Improving Health and Wellbeing

Humber NHS
NHS Foundation Trust

Item 3

Trust Board Meeting – Public Meeting

Minutes of the Trust Board Meeting held on Wednesday 7 December 2016 in the Conference Room, Trust Headquarters

Present: Mrs Sharon Mays, Chairman
Ms Michele Moran, Interim Chief Executive
Mr Peter Baren, Non-Executive Director
Ms Paula Bee, Non-Executive Director
Prof Mike Cooke, Non Executive Director
Dr David Crick, Non-Executive Director
Dr Andrew Milner, Non-Executive Director
Mr Mike Smith, Non Executive Director
Mrs Teresa Cope, Chief Operating Officer
Mrs Hilary Gledhill, Director of Nursing, Quality & Patient Experience
Dr Dasari Michael, Medical Director
Mr Adrian Snarr, Director of Finance, Infrastructure & Informatics

Apologies: None

In Attendance: Mrs Elizabeth Thomas, Director Human Resources & Diversity
Mrs Jenny Jones, Trust Secretary
Ms Jules Williams, Deputy Director of Governance and Patient Safety (for item 107/16)
Ms Cathryn Hart, Assistant Director of Research and Development (for item 114.2/16)
Mr Tarique Choudhary, Interim Communications Manager
Cllr Ros Jump, Public Governor
1 Member of the Public

104/16 Declarations of Interest

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

105/16 Minutes of the Meeting held on 2 November 2016

The minutes of the meeting held on 2 November 2016 were agreed as a correct record.

106/16 Matters Arising and Actions List

95/16 Publications and Highlights Report

Dr Milner asked for an update on the digital innovations fund. Mr Snarr reported that this will be looked as part of the plan for next year's IT requirements. An update will be provided in a post meeting note as to what other opportunities will be progressed. **Action AS**

Post Meeting Note – *There has been no open funds like the 'Nurse Technology Fund' or the 'Safer Hospitals Safer Wards' in financial year 16-17. The NHS England funding has been directed to the Digital global health exemplar site which have been focussed on 12 Acute Trusts (summer 2016) and 6 Mental Health Trusts (January 2017). The Acute Trusts each received £10M and Mental Health Trusts each received £5M, these funds*

had to be matched by the Trust. The organisations were identified according to the following criteria:

- *High Digital Maturity self-assessment scores for 'readiness' and 'capability'*
- *Involvement in innovative digital healthcare initiatives*
- *Representation of a range of different solution types*
- *NHS Improvement confirmation that organisations will be hindered in their ambitions due to other issues*

There have not been any health funds in financial year 16-17 from Innovate UK. Future bids that we are aware of:

GPFV – Online Consultation:
As part of the General Practice Forward View, a £45 million fund over next 3 years has been created to contribute towards the costs for practices to purchase online consultation systems, improving access and making best use of clinicians' time. This will become available from 2017/18, with £15 million in 2017/18, £20 million in 2018/19 and £10 million in 2019/20. Funding will be allocated by NHS England to CCGs on a weighted capitation basis at the start of each financial year (2017/18, 2018/19 and 2019/20). Further guidance will be released in due course.

Future Trust innovation funds are expected to be directed to the Sustainable Transformation Plan (STP) based upon their Local Digital Roadmaps, rather than Trust bidding for funding. There has been no detail on the process or allocation of these funds or how the Trust would access them.

The process in place for receiving information and responding to innovation bids is:

NHS Digital and NHS England inform the Head of Informatics that innovation bids have been issued to Trusts.

1. *The Head of Informatics will carry out an initial assessment of the bid and provide a summary of the bid to the Clinical Systems Optimisation Group and the members of the Informatics Strategy Board.*
2. *The Clinical Systems Optimisation Group (consist of Chief Clinical Information Officers, Informatics experts and Project Management Office) will develop the bid.*
3. *The developed bid will be presented to the next meeting of the Informatics Strategy Board or Executive Management Team (EMT) (depending on timescales).*
4. *The value of the bids may also require further approval if required under the Trust's Standing Financial Instructions (SFI).*
5. *The bid will be submitted /revised based on the above approval.*

There may be other funds that are issued to speciality services (e.g. CAMHS, LD etc) that have digital content that may not be directed to Head of Informatics. The services direct the bid to the Head of Informatics for the digital content and follow the same process as above.

107/16 Mental Health Community Service User Survey 2016

Ms Jennie Bradley, Business Consultant with Quality Health was welcomed to the meeting to share the findings of this year's survey. The survey is a mandatory annual national survey and covers domain four of the Outcomes Framework. Surveys are organised and run by the Care Quality

Commission (CQC) and results were received from 58 Mental Health function trusts. The key points highlighted for the organisation from the survey were:-

- The Trust achieved a 31% response rate compared with the national average of 28%
- Out of 27 scores comparable to 2015 results, 6 improved, 2 were static and 19 declined

Improvement was seen in the following areas:-

- Do you know how to contact this person if you have a concern about your care?
- Were you involved as much as you wanted to be in decisions about which medicines you receive?
- Were you given information about new medicine(s) in a way that you were able to understand?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding and keeping work
- Overall in the last 12 months did you feel that were treated with respect and dignity by NHS Mental Health Services

Ms Bee suggested that some supplementary work may be need to assess any other organisations or voluntary services that provide support to patients as some of this may not be provided directly by the Trust and therefore may not be considered in responses by patients. Ms Bradley confirmed that the survey usually went out via a letter with the Trust's name.

Professor Cooke was pleased to see the positive outcome for privacy and dignity. He suggested it could be worthwhile looking at documentation for engagement and treatment of care where there are red areas especially around recovery and recovery education and peer support as there is evidence based information available. Need to make a bigger effort with recovery in the organisation in 2017.

Dr Crick thought it was interesting how holistic care came across through the results with lower scores nationally as well as locally. He was aware that nationally all scores had declined and he would be interested to know the context for other organisations areas of decline. Ms Bradley confirmed this national picture however there are some trusts that are showing improvement too.

Mrs Cope asked whether it is possible to have the information broke down into responses from the Hull service and the East Riding as both use different models. Ms Bradley confirmed that this can be done through the SOLAR system and she will send details through for accessing this.

The Interim Chief Executive was disappointed that generally mental health services scores are low in all trusts. Crisis care needs to look at how it is interacting with service users. A whole picture around peer support for self harm management and recovery is being pursued, but needs to gather more pace.

Ms Williams reported that the care group improvement plans were seen recently by the Quality and Patient Safety Committee (QPaS) and responses to actions will be provided by 31 December 2016 to Mrs Cope and Mrs Gledhill. Customer care training for staff is being progressed and in community service there is going to be a re-launch of the rapid response team. There is more work to be done with both community services and mental health services. The Interim Chief Executive will discuss at the Executive Management Team (EMT) how this work is integrated into the work that is already being done with operations and with the CQC improvement plan.

Dr Crick commented that real time feedback was provided through Meridian. Ms Williams said this is linked to the requirement of the Friends and Family test and has been launched in community and

older peoples care group manually to start to build real time feedback from patients when they come out of clinics and community centres.

Resolved: The presentation and update was noted. Discussion to take place at EMT around future integration of this work and other existing initiatives. **Action MM** A presentation on patient carer experience will be given at the next meeting in February 2017. **Action HG** Details for accessing the SONAR system to be provided **Action JB Quality Health**

108/16 Chairman's Report

The Chairman updated the Board on work she has been involved with. This included:-

- Staff Awards – this was held on 1 December and was a fantastic event. Congratulations were extended from the Board to all the nominees and winners. Positive feedback has been received from staff about the event.

  Dr Milner was particularly pleased to see Granville Court come out as winners within their category and also for the overall Trust winner. He felt that given the challenges they had faced in recent months with the tender process and concerns about the environment, this was an excellent achievement. The Chairman agreed stating that an invitation has been extended to herself and Governors to visit the facility for them to show the changes that have been made.

- Governors – a strategy session was held with Governors. Governors were enthusiastic and used the opportunity to influence the strategy. Their comments have been incorporated into the strategy document that will be discussed at the Board Time Out in December.
- Visits have taken place to various teams
- The Section 75 meeting took place with partners and a meeting was also held with the Chair of NAVIGO. The Chairman also met with a number of other Chairs and discussion s included exploring different ways of working together.
- Green Campaign – this initiative is being taken forward by Mr Alex Fowler for the Trust. A report will be prepared for the February meeting Board champions will be asked for.

Resolved: The verbal update was noted. A report on the Green Campaign to come to the next meeting. **Action AS**

109/16 Chief Executive's Report

The report provided a summary of activities and meetings undertaken by the Interim Chief Executive. These included:-

- Visits have been made to various teams including corporate services
- Deanery visit was undertaken during the month. This is the annual review to discuss training and teaching offered. Exceptionally positive feedback has been received.
- The Trust's bid for the East Riding tender was unsuccessful and work is taking place with he preferred provider and East Riding Clinical Commissioning Group (CCG) on mobilisation. Mr Snarr has been identified as the senior responsible office. Mrs Cope and the other Executives were thanked for undertaking face to face communication meetings with staff
- The Trust has been successful in tenders for Granville Court and 0 – 19 services and mobilisation plans are underway
- The contracting round is ongoing and progress is being made with the CCGs
- City of Culture – work is continuing around this around utilising the logo
- Work continues to develop the role of volunteers who do a vast amount of work across the organisation. The Chairman is hosting a thank you event on 8 December for volunteers.

Dr Milner referred to the loss of nurses asking if there was any more detail. The Interim Chief Executive said there was not, but it is an objective for the Sustainable Transformation Plan (STP). There is a some resource which has already been included in the budget and CCGs have to demonstrate in the contracting rounds where this will be spent. Mr Baren referred to the operational deliverables for 17/18 asking how the Board will monitor these. Mr Snarr confirmed that some are already embedded in to the performance tracker but for others CCGs and commissioner involvement is needed to meet the national targets. A suggestion was made of appending a quarterly update to the performance tracker to monitor progress. Professor Cooke suggested using the information provided as a check list for looking at the operational plan at the Board Time Out so that if the CCGs do not provide this, the Trust can be prepared with a solution.

Resolved: The report was noted. Operational deliverables information to be used as a checklist for the December Board Time Out **Action AS** A quarterly report to be appended to the performance report to monitor progress with the operational deliverables **Action AS**

110/16 Publications and Highlights Report

The report provided an update on the national, regional and local publications that have been published recently along with the lead who can provide more information if required.

Resolved: The Board noted the report.

111/16 Performance/Delivery

111.1/16 Integrated Performance Tracker – November 2016

Mr Snarr presented the report explaining that further information has been provided in relation to:

- Mental Health Act training
- Cash in bank
- Flu vaccinations for staff
- Medicines optimisation
- Finance use of resources assessment/continuity of service risk rating

Mental Health training is currently at 43.5% and flu vaccinations at 20%. Discussions have taken place at the Executive Management Team (EMT) meeting and some actions identified to improve this compliance.

Dr Michael informed Board members that an external review of medicines optimisation has been commissioned and should be concluded by the end of January 2017.

Mrs Cope referred to waiting lists reporting that for the first time both Hull and East Riding Child and Adolescent Mental Health Services (CAMHS) have achieved 18 week compliance. A large amount of work with partners and commissioners has been done to achieve this. In future, 52 week waits will be reported differently to separate out those patients who have elected to wait longer and these are still currently included in the figures.

Mr Smith welcomed the inclusion of Mental Health Act training monitoring in the report. It was confirmed that Mrs Cope is the lead for the training as it is an operational function to ensure there is the appropriate level of compliance.

Dr Milner noted there are still some significant areas of red and was concerned about the message conveyed to managers around releasing staff to attend training when more training is being arranged, but places are not taken up. Mrs Cope acknowledged this is an issue and the training department are notifying her directly of any instances where staff who are booked onto a course do not attend. This will then allow her to understand the operational reasons for this. Care Group Directors are accountable for ensuring that staff attend training. A weekly meeting takes place to review training compliance including Performance Appraisal Development Reviews (PADRs), Mental Health Act training and Immediate Life Support (ILS). Hotel Services staff have been identified as needing further support as they do not necessarily have access to a computer for e learning and alternative solutions have been offered.

In terms of Flu vaccinations, Dr Milner asked if staff that have had the vaccine through their GP are recorded. It was commented that this information is reliant upon the staff member informing Occupational Health, but it has been asked for. Only front line staff count towards the flu trajectory. Mrs Cope explained that care group clinicians are delivering the vaccination in Neighbourhood Care Services (NCS). Communication has been sent to staff explaining the reasons why the vaccine is important and also the implications on the Commissioning for Quality and Innovation (CQUIN) target. This approach has only been taken in the last two weeks so improvement should be seen in the future. Benchmarking against other organisations will also be included in the report going forward.

Dr Crick noted that the compliance rate for PADRs is reducing and asked if positive encouragement is being used to increase staff engagement. Mrs Thomas said weekly meetings take place and a pay progression policy has been developed but not yet approved to help address the issue. It is hoped an improvement will be seen from the next report as the work that has been done to action this should come to fruition. The PADR process should be seen as a positive and staff should want to have it done to demonstrate what has been achieved. Rewards and pay progression initiatives are being taken forward and any financial implications will be considered by EMT.

Resolved: The Board noted the contents of the report. An update on flu vaccination uptake will be provided outside of the meeting to Board members. **Action TC/ET** Benchmarking against other organisations for the flu vaccination uptake to be included in future IPT reports. **Action AS**

111.2/16 Finance Report

Mr Snarr reported the Trust financial position is consistent with the revised financial plan submitted to NHS Improvement (NHSI) due to some commissioner spot purchases which have off set some cost pressures in the care groups. Cost Improvement Programme (CIP) shortfall is still being addressed and is being covered through non recurrent schemes. Work is taking place to see whether any of the schemes can be made recurrent or repeated next year.

A single contract offer from Hull, East Riding and Vale of York CCGs was received and, following review, rejected by the organisation. This was because the block contracts had been rolled forward with the national deflator and inflator included, but nothing else that had been raised during the contract negotiations or included funding for any of the national priorities around safer staffing etc. A counter offer was received and a decision taken by the Trust not to enact any mediation discussions, however since then the CCGs have put some caveats against them and further discussions will be needed on a couple of areas. Notice has been given by East Riding CCG of the intention not to have clusters 1 - 4, but nothing has been identified to replace this service or dates provided of when it will happen. Improving Access to Psychological Therapies (IAPT) is not the solution for all patients and

the contracting and service requirements are out of sync. An agreed activity plan is also required as the Trust is not prepared to sign a contract that does not demonstrates how growth in the system will be managed and for example safer staffing levels. An update will be provided at the Board Time Out on 14 December.

Mr Baren asked if there is sufficient room within the finances for any unexpected surprises such as not achieving CQUIN targets. Mr Snarr confirmed there is. 80% of expenditure is on pay and anything that is known about has been accounted for. Dr Milner referred to the use of the independent sector for beds for Children's and Learning Disabilities expenditure asking if there were any plans to review this and the capacity. Mrs Cope explained that the risk has been shared with Hull CCG about repatriation of the patients affected. Active discussions are taking place as this was necessary due to a number of delayed discharges for Townend Court. Further information will be provided outside the meeting on the actions and outcome.

Dr Milner referred to the CIP details asking if there is any audit taking place around the savings that have already achieved and whether the identified schemes will come to fruition. The finance team take the money from the identified budgets and do checks to ensure that what has been stated in the quality impact assessment has been achieved.

Resolved: The report was noted. An update on the contract offer to be provided at the Board Time Out **Action AS** Further information on the delayed discharges at Townend Court to be provided outside the meeting. **Action TC**

111.3/16 Agency Self Certification Submission

NHS Improvement required all Trust and Foundation Trusts to submit an agency self submission checklist by 30 November 2016 as part of the oversight on agency usage across the NHS. The checklist has been reviewed and agreed by the Executive Management Team and the organisation has robust process in place for authorising and recording the use of agency expenditure. However there are some areas where improvement is required. These were detailed in the submission and included refreshing the bank cohort and paying bank staff weekly.

Reference was made to filling vacancies with 21 days and Mr Smith asked if this was achievable. Mrs Thomas explained that some people have to give 30 days' notice to their current employer. The Trust's process does need to improve, but meeting this requirement will be a challenge.

Mr Baren suggested that an internal audit against the checklist should be done in 2017 to look at the process against the agency spend to see if there has been any improvement can be made.

Resolved: The Board ratified the certification checklist. An internal audit against the requirements to be considered for 2017. **Action AS**

111.4/16 Information Governance Training Position Statement

The report outlined the Trust position for Information Governance training compliance as at the end of October 2016. Mr Snarr explained that the figures in the report do not directly compare with the Integrated Performance Tracker (IPT) as this includes bank staff. There has been a change to the national toolkit and as a consequence, Hotel Services staff now need to undertake the training annually which previously was not required. Support is being provided to those staff to enable this to happen. The report identified that 158 people had not completed their training and it was recognised that a number of these were bank staff,

some of whom may not have worked for the Trust for some time. The Executive team are reviewing these areas.

Resolved: The content of the report was noted.

112/16 Strategy

112.1/16 Workforce Organisational Development Strategy

Mrs Thomas presented the revised strategy following presentation to the Board in October 2016. The action plan provided is at a high level and more detail sits behind it. Ms Bee commented on the "what will change by 2022 section" as there was no reference to what will be different for patients and staff. Dr Crick felt reference was needed to the strategic plan. It was queried if the dates on the action plan were realistic and achievable and also reflected there should be reference made to the impact of commissioning in the system. These comments will be reviewed and incorporated.

Resolved: The Board approved the strategy subject to inclusion of the comments received.

112.2/16 Estates Strategy Update

The Estates Strategy was approved by the Board in May 2015. The update provided outlined a position summary of the current arrangements. It was noted that a significant piece of work has been rolled out to community services and as a result of the East Riding tender outcome, a de-mobilisation plan is in development. The Chairman asked Mr Snarr to circulate the legal position regarding the East Riding Community Services estate to Board members. An update on the transformation plans will be provided at the Board session in January.

Mr Baren suggested the plan needed to be dovetailed into the STP strategy. He also noted the report referred to Hull City Council and East Riding workstreams asking of the organisation is actively engaged in these. The Interim Chief Executive said that estate across the STP footprint is being reviewed. The paper was a helpful position statement and the operations teams are looking at service visions for the next five years as a proactive approach is needed for the estate. A refreshed strategy will be provided when Operations have completed the work. This will come back to the Board in April 2017. Mrs Cope explained that the care groups have clear visions for their services and a campus type approach, but suggested some dedicated capacity is required to take this forward. This will be discussed further at EMT.

Resolved: The Board noted the report. An update on the legal position with regards to the East Riding Community Services estate to be circulated. **Action AS** An update on the transformation plans will be presented at the Board Session on 11 January **Action AS** Refreshed strategy to come back to the Board in April 2017 **Action AS** Discussion to take place at EMT around dedicated resources to take the visions forward. **Action MM**

112.3/16 Informatics Strategy Quarterly Update

The quarterly report was presented by Mr Snarr. He explained that the focus so far has been on mobile working and due to the Community Services tender outcome, the focus will now be diverted to other priorities. There are a number of teams that are reliant on SystmOne and these will move to a fast tracked through mobile solution for core mental health services once the technology is released in the new year.
The Chairman referred to cyber security asking if there is any risk with the systems that social care staff have access to. Mr Snarr said it was fortuitous that a test had been

undertaken after the recent alert. Some recommendations were made, but there were no significant concerns identified across any of the Trust systems.

Resolved: The report was noted

112.4/16 Sustainability Transformation Plan (STP)

The recently published STP plan was presented by the Interim Chief Executive. Six priorities have been identified which are:

- Helping people stay well
- Place based care
- Creating the best hospital care
- Supporting people with mental health problems
- Helping people through cancer
- Strategic commissioning

The report included the implementation and development plans for the STP. The Trust has been asked to take a lead role in this work to help to influence across the STP footprint. It is important that there is engagement with staff and the public in a way and language that is understandable. The Communications teams are reviewing the plan to try and make this more user friendly.

Professor Cooke felt the Trust has to respond to the points on page 11 of the report about what the organisation can provide for the STP. He would like to see what is going to offer in the new system as part of the developing plan. There is national research on using mind technology in mental health and the organisation could make some suggestions around this that can be shared. Professor Cooke would have liked to have seen a case study from the Trust included. He also suggested that Ms Latimer could be invited to the Board to discuss the plan with them in more detail and so the impact for the Trust in partnership with others and potentially the indirect impact.

The above points were agreed with by the Interim Chief Executive. She explained that more control and influence is being taken as the implications impact on what is being offered. The STP is a virtual organisation, but this does not mean that there would be difficulty in converging in relation to offering of jobs in the STP. It is an exciting opportunity with lots of potential to influence the work. Dr Milner supported the plan with the emphasis of being proactive and ensuring the Trust is seen as integral part.

Resolved: The report was noted.

113/16 Quality and Clinical Governance

113.1/16 Quality, Clinical Governance and Safer Staffing Monthly Summary Report

Mrs Gledhill presented the report drawing the Board's attention to the new style of the report

incorporating a dashboard approach. The quarter 2 reports were submitted to the Integrated Audit and Governance Committee (IAGC) for assurance at its November meeting. More work is needed on the dashboard which was provided for the Board to show what it will look like.

Dr Milner referred to the wording under the Adult Mental Health services section of the report asking if there were any issues the Board needed to be aware of. Mrs Gledhill confirmed there were no issues and it was the wording of the report that needed to be adjusted.

The Chairman asked how the review of staffing levels was progressing. She was informed that all care groups have completed the assessment using the Hurst validated tool overlaid with professional judgement. A report is due to be discussed at EMT which includes the finalised position of the review and the establishment. The establishment needs to be accurate with staff trained appropriately. The report focuses mainly on in-patient units, but community services will also need to be reviewed. The dashboard will help to identify any issues and act as an early warning indicator.

The Interim Chief Executive felt the dashboard needed to be further triangulated to see whether a difference is being made to patient experience and outcomes.

Resolved: The report was noted.

113.2/16 The State of Healthcare and Adult Social Care in England 2015/16

The report presented gave an overview of the above report recently published by the CQC and focuses on social care and how it will interact with the delivery of services. The STP will need to take account of this report. Dr Milner felt the report would help with future models for the STP as the principles are right. This will be raised through the STP and for an organisation.

Resolved: The report was noted.

113.3/16 Care Quality Commission (CQC) Improvement Plan Update

Mrs Cope presented the update explaining that the full updated plan will be available at the February meeting. Updates were provided in relation to the warning notice actions and the should do actions. The Trust's overall level of compliance is 73% however Immediate Life Support (ILS) training has slipped slightly, but is expected to recover in the next few weeks. The Rapid Improvement Team is fully established and working well to address the actions raised and meeting with medics and unit managers about training, practice and auditing levels of compliance.

It was proposed that any changes to timelines are to be approved by the Board. Therefore the Board was asked to approve the changes to the implementation dates to the actions identified on the last page of the report.

Mrs Cope informed they Board that the CQC undertook unannounced visits in the Trust on 1 and 2 December 2016. They visited the Humber Centre, Adult Mental Health units and an Older Peoples Mental Health unit. All Executives were notified and an offer made to the CQC to meet with them if required, however this was not taken up. Positive feedback was received in relation to the Humber Centre in that significant improvement had been made.

Dr Crick asked if the revised date for the Learning Disability service action would be met by the end of December. Mrs Cope confirmed it would as it is part of a bigger piece of work around redesigning of pathways. It was queried why the first action on the list has not yet been achieved and why the action was required. Mrs Cope explained that if it was an action in the purest sense it would have demonstrated that it has been achieved but this is about the holistic response to each plan and to ensure that the training is at the right level of compliance to evidence this.

Resolved: The Board noted the content of the report and approved the revised deadline for the four should do actions.

113.4/16 Strategic Suicide Plan Update

A brief update on the strategic suicide plan was presented by Dr Michael as a prelude to the full plan coming to the March Board. Work is progressing with Hull and East Riding Local Authorities on the plan with the Trust represented at the broader suicide prevention workstreams. Other work includes:-

- Pilot delivered across key services in crisis and in patient wards
- New training plan in development

Mr Baren thought the plan should link into the STP work as one of the operational for deliverables in 17/18 is around suicide plans. Professor Cooke said this is a good example of what can be offered to the STP system. He asked if the strategy covered the areas of self harm and Dr Michael confirmed this had been taken into account.

A meeting is planned for the end of January with Dr Nav Kapur. The Chairman asked that the link to the STP be included in the plan presented to the March Board.

Resolved: The update was noted. Strategic Suicide Plan to be brought to the March meeting and a line to the STP to be included **Action DM**

114/16 Corporate

114.1/16 Chief Operating Officer Report

Mrs Cope presented the report drawing the Board's attention to the following areas:-

- The recently published National Mental Health In Patient and Community Benchmarking report showed:

  Adult Mental Health

  An increased number of detained patients through Trust services
  Lower number of beds per 100,000 population than the national average
  Sickness absence is higher than the national average

  Older Adults Service

  A lower number of beds per 100,000 population than the national average
  Delayed transfers of care are higher than the national average

  Forensic Services

  Medium secure length of stay is longer than the national average
  Low secure length of stay is close to the national average

  Community Services

  Community caseloads are lower than the national average but contacts are higher, suggesting that patients are seen more frequently.
  DNA rates lower than the national average

- The Rapid Response service went live last week. A new IT system has been installed which records all calls, monitors the length of calls and how long calls are waiting. 200 –300 calls are received per day.

- The Veterans Outreach Service was awarded the Health Service Journal Award for Innovation.

Following the approval of the Adult Mental Health transformation plan in March 2016, work has been progressing on the seven different components. Consultation was held over the summer around rehabilitation services. Since that time some staff have left for other jobs and new pathways have resulted in patients being discharged into the community with care packages. Over the last 18 months there has only been one readmission out of 54 patients. Discussion has taken place at the East Riding Overview and Scrutiny Committee (OSC) where support of the recommendation was given subject to targetted consultation with service users and their families. Attendance at the Hull OSC is planned for later this week and it is expected that the consultation will end during January. A recommendation was made to the Board to consider the temporary closure of St Andrews on safety and clinical grounds.

Dr Milner asked if patients of St Andrews will still be supported. He was informed that this is included as part of the transformation plan to ensure that patients are carried forward in the right environment. The profile for St Andrews shows it was not being used as an in patient rehabilitation facility and on occasions has been used to help the flow of patients across the units. A care and treatment review of all patients across the rehabilitation has identified that most of the patients were ready to leave, however complications with housing would not allow this. Work has been done with Local Authorities and commissioners over the last six months to find the right programme of care and housing requirements for these individuals.

Professor Cooke said it was good to see mental health surveys outcomes coming to the Board and he felt it was worthy of more analysis in some areas.

Resolved: The content of the report was noted. The Board approved the temporary closure of St Andrews. An update on will be provided at the next meeting **Action TC**

114.2/16 Medical Director Report

Dr Michael's report provided and update across the areas of his portfolio. Of particular note were:-

- Medical education
- Research and development
- Guardian of Safeworking appointed
- Junior Doctor Contract – work is progressing to identify the implications of the contract which comes into force in August 2017

Ms Hart attended the meeting to provide more detail on research and development. She reported that based on national league results the Trust is placed 18 out of 52 organisations. Comparison with other trusts shows the organisation is successful in meeting its annual participants targets. Work with Universities is progressing although there are some yet to be contacted including Lincolnshire. A Research conference will be hosted by the Trust on 17 May 2017. There has also been a recent campaign, the 12 days of research promoted through the organisation.

Professor Cooke welcomed the inclusion of the research numbers recognising the number of people interested in research. He suggested there is a real opportunity for ambitions with quality, interest and educating staff who want to be involved. This should be promoted within the organisation alongside more local links such as Universities. The Health and Social Care Act states that people have a right to be involved in research based services and have access to these which again should be promoted.

Resolved: The report was noted. The Board agreed to receive a quarterly report on research and development which will include some key performance indicators. **Action DM**

114.3/16 Director of Human Resources and Diversity Report

Mrs Thomas presented her report which had a focus on the recruitment improvement plan. She explained that currently the timescales for recruitment completion is 16 weeks which included the Authorisation to Recruit and advert stages. Newcastle, who representatives of the Trust visited, complete their process in 13 weeks. The aim for the Trust is for completion within 8 – 10 weeks in the future, however this will require support from other areas of the Trust. NHS Jobs will be used entirely going forward and the system will be better used. A session with the recruitment team has been held to identify any barriers that would prevent achievement of the planned timescales.

Resolved: The report was noted. A recruitment update will be provided at the next meeting. **Action ET**

115/16 Compliance

115.1/16 Health and Safety Quarterly Report

The report was presented to the Board. Over the quarter 27 units/teams have reviewed their Health and Safety risk assessments. No significant issues were raised from these. Fire incidents continue to be monitored and a cluster review has been commissioned on these and previous incidents. There is a policy which states that individuals, who have damaged property through setting deliberate fires, should be reported to the police, but this is not being enacted on. The Board view is that instances where fires have been set deliberately they should be reported to the police. The Search policy is being reviewed to make it stronger and Dr Michael suggested the issue should also be highlighted in fire training courses.

Issues regarding car parking and appropriate signage were raised and it was agreed to take these outside of the meeting.

The Chairman said in her view more work is needed on the report to make it more strategic and asked this be taken forward before the next report is due.

Resolved:- The report was noted by the Board. Discussion re car parking and signage to be continued outside of the meeting. **Action AS/AM** Report to be reviewed to make it more strategic before the next quarterly report is due **Action AS**

116/16 Minutes of Board Committees

116.1/16 Report from the Mental Health Legislation Committee

The report was presented for information, providing an update on discussions at the last meeting in October 2016. Dr Michael referred to all incidents of prone restraint being reported as a serious incident and queried whether this was correct. The Interim Chief

Executive explained that this has been undertaken at her request. Mr Smith welcomed this approach.

Resolved: The report was noted.

116.2/16 Report from the Integrated Audit and Governance Committee (IAGC)

Mr Baren presented the report which provided an update on discussions at the November meeting. He reported that the Committee has decided to carry out deep dives on specific areas of the Risk Register. This will start from the February meeting with the Adult Mental Health Services. The Care Group Director has been invited to attend to present the services Risk Register.

Concern was raised at the IAGC meeting around data quality and a suggestion made that an audit of this may be required in the future.

The Chairman referred to the cash investment strategy and the request to provide more information in the Board reports. It was noted that more was needed than was provided and needed to be included in future reports. The Chairman said that she felt the IAGC should be getting Treasury Management type reports on cash and investments.

Resolved: The report and update was noted. Cash investment strategy to be reviewed and to be more detail in future finance Board reports and reviewed by the IAGC. **Action AS**

117/16 Any Other Business

No other business was raised.

118/16 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.

119/16 Date and Time of Next Meeting

Wednesday 1 February 2017, 9.30am, in the Conference Room, Trust Headquarters

Signed …… Date …….
Chairman