

**Trust Board Meeting 26 June 2019  
Agenda - Public Meeting**

For a meeting to be held at 9.30am in The Mulgrave Day Room, Whitby Hospital, Spring Hill, Whitby YO21 1DP

		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence – Paula Bee, Hilary Gledhill	SM	To note	verbal
2.	Declarations of Interest	SM	To receive & note	√
3.	Minutes of the Meeting held on 22 May 2019	SM	To receive & approve	√
4.	Action Log and Matters Arising	SM	To receive & discuss	√
5.	Patient Story – Joe’s Story	JB	To receive & note	√
6.	Chairman’s Report	SM	To note	verbal
7.	Chief Executive’s Report	MM	To receive & ratify	√
8.	Publications and Policy Highlights Report	MM	To receive & note	√
	<b>Performance &amp; Finance</b>			
9.	Performance Report	PBec	To receive & note	√
10.	Finance Report	PBec	To receive & note	√
	<b>Assurance Committee Reports</b>			
11.	Quality Committee Assurance Report & 3 April 2019 Minutes	MC	To receive & note	√
12.	Finance & Investment Committee Assurance Report	FP	To receive & note	√
13.	Workforce & Organisational Development Committee Assurance Report & 20 March 2019 Minutes	FP	To receive & note	√
14.	Items for Escalation	All	To note	verbal
15.	<b>Any Other Business</b>			
16.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
17.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 31 July 2019, 9.30am in the Conference Rooms, Trust Headquarters			



**Agenda Item: 2**

Title & Date of Meeting:	Trust Board Public Meeting – 26 June 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. Changes have been made to the declaration for Dr John Byrne who has been appointed Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).			
Key Issues within the report:	Contained within the report			

**Monitoring and assurance framework summary:**

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



## Directors' Declaration of Interests

Name	Declaration of Interest
<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 (Voting Member)	<ul style="list-style-type: none"> <li>• Sister is a Social Worker for East Riding of Yorkshire Council</li> <li>• Son is a Student at the St Mary's Health and Social Care Academy</li> </ul>
Mrs Hilary Gledhill, Director of Nursing (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> <li>• Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE).</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,</li> </ul>

	<p>University of York Mental Health Network Plus NIHR grant</p> <ul style="list-style-type: none"> <li>• Chair, Cochrane Common Mental Disorders Expert Advisory Board</li> </ul>
Mr Mike Smith, Non Executive Director (Voting Member)	<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>• Non Executive Director for The Rotherham NHS Foundation Trust</li> </ul>
Mr Francis Patton, Non Executive Director (Voting Member)	<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, Over Promise and Under Deliver</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 22 May 2019 in the Conference Room,**  
**Trust Headquarters**

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

**In Attendance:** Mrs Michelle Hughes, Interim Head of Corporate Affairs  
Mrs Jenny Jones, Trust Secretary  
Ms Laura Sheriff, Care Quality Commission (CQC)  
Ms Amy Smith, Communications Officer  
Ms Claudia Myler, Clinical Psychologist (for item 90/19)  
Kirsty, Service User (for item 90/19)  
Kirsty, Carer, (for item 90/19)  
Mr Oliver Sims, Corporate Risk Manager (for item 101/19)

**Apologies:** None

87/19 **Declarations of Interest**

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

Dr Byrne reported that he has recently been appointed as Senior Responsible Officer for the Local Health Care Record Exemplar (LHCRE) which will be added to his declaration.

88/19 **Minutes of the Meeting held on 24 April 2019**

The minutes of the meeting held on 24 April 2019 were agreed as a correct record.

89/19 **Matters Arising and Actions Log**

The actions list was discussed and the following update provided:-

**51/19 Chief Executive's Report**

A meeting was held with the Chief Executive, Professor Cooke and Mrs Parkinson to discuss the Recovery College. Mrs Parkinson reported that the Recovery College continues to work well and there is now a real opportunity to take forward areas such as social prescribing, health trainers and peer support type roles to link together and also offer a complete approach to recovery. A Trust wide workshop is planned for later in the year to explore and launch this.

Ms Bee suggested that the Charitable Funds may be able to make a contribution to the work of the Recovery College and help shape this going forward. It was confirmed that the lead for Charitable Funds is already involved in the work. Further updates will be included in future



Chief Executive's reports.

90/19

### **Patient Story – Kirsty's Poem**

Kirsty attended the meeting to share her story and journey with the General Liaison Psychiatry Team through the method of poem. Kirsty was accompanied by Claudia Myler (Clinical Psychologist) and her carer.

Kirsty read her poem "Therapy" and explained that she had written it as it allowed her to express the way she was feeling and her anxiety about joining the group. She was asked if there was anything that she felt could have been done differently when she first attended the group. Kirsty said it was hard going into a room with others and not knowing what was going to happen. She felt it would have been better to meet with service staff beforehand to explain what would happen in the group and the type of topics that would be discussed. Mrs Parkinson informed her that the Trust is introducing peer support workers who will be people who can share their experiences with service users and be able to support people who are going through what they have experienced. Ms Myler informed the Board that a trainee psychology has been undertaking some research based on feedback to determine what could be done better which will be into an information leaflet for service users.

Kirsty was asked if she would allow her poem to be used in Trust publications such as Humber People magazine and agreed to share it with the Trust.

The Chair thanked Kirsty for attending and sharing her journey with the Board.

91/19

### **Chair's Report**

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

- Visits to Mill View Lodge, Avondale and to the new Child and Adolescent Mental Health Services (CAMHS) development.
- Attendance at the Leadership Forum which was extremely well attended with the group influencing its own agenda
- Attendance at the successful 3<sup>rd</sup> Annual Research Conference
- Meetings with Governors
- Hosting (with the Chief Executive) the Quarterly staff awards event held for long service and retirees
- Attending a Freedom to Speak Up quarterly meeting with the team and the Chief Executive to discuss the work that is ongoing
- Attendance at a meeting with Vanessa Walker who is a member of the Hull University Teaching Hospital Board and also a Trustee of MIND

The recruitment process for a new Non Executive Director is underway and is being promoted in various areas including social media. Interviews will take place on 21 June 2019.

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

92/19

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

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

#### **Humberside Police**

The Chief Executive spent a day working alongside Humberside Police experiencing the work of the community neighbourhood teams and also with their first response patrol. This experience helped to identify integrated ways of working better within the community and part of the day was spent in a first responder patrol car which has helped take forward

discussions around the mental health aspects of policing. Potential opportunities for working together have been identified including piloting joint working within the patrol car setting.

### **Visits**

Time was spent with the staff at the Humber Centre as well as Psychiatric Intensive Care Unit (PICU) and Maister Lodge. Staffing demands remain the key challenge.

### **Easter Competition Winners**

The Chief Executive thanked everyone who entered the competition and also the Trust Board members who donated the prizes. The winners of the Easter competition were:-

- 1<sup>st</sup> Place – PICU (submitted by Hayley Vaughan, Rikki Day & Gemma Cheetham)
- 2<sup>nd</sup> Place – Maister Lodge (submitted by Rielle Dency)
- 3<sup>rd</sup> Place – Mill View Court (submitted by Derek Peat)

Congratulations to all winners who have received their prizes.

### **Hull Yorkshire's Maritime City Project**

The Council is moving forward significantly with plans for the Hull: Yorkshire's Maritime City project (<https://maritimehull.co.uk/>) which includes the complete refurbishment of the Maritime Museum and adjacent Town Dock Chambers, the renovation and permanent display of our two historic vessels (the Arctic Corsair and the Spurn Lightship) and the development of the historic North End Dry Dock on the River Hull. The Chief Executive informed the Board that the Trust has supported the project.

### **Research Conference**

170 delegates attended the conference which was chaired by Professor Cooke. Dr Byrne reported that feedback from the event is being collated, but early indications show it is very positive.

### **Chief Executive Challenge**

This year the Chief Executive will be holding a 12 hour longest car wash event taking place on 20 June 2019 with all money raised going to the Staff Engagement fund.

### **Hull Place**

Local meetings continue to take place. The Maritime work is interesting and is linking into the Hull Place work.

### **East Riding Place Board**

Chaired by the Chief Executive the Big Healthy Link Up meeting focused upon the annual review and operational plan for the forthcoming year. Of the 99 actions identified previously, these have been reduced to four/five strategic targets including physical and mental health.

### **Sustainable Transformation Programme (STP)/ Integrated Care Service (ICS)**

The operational plan has not yet been agreed. A review of progress in relation to Humber acute care and Scarborough and Ryedale services is being undertaken

### **Veterans Aware**

Dr Byrne explained the Trust is part of the Veterans Alliance which provides an opportunity to improve the quality of care given to veterans and families of veterans in Trust services. It is also an opportunity to support our staff who are veterans or have family members who are veterans. Reservists are included in this work and a Veterans Breakfast event will be held in the near future. The date will be circulated to Board members when finalised.

### **Zero Events**

Mrs Gledhill explained that Zero Events have started to become embedded in the organisation, however there are some areas where policy is not being followed. There is a renewed emphasis on the work to comply with national policy and Trust policy which will

come from the bottom up. In terms of the existing Zero Events, inpatient suicide results in a serious investigation, Absent Without Leave (AWOL)/Secure services goes through Mental Health Legislation and 7 Day Follow Up is monitored through the Performance Report.

Professor Cooke was concerned there are a high number of Zero Events with eight Zero Events and three that are monitored via different routes. He was concerned that areas covered by mainstream reporting may not be seen as a priority. The Chief Executive explained that when this was introduced time was needed for the process to embed in the organisation. Focus is provided where a priority is identified.

Mr Baren commented on the large number of falls identified in the quality dashboard and queried whether further investment is needed in this area. He also asked how it was known that Trust policy is being followed in relation to falls reporting. He was informed that all falls incidents are investigated, however not all result in a serious investigation being undertaken due to the level of harm or other factors. When the Datix report is received all aspects are considered and a briefing is produced for every incident.

Professor Cooke referred to the progress made with Lorenzo e prescribing asking if this was on track. Dr Byrne explained that the Humber Centre will go live as the first phase at the beginning of June and once embedded it will be rolled out to Scarborough and Ryedale services. It was noted that the Trust is one of 13 exemplar sites and is ahead of other organisations in terms of going paperless. Dr Byrne was happy to discuss the timescales of the roll out outside the meeting.

In response to Professor Cooke's query about key themes in the annual Equality and Diversity report, Mr McGowan reported that for those people who identified themselves as non heterosexual, some of the scores were more negative and work is needed to shape this work in the next 12 months. Positive scores around Black and Ethnic Minorities were reported. Dr Byrne added that from a patient perspective originally 120 actions were identified as part of a five year strategy and 60 of these remain, but some positive improvement is being seen around the protected characteristics. It was noted that the report will be going to the Workforce and Organisational Development Committee and an update will be provided to the Board through the assurance report.

The inpatient Search Policy and the Policy for the Use of Seclusion or Long Term Segregation including Restrictive Intervention Procedure highlighted in the report were ratified by the Board.

**Resolved:** The report was noted  
The inpatient Search Policy and the Policy for the Use of Seclusion or Long Term Segregation including Restrictive Intervention Procedure were ratified by the Board.

93/19

### **Publications and Highlights Report**

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

Professor Cooke noted the scale of challenge for the workforce in relation to item 6 in the report and something the Board needs to get behind this year.

In terms of the System Working in an Uncertain World item, Mr Baren noted this is something the Board needs to consider in the coming months to be prepared for 2021. The Chief Executive agreed explaining that once the Operational Plan for the system is finalised it will help design the Integrated Care Services. It was suggested that part of the October Strategy meeting be used to look at the wider picture.

**Resolved:** The report was noted  
A session to be arranged for the October Part III Strategy meeting to look at the wider picture and implications of system working **Action MM**



### Care Quality Commission (CQC) Inspection Report

The CQC Inspection report published on 14<sup>th</sup> May 2019 was presented to the Board. Of particular note were:-

- The Trust retained its overall rating of 'Good'
- Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive.
- Acute wards for adults of working age and psychiatric intensive care units improved from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led.
- The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.
- The Trust was assessed as 'requires improvement' for safety and this will continue to be an area of focus for improvement.
- The CQC noted the rating of 'requires improvement' for community services for adults had brought the overall rating for community down to 'requires improvement' but acknowledged we had taken on additional services since the last inspection - this will be an area of focus as we integrate further the new community services we acquired.

The Chief Executive thanked staff and Board members for their contribution in helping the Trust retain its overall score of "Good". Thirteen actions were identified in the report and responses to these will be submitted by 7 June 2019. However work is in progress and plans are in place to address the actions, some of which have already been completed. The Chief Executive said it was disappointing to receive a "requires improvement" rating for community services, but work is underway to address the issues raised. A piece of work is also underway in relation to the Humber Centre to address some issues.

The work of the Quality Committee was recognised by the Chief Executive for providing the assurance process whilst acknowledging there is still more work to do. Professor Cooke thanked the Executive Team for their leadership and Non Executive Director colleagues for their input and support. He felt that the approach taken in relation to quality, quality assurance and the links to innovation and research were well received by the Care Quality Commission (CQC).

Mr Patton suggested that staff training and engagement which was highlighted in the report, be discussed by the Workforce and Organisational Development Committee. Mr Baren noted that there was a long list of items in the Well Led section and he particularly highlighted the good work on the Board Assurance Framework and the management of risks. It was suggested by Ms Bee that discussion take place with Health Stars around ways that it can be included to help add value for staff.

The Chair thanked everyone involved for the work they have done which had resulted in a good report for the organisation.

**Resolved:** The report was noted.

### Performance Report

The report provided the Trust Board with an update on key performance indicators as at the end of April 2019. The Executive Management Team (EMT) has reviewed indicators and targets for 2019/20 resulting in three indicators being retired from the report. However, these indicators Healthcare Acquired Infections, Budget Reduction Strategy and Staff Cost v Plan will continue to be reported to the Quality Committee and the Finance and Investment Committee

The majority of indicators are within normal variation, but key areas of performance were:-

- The number of vacancies in the Trust has increased.

- Referral to Treatment for incomplete pathways has fallen in month, performance for completed pathways was 89.5% - both indicators are below target performance (95%)
- Waiting times – 52 week waits have increased further in April. Currently 159 patients waiting (excluding ASD), 153 relate to Child and Adolescent Mental Health Services (CAMHS).
- Care Programme Approach (CPA) Reviews has dropped below target (95%) and is reporting at 94.3%
- There has been one admission of a patient aged under 18 to an adult ward
- The Trust's cash position remains strong at £14.335m.

Mrs Parkinson provided an update about the waiting lists. She recognised that in recent months there has been an increase in the number of people on the waiting lists predominantly for children and young people, core CAMHS, Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Diagnosis (ASD). This month circa 17 young people were transferred to City Health Care Partnership (CHCP) as part of a contract change and there has been an increase in the number of incomplete treatment episodes. CAMHS continued to see a high level of referrals primarily relating to the Hull service. A workshop was held across the system recently and some additional actions agreed; further investment will be provided, changes agreed to the access point to the CAMHS service to try and address the issue of sign posting young people to more appropriate services and working with MIND at an early stage. These changes are expected to have an impact on the position going forward. Dedicated staff resource will be identified to implement the actions and some clinical changes in the CAMHS service will also be made.

Professor Cooke suggested that the Workforce and Organisation Development Committee focus on vacancies and sickness which is still above 5%. Mr McGowan confirmed that this is a better position than 12 months ago and a further update will be provided to the Workforce and Organisation Development Committee at its meeting later this week with an update to the Board being included in the assurance report. Mr Baren also suggested looking at both short term and long term sickness that are due to stress. He was informed that the report going to the Committee looks at this on a month by month basis.

The Use of Resources score changed from a 1 to 3 in the month which was highlighted by Professor Cooke. It was confirmed by Mr Beckwith that this change is in line with the Board approved financial plan and is due to the income and expenditure and capital services position. It was suggested that future reports include the explanation for any change as it is a public document. The Chief Executive agreed that the plan had been signed off with this level of change within it. She also reported that NHS Improvement have no financial concerns with the Trust.

The Chair asked about Older People's out of area placements as it is high. Mrs Parkinson explained this has improved from previous months and work is underway with both Local Authorities to improve the package of care for people who are discharged into residential care. The Chief Executive said the East Riding Health and Wellbeing Board is also looking at the care home position.

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

96/19

### **Finance Report**

Mr Beckwith explained that a full month one position had been provided to the Board and of particular note were:-

- A deficit position of £0.417m was recorded to the 30 April 2019.
- Expenditure for clinical services was lower than budgeted by £0.158m.
- Expenditure for Corporate Services was £0.175m lower than budget.
- A Budget Reduction Strategy (BRS) Risk Provision of £0.300m was included in the reported position.
- The cash balance at the end of April 2019 was £14.335m, and included £2.110m of

Local Health Care Record Exemplar (LHCRE) and £0.988m of CAMHS capital funding.

- Capital spend as at the end of April was £0.158m.

There was a requirement for all trusts to resubmit their financial plans by 15 May. The Trust's plan was submitted following discussion with NHS Improvement, funding of £400k was agreed allowing the Trust to submit a control total compliant plan which included £1.3 million of sustainability funding and an allocation of £400k.

Mr Smith noted that the Trust is an outlier in a positive way for agency usage. He suggested that this was a good time to look at consultant vacancies to see if there are any other savings opportunities. The Chair thanked the finance team for providing a full month one report at a time when they are busy with year end.

**Resolved:** The report was noted.

97/19

### **Mental Health Legislation Committee Assurance Report**

The paper provided an executive summary of discussions held at the meeting held on 9 May 2019 and a summary of key issues for the Board to note. Mr Smith highlighted to the Board the issue with Approved Mental Health Practitioners (AMPHs) employment. He explained that terms and conditions under Agenda for Change and the Local Authority are different which impacts on the ability to attract into posts.

There have been many exceptional breaches of the Mental Health Act (MHA), but no trends have been identified through the investigation and learning undertaken. Section 5.4 nurses holding power is used infrequently and when it is used Mr Smith suggested this could be due to a lapse and may not be used properly. Dr Byrne said some of the lapses could be due to paperwork issues and perhaps a lack of knowledge by the person and work is underway to review this. The CQC report will be presented to Consultants at their meeting next week which will be used as an opportunity to remind them of their role in this. The Mental Health team is well led by Mrs Nolan and the team has a regular presence on wards to provide support and training to teams. They also provide the corporate link into services and the work they do on a daily basis is appreciated.

The Chief Executive thanked everyone for their work in this area as previously this level of assurance would not have been provided and it was positive to hear that any incidents are reviewed and no trends have been identified in relation to any breaches of the Act.

**Resolved:** The report was noted.

98/19

### **Finance and Investment Committee Assurance Report**

A summary of discussions held at the meeting on 16 May 2019 and a summary of key points for the Board to note was presented by Mr Patton. It was recognised that some points had already been raised under the finance report item, but other areas to note were:-

- the month one financial performance and BRS delivery.
- the committee's recommendation of the annual health and safety report.
- the committee's annual effectiveness review.

Mr Patton reported that there is a strong cash position and the debtors and creditors position is progressing. The Committee received the Annual Health and Safety report which was detailed and thorough and recommended to the Board for approval. Updates were also provided on the Clinical Negligence Scheme for Trusts (CNST), Mutually Agreed Resignation Scheme (MARs) and Digital Delivery Group. The Board Assurance framework was discussed and suggestions made on future improvements. The Committee effectiveness review was discussed and approved.

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

99/19

### **Audit Committee Assurance Report**

The report provided an executive summary of discussions held at the meeting held on 14 May 2019 and a summary of key issues for the Board to note including:-

- Internal Audit Progress Report
- Internal Audit Annual Plan 19/20
- Internal Audit Annual Report
- Counter Fraud Progress Report
- External Audit Update
- Committee Effectiveness Review and review of Terms of Reference
- Tender Waiver Update
- Board Assurance Framework
- Risk Register – Board and deep dive Primary Care, Community, Children’s and LD (PCCLD) and Mental Health care group
- Losses and Special Payments Annual Report
- Declarations of Gifts, Hospitality and Sponsorship Annual Report
- Review of the Standards of Business Conduct and Managing Conflicts of Interest for NHS Staff Policy

Mr Baren reported that the one internal audit report was awarded limited assurance for an establishment visit. Further assurance was received after the meeting that all of the medium risks had been completed. It was suggested that some risks on the Risk Register were shared with the Mental Health Legislation Committee in terms of the Mental Health Act and this will be taken forward. The report included the internal audit plan for 19/20 which is extensive, but showed the areas that will be audited.

Mr Beckwith explained that in terms of patients’ property an internal programme of checks will also be in place through the Finance team who will visit units to gain further assurance that the procedures are being followed. The outcomes of the visits will be reported to the Operational Delivery Group and then to the Audit Committee.

The Chair felt it was helpful to have the annual audit plan included so the Board could see the areas that are covered.

**Resolved:** The report was noted.

100/19

### **Charitable Funds Committee Assurance Report & 25 March 2019 Minutes**

The report included details of the meeting held on 14 May 2019 and the minutes of the meeting on 25 March were presented for information. Ms Bee drew the Board’s attention to the following areas:-

- Revised the reporting framework to clearly see objectives years 1 to 3 ensuring that year 2 reflects accurately the activities already undertaking and those that need to be on target for year 3
- Noted as a Committee the increased use of Charitable Funds across all fund zones and appeals. Recognition that if we are to maintain such a high level of activity we will have to be proactive in fundraising to maintain levels of fundraising in order to meet future demands.
- Willerby Hill site Café refurbishment Health Stars has worked closely with Trust Estates Team and the Working group to design a delivery model liaising with external partners. New facility due to open 5<sup>th</sup> July
- A comprehensive exercise undertaken to scrutinise the legacy information held by the Trust.
- Staff engagement fund is continuing to gain momentum and Michele Moran, Chief Executive is planning the Longest Car Wash on 20 June to help raise funds for staff benefits.

- The Pennies from Heaven scheme will be re-launched to existing and new staff from 1st June. The scheme will change the benefitting charity from Macmillan Cancer Care to Health Stars.
- The Impact Appeal has gone from strength for strength. The current fundraising total is almost £260,000 with high profile supporters such as Viking FM and NISA convenient stores actively fundraising.

The Committee is working well and is still on a journey. The Chair noted the reference in the minutes to the Eon Visual Media and asked what the Board's involvement was. The Chief Executive said further information is awaited, but is in relation to having snippets of videos that can be used for promotion. Another action in the minutes was in relation to the small charities legacy campaign to come to the May Board. Ms Bee will clarify any action required.

**Resolved:** The report.

**Clarification to be sought around action for the Board around the small charities legacy campaign Action PBee**

101/19

### **Board Assurance Framework**

The report provided details of the Quarter 4 2018-2019 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals. The report demonstrated progress against the aligned risks is reflected within the framework to highlight the movement of current risk ratings from the previous position at Quarter 3 2018/19.

Each of the Board Assurance Framework sections has been reviewed by its assigned assuring committee to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

Changes to the Board Assurance Framework from Quarter 3 2018-19 to Quarter 3 2018-19 included:-

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

- Risks **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)
- **FII204** (Inability to achieve the NHS Improvement Use of Resources Score for 2018/19 which may result in reputational harm for the Trust and significant reduction in financial independence) have been removed from this section of the Board Assurance Framework following the closure of the risks in Quarter 4 2018-19.

Mr Sims reported that the overall assurance rates have not changes, but strategic goal 5 has changed to a green rating due to agreement of the control total. A number of finance risks were closed a the year end and the longer term financially sustainable risks reviewed and two new risks identified which are progressing through the Finance and Investment Committee and the Executive Management Team (EMT).

All risks are discussed at the appropriate Sub Committees and reviewed regularly by the EMT.

Mr Smith suggested that Strategic Goal 5 ratings may need reviewing as it seemed to show that the risk was increasing, but it was actually decreasing. Mr Sims will review this so that it is clear. The Chief Executive thanked Mr Sims for his work in this area commenting that it was good to see the BAF being used as a live document by the Committees.

**Resolved:** The report was noted.

102/19

### **Risk Register**

The report provided an update of Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2019. Three risks are currently on the Trust Wide register and relate to the longer term financial position, nursing and consultant staff vacancies and inability to retain appropriately qualified workforce. Agreement has been reached to split the nursing and consultant staff vacancies risk into two separate risks which will be reflected in future reports.

Overall the number of risks reduced from 147 to 142 over the quarter. The Care Quality Commission (CQC) report made reference to risk assessments and once this work has been completed any changes to the Risk Register will be made.

Professor Cooke noted the changes to last year in the Trust Wide risks commenting that there were now only two on workforce and one on finance. He suggested that given the recent CQC report that safety risks be considered. He also felt there were a number of risks sitting at 12 or 9 that needed monitoring by EMT. The Chief Executive confirmed regular discussions take place at EMT and this will be an area of focus.

The Chief Executive commented that an area of future focus will be around the embedded nature of the Risk Registers which needs to start at the front line and consideration needed how this assurance is provided to the Board. Mr Sims said this will be included in the annual action plan which will be going to EMT for approval. Another area for focus is the consistency of risk scoring which varies significantly.

The Chair asked when the risk appetite session with the Board will take place this year. Mr Sims explained that the Risk Strategy will be updated which will then provide the areas of focus for the Board to consider and a date will be agreed.

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

103/19

### **Annual Safety Report**

The annual report provided a combined analysis of the Trust's Health and Fire Safety activity during 2018-19, outlining key developments and work that has been undertaken during the reporting period. It has been previously discussed by the Finance and Investment Committee who recommended approval to the Board. Ten Reporting of Industrial and Dangerous Diseases Occurrences Regulation (RIDDOR) incidents were recorded over the year, including six relating to incidents of violence and aggression. Unwanted fire alarm signals increased by 13 from last year; a programme of visits to units is in place and management and staff reminded of the need to be vigilant.

Professor Cooke suggested the title of this report could be misleading as it covered specific non clinical areas. He also pointed out that it had been reviewed by the Finance and Investment Committee, but there were wider aspects than purely financial. Following discussion it was agreed to rename the report the Annual Fire and Health and Safety Report. The Chief Executive suggested that in the future the Annual Health and Safety report only, should be shared with the Quality and Workforce Committees to discuss the relevant areas. This will be put into place for next year.

**Resolved:** The report was noted.

**The renamed Annual Fire and Health and Safety report to be shared with the Finance and Investment, Quality and Workforce Committees going forward Action PBec**

104/19

### **Annual Declarations Report**

To provide the Board with a summary of the annual declarations that are required to be made by the Trust, evidence of how the Trust meets these declarations and to provide assurance that the views of Governors have been taken into consideration

Mr Beckwith pointed out that with Child and Adolescent Mental Health Services development,

next year's declaration will need to include this as part of the Commissioner Requested Services.

Professor Cooke suggested including the points that NHS Improvement have no concerns about the Trust and G7 should now reflect that a positive CQC report has been received. It was agreed to add these to the report.

Mrs Hughes reported that the completion dates are correct and it will be published on the website but this year there is no requirement for Trusts to submit this to NHS Improvement as a selection of Trusts will be chosen by them to sample reports.

The Chair had some minor comments which she will share outside of the meeting.

**Resolved:** The Board approved the annual declarations, and agreed that it has taken all necessary precautions to comply with its licence, the NHS Act and the NHS Constitution. That the Trust has complied with required governance standards and objectives and that the Trust has complied with section 151(5) of the Health and Social Care Act to ensure that governors are equipped with the skills and knowledge to undertake their role.

105/19 **Any Other Business**

No other business was raised.

106/19 **Exclusion of Members of the Public from the Part II Meeting**

It was **resolved** that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

107/19 **Date and Time of Next Meeting**

Wednesday 26 June 2019, 9.30am in The Mulgrave Day Room, Whitby Hospital, Spring Hill, Whitby YO21 1DP

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

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

Summary of actions from May 2019 Board meeting and update report on earlier actions due for delivery in June 2019						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
22.5.19	93/19	Publications and Highlights Report	A session to be arranged for the October Part III Strategy meeting to look at the wider picture and implications of system working	Chief Executive	June 2019	Item added to the October part III agenda
22.5.19	100/19	Charitable Funds Committee Assurance Report & 25 March 2019 Minutes	Clarification to be sought around action for the Board around the small charities legacy campaign	Ms Bee, Non Executive Director	June 2019	This referred to work undertaken around designated legacy funds and a report is due to the July Charitable Funds Committee meeting.
22.5.19	103/19	Annual Safety Report	The renamed Annual Fire and Health and Safety report to be shared with the Finance and Investment, Quality and Workforce Committees prior to going to Board	Director of Finance	May 2020	Will remain as a separate action on the log (see below)
Outstanding Actions arising from previous Board meetings for feedback to a later meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
31.10.18	203/18(a)	East Riding Adult Mental Health and Dementia Strategy	Updates on progress to be submitted to the Quality Committee and Executive	Chief Operating Officer	February 2019	Apr 19 – Regular updates are provided to EMT and will agenda item for the





		2018-23	Management Team meetings			Quality Committee in August 2019.
24.4.19	79/19(a)	Freedom to Speak Up Vision and Strategy 2019-2022	Future reports to include the involvement of the Senior Independent Director in overseeing cases.	Transformation Programme Director Mental Health Humber Coast & Vale	June 2019	Reference to Senior Independent Director involvement will be included in future reports. Strategy work will be progressed within the agreed timelines.

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

**Actions to be taken forward for next year end**

22.5.19	103/19	Annual Safety Report	The renamed Annual Fire and Health and Safety report to be shared with the Finance and Investment, Quality and Workforce Committees prior to going to Board	Director of Finance	May 2020	Item not yet due
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**Agenda Item: 5**

Title & Date of Meeting:	Trust Board Public Meeting - 26 <sup>th</sup> June 2019			
Title of Report:	Patient Story – Joe’s Story			
Author:	Name: Joe Title: Patient – Heart Failure Service  Name: Sharon Parsons Title: Heart Failure Specialist Nurse, Whitby			
Recommendation:	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	To inform Board members of Joe’s story of living with Dilated Cardiomyopathy and the care he receives from his Heart Failure Specialist Nurse in Whitby.			
Key Issues within the report:	The key messages of the story are:  <ul style="list-style-type: none"> <li>To highlight the positive impact of the Heart Failure Nurse Service at Whitby Hospital</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	



## **Joe's Story**

### **1. Introduction**

The purpose of Joe's story is to provide the Board with an account of his experience of receiving services from the Heart Failure Specialist Nurse at Whitby Community Hospital and the benefit that this has on his health.

### **2. Attendance at the Board meeting**

In attendance will be Joe (patient) and Sharon Parsons (Heart Failure Specialist Nurse).

Joe will share his story with the Board followed by a questions and answers session, supported by Sharon who works in the Heart Failure Nurse Service at Whitby Community Hospital where Joe receives his care.

### **3. Key Messages**

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

- To highlight the positive impact of the Heart Failure Nurse Service at Whitby Hospital

**Agenda Item: 7**

Title & Date of Meeting:	Trust Board Public Meeting – 26 June 2019			
Title of Report:	Chief Executive's Report			
Author:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To note	
	To discuss		To ratify	✓
	For information	✓	To endorse	
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.			
Key Issues within the report:	Identified within the report			

**Monitoring and assurance framework summary:**

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



## Chief Executive's Report

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

#### **1.1 Third Annual Research Conference**

Our third annual Research conference was well received with over 170 delegates attending. Planning for next years has already commenced.

#### **1.2 Developing Primary Care Networks**

We continue to work closely with the Developing Primary Care Networks across our whole geographical patch and are developing good links.

#### **1.3 Areas of Focus**

The Executive team have set out to staff our key focus areas which concentrate on our Patients and Staff being at the very heart of all that we do:

- Proud Programme – Investing in You, Valuing you
- Recruitment and Retention
- Developing our Leaders
- Our Health and Wellbeing
- Being better today than we were yesterday, everyday – our QI and quality improvement journey.

The Executive team have also started a headlines briefing following our weekly Executive meeting, which has replaced Monday's Midday Mail, I have received positive feedback to date from staff across the organisation.

#### **1.4 National Suicide Prevention Alliance**

We have now officially signed up to be part of the National Suicide Prevention Alliance, I have also included Humber or Humber Coast and Vale, as part of the Alliance. This adds to our Zero Tolerance membership work.

#### **1.5 Bid**

I am pleased to confirm formally that Humber has been successful with our wave 2 bid for Suicide Prevention and we have been will £356,000 to support our proposal.

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

#### **2.1 North Yorkshire's Clinical Commissioning Groups**

North Yorkshire's three clinical commissioning groups (CCGs) have agreed to follow the NHS England process towards a formal merger. The decision was taken during a meeting in public of the Governing Bodies which represent NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG and NHS Scarborough and Ryedale CCG, meeting as a 'Committee in Common'.

A detailed formal proposal will be submitted to NHS England by 30 September and should it be approved, the three CCGs will begin operating as a single, statutory organisation.

#### **2.2 NHS Hull Clinical Commissioning Group Appointment**

NHS Hull Clinical Commissioning Group (CCG) have a new appointment, Sarah Lovell, is the new Director of Collaborative Acute Commissioning for the Humber Clinical Commissioning Groups (NHS Hull, NHS East Riding of Yorkshire, NHS North Lincolnshire and NHS North East Lincolnshire).

## **2.3 Hull University Teaching Hospitals NHS Trust Appointment**

Hull University Teaching Hospitals NHS Trust have appointed Dr Makani Purva as their new Chief Medical Officer.

## **2.4 Birthday Honours**

The Queen's honoured list locally included Ray Gray OBE who is a Unison representative was honoured for his work to Search and Rescue in the UK and Abroad. Professor Stephen Eames was awarded a CBE. I have acknowledged both achievements.

## **3 National News**

### **3.1 NHS Providers Annual Elections**

NHS Providers annual election process saw the following appointments to their current board of trustees:

#### **Acute Trust Chief Executives**

Daniel Elkeles - Epsom & St Helier University Hospitals NHS Trust  
Patricia Miller – Dorset County Hospital NHS FT

#### **Acute Trust Chair**

Chris Outram – The Christie NHS FT  
Linda Pollard - Leeds Teaching Hospitals NHS Trust  
Karamjit Singh - University Hospitals of Leicester

### **3.2 Chief Medical Officer**

A consultant and public health professor will be England's next chief medical officer. Chris Whitty, who has been the Department of Health and Social Care's (DHSC) chief scientific adviser since 2016, will take over from Professor Dame Sally Davies when she steps down in October. Professor Whitty, who was appointed following an open recruitment competition, is also an acute medicine and infectious diseases consultant at University College London Hospitals Foundation Trust

### **3.3 NHS England and NHS Improvement Appointment**

NHS England and NHS Improvement have appointed to their national Chief Operating Officer, (effectively the deputy Chief Executive of the NHS) post. Amanda Pritchard, currently Guy's and St Thomas' Foundation Trust Chief Executive, will take up the role. The seven new regional directors of NHS England and Improvement are expected to report to Ms Pritchard in the new role.

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

The Care Quality Commission CQC have reported that in the last year, 23% of locations that were previously rated good, had deteriorated to requires improvement or inadequate.

## **4 Director's Updates**

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

#### **4.1.1 Community Mental Health Team Redesign**

We have been undertaking work over recent months to review and redesign our community mental health teams. As part of this work we have reviewed how these teams work with the wider system, particularly the third sector and the local authorities. We have S75 partnership agreements in place with both Hull Council and East Riding of Yorkshire Council, these have been under review with work now in place to take them forward in the context of wider system change.

A national programme of work has also been undertaken and as we have taken forward our work we have connected with the national team in order that we could ensure that our local approach was aligned with the national direction of travel. The national work has set out some key principles:

- a radical change in the approach towards the delivery of community, mental health care across both primary and secondary care, social care, voluntary care sector, public health and communities.

- Integration of community based services into a network of health and social care services for adults and older adults, from less complex to complex needs.
- Primary care being enabled to provide a broader range of services in the community that integrate primary, community, social and acute care services and that bring together physical and mental health care.
- Organised at the local community level for a population of around 30,000 – 50,000 people (approximately 5 to 12 GP surgeries) where most people will receive treatment.
- Linked closely with wider community services (populations typically of 150,000 to 200,000) that focus on more complex needs where services are provided by specialist multidisciplinary mental health teams.
- An expectation of integrated place based systems of care.

As a consequence of both the local work already started and the recent publication of the national direction of travel we have worked with our partners, including the CCG's to develop a proposed model that will address these key principles. This will:

- Provide an integrated approach between primary care networks (PCN's) and specialist mental health provision.
- Link multidisciplinary teams and PCN's, promoting and supporting mental health wellbeing, access to psychological therapies, and coordination of holistic person centred support.
- Clear pathways for PCN's, primary care mental health, specialist mental health and crisis provision.
- Be focussed on recovery and wellbeing, connected to the voluntary sector, social prescribing, health training and other local community provision.

Wave 1 pilot national transformation funding has recently been announced. STP (sustainability and transformation plan) areas have been asked to identify suitable wave 1 pilot sites in their areas. Due to the work that was already underway Humber Coast and Vale STP are supporting that a bid go forward from Humber based on Hull and East Riding of Yorkshire. If successful the funding will potentially be up to £4 million pump priming for two years – 2019/20 and 2020/21.

## **4.2 Director of Nursing**

### **4.2.1 Care Quality Commission- Regulation Breaches**

The information in respect of the 13 must do regulation breaches has been returned to the CQC on the due date of June 7<sup>th</sup>. Many of the actions are complete. An action plan has been produced to enable the Trust to monitor progress against the actions. This is currently with leads for timescales and updates and will be presented to the Executive Management Team (EMT) in June and the Quality Committee in July who will provide a report to the Trust board in July regarding progress made against the breaches to date.

A similar process is underway for the 26 should do actions in relation to an action plan being developed to aid monitoring of progress at a trust wide level with an expectation that specific actions should be included in the Quality Improvement Plans for each Care Group. Once produced this action plan will be submitted to EMT and the Quality Committee for monitoring and assurance purposes.

### **4.2.2 Coventry University Based at Scarborough Campus Gain NMC Approval for Nursing Degree**

On the 4th June 2019, Coventry University received NMC approval to deliver nursing degree programmes across all four fields of nursing including both direct entry and apprenticeship routes. The NMC gave a number of commendations on the proposed programmes including student support, user engagement and partnership working.

The University has also had their nurse associate programme approved with a planned intake of December 2019. The Trust has been approached by our health care partners from North Yorkshire to establish a partnership agreement along the lines of the one we already have with our local

partners in the Hull area. This will enable us to continue to build networks and relationships and offer a wider choice of local placement opportunities to any of our staff who are successful with getting on the programme.

### ***What this potentially means for the Trust***

More locally trained nurses to recruit from, more options for our staff based in that area to access further development without the need to travel to York or Hull.

An opportunity to recruit trainee nurse associates from that area onto the December programme being delivered in Scarborough.

### **4.2.3 Ward Based Learning Event at Townend Court**

Following the Panorama exposé at Whorlton Hall hospital the team at Townend Court (the Trust learning disability unit) will be dedicating the next ward based learning day on 28 June to reviewing, discussing and reflecting on the issues that have been raised in the programme.

Due to the high level of interest the event has expanded into a multiagency workshop including commissioners and the Local Authority. Representatives from the Trust safeguarding team and freedom to speak up will also be in attendance.

### **4.2.4 Mental Health Optimal Staffing Tool (MHOST) Safer Staffing Validated Tool**

The Shelford Group who produce safer staffing tools have recently announced that the Mental Health Optimal Staffing Tool (MHOST) is now available to mental health organisations. The MHOST is part of the suite of safer staffing care tools developed and managed by the Shelford Group in partnership with Imperial College London and the NHS Chief Nursing Officer for England. The MHOST is an easy-to-use, multidisciplinary and evidence based tool that enables ward based clinicians in mental health settings to assess patient acuity and dependency and convert acuity and dependency data to ensure that ward establishments reflect patient needs.

The Trust has recently obtained the licence to use the tool and will be rolling it out across our mental health in patient services with some guidance or use.

### **4.2.5 East Riding Safeguarding Adults Board**

East Riding Safeguarding Adults Board has recently publicised their strategy for 2019/22. Safeguarding representatives from the Trust and the Director of Nursing were involved in the development of the strategy which presents the Board vision as follows:

Our vision is for the East Riding of Yorkshire to be a place where adults at risk of harm are able to live an independent life free from harm where:

- abuse is not tolerated
- everyone works together to prevent abuse
- services respond effectively when abuse is suspected or happens

The strategic objectives are

1. Ensure the voice of the service user is heard in the Board, its partners and sub-groups
2. Improve communication, by increasing a range of accessible information for service users and the public about adult safeguarding
3. Use data more intelligently to improve safeguarding outcomes across the East Riding
4. To increase the prevention of abuse across the wider focus of the health and wellbeing agenda
5. Take a “think family” approach to safeguarding in which we will engage and empower more adults to be involved in all discussions and actions which are about them and their families



6. Work together to make sure adult safeguarding standards keep adults safe and minimise risk of harm
7. Demonstrate assurance that outcomes from any learning (including Safeguarding Adults Reviews) improves safeguarding effectiveness in the East Riding
8. Demonstrate assurance that emerging cross-cutting themes that may have an impact on adult safeguarding are responded to and fully addressed.
9. Ensure adults who do not have a voice themselves are represented and have appropriate support and the means to express their views.

The Trust approach to safeguarding aligns to the East Riding SAB. We will be working in partnership with the Board in the delivery of these objectives.

### **4.3 Medical Director**

#### **4.3.1 Quality Improvement (QI) Conference**

The first Humber Quality Improvement (QI) conference took place on the 25 of June. The audience had the opportunity to hear about some of the QI work already been undertaken in the Trust such as the work in Townend Court and the Older people services. In addition some book training in QI was delivered by member of the Trust's Quality, Service improvement and redesign practitioners (QSIR). These QSIR practitioners are currently completing their external training and will soon be leading on improvement within their own teams and services.

#### **4.3.2 E-Prescribing and Medication (EPMA)**

The E-Prescribing and Medication (EPMA) rollout has successfully completed phase 1 in the Humber Centre. There have been minimal disruptions and we are working closely with the supplier to use the 'lessons learnt' to improve the offering in phase 2. The Humber Centre itself has commented favourably on the smooth transition.

#### **4.3.3 Video Conferencing**

Hull York Medical School and the Medical directorate are exploring how we can use their established video conferencing facilities to deliver our teaching across the Trust. This has been used successfully in the acute setting and there is now the acceptance that teaching in a community setting is the obvious next step. They are exploring how they can reallocate their current resources to enable us to trial this teaching approach in the near future. This technology would be available for all professional groups to use.

### **4.4 Director of Workforce and Organisational Development Update**

#### **4.4.1 Buying and Selling Annual Leave**

The Trust launched a buying and selling annual leave scheme in June. Giving flexibility to staff to either buy more leave or sell some of their entitlement. This initiative will provide staff with greater flexibility to manage their work life balance and give manager's greater flexibility to manage their establishments and rotas. It is anticipated this will help with staff retention and engagement.

#### **4.4.2 New Appraisal Process**

A new Appraisal process was agreed in June, with the major change being that from 2020, a new appraisal window will be in operation. All appraisals across the Trust will be expected to be undertaken during April, May and June each year. The new process will be launched at the Leadership Forum in July.

#### **4.4.3 NHS Providers - 2018/19 Remuneration Survey Briefing & Benchmarking Dashboards**

The survey, which represented 74% of NHS Providers, was released last month. It includes an overview of the pay arrangements and structures in place for executive directors, chairs and non-executive directors for 2018/19, and provides insight into the key trends observed over the last few years.

The findings highlighted a sector that is characterised by high staff turnover, with a quarter of executive directors, and one in five chairs, having occupied their posts for less than one year. The findings reflect key changes in the expectations of NHS provider leaders, with a third of chief executives spending more than 20% of their time supporting sustainability and transformation partnership (STP) work programmes.

The findings point towards an increase in pay for both executive director and non-executive directors over the last few years, however there is some variation between trusts. Recent policy developments such as the earn-back guidance for very senior managers, whereby an element of pay is placed at risk dependent on performance, are not being applied consistently across all trusts.

#### **4.4.4 Bank Investigator Role**

Five people have been selected to go on the Trust bank to carry out employment investigations as and when they occur. This initiative will help speed up the investigation process and help bring matters to a conclusion in a timely manner. 19% of staff using the Trust counselling service in 2018/19 stated ongoing investigations was a reason for using the service.

#### **4.4.5 Change of Restraint Training Provider**

The Trust is in the process of moving from MAPA<sup>®</sup> to De-escalation, Management and Intervention (DMI) Training. Working together with Midlands Partnership NHS Foundation Trust (MPFT), it will allow the Trust to income generate from this training and potentially role it out to carers. Neither of these options is available with MAPA. MPFT transitioned from MAPA to the DMI model in February 2013, they currently have a 92% compliance rate.

### **4.5 Director of Finance Update**

#### **4.5.1 Whitby Development Update**

The Trust are continuing to work with Hambleton Richmondshire and Whitby Clinical Commissioning Group (CCG) on a sustainable model of service provision for Whitby, which provides for the cost of the new build post refurbishment.

A number of options have been put forward to the CCG who have yet to confirm the services they wish to commission within the resource envelope available.

### **5 Trust Policies**

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

Policy Name	Approving Committee	Date Approved	Lead Director
Car Parking Policy	Executive Management Team	17 <sup>th</sup> June 2019	Director of Finance

### **6 Communications Update**

#### ***External***

13 stories were posted on the Trust's website between 8 May and 13 June 2019. They included:

- "Don't gamble with your life by smoking."
- How have we done? Read the latest Family and Friends Test results...
- Men's Health Week

- CAMHS naming competition
- Dementia Action Week 2019: “All it takes is a conversation to see we’re still us”
- East Riding strikes gold with Baby Friendly Initiative Award
- Medical Director Blog: 25 years and counting
- Compliment of the Month: May 2019
- We're recruiting for a Non-Executive Director
- Mental Health Awareness Week 13-19 May 2019
- Humber Teaching NHS Foundation Trust maintains "Good" rating from CQC
- Local NHS Health Trainers promote Mental Health Awareness Week
- East Riding welcomes national speakers to celebrated national research conference
- Between 8 May and 13 June 2019, the Communications team dealt with 5 enquiries from local and national media.
- The communications team have continued to support the CAMHS build and Impact Appeal with the charity recently launching the naming competition for the new unit.
- The team continue to work with partners system wide with Health Expo planning.
- The team attended the launch of the new Chat Health messaging app which will be used by the Trust's ISPHN team.
- Work continues on the Social Values Report with the team lending design, copywriting and event organising support.
- The team continue to join the Redesigning Mental Health Inpatient Services project meetings and have been involved in Hull Pride meetings.
- The team have set up a Facebook Group for the Flexible Working Team to communicate with bank staff.
- The team provided live Twitter coverage for the Research and Development Conference and Medical Education Awards.
- The team have helped create a communications plan for the Quality Improvement Programme.
- On Facebook we now have 2,022 followers and our Trust Instagram has 436 followers.
- We have 4,485 followers on Twitter as of 13 June 2019.

### **Internal**

- Prepared and issued the twentieth edition of *Humber Voice*,
  - the 25th edition of *Board Talk* and
  - the 26th edition of *Team Talk*;
- Filmed and issued a CQC special edition video blog from the Chief Executive;

- Managed the Communications and Contact Us inboxes
- Supported:
  - Alternative Delivery Vehicle (WOS) project group
  - The HR team by designing posters and graphics for the Buying and Selling Annual Leave Scheme. We are also supporting the launch of the new Appraisal Policy by creating intranet pages and designing supporting graphics.
  - The R&D team by replacing the I Am Research logo with the new Be Part of Research logo on our GP websites
- Supported the Trust's Employee of the Month competition; issued Employee of the Month nomination forms to the judging panel and communicated the winner in Midday Mail and the Midweek Global.
- Prepared Trust information leaflets and other materials.
- Managed the Trust's intranet and website
- Prepared and issued MDM and the Midweek Global
- Trained staff on how to manage their intranet pages.
- Helped to prepare the Annual Report and Accounts for Board sign-off. Following Board approval, the Internal Communications Officer prepared the Annual Report and Accounts to be laid before parliament as per the Department of Health and Social Care's guidelines.
- Annual Members' Meeting – planning is underway for the AMM which will take place on Thursday, 12 September 2019 at the KCOM Stadium, Hull.
- Annual Staff Awards – planning is underway for the Staff Awards which will take place on Thursday, 17 October 2019 at the Mercure Hotel, Willerby.

## **7 Health Stars Update**

### **7.1 Chief Executive Staff Engagement Fund**

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

June 20<sup>th</sup> – Chief Executive Longest Day Challenge – We have corporate sponsors for "The CEO's Longest Carwash". Working with volunteer services and Health Stars Michele will wash as many cars as possible at the Willerby Hill site during a 12 hour period to raise as much money as possible to help develop the staff engagement fund.

### **7.2 Impact Appeal**

Appeal income as at 11/6/19 including pledges/pending: £271,395.74.

Making A Difference Locally (MADL) held a full awareness/fundraising event week in May and

raised £8000 for the Impact Appeal . Clare Woodard will be attending their Head office in Scunthorpe with Paul Warwick to talk about the unit and the charity.

ResQ are still fully committed to the Impact Appeal and have organised a football match on 6th July at Dean Park. It will once again be 50% Impact and 50% Bradley Lowry Foundation. There will be plenty more info to follow.

“Name the Unit” competition is underway and we are receiving suggestions via Facebook and Twitter – These will be collated and put forward for a panel to choose the winning name.

### **7.3 NHS Day – 5th July 2019**

5th July 2019 is national NHS day. Building on the success of the NHS 70th Birthday party it is hoped that NHS Day will become an annual event, which could potentially rival the super successful Macmillan Coffee Morning.

Our main event will be held in the new refurbished Café at Trust HQ, where there will be cakes, craft stalls and food available.

### **7.4 Golf Day**

The first ever Health Stars Golf day will take place on Friday 6<sup>th</sup> September at Ganstead Park. The cost is £25 per player and includes a game of golf, pie and peas and a presentation with some great prizes. Teams of 4 wanted – ALL WELCOME

### **7.5 Circle of Wishes**

The Circle of wishes scheme has grown significantly over the past 6 months, with 450 wishes submitted to date.

### **7.6 Social Media**

Health Stars social media profile allows us to reach a much wider audience. We have had some very positive engagement over the past few weeks and with the continued support of Trust Communications Team we constantly increasing our followers, likes and comments.

### **7.7 Pennies From Heaven Scheme**

The Pennies from Heaven Scheme has been relaunched from 1<sup>st</sup> June and Health Stars is the new beneficiary.

### **7.8 New Café Trust Headquarters**

The new Café project at Trust HQ is well underway and working closely with Estate teams we have supported the redecoration of the area, taken delivery of new furniture, and a TV has been installed to improve the environment for staff, visitors and service users.

**Michele Moran,  
Chief Executive June 2019**

**Agenda Item: 8**

Title & Date of Meeting:	Trust Board Public Meeting – 26 June 2019		
Title of Report:	Publications and Policy Highlights Report		
Author:	Name: Michele Moran Title: Chief Executive		
Recommendation:	To approve		To note <span style="float: right;">√</span>
	To discuss		To ratify
	For information		To endorse
Purpose of Paper:	To update the Trust Board on recent publications and policy.		
Key Issues within the report:	I. Interim report: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism CQC 21 May 2019 II. Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes CQC 6 June 2019 III. Interim NHS People Plan NHS Improvement 3 June 2019 IV. Chairs and non-executives in the NHS: The need for diverse leadership NHS Confederation 6 June 2019 V. System under strain: Why demand pressures are more than a winter phenomenon NHS Confederation 13 June 2019 VI. Provider Voices: Where next for commissioning? NHS Providers 16 June 2019 VII Learning Disability Mortality Review NHS England and Improvement 20 May 2019		

**Monitoring and assurance framework summary:**

**Links to Strategic Goals**

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

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



## Publications and Policy Highlights

The report provides a summary on recent publications and policy.

### **1. Interim report: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism CQC 21 May 2019**

This report gives the interim findings from the review of the use of restrictive interventions in places that provide care for people with mental health problems, a learning disability and/or autism. The report shares findings from our visits to 35 wards where we assessed the care of 39 people. The report also uses information gathered from a request sent to 92 registered providers of services for people with a mental health problem, a learning disability and or autism. <https://www.cqc.org.uk/publications/themed-work/interim-report-review-restraint-prolonged-seclusion-segregation-people>

Preliminary CQC findings from visits:

- Many people we visited had been communicating their distress and needs in a way that people may find challenging since childhood, and services were unable to meet their needs.
- A high proportion of people in segregation had autism.
- Some of the wards did not have a built environment that was suitable for people with autism.
- Many staff lacked the necessary training and skills.
- Several people that we have visited were not receiving high quality care and treatment.
- In the case of 26 of the 39 people, staff had stopped attempting to reintegrate them back onto the main ward. This was usually because of concerns about violence and aggression.
- Some people were experiencing delayed discharge from hospital, and so prolonged time in segregation, due to there being no suitable package of care available in a non-hospital setting.

The interim report focuses exclusively on the experience of those people cared for in segregation on a mental health ward for children and young people or on a ward for people with a learning disability or autism. It makes a number of recommendations for the health and care system, including CQC.

In the next phase of the review, we will look at the use of restrictive practices in a wider group of settings, including low secure and rehabilitation mental health wards and adult social care services. We will work with Ofsted to consider the use of restrictive intervention in children's residential services and secure children's homes. We will make further recommendations to the Department of Health and Social Care and the wider system in our March 2020 report.

**Lead: Medical Director**

**This report will be shared with the clinical networks and the Reducing Restrictive Interventions (RRI) Group. In addition it will be discussed in the Mental Health Legislation committee with regard to the RRI report.**

### **2. Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes CQC 6 June 2019**

CQC, 6 June published a [report sharing the learning from risks and good practice in medicines optimisation](#), which we have found on our inspections.

Many of the services that CQC regulates have a role in managing medicines. Through inspection, we have seen that medicines can present a clear risk to people when not used properly. When CQC inspects health and care services we assess how well they meet people's needs. As part of this, we look at how people's medicines are optimised. Medicines optimisation is the safe and effective use of medicines to enable the best possible outcomes for people. It also looks at the value that medicines deliver, making sure that they are both clinically and cost effective, and that people get the right choice of medicines, at the right time, with clinicians engaging them in the process. We do this through a dedicated team of pharmacy professionals who work across the country providing specialist advice on the use of medicines in all settings. This includes being on site at inspections, inputting into decisions on enforcement and supporting CQC's policy teams.

From our analysis, we have categorised the most common areas of risk with medicines across regulated health and adult social care services. You can read these in more detail, along with our suggested actions for **all** health and social care providers, in the main report.

**Lead: Medical Director**

**Our Chief Pharmacist will review this report with regard to identifying appropriate circulations through the clinical networks, in addition the report will be discussed at the Drugs and Therapeutic committee to identify what key actions, if not already in place, we need to consider going forward.**

**3. Interim NHS People Plan NHS Improvement 3 June 2019**

Our Interim NHS People Plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver care and identifies the actions we will take to help them. Some actions will make a rapid difference in 2019/20, and some will lay the groundwork to grow the NHS's workforce, support and develop NHS leaders and make our NHS the best place to work.

This is the beginning of a new way of working. Our Chief People Officer Prerana Issar will shortly launch a partnership exercise — for leaders and people across the health and care system — to set the conditions for an improved working culture throughout the NHS. <https://improvement.nhs.uk/resources/interim-nhs-people-plan/>

**Lead: Director of Workforce and Organisational Development**

**A welcome interim position that reflects the challenges across the NHS. We will take a positive approach to engaging with this work and support and share our views.**

**4. Chairs and non-executives in the NHS: The need for diverse leadership NHS Confederation 6 June 2019**

Diversity in leadership is important for the future of the NHS, particularly in light of the need to implement the new NHS Long Term Plan, which promotes greater integration between staff and expresses the need for transformational change across health services. Equality, diversity and inclusion (EDI) is about having best practice in the governance of organisations and better engagement with the staff. For the NHS, this will lead to significant improvements in the standards of care delivered within its institutions. However, EDI is an area that the NHS needs to make significant progress in to reflect the spirit of the equality and diversity legislation and the NHS' stated ambition to create a more diverse leadership.



A critical part of the solution to these challenges is ensuring the chairs and non-executives on the boards of NHS organisations are competent and reflect the communities they serve and the workforce they govern. A diverse and inclusive leadership among those appointed to these board roles of NHS organisations will provide the tone of governance that is needed to:

- Address the issue of staff feeling bullied and harassed
- Develop the culture recommended by Sir Robert Francis and Professor Don Berwick
- Motivate NHS staff to be caring and productive, and to provide more efficient and sensitive patient care.

This report examines the arrangements for the recruitment and appointment of chairs and nonexecutives within the NHS (NHS non-executives include chairs and non-executives). As the report demonstrates, the progress and gains made in the early 2000s towards a more diverse board leadership in NHS trusts (including foundation trusts) has gone into reverse or made no progress. As a community of leaders, chairs and non-executive directors are often not representative of the communities they serve and the staff they govern.

<https://www.nhsconfed.org/resources/2019/06/chairs-and-non-executives-in-the-nhs>

**Lead: Director of Workforce & Organisational Development**

**This report is noted and the Trust is actively trying to engage with groups that are underrepresented, as shown with the recent NED recruitment.**

#### **5. System under strain: Why demand pressures are more than a winter phenomenon** NHS Confederation 13 June 2019

In recent years, it has become routine for the media to highlight a crisis in the NHS each winter. Examples cited include postponed operations, patients diverted between hospitals, and ambulance crews providing care to patients outside emergency departments that are full to capacity. The tendency has been to focus on what happens in one part of the NHS system at one point in the year. However, with demand for care outstripping funding growth, the pressures facing the NHS and social care are year-round. Moreover, these pressures extend beyond the struggling hospital accident and emergency departments that we see in news bulletins, and into every area of the NHS, as well as the social care system that supports it.

This report shows that increases in demand are not restricted to particular parts of the service and specific times of the year. It describes ways in which increasing demand in one part of the system can affect the performance of other NHS services elsewhere. It outlines how some NHS and social care providers have adapted their services to enable patients and service users to access care more efficiently.

Finally, it argues in support of a shift away from viewing performance solely as an organisational issue. It calls for regulators to support NHS and social care providers and commissioners in thinking more holistically about how the benefits of local provider and commissioner relationships can be maximised to meet soaring demand.

[nhsconfed.org/resources/2018/06/system-under-strain](https://www.nhsconfed.org/resources/2018/06/system-under-strain)

**Lead: Chief Operating Officer**

**This is a helpful report and supports approaches that are already being taken forward within our own service transformation plans and system wide work that we**

participate in such as the A&E Delivery Board. The report will be discussed and taken forward through our Transformation Programme Board.

## **6. Provider Voices: Where next for commissioning? NHS Providers 16 June 2019**

*Provider voices: Where next for commissioning?* is the first publication in a new series which promotes the views of leaders from a range of trusts and other parts of the service on some of the key issues facing the NHS today. The report includes eight interviews that address concerns including the role of sustainability and transformation partnerships (STPs) and accountable care systems (ACSSs), the challenge of integrating health and care commissioning, and the future of the purchaser-provider split. Drawing on the interviews, the overview explores five key themes that emerge from the discussions:

- The value of commissioning in getting closer to people...
- ...and understanding local places
- The need to accept the emerging diversity of approach to commissioning structures
- The rapid blurring of the purchaser/provider split
- The need to focus on commissioning as a strategic function

**Lead: Chief Executive**

**For information / to note.**

## **7. Learning Disability Mortality Review NHS England and Improvement 20 May 2019**

The third annual Learning Disability mortality review (LeDeR) report is due to be published on the 21st May and will include analysis from over 1000 deaths. It has found that the rationale for a number of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) were cases documented as “learning disability” and “Down Syndrome”.

Professor Stephen Powis, National Medical Director, NHS England and NHS Improvement wrote to Medical Directors and Chief Nurses regarding the guidance on the use of DNACPR and Medical Certificate Cause of Death (MCCD) for people with a learning disability or down syndrome.

**Lead: Medical Director**

**This report will be circulated amongst the members of the Trust’s mortality sub group in addition to being circulated to the relevant clinical networks.**

**Agenda Item 9**

Title & Date of Meeting:	Trust Board Public Meeting – 26 <sup>th</sup> June 2019			
Title of Report:	Performance Report – May 2019			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	✓
	To discuss		To ratify	
	For information		To endorse	
	The Board is asked to note the report.			
Purpose of Paper:	<p>This purpose of this report is to provide the Trust Board with an update on key performance indicators as at the end of May 2019.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>			
Key Issues within the report:	<p><b>Exception reporting and commentary is provided for each of the reported indicators:</b></p> <p>The majority of indicators are within normal variation, the exceptions being:</p> <p>Waiting times – 52 week have decreased marginally in May, but remains outside normal variation with 157 patients waiting (<i>excluding ASD</i>), 152 of which relate to CAMHS.</p> <p>Full detailed explanations are included in the exception report.</p>			
<b>Monitoring and assurance framework summary: 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>				
	Yes	Yes Detail in report Any Action Required?	N/A	Comment
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  
2019-20

# 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:  
May-19

Caring, Learning and Growing

Chief Executive: Michele Moran  
Prepared by: Business Intelligence Team



# Humber Teaching NHS Foundation Trust

## Integrated Board Report

For the period ending: **May 2019**

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

**What are SPCs?**

Statistical process control (SPC) charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping.  
 SPC tells us about the variation that exists in the systems that we are looking to improve:

S – statistical, because we use some statistical concepts to help us understand processes.  
 P – process, because we deliver our work through processes ie how we do things.  
 C – control, by this we mean predictable.

SPC should be used to help to get a baseline and evaluate how we are currently operating. SPC will also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the control limits. The average and control limits do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing.

<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	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:

**May 2019**

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

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

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

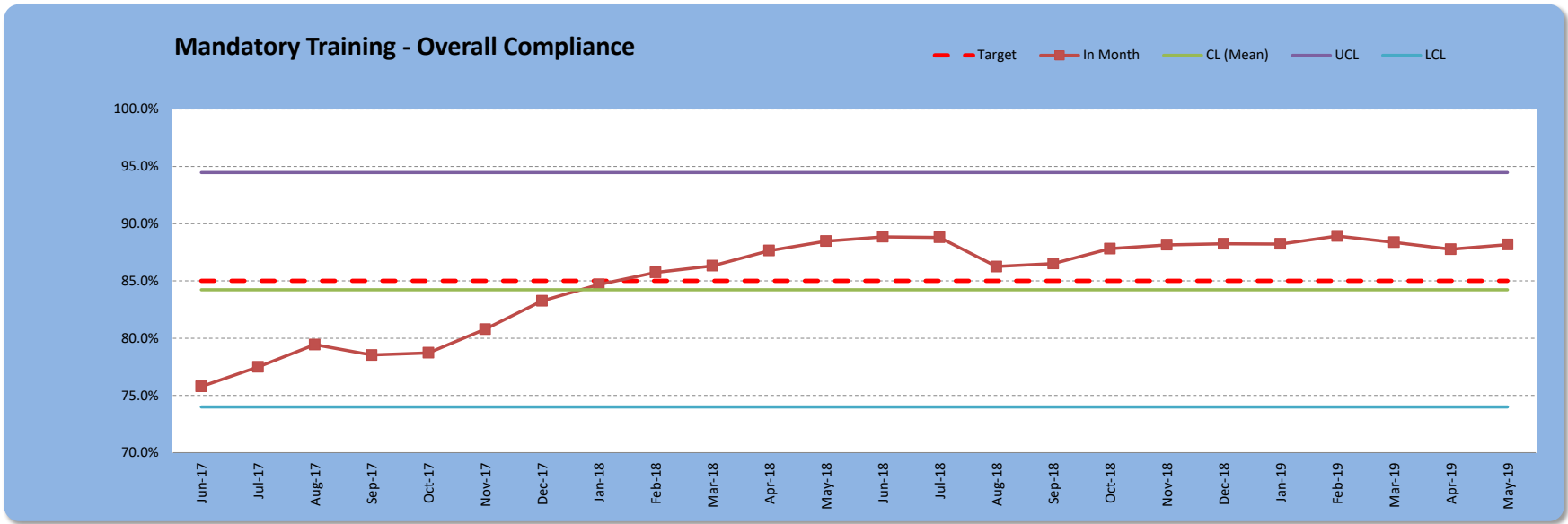
KPI Type
WL 5

**Narrative**

**Above Target**

Target: 85%  
Amber: 75%

Current month stands at 88.2%



### Exception Reporting and Operational Commentary

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

### Business Intelligence

There are 18 individual courses monitored in the IQPT dashboards. We have four courses rated amber (IG 92.1%, Moving and Handling 82.9%, BLS 77.7 % and ILS 80%). With one red (PATS 70.3%)

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

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

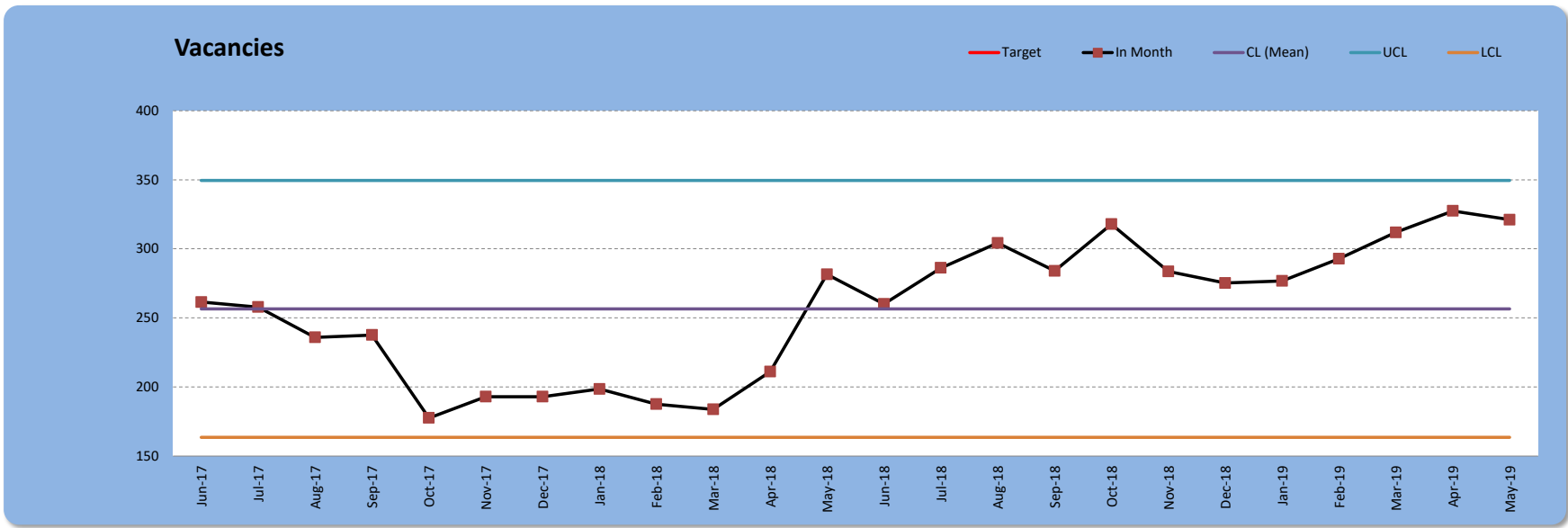
KPI Type
WL 2 VAC

**Narrative**

within control limits

Target: TBC  
Amber: TBC

Current month stands at 321.1



### Exception Reporting and Operational Commentary

The trust has high levels of vacancies with qualified nursing (108.98 vacancies, 12.99% of establishment), 20.83 medical roles (20.83 vacancies, 23.84% of establishment), and Occupational Therapists (15.45 vacancies 19.88% of establishment). At the time of writing 50 roles are currently out to advert on NHS jobs covering 54.39 FTE. 81 people from outside the Trust have been offered a job and are currently in pre employment screening or notice periods. Care Groups are currently looking at overseas recruitment of Nurses and a head-hunter has been engaged to help source medical roles.

### Breakdown of Vacancies per Care Group

Number of Vacancies as @ 31/05/19

- Corporate 59.27 WTE (11.80%)
- Mental Health Services Care Group 120.74 WTE (13.64%)
- Primary Care, Community, Children's and LD Services 116.59 WTE (11.41%)
- Specialist Services 24.55 WTE (10.36%)
- Total 321.15 WTE (12.14%)



# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

Indicator Title

Description/Rationale

**Incidents**

Total number of incidents reported on Datix

Executive Lead  
Hilary Gledhill

KPI Type

IQ 6

### Narrative

**Within Control Limits**

UCL: 761

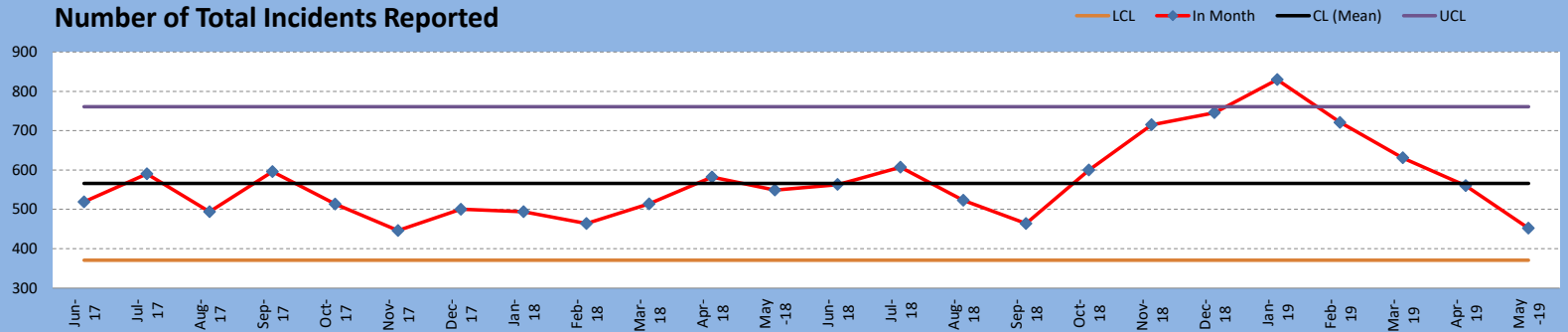
LCL: 371

Current month stands at 452

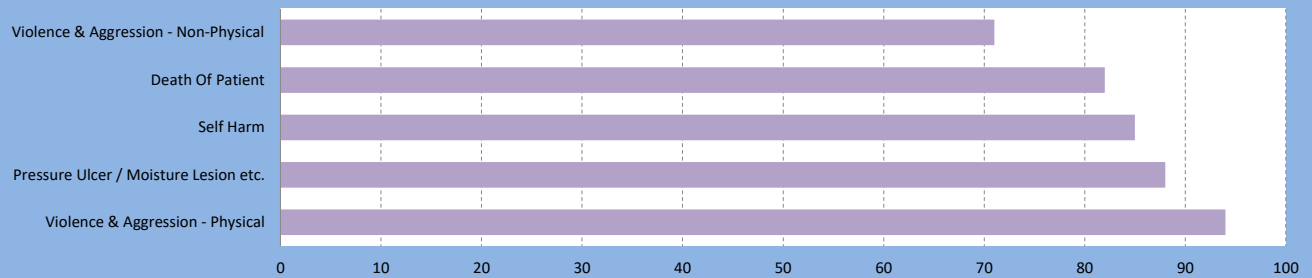
### Top 5 Themes

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

### Number of Total Incidents Reported



### Top 5 Themes



### Exception Reporting and Operational Commentary

The level of incident reporting has seen a fall going from a peak of 830 incidents in January 2019 ( driven by self harm incidents) to 452 incidents in May 2019. 94.7% of the incidents resulted in no harm or low harm. Violence & Aggression - Physical has replaced self-harm as the highest reported category of incidents for the current financial year (April 2019 to May 2019), self-harm and pressure ulcers are the joint 2nd highest reported categories. Of the self-harm incidents 68 resulted in no harm or low harm, 6 in moderate harm and 1 in severe harm. 58 pressure ulcers resulted in no harm or low harm and 17 resulted in moderate harm. The national reporting of pressure ulcers is currently changing so that in future the severity will be in relation to the severity of the pressure ulcer and not the level of harm caused by the Trust.

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

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

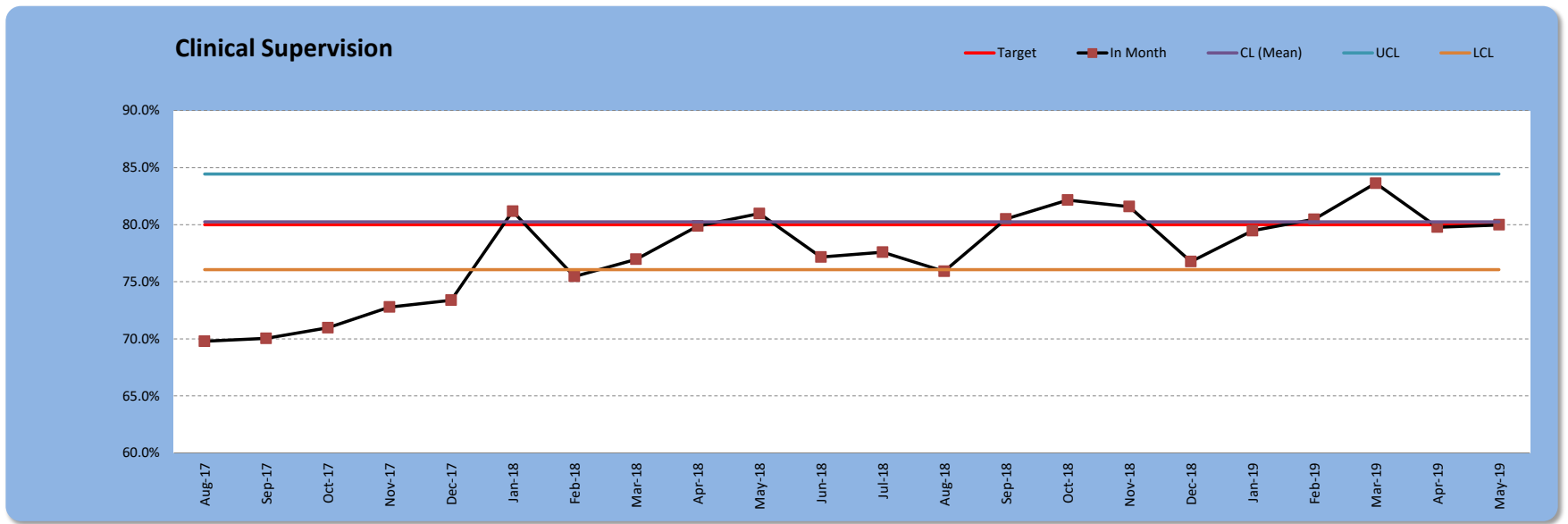
KPI Type
WL 9a

**Narrative**

Performance below target.

Target: 80%  
Amber: 75%

Current month stands at 80.0%



### Exception Reporting and Operational Commentary

Continued improvement following a slight dip in April. 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.

Following external audit as part of the Quality Accounts audit staff have been reminded to record and maintain records of supervision. Supervision reporting into ESR to be prioritised.

### Business Intelligence

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

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING QUALITY DASHBOARD

Contract Period:	2019-20
Reporting Month:	Apr-19

Speciality	Units				Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators													
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				STAFF QUALITY INDICATORS						Indicator Totals		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents affecting patient care (All Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	PADRs	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Mar-19	Apr-19
Adult MH	Avondale	Adult MH Assessment	26.8	50%	20.52	18.3%	↑	1.4%	↓	72%	92%	91%	124%	0	0	0	0	83.3%	88.9%	100.0%	73.7%	93.3%	0.7%	6.2	1	1
	New Bridges	Adult MH Treatment (M)	38.8	91%	8.83	15.1%	↑	0.5%	↑	86%	98%	97%	101%	0	0	0	0	No Ret	98.5%	100.0%	91.7%	88.6%	8.3%	1.0	2	2
	Westlands	Adult MH Treatment (F)	35.6	89%	9.07	23.7%	↑	0.6%	↓	76%	98%	85%	110%	0	12	0	0	87.5%	90.1%	93.3%	85.0%	97.4%	9.3%	3.0	2	1
	Mill View Court	Adult MH Treatment	28.8	84%	9.86	23.6%	↓	0.0%	→	91%	96%	99%	100%	0	0	0	0	62.1%	95.1%	90.9%	94.1%	93.3%	4.9%	3.0	1	1
	Hawthorne Court	Adult MH Rehabilitation	27.4	39%	14.69	19.6%	↑	0.8%	↓	73%	77%	97%	117%	0	1	0	0	69.2%	89.1%	88.9%	94.7%	60.0%	7.1%	0.0	3	4
	PICU	Adult MH Acute Intensive	25.1	45%	21.11	31.2%	↓	1.8%	↑	77%	122%	85%	107%	0	0	0	0	100.0%	88.3%	93.3%	84.6%	78.6%	3.1%	5.0	0	0
OP MH	Maister Lodge	Older People Dementia Treatment	36.2	84%	15.55	20.1%	↑	0.6%	↓	56%	142%	100%	116%	0	9	0	0	97.5%	84.7%	81.8%	89.3%	94.7%	1.2%	2.6	2	1
	Mill View Lodge	Older People Treatment	24.2	93%	13.63	8.8%	↑	0.0%	→	88%	80%	110%	95%	0	0	0	0	63.6%	96.1%	92.9%	92.3%	96.6%	9.0%	1.0	1	3
Specialist	Darley	Forensic Low Secure	21.0	100%	11.15	18.2%	↑	0.0%	→	64%	89%	97%	95%	0	1	0	0	95.0%	92.4%	100.0%	75.0%	91.7%	6.9%	3.5	3	2
	Derwent	Forensic Low Secure	25.5	83%	23.25	48.6%	↓	0.0%	→	84%	97%	97%	99%	0	6	0	0	46.4%	86.1%	60.0%	94.7%	75.9%	16.1%	2.4	4	3
	Ouse	Forensic Low Secure	24.5	79%	8.31	18.2%	↓	0.0%	→	57%	78%	97%	97%	1	0	0	0	82.6%	92.2%	88.9%	83.3%	48.1%	17.7%	0.6	5	3
	Swale	Personality Disorder Medium Secure	26.9	53%	19.15	49.7%	↑	0.0%	↑	84%	109%	103%	163%	0	0	0	0	95.7%	94.1%	100.0%	86.7%	96.2%	7.4%	2.0	1	1
	Ullswater	Learning Disability Medium Secure	25.6	80%	16.26	41.2%	↑	0.0%	→	68%	125%	97%	101%	0	0	0	0	91.7%	90.9%	87.5%	83.3%	92.9%	15.5%	3.0	2	2
LD	Townend Court	Learning Disability	39.2	11%	115.99	18.7%	↑	0.0%	→	47%	78%	50%	105%	0	6	0	0	38.2%	93.3%	85.7%	100.0%	84.6%	9.5%	2.6	3	4
	Granville Court	Learning Disability Nursing Treatment	37.4	Not Avail	0.00	35.0%	↑	0.0%	↑	97%	93%	100%	110%	0	0	0	0	90.9%	90.7%	100.0%	83.9%	77.6%	8.1%	1.0	2	1
CH	Whitby Hospital	Physical Health Community Hospital	32.5	87%	7.11	0.0%	↑	0.0%	→	83%	113%	100%	98%	0	0	0	n/a	87.9%	89.0%	82.4%	73.7%	84.2%	13.0%	-0.2	1	1
	Malton Hospital	Physical Health Community Hospital	29.5	95%	6.79	Not on eRoster	→	Not on eRoster	→	80%	105%	100%	100%	0	0	0	n/a	No Ret	78.7%	73.3%	86.4%	63.2%	2.4%	4.2	1	3

### Exception Reporting and Operational Commentary

Low registered nurse fill rates on Hawthorn Court and Townend Court are offset by their low bed occupancy- as evidenced by higher CHPPD rates. Darley and Ouse have both had a recent safer staffing review which has confirmed that these are often the areas that have staff moved if clinical activity is high in other areas which will partially account for their fill rates. Additional actions are in place to support the number of vacancies in the Humber centre including the short term use of agency staff. High levels of sickness persist in the Humber Centre and a detailed review and action plan to address this was taken to the Workforce and OD Committee in May. Townend Court and Hawthorn Court have both seen a significant reduction in bed occupancy associated with service reconfiguration and this is contributing to some uncertainty and attrition from the staff teams and an associated dip in supervision and PADR compliance. Malton have a new leadership team in place and are being supported to ensure engagement and reporting with supervision and PADR processes

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

### Registered Nurse Vacancy Rates

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

### Slips Trips and Falls

Unit/Hospital	Apr
Maister Lodge	3
Mill View Lodge	1
Malton District Hospital	0
Whitby District Hospital	1

Malton Sickness % is provided from ESR as they are not on Health Roster  
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# PI RETURN FORM 2019-20

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Executive Lead  
John Byrne

KPI Type

Friends and Family Test

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

FFT %

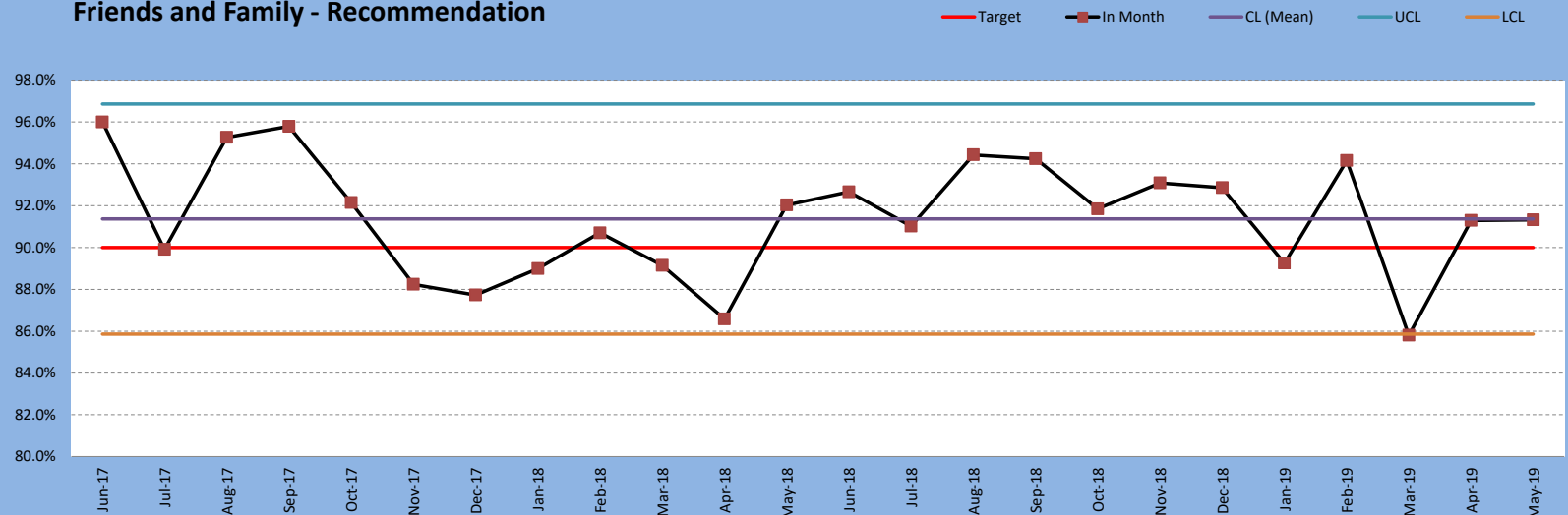
### Narrative

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 91.3%

### Friends and Family - Recommendation



### Exception Reporting and Operational Commentary

The FFT recommendation score continues to remain above the target figure of 90%.

NHS England is reviewing the 'recommend' question. It is anticipated that a revised question will be developed and ready to circulate during 2019/20.

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

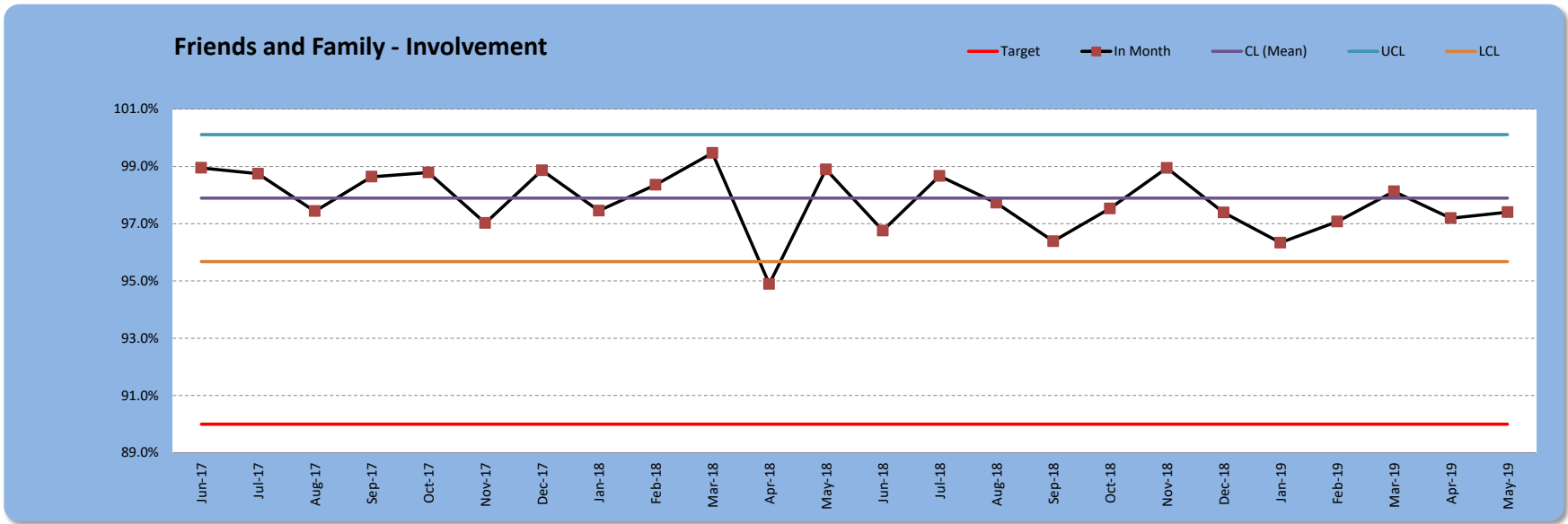
KPI Type
CA 3c %

**Narrative**

In month target achieved.

Target: 90%  
Amber: 80%

Current month stands at 97.4%



### Exception Reporting and Operational Commentary

The Trust continues to score high for key question around involvement and remains consistently above the target of 90% with a monthly score of 97.4%. The SPC chart shows normal statistical variation.

### Business Intelligence

The results for the two remaining question results are:

Patients Overall FFT Helpful	98.8%
Patients Overall FFT Information	97.1%

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

CPA 7 Day Follow Ups

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 12

### Narrative

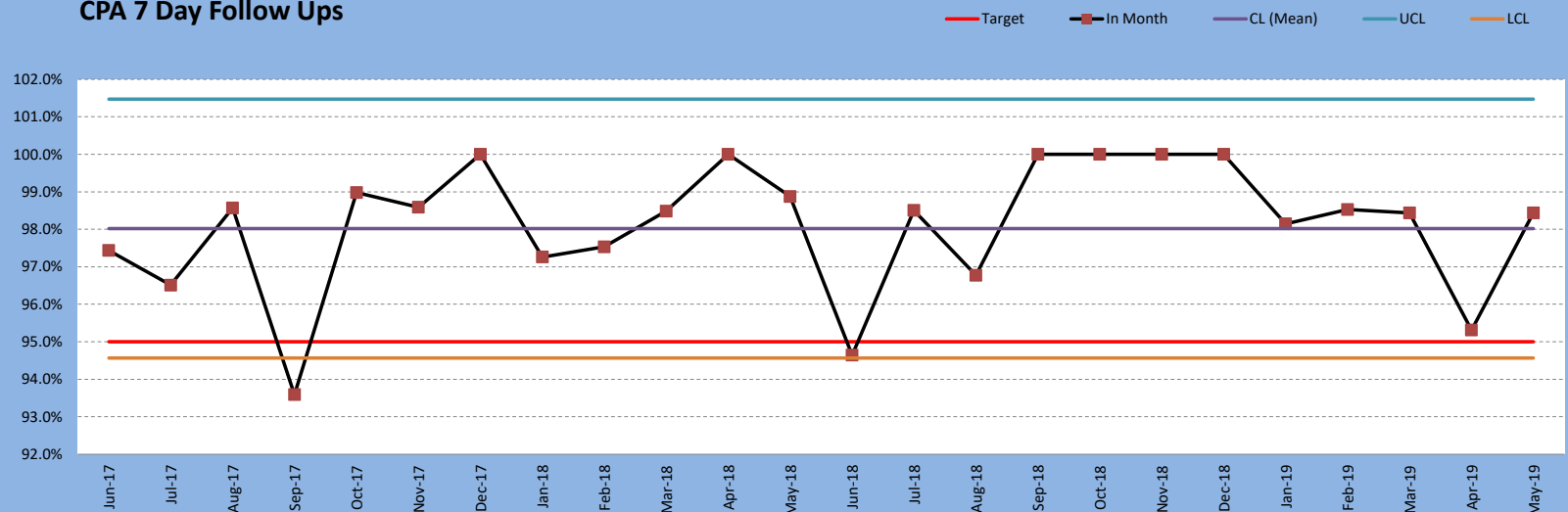
Within target

Target: 95%

Amber: 85%

Current month  
stands at  
98.4%

### CPA 7 Day Follow Ups



### Exception Reporting and Operational Commentary

There was one breach in May. Patient disengaged and was reported missing. Has been located but refused to provide address details. Family members have received liaison contact.

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

### Business Intelligence

76.6% of follow ups achieved within 3 days.

Timescales of Completion  
No of Discharges  
Patients Seen  
BREACHES

May	Percentage of when patients seen			
Discharges	1-3 days	4-5 days	6-7 days	Unseen
64	49	9	5	0
63	76.6%	14.1%	7.8%	0.0%
1				

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

Care Programme Reviews

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 7

### Narrative

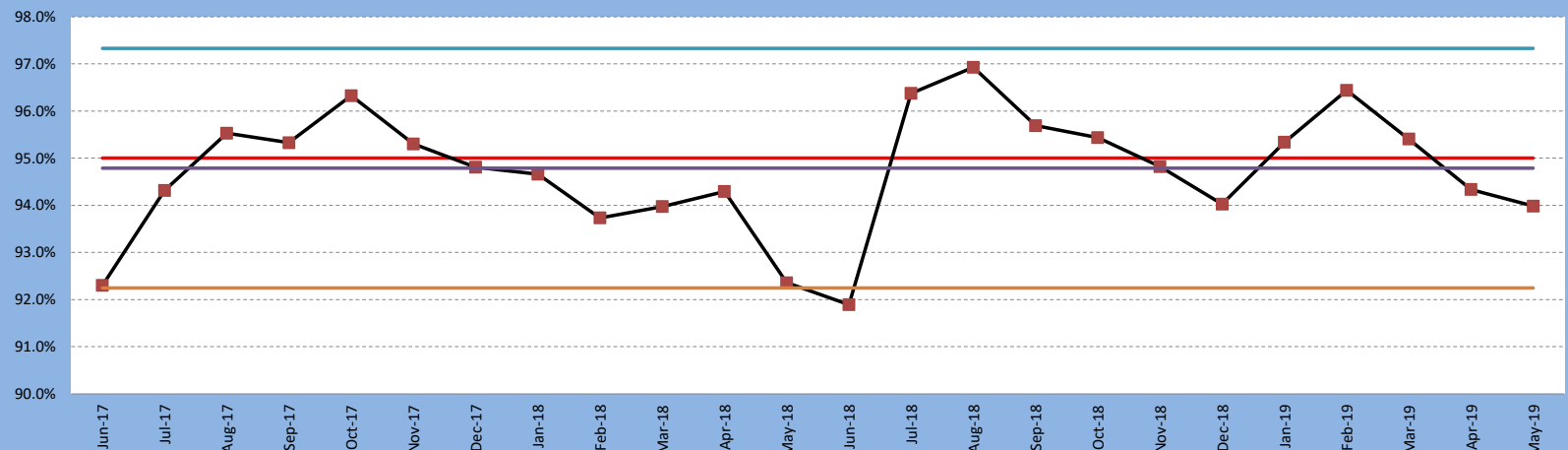
Performance below target but within control limits.

Target: 95%

Amber: 85%

Current month stands at 94.0%

### CPA Reviews



### Exception Reporting and Operational Commentary

The CPA compliance is below target for May-19 but within control limits. The Care Groups continue to focus on ensuring this standard is met. Regular weekly reports are maintained identifying patients who are eligible for a review, this allows Care Coordinators, Team Managers and Service Managers to identify any potential breach of the standard and plan remedial action if required. Where a failure to complete a review within 12 months does occur the Clinical Care Director maintains oversight to identify and share any lessons through the clinical networks.

### Business Intelligence

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

Top 5 Teams with overdue reviews	May
Mental Health Response Service Home Based Treatment	50%
Newbridges Acute In-Patient Team	67%
Personality Disorder Team	82%
Hull CTLD	83%
Specialist Psychotherapy Services	83%

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

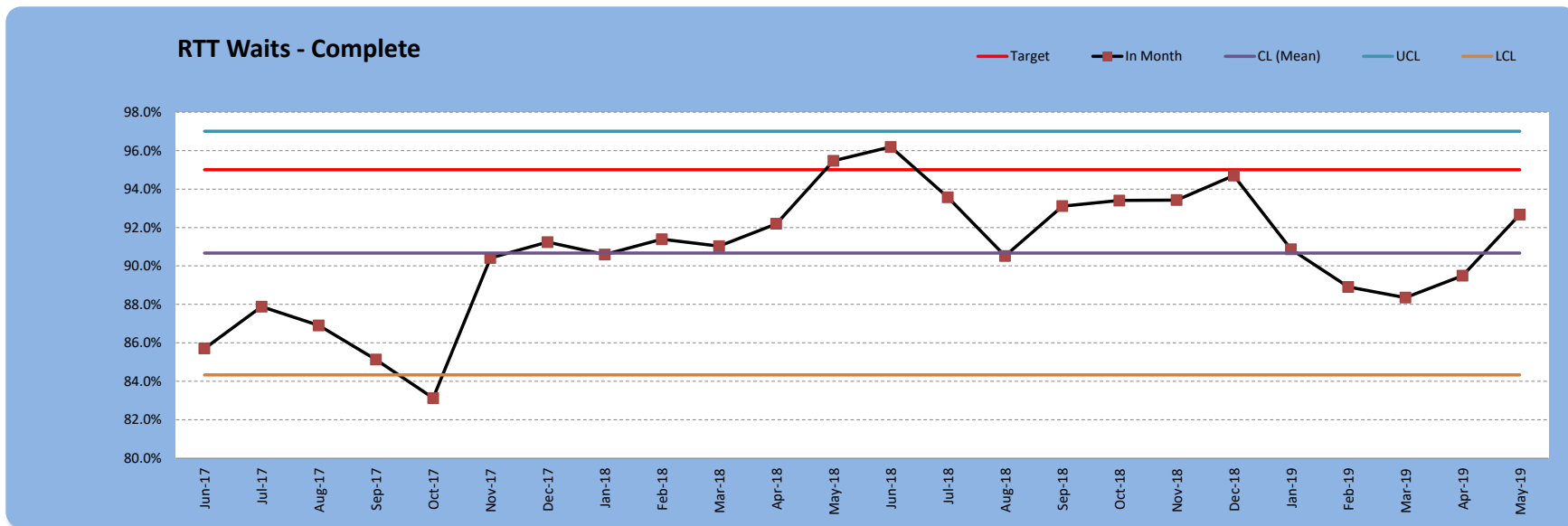
KPI Type
OP 20

**Narrative**

Below the mean but an improvement on the previous reporting period.

Target: 95%  
Amber: 85%

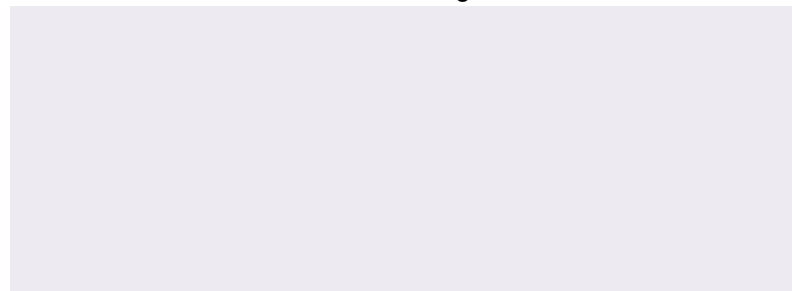
Current month stands at 92.7%



### Exception Reporting and Operational Commentary

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

### Business Intelligence





# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

KPI Type

OP 21

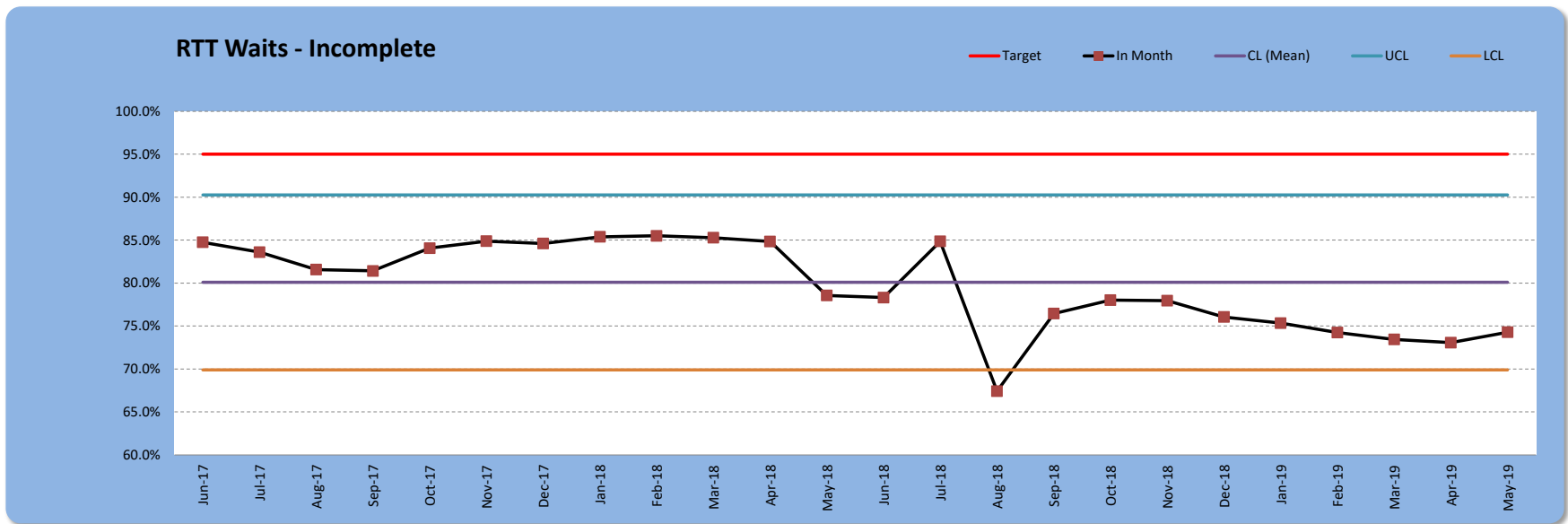
**Narrative**

slight reduction from previous month

Target: 95%

Amber: 85%

Current month stands at 74.3%



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

52 Week Waits

Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks

Executive Lead  
Lynn Parkinson

KPI Type

OP 22x

### Narrative

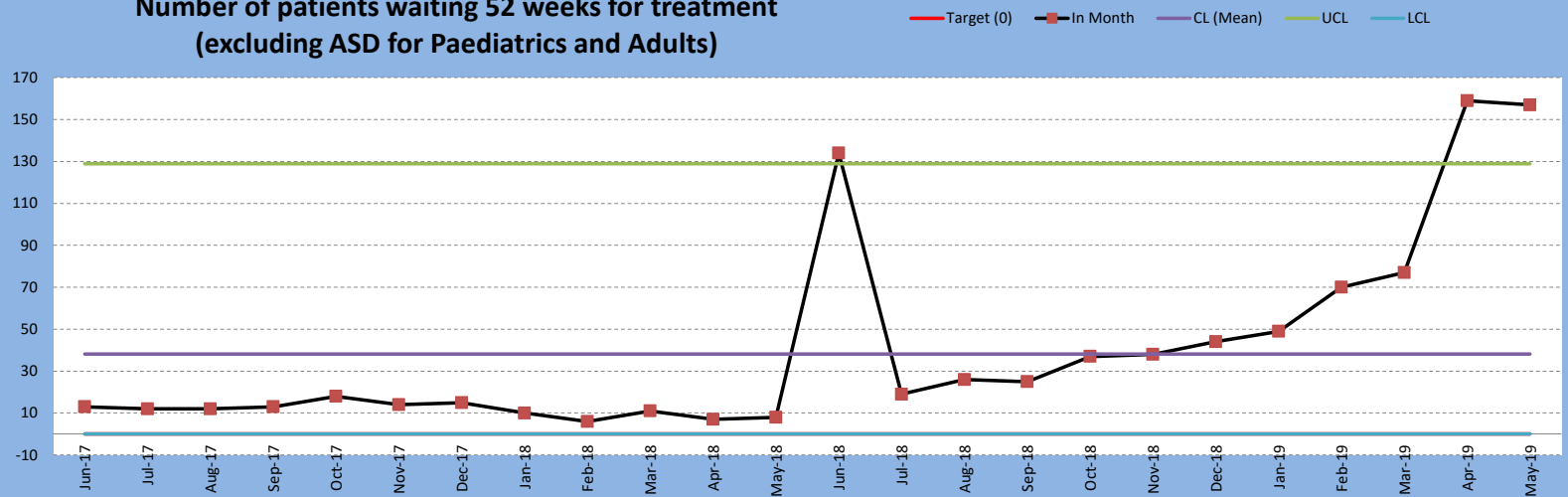
Increase of 82 since last month

Target: 0

Amber: 0

Current month stands at  
157

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



### Exception Reporting and Operational Commentary

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

Largely, waits over 52 weeks relate service users who have complex needs which include working with families/carers so that the young person is ready to engage in assessment. A detailed review of the patients waiting over 52 weeks in Hull CAMHS has been undertaken in, most of these patients are waiting for ADHD assessments and anxiety assessment/treatment. Additional posts have and are being recruitment to which will ensure that there is increased capacity to meet commissioned service requirements. In relation to Hull CAMHS, the Trust received a further investment of £70k in Q4 2018/19 to improve the waiting list position. Hull CCG is fully aware of the position and they are assured of our progress and transparency, however we are continuing to work with them closely due to the position not yet recovering. We have a further 155k non recurrent monies from commissioners which we will use to sub contract to bring early capacity to the ADHD and anxiety pathways where the waits are over 52 weeks.

### Business Intelligence

This indicator excludes Adult & Paediatric ASD patients.

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

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

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

KPI Type

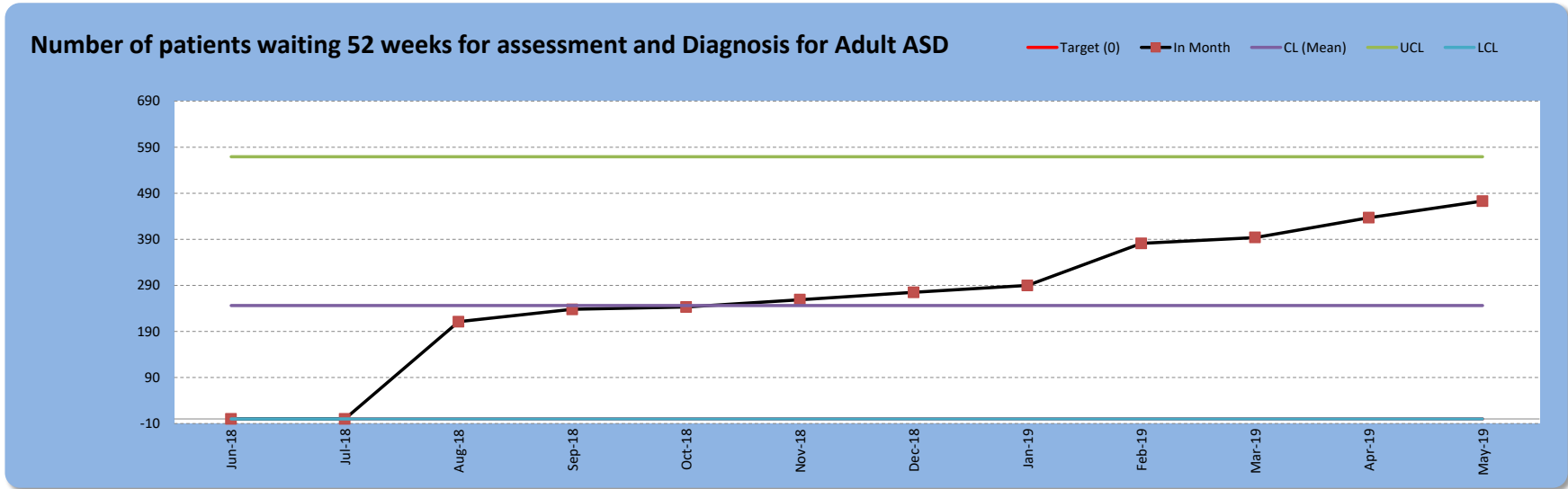
OP 22s

**Narrative**

Increase of 36 when compared on the previous reporting period.

Target: 0  
Amber: 0

Current month stands at 473



### 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 that was expected to be in place from March 2019 (secondments), however, it has not been possible to release the staff for this yet. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available. The CCGs have confirmed that the priority for assessments is a targeted age range – predominantly those people who are likely to benefit most from a diagnosis, i.e. those in higher or further education, struggling to maintain employment, etc. Further work has been undertaken to refine the diagnosis pathway and this is being supported by additional nursing capacity in order to reduce the waiting times.

### Business Intelligence

SPC charts have now been introduced

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

52 Week Waits - Paediatric ASD

Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Children and have been waiting more than 52 weeks

Executive Lead  
Lynn Parkinson

KPI Type

OP 22u

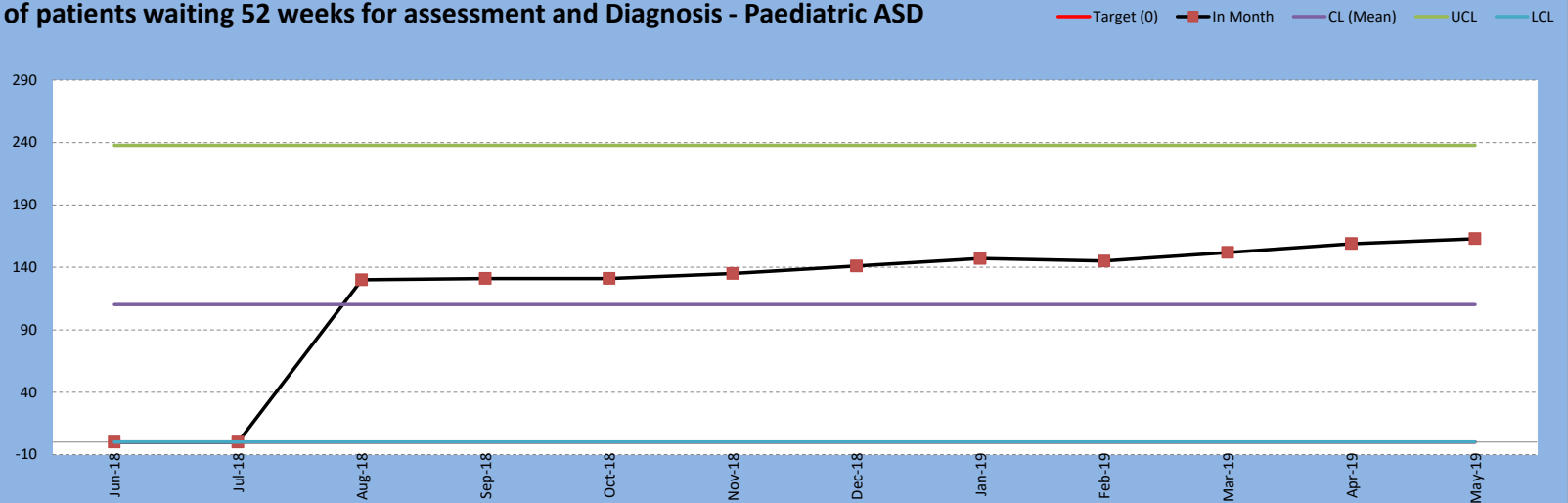
### Narrative

Increase of 4 when compared to the previous month.

Target: 0  
Amber: 0

Current month stands at 163

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



### Exception Reporting and Operational Commentary

From September 2017 referrals for Autism commenced via triage through Hull Contact Point (which includes gathering previous assessments from other agencies, parents & schools) as part of a previously agreed service development. Referrals into the service continue to be high. Historically referrals for children's ASD for the Hull service were significantly over the commissioned activity. The Trust developed a business case and submitted it to Hull CCG in May 2018; following negotiations a revised position was agreed with commissioners in October 2018. Recruitment began ahead of October 2018 – this is progressing well with partial service delivery having commencing in January 2019. There is an agreed trajectory which expects that the service will be 13-week compliant, based on current referral rates, by March 2021. Monthly meetings with commissioners are taking place to assess compliance with the trajectory and that is monitored. Staff are now coming into post; in addition we have secured an agency member of staff who is DOS and ADAiR (Autism Diagnosis Training) to support decrease in the waiting times. In addition the skill mix for the diagnosis pathway has been reviewed and has expanded in line with NICE guidance to include nurses. Discussions have taken place with commissioners about referrers and the plan is to cease GP referrals and accept referrals from SENCO's. This is a development that the CCG are leading on. This will mean that referrals will arrive at Contact Point with a much more comprehensive set of information, cutting down on our assessment time.

Discussions with Commissioners has also taken place regarding securing some on line assessments via HELIOS (a on line support package which has proved successful in the East Riding). To do this the procurement and contractual processes have been progressed and an additional 125 (75 Hull, 50 ERY) assessments have been commissioned. This should begin to show a reduction in the waiting list whilst new staff come into post.

### Business Intelligence

SPC charts have now been introduced

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

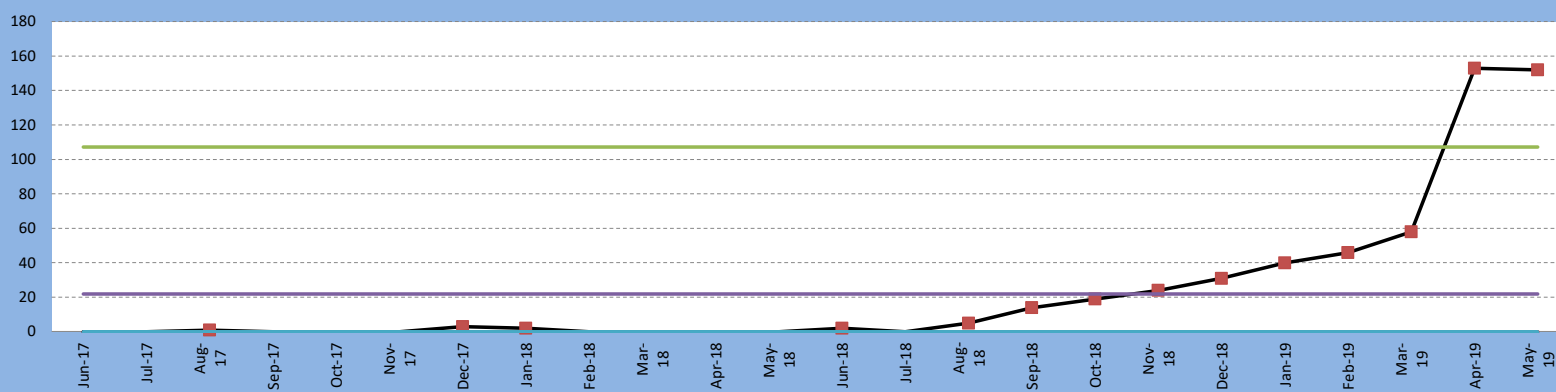
### Narrative

Decrease of one since last month

Target: 0  
Amber: 0

Current month stands at 152

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS



### Exception Reporting and Operational Commentary

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

We have a robust waiting time reduction plan in place and as part of this:

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

Measures already in place:

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

Further discussions have taken place with the commissioners and a sub-contract has been placed with Helios for additional CBT for those on the anxiety pathway over 52 weeks.

In Hull, commissioners have agreed to fund additional contact point capacity via Mind.

### Business Intelligence

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

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

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

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

KPI Type
OP 9

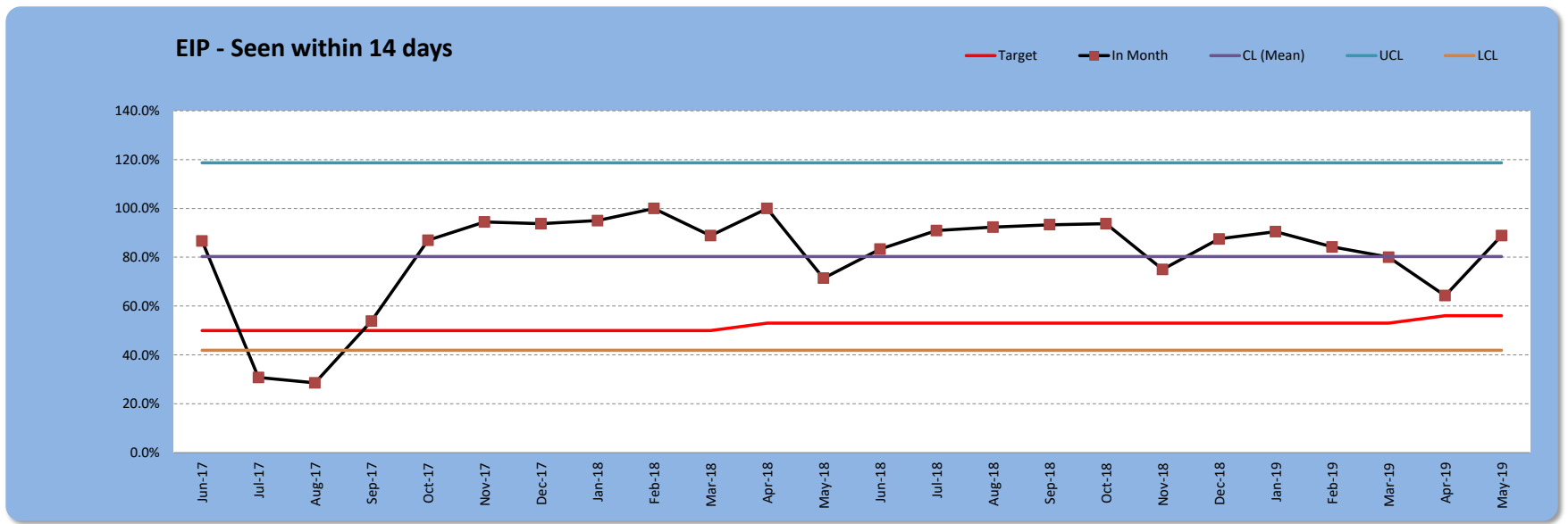
**Narrative**

**Target achieved**

Target: 56%

Amber: 51%

Current month stands at 88.9%



### Exception Reporting and Operational Commentary

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

Undergoing external audit as identified as a Trust mandated indicator

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 10a

### Narrative

Target achieved

Target: 75%

Amber: 70%

Current month

97.7%

### Narrative

Target Achieved

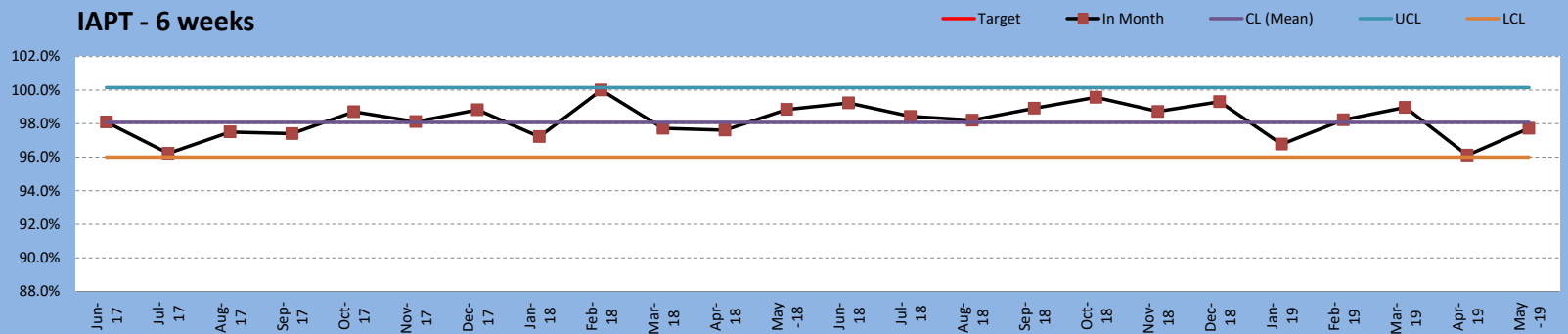
Target: 95%

Amber: 85%

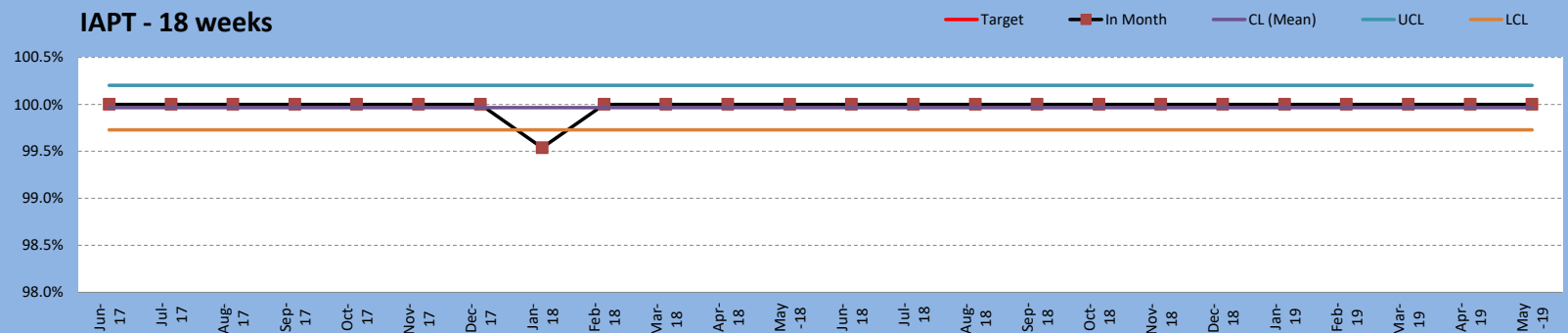
Current month

100.0%

### IAPT - 6 weeks



### IAPT - 18 weeks



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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

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

# PI RETURN FORM 2019-20

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **May 2019**

Indicator Title

Description/Rationale

**Improved Access to Psychological Therapies**

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

Executive Lead  
Lynn Parkinson

KPI Type

OP 11

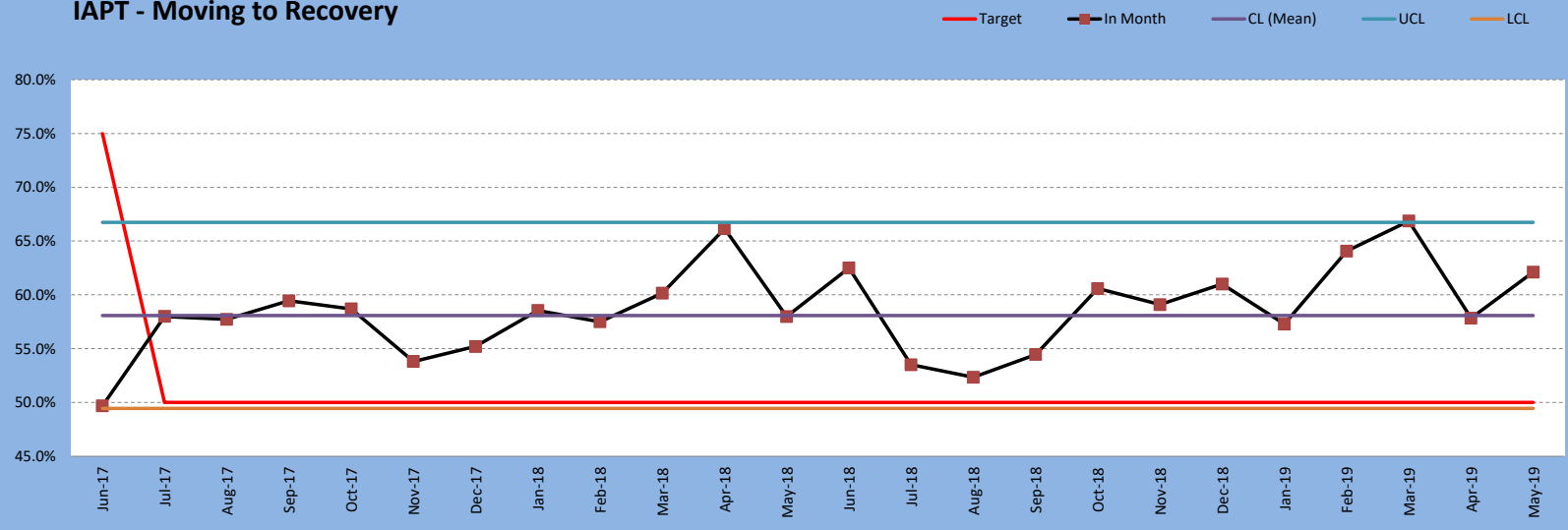
### Narrative

**Target Achieved**

Target: 50%  
Amber: 45%

Current month stands at 62.1%

**IAPT - Moving to Recovery**



### Exception Reporting and Operational Commentary

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

### Business Intelligence

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



# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

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

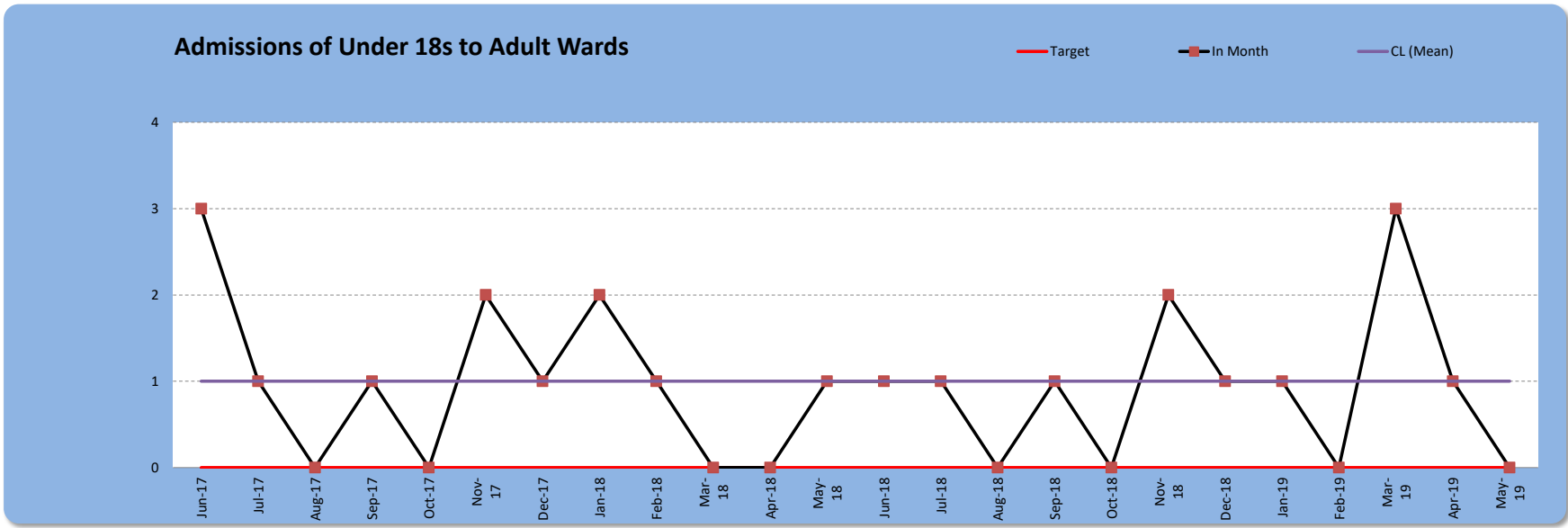
KPI Type
ST 1

**Narrative**

One admission

Target: 0  
Amber: 1

Current month stands at 0



### Exception Reporting and Operational Commentary

There were no admissions in May.

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

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

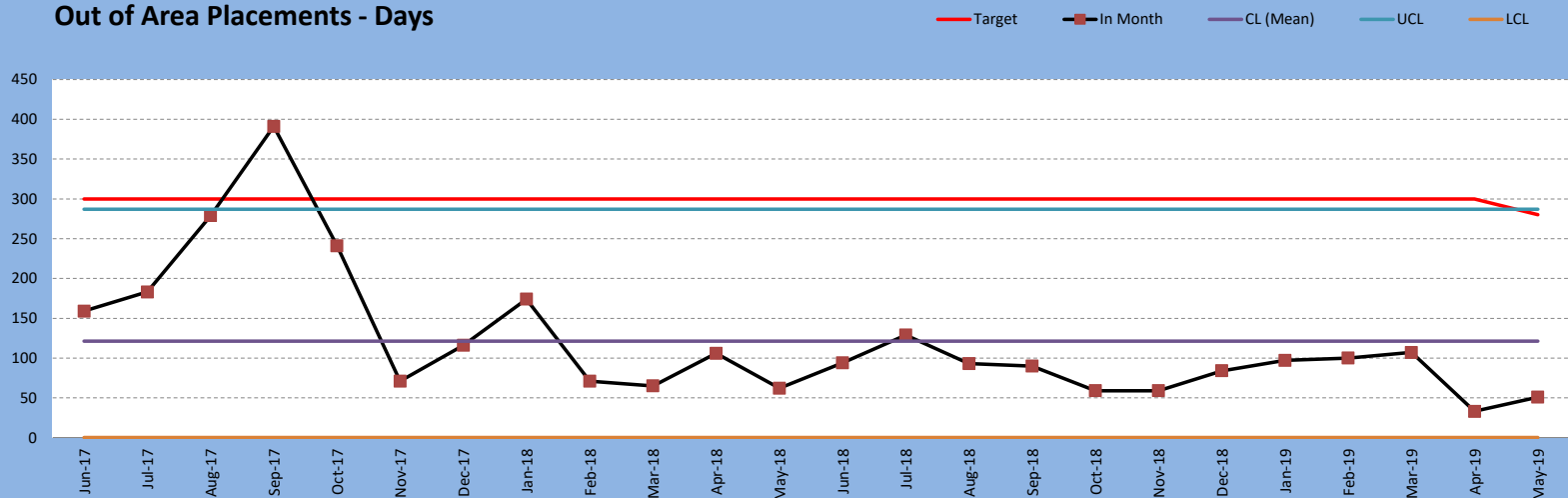
**Target Achieved**

Target: 280

Amber:

Current month stands at 51

### 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 for mental health beds. However, 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.

### Split of Speciality and Reasons in current month

Patients in OoA beds in month

Unavailability of bed	9	Adult	43
Safeguarding	0	OP	8
Offending restrictions	0	PICU	0
Staff member/family/friend	42		
Patient choice	0		
Admitted away from home	0		

This indicator was reviewed as part of the Quality Accounts audit process. Final outcomes and recommendations are yet to be received.

# PI RETURN FORM 2019-20

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **May 2019**

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

KPI Type
OP 14

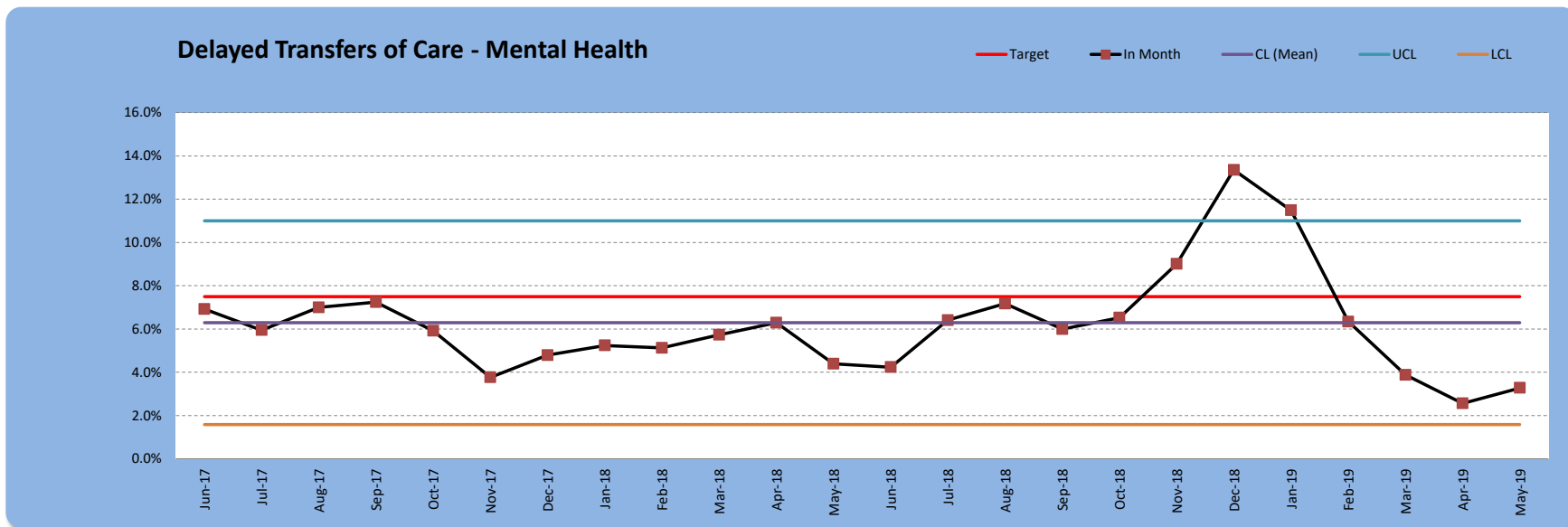
**Narrative**

Reduced significantly and within target

Target: 7.5%

Amber: 7.0%

Current month stands at 3.3%



### Exception Reporting and Operational Commentary

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

### Business Intelligence

There were 132 delayed days in mental health during May. A slight increase on the previous month. Two patients in Older People's, 7 patients in Adult services and 1 in Specialist. The top three reasons are:

Awaiting residential home placement or availability	83
Awaiting care package in own home	28
Awaiting care coordinator allocation	14

No delays in Learning Disabilities and 6.2% in Community Hospitals.

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

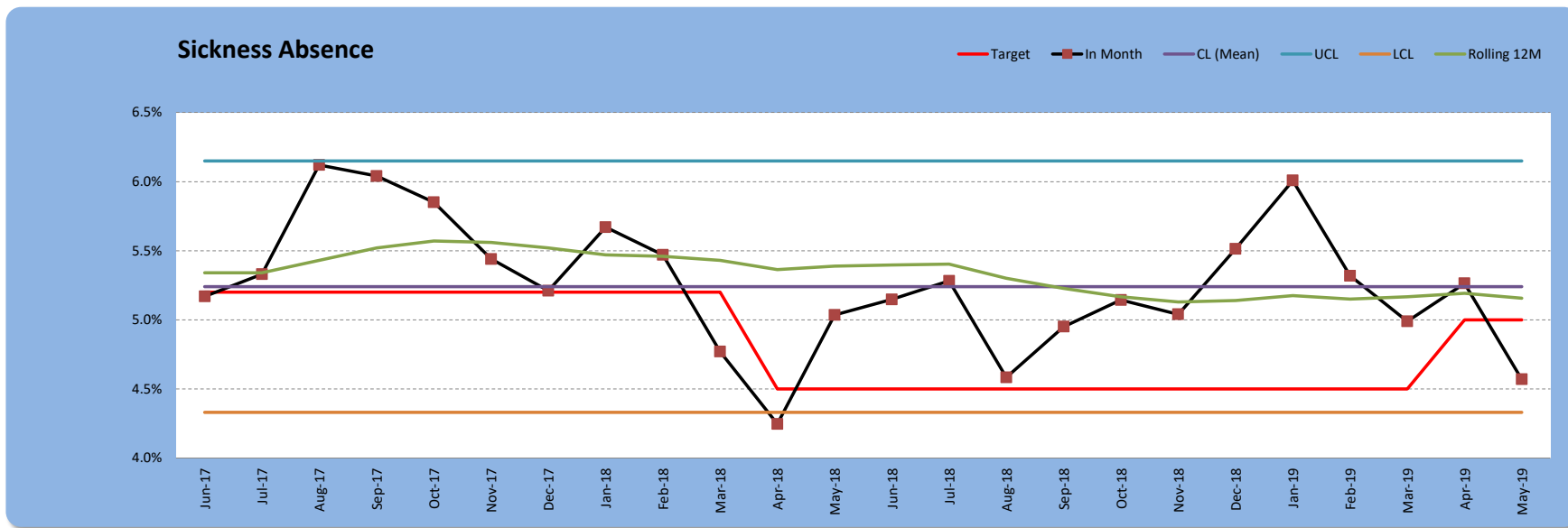
Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	WL 1

**Narrative**

In month target not achieved.

Target: 5.0%  
Amber: 5.2%

Apr Refresh 5.2%



### Exception Reporting and Operational Commentary

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

### Business Intelligence (previous month)

Trustwide - Apr
5.2%
Rolling 12m
5.2%
WTE
2318.58

Care Group Split Below	Apr %	Rolling 12m	WTE
Specialist Services	9.50%	8.47%	214.95
Mental Health Services	5.44%	5.70%	596.68
Older Peoples MH	4.96%	5.46%	174.25
Community Services	5.80%	4.83%	335.62
Children's and LD	4.40%	4.78%	471.21

Corporate Split Below	Apr %	Rolling 12m	WTE
Medical	6.68%	6.39%	30.09
Human Resources	4.94%	4.70%	56.14
Finance	1.77%	2.97%	105.27
Nursing and Quality	5.34%	5.11%	32.13
General Practices	1.24%	2.63%	85.84
Chief Executive	1.63%	7.82%	15.44
Chief Operating Officer	4.69%	3.50%	200.94

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

Indicator Title

Description/Rationale

KPI Type

**Staff Turnover**

The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, retirements, TUPE transfers out and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation

Executive Lead  
**Steve McGowan**

WL 3 TOM

Narrative

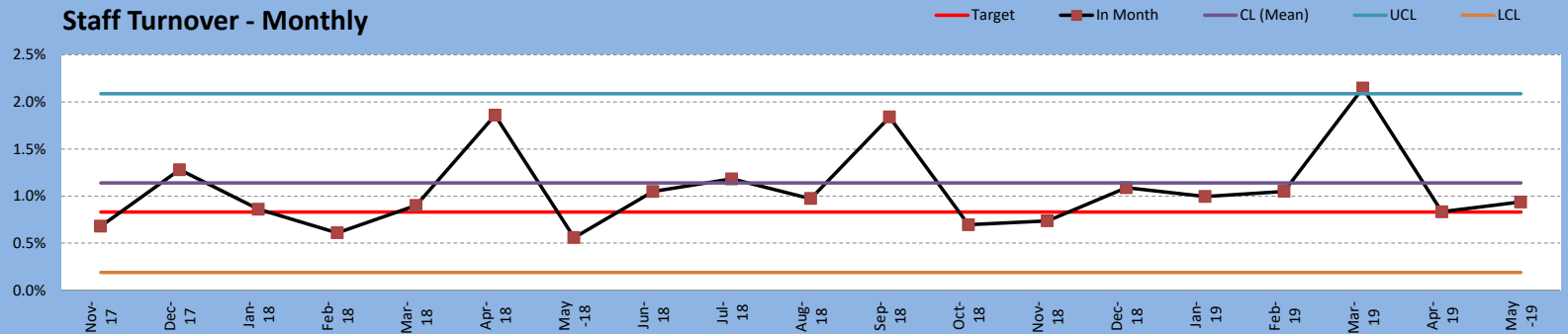
Exceeds Target

Target: 0.83%

Amber: 0.70%

Current month stands at 0.9%

**Staff Turnover - Monthly**



Narrative

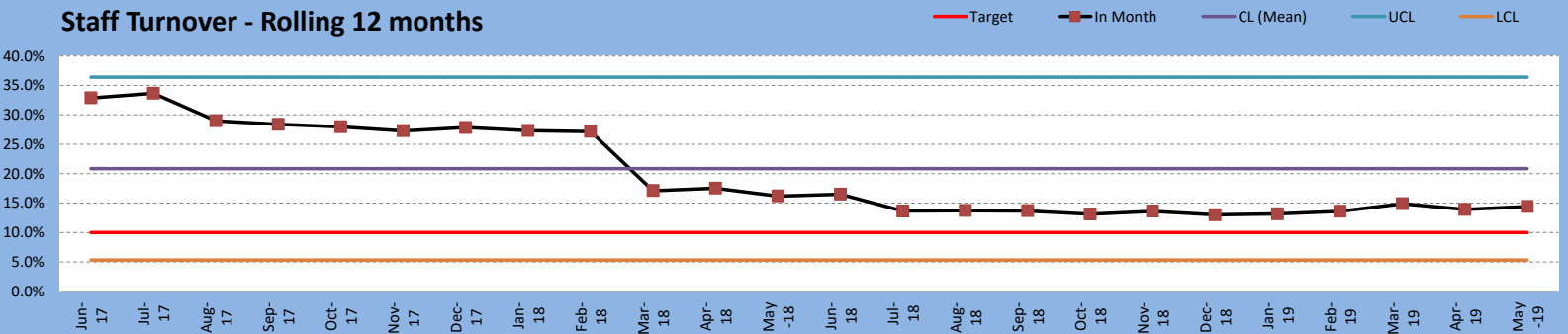
Exceeds Target

Target: 10%

Amber: 9%

Current month stands at 14.4%

**Staff Turnover - Rolling 12 months**



### Exception Reporting and Operational Commentary

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

### Main Reasons for Leaving - Year to Date

Excludes Students, Psychology Students and Bank

Year to Date	No.
Retirement	10
Voluntary Resignations	11
Work Life Balance	0
End of Contract	1
Other	0
<b>Total</b>	<b>22</b>

# PI RETURN FORM 2019-20

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **May 2019**

Indicator Title

Description/Rationale

**Performance and Development Reviews**

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

Executive Lead  
Steve McGowan

KPI Type

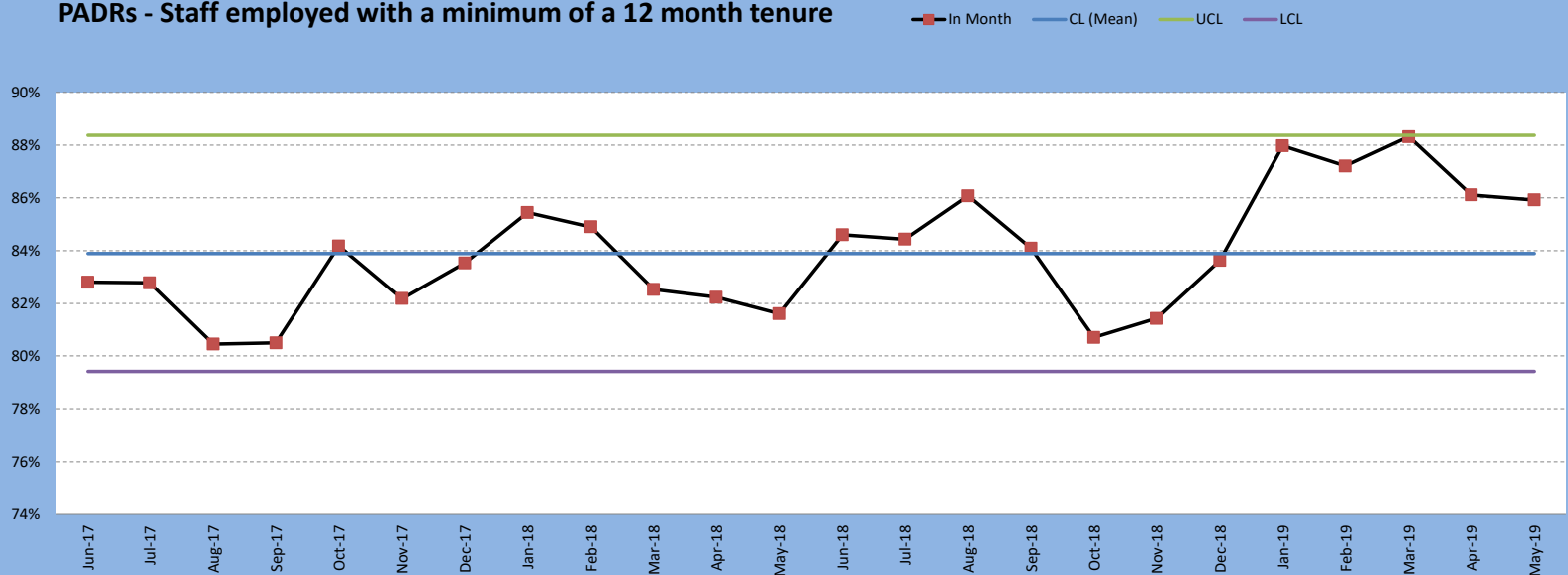
WL 4 (ii)

### Narrative

in month target achieved

Current month stands at 85.9%

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



### Exception Reporting and Operational Commentary

All managers continue to receive monthly updates on their completion rates, together with a list of those that are non-compliant. PADR completion is raised at Operational Delivery Group and discussed at quarterly Leadership Forums. ESR supervisor self service roll out commenced on 1st December, with full roll out due for completion at the end of June 2019. This allows direct entry of a PADR in the recording system (ESR) which will help improve the timeliness of reporting, and sets up a formalised reminder system via self service. A new Appraisal process was agreed at EMT on 3rd June and this see a three month appraisal 'window' put in place from April 2020.

### Business Intelligence

#### Care Group and Corporate Splits Below

CG Reporting	May-19
Mental Health	90.1%
Corporate	83.9%
PCCHLD	85.0%
Specialist	79.5%

Chief Exec	72.7%
Chief Operating Officer	78.8%
Finance	90.9%
Human Resources	88.9%
Medical	78.8%
Nursing and Quality	97.1%

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

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

KPI Type

F 2a

### Narrative

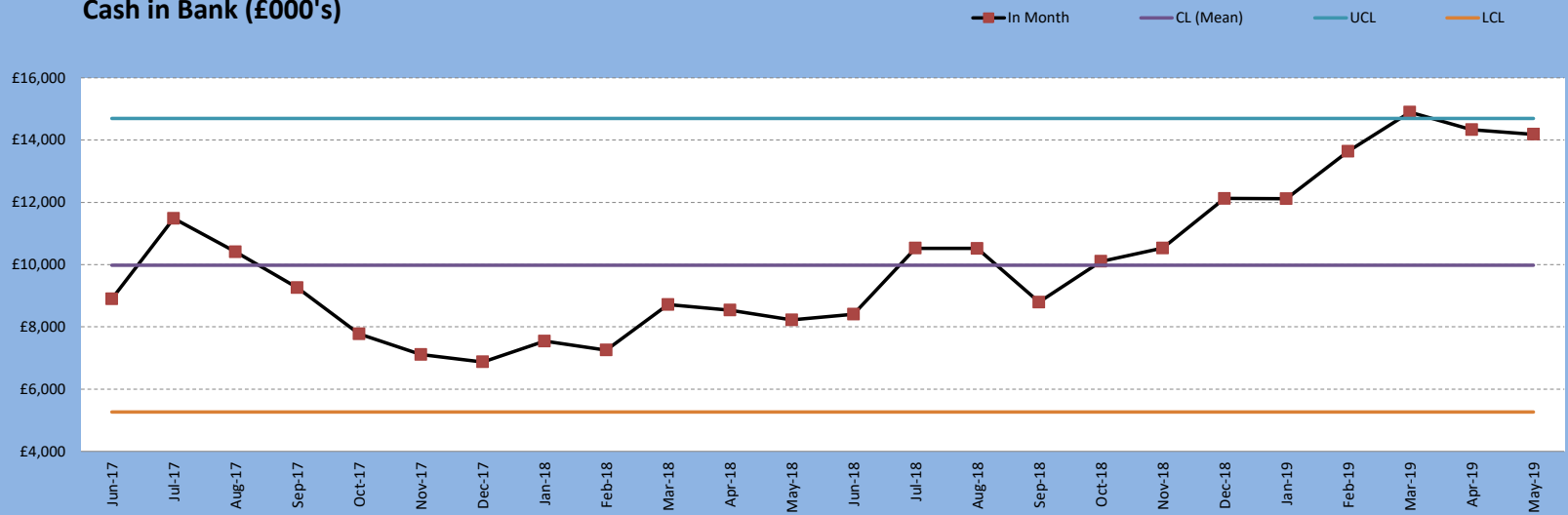
The Trust has not target for cash set, however the Trust has seen an improvement in overall cash and the underlying cash position.

Target:

Amber:

Current month stands at £14,187,000

### Cash in Bank (£000's)



### Exception Reporting and Operational Commentary

As at the end of May 2019 the Trust cash balance was £14.187m.

The cash balance includes central funding for the CAMHS and LICHRE projects were there are timing difference between receipt and expenditure, the underlying balance at the end of the month was £11.118m.

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

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

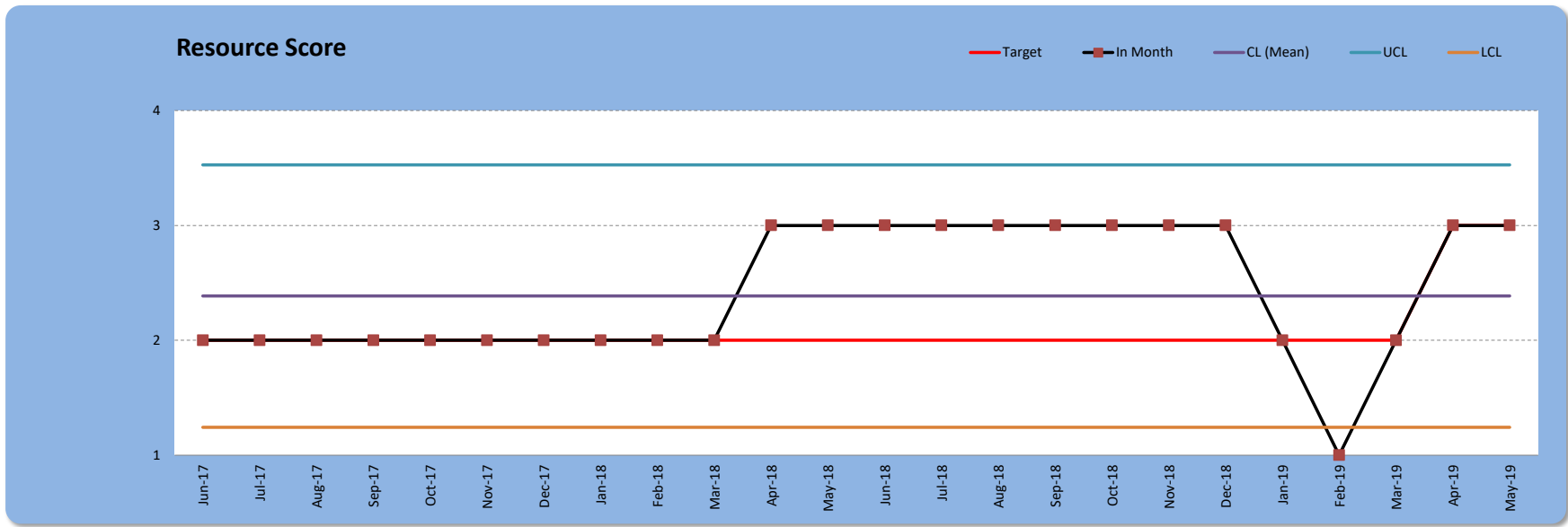
KPI Type
F 2b

**Narrative**

Use of Resources Score for April 2019 is a 3.

Target: 2  
Amber: 3

Current month stands at 3



### Exception Reporting and Operational Commentary

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

The Trust's Use of Resources score in May 2019 is a 3, this is consistent with the April 2019 assessment and is consistent with the Trust NHSI Plan Submission.

The May 2019 score is reflective of the profiling of the plan and the timing of efficiency savings. The profiled plan returns the Trust to a Use of Resource score of 2 by the end of the financial year.

### Business Intelligence

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



# PI RETURN FORM 2019-20

## Goal 5 : Maximising an Efficient and Sustainable Organisation

For the period ending: **May 2019**

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

KPI Type

F 4b

### Narrative

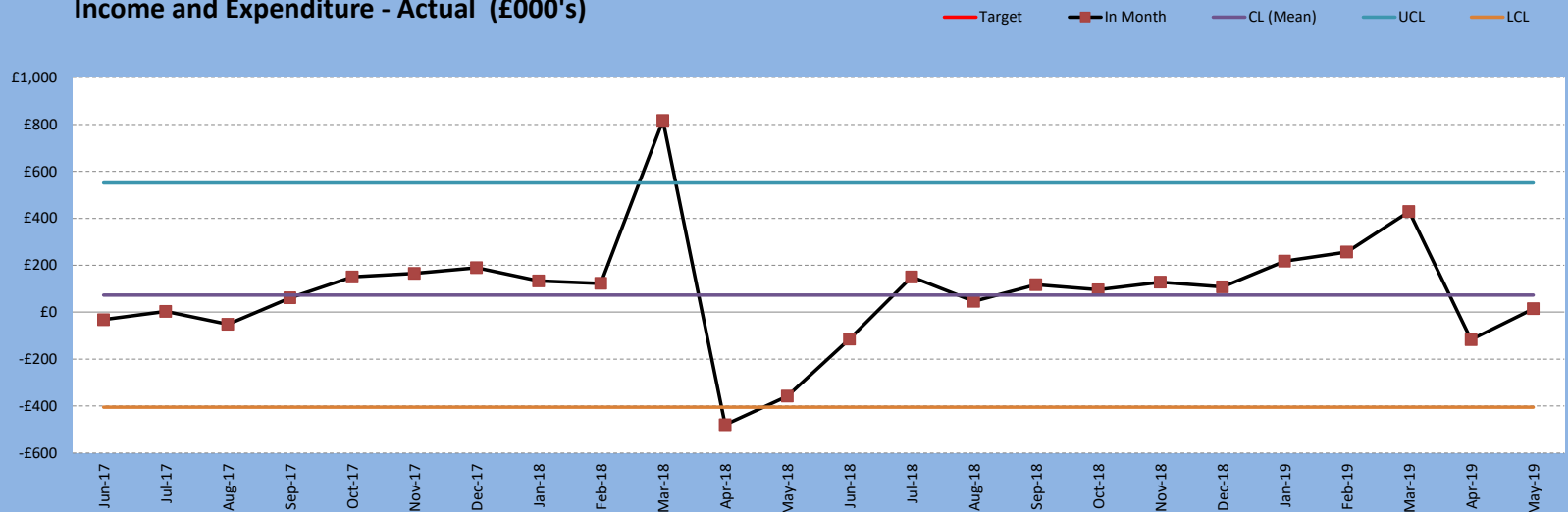
The Trust are reporting a year to date deficit, consistent with its NHSI Plan.

Target:

Amber:

Current month stands at £15 ,000

### Income and Expenditure - Actual (£000's)



### Exception Reporting and Operational Commentary

The Trust reported a year to date deficit of £0.103m (excluding BRS contingency).

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

### Business Intelligence

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

# PI RETURN FORM 2019-20

## Goal 6 : Promoting People, Communities and Social Values

For the period ending: **May 2019**

Indicator Title

Description/Rationale

KPI Type

Complaints

Two charts showing the number of Complaints Received in month (chart 1) and the number of Complaints Responded to and Upheld (chart 2)

Executive Lead  
John Byrne

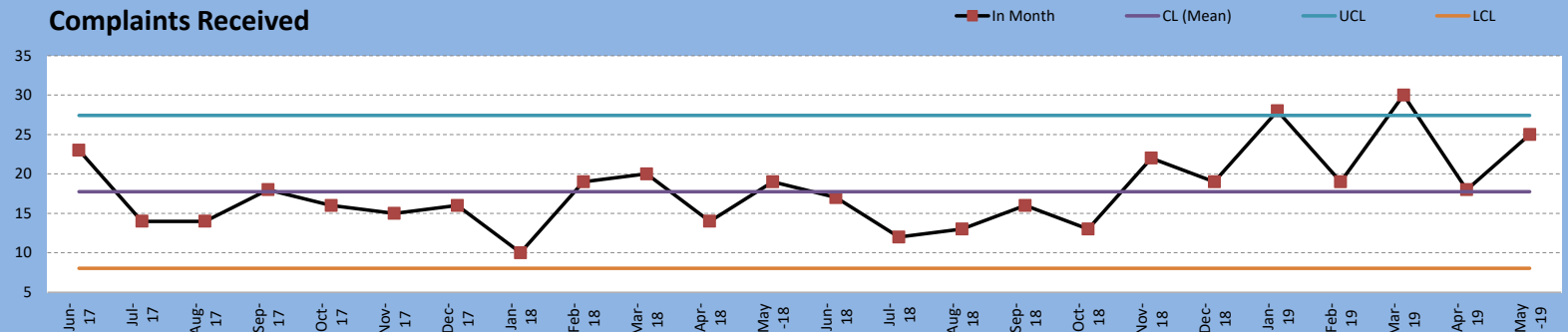
IQ 1

**Narrative**

within tolerance

Current month stands at 25

**Complaints Received**

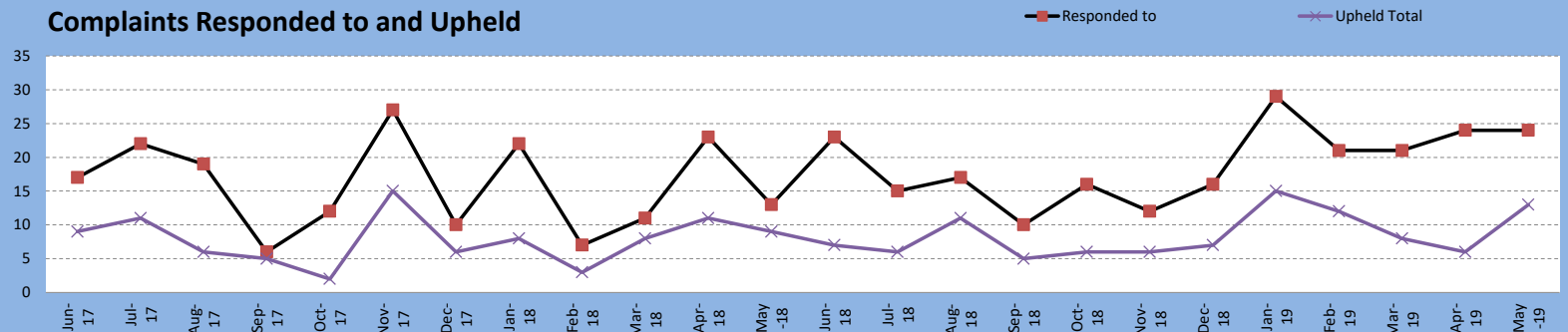


**Narrative**

19 upheld YTD 39.6%

Current month upheld stands at 13

**Complaints Responded to and Upheld**



**Exception Reporting and Operational Commentary**

The Trust responded to 24 complaints in the month of May 2019. Of the 24 complaints, 11 complaints were not upheld (45.8%) and 13 complaints were partly or fully upheld (54.2%). The top theme for complaints responded to (year to date) continues to be patient care with 11 complaints.

The Trust received 40 compliments during the same month.

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

Patient care	11
Communications	9
Appointments	7
Admissions and Discharge	5
Clinical treatment	4

All Complaints responded to YTD 48



Executive Team:

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

Issue Date: 17/06/2019



**Agenda Item: 10**

Title & Date of Meeting:	Trust Board Public Meeting – 26 <sup>th</sup> June 2019			
Title of Report:	Finance Report 2019/20: Month 2 (May)			
Author:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To note	X
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	The report provides the Board with an update of the financial position of the Trust at Month 2			
Key Issues within the report:	<ul style="list-style-type: none"> <li>• An operational deficit position of £0.069m was recorded to the 31st May 2019.</li> <li>• Expenditure for clinical services was lower than budgeted by £0.029m.</li> <li>• Expenditure for Corporate Services was £0.550m lower than budget.</li> <li>• A BRS Risk Provision of £0.750m was included in the reported position.</li> <li>• The cash balance at the end of May 2019 was £14.187m, this includes £1.275m of LHCRE and £1.794m of CAMHS capital funding.</li> <li>• Capital Spend as at the end of May was £1.220m.</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 report	N/A	Comment
		Any Action Required?		
Risk	√			To be advised of any
Legal	√			To be advised of any
Compliance	√			future implications
Communication	√			reports as and when
Financial	√			future implications
Human Resources	√			by Lead Directors
IM&T	√			through Board
Users and Carers	√			Required
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



## FINANCE REPORT – May 2019

### 1. Introduction

This report summarises the financial position for the Trust as at the 31<sup>st</sup> May 2019 (Month 2).

### 2. Income and Expenditure

The Trust has an Operating deficit of £0.819m, £0.008m favourable to the month 2 budget of a deficit of £0.827m.

After allowing for donated asset depreciation (£0.035m) the ledger position was a £0.853m deficit. Donated Asset Depreciation does not count against the Trust's NHSI Control Total.

The income and expenditure position as at 31<sup>st</sup> May 2019 is shown in the summarised table below:

**Table 1: 2019/20 Income and Expenditure (Net)**

	19/20 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Trust Income</b>	<b>104,448</b>	<b>8,589</b>	<b>8,477</b>	<b>(112)</b>	<b>17,408</b>	<b>17,369</b>	<b>(39)</b>
<b>Net Expenditure</b>							
<b>Clinical Services</b>							
Childrens, Learning Disability & Primary Care	37,331	2,979	3,019	(40)	6,217	6,229	(12)
Specialist Services	8,249	692	767	(75)	1,427	1,435	(8)
Adult Mental Health Services	34,955	2,870	2,840	30	5,857	5,809	48
	<b>80,535</b>	<b>6,540</b>	<b>6,626</b>	<b>(85)</b>	<b>13,501</b>	<b>13,472</b>	<b>29</b>
<b>Corporate Services</b>							
Chief Executive	1,845	156	148	8	309	296	12
Chief Operating Officer	3,748	466	443	23	901	864	37
Finance	9,001	805	737	68	1,480	1,337	143
HR	2,737	221	217	4	455	418	37
Director of Nursing	1,775	147	147	0	302	301	1
Medical	1,726	143	140	3	295	297	(2)
Finance Technical items (including Reserves)	(226)	10	(280)	290	101	(220)	321
	<b>20,606</b>	<b>1,947</b>	<b>1,551</b>	<b>396</b>	<b>3,843</b>	<b>3,294</b>	<b>550</b>
<b>Total Net Expenditure</b>	<b>101,141</b>	<b>8,487</b>	<b>8,177</b>	<b>310</b>	<b>17,345</b>	<b>16,766</b>	<b>578</b>
<b>EBITDA</b>	<b>3,307</b>	<b>102</b>	<b>301</b>	<b>200</b>	<b>63</b>	<b>603</b>	<b>539</b>
Depreciation	2,745	229	219	10	457	438	19
Interest	148	12	8	5	25	15	9
PDC Dividends Payable	2,112	176	176	(0)	352	352	(0)
PSF Funding	(1,343)	(134)	(134)	-	(134)	(134)	-
<b>Operational Position</b>	<b>(354)</b>	<b>(181)</b>	<b>33</b>	<b>185</b>	<b>(637)</b>	<b>(69)</b>	<b>511</b>
BRS Contingency	-	233	450	(217)	190	750	(560)
<b>Operating Total</b>	<b>(354)</b>	<b>(414)</b>	<b>(417)</b>	<b>(3)</b>	<b>(627)</b>	<b>(819)</b>	<b>8</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	216	18	17	1	36	35	1
<b>Ledger Position</b>	<b>(570)</b>	<b>(432)</b>	<b>(434)</b>	<b>(2)</b>	<b>(863)</b>	<b>(853)</b>	<b>9</b>
EBITDA %	3.2%	1.2%	3.6%		0.4%	3.5%	
Surplus %	-0.3%	-2.1%	0.4%		-3.7%	-0.4%	



## **2.1 Trust Income**

Trust income year to date was £0.039m behind budget.

## **2.2 Expenditure**

Expenditure for clinical services was lower than budgeted by £0.029m year to date.

## **2.3 Clinical Services Expenditure**

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

Year to date net expenditure of £6.229m represents an overspend against budget of £0.012m.

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

### **2.3.2 Specialist**

An overspend of £0.008m was recorded YTD for Specialist Services, relating to expected income being lower than planned.

### **2.3.3 Mental Health**

An underspend of £0.048m was recorded year to date for Mental Health. This was as a result of lower than planned pay costs due to vacancies.

## **2.4 Corporate Services Expenditure**

The overall Corporate Services expenditure was £0.550m underspent year to date.

- The Chief Operating Officer directorate has a year to date underspend of £0.012m.
- Within the Finance directorate a year to date underspend of £0.143m is shown for month 2.

## **3.0 Statement of Financial Position**

The Statement of Financial Position in Appendix 1 shows the Trust's assets and liabilities as at 31st May 2019. In month, the net current asset position increased by £0.702m to £10.336m. This was related to a decrease in Current Assets due to a reduction in Trade Debtors in month and a decrease in Accrued Liabilities, due to the reduction in Capital accruals.

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

## **3.1 Cash**

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



**Table 2: Cash Balance**

<b>Cash Balances</b>	<b>£000s</b>
Cash with GBS	13,909
Nat West Commercial Account	259
Petty cash	19
<b>Total</b>	<b>14,187</b>

In month income of £12.434m was received compared to expenditure of £12.766m.

The main expenditure for the month was pay costs, purchase ledger payments and capital payments, including the interim payment for the CAMHS project of £0.455m and LHCRE project costs of £1.406m.

### 3.2 Capital Programme

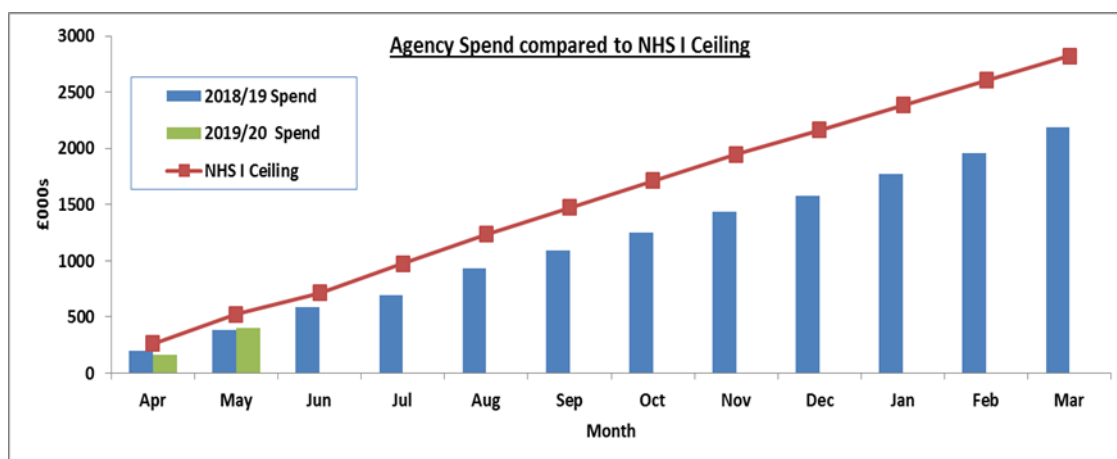
The Capital Departmental Expenditure limit (CDeL) for the Trust is £12.229m. Year to date capital expenditure of £1.221m comprises expenditure for IT (£0.203m) and Property Maintenance/Acquisitions (£1.002m) as detailed in the table In Appendix 3

## 4. Staffing

### 4.1 Agency

For 2019/20 NHSI has allocated the Trust an agency expenditure ceiling of £2.891m. Actual agency expenditure for May was £0.241m, which is in line with the ceiling for the month. The year to date spend for May is £0.398m, which is slightly higher than the same period last year where the costs were £0.380m.

**Table 3: Agency Spend**



## 5. Recommendations

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



**Appendix 1**  
**Statement of Financial Position**

	<b>MAY-18</b> <b>£000</b>	<b>APR-18</b> <b>£000</b>
Property, Plant & Equipment	101,140	100,917
Accumulated Depreciation	22,487	22,283
<b>Net Property, Plant &amp; Equipment</b>	<b>78,653</b>	<b>78,634</b>
Intangible Assets	2,175	2,175
Intangible Assets Depreciation	1,621	1,588
<b>Net Intangible Assets</b>	<b>554</b>	<b>587</b>
<b>Total Non-Current Assets</b>	<b>79,207</b>	<b>79,221</b>
Cash	14,187	14,335
Trade Debtors	4,847	5,813
Inventory	138	138
Non Current Asset Held for Sale	2,145	2,145
Other Current Assets	3,753	5,386
<b>Current Assets</b>	<b>25,070</b>	<b>27,817</b>
Trade Creditors	4,632	5,749
Accrued Liabilities	10,102	12,434
<b>Current Liabilities</b>	<b>14,734</b>	<b>18,183</b>
<b>Net Current Assets</b>	<b>10,336</b>	<b>9,634</b>
Non-Current Payables	1,175	1,175
Non-Current Borrowing	4,413	4,409
<b>Long Term Liabilities</b>	<b>5,588</b>	<b>5,584</b>
Revaluation Reserve	13,293	13,293
PDC Reserve	55,163	53,902
Retained Earnings incl. In Year	15,499	16,076
<b>Total Taxpayers Equity</b>	<b>83,955</b>	<b>83,271</b>
<b>Total Liabilities</b>	<b>104,277</b>	<b>107,038</b>





**Agenda Item: 11**

Title & Date of Meeting:	Trust Board Public Meeting – 26 June 2019			
Title of Report:	Quality Committee Assurance Report			
Author:	Name: Mike Cooke Title: Non-Executive Director and Chair of Quality Committee			
Recommendation	To approve		To note	√
	To discuss		To ratify	
	For information		To endorse	
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of the discussions at the Quality Committee meeting held 2 May 2019 with a summary of key issues for the Board to note. The approved minutes of the meeting held on 3 April 2019 are presented for information in appendix 1.</p>			
Any Issues for Escalation to the Board:	There were no items that require escalation to the Board			

**Executive Summary – Assurance Report:**

The key areas of note arising from the Quality Committee meeting held 2 May 2019:

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

- **Action log and matters arising.** The action log was accepted and agreed that all actions were on track. It was noted that the CQC report had not yet been received but was expected within the next week.
- **Draft Quality Accounts 2018/19**  
The Quality Account was reviewed in detail, with suggestions made for improvements to the presentation and some areas of content. A summary of suggestions made are as follows:
  - There needed to be an introduction that was a style that helped readers to navigate the document
  - The contents page needed presenting in a more accessible style
  - Bullet points in CEO statement to be presented if possible in a calendar style
  - The at a glance graphic required further amends particularly the sites and description of services
  - The map needed changing as not enough towns shown
  - A section on Health Stars was required
  - Performance graphs needed to be consistent in there style with use of SPC charts where they are available
  - The style of writing needed to be more consistent
  - Mandated text to be greyed out
  - Various other suggestions were made for amends specific text

Overall, the document was regarded as a good document but with further work it was felt that it could be excellent.

- **Draft Patient Safety Strategy**

The Committee had sight of an early first draft of the Patient Safety strategy. The Committee members liked the approach and language used and would like further sight of the document at the next Quality Committee.

**Key Issues from the meeting held on 3 April 2019:**

The approved minutes from the April 2019 meeting are app appendix 1.

## Quality Committee

### Minutes of the Quality Committee

**Held on Wednesday 3 April 2019, in the Boardroom, Trust Headquarters**

#### **Present**

Mike Cooke	Non-Executive Director and meeting Chair	MC
Mike Smith	Non-Executive Director	MS
Hilary Gledhill	Director of Nursing	HG
John Byrne	Medical Director	JB
Michele Moran	Chief Executive	MM
Lynn Parkinson	Chief Operating Officer	LP
Michelle Hughes	Interim Head of Corporate Affairs (in attendance for item 15)	MH
Tracy Flanagan	Deputy Director of Nursing	TF
Caroline Johnson	Assistant Director for Quality Governance & Patient Safety	CJ
Nicki Sparling	Interim Assistant Director of Nursing, Patient Safety & Quality Assurance	NS
Oliver Sims	Corporate Risk Manager (in attendance for Item 6)	OS
David Brackenbury	Clinical Care Director	DB
Weeliat Chong	Chief Pharmacist (in attendance for item 18)	WC
Ian Tweddell	Service Manager (Whitby)	IT
Peter Flanagan	Head of Transformation, EPPR and Deputy COO (in attendance for Item 13)	PF
Nicola Green,	Consultant Clinical Psychologist (in attendance for Item 13)	NG
Paul Warwick	Clinical Lead (in attendance for Item 13)	PW
Su Hutchcroft	Governance Co-ordinator (minutes )	SH

#### **23/19 Apologies for Absence received**

Apologies were received from Paula Bee (NED)

MC welcomed Ian Tweddell and Nicki Sparling, Interim Assistant Director of Nursing, Patient Safety and Quality Assurance. A round table introduction was held. MC noted that there would be people joining the meeting for specific items

MC noted some committee members have joined the new Workforce Development Committee the HR element will no longer report into Quality Committee.

#### **24/19 Minutes of the last meeting – February 2019**

The minutes were accepted as a correct record. MC thanked the meeting for the discussions held which assisted with Board actions

#### **25/19 Action log and matters arising**

##### **Matters arising**

There were no matters arising.

##### **Action list**

The action list was noted. Amendments were updated on the action log. Actions were closed. Going forward actions will not be closed until approved as closed in each meeting.

**26/19 Discussion Item – Learning from deaths by Suicide Report**

DB introduced his presentation explaining the information was coroner declared deaths by suicide from 2017 to November 2018. No active involvement meant the patient had previous involvement or had been referred into services with no contact made at that point. All patients had some contact with the services. HG noted that the CQC have reviewed the policy and process used by the Trust to determine the level of investigation and have not raised any concerns.

DB explained he also reviewed three historic high profile serious incidents (Sis) and collated the action plans from these collating themes from subsequent SI's to identify any re-occurrence of earlier issues or new themes. It was of note that the three SI action plans included involvement of carers which was not a reoccurring theme in later SIs.

The main themes which appeared on more than one action plan included:-

- MDT function/effectiveness of MDT review - There were a number of recommendations from SI's around the MDT function and TF noted this has been incorporated into professional strategy, to look at the MDT standards and work a template for self-assessment so each MDT can do a self-assessment. DB noted there have been a number of SI's since then which have also had this as a recommendation.
- Recording and record keeping - Around documentation completeness and issues of recording. On one SII, the introduction of Lorenzo completely addressed this action.
- Risk assessments, training and management - DB noted that risk assessment was showing artificially high as first two action plans picked up developed training and manging of risk whilst the third recognised work underway and continuation training.
- Consistency of worker – around turn over in teams risk factor, when member of staff on leave or patient returned back to a team and not classed as reassessment but new referral with new staff member who had not seen before
- Training - Risk Assessment training and Safeguarding children
- Management of known or 'open' referrals – about staff who know the patient looking at referrals.

DB advised the risk assessment process needs to be considered in a broader sense taking the results and interpreting these into an effective management plan. Risk assessment is around training people to use a tool and how to understand and articulate risk. MM noted this was a great report and felt it would be helpful to identify if the changes to the risk assessment process has resulted in any improvement in practice. Risk assessment is a means to an end and felt a piece of work regarding the formulation and from the SI's noting if the formulation was correct, would be really useful.

DB took the meeting through the four recommendations and noted the report will be shared with Clinical Networks, Learning the Lessons Conference, Quality Committee and the Quality Group with local commissioners (April-19). MC enquired if DB has spoken with the coroner as this could be valuable to feedback regarding our relationship with the coroner.

MM noted the report is really helpful and suggested before this goes into learning the lessons and to commissioners it would be helpful to have some trend analysis

data of how this compares over three years /18 months and needs the holistic picture to include some data such as the same period across Hull coroner's court, along with reference to the national suicide data etc. If it is possible could this also be benchmark against other data. It was suggested some of the language to give more ownership to team and MDT level, to look at LP and team ownership to take this piece of work forward.

MC thanked DB for his presentation

**ACTION –**

- **Incorporate audit of risk assessment and formulation into the refreshed approach to care plan audits. CJ**
- **DB to modify language to give ownership (teams etc.), reword recommendations as suggested, add some benchmarking data and use the Trust template for presentation.**

27/19 **Quality Insight Report**

HG updated the meeting with the key headlines:

- **CQC report on learning from deaths** following a 12 months review on trusts across England. From the Trust's prospective the CQC have scrutinised our approach to learning from deaths and have provided positive feedback with no concerns raised.
- **Patient safety strategy** starting to refresh with lots of national guidance CJ/HG are meeting to develop for EMT review in April. This will be brought to the May Quality Committee to review in line with the Quality Accounts.
- **Safeguarding update** mental capacity audits reviews are ongoing. Safeguarding are supporting the sexual safety task and finish group with a training package.
- **Self-neglect training** - a training package has been developed and is being rolled out. Guideline for staff are being produced regarding management of neglect.
- **Record keeping** remains an issue. The Trust is reviewing the approach to the record keeping audits. Moving away from Perfect Ward to MyAssurance as MyAssurance provides high level reports rather than just at service level.
- **Quality Dashboard highlights - Incidents self-harm** – a deep dive has shown a fall in number of incidents following proactive being undertaken with specific teams and patients.

MM would like to have more information about how we are monitoring the record keeping audits through QPaS with reports to the Quality Committee going forward.

MM noted a good report and would like to see more performance data in the report. MC suggested the quality information that goes to the Board is attached in the future.

**ACTION –**

- **Quality Insight report to be reviewed and include performance dashboard for next meeting. HG**
- **Once record keeping audits commence in Q1 reports to be produced for QPAS with a report re compliance for the Quality Committee**

## 28/19 Quality Committee Risk Register

MC welcomed OS to the meeting. OS noted this is Q3 Quality Risk register and BAF and Trust Risk Register will come to next meeting to match reporting time period.

More analysis has been included at the front of the report, with a highlight summary on all the risks including any risks which have been closed are no longer appear and the rational for why this has been undertaken. OS confirmed he has undertaken a review with Julia Mizon and Trish Bailey which resulted in a number of closures and reduction in risks. Mental Health have also done a small review but are now working on a year-end review.

Key highlights were:

- 2 risks have increased from 9 to 12 in PCCS&LD
- Delayed access to assessment and treatment for the Children's Autism Assessment Service. Discussions have been held at EMT around this and this is being monitored through the Operational Delivery Group (ODG) monthly.
- Field House GP practice Bridlington, around sufficient staffing and wider medical work force. This was increase following the clinical lead resignation. JM will bring more information to next ODG meeting for further discussion around the risk
- Closed or deescalated risks - 9 risks have been reduced or closed with full comment in the paper. This also includes the old QIA risks for schemes not been taken forward.
- New Risks – there have been 3 new risks added to the register

MC enquired about the issue with the fire doors at Whitby regarding not admitting patients due to risk. Point of escalation to take through ODG. IT informed the Committee there is a rigorous process in place determining the patient's presentation before transfer from the two Trusts (York and Scarborough). The main challenge is that Mitie have come back with proposals of undertaking work but the decision is deferred pending final decision on refurbishment of the hospital yet to be confirmed. LP will take forward in terms of escalation.

MS noted there were a lot of risks sitting around 12 and new risks added around quite sensitive services which is why the deeper look at Quality Committee was planned, and suggested the discussion of what are we doing to mitigate risks was held.

MM – thanked OS for great report and work, and felt work was now required on the consistency training when scoring risks, and would like the following risks to be reviewed  
NH25, LC 3, LDC 20, SR 4, SS48 and MH 54 which are all to do with waiting list or issues around staff morale.

OS confirmed the project registered were not included this time as had not been presented to EMT so will be included for the next meeting.

HG made a general comment that a lot of initial risk and current risk are same but when reading the current controls would have expected to have dropped, so

needs more housekeeping. There is now more rigor with the report is now being presented to every QPaS

MC noted it was good to have the analysis and feedback and that we are asking to push back through operations and EMT, and would like to see the update report back in August 19 Quality Committee.

**ACTION –**

- **LP to take risk action forward in terms of escalation (CS13)**
- **OS to review the risks with leads where the initial grade is the same as the current grade and risks NH25, LC 3, LDC 20, SR 4, SS48 and MH 54 which are all to do with waiting list or issues around staff morale.**
- **Updated register to return to August 19 Quality Committee. OS**

29/19 **RRI Q3 Report** - the report was noted

DB updated the meeting. The report has the trend table added DB has done work in terms of non-compliant staff and staff are booked in on training for compliance.

Have completed a focused review of monitoring of seclusion on Perfect Ward. We are currently using different data collection sources at present with Lorenzo to capture the seclusion start and end, Datix captures seclusion incident and the Perfect Ward audits how seclusion managed. Each seclusion episode has 26 questions on Perfect Ward and if this shows 100%, all questions have been met.

DB noted Vickie Shaw's report to Audit Committee regarding staff on shifts not MAPPA trained. DB has reviewed the e-rostering report which shows Dec-Feb shift which flagged staff not MAPPA trained. With the exception of Westlands, all units had over 90% trained and those not trained had dates of training booked. All shifts, including Westlands were above the Trust target

MS noted a number issues within the report to the Audit Committee with potential breaches not being reported to MHLC. MS thanked DB for making changes to reporting as result.

MC enquired who the RRI lead is given the lead who was on secondment has returned to practice. LP stated the expectation is for Matrons to own RRI with DB leading.

It was suggested RRI should be a regular item as part of performance dashboard.

MC thanked DB for the leadership, and need to ensure there is practical support. Commented it was a really good report.

30/19 **Monitoring of Sub-Contracts**

LP explained the report provided the Committee with more information about how we monitor sub contracts particularly when contracted with other partners/agencies in clinical services  
We use the NHSE standard contract with identified KPI's and monitor through reports and quality review meetings.

MM noted she could not see the SMASH contract on the report. LP confirmed this was not a standard contract but has the monitoring arrangements in place.

**ACTION-**

LP to provide a post meeting note of how we monitor the SMASH contract and a current position statement against the contract KPIs.

31/19 **PICU Review – the report was noted**

LP gave some context to the report. There has been concentrated effort over the last 2 years to review the PICU model as this stands out and has done in the last two reports around National Mental Health Benchmarking particularly regarding length of stay.

Key issue in terms of clinical model, our PICU has higher number of beds than average at 14 and a higher than average length of stay. The work that has been undertaken has been to drill into these aspects in service.

One of the changes made last year was a reduction of beds down to a maximum occupancy of 10, with commissioner support. There is no evidence to show an increase in demand for out of areas beds. The clinical model has been reviewed which has led to a revised standard operating procedure which is in the final stages of sign off.

MS was pleased to see report, and that the work is progressing. LP noted the length of stay is still too high and this is being monitored closely. It was noted delayed transfer are for external transferred only.

MM noted it was good to see the work taking place and thanked LP. MM noted the action plan as completed without definitive assurance with some actions showing green but not according to commentary. A refresh is required.

**ACTION – to look at action plan and refresh and make sure RAG rating updated. Report to EMT. LP**

32/19 **BRS QIA Summary**

LP updated the meeting. The process this year a different approach which has been reported as more realistic approach. Feedback on new documentation is easier to use and helps articulate the risks. Some schemes have been approved. We are still concluding completion of some of the QIAs for some of the schemes and these should be completed shortly, with meetings in place.

HG noted there was nothing for escalation but one has not been signed off and has been returned. LP noted also the connection to risk register

**ACTION – Request for QIA report to go through EMT. HG/JB**

33/19 **Quality Accounts Update Report**

CJ updated the meeting on the progress of the Quality Accounts 2018/19.

Assurance has been received that we are on track and have received all Q3 elements and are currently receiving Q4. The document will go out to



consultation to stakeholders, following EMT approval.

The Quality priorities chapter has been included in the update report with a request for comments from the Quality Committee.

MC noted positive feedback received and felt it looked better than last year. It was agreed that the document would be circulated before the quality Accounts meeting in May to ensure everyone has the opportunity to read the document before the meeting to enable a full discussion on comments.

**ACTION – to circulate to members the week before QC meeting to ensure the document can be read before the meeting. CJ**

#### 34/19 **Whitby Ward – Quality Assurance Report**

Ian Tweddell updated the meeting on the report on the service improvement plan and explained the report was in response to two SI which took place on the ward.

The plan has been in place for three months, progress has been made. The plan contains three themes

- Immediate practice/clinical development
- Work force development
- Immediate operational changes

LP noted this is the right plan and the report explains key issues. There are still some issues regarding pace of change and LP will focus on this work.

MC thanked IT for the report, noted the Board remains concerned and wants to do all we can to support, but recognised there are some constraints with the building and the geography.

#### 35/19 **CAMHS in patient – progress update**

Peter Flanagan, Nicola Green, Consultant Clinical Psychologist and Paul Warwick, Clinical lead attended to deliver the presentation.

Currently on track for building completion mid to late August 2019 working towards an opening day of 23<sup>rd</sup> September 2019.

PF noted the plan for a phased opening and key to having workforce in place before the unit opens with a clinical and non-clinical training plan, in terms of getting staff team fully prepared.

NG explained that having staff team in place in time to get key understanding of models and training before opening, and is currently working with Mel Barnard for the training element.

MM noted the pathways and that this is not a stand-alone unit but is part of the organisation and can utilise for the PROUD work and use across the patch.

MC thanked them for the presentation showing the progress to date. The September date looks possible, with a need to help teams manage those first days. It was good to hear NG talking about a model and how it works for patients, family staff, and noted to ask corporate support when required as the Quality Committee report to the Board on quality issues across organisation.

36/19 **Annual Effectiveness review (for approval)**

- **Effectiveness Review Paper**
- **Updated Terms of Reference**
- **Annual Work plan**

The paper had been amended from last meeting.

**The review was approved to present to Board including the updated Terms of Reference. NS**

37/19 **Draft Annual Report (for approval)**

MH updated the meeting. The report is presented for comment and looks back over the developed with the prescriptive content in the annual reporting manual. The yearend data is still awaiting and will be included once this is received.

There are three key sections to the report

- Performance report
- Performance analysis
- Accountability report which includes the annual governance statement

Subject to any comments today, the report will be updated and then go to auditors prior to approval by the Board.

MC noted it appends Quality Accounts as a companion document, and welcomes this.

MS passed some comments through to MH for review.

MC noted could be more positive about illustrations and tables and noted the summary of the Quality Committee still mentions HR so this needs updating.

38/19 **The Committee approved the version submitted**  
**Summary list of policies**

CJ updated the meeting. The Quality Committee policies are in a good position with one policy currently under an extended review with changes to the type of document, and two policies nearing expiry date, currently under review and on agenda for QPaS in April 2019.

MC welcomed the report and requested a thank you to those who have work on the report and help to keep us safe.

39/19 **Policies from QPaS**

- **Complaints and PALS Policy**

JB noted this policy had been added at short notice, with a small additional narrative in Appendix 4 to bridge a gap which was identified around the procedure for handling habitual and/or persistent complainants and or habitually demanding or vexatious behaviour. JB explained that we have used information from other Trusts and the policy has been through our legal team who are happy with the wording.

MC noted it was well worded, and thanked the team for the work on policy and the great work listening, talking and responding to service users and carers.

40/19 **The Complaints and PALS Policy was approved by the Quality Committee.  
Internal Audit reports**

**Medicines Management Medicine Safety** – The report was noted

LC updated the meeting regarding the very comprehensive audit carried out by Audit One, which included two elements

- Systems and processes of how we handle medicine incidents
- Review of WC self-assessment using the KLOE for medicines

The audit gave good level assurance that risks identified are management effectively, with a high level of compliance with framework and only minor actions required

JB noted this is a positive use of external auditors looking at clinical services. CJ commented this is a really positive message in terms of work Governance team and pharmacy have worked closely together.

41/19 **Quality and Patient Safety minutes**

The minutes were received and noted.

JB noted there is a large amount of work coming through QPaS and the group is doing what it needs to do.

42/19 **Research & Development Group Minutes**

The minutes were received and noted.

43/19 **Drugs and Therapeutics Group minutes**

The minutes were received and noted

JB noted the meeting was also attended by the Governors. It was noted and commented the strong leadership from WC and the work of the pharmacy team.

44/19 **Items arising from the meeting requiring communication, escalation or risk register consideration and any lessons learnt**

There were no items required for escalation to the Board

50/19 **Date and time of next meeting**

The next meeting will be held on Thursday 2<sup>nd</sup> May 2019 at 2.00pm in the Boardroom, Trust Headquarters, where the main topic for discussion will be the draft Quality Accounts 2018/19.

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 26 June 2019		
Title of Report:	Finance and Investment Committee Assurance Report		
Author:	Name: Francis Patton Title: Non-Executive Director and Chair of Finance Committee		
Recommendation	To approve		To note
	To discuss	√	To ratify
	For information	√	To endorse
Purpose of Paper:	<p>The Finance and Investment Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting on 19<sup>th</sup> June 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 month two performance.</li> <li>• Notes the assurance reports from sub committees.</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 Month two performance showed that in terms of financial performance the Trust had achieved a year to date operational deficit position of £0.069m which becomes a deficit of £0.819m when adjusted for BRS contingency. The Trust has a strong cash position and is controlling creditors and debtors well. In terms of BRS there was an underachievement of £0.016m at Month 2. Finally, the Board received the Digital Delivery Report plus assurance reports from the Digital Delivery Group, the Capital and Estates Group.

**Key Issues:**

The key areas of note arising from the Committee meeting held on 19<sup>th</sup> June were:

- In terms of the Insight report National Provider Finances for 2018/19 are yet to be published and there was no requirement for month 1 reporting in 2019/20. Across Yorkshire and Humber only 1 organisation has not accepted its control total. The NHS providers survey of Finance Directors on the task for 2019/20 has identified a number of concerns in terms of delivering financial control totals notably: -
  - 13% of Trusts indicated they would not be accepting control totals
  - Approximately 66% of Control Totals are deficit positions before sustainability funding is issued
  - 30% of Trusts are not confident they will achieve their control total



- CIP as a % of Turnover ranges from 3% to 7.5%
- 19% believe their system control total is achievable

New guidance has been published to enable Trusts to be able to request the transfer of an estate that is owned by NHS Property Services (NHSPS) or Community Health Partnerships (CHP) into Trust Ownership.

- In terms of the month two financial performance in month the Trust is showing an operational surplus position of £0.033m and year to date a deficit position of £0.069m. After BRS contingency has been included, the reported deficit for Month 2 was £0.417m and year to date a £0.819m deficit, this represents a favourable variance against the NHSI profiled Plan (£0.827m deficit), figures exclude donated asset depreciation which is excluded from the NHSI Control Total. Year to Date staff costs of £17.214m are £0.510m lower than budget. Capital Spend as at the end of May was £1.220m, mainly related to the CAMHS project. The Primary Care, Community, Children's and Learning Disabilities Division has a year to date overspend of £0.012m, the Mental Health Division has a year to date underspend of £0.048m, the Specialist Division is showing a year to date overspend of £0.008m and Corporate Divisions are showing an underspend of £0.550m at month 2. All three divisions cited workforce vacancies as an issue. In terms of cash the cash balance at the end of May 2019 was £14.187m with outstanding Trade Debtors totalled £4.847m (£5.813m April) and outstanding Trade Creditors of £4.632m (£5.749m April).
- The committee received an update on BRS delivery which showed that the overall profiled expected year to date level of savings stands at £1.268m with achieved savings of £1.252m producing a minor underachievement of £0.016m at Month 2. The current Forecast outturn position shows an underachievement of £0.032m with a lot of the BRS schemes profiled to be delivered later in the year which will need careful monitoring. Alternative savings to offset the forecast underachievement will be required and are being investigated.
- The committee received the Digital delivery report with the key areas highlighted being:
  - There has been no further update regarding GP connect delays within NHS Digital
  - The plan required to roll out Skype for Business needs further discussion from the last two month's meeting
  - The Agile working project has been discussed at ODG and is to be raised with HR Director to identify more teams to participate and will be reviewed further in 3 months
  - The Mobile Device Contract needs further discussion
  - The Scarborough and Ryedale year one activities are only making very slow progress
  - The Humber Centre is now live with Lorenzo ePrescribing, Daily conference calls are taking place to discuss progress and issues needing resolution and/or escalation.
  - There have been some changes to the approach for Interoperability with NHS organisations' systems, therefore this will be re-planned to include all elements in the new approach.
  - The Options for how ERS will work within the Trust have been documented for a decision at ODG.
  - Improving the capability of business intelligence for making informed decisions is progressing. Had a demonstration at June meeting with one supplier's dashboard which has been created using Trust data for Patient Outcomes.
  - Roll out of SmartComms at Willerby Hill has now been completed
  - The Annual penetration test has been completed.
- The committee received assurance reports from the Digital Delivery Group and the Capital and Estates Group.

**Agenda Item 13**

Title & Date of Meeting:	Trust Board Public Meeting – 24th May 2019			
Title of Report:	Workforce & Organisational Development 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 Workforce and Organisational Development Committee is one of the sub committees of the Trust Board</p> <p>This paper provides an executive summary of discussions held at the meeting held on 24<sup>th</sup> May 2019 and a summary of key points for the Board to note. The minutes of the meeting held on 20 March are also attached for noting.</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 excellent progress made on apprenticeships.</li> <li>• Notes the recruitment issues within Child and Adolescent Mental Health Services (CAMHS).</li> <li>• Notes the increased focus on the PROUD programme.</li> <li>• Notes that the committee has signed off the Equality, Diversity and Inclusion Annual Report 2018/19.</li> <li>• Notes that the Workforce &amp; Organisational Development committee is now reviewing strategic goal 5 on the Board Assurance Framework (BAF).</li> </ul>			

**Executive Summary - Assurance Report:**

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

A summary of the key areas discussed are an update on the progress of apprenticeships within the Trust, an update on the progress of the Freedom to Speak Up Guardian, the May Workforce Insight report which highlighted improved sickness and turnover levels, issues around recruitment for CAMHS that need addressing, an update on the PROUD programme which is progressing well, the Equality, Diversity and Inclusion Annual Report 2018/19 which the committee signed off, the Workforce Plan for 2019/20 and 2020/21 which highlighted a number of issues that need addressing and the BAF where the committee made some suggestions on how to improve it in 2019/20.

**Key Issues:**

The key areas of note arising from the Committee meeting held on 24<sup>th</sup> May were:

- The committee received an excellent presentation from Gemma Hall on apprenticeships



within the Trust. The presentation outlined how the scheme has progressed since its inception including an update on numbers of apprentices, communication within the Trust about apprenticeships and an update on the various programmes available.

- The committee received an update from the Freedom to Speak Up Guardian (which had actually already been to Board) and it was agreed that a report would come to Workforce & OD committee on a regular basis.
- The committee received the May Workforce Insight report which had been modified based upon the committee's feedback and now included key charts to support the narrative given. The committee felt that this was an improvement and was welcomed. Key issues arising from that report were that in terms of sickness levels the rolling 12-month performance showed an improved position compared to 12 months ago but still slightly above the national median; within that Specialist services was the area of most concern in the Trust and anxiety/stress/depression is still the largest cause of sickness absence although as a percentage of our sickness it is reducing. Short term sickness was an issue which might have been driven by the recent operational reorganisation. Discussions were held about monitoring trends rather than one off monthly changes and, whilst recognising the overall improved trend, how this could be further developed. In terms of turnover the rolling 12-month performance is an improved position compared to 12 months ago with retirement still the biggest reason for leaving which needs further analysis trying to forecast where we might be going forward with the Workforce plan. Coupled to this is the vacancy issue as vacancies have risen whilst the number of over establishment roles has significantly reduced. The overall Trust PADR performance for April 2019 was 83.9% below the target of 85%. With the exception of Mental Health, all the remaining Care Groups and Corporate were below the expected target. Finally, Statutory Mandatory Training continues to be above the target of 85% and the compliance figure for April was 87.8%, performance has been above target for 15 consecutive months.
- A discussion was held around the recruitment programme for CAMHS where there has been a number of delays in sorting roles and adverts, the consultant psychiatrist post has gone out for the second time, we need 9 band 6 nurses and have 2 so far with 1 to interview and need to retain those we have appointed. This is obviously a risk to the new unit and needs monitoring closely.
- In terms of the PROUD programme significant work had been undertaken with Behavioural and Leadership Frameworks being developed by a working group made up from a cross section of staff and staff side representation, a disability group has been set up with more protected characteristic groups on the way, the PROUD logo agreed by staff, a session held with the Trust Board, a programme being developed for Hull West by the Institute for OD and Lynn Parkinson to support the way in which they work, work ongoing with Institute on how to support the Humber Centre and Whitby and finally a number of courses are now available to Trust employees in terms of the Award in Resilient Leader, the Award in Facilitation Skills, the Award in Coaching Conversations, Collaborative Consulting, the Certificate in Performance Coaching and the Diploma in Performance Coaching. This is obviously an integral part of the Workforce & OD committee work and it may well be that a separate paper is needed for this on an ongoing basis.
- The committee received strategic goal 4 - Developing an effective and empowered workforce – and made a number of recommendations on how this might be improved for 2019/20 as this was a key risk to monitor and needed work in terms of moving from input measures to output measures in terms of positive assurance and a review of the gaps in assurance, the sources of assurance, the gaps in controls and on the risk register work on the controls in place, sources of assurance and gaps in control.
- The committee received and approved the Equality, Diversity and Inclusion Annual Report 2018/19 which included the Patient and Carer Experience, Staff Survey results, Workforce Race Equality Standard and Workforce Disability Equality Standard, Equality Objectives for 2019/20, EDS2 and some Equality and Diversity Case Studies. Within this

report the committee discussed getting some of the elements in advance to review during the year such as the Gender Pay Gap report and ensuring that when these reports were put online for the public that there was also a clear action plan on how we intended to address issues highlighted.

- The committee received the Workforce Plan for 2019/20 and 2020/21. The key issues highlighted were that the Trust now has a process for workforce planning in place but engagement in this task, and the quality of the information provided from departments, has been mixed. This is likely to be down to a number of factors (new process, CQC inspection, Care Group Restructure etc.) but for the Trust to address its workforce challenges it needs a robust workforce plan in place. Little change to the current establishment is predicted over the next 12 months. With the predicted establishment numbers and current turnover rates, the number of Nurses within the Trust is a concern (particularly given the national recruitment challenges). The Care Groups, with the support of colleagues in Workforce and OD, now need to shape creative recruitment plans to address the challenges contained in the report. The committee discussed this in detail and look forward to receiving ongoing updates as part of its annual workplan.



**Workforce & Organisational Development Committee**

**Minutes of the  
Workforce & Organisational Development Committee  
held on**

**Wednesday 20 March 2019, 13.30 pm – 15.30 pm, Boardroom, Trust HQ**

**Present:** Michele Moran, Chief Executive, (MM)  
Steve McGowan, Director of HR & Diversity, (SMc)  
Lynn Parkinson, Chief Operating Officer, (LP)  
Francis Patton, Non-Executive Director (FP)  
Mike Cooke, Non-Executive Director (MC)  
Peter Baren, Non-Executive Director, (PB)  
Helen Lambert, Deputy Director of Workforce, (HL)  
Gillian Hughes, Medical Education Manager, (GH)  
Tracy Flanagan, Deputy Director of Nursing, (TF)  
Nikki Sparling, Assistant Director (shadowing TF), (NS)  
Sue Hillier, Senior HR Admin Assistant, (Note taker)

FP welcomed everyone to the first meeting of the Workforce and Organisation Development Committee and introductions were made around the table

01/19	<p><b>Apologies for Absence</b> John Byrne, Medical Director (JB)</p>
02/19	<p><b>Terms of Reference of the Committee</b></p> <p>A detailed discussion took place. It was recognised that these may need to change as the Committee evolves. It was suggested that once the group had been established, i.e. after 3 meetings the terms of reference are reviewed. At present Education will stay within the Quality Committee terms of reference. Also need to see Sub Group's Terms of Reference, at the next meeting i.e. Workforce &amp; E&amp;D Inclusion Group, Staff Engagement, Health &amp; Wellbeing Group. Also need to be aware of agenda items sign posted over from other committee's i.e. Internal Audit.</p> <p><b>Action: Terms of Reference Agreed</b> <b>Action: Agreed to review them in six months, i.e. September 2019 meeting</b> <b>Action: Bring the sub groups terms of reference to the May 2019 meeting</b></p>
03/19	<p><b>Committee Work Plan</b></p> <p>In relation to the Work Plan, Proud update needs to be discussed at every meeting, this will be as part of the Workforce Insight Report. Risk Register needs to also include the Workforce Side of the BAF. Operational Plan also needs to be sighted at the end of the year on the HR Workforce aspects of the Plan. The Professional Strategy to be brought to Q3 and a review in terms of progress and delivery in Q4.</p> <p><b>Action: Need to amend the dates on the Plan to say 2019</b> <b>Action: Proud Update to every meeting as part of the Workforce Insight Report</b> <b>Action: Workforce Side of the BAF to be included as well as Risk Register to every meeting</b> <b>Action: Professional Strategy in Q4</b> <b>Action: Operational Plan yearly</b></p>
04/19	<p><b>Workforce Insight Report</b></p>

	<p>It was noted that employee relations casework had reduced and a trial has been approved to start next financial year to have some Bank Investigators. In relation to the Flu Campaign 72% of staff received the vaccine which is really positive, and thanks went out to the Occupational Health Team for their hard work.</p> <p><b>Action: To see the 5 plans mentioned on page 3</b></p> <p><b>Action: National benchmarking of performance to be included where possible</b></p> <p><b>Action: Charts to be included in the report rather than at the end of the report.</b></p> <p><b>Action: Staff Turnover. HR to look at data in relation to the 56 lack of opportunities to see if any themes.</b></p> <p><b>Action: TF to pull together the Dash Board and link in with Hilary and LP in relation to the Accountability Framework Review work so we are not duplicating Dashboards.</b></p> <p><b>Action: GH to include in her Apprenticeship presentation on 24 May 2019, what has happened to the apprenticeship once they have complete and how we link into the Excellence Centres, and how much the levy is and how much of it we are using, and if we are sharing the budget with other organisations.</b></p>
05/19	<p><b>ESR Self Service Demonstration</b></p> <p>John Wilson gave a presentation around the role out of ESR Supervisor Self Service. This gives functionality of inputting Sickness Absence, PADR's and also seeing Dashboards and running reports. It will continue to be rolled out as follows :-</p> <p>01 April 2019 onwards – Specialist Care Services and Corporate Services  01 May 2019 onwards – Adult &amp; Older Peoples Mental Health Services  01 June 2019 onwards – Primary Care, Community, Learning Disability and Children's Service</p> <p>John was thanked for an excellent presentation and his work on the project and the content of the presentation was noted by all around the table.</p>
06/19	<p><b>Board Assurance Framework (Workforce)</b></p> <p>Quarter 3 (workforce) section of the Board Assurance Framework, Q3 Board Assurance Framework is going to the March Board. Also provided at this stage is the Trust Wide Risk Register which has the two highest operational workforce related risks that sit on the Trust Wide document, which are HR32, Nursing &amp; Consultant Staff Vacancies and HR33 Retention within the Trust. There is a need to know and understand the risks that are just under the radar i.e. below 12 points. The Key Controls and Sources of Assurance in the Risk Register need to be looked at going forward.</p> <p><b>Action: 24 May meeting to see all of the Risk's and then every meeting see risks 12 and above, and at 6 months and 12 months look at the all the risks.</b></p>
07/19	<p><b>Staff Survey</b></p> <p>An update on the National Staff Survey was provided.</p> <p>1144 members of staff completed the survey. We have now received the indicative report which has been to Trust Board. We have also received reports which gives data and themes for us to be able to analyse and take on board and try and improve on things that our staff are telling us about. Within the survey the benchmarking include 10 key themes which are new this year, so we as an organisation are able to see where we are performing against other Trusts and Nationally.</p> <p>The results are on the Intranet and each Care Group and Corporate Services Team have received their own reports.</p> <p>The results have been to EMT, and are going to TCNC on the 21 March 2019.</p>

	<p>Communication will be going out and as we get into the Summer months the comms will start to turn into what we have done, so that we are ready for the next Staff Survey which will be going out in October 2019.</p> <p>Nationally they are looking at the Staff Survey results before they bring out the Workforce element of the NHS Long Term Plan which is due out at the end April 2019.</p> <p>It was agreed that there wasn't a need for a separate action plan on the survey but that actions would be incorporated into existing plans.</p> <p><b>Action: Care Groups/Directorates to report back at a later meeting as to what has been done as a result of the results.</b></p>
08/19	<p><b>Any Other Business</b></p> <p><b>i) Proud</b></p> <p>The Proud Programme has been launch and communication has been sent out. The two key documents which anchor the programme are the Staff Charter and the Leadership Framework, which are currently been reviewed.</p> <p>Feedback on the first meeting was discussed and overall a good first meeting and a good start on what we need going forward and what we are looking for. That said there was a need to ensure that we looked at workforce from a strategic perspective and that should come through the Proud programme.</p>
09/19	<p><b>Date and Time of Meetings in 2019:</b></p> <ul style="list-style-type: none"> <li>• Friday 24 May 2019, 9.30am – 11.30am, Boardroom, Trust Headquarters, Willerby Hill, Willerby</li> <li>• Wednesday 24 July 2019, 13:30 – 15:30 pm, Boardroom, Trust Headquarters, Willerby Hill, Willerby</li> <li>• Wednesday 18 September 2019, 13:30 – 15:30 pm, Conference Room A, Trust Headquarters, Willerby Hill</li> <li>• Wednesday 20 November 2019, 13:30 – 15:30 pm, Boardroom, Trust Headquarters, Willerby Hill, Willerby</li> </ul>