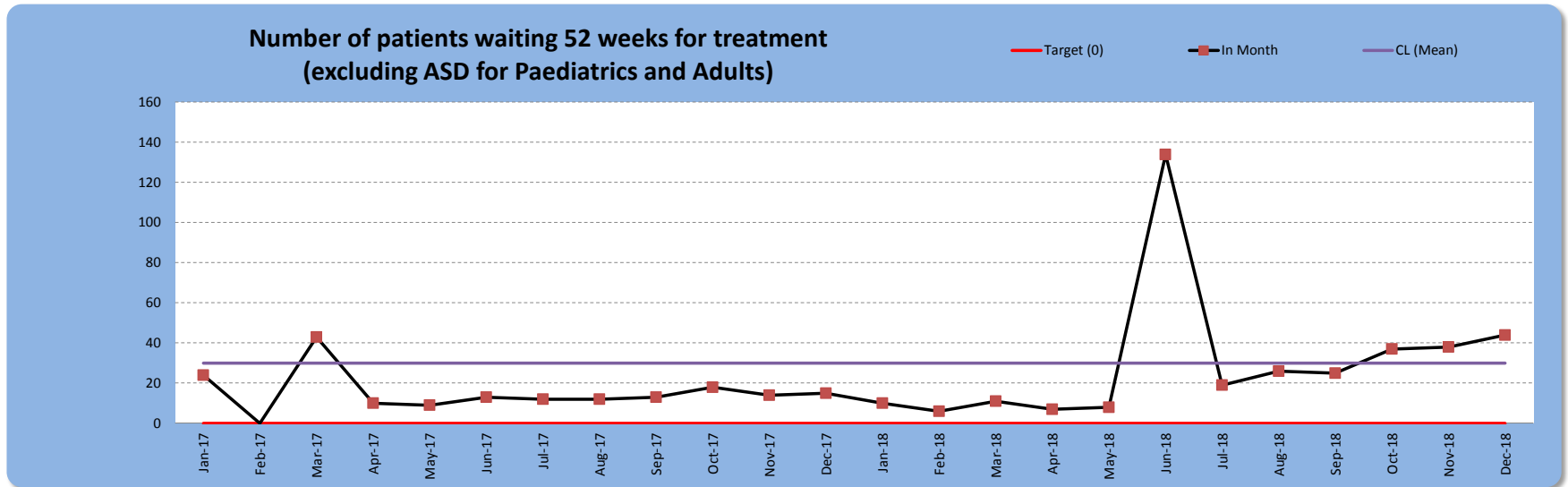
OP 22a

**Narrative**

Increase since last month

Target: 0  
Amber: 0

Current month stands at 44



### Exception Reporting and Operational Commentary

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

Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the 37 patients waiting over 52 weeks in Hull CAMHS is being undertaken and the outcome reported in January, this will review the measures currently in place in the service and identify other actions that can be taken to improve the position. Additionally, there are a number of posts which are in the recruitment process which when in post will ensure that there is capacity to meet commissioned service requirements.

In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position.

### Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

40 of the 44 waiting >52 weeks as at 31/12/2018 relate to Hull CAMHS. 3 in Learning Disabilities and 1 in Memory Services.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

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

KPI Type

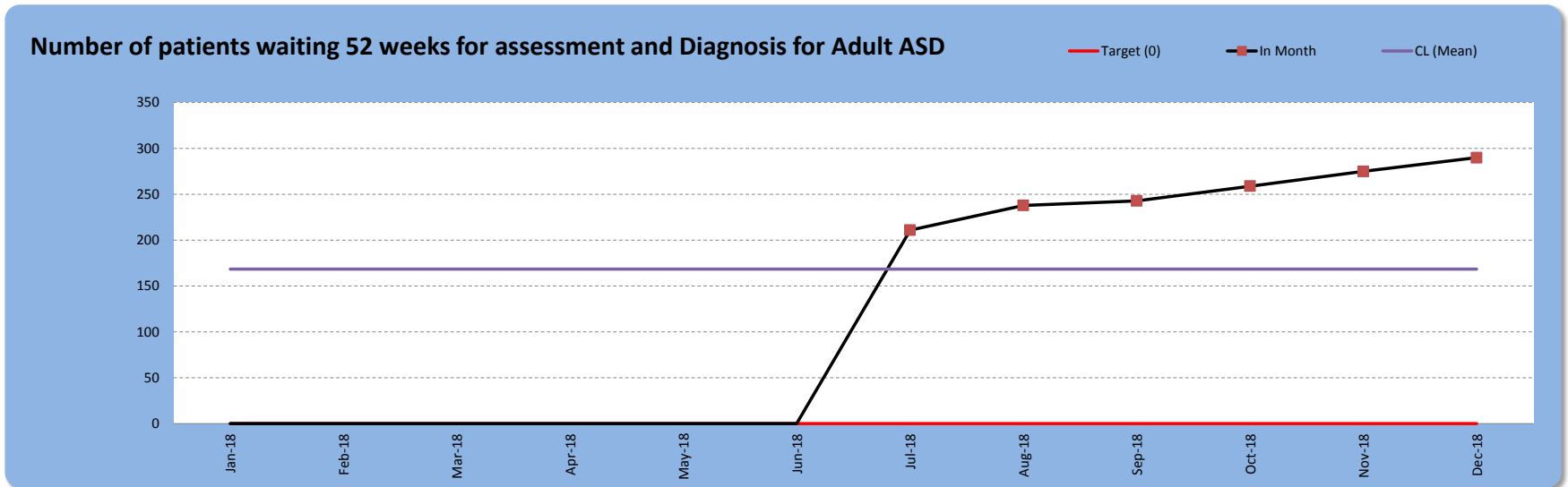
OP 22s

**Narrative**

Increase of 16 since last month

Target: 0  
Amber: 0

Current month stands at 290



### Exception Reporting and Operational Commentary

This service is commissioned by both Hull and East Riding CCGs on a cost per case service only – this has meant that assessments have only occurred as core service capacity, demand and staff availability has allowed.

The historic referrals were added to Lorenzo in June 2018 when the full waiting list position was validated and incorporated into the operational reporting arrangements which highlighted the need for a more focussed piece of work by the service. Commissioners are fully aware of the historical position and supportive of an approach to address the waiting times.

The Care Group has developed a business case which has been considered and approved by the Operational Delivery Group. The additional capacity will be in place from February 2019 which includes a trajectory for the service to be 18 week compliant within 12 months.

The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc.

### Business Intelligence

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

BI will introduce SPC once 10 data points is reached.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

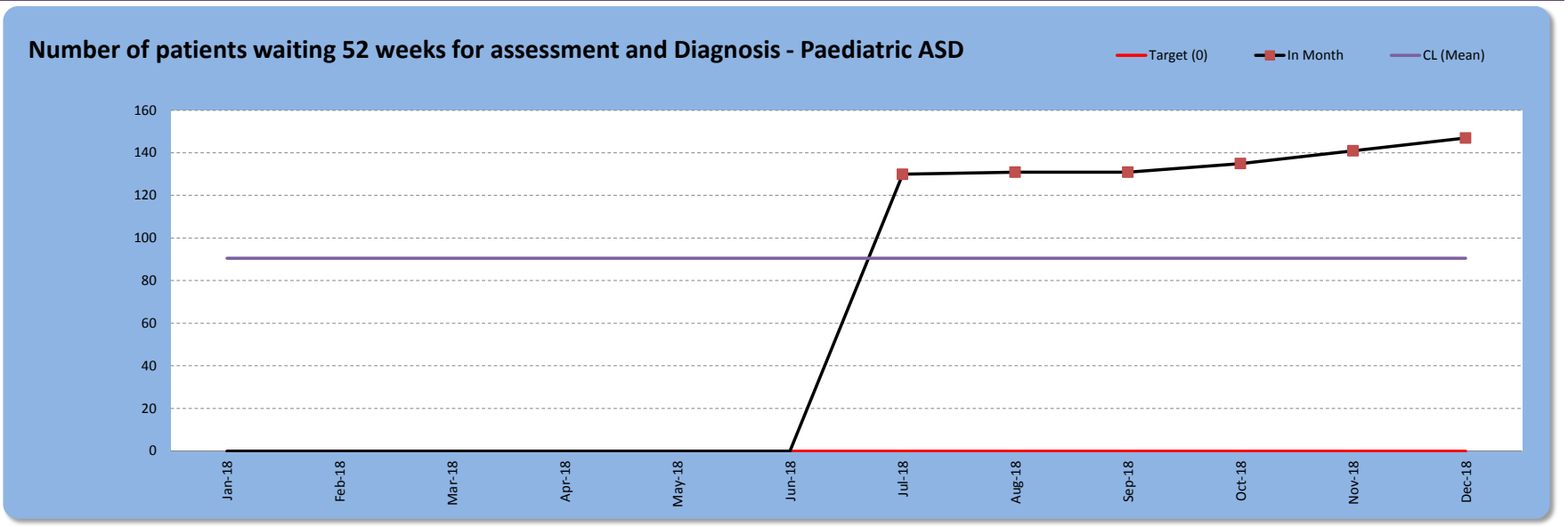
Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u

**Narrative**

Increase since last month

Target: 0  
Amber: 0

Current month stands at 147



### Exception Reporting and Operational Commentary

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

The collation of the appropriate documentation often requires prompting by us from Contact Point in order to have complete documentation prior to consideration by assessors - during which time the children/young people remain on the waiting list. Work is being led by the commissioners to improve this process.

We identified that referrals for children's ASD for the Hull service were significantly over the commissioned level towards the end of 2017/18. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018.

Recruitment began ahead of October 2018 with the Trust taking the risk on expected financial agreement – this is progressing well with partial service delivery expected to commence from January 2019. There is an agreed trajectory which expects that the service will be 18-week compliant, based on current referral rates, by June 2020. Monthly meetings with commissioners will ensure that the agreed trajectory is monitored.

### Business Intelligence

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

BI will introduce SPC once 10 data points is reached.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending:

Dec 2018

Indicator Title

Description/Rationale

52 Week Waits - CAMHS

Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks

Executive Lead  
Lynn Parkinson

KPI Type

OP 22j

### Narrative

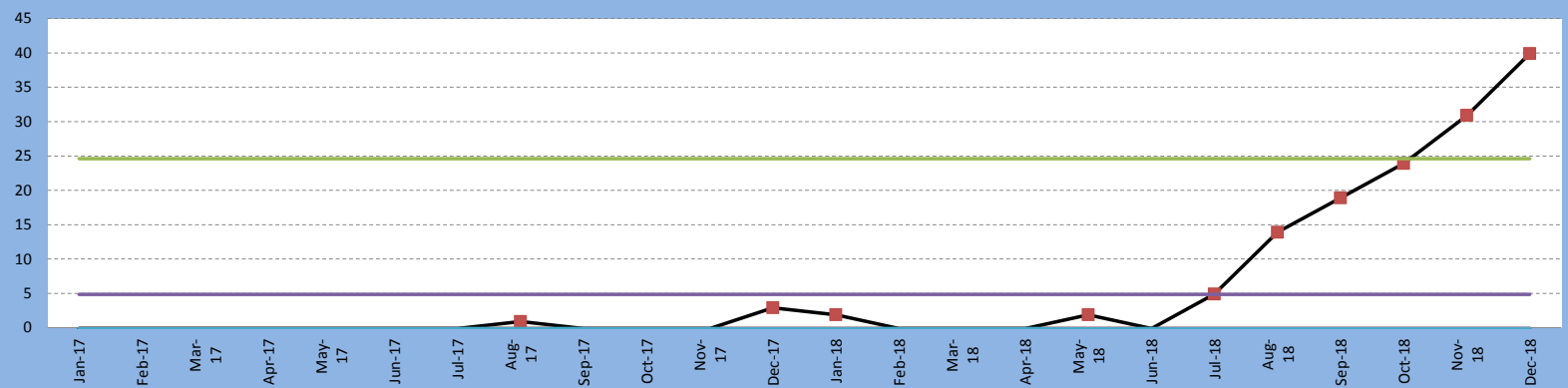
Increase of five since last month

Target: 0

Amber: 0

Current month stands at 40

### Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS



### Exception Reporting and Operational Commentary

Trust began delivering an ADHD service for Hull CCG in 2016 – this was following the development and approval of a business case. From July 2017 referrals for ADHD significantly increased and continued to increase when the Community Paediatricians in CHCP ceased undertaking these assessments. Operationally every referral over 18 weeks will have had some form of assessment – the RTT pathway is stopped when the young person is either assessed by a Consultant Psychiatrist following this comprehensive assessment or assessed as not requiring a Specialist Assessment

A number of measures have been put in place and continue to be reviewed.

- The pathway has been reviewed to streamline the assessment process
  - The number of ADHD Consultant Psychiatrist clinics have been increased to 2 every week
  - An experienced Advanced Nurse Practitioner/Prescriber has been recruited to backfill the Consultant Psychiatry capacity for non-ADHD cases however this person is on maternity leave at the moment, so temporary staff are being recruited
  - Increased capacity in ADHD pathways by opening the Learning Disability Sleep Clinic intervention to this client group
- Immediate additional measures to put in place:
- A new initial assessment screening form has been designed to screen out young people who require a full specialist ADHD assessment
  - Temporarily moving staffing resources from another intervention team to support ADHD assessment appointments
  - Looking to a longer term ADHD pathway which works more closely with the Autism Service and the use of SENCOs having more of a role in screening appropriate assessments
  - Ensuring that the appropriate local authority early help and safeguarding services
  - Further review of the pathway held on 25th October 2018 to look at the types of referrals that are received and whether there is a different model that the service can adopt.

### Business Intelligence

All long waiters have been validated by the service. All waiters over 52 weeks are in the Hull CAMHS Service.

The main reason for the increase in long waiters in Hull CAMHS is due to the ongoing high demand for ADHD assessments.

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

Early Intervention in Psychosis

Percentage of patients who were seen within two weeks of referral

Executive Lead  
Lynn Parkinson

KPI Type

OP 9

### Narrative

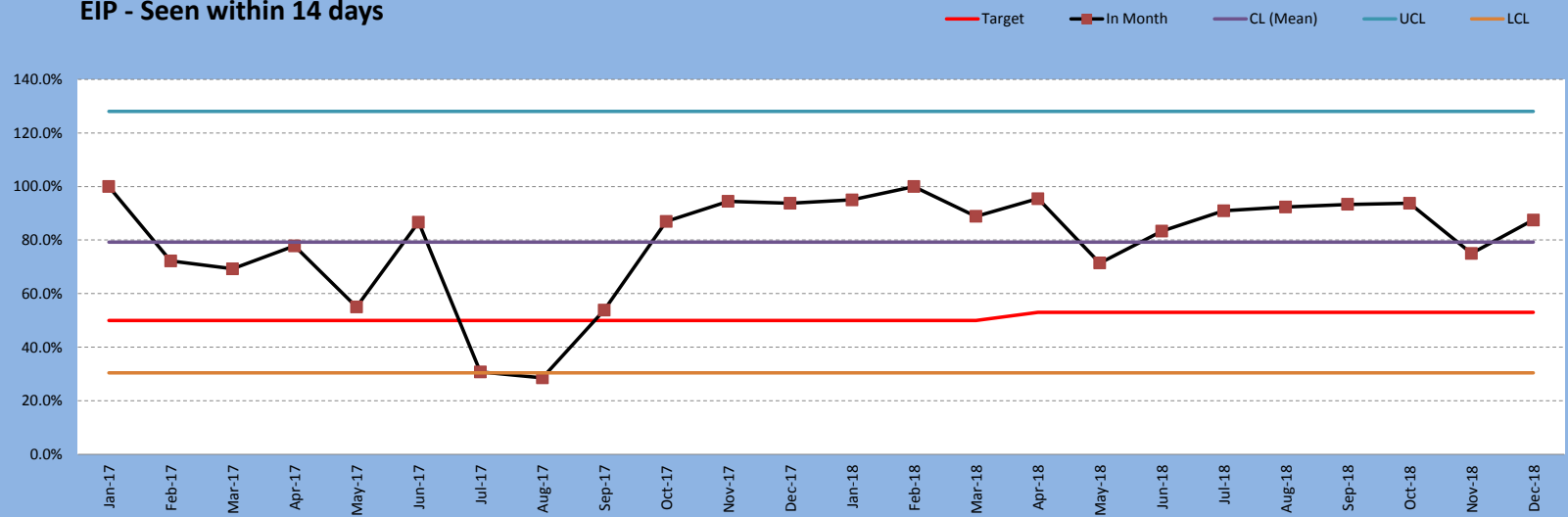
Target achieved

Target: 53%

Amber: 48%

Current month stands at 87.5%

EIP - Seen within 14 days



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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



# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

### Narrative

**Target achieved**

Target: 75%

Amber: 70%

Current month

99.3%

### Narrative

**Target Achieved**

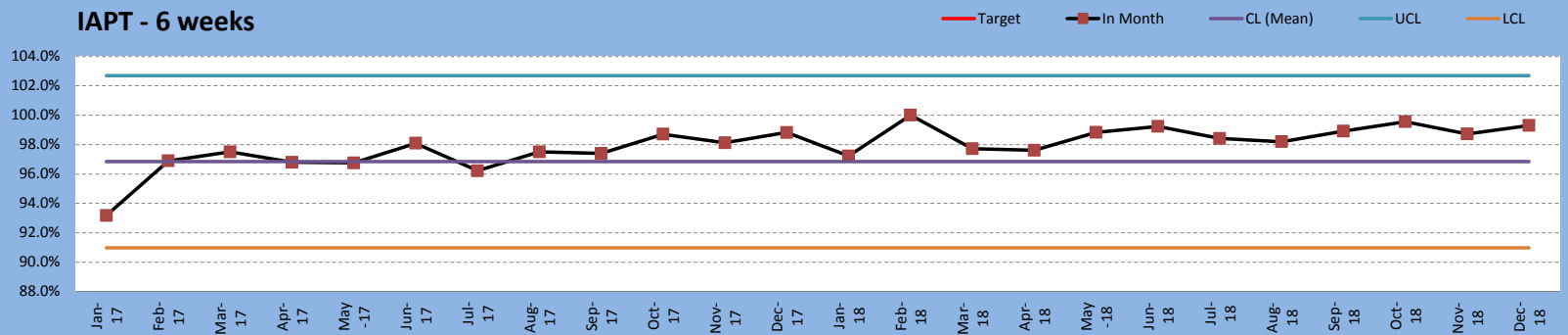
Target: 95%

Amber: 85%

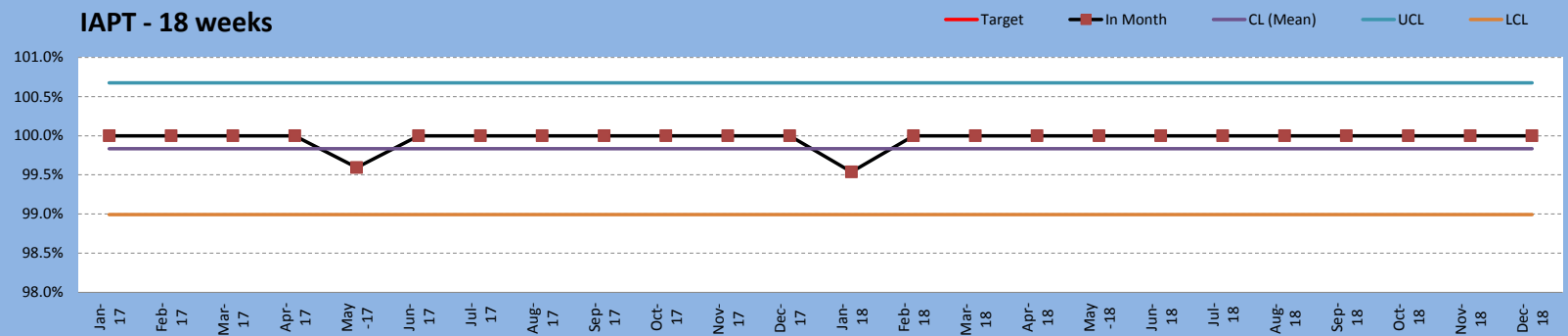
Current month

100.0%

### IAPT - 6 weeks



### IAPT - 18 weeks



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

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

# PI RETURN FORM 2018-19

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **Dec 2018**

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

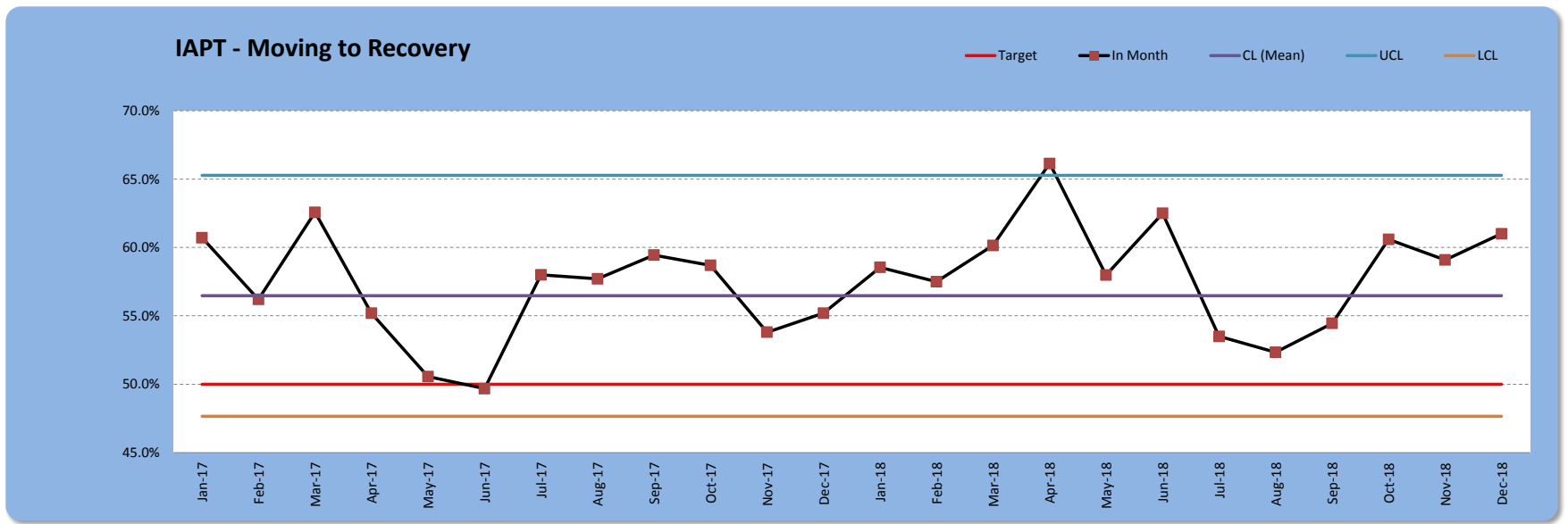
**Narrative**

**Target Achieved**

Target: 50%

Amber: 45%

Current month stands at 61.0%



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2018**

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

KPI Type

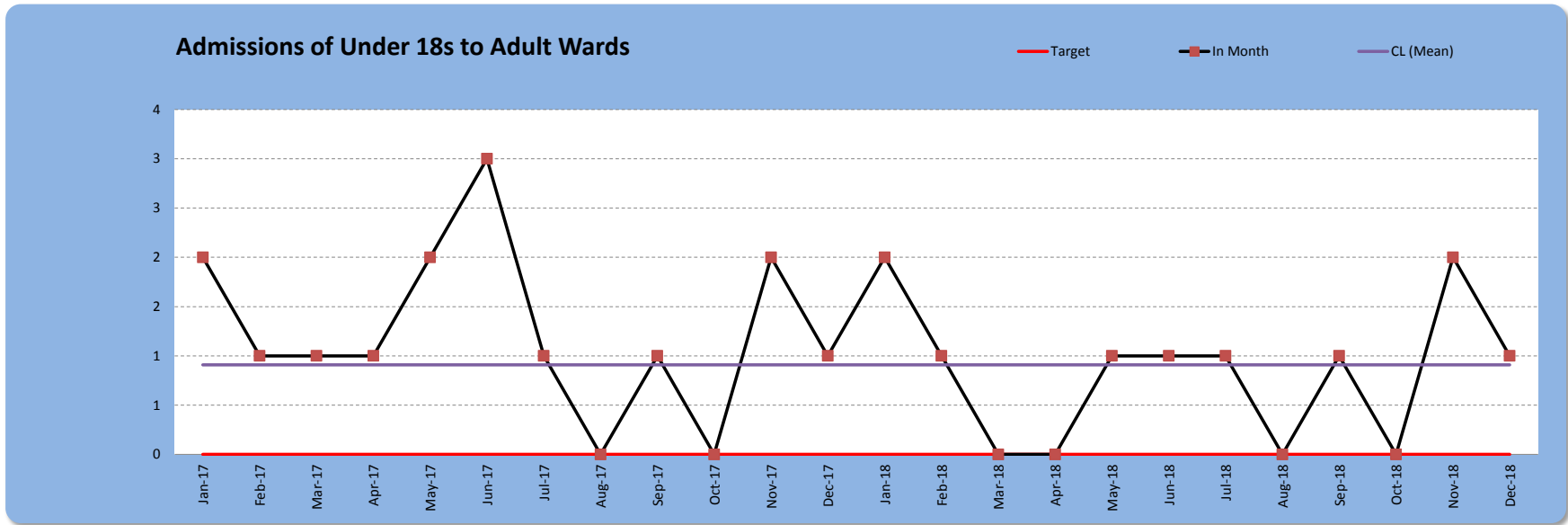
ST 1

**Narrative**

Target Achieved

Target: 0  
Amber: 1

Current month stands at 1



### Exception Reporting and Operational Commentary

One admission in December.

Patient admitted due to escalating risk identified in the Community. Robust communication is taking place between the clinical team and NHS England to expedite the out of area placement.

### Business Intelligence

Current Year Summary			
Year	Age 16/17	Under 16	Total
2018/19	6	1	7

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2018**

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

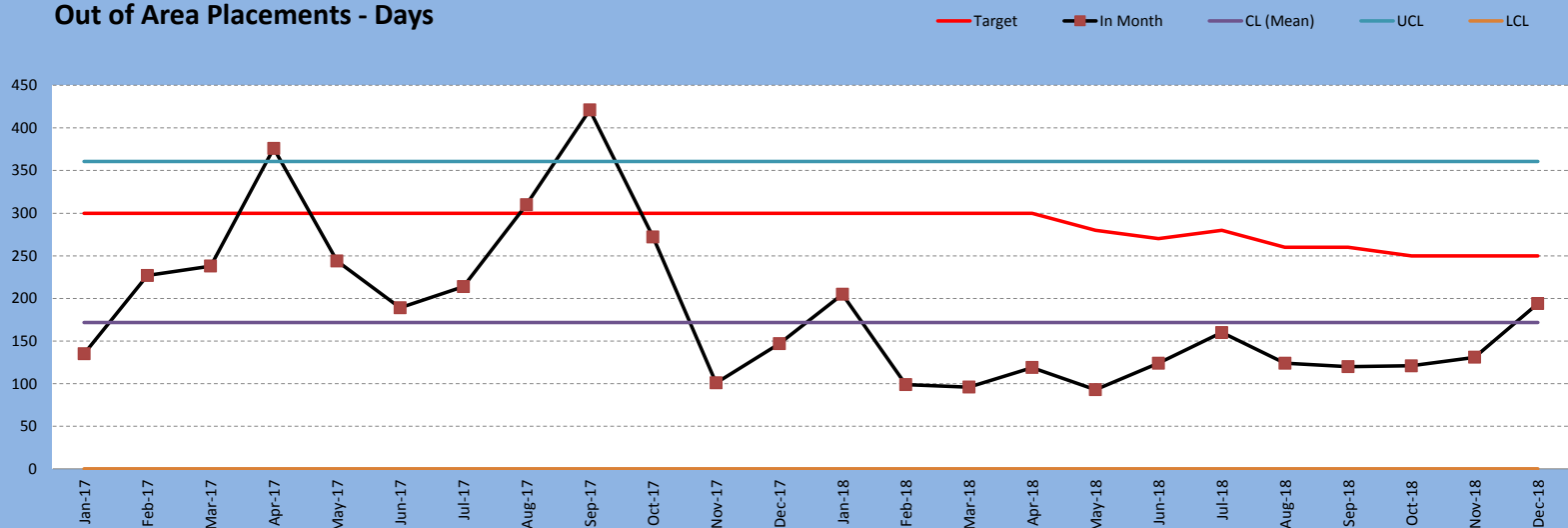
Target Achieved

Target: 250

Amber:

Current month stands at 194

### Out of Area Placements - Days



### Exception Reporting and Operational Commentary

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

### Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	176	Adult	18
Safeguarding	0	OP	65
Offending restrictions	0	PICU	111
Staff member/family/friend	0		
Patient choice	0		
Admitted away from home	18		

# PI RETURN FORM 2018-19

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

Executive Lead  
Lynn Parkinson

KPI Type

Delayed Transfers of Care

Results for the percentage of Mental Health delayed transfers of care

OP 14

### Narrative

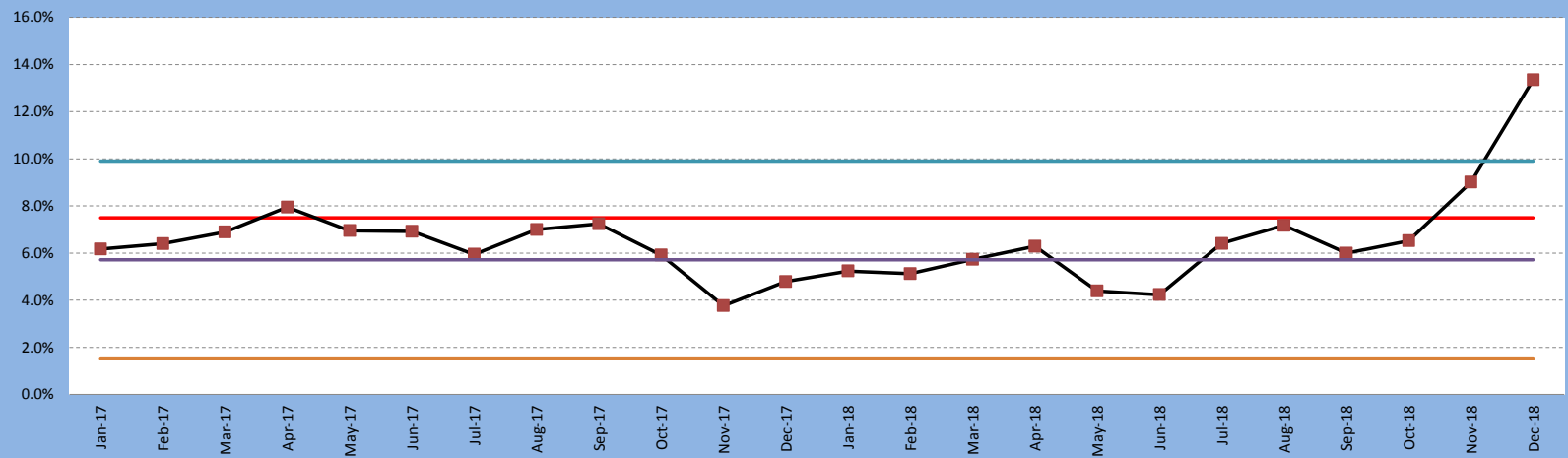
Significant increase in the number of delays

Target: 7.5%

Amber: 7.0%

Current month stands at 13.4%

### Delayed Transfers of Care - Mental Health



### Exception Reporting and Operational Commentary

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

### Business Intelligence

There were 537 delayed days in mental health during December. A significant increase on the previous month. Eleven patients in Adult, 10 patients in Older People's services and 3 in Specialist.

There were no delays in Learning Disabilities and 16.4% in Community Hospitals.

# PI RETURN FORM 2018-19

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

Sickness Absence

Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data

Executive Lead  
Steve McGowan

KPI Type

WL 1

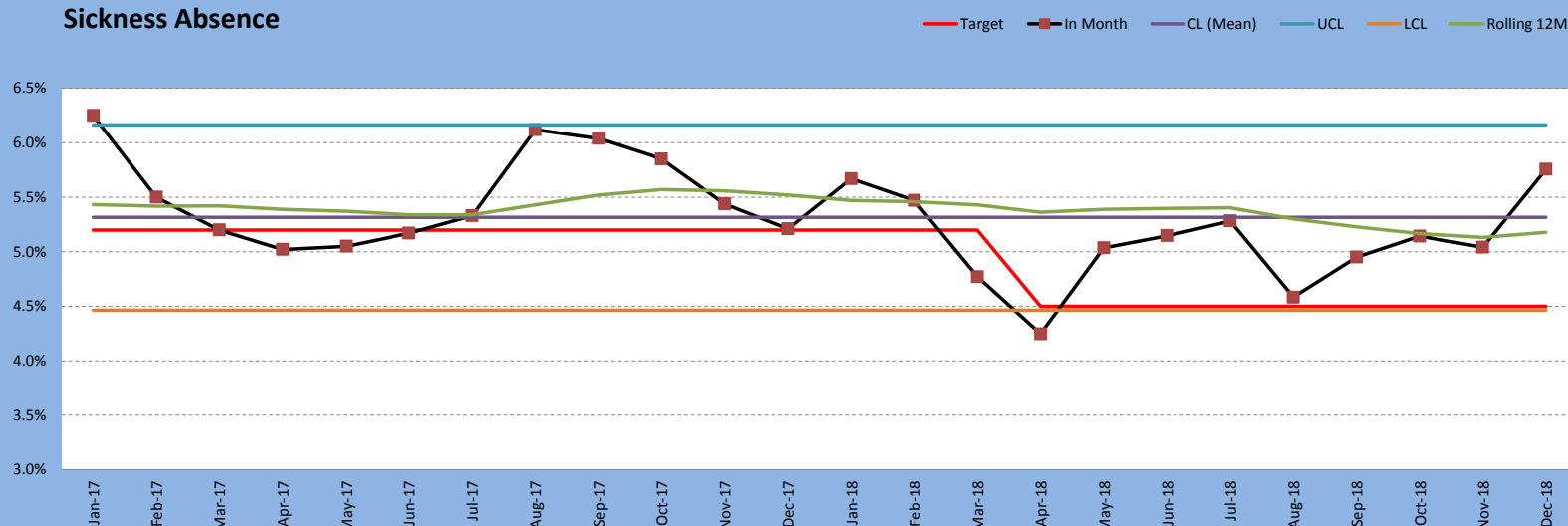
### Narrative

In month target not achieved.

Target: 4.5%  
Amber: 5.2%

Result as at previous month 5.0%

### Sickness Absence



### Exception Reporting and Operational Commentary

Board are aware of the time lag with sickness reporting (remedied by ESR from 1st April 2019). Therefore the narrative around November data is more meaningful. November 2018 was an improvement based on November 2017 (5.04% compared to 5.2%). This is the fourth consecutive month sickness has improved compared to the same time last year (although early data for December suggests a regression on this performance). Overall the rolling 12 month figure continues to reduce, it is now at 5.13% - the best it has been in the last two years. Sickness rates are reported to managers on a monthly basis, form part of accountability reviews and feature in Leadership Forums. The trust recognises good attendance (thank you letters, extra day annual leave etc.) and has in place a robust policy to help manage sickness absence. Model hospital data shows the median sickness figure for comparable trusts as 4.78%.

### Business Intelligence (previous month)

Trustwide - Nov
5.04%
Rolling 12m
5.13%
WTE
2302.61

Care Group Split Below	Nov %	Rolling 12m	WTE
Specialist Services	7.30%	8.13%	216.78
Mental Health Services	5.07%	5.91%	595.16
Older Peoples MH	7.05%	5.99%	176.95
Community Services	4.84%	5.05%	320.50
Children's and LD	4.83%	4.68%	472.65

Corporate Split Below	Nov %	Rolling 12m	WTE
Medical	5.27%	4.28%	31.55
Human Resources	1.29%	3.77%	61.83
Finance	4.91%	3.61%	216.37
Nursing and Quality	7.24%	3.71%	34.22
General Practices	2.21%	2.03%	83.99
Chief Executive	10.61%	4.84%	10.48
Chief Operating Officer	0.91%	1.34%	82.12

# PI RETURN FORM 2018-19

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **Dec 2018**

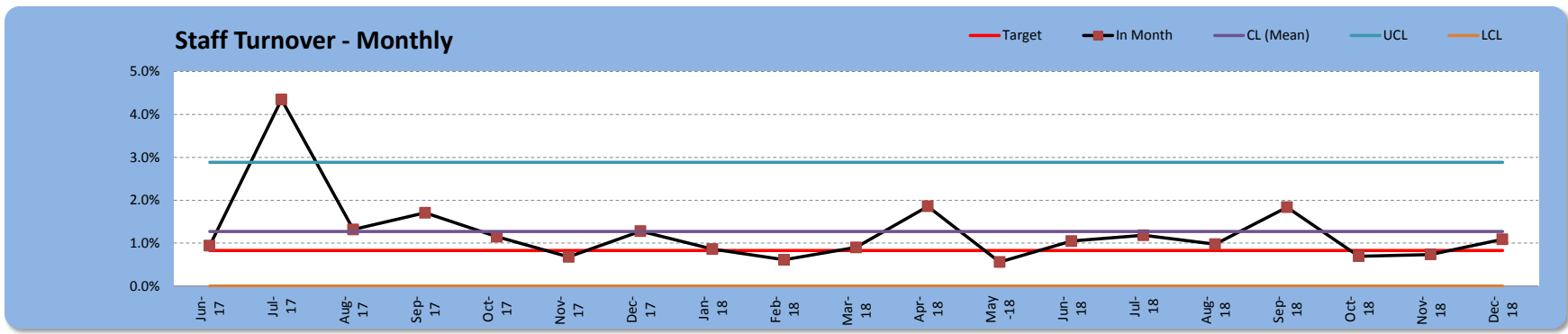
Indicator Title	Description/Rationale	Executive Lead	KPI Type
<b>Staff Turnover</b>	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and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

**Narrative**

**Exceeds Target**

Target: 0.83%  
Amber: 0.70%

Current month stands at 1.1%

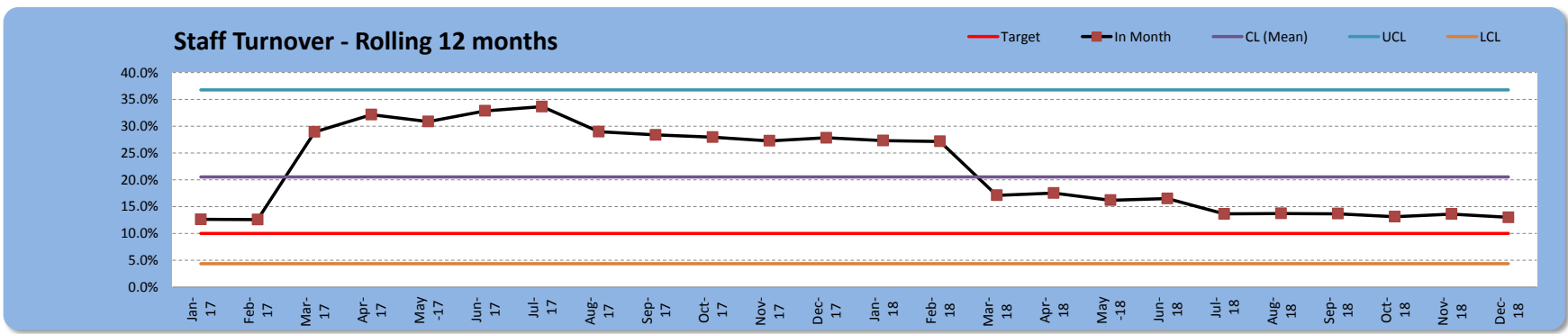


**Narrative**

**Exceeds Target**

Target: 10%  
Amber: 9%

Current month stands at 13.0%



### Exception Reporting and Operational Commentary

Whilst still above our internal target, turnover over a rolling 12 month period is at its lowest point since February 2017, despite a small increase in December. The TUPE transfer of staff to CHCP in 2017 largely accounts for the high figures March 17 to March 18. The Trust continues to put in place the actions agreed as part of the retention plan earlier in the year, and is actively trying to recruit to vacant posts within the Trust (vacancies reduced by 9 during December).

### Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Voluntary Resignation	148
Retirement	74
Worklife Balance	39
End of Contract	13
Other	10
<b>Total Leavers</b>	<b>284</b>

# PI RETURN FORM 2018-19

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

**Performance and Development Reviews**

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

Executive Lead  
John Byrne

KPI Type

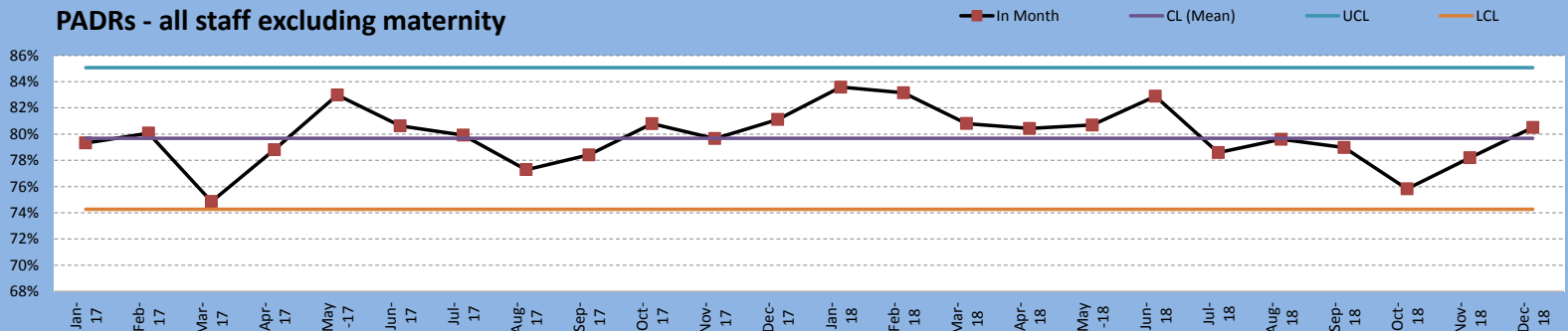
WL 4 (i)

**Narrative**

**in month target not achieved**

Current month stands at 80.5%

**PADRs - all staff excluding maternity**

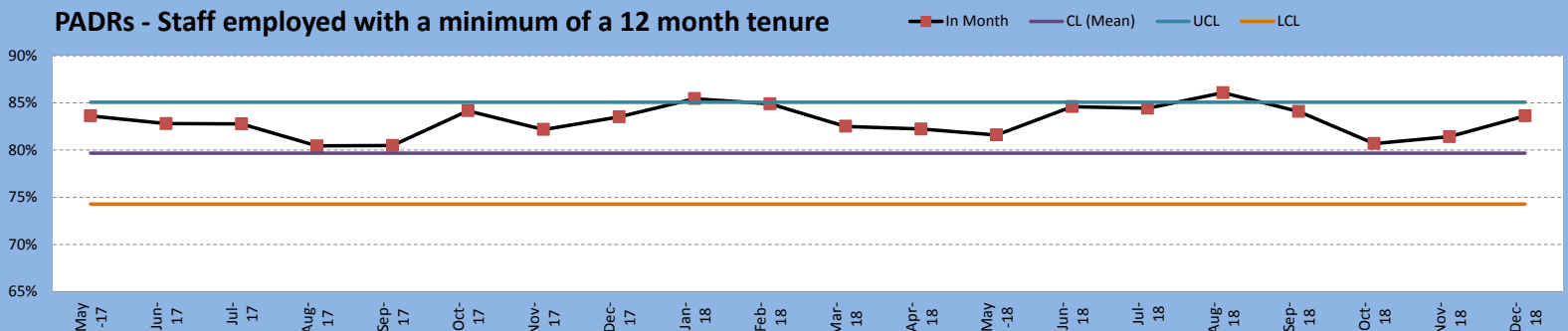


**Narrative**

**Target achieved**

Current month stands at 85.1%

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



### Exception Reporting and Operational Commentary

The Corporate function and Specialist Services continue to perform well at 89.5% and 88.4% completion respectively, however performance in the Mental Health Service and Primary Care, Children's and LD Service continues to remain a concern. This is being addressed by the Chief Operating Officer in the Operational Performance Group. All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Accountability Reviews and discussed at quarterly Leadership Forums. The pilot ESR supervisor self service went live on 1st December, with full roll out in April 2019. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. The PCCLD and Mental Health Care Groups have been requested to attend EMT in January to discuss improvement plans.

### Business Intelligence

#### Care Group and Corporate Splits Below

Mental Health	80.7%
Corporate	89.5%
PCCHLD	74.5%
Specialist	88.4%

#### Corporate Split by Service

Chief Exec	90.0%
Chief Operating Officer	68.0%
Finance	92.2%
Human Resources	95.5%
Medical	83.8%
Nursing and Quality	79.5%



# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2018**

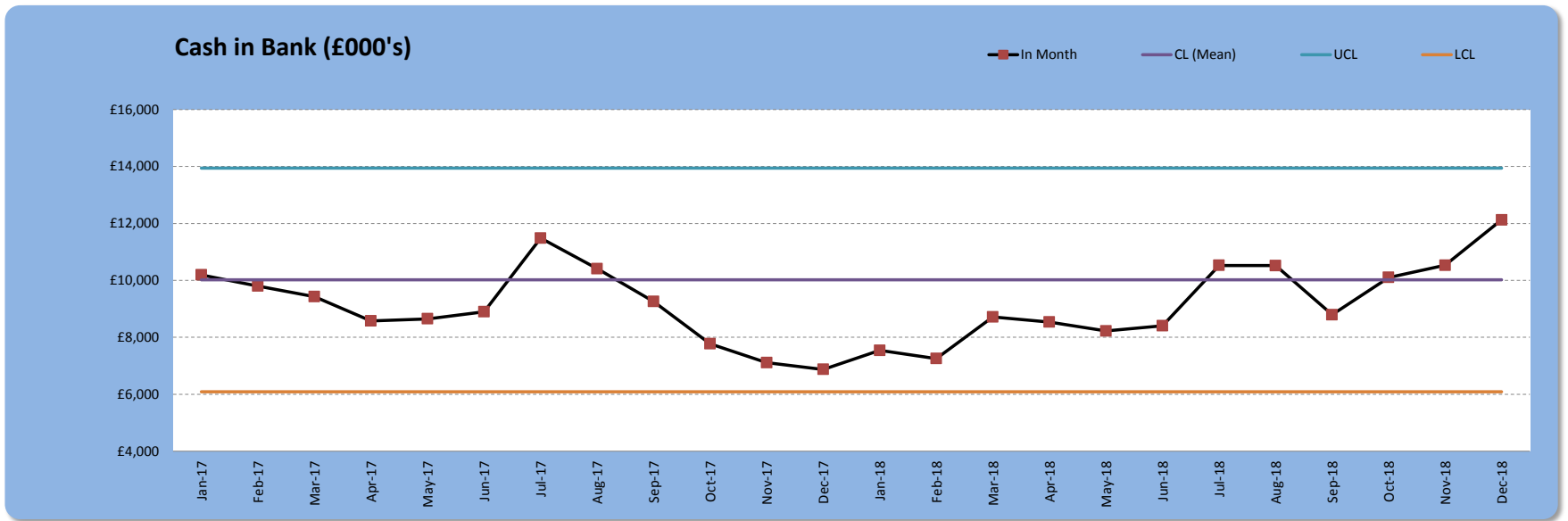
Indicator Title	Description/Rationale	Executive Lead
Cash in Bank (£000's)	Review of the cash in the Bank (£000's)	Peter Beckwith

KPI Type
F 2a

**Narrative**

No Target to note.

Target:  
Amber:  
Current month stands at £12,125 ,000



### Exception Reporting and Operational Commentary

As at the end of December 2018 the Trust cash balance was £12.125m, this represents an increase in month.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of November was £10.057m.

There is a short term benefit in December as less payment runs were processed owing to the Xmas period, this will be caught up in the January cash position.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

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

Review of the cost improvement variance against plan

Executive Lead  
Peter Beckwith

KPI Type

F 6

### Narrative

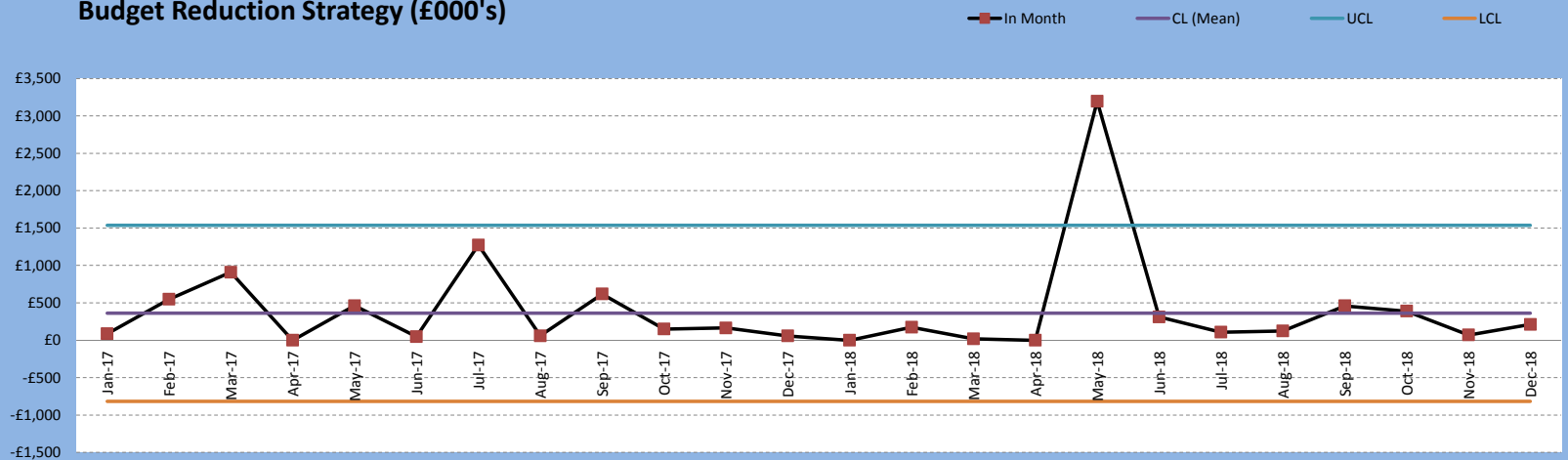
No Target to note.

Target:

Amber:

Current month stands at £211 ,000

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



### Exception Reporting and Operational Commentary

Within December (Month 9) additional BRS savings of £0.211m were achieved against the profiled target savings. Overall the profiled YTD savings are behind by £1.369m and mitigating actions are being sought to offset this pressure.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2018**

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

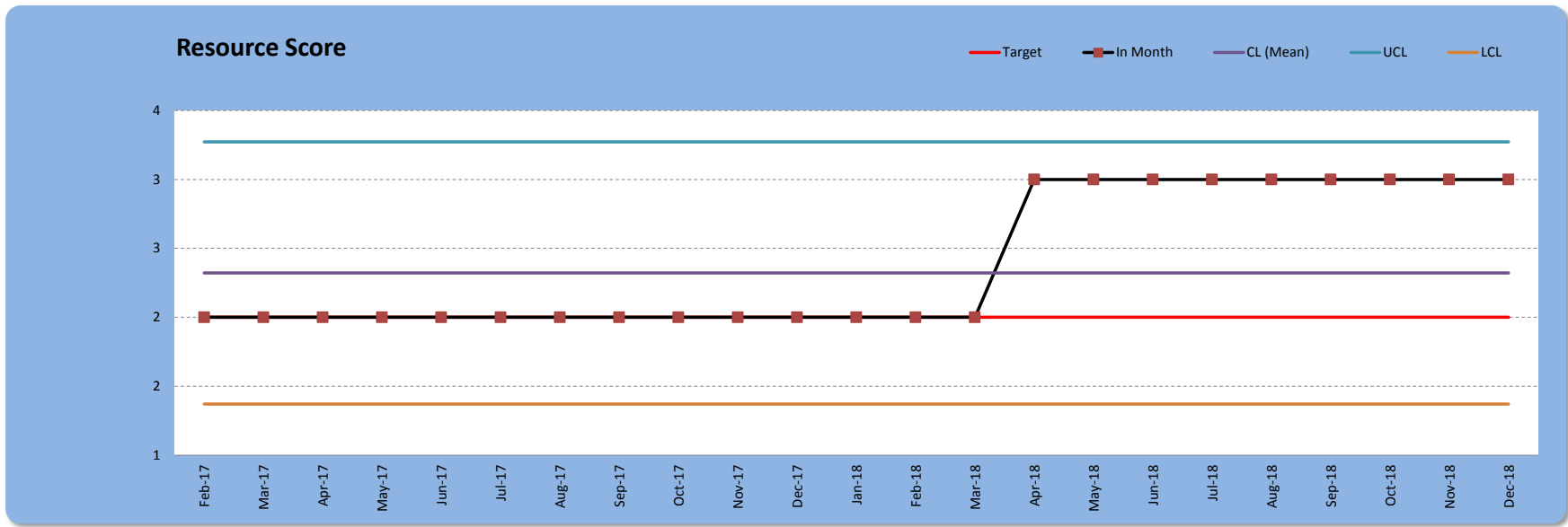
KPI Type
F 2b

**Narrative**

Consistent

Target: 2  
Amber: 3

Current month stands at 3



### Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score has been consistent over the financial year at a 3, which is consistent with our NHS Improvement plan.

### Business Intelligence

Collection of Resource Scoring changed in August 2016. Therefore the scores prior to that date are not shown in the chart above

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2018**

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

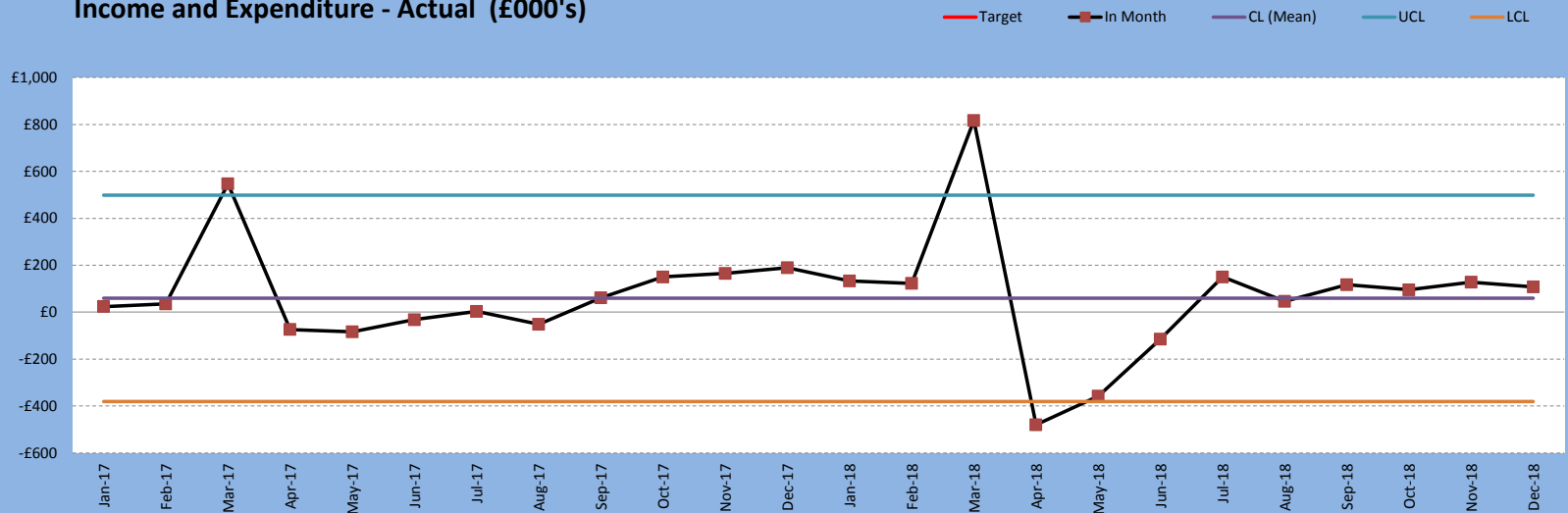
Reporting a deficit

Target:

Amber:

Current month stands at £108,000

### Income and Expenditure - Actual (£000's)



### Exception Reporting and Operational Commentary

The Trust reported a year to date deficit position of £1.546mm as at the end of December 2018, this was inclusive of contingency for the non delivery of Budget Reduction Schemes in the remaining months of the year.

The Reported Operational position was a deficit of £0.310m, an improvement of £0.108m from November 2018, this position was inclusive of 9 months Provider Sustainability funding of £1.308m.

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

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

Staff Costs (£000's)

Review of the variance of the planned and actual staff costs (£000's)

Executive Lead  
Peter Beckwith

KPI Type

F 5

### Narrative

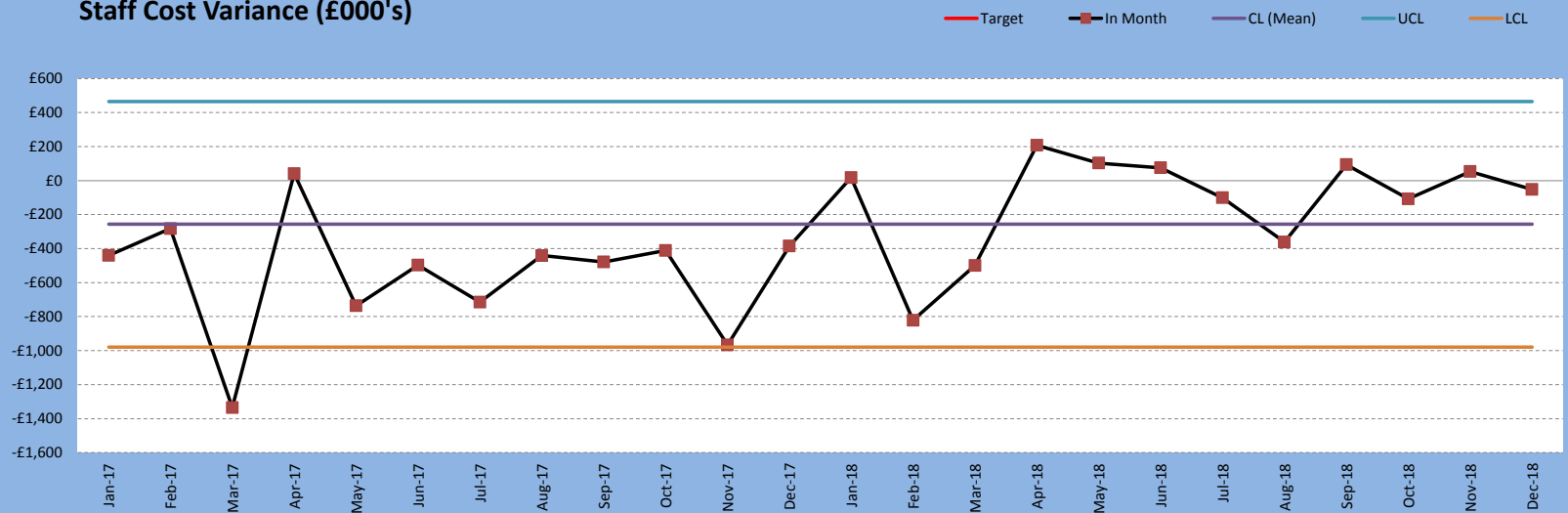
Data points below the zero are a deficit. Data points above the zero are an underspend

Target:

Amber:

Current month variance stands at  
-£52 ,000

### Staff Cost Variance (£000's)



### Exception Reporting and Operational Commentary

The staff costs are £0.052m above the planned budget for December.

### Business Intelligence

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

# PI RETURN FORM 2018-19

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **Dec 2018**

Indicator Title

Description/Rationale

KPI Type

Complaints

Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)

Executive Lead  
John Byrne

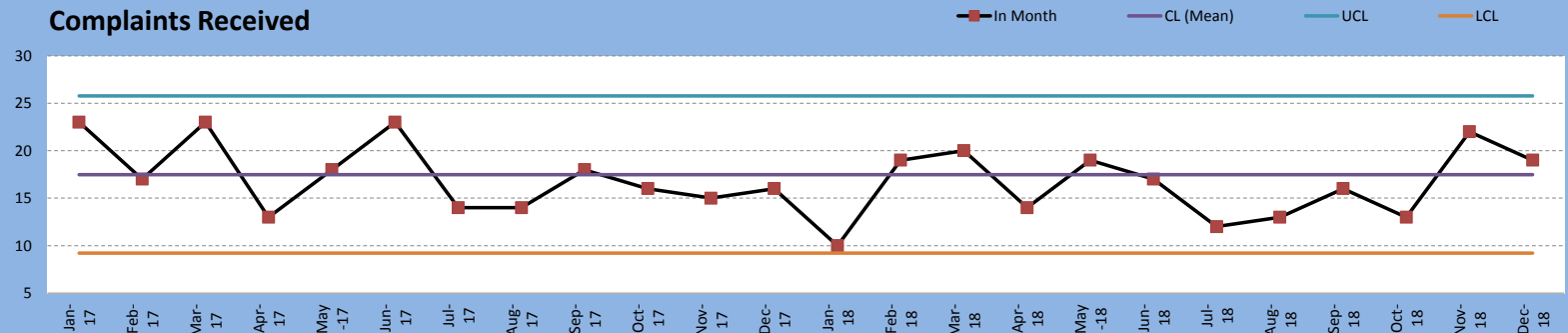
IQ 1

Narrative

within tolerance

Current month stands at 19

Complaints Received

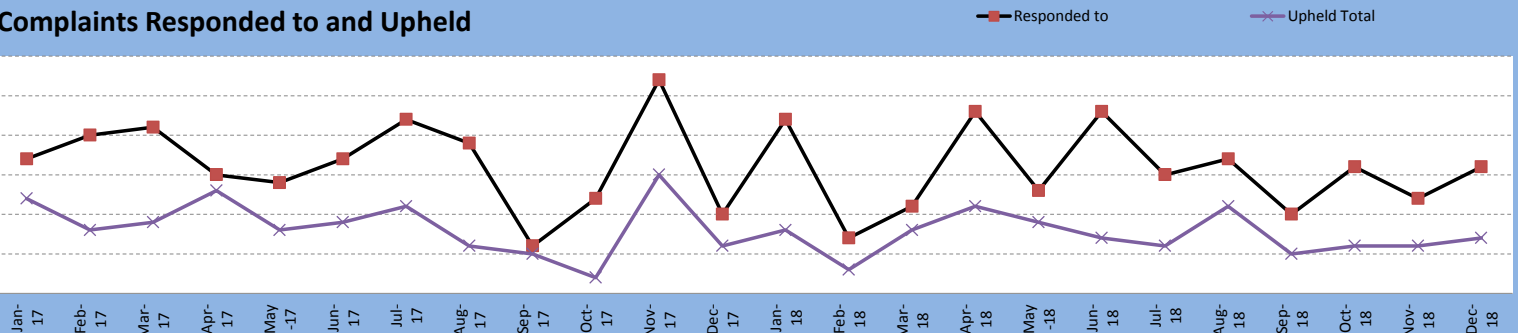


Narrative

68 upheld YTD (44%)

Current month stands at 7

Complaints Responded to and Upheld



### Exception Reporting and Operational Commentary

The Trust responded to 16 complaints in the month of December 2018 (two complaints were withdrawn). Of the 16 complaints, 9 complaints were not upheld (56%) and 7 complaints were partly or fully upheld (44%). The top theme for complaints responded to (year to date) continues to be patient care.

The Trust received 31 compliments during the month of December 2018.

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

Patient care	33
Appointments	20
Values and behaviours (staff)	20
Communications	17
Trust admin/policies/procedures including patient record management	11

YTD 143



Executive Team:

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

Issue Date: 23/01/2019



**Agenda Item: 21**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Finance Report 2018/19: Month 9 (December)		
Author:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To note
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	The report provides the Board with an update of the financial position of the Trust at Month 9		
Key Issues within the report:	<ul style="list-style-type: none"> <li>• A deficit position of £1.546m was recorded to the 31st December 2018, after the inclusion of £1.236m risk for unidentified BRS.</li> <li>• Income year to date was £0.230m behind budget.</li> <li>• Expenditure for clinical services was lower than budgeted by £0.134m year to date</li> <li>• The cash balance in the period was £12.125m.</li> <li>• On the SOFP, the net current asset position increase by £0.685m to £7.733m, due to an increase in cash and a decrease in Trade Creditors.</li> <li>• £4.332m Year to date Capital expenditure, relating to IT (£0.895m) and Estates (£3.537m) This includes £2.844m relating to the CAMHS project.</li> <li>• On the NHS Improvement (NHSI) return the use of resources metric is 3</li> </ul>		

**Monitoring and assurance framework summary:**

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





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



## FINANCE REPORT – December 2018

### 1. Introduction

This report summarises the financial position for the Trust as at the 31<sup>st</sup> December 2018

### 2. Income and Expenditure

The Trust reported a year to date deficit position of £1.546m for December against the NHS Improvement year to date plan of £1.644m. The full year NHS Improvement control total is a planned surplus of £0.851m.

The reported position is inclusive of 9 months Provider Sustainability Funding (PSF) of £1.308m and a risk of £1.236m relating to unidentified BRS.

The income and expenditure position at 31<sup>st</sup> December 2018 is shown in the summarised table below:

**Table 1: 2018/19 Income and Expenditure**

	18/19 Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>	126,360	10,886	10,632	(254)	94,066	93,836	(230)
	<b>126,360</b>	<b>10,886</b>	<b>10,632</b>	<b>(254)</b>	<b>94,066</b>	<b>93,836</b>	<b>(230)</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Childrens, Learning Disability & Primary Care	43,951	3,850	3,701	150	32,621	32,209	412
Specialist Services	11,786	1,020	973	47	8,762	8,624	138
Adult Mental Health Services	36,909	2,900	3,033	(132)	27,635	28,051	(416)
	<b>92,645</b>	<b>7,771</b>	<b>7,706</b>	<b>65</b>	<b>69,018</b>	<b>68,884</b>	<b>134</b>
<u>Corporate Services</u>							
Chief Executive	1,622	135	140	(5)	1,216	1,280	(64)
Chief Operating Officer	4,355	364	367	(3)	3,251	3,376	(126)
Finance	15,332	1,279	1,302	(23)	11,648	11,420	228
HR	3,129	247	216	31	2,445	2,336	110
Director of Nursing	1,526	127	133	(6)	1,144	1,198	(54)
Medical	1,867	168	175	(7)	1,379	1,453	(74)
Finance Technical items (including Contingency)	1,881	134	244	(110)	1,449	1,431	18
	<b>29,711</b>	<b>2,455</b>	<b>2,576</b>	<b>(122)</b>	<b>22,533</b>	<b>22,494</b>	<b>38</b>
<b>Total Expenditure</b>	<b>122,356</b>	<b>10,226</b>	<b>10,283</b>	<b>(57)</b>	<b>91,550</b>	<b>91,378</b>	<b>172</b>
<b>EBITDA</b>	<b>4,004</b>	<b>660</b>	<b>349</b>	<b>(311)</b>	<b>2,516</b>	<b>2,458</b>	<b>(58)</b>
Depreciation	2,645	220	227	(7)	1,984	2,061	(78)
Donated Depreciation	300	25	18	7	225	158	67
Interest	198	17	6	11	149	125	23
PDC Dividends Payable	2,022	168	192	(24)	1,516	1,731	(214)
PSF Funding	(2,012)	(202)	(202)	(0)	(1,309)	(1,308)	(1)
<b>Operational Position</b>	<b>851</b>	<b>432</b>	<b>108</b>	<b>(324)</b>	<b>(48)</b>	<b>(310)</b>	<b>(262)</b>
BRS Risk	-	(251)	(497)	246	1,596	1,236	360
<b>NHS Improvement Control Total</b>	<b>851</b>	<b>683</b>	<b>605</b>	<b>(78)</b>	<b>(1,644)</b>	<b>(1,546)</b>	<b>98</b>
Excluded from Control Total (Donated Depreciation)	300	25	18	7	225	158	67
<b>Adjusted NHS Improvement Control Total</b>	<b>1,151</b>	<b>708</b>	<b>623</b>	<b>(85)</b>	<b>(1,419)</b>	<b>(1,388)</b>	<b>32</b>
EBITDA %	3.2%	6.1%	3.3%		2.7%	2.6%	
Surplus %	0.7%	4.0%	1.0%		-0.1%	-0.3%	

#### 2.1 Income

Income year to date was £0.230m behind budget.



## **2.2 Expenditure**

Expenditure for clinical services was lower than budgeted by £0.134m year to date.

## **2.3 Clinical Services Expenditure**

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

Year to date expenditure of £32.209m represents an underspend against budget of £0.412m.

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

### **2.3.2 Specialist**

An underspend of £0.138m was recorded YTD for Specialist Services and is mainly due to staff vacancies within the care group which are expected to be filled in coming months.

### **2.3.3 Mental Health**

An overspend of £0.416m was recorded year to date for Mental Health due to higher than budgeted pay costs, particularly consultant agency spend.

## **2.4 Corporate Services Expenditure**

The overall Corporate Services expenditure was £0.038m underspent year to date.

- The Chief Executive overspend is related to higher than budget pay costs to date, primarily in relation to vacancy factors.
- The Chief Operating Officer directorate has a year to date overspend of £0.126m due to higher than budgeted pay costs and the non achievement of the BRS target to date.
- Within the Finance directorate, Estates and Facilities reported an overspend, relating to increased rental costs from NHS Property Services and reduced rental income. This has been mitigated by an underspend within informatics due to savings on total mobile project costs and the reclaim of the VAT on Lorenzo.
- The Human Resources directorate is currently showing a minor underspend partly as a result of improved processes relating to bank training.

## **3.0 Statement of Financial Position**

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31<sup>st</sup> December 2018. In month, the net current asset position increased by £0.223m to £7.733m. This was related to an increase in cash due to the receipt of the PSF Q2 funding and receipt of outstanding debtors, and a decrease in 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 STF funding and CQUIN's.



### 3.1 Cash

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

**Table 7: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	11,969
Nat West Commercial Account	118
Petty cash	38
<b>Total</b>	<b>12,125</b>

In month income of £12.969m was received compared to expenditure of £11.383m.

The income included the capital loan of £0.750m for the CAMHS and £0.402m for PSF funding. The main expenditure for the month was for the interim payment for the CAMHS project, pay costs and purchase ledger payments including £0.252m to NHS Property Services and £0.380m to Community Health Partnerships. .

### 3.2 Capital Programme

The year to date capital expenditure of £4.332m comprises expenditure for IT (£0.895m) and Estates Capital (£3.537m) including £2.844m relating to the CAMHS project. This is detailed in Appendix 3.

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

## 4. NHSI Use of Resources Assessment

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

The Trust has submitted its Use of Resources Metrics to NHSI as part of the Annual Plan requirements. This demonstrated that the Trust will show an initial variance from I&E Margin that is rated as a 4 moving to a 2 by the year end. For November the overall use of resources rating for the Trust is a 3, which is consistent with the rating on the NHSI Plan.

Theoretically a score of 3 or 4 in any of the areas under the use of resources assessment would identify a potential support need but this should not be considered necessary as the full year position returns to a 1 overall.



**Table 8: Use of Resources**

<b>Use of Resources Metrics</b>	<b>Weight</b>	<b>Planned Rating</b>	<b>Actual Rating</b>
Capital Service Cover rating	20%	4.0	4.0
Liquidity	20%	1.0	1.0
I & E Margin	20%	4.0	4.0
Variance From Control total rating	20%	1.0	1.0
Agency	20%	1.0	1.0
<b>Weighted Average Risk Rating</b>		<b>3.0</b>	<b>3.0</b>

**5. Recommendations**

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



Appendix 1- Statement of Financial Position

	DEC-18 £000	NOV-18 £000
Property, Plant & Equipment	100,239	98,824
Accumulated Depreciation	21,415	21,194
<b>Net Property, Plant &amp; Equipment</b>	<b>78,824</b>	<b>77,630</b>
Intangible Assets	2,149	2,149
Intangible Assets Depreciation	1,483	1,459
<b>Net Intangible Assets</b>	<b>666</b>	<b>690</b>
<b>Total Non-Current Assets</b>	<b>79,490</b>	<b>78,320</b>
Cash	12,125	10,530
Trade Debtors	5,662	6,349
Inventory	129	129
Other Current Assets	6,745	6,742
<b>Current Assets</b>	<b>24,661</b>	<b>23,750</b>
Trade Creditors	6,338	6,168
Accrued Liabilities	10,590	10,072
<b>Current Liabilities</b>	<b>16,928</b>	<b>16,240</b>
<b>Net Current Assets</b>	<b>7,733</b>	<b>7,510</b>
Non-Current Payables	707	707
Non-Current Borrowing	4,557	4,519
<b>Long Term Liabilities</b>	<b>5,264</b>	<b>5,226</b>
Revaluation Reserve	17,164	17,164
PDC Reserve	48,521	47,771
Retained Earnings incl. In Year	16,274	15,669
<b>Total Taxpayers Equity</b>	<b>81,959</b>	<b>80,604</b>
<b>Total Liabilities</b>	<b>104,151</b>	<b>102,070</b>



## Appendix 2 – Capital Report

Ref	Scheme Details	Spend (YTD) £	2018/19 budget £
<b><u>Estates</u></b>			
<b>Prior Year Schemes</b>		<b>69,650</b>	-
<b>2018/19 Schemes:</b>			
<b>Precommitted Schemes</b>			
3.6	CAMHS UNIT	2,843,850	5,629,000
	MIRANDA HOUSE CAR PARK	550	-
		<b>2,844,400</b>	<b>5,629,000</b>
<b>Budgeted Schemes</b>			
3.1	Backlog Maintenance	135,422	215,000
3.2	Ligature Works	29,378	100,000
3.3	Place	30,929	62,000
3.4	Estate Strategy	30,785	100,000
3.5	Professional Fees	148,772	320,000
3.6	CEO Innovation	-	75,000
		<b>375,286</b>	<b>872,000</b>
<b>New Schemes</b>			
4.1	MIRANDA HOUSE	24,675	100,000
4.2	MILLVIEW CT	144,157	100,000
4.3	GRANVILLE COURT	-	30,000
4.4	BEDROOM DOOR ACCESS	-	25,000
4.5	WATERLOO ALARM	-	10,000
4.6	PICU / AVONDALE IRONMONGERY	-	-
4.7	SKIDBY HOUSE REFURBISHMENT	75,631	-
	UNALLOCATED BUDGET		843,000
		<b>244,464</b>	<b>1,108,000</b>
<b>Awaiting Funding</b>			
5.1	<b>HEALTH PLACE OF SAFETY</b>	-	
5.2	<b>COTTINGHAM CLINIC</b>	3,300	
		<b>3,300</b>	-
	<b>Total Estates Capital</b>	<b>3,537,100</b>	<b>7,609,000</b>
<b><u>Information Technology</u></b>			
6.1	IT - HARDWARE	518,741	1,020,000
6.2	IT - LICENCES	26,369	-
6.3	LHCRE	349,745	4,000,000
6.4	EPMA	-	300,000
	<b>Total IT Capital</b>	<b>894,855</b>	<b>5,320,000</b>
	<b>TOTAL CAPITAL</b>	<b>4,431,955</b>	<b>12,929,000</b>
<b>Funded by</b>			
	Depreciation		3,000,000
	Cash Reserves - Other		
	Capital Loan Repayments		
	Cash Reserves		
	EPMA		300,000
	LHCRE		4,000,000
	Loan		5,629,000
		-	<b>12,929,000</b>



**Agenda Item: 22**

Title & Date of Meeting:	Trust Board Public Meeting – 30 January 2019		
Title of Report:	Health Stars Annual Review		
Author:	Name: Clare Woodard		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information		To endorse
	The Board is asked to discuss and note the contents of the report.		
Purpose of Paper:	<p>To update the Board on the Annual progress of the charity measured against the agreed strategic plan</p> <p>This report was presented to the Charitable Fund Committee on 17<sup>th</sup> January 2019 before being submitted to the Humber Teaching NHS Foundation Trust Board. A number of suggestions were put forward and agreed by the Committee for future reporting including a work plan and clear graphical representation of measures/spends. These will be reflected in upcoming papers and the 2020 Health Stars Annual Review</p>		
Key Issues within the report:	<ul style="list-style-type: none"> <li>• 2018-2019 targets and achievements</li> <li>• Non-financial Impact the charity is having</li> </ul>		

**Monitoring and assurance framework summary:**

Links to Strategic Goals				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications been considered?	Yes	Yes Detail in report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any future implications reports as and when future implications by Lead Directors through Board required
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?	√			





## 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 Foundation Trust charitable funds (Working name Health Stars)

## 2 2018/2019 Targets and Achievements

The Charity has continued to evolve positively in the last past six months including a change in the management structure and the addition of a new member of staff to deliver the growing Circle of Wishes area of the Charity.

In 2018, we shifted our core focus from awareness and engagement in generating new income streams to fulfil our plan, but most importantly deliver on the growth of Wishes and appeals for patient and staff benefit.

From this, we have already seen an increase in income into the charity aligned with our three-year operations plan. The average income over the last five years for charitable funds had been £115k, and this includes generating donations from services the Trust no longer delivers (Community services).

April to December 2018 saw our income stand at £163k with three months of our financial year remaining and pledges of £55k for the period already. We are subsequently anticipating the close at year-end to be closer to £230k, a 100% increase on the previous five-year average and in line with our plan.

We intend to develop our current marketing material and circulation across the Trust to continually engage staff, patients and careers and continue our drive of staff and patient-led investment and ensure money raised is invested back into service improvements.

Our work remains ongoing in evolving our messages to gain greater engagement from Trust teams and ensure that fund balances across the charity are active.

### **TARGETS**

- **CAMHS Appeal Launch – Due April 2018**

Due to funding not being realised to the Trust the launch of the Impact Appeal was delayed until 10<sup>th</sup> August 2018. The Impact Appeal was launched to the wider public on National Mental Health day 10<sup>th</sup> October 2018, with a lot of positive press and social media coverage.

- **£250K Achieved for CAHMS – Due JULY 2018**

This time scale has slipped due to the delay with the launch.

Fund balance as at 18/12/18: £113,665.31  
Additional funds pledged / pending: £55,000.00  
A further 14 grant applications submitted

Additional grant opportunities have been highlighted as the Wishlist from the CAMHS team and engagement groups are submitted. A further round of



funds will be applied to over the coming weeks for Trustee meetings in February – April.

Representatives from the Health Stars team continue to engage with the working groups from the project.

- **All Fund Zone Plans Completes – Due June 2018**

Appropriate fund zone guardians have been identified and allocated to each fund. They have all received a copy of the Health Stars Charitable Funds Procedure which clearly lays out their roles and responsibilities. Each Fund guardian receives a regular statement which tells them the balance of their fund as well as details of any wishes that have been granted/submitted for their service. Regular reviews of the Fund Guardians will take place ensure they are still the most appropriate person for the role. Ongoing communication sessions are planned throughout early part of 2019.

- **Whitby plan produced, and Appeal Group developed – Sept 2018**

Due to the complexities surrounding the Whitby business case, Health Stars will not formally pursue any Appeal type fundraising activities until given formal instruction from the Trust, once the services are confirmed.

Health Stars has however been developing strong links with the staff at Whitby Hospital and is working very closely with the Service Manager and the PMO to ensure Whitby is included in all the events and activities the charity is organising. The League of Friends have been approached on numerous occasions, but so far we have been unsuccessful in engaging them. Clare will continue to work towards building good relationships with staff and the wider community.

- **Whitby Appeal formally launch – Feb 2019**

On hold until further notice – see above.

- **Community Investment Plan confirmed for high fund zones – October 2018**

Funds attached to community hospital sites have been identified as a priority to evolve and look to invest this into Health and Well-being in the community, rather than specifically in the site.

Significant work has been undertaken, to ensure our legal position on broadening the fund's original objectives to make them more fit for purpose for the current need.

Furthermore, the Health Stars team have been engaging the wider community and encourage submission of wishes, especially from community services patients and their families and cares. Clare the Head of fundraising has met with the League of Friends groups across Driffield, Malton, Hornsea and Bridlington.

Health Stars is working closely with the Smile Community Hive team to link in with any projects which may be a suitable match to the constitutional requirements of the charity. Work is ongoing with social prescribing and



volunteer services. A new publicity campaign to highlight Health Stars and the Charitable funds which are available to with wider community is planned for later this month.

- **Community Investment begins Dec 18 – Feb 19**

There are already several community projects which Health Stars is investing in including Community Mental Health Team Allotments in Driffield, Bridlington and Hull. Other projects include Health Visitor led peer to peer support groups and resources for DBT courses (Dialectical Behavioural Therapy).

Once further projects are identified greater investment will follow.

### **Staff Engagement Fund – launched 2018**

The Staff Engagement Fund was launched in October 2018, as part of the Stepper Challenge and the CEO Treadmill challenge. The Staff Engagement Fund is set up and runs like any other fun zone. People can fundraise specifically for this fund and money raised from past CEO challenges sits here.

Wishes can be submitted for things which will primarily be of benefit to staff but have an indirect benefit to patients. Regular communications go out to highlight the fund and staff are actively encouraged to submit their wishes. Examples to date have been – yoga class for CAMHS Team – Spa treatment for PICU Team and wellness boxes to be situated in staff areas. The Staff Engagement Fund will feature in the next edition of Humber People, and new Circle of Wishes posters will be sent to all staff areas by the end of this month.

### **Partnerships between services with charitable outcomes within the Trust to be brought closer together – Feb 2019**

We are keen to play an integral part in both maximising the potential of Trust services that have a charitable aim or outcome. These include but not exclusive to Volunteer services, Recovery College and Positive assets. These discussions are ongoing, and we plan to have a formal update in February 2019.

## **3 Non-financial Impact**

### **Efficiency**

Health Stars has seen a significant increase in Gifts in Kind and over the past nine months resulting in substantial saving across the Fund zones enabling us to maximise the financial resources elsewhere in Humber services. This is a direct result of the networking and relationships the team are developing with our business partners and the broader community.

### **Community Engagement**

Health Stars actively seek opportunities to take part in community engagement events. These have included a presence at Health Expo, Hull



Pride, Annual members meeting as well and speaking at community groups such as Rotary Clubs and other Volunteer Organisations. We have also undertaken a wide range of engagement days across the private, public and voluntary sector. Planned new marketing materials will reflect Health Stars strong commitment to our communities and will enable us to encourage more involvement with the charity and greater fundraising opportunities for people to become involved.

### **Staff pride, recognition and engagement**

Health Stars prides itself on the approachable nature of its staff and the rapport Clare Woodard (Health of Fundraising) and Laura Atkinson (Charity Champion) have built with colleagues, and patients from right across the Trust. We encourage as many staff as possible to get involved in all our activities through various communications and social media platforms.

We aim to increase our social media presence during the coming months and will continue to celebrate the fantastic work Humber Staff are undertaking to support the charity as well as their own service users and environments. It is hoped that the utilisation of the Staff Engagement Fund will go a long way towards improving staff morale and wellbeing. Health Stars will do all it can to facilitate staff wishes to reach the most favourable outcome for our invaluable NHS staff and the patients whom they care for.

In addition, an engaging calendar of fundraising events taking place throughout the year is on the website, and we will continue to keep Trust staff as involved as possible.

## **4 Recommendation**

The Board is asked to discuss and note the contents of the report.

