

**Council of Governors
Public Meeting – Thursday 19 October 2023**

For a meeting to be held at 2.15pm at the Garden Suite, Mercure Hotel, Willerby HU10 6EA
Refreshments and biscuits will be provided

Quorum for business to be transacted – one third of Governors present.

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 20 July 2023	CF	Approve	√
4.	Actions Log and Matters Arising	CF	Discuss	√
5.	Patient Story –“Back in Control – Don’t Fall, Keep Tall”	MD	Note	verbal
Board Report Backs				
6.	Chair’s Report	CF	Discuss	√
7.	Chief Executive’s Report	MM	Discuss	√
8.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
Governor Items				
9.	Council of Governor Governor Sub-Groups Feedback inc Membership Engagement Activities	DP	Note	√
10.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
Performance & Delivery				
11.	Performance Update	PB	Discuss	√
12.	Finance Report	PB	Discuss	√
13.	Involvement Opportunities	MD/KF	Discuss	√

14.	PACE Five Year Forward Plan 2023-2028	MD/KF	Discuss	√
15.	Patient Safety Incident Response Framework – Colette Conway, Assistant Director of Nursing, Patient Safety and Compliance and Sadie Milner Patient Safety and Practice Development lead attending	CC	Note	√
16.	Trust Volunteer Recruitment	LP	Note	verbal
Corporate				
17.	Any Other Business	CF	Note	verbal
18.	Review of the Meeting – Being Humber	CF	Note	verbal
19.	Date, Time and Venue of Next Meeting Thursday 18 January 2024, 2.00pm via Microsoft Teams			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023														
Title of Report:	Declarations of Interest														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Governor declarations updated 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 													
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:		Date	Date												
	Appointments, Terms & Conditions Committee		Engaging with Members Group												
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council												
	Trust Board		✓												

Monitoring and assurance framework summary:

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

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Patrick Hargreaves	<ul style="list-style-type: none"> • None
	Vacant	<ul style="list-style-type: none"> • None
	Brian Swallow	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	John Cunningham	<ul style="list-style-type: none"> • None
	Ruth Marsden	<ul style="list-style-type: none"> • None
	Anthony Douglas	<ul style="list-style-type: none"> • Wife is employed by Humber • Member of the Labour Party
	Sue Cooper	<ul style="list-style-type: none"> • Membership as a retired Nurse of the Royal College of Nursing
	Dominic Kelly	<ul style="list-style-type: none"> • Work for Haxby Group which provides NHS Service in Primary Care and General Practice
	John Morton	<ul style="list-style-type: none"> • None
Elected – Wider Yorkshire & Humber Public	Tim Durkin	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Cleveland Ironstone Mining Museum - reg charity • Trustee of Charity - Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Disability Action Group • Member of Whitby Group Practice PPG • Volunteer with Humber Teaching NHS Foundation Trust
Service User and Carer	Anthony Houfe	<ul style="list-style-type: none"> • None
	Marilyn Foster	<ul style="list-style-type: none"> • Member of Patient and Carer Forum (Trust)

		<ul style="list-style-type: none"> • Quality and Improvement Strategy Member (Trust) • Market Weighton PPG • Fellow Improvement Academy
Elected - Staff	Vacant (clinical)	
	William Taylor (clinical)	<ul style="list-style-type: none"> • Member of Unite the Union • Wife is an employee of Humberside Police force
	Tom Nicklin (non clinical)	<ul style="list-style-type: none"> • None
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> • None
	Joanne Gardner (non clinical)	<ul style="list-style-type: none"> • Currently works for the Trust. Works for East Riding Partnership (Addictions Service) on Baker Street in Hull
Appointed	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> • Lay representative of the Royal College GPS and PPG Haxby Member
	Councillor David Tucker, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • None
	Jacque White Hull University	<ul style="list-style-type: none"> • Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity for the university. • Lead research and knowledge exchange activity, and write grants. Current activity is funded through Hull City Council and I have a grant (with the Trust) currently in Stage 2 application with the NIHR. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Voluntary Sector	<ul style="list-style-type: none"> • Vacant
	Jonathan Henderson, Humberside	<ul style="list-style-type: none"> • None

	Fire & Rescue	
	Paul French, Humberside Police	• Humberside Police representative

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 20 July 2023 in the Lecture Theatre, Willerby

Present:

Rt Hon Caroline Flint, Chair
Michele Moran, Chief Executive
John Cunnington, East Riding Public Governor
Sue Cooper, East Riding Public Governor
Tony Douglas, East Riding Public Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Marilyn Foster, Patient and Carer Governor
Joanne Gardner, Staff Governor
Patrick Hargreaves, Hull Public Governor
Jonathan Henderson, Appointed Governor, Humberside Fire & Rescue
Anthony Houfe, Service User and Carer Public Governor
Tom Nicklin, Staff Governor
Doff Pollard, Whitby Public Governor/ Lead Governor
William Taylor, Staff Governor
Jacquie White, Appointed Governor, University of Hull

In Attendance:

Phillip Earnshaw, Non-Executive Director
Francis Patton, Non-Executive Director/SID
Stuart McKinnon-Evans Non-Executive Director
Lynn Parkinson, Chief Operating Officer
Iain Omand, Deputy Director of Finance
Stella Jackson, Head of Corporate Affairs
Paul Booth, Computer Aided Facilities Manager (CAFM) (for item 41/23)
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer

Apologies:

Cllr Tucker, Appointed Governor East Riding of Yorkshire Council
Cllr Linda Chambers, Appointed Governor, Hull City Council
Paul French, Appointed Governor Humberside Police
Dominic Kelly, East Riding Public Governor
Ruth Marsden, East Riding Public Governor
John Morton, East Riding Public Governor
Brian Swallow, + Hull Public Governor
Sharon Nobbs, Staff Governor
Hanif Malik, Associate Non-Executive Director
Mike Smith, Non-Executive Director
Dean Royles, Non-Executive Director
Peter Beckwith, Director of Finance

The Chair welcomed everyone to the meeting.

38/23	<p>Declarations of Interest</p> <p>Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.</p> <p>The Chair informed Governors that anyone in their second term of office should declare whether they would stand for a third term should Tim Durkin’s motion be passed, as this would constitute a conflict. Doff Pollard, Sue Cooper and John Cunnington reported they did not intend to stand for a third term. Tim Durkin had not decided whether he intended to do so and he, therefore, declared an interest.</p>
39/23	<p>Minutes of the Meeting held on 20 April 2023</p> <p>The minutes of the meeting held on 20 April were agreed as a correct record.</p>
40/23	<p>Matters Arising and Actions Log</p> <p>The action log was noted and no queries raised.</p>
41/23	<p>Staff Story</p> <p>Paul Booth, Computer Aided Facilities Manager (CAFM) told his story about his career at the Trust. Paul had started his career as a painter and decorator which led to him helping patients to learn these skills. His career had progressed, and he had found the Proud Leadership Programme to be very useful.</p> <p>The Chief Executive was pleased to hear about the support Paul had received from the organisation and that he had enjoyed the programme.</p> <p>Anthony Houfe asked Paul what his vision was for the Facilities department. Paul believed the core focus should be on patient safety.</p> <p>The Chair thanked Paul for sharing his story.</p>
42/23	<p>Changes to the Trust’s Constitution</p> <p>Stella Jackson introduced the report which was taken as read. She explained that the proposed changes had been made to bring the constitution in line with the collaborative requirements laid down in the Health and Social Care Act 2022. A more general review had also been undertaken. The Executive Management Team (EMT) had considered and supported the proposals.</p> <p>Areas discussed were:</p> <p>General changes (detailed at paragraph 2a)</p> <p>The proposed changes were highlighted in the paper.</p> <p>Doff Pollard highlighted an error on page 5 of the document under Principal Purposes that referred to “Humber Cost and Vale” and noted this should read “Humber Coast and Vale”.</p> <p>Under section 12.3, Doff referred to the yellow highlighted area and believed that the</p>

highlighted section in 12.3 be replaced with the wording from section 16.1.2 for consistency. Stella explained that changes had been made to bring the constitution back in line with the Model Core Constitution.

Section 14.3 suggested a degree of ambiguity in the way it was written and it could be interpreted that any Governor who left would be re-elected for another term. Francis Patton suggested that section 14.4 confirmed the position and provided clarity.

The Chief Executive explained that the Constitution was based on the model Constitution. It was a legal document and had been updated to reflect the principals of the Health and Social Care Act. When the Act was amended, a review of the Constitution was undertaken to ensure it was in accordance with the new legislation. The proposals presented were based on legal and fundamental principles of the Act and the model constitution.

Doff assumed that the model document would be adapted to fit the organisation and would then be checked with lawyers. It was confirmed this was the process.

The Chair has received a question relating to the age criteria being deleted under the new proposals. Stella explained that section 13.5 had been deleted by the lawyer as it was duplicated at section 15.2. The Chair had reviewed this and felt it was sensible to add this back into the document.

Governors agreed these changes and also agreed that paragraph 13.5 (page 9) regarding the age of candidates at the nomination stage of the election process should remain as it added clarity regarding this matter.

The proposed changes were approved by the Council of Governors, subject to the amendments detailed above.

Changes in response to the Health and Care Act 2022 (detailed at paragraph 3b) Pages 6-7, Paragraphs 4.5 – 4.13.3

These paragraphs had been added in response to the commencement of the Health and Care Act 2022 and highlight the Trust's duty to work in collaboration with other key partners.

The changes were approved by the Council of Governors.

Extension to Governors Term of Office (motion by Public Governor, Tim Durkin – paragraph 3c)

Governor Tim Durkin, under Standing Order 5.1 for Council of Governor Meetings, provided written notice of the following amendment to the Constitution to be moved at the Council of Governors Meeting on the 20 July 2023:

"That Clause 14.3 of the Constitution of the Humber Teaching NHS Foundation Trust be amended by the substitution of the words and figures "2 terms or a maximum of 6 years" by the words and figures "3 terms or a maximum of 9 years".

The motion was seconded by Tony Douglas. Tim Durkin then outlined the rationale for his motion: the NHS Code of Governance stated that governors should not serve more than three consecutive terms to ensure they retain the objectivity and independence required to fulfil their roles; the additional term would allow governors to develop their expertise and contribution over 9 years instead of 6; NHS Providers had published an

article outlining governors should serve no more than 3 terms; the pool of governor candidates was reducing; and Non-Executive Directors could, under exceptional circumstances, stand for three terms.

In response, Stella Jackson highlighted the arguments contained in the paper relating to the points raised. Sue Cooper pointed out that in terms of diversity, there was no control over who was elected by the public. The Chair agreed that there was no prediction of who would be put forward, but regular elections would allow for a refresh.

Doff Pollard was in her second term and acknowledged it took time to get used to things. She supported the three-year term. Jacquie White supported the comments made by Sue Cooper.

Tony Douglas supported Tim's motion as it took time for a governor to settle into the role and learn what was required.

The Chief Executive appreciated the views provided and reported EMT was supportive of the proposal outlined in the report to remain at two terms. She highlighted the experience of Governors was valued and believed regular refresh would support diversity. She pointed out that Governors were required to attend Council of Governor meetings (approximately four per year).

Tim responded to the discussion and highlighted the elections provided an opportunity for members of the Trust to vote for their preferred Governor candidates, which could result in a refresh. In his view, three consecutive terms was appropriate.

Governors voted in favour of the motion put forward Tim did not take part in the vote as agreed at the start of the meeting.

Tim accepted that EMT were not in agreement with his proposal and asked the Chief Executive to request that EMT consider the arguments made. The Chief Executive agreed to raise at EMT prior to the Board meeting.

Non-Executive Director constituency class (paragraph 3d)

The addition of paragraph 24.2 was added to reflect the fact that Non-Executive Directors can be a member of the Service User/Carer constituency.

The Council of Governors approved this amendment.

Reduction of the number of Hull Public Constituency Governors (from 4 to 3, paragraph 3e)

The proposal to reduce the number of Governors representing Hull from four to three as outlined in the report was discussed. Doff Pollard shared the views of Brian Swallow who could not attend the meeting. Brian was opposed to the reduction and felt more should be done to attract people to the roles. He expressed concern at the increased work for existing governors should the reduction be made (siting service visits as an example).

The Chair pointed out that visits were optional and the Governors were only required to attend Council of Governors meetings. The Engaging with Members Group role was to encourage members to stand for election. When partner governors moved on, it was the responsibility of the partner organisation to find a replacement. Sue Cooper suggested that a recruitment agency was used to recruit candidates for the elections. The Chair clarified that this was not appropriate and there was already an established

process which included informing all members of upcoming elections and how to apply.

At the request of Governors, Stella provided details from previous elections regarding the number of vacancies, seats filled and uncontested seats. The proposals had been made to future proof the constitution should there continue to be a lack of interest in the Governor seats. John Cunnington believed that the more work should be done to attract people to nominate themselves to become a Governor.

The Council of Governors did not support the proposal.

Reduction of the number of East Riding Public Constituency Governors (from 6 to 3, paragraph 3e)

The proposal to reduce the number of Governors representing East Riding of Yorkshire from six to three as outlined in the report was discussed. Stella Jackson then provided details regarding the results of the last four elections. Marilyn Foster was conscious of the geographical size of the East Riding and felt the reduction to 3 was too much.

The Council of Governors did not support the proposal.

Extension and Renaming of Whitby Constituency to Whitby, Scarborough and Ryedale, paragraph 3e)

As proposed by a Governor, it was recommended that the Whitby constituency area was extended to include Scarborough and Ryedale and renamed 'Whitby, Scarborough and Ryedale'.

The Council of Governors approved the proposal.

Expansion and Renaming of Wider Yorkshire & Humber Constituency to Rest of England (paragraph 3e)

A proposal was made to expand the constituency and to rename it the "Rest of England" for the reasons detailed in the report.

The Chair explained that when Non-Executive Directors apply for roles some may live just outside the Trust constituency areas and would not, therefore, be eligible to apply. The proposal, if supported would allow such candidates to be considered for these roles. The shortlisting processes in place would ensure that all those that applied were able to travel to the Trust at short notice if required.

Five governors voted in favour of the proposal and five governors voted against. The Chair had a casting vote and voted in favour of the proposal.

Removal of 'Either Clinical or Non-Clinical' Staff Governor seat (paragraph 3f)

Given the outcome of previous discussions to reduce the number of governors, a view was taken that the proposal would not be considered.

Reduction of Service User and Carer Minimum Number of Members (paragraph 3g)

The proposal to reduce the minimum number of members required to be constitutionally compliant from 30 to 15 was considered.

The Council of Governors approved the proposal.

	<p>Removal of Voluntary Sector Governor seat (paragraph 3h) The reasons for the proposal to remove the Voluntary seat were highlighted in the report. Marilyn Foster reported she had details of an umbrella Voluntary sector contact.</p> <p><u>The Council of Governors did not approve the proposal.</u></p> <p>Removal of Duplicated Paragraph Regarding Vacancies on the Council of Governors (paragraph 3i) - Pages 74-75 Governors considered the proposal to the removal of the paragraph regarding vacancies within annex 6.</p> <p><u>The Council of Governors approved the change.</u></p> <p>Change to the Quorum for Council of Governors meeting to one-third (paragraph 3j) The proposal to change the quorum to 'no business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors currently occupied Governor seats is present' was approved by the Council of Governors.</p> <p>Addition of Information Regarding the Holding of Online Meetings (paragraph 3k) The addition of a paragraph relating to reflect that Council of Governor meetings were held online was considered.</p> <p><u>The Council of Governors approved the amendment.</u></p> <p>Removal of Duplicated Information Regarding Amendments to the Constitution (paragraph 3l) A proposal to remove the paragraph regarding the amendment of the Constitution as it was duplicated in the main body of the Constitution was put forward.</p> <p><u>The Council of Governors approved the change.</u></p> <p><u>Resolved:</u> <u>The outcome of proposals was noted. The Chief Executive would take the matter of the terms of office extension back to EMT for reconsideration</u> Action MM</p>
43/23	<p>Chair's Report The Chair presented her report which was taken as read. To support the Associate Non-Executive Director recruitment, notification of an additional Council of Governors meeting on either 5 or 13 September was highlighted. Details of the posts had been circulated to governors.</p> <p><u>Resolved:</u> <u>The report was noted</u></p>
44/23	<p>Chief Executive's Report The Chief Executive presented her report which included updates from the Executive Directors, Communications Team and Health Stars. The report was taken as read.</p> <p><u>Resolved:</u> <u>The report was noted.</u></p>

45/23	<p>Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback</p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p>No questions were raised on any of the reports.</p> <p><u>Resolved: The reports were noted</u></p>
46/23	<p>Annual Effectiveness Review for Appointments, Terms and Conditions Committee including Terms of Reference</p> <p>Sue Cooper presented the report which detailed the work of the Committee over the period 1 April 2022 to 31 March 2023. The Terms of Reference were submitted for approval and tracked changes showed the amendments made.</p> <p><u>Resolved: The effectiveness review was noted. The Terms of Reference were approved.</u></p>
47/23	<p>Annual Effectiveness Review for Engaging with Members Group including Terms of Reference</p> <p>The annual effectiveness review was presented by Doff Pollard. Five meetings were held over the year. The Terms of Reference were provided for approval.</p> <p><u>Resolved: The report was noted and the Terms of Reference approved.</u></p>
48/23	<p>Review of Council of Governors Workplan</p> <p>The workplan was presented for information.</p> <p><u>Resolved: The workplan was noted.</u></p>
49/23	<p>Annual Effectiveness Review of the Council of Governors including Terms of Reference</p> <p>The Chair presented the report for the year. It was noted that Brian Swallow had been omitted from the attendance list. This was an error and would be amended to reflect Brian's attendance at three meetings. The Terms of Reference were presented for approval and would be amended as required to reflect decisions made around the quoracy item.</p> <p><u>Resolved: The effectiveness review was noted and amendment would be made to the attendance list. The Terms of Reference were approved.</u></p>
50/23	<p>Council of Governor Governor Sub-Groups Feedback</p> <p>Engaging with Members Group</p> <p>Doff Pollard provided a verbal update on the work of the group. Governors were asked to review the governor pages on the website to see if anything could be added or improved and to make it attractive to prospective new governors.</p> <p>Appointments, Terms and Conditions Committee</p> <p>A verbal update was provided by Sue Cooper, chair of the committee. The last meeting was held on 13 June when the effectiveness review was considered. Discussions on the Associate Non-Executive Director roles were held and a request had been made for a new meeting chair to be identified to replace Sue as she</p>

	<p>approached the end of her term of office in January 2024.</p> <p><u>Resolved:</u> The verbal updates were noted.</p>
51/23	<p>Governors Questions</p> <p>A question was posed on behalf of Brian Swallow who asked why GP surgery visits were not on the schedule of visits. This would be reviewed outside the meeting.</p> <p>John Cunnington asked whether exit interviews were routinely undertaken for governors that would not be serving a further term. The Chair invited such Governors to contact her should they wish to have one.</p> <p><u>Resolved:</u> The questions were noted. <u>An update on the visit schedule in relation to GP surgeries to be provided</u> Action KC</p>
52/23	<p>Performance Update</p> <p>The report was presented to the Council of Governors by Iain Omand and taken as read. No questions were raised.</p> <p><u>Resolved:</u> The report was noted</p>
53/23	<p>Finance Update</p> <p>The report presented provided a summary of financial performance for the Trust for the April and May 2023 period. The report was taken as read.</p> <p>Tim Durkin asked about the cash position and what was available to use. Iain Omand reported the cash position ensured that the Trust could pay its bills for a period of time if income was stopped, however there were specific requirements for its use that had to be met.</p> <p>Sue Cooper noted it was only month 2 and asked if future expenditure had been accounted for. Iain explained there was the pay award which had been partly funded. A slight shortfall remained which was being worked through. The Trust was expecting to deliver a breakeven position at the year end. The announced pay awards for junior doctors and consultants was not yet funded. Francis Patton reported that the Finance and Investment Committee and the Finance team were managing the finances to achieve the desired outcome.</p> <p>Doff Pollard asked about 52 week waits. Lynn Parkinson provided an update that many of these related to children and adults with neurodiversity such as ASD and ADHD. A number of measures were in place to address the issues; however, demand was continuing to rise which affected the whole system as well as the organisation.</p> <p>Will Taylor asked about the time taken for these patients to be seen. Lynn explained that the timings varied but the national prescribed requirements were being followed. Tim Durkin commented that extra resources had been discussed with commissioners for some time. He asked if there was any development with this. Lynn reported that discussions continued as there were pressures across the system. The Chief Executive explained there were two sources of funding for mental health, the Mental Health Investment Standard (MHIS) which covered some aspects of neurodiversity and the Sustainability and Transformation Fund (STF). MHIS was awarded through the Integrated Care Board (ICB) and steps were being taken to access the funding. STF funding was more difficult to access.</p>

	<u>Resolved:</u> The report and verbal updates were noted.
54/23	<p>Electronic Patient Record, BeDigital Update July 2023 The report was presented by Iain Omand and taken as read. The procurement process had been completed and TPP SystemOne would be the supplier.</p> <p>Doff Pollard was pleased to hear about the plans and asked how this would affect other trusts. Some organisations were not as advanced with their plans and work continued within the system to progress it. It was queried if Social Workers would be included in the plans to ensure accessibility of information. Lynn Parkinson reported that the interoperability of the system had the capability to connect with other systems.</p> <p><u>Resolved:</u> The update was noted.</p>
55/23	<p>Fit and Proper Persons Compliance Report (FPPR) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 required all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) were filled by people that met the requirements of the FPPR. The report was taken as read.</p> <p><u>Resolved:</u> The report was noted.</p>
56/23	<p>Public Trust Board 29 March 2023 Minutes The minutes of the public Board meeting held on 29 March 2023 were provided for information.</p> <p><u>Resolved:</u> The minutes were noted.</p>
57/23	<p>Any Other Business No other business was raised</p>
58/23	<p>Review of the Meeting – Being Humber It was agreed the meeting had been delivered in the Being Humber style. Sue Cooper believed a development session on the Constitution changes would have been beneficial. The Chair responded that all Governors had been written to by her with explanations on each change and to get in touch directly or raise at the Governor Development session held in June.</p>
59/23	<p>Date and Time of Next Meeting Thursday 19 October 2023, 2.00pm in the Garden Suite Mercure Grange Park, Grange Park Lane Willerby HU10 6EA,</p>

Signed..... Date
Chair

**Action Log:
Actions Arising from Public Council of Governor Meetings**

Summary of actions from July 2023 meeting and update report on earlier actions due for delivery in October 2023						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
20.7.23	42/23	Changes to the Trust's Constitution	The Chief Executive would take the matter of the terms of office extension back to EMT for reconsideration	Chief Executive	24.7.23	Discussion held at EMT meeting
20.7.23	51/23	Governors Questions	An update on the visit schedule in relation to GP surgeries to be provided	Membership Officer	1.8.23	E mail response sent and shared with all Governors to reflect the changes in the Trust's GP practices and clarify they are on the visits programme.
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
20.4.23	27/23	Performance Update	Discussion on Delayed	Chief	Date to be	Added to Governor

			Transfers of Care agreed for a future Governor Development session	Operating Officer	confirmed	Development workplan
20.4.23	30/23(c)	Governor Questions	Governor Development Session on health inequalities to be arranged	Medical Director	To be confirmed	Added to Governor Development workplan

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

Council of Governors Work Plan 2023/24 v5

Council of Governors Meeting Dates:	Frequency	LEAD	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023	18 Jan 2024	18 April 2024	
Reports:									
Standing Items									
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓	✓	✓
Actions List	Every Mtg	CF	✓	✓	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓	✓	✓
Patient /Staff Story presentation	Every Mtg	KF/SMcG	✓	✓	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓	✓	✓
Quality and Clinical Governance									
Patient Led Assessment of Care Environment Report (PLACE)	Annually	LP							
Corporate									
Public Trust Board Minutes	Every Mtg	CF	✓	✓	✓	✓	✓	✓	✓
Review of Constitution	Annually	SJ			✓				
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓	✓	✓
Fit and Proper Persons Compliance Report	Annually	CF			✓				
Annual Declarations Report	Annual	SJ		✓				✓	
Performance & Delivery									
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓	✓	✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	19 Jan 2023	20 April 2023	20 July 2023	19 Oct 2023	18 Jan 2024	18 April 2024	
Annual Effectiveness Review for Finance Quality, Audit and Strategy Group including Terms of Reference for approval meeting no longer takes place	Annually								

Agenda Item 6

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023														
Title of Report:	Chair's Report														
Author/s:	Rt Hon Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last meeting.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Board Strategic Development meeting discussions Chair and Non-Executive Director (NEDs) visits Completed recruitment of 2 Associate Non-Executive Directors (ANEDs) Focused discussions on patient safety – procedures, data and cultures Governor Development Session 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Governor Elections Annual Members Meeting 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group					
		Date		Date											
Appointments, Terms & Conditions Committee		Engaging with Members Group													

	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

Trust Chair's Report – 19 October 2023

The trial of Lucy Letby concluded, finding her guilty of murdering 7 babies and attempting to kill 6 others in the neonatal unit at the Countess of Chester Hospital. A statutory public inquiry has been announced, however policymakers, clinicians, NHS providers and the public are asking why policies, procedures, regulatory bodies and enabling people to whistle blow were not enough to prevent the atrocities at the Countess of Chester.

The planned August Strategic Board Meeting was already focused on patient safety discussing new arrangements under the Patient Safety Incident Response Framework (PSIRF). It is no surprise that in this context we also reflected on what happened at the Countess of Chester. We recognise that alongside all the checks, data collection, policies, reporting of deaths and freedom to speak up, the culture of an organisation, service or ward is as important.

No doubt at the Public Inquiry “What was the culture that enabled this to happen? How might we recognise it and prevent it happening again”? will be asked. These were questions asked at Board and throughout Humber after the shocking incidents at Edenfield. A review of our practices and procedures as well as open discussion of stemming closed cultures followed. At Board we receive data and reports, hear from patients, clinical and non-clinical personnel. As important to us is less formal contact with patients and staff and ensuring that patients, families and staff feel confident to speak up if they have any doubts or concerns and will be actively listened to.

Edenfield, Countess of Chester and other Trusts facing investigation understandably hit the headlines and I'm sure when this happens many staff face questions from family and friends which can be demoralising when they are doing a great job. Everything should be done to prevent patients' safety being put at risk but everyday across the NHS millions of people are cared for safely and lives saved, and I hope our staff know that we recognise that too.

Over the Summer we launched a recruitment campaign for two Associate Non-Executive Directors (ANEDs). This is a development role to encourage more diversity and interest and is for 2 days a month. I am very pleased that the Council of Governors, on the 5 September, approved the Interview Panel's recommendations to appoint Priyanka Perera and David Smith who will be joining us in October.

We said goodbye to Hanif Malik, the Trust's first ANED, as he ended his term. His perspectives and experiences have informed and strengthened our Board discussions. Our thanks and we wish him the very best.

Trust Board Strategic Development Meeting, 28 June 2023

These meetings include a small number of key items on the agenda which enables Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate, for the Board to work on its own development. The Board focussed its attention on the following areas at the August meeting:

- **Countess of Chester Update** - NHS England's letter highlighted initiatives put in place to strengthen the monitoring of patient safety. Some of which were already being undertaken by the Trust to meet the enhanced patient safety monitoring requirements set out by NHSE. In discussion we all felt concerned that clinicians had not been listened to at the Countess of Chester Hospital and this highlighted the importance of Humber Teaching NHS FT ensuring its culture enabled all staff to feel able to speak up about any concerns they had. Work was in train (as part of Freedom to Speak Up work) for a discussion to take place with clinicians regarding this matter. It was important that the system enabled Trusts to learn from one another about cultural issues.
- **Patient Safety Incident Response Framework (PSIRF)** - PSIRF is another element of the Trust's patient safety work (such as processes to highlight any under-reporting areas) and applied to the Trust's Primary Care services too. The Board agreed it was important that work was undertaken in divisions to determine whether sub-cultures existed and whilst safety incident investigations would be undertaken, there would be more focus on learning and ways to measure improvements from that. Robust processes were in place to report on the deaths of any patients using or waiting to use the Trust's services (including Primary Care). The Chair and NEDs would be invited to attend a "huddle" discussion to support learning.
- **CQC Inspection Process and Preparation** - We discussed the changes to how the CQC would regulate providers and the wider system commencing Autumn 2023. During ensuing discussion, it was reported that whilst the number of CQC inspections would reduce, the CQC would be informed about any serious incidents occurring which would trigger an inspection visit.
- **Rapid review into data on mental health inpatient settings: final report and recommendations overview** - An action plan would be produced and progress updates would be provided to the Board. A quality improvement training session would be delivered at a future Strategic Board Development meeting.
- **Productivity and Efficiency Update** - An explanation regarding the workforce growth information would be provided in the Finance report to the September Public Board meeting. It was important that work was undertaken at system level to join up processes/ways of working in order to achieve greater productivity and efficiency. Not to the detriment of quality, the Trust should continue its own curiosity and questioning approach and how the Board might advance arguments regarding productivity and efficiency.
- **Board Responsibility for Implementing the ED&I Improvement Plan** - Board members required clarity regarding the objectives and steps should be undertaken to determine what other trusts were doing in response to these. Clarity was required regarding the action to address health inequalities within the workforce and consideration should be given to work being undertaken at a system level on the improvement plan.

- **Staff Survey Progress Update** - Plans to encourage staff to complete the survey were discussed such as enabling non-clinical staff's understanding of patient safety and their role to support that. It was important that the survey enabled managers to fully understand the experiences of their team members. Perhaps in view of its length and time taken to pull the results together, it was felt it would be better if the survey could be undertaken on a bi-annual basis. The Trust had suggested to the Coordination Centre that an app be developed to improve response rates.

2. Chair's Activities Round Up

There have been a number of planning meetings for the Annual Members Meeting on the 18 October which will be held in the Lecture Theatre on the Willerby Site. Lead Governor Doff Pollard is being supported with preparing her presentation and the Engaging Members Group have provided ideas and been kept informed.

Planning is also well underway for the return of the Staff Celebration Awards on the 10 November. There have been so many great recommendations which will make judging really hard.

Audit Yorkshire Procurement Webinar – I attended this event and learnt more about NHS procurement, good practice and tackling fraud.

Visits (in person and virtual)

I was pleased to meet up with Stephanie Dines Acting Team Leader/Lead Speech and Language Therapist about their project 'Follow My Lead' which has been shortlisted for the HSJ Awards. Another shortlisted team led by Emily Wallace and Laura Derving, also provided me with an insight to their work.

With Mandy Dawley and Suze Elmore, I spent an afternoon meeting volunteers and local residents who participate in the Peel Community Project in Hull. Since, Mandy has shared with Humber staff an appeal for items that would support the different services they offer. Suze on the day was able to share information on local learning to cycle projects she is involved in, and I am following up on making links with a Hygiene Bank in Doncaster. It shows how much from conversations with local communities we can learn but also support.

External meetings included:

HNY Provider Chairs

Chairs ICS Briefings

NHS Confederation Mental Health Chairs Network

NHS England ICB and Trust Chairs meeting – this was the first event to bring both ICB and Trust Chairs together with a focus on patient safety

NHS Providers Meeting for Chairs and Chief Executives – focus was discussion and reflection on the Countess of Chester and patient safety.

4. Governors

I have met with Public and Staff Governors also attended the Engaging Members group.

Governor Elections 2023 are underway. Nominations opened on the 19 September and close on 17 October. There are vacancies for 2 Public Governors (Hull), 2 Public Governors (East Riding) 1 Public Governor (Whitby, Scarborough & Ryedale) and 2 Staff Governors (1 clinical and 1 clinical or non-clinical). My thanks to Stella Jackson, supported by Katie Colrein and our Comms team, who has overseen the campaign and coordinated a record output of diverse communications to inform and encourage people to put themselves forward. Stella is also presenting online drop ins for people interested. Thanks to Governors for their ideas and they have been provided with materials to circulate and encourage nominations through their networks and taken part in a video to promote them.

Governor Development Day (21.09.23) – focused on the work of contracting at Humber and ICB Chair Sue Symington joined to talk about working with the ICS.

5. Board and Governor Visits

NEDs, EMT and Governors

Malton Hospital, Phillip Earnshaw, Lynn Parkinson & Tim Durkin

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Work contained within the report 		<ul style="list-style-type: none"> Contained within the paper 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Nothing to escalate 				
Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	Sept 23		

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
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Patient Safety	√			
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Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Around the Trust

1.1 Visits

Both my virtual and in person visits continue across all areas of the organisation. Morale is good given the pressures that staff are facing. System duplication remains a growing pressure.

1.2 Roundtable.

I took part in NHS CEO lead discussion regarding NHS Trusts Providing GP services, challenges and strengthens, this was to support the developing national policy. Feedback is awaited and will be shared with the Board at a later date.

1.3 HSJ

As the Board is aware the organisation has been shortlisted for a HSJ awards regarding Right Care, Right Person. I am a HSJ Judge – obviously not in the category of our submission.

1.4 Veterans

Humber Teaching NHS Foundation Trust has been successfully reaccredited as 'Veteran Aware' by the national steering group for the NHS Veteran Covenant Healthcare Alliance. Congratulations and well done!

2 Around the System

2.1 Place Appointments

Further appointments have been made in North Yorkshire Place –

Lisa Pope Deputy Place Director – who worked as part of the North Yorkshire CCG team and will now take on new responsibilities supporting delivery of priorities across North Yorkshire Place

Beth Ellett Deputy Director East Coast – Beth is joining North Yorkshire ICB team having led the delivery of the Covid vaccination programme for the HNY ICB. Beth's post is a joint appointment with East Riding Place working to support the delivery of integrated pathways for the east coast locality.

3 National News

3.1 Publications

There have been several major publications, over the past few weeks;

- Equality and Diversity
- Letby letter
- Acute Inpatient Review

All have been discussed in the strategic Board session and which will be progressed throughout the organisation.

3.1.1 NHS Launches First-ever Sexual Safety Charter to help Protect Staff

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. NHS leaders can sign the charter on behalf of their organisation by emailing england.domesticabusesexualviolence@nhs.net. It is expected that signatories will implement all ten commitments by July 2024. Further detail is set out in the Director of Nursing, Allied Health and Social Care Professionals update.

The focus of the approach to signing the charter is that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

As signatories to this charter, NHS leaders commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Leadership Visibility

Over the last two months the Chief Operating Officer has visited Scarborough Community services, Fitzwilliam Ward at Malton Hospital, Avondale ward, the Mental Health Crisis Team, the Psychiatric Intensive Care Unit (PICU) and Townend Court. In all areas the current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated, committed to improvement and had a good focus on implementing measures to support staff health and wellbeing.

4.1.2 Operational, Industrial Action, Winter Planning and Covid Update

This update provides an overview of the operational, industrial action, winter planning and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures.

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors.

Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further strike action, this has occurred during recent action taken by the British Medical Association (BMA) in relation to junior doctors and by consultants. Further action by junior doctors and consultants has been confirmed to be taking place in September. Silver command will continue to meet regularly during any action and report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary.

System wide review of the effectiveness of winter planning commenced during Quarter 1 and is continuing during Quarter 2 2023/24 in preparation for planning for next winter. Our **winter plan for 2023/24** has been reviewed and approved by the Executive Management Team. Additional winter pressures funding is expected and in anticipation of this, a number of operational schemes have been developed and will be submitted when required. Through our EPRR team we have undertaken an organisational review of our plan and response which we are feeding into the wider system work.

Operational service pressures have been stable in the Trust in August and early September. The highest pressures were seen in our community services in Scarborough and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital. The Trusts overall operational pressures in the last two months has reduced to (OPEL) 2 (moderate pressure) from an escalation level (OPEL) 3 (severe pressure) in June and July. Mental health pressures have reduced due to an improved position on acute pathways demands and a reduction in the use of out of area beds.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in August and September for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has plateaued and a new eating disorder community treatment service is being operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service remains improved and delayed transfers of care have reduced.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced in August and September, it is impacted by our overall bed occupancy which has reduced slightly with daily occupancy between 75.3 – 85.0%.

Delayed transfers of care (DTC) from our mental health beds remain high during the last two months, overall there is improvement in the last quarter and some of the longer delays have been resolved due to the escalation measures in place. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had achieved in reducing out of area placements. The escalation measures have had a positive impact on achieving discharge for some of our longest delayed patients.

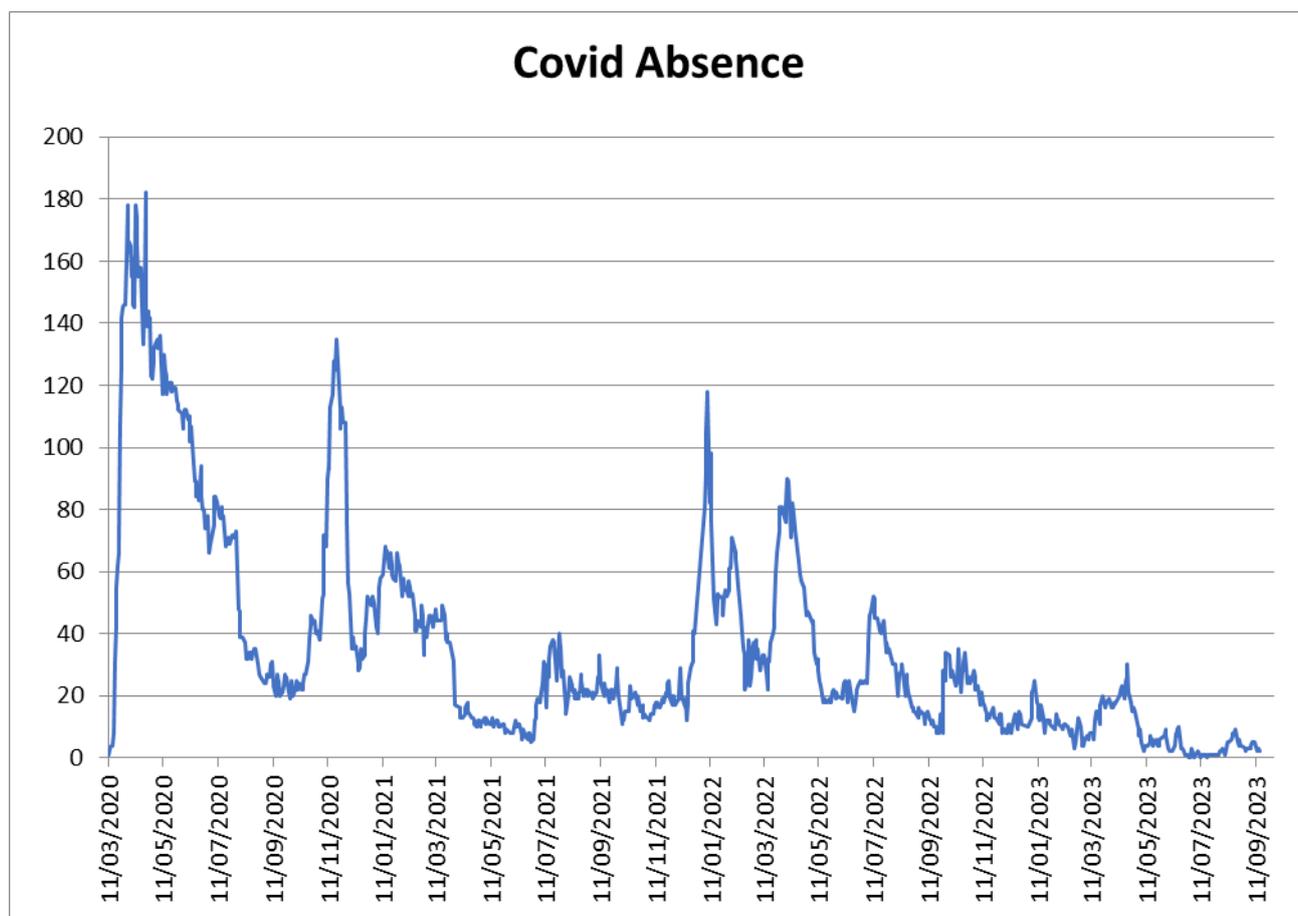
System pressures have seen some improvement in North Yorkshire and York and in the Humber areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring more frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures alongside ongoing industrial action has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce

ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26th June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded hospital mental health liaison team. Early data demonstrates that the service is continuing to successfully divert patients away from the emergency department, it is being monitored closely and early information about the patients experience of the new facility is extremely positive.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates are improved. Continuing effort is taking place to reduce the number of health care assistant vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place.

The Trust has seen low numbers of cases of **Covid-19** positive inpatients during August and early September, however a new variant is resulting in increased cases nationally and we remain vigilant to managing this, particularly in our inpatient areas.

When combined with non-covid related sickness the overall staff absence position is currently at 6.55%.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include planning our response to winter 2023/4, the ongoing risk of

industrial action, wider emergency planning and is now our Emergency Response task group.

The Trust continues to effectively manage the impact of high system pressures and industrial action within its ongoing arrangements. Delayed transfers of care/patients with no criteria to reside (NCTR) remain the most significant operational risk in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions are currently pursuing a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients.

4.1.3 Multi-Agency Public Protection Arrangements (MAPPA) Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

Duty to Co-operate agencies or DTC's (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

There are also several system meetings related to the MAPP arrangements and Humber Teaching NHS Foundation Trust is represented at the MAPPA Strategic Management Board (SMB) and the Humberside Criminal Justice Board (HCJB) by the Chief Operating Officer or delegate. The Associate Director of Psychology and nominated single points of contact (SPOCs) for the divisions provide senior practitioner representation at relevant panel meetings, and other system meetings such as the Performance and Quality Assurance meeting (PQA) are attended by one of the SPOCS.

The Trust has developed a system of Single Points of Contact or SPOCs in all the Divisions, supported by the Associate Director of Psychology so that MAPPA issues can be well coordinated and communicated. As well as single points of contact for each division, a number of staff are MAPPA "champions" who provide easily accessible support and advice to the teams that they work within.

The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings. The Head of Hull and East Riding probation commented: "KPIs remain excellent and a tribute to all Responsible Authority and Duty to Cooperate Services who attend MAPPA Panels and Filter meetings."

Recent Work:

MAPPA has its own communications section on the Trust Intranet in order to ensure that staff can access updates and current requirements.

<https://intranet.humber.nhs.uk/multi-agency-public-protection-arrangements.htm>

When there is an update, it is published in the Trust global communications several times to ensure staff are linked across to the information.

Training on basic MAPPA awareness is updated every six months and available to our staff online. In return, mental health awareness training is provided in the same way by us for probation and other criminal justice colleagues.

All staff at Probation now work in one unified system which is smoother than the previous national trial of only having the most serious offenders with the National probation Service. The alternatives provided were deemed to be too fragile.

Health and wellbeing support is again being provided to probation staff by our psychology team. The feedback has been excellent including: What was useful?

“The opportunity to share/ learn, kept me engaged and stimulated thinking particularly on the things I can change and influence- small wins for a big impact.”

Most roles in the Criminal Justice System are becoming increasingly pressured and this is having an impact on recruitment. Therefore, the Humberside Criminal Justice Board carrying out a piece of joint work to see how they can continue to attract new staff. The Trust will participate in the steering group taking this work forward.

The Trust continues to work with MAPPA on reviewing practice and are planning several “Learning the Lessons” events to continue to develop well governed and effective ways of working.

The MAPPA annual report is due for publication in October and the Trust have submitted an article about working with young people who offend.

There are some upcoming changes in the disclosure legislation and responsibilities are solely with Police for disclosure now, rather than Probation, with the exception of registered Sex Offenders.

Tom McLouglin is our new Humberside Police Assistant Chief Constable with responsibility for MAPPA and Partnerships.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals, and her deputy have between them visited a number of teams across the Trust as follows:

Millview Lodge was visited by the Director of Nursing who met with a Nurse Associate about their role and aspirations and support available to them on the unit and two nurses awaiting their nurse registration PIN who were going to be staff nurses in our older people's services.

The Nurse Associate was incredibly enthusiastic about their role and the opportunities it had given them to expand their area of practice. The nurses awaiting their PINs were reminded about the Preceptorship Academy and the additional support available to them in recognition that they are the first cohort of new registrants that have been affected by the pandemic resulting in them having less work-based experience than their

predecessors. A discussion was also held with the deputy charge nurses regarding improving their compliance with clinical supervision and the approaches they can take going forward in line with the policy.

Whitby Hospital and Whitby Community Team were visited separately by the Director of Nursing and their deputy. The Director of Nursing went on a clinical visit with a member of the district nursing team in the afternoon to see first-hand care being delivered which was observed to be excellent.

Overall staff reported they were positive about working in the Trust. Issues regarding access to bank staff were raised and discussions were undertaken regarding how to attract more bank staff. The Deputy Director of Nursing facilitated a SWARM huddle on their visit which is a new approach to investigating patient safety incidents whereby staff involved in the incident undertake a rapid review of learning from the incident, identifying any immediate learning to be taken forward.

Both the Director of Nursing and her deputy met the Advanced Nurse Practitioners in the UTC and were very impressed by the expertise of individuals and the nurse led service. The Director of Nursing has also met with newly registered staff who have completed their preceptorship via the Trusts Preceptorship Academy. This was an opportunity to formally present staff with their certificate of achievement and gain feedback on the Preceptorship Academy to ensure the content of the modules remain appropriate.

The Deputy Director of Nursing also visited Avondale and PICU and spoke to staff and patients, reporting patients were very positive about the care there were experiencing in both units. On Avondale there was a strong sense of pride in the work people were doing and collective collaboration and gelling as a team. Patients were engaged in activities and there appeared good engagement between staff and patients. The environment was tidy, the garden area was lovely and a source of pride for staff and patients.

On PICU it was evident that staff had positive relationships with patients through the use of appropriate humour and positive nonverbal communication. The Deputy DON spoke to various members of staff and spent time with the leadership team talking through any challenges they felt they had. Their main challenge was violence and aggression to staff and they talked through the support in place (debriefs with Psychologists, senior staffing checking in with them, reflective sessions and restorative supervision) all of which sounded excellent and a suggestion was made that they write it up as a model/ standard across the organisation.

4.2.2 NHS Launches First-ever Sexual Safety Charter to help Protect Staff

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. NHS leaders can sign the charter on behalf of their organisation by emailing england.domesticabusesexualviolence@nhs.net. It is expected that signatories will implement all ten commitments by July 2024.

The focus of the approach to signing the charter is that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

As signatories to this charter, NHS leaders commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce and commit to the following principles and actions to achieve this:

- We will actively work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific, and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.
- We will capture and share data on prevalence and staff experience transparently.

The Board are requested to support signing up to the charter which if approved EMT will identify the lead director and oversee the work.

The commitments apply to everyone in our organisation equally. Where any of the above is not currently in place, we will commit to work towards ensuring it is in place by July 2024.

Trust Current Position

The principles align to the Organisations Behavioural Standards.

We have been reporting on sexual safety in the workplace for a number of years, using incident reporting to inform practice and improvements. Leads are in place to champion the work and improvement actions have been undertaken including raising awareness campaigns/staff (and patient) information leaflets.

A standard operating procedure is in place to encourage reporting with additions made to the DATIX reporting system to capture activity. All incidents are reviewed in the daily safety huddle with actions agreed as appropriate.

In addition, the Inpatient Psychology Team have delivered a Trauma Informed Care teaching session in conjunction with the Trauma Service to all inpatient staff. The Safeguarding Team have produced an informative poster for inpatient staff: Safeguarding Team Ten Minute Focus: Sexual Safety and Well-Being on our Wards. A high-level report is produced for the Safeguarding Forum on a six-monthly basis.

Next Steps

It is proposed that the requirements of the Charter will be taken forward via the

Safeguarding Forum with reports to EMT and the relevant Committees regarding any further improvement actions.

It is also noted that NHS staff will be asked if they have experienced sexual harassment or inappropriate behaviour in the workplace for the first time in this year's staff survey. This will help the NHS and the Trust understand the potential prevalence of sexual misconduct in organisations and inform further action to protect and support staff across the NHS.

4.2.3 Patient Safety Incident Response Framework (PSIRF) ICB Feedback

The patient safety team, led by Kate Baxendale the Deputy Director of Nursing, AHP and Social Care Professionals have formally presented the Trust position and plan to the ICB in respect of our desire to implement the national Patient Safety Incident Response Framework (PSIRF) from October 1st subject to board ratification of the policy and plan and ICB approval.

Feedback from the ICB following the presentation was as follows:

'The group was hugely impressed with the level of detail, your person-centred approach, the substantial amount of work undertaken and how this has impacted on your journey as an organisation to improve the patient safety culture in all that you do. It was evident you had a great platform already in place from which to build. Kate coming into the organisation recently has shown real leadership and knows the PSIRF requirements inside and out.

It was great to hear that you have welcomed support and collaboration from the ICB and this is a real blueprint for others.

The PSIRF Implementation Group has delegated authority to approve providers plans on behalf of the ICB Quality Committee and we are really pleased to endorse yours. We will ensure this is recognised and reflected in the next ICB Quality Committee`.

Subject to Trust Board ratification of our plan and policy in September we are ready to formally implement PSIRF as a means to strengthen our approach to investigating and learning from patient safety incidents in line with national policy.

4.3 Director of Workforce & Organisational Development Updates

4.3.1 Dignity and Respect Campaign

As a Trust, we care for patients and work with colleagues from a diverse range of backgrounds. Our staff survey data tells us that Black, Asian and Minority Ethnic (BAME) staff, and staff with a disability, have a worse experience working for the Trust than those from White or non-disabled backgrounds.

These findings are supported by anecdotal feedback on workplace experience from our staff networks (including our LGBTQ+ staff network), and whilst the Trust positions well against national figures and shows improvement year on year, there is an acknowledgement that more can be done as part of our journey to widen participation, create a compassionate and inclusive culture and ensure a positive and safe workplace culture.

In August 2023 EMT approved proposals to deliver a Dignity and respect campaign across the organisation during the Autumn of 2023. This campaign will be realised through physical and digital resources that will be positioned across the Trust in all work

environments, with messaging aimed at encouraging the reporting of 'staff to staff' incidents of bullying, harassment or discrimination towards all people, but with particular emphasis on reaching underrepresented groups, namely but not limited to, the LGBTQ+ community, those with a disability or long term condition and ethnically diverse colleagues, providing a safe environment to report and resolve incidents and further embed our culture of respect and inclusivity.

4.3.2 Humber People Strategy

We already understand that the foundation of any organisation and its success lies within the talented employees who dedicate their skills, passion and creativity to move the organisation forward and meet its overall aims and objectives, in our case the ultimate goal of providing the highest quality of care to our service users and patients.

The current People Strategy expired in 2022 and therefore it is necessary to deliver upon a new People Strategy that builds upon current foundations as a key enabling strategy of the organisation

Plans are in place to deliver the new strategy in a co-produced approach over the next few months, with the view that final ratification will happen at Trust Board in January 2024.

4.3.3 PROUD Programme Development

In 2018, the Trust embarked on an ambitious plan of Organisational Development that has seen the implementation and integration of Senior Leadership and Leadership Development Programmes, the Humber High Potential Development Scheme and Senior Leadership and Leadership Forums as well as a number of other associated resources and programmes to develop leadership capability at the Trust.

In August 2023 EMT approved proposals for the future of the PROUD programme that will see a refocus of the Leadership Forums, expand the use of Lumina profiling and 360 feedback and will introduce a Leadership Conference and 'Big OD Conversation' The PROUD programme will be evaluated annually with a two yearly full refresh.

4.3.4 SEQOHS Accreditation

The Safe Effective Quality Occupational Health Service (SEQOHS) standards are the benchmarks that occupational health services are required to demonstrate they meet to be awarded SEQOHS accreditation, and to retain their accreditation.

In August 2023 the Occupational Health team were successful in their reaccreditation for SEQOHS which they have maintained since 2014.

4.3.5 Workforce & OD Operational Visits

As part of their National Staff Survey action plan and to meet key aims to understand operational challenges and fully understand their impact on patient care, the Workforce & OD team will each be taking the time to attend an operational area one day per year (or two half days), in a programme of activity to remind themselves of their contribution towards meeting the Trust's primary objective to provide outstanding quality care. This activity will be taking place throughout the autumn of 2023 and has had the welcome and support of the leaders in the operational divisions.

4.3.6 Rainbow Badge Scheme Accreditation

The Trust has engaged in a process to become accredited with the rainbow badge scheme in recognition of our inclusion work in support of LGBTQ+ colleagues. The Trust awaits the accreditation outcome which is due in September 2023.

4.3.7 Dying to Work Charter

Sadly, it is inevitable some employees during their employment at the Trust will be diagnosed with a terminal illness. We currently take steps to ensure the person feels they are treated with dignity, respect and compassion. In the past 12 months, 3 staff members have died in service.

As part of our ongoing efforts to be recognised as a compassionate and inclusive employer, EMT approved for the Trust to sign the TUC Dying to Work Charter, in recognition of enhanced provision in terms of sick pay and support for those who have received a terminal diagnosis. The managing attendance policy and toolkit have been updated to reflect the enhanced provision.

4.4 Medical Director Updates

4.4.1 Visits

The Medical Director visited three of our hospitals and facilities in the last few months: Malton Hospital, Whitby Hospital, Granville Court at Hornsea. The commitment and dedication of the staff never fail to amaze.

Some of the staff talked about their long association with the hospitals dating back to three decades. There were also new staff including our recently recruited international nursing staff. They all had their unique stories and experience, however their commitment to high quality patient care was unquestionable.

4.4.2 Mental Health Act Quality Improvement (QI) Pilot Scheme

We have been selected as one of the few pilot sites for the National Mental Health Act QI programme. This programme will be run by NHS England in partnership with the Virginia Mason Institute. This QI programme will support inpatient services to develop and implement co-produced change ideas that put into practice the principles set out in reform of the Act - tackling inequity of experience faced by groups experiencing significant inequalities under the Mental Health Act.

4.4.3 Quality Improvement

The Trust held a Quality Improvement week in July 2023. This included several revisits to QI Stories as voted for by our QI Champions and a hybrid QI Forum from the Lecture Theatre that was attended by 80 members of Staff, Patients and Carers. Presentations included Swale Relaxation Room, Transformation in Neurodiversity – A Life Span Approach. My QI Journey, a QI Update, Scale, Spread and Embed, Optimising the Pathway - Brain Health Worker Project (MAS), Patient and Carer Experience Modules for Recovery College and the Innovation Hub.

4.4.4 Medical Education

The key updates from medical education are:

- ‘Celebrating Excellence in Mental Health & Addictions’ Conference – 11th October 2023, Mercure Hotel, Willerby, is fully subscribed, all 100 places booked, event opened to a further 25 with a view to increasing places further. Attached is the full day programme for information and interest.
- Review meeting held on 16th August 2023 with Dr Andrew Lockey, Associate Dean, NHS England Education, feedback with regards to Trust performance, education standards and delivery was excellent.

- Developing a 'This is Us' booklet in collaboration with Trust Communication Team, this will showcase 11 of our consultants and highlight the development opportunities Humber has offered our doctors, particularly in areas such as medical education – this will be used as a recruitment tool.
- Approached by TEWV following the release of the GMC National Training Survey (NTS) results, which highlight Humber as ranking in the top 10 nationally, with a meeting request to share information with them regarding how we achieved our outstanding survey results.

4.4.5 Research & Development

Four student nurses will be joining our Trust research team for 8 weeks from September in a move to further embed research in practice. We are one of just four mental health trusts who are part of a national evaluation of a hybrid clinical research placement model for undergraduate nurses in England, where time with the research team is directly integrated within the placements. This national project is being supported by the NIHR Nursing and Midwifery Senior Research Leader Programme. In this hybrid model, student nurses will spend roughly half of their time with their main clinical team base and the other half with the Research Team. This will encourage students to see research as part of our frontline service offer, enabling them to get first-hand experience of embedding research into clinical practice by involvement in research activities whilst on clinical placement. Other positives include enhancing a student's CV, adding diversity to their bank of skills, and adhering to the current NHS research and nursing strategies.

4.4.6 Psychology

26 new trainee clinical psychologists have been appointed and they will start work with the Trust in late September.

4.4.7 Mental Health Act

Mental Health Legislation Manager is attending the first session of the MHA Review QI programme in Birmingham next week.

4.5 Director of Finance Updates

4.5.1 Visits

Since July the Director of Finance has welcomed new recruits at the August Trust Induction, visited Maister Lodge with the Modern Matron, attended Stockton Hall with the Lead Provider Collaborative and also visited Alfred Bean to meet with the MH collaborative finance team.

4.5.2 Finance and Planning Updates

Wagestream

Since going live the Trust have seen a positive response to the introduction of Wagestream with over a 100 people already engaged/signed up to the service.

Wagestream provide a payroll advance service to Bank Staff enabling Bank Staff to drawdown up to 50% of the value of each bank shift worked ahead of the formal monthly pay date.

Inclusion Groups Programme

The Inclusion Groups Programme of the East Riding Health and Care Committee (Exec Sponsor – Michele Moran) is progressing well. At the suggestion of the programme delivery group, Smile Foundation and ERYC have combined respective projects on

mapping VCSE provision and an inclusion health needs assessment. It is expected that the findings will present a clearer picture of the strengths, needs and gaps in relation to inclusion health in the East Riding which can be shared with professionals to improve understanding of how to support inclusion health groups. The delivery group has been asked to assist with the allocation of £275k annual recurrent ICB health inequalities funding for the East Riding. Projects under discussion include: continuing to support the ERYC inclusion health outreach programme; migrant and asylum seeker physical and mental health; and support for people with LD and autism.

Primary Care Networks

Jon Duckles has been asked to continue as Chair for Marmot PCN following the safe transfer of Princes Medical and Northpoint GP practices to James Alexander Family Practice. The PCN would like to explore the use of a Non-Exec role on their Board.

4.5.3 Cyber Security Updates

There are two types of CareCert notifications,

High priority notifications - cover the most serious cyber security threats, these notifications are sent to the IT Service desk with requirements for acknowledgement to NHS digital within 48 hours and remediation applied within 14 days.

Any high priority notifications that cannot be resolved within 14 days require a signed acceptance of the risk by the CEO and SIRO to be submitted to the NHS Digital portal.

Other CareCert notifications - are part of a general weekly bulletin and these are general awareness items with most issues identified requiring no action as the Trusts patching process has normally already deployed the updates required

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

In terms of CareCerts

- CareCERT notices issued during 2023: 130
- High Priority CareCERT notices Issued during 2023: 7

In terms of number of Active Workstations

- Total active workstations detected by Lansweeper 3,578 (*47 of which are servers*)
- Workstations no seen in the last 60 days – 330 (*264 of which not seen for 90 days*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during July or August 2023.

4.5.4 Digital Updates

Electronic Patient Record

Work on the EPR is progressing well, current work is focussed on data migration between TPP and Dedalus, good progress has also been made with process state mapping for Mental Health Services.

Office 365

The Trust has renewed the Office 365 licences via the National Framework. Work is progressing to move from full client licences to web-based version manager where appropriate over the coming months.

Front Line Digitisation

The Trust have submitted bids of £1.3m against the front line digitisation national underspend. Bids are currently being shortlisted by the NHS England Regional Digital Teams, decisions are expected by the end of September 2023.

Interweave Team Shortlisted

The Interweave team have shorted NHS England in the development of the National Shared Care Record Plan and work to join together the ICS Shared Records into a national system,

4.5.5 Estates and Hotel Services Updates

Electric Vehicles

In support of the Trust's Green Plan, the Estates and Facilities' fleet of vehicles are migrating to be fully electric where possible. The first two of fourteen fully electric vans have now been delivered and will be liveried with Humber branding and to indicate that they are fully electric.

Two fully electric Hotel Services' cars are also being delivered on 21 Sept, which will be branded to match.

Charging network upgrades are being undertaken around the Mary Seacole building to support the rollout and ensure Trust Vehicles can be charged.

A further review of Trust sites is being undertaken to establish what additional capacity can be provided across the estate.

Reinforced Autoclaved Aerated Concrete (RAAC)

The Trust have no identified RAAC within any of its facilities, which has been established from a review of the as built information and Health and Safety Files for the estate.

To obtain further assurance, surveyors have been appointed to undertake intrusive surveys at sites where buildings fit the age profile of when RAAC was in use.

A schedule of surveys is currently being developed, which will require coordination with the Nominated Responsible Building Managers.

Fieldhouse Bridlington

Following vacation of the building in March 2023 and in response to Landlord's dilapidations schedule that has been served, the Trust's surveyor has valued the site based upon 'diminution in value', as the site will no longer be used as a GP facility. This value is considerably less than was served and the Trusts solicitor has communicated this onto the Landlord's solicitor.

Energy

The Trust has entered into a two-year contract with Inenco to broker energy for the Trust for the next two years. This will include for a capped strategy to energy procurement, to protect the Trust from any ongoing upward trend in market conditions.

The duration of the arrangement is to enable the opportunity to engage with a solar farm to be developed.

Humber Centre

Following the successful completion of the gym, shop, patient bank and entrance reconfiguration, further works are underway at the Humber Centre to improve the patient environment. This includes for the upgrade to toilet and washing facilities, together with clinic rooms on each ward. Further works are in progress to improve bedroom facilities, which include detailed engagement sessions with staff and patients, with sample rooms being produced to facilitate the process.

The project to make improvements to the environments at the Humber Centre and Pineview has been undertaken in close partnership between the Estates and Facilities department and the Humber Centre operational team. Whilst delivering such a project within a live environment continues to be challenging, the close partnership working between corporate and operational teams has proved to be a success.

National standards for healthcare food and drink

Work continues to ensure that the Trust meets its obligations under the national standards for healthcare food and drink. Recruitment is in progress for a dedicated nutritionist, whilst the rollout of a digital patient menu is being developed.

4.6 Head of Corporate Affairs Update

4.6.1 Visits

The Head of Corporate Affairs visited Whitby Hospital on 18 July with public governors Doff Pollard and Tony Douglas.

Staff found the hospital a nice place to work; they liked the building, the facilities and quality of the space. However, a lack of meeting room space was a cause for concern and would be addressed.

Patients being cared for at the hospital had more complex conditions than pre-Covid and this prolonged their length of stay.

4.6.2 Fit and Proper Person Test

NHS England has published a new Fit and Proper Persons Test (FPPT) Framework and associated guidance. The Framework sets out new checks and balances required by NHS organisations to ensure board members are fit and proper to be NHS directors.

While the FPPT checks that are currently required remain in place, the new framework introduces a standardised board member reference and the recording of FPPT checks as part of an individual's Electronic Staff Record (ESR).

As per current arrangements, directors will be asked to complete an annual FPPT attestation. A number of checks will then be undertaken and the outcome recorded on ESR. The Chair will review the evidence for the Chief Executive and Non-Executive Directors and form a conclusion for each board member about whether they are fit and proper. The Chief Executive will do likewise for Executive Directors and the SID for the Chair. The Head of Corporate Affairs will then submit a return to NHS England. The Chair will confirm, through an annual report to Public Board and the Council of Governors, that the FPPT has been undertaken.

The Chair has written to all directors to advise them of the changes and has invited them to contact her should they have any concerns regarding the recording of their FPPT data on ESR.

The Trust currently complies with existing guidance regarding the FPPT requirements - an annual Fit and Proper Person Test process is undertaken which involves: i) directors self-certifying that they continue to be Fit and Proper; and ii) the completion of standard checks. Work is underway to ensure the Framework is implemented by 21 March 2024 and the Board Reference template will be used with effect from 30 September 2023.

5 Communications Update

5 Communications Update

Service Support

The team are managing a service communications plan to support change and development.

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> • National Rebrand of Emotional Wellbeing Service • CLEAR project (CAMHS)
Community & Primary Care	<ul style="list-style-type: none"> • Recruitment campaign
Children's and Learning Disabilities	<ul style="list-style-type: none"> • Divisional website development

Team Updates

Our three new team members are now all in post. Two of the roles are brand new, funded by other teams to enhance communications in specific areas of need.

Our new Digital Communications Officer will support the development, updating and maintenance of current and future service websites. The Service Communications Officer for Childrens and Learning Disabilities will support the Mental Health Support Teams to communication with school students, parents and teachers as well offer broad support across the division.

Theme 1: Promoting people, communities, and social values

- **Governor Elections**

Governor Elections has been supported by a comprehensive communications plan across all key stakeholder groups. It includes design, print social media direct mail and email communications. An Elections Special engagement opportunities newsletter has developed and sent to all Trust Members. A testimonials video starring serving bring to life the experience of holding the role, it's value and benefits.

- **Annual Members Meeting (AMM)**

The AMM will take place on Wednesday 18 October at the Lecture Theatre. There will be a marketplace promoting services and guest speaker, Olympic swimmer Lizzie Symonds will share her experience on the theme of mental health and resilience.

The agenda includes a look back at the last twelve months and a projection of what's to come, a presentation from a Governor and the formal presentation of the Trust's finances.

Promotion will begin 18 September with personal invitations to key contacts as well as a multi-channel marketing campaign to encourage attendance from the communities we serve.

- **Brand Updates**

Quarterly reviews of key staff groups provide more in-depth insight into brand use and understanding. This quarter we are working with Allied Health Professionals hosting a workshop and running a survey to gather feedback. An action plan created following the last review with Administration colleagues has been completed with a number of changes have been rolled out across the platform as a result.

New developments to the platform this period include a new calendar facility for staff to book event equipment, such as display banners, tables, leaflet and poster holders, and a quick-reference brand guide for those who need brand support at a glance. This has been well received by staff since launch and is now in use by a range of clinical and corporate staff.

Over 100 new images have been added to the online photo library. The platform has achieved over 500 photo downloads since launch in June showing it's quickly become a valuable asset for staff to access images themselves as well as saving time for the team.

- **Social Media Content**

Social media content continues to support the move of the IAPT service to NHS East Riding Talking Therapies. All our platforms have been used over recent months to inform patients and stakeholders on the change and reassure them that while the service's name is changing, the service delivered is the same. We are into the final phase as we look to consolidate our messaging toward the final 'change-over' date of 18th September.

Messaging has been developed for the Governor Elections and is currently being deployed as we build towards nominations opening. Throughout the campaign, we have over 30 posts scheduled alongside supporting activity from across the team.

The best-performing posts of this period were celebrating the news of the Right Care, Right Person HSJ Awards nomination, Tom Cahill's visit to Townend Court, and the launch of the new NHS Cadets programme. This piece focuses on Michele Moran's journey from Cadet to CEO.

- **Media Coverage**

A total of 14 positive stories were published this month. The top three performing stories over the period were:

1. Humber Youth Action Group – introducing member Ailsa Moan and her story
2. NHS Cadets – launching a new programme for young people
3. SeaFit – an initiative to help fishermen and their families get access to the care they need

In total, we have seen 11 media publications in total across local, regional and national press (9 positive, 2 neutral, and 0 negative).

Theme 2: Enhancing prevention, wellbeing and recovery

- **Electronic Patient Record Project**

We're pleased to have been able to introduce our single, new EPR provider, TPP SystemOne, to teams across the Trust over the last few months. We're currently in the process of configuring processes and keeping staff informed of the latest updates. This also includes introductory engagement activities such as reaching out to staff who have expressed an interest in being a Digital Champion or Super User, which make up an important element of future phases.

The team have developed a useful FAQs document, which is hosted on the [EPR Hub on the Intranet](#), to help staff fully understand the new programme of work at this stage.

Looking ahead, we will be launching an introductory campaign in October/November which addresses the timeline moving forwards and the benefits staff can expect to experience at different milestones. We look forward to reporting on this in a later board report.

- **Patient Safety Incident Response Framework – PSIRF**

We have supported the Patient Safety team to communicate our move towards the new NHS England Patient Safety Incident Response Framework – PSIRF. We have developed multiple communications across several internal and external channels including an informative intranet page, sharing updates via the Global and intranet news, sending comms via the ICB newsletter and sharing and publicising upcoming 'lunch and learn' MS Teams sessions being held by the Patient Safety team.

Theme 3: Developing an effective and empowered workforce

- **Staff Celebration Evening 2023**

Shortlisting has taken place for the Staff Awards and nominees and those that submitted the nomination have been filmed for the event to create content to use on the night and post event.

Planning continues to deliver a high-quality event experience to celebrate staff and their achievements.

- **Humblebelievable**

Rachel Kirby, Head of Marketing and Communications is presenting a session at the Regional Communication and Engagement Forum on recruitment marketing campaigns to share our knowledge with NHS colleagues.

Our North Yorkshire Recruitment campaign which launched on 16th June continues to perform well with 4000 visits the landing page from the digital marketing campaign. 84% of these were new views from individuals that had never visited our site to look at jobs before. The next phase of the campaign focuses on the Virtual Ward and allied health professional in North Yorkshire and will roll out in October.

Our Health Care Support workers campaign is live and includes targeted social media advertising, direct mail and online advertising in this first phase. The work has been well supported by the services and our staff feature in the advertising talking about the excellent opportunities available at our Trust. The advert landing page created for the campaign has had over 1200 visits generating 519 applications for the last block interview. A challenge remains around quality of application which we are building into the next phase of the campaign.

Throughout September, a package has been running with the Nursing Times to advertise nursing positions. A 'Return to Nursing' campaign will run throughout October deploying a range of targeted social media advertising, advertising in a Hull and East Riding based parenting magazine, and a press release.

- **NHS Staff Survey 2023**

The NHS Staff Survey 2023 launches on 2nd October. We are working in partnership with Workforce and OD team Work to deliver the communications plan. Communications starts mid-September with targeted messaging including team and divisional communications. Weekly figures will be shared along with information about ongoing staff incentives to encourage participation and engagement with the new incentives.

- **Flu and COVID-19 Vaccinations**

A communications plan will support the flu and COVID-19 clinics. Once confirmation of the clinic dates and booking systems is confirmed by the operational teams we can move forward with communicating this with staff.

- **Report it – Respect Campaign**

A creative marketing campaign to encourage reporting of harassment and abuse from staff to staff has been created by the team working with our EDI lead. New reporting methods will be shared through posters and internal communication to support the launch in September. Designs have been shared and supported by our staff networks.

Theme 4: Fostering integration, partnerships, and alliances

- **Working Better Together – ICS Communications Forum**

The first workshop was held by the ICS communications team attended by leads from across the patch to look at how we can improve how we work together as a communications system.

Discussions included the role of the ICS Communications team and how we can work collaboratively as a system to ensure we are maximising the impact of our messages.

Theme 5: Innovating for quality and patient safety

- **Awards**

Our team supports services with award submissions throughout the year. The key award shortlists of note for the remainder of the year are:

Social Worker of the Year Awards 2023

Kirsten Bingham is a finalist in the Approved Mental Health Professional (AMHP) Social Worker of the Year 2023 award. The awards ceremony takes place on 3rd November 2023.

HSJ Awards 2023

We have been shortlisted for the HSJ Place-based Partnership and Integrated Care Award with Right Care Right Person. The awards ceremony is taking place on 16th November 2023.

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

Funded by the Digital team, Loren and Georgia support the Interweave programme of work, an element of the Yorkshire and Humber Care Record.

Support includes launch of their first Interweave newsletter, website audits and updates, article writing and upcoming events such as Leeds Digital Festival. Those interested can [sign up for the virtual event here](#) to learn more about Interweave and the wider Shared Care Record system.

Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at	5 stories covered by media per month	16 positive stories covered by media
			1 negative story covered by media

	5:1		
Visits to Brand Portal	Up 20% to 696 sessions	580	717
Facebook engagement rate	2%	2%	1.68%
Twitter engagement rate	2%	2%	1.6%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	123 new followers – 3,653 total

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	20%	18%	21.3%

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	58.41	57.4%
Intranet visits maintain at current level	7,300 visits p/m	7402	6,300
Global click through rate (CTR) increase	7%	15%	11%
Staff engagement event programme	Engage 10% of staff in each event (2023/24)	First staff engagement event attracted 10% of staff (360)	Nothing to measure in period.
	20% (24/25)		
	Post event satisfaction survey results in upper quartile (73%+)	Industry standards used for benchmark	First survey will take place following Staff Awards

Theme 5: Innovating for quality and patient safety		
KPI	Measure of success	Progress to date

Awards nominations	4 national/2 local shortlists annually	Supported 29 nominations So far, 12 of these entries have been shortlisted
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Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	67%	68.4%
Increase average page visits per session	+ 2 per visitor	1.9	1.9
Increase average dwell time	+ one minute	1m31s	1m42s

6 Health Stars Update

Fundraising Activity

Upcoming Events

Health Stars has engaged with staff to arrange several fundraising events and activities between now and the end of the year. The Clear out Your Coppers campaign will encourage people to pop their spare change into a Health Stars collection tin, we are now using QR codes and just giving pages so people can set up their own events to raise funds. Health Stars will be arranging a comedy night, a bingo event as well as hosting a grand Christmas raffle which will be drawn at the annual Trust Carol Concert in December.

Update on Campaigns/Appeals

Whitby Bricks

Health Stars is in position to commission the first set of commemorative bricks into the Whitby Hospital garden. Once we have confirmation from the Trust regarding the installation, Health Stars will work with Trust Communications team to arrange publicity/unveiling.

Impact Appeal Garden

We are delighted that the last phase of the Inspire project will be underway soon. The garden area is due to be transformed now that a contract has been awarded. We have been supported by two very generous funders who between them have pledged £130k towards the scheme. This funding has been confirmed and the Trust is now in a position to commence the work.

Fundraising Campaigns

The three areas of targeted fundraising have been identified which will allow Health Stars to fund some of the bigger wishes in the circle of wishes system. The campaigns are live on Just Giving and a comms and marketing plan for each is being devised, this will include in person engagement, such as road shows and presentations, social media campaigns and digital fundraising activities. We are working with the divisions, Estates and PMO to ensure these projects continue to have traction.

Health Stars has identified seven grant funders which we have applied to and have liaised with the Malton League of Friends group who is very happy to support items to improve dementia care.

The Circle of Wishes

So far this year we have had 92 requests submitted into the Circle of Wishes . Health Stars is working through them to identify which ones are charitable and where funding is readily available, getting as many signed off as possible.

It was agreed at the last Charitable Funds Committee meeting that where funds aren't readily available to grant wishes quickly, meaning wishes were stalling and not being processed, that the Humber Big Thank you, the general funds pot, should be used, especially where a "top up" is required to get a request over the line. Fund guardians with large or inactive fund balances will be encouraged to support requests from areas especially where there is a clear cross over of patient benefit. In order for transparent and coordinated discussions to take place, we have set up a monthly Charitable Funds Action group meeting with the division leads and the fund guardians to ensure that funds are being spent appropriately.

In the background a new Circle of Wishes platform is being developed thanks to Smile and the NHS Charities Together Development Grant.

Michele Moran
Chief Executive

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Dean Royles, Chair of Workforce and Organisational Development Committee Stuart McKinnon-Evans, Chair of Audit Committee, Collaborative Committee and Charitable Funds Committee Mike Smith, Chair of Mental Health Legislation Committee Phillip Earnshaw, Chair of Quality Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the Board since the last Council of Governors meeting														
Key Issues within the report:															
Positive Assurances to Provide: Details included in the reports from <ul style="list-style-type: none"> Quality Committee Workforce & Organisational Development Committee Audit Committee Collaborative Committee Mental Health Legislation Committee Charitable Funds Committee 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 													
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:		Date	Date												
	Appointments, Terms & Conditions Committee		Engaging with Members Group												
	Finance, Audit,		Other (please ✓)												

	Strategy and Quality Governor Group		detail) Quarterly report to Council		
	Trust Board	Sept 23			

Monitoring and assurance framework summary:

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

Agenda Item 8a

Title & Date of Meeting:	Trust Board Public Meeting – 27 th September 2023			
Title of Report:	Quality Committee Board Assurance Report			
Author/s:	Dean Royles, Non-Executive Director and acting Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board.			
	The paper provides a summary of discussions held at the meeting on 31 August 2023 with a summary of key issues for the Board to note.			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> Quality Insight report –Positive meeting with Medical Examiner and intention for Medical Examiner to develop a SOP PSIRF work in place with go live date of 1st October following Board approval of all supporting documents. Mandatory training in line with patient safety syllabus in place Deep Dive into Hull CMHT complaints has taken place with actions taken to address areas of learning The merger of the PACE working group and QI working group to enable patient and service users to be more involved in quality improvement <p>Positive assurances were received from the following papers</p> <ul style="list-style-type: none"> The Patient and Carer Annual Report (including Complaints) The Patient and Carer Five year Forward Plan The Infection Prevention Control Annual Report The Infection Prevention Control 5-year Plan The Controlled Drugs and Medicines Safety Annual Report noted although there has been an increase in prescribing there has been a decrease in incidents and levels of harm 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Meeting planned with Hull & East Riding Medical Examiner with view for consistency across patch Quality Improvement Survey for NHS England which will be completed in October 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> To keep a watching brief on the Letby 		Decisions Made: The following reports were approved for		

<p>inquiry and any guidance or learning which comes out</p> <ul style="list-style-type: none"> • Monitor safeguarding referrals and change in arrangements with social care requiring phone call before referral, to see if any implications for us as an organisation • IPC report noted the ageing estate creates challenges • The IPC 5-year plan strategic objectives will be reviewed annually to ensure they remain relevant to out evolving patient needs 	<p>presentation to the Trust Board in September: -</p> <ul style="list-style-type: none"> • The Patient and Carer Annual Report (including Complaints) • The Infection Prevention Control Annual Report • The Controlled Drugs and Medicines Safety Annual Report <p>The following reports were approved for noting to the Board: -</p> <ul style="list-style-type: none"> • The Patient and Carer Five year Forward Plan • The Infection Prevention Control 5-year Plan
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	31.8.23	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 31 august 2023 are as follows: -

The minutes of the meeting held on the 1 June 2023 were agreed as a true record and the action log approved noting all actions closed. The Quality Committee assurance report was noted, and the updated work plan agreed. DR confirmed under declarations of interest, his appointment as the Chair of the NHS Professionals Strategic Advisory Board and this had been declared to the Trust.

Presentation – Patient and Carer Annual report (including Complaints) and Patient and Carer 5-year Forward Plan The Annual report and 5 year plan were presented via a couple of short films to highlight the main areas in both items. It was agreed both films and documents were very informative and gave good assurance.

The Annual report was approved for presentation to the Trust Board in September and the 5 year forward plan was approved by the Committee and would be noted to the Board.

Quality Insight Report – KBa presented the paper highlighting updates on the work undertaken with the Medical Examiner in York and Scarborough, the positive progress with the Patient Safety Incident Response Framework ready for the go live date on 1st October, the Pastoral Care Award for International Recruitment, the Annual Pressure Ulcer Report presented to QPaS, the CMHT Complaints Deep Dive, Peer Review and noted four Serious Incidents have been declared so far this year. LP highlighted the Letby Inquiry, and it was agreed this would be added to the workplan for a future date.

Infection Prevention Control (IPC) Annual Report – Good assurance was received from the report noting the significant process made throughout the year with a large amount of time still dealing with Covid-19 but with different challenges following the step down of national measures. The Team was thanked for all their hard work supporting divisions and DD confirmed staff in all areas had risen to the challenges to ensure patients were appropriately managed in the least restrictive way.

The Annual report was approved by the committee for presentation to the Trust Board in September

Infection Prevention Control 5-year Plan– The plan was presented outlining the key areas of focus over the next five years to give the most effective, safe care possible whilst meeting the requirements of the national agenda. The Committee felt that this was a great report and noted the further staff engagement to develop the training in this area.

The Infection Prevention Control 5-year was approved by the Committee and would be noted to the Trust Board

Controlled Drugs and Medicines Safety Annual Report– WC explained this was a statutory Board Report required annually and provides assurance that good systems are in place for reporting, management and learning in respect of controlled drugs and other medicines related incidents. A good discussion was held noting a good report and praise given to the excellent work of pharmacy technicians working with the ward teams.

The Quality Committee approved the Controlled Drugs and Medicines Safety Annual Report for presentation to the Trust Board

Redesigning Adult Inpatient Mental Health Services – LP summarised the paper for the meeting highlighting the current status and work being undertaken until the end of October this year. It was noted an updated report will come back to Quality Committee in the future to ensure the committee is sighted on the latest information. The progress report was noted and still pursuing avenues of funding but also making sure the Trust is prepared as it can be should via

funding schemes become available, it is in the best possible position to utilise those fundings in an appropriate way

Quality Committee Risk Register Summary -

The risk register and BAF were presented and discussed noting movement on the risk register. Highlighting the nine new risks with detailed discussion on LDC49 and OPS11.

Reporting Group Minutes -

The minutes of QPaS were noted with no queries raised



Caring, Learning
& Growing Together

Title & Date of Meeting:	Trust Public Board Meeting – 27 September 2023														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 03 rd August 2023														
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 723 1516 840"> <tr> <td data-bbox="539 723 938 763">To approve</td> <td data-bbox="938 723 1031 763"></td> <td data-bbox="1031 723 1410 763">To discuss</td> <td data-bbox="1410 723 1516 763"></td> </tr> <tr> <td data-bbox="539 763 938 804">To note</td> <td data-bbox="938 763 1031 804">√</td> <td data-bbox="1031 763 1410 804">To ratify</td> <td data-bbox="1410 763 1516 804"></td> </tr> <tr> <td data-bbox="539 804 938 840">For assurance</td> <td data-bbox="938 804 1031 840"></td> <td data-bbox="1031 804 1410 840"></td> <td data-bbox="1410 804 1516 840"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 03rd August 2023</p>														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • Committee assured regarding Reducing Restrictive Interventions (RRI) report: <ul style="list-style-type: none"> ○ Overall reduction shown. ○ Co-production service users at heart of this work. ○ Use of Force dashboard data included in report. ○ Vignettes brought life to aspects of the report. • MHL performance report within normal variations: <ul style="list-style-type: none"> ○ Benchmarking work in progress. ○ Section 4 applied – shows as zero for last 4 months. ○ AWOL – 46 recorded; report summary sheet provided detail by theme. ○ S136 – can fluctuate but increase seen in last couple of months. • Insight report: gap analysis of the issues raised in the Care Quality Commission Report - Monitoring the Mental Health Act in 2021/2022: <ul style="list-style-type: none"> ○ Access to advocacy support not an issue for Trust. ○ Blanket restrictions – all units aware 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Detention benchmarking work in progress. • Work ongoing to address seclusion audits being completed in timely manner; good interventions provided for improving the process. RRI group and Mental Health Legislation Steering group also sighted and monitoring. • S136 T&F group to explore options further as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress. • Capacity to consent to treatment – work ongoing: <ul style="list-style-type: none"> ○ patient signature and change of medication agreements to be included as actions on Z48 update report. ○ Dr Fofie reported plans to reinstate inpatient Consultant meetings, which could address tensions for consultants. 														

<p>of process, report on any blanket restrictions, always in place for the minimum amount of time possible.</p> <ul style="list-style-type: none"> • Received update report on completion of Z48 - position improving. • Capacity to consent to treatment re-audit results: <ul style="list-style-type: none"> ○ Improvement in completing the Z48 on admission with 81.25% compliance rate. ○ Improvement in completing at the time of admission and not outside the 3 days' time frame following admission. ○ Improvement in completing the summary of the discussion with patient. • All mental health legislation related policies / procedures / guidance up to date. • Received annual MHLC report – Committee noted and agreed objectives for 2023/24. • Summary of Ligature Anchor Point Annual Report noted. • MHLSG (Mental Health Legislation Steering group) minutes noted. • MHLSG subgroups and CQC MHA visits updates report noted. 	
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<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Issues identified in relation to unauthorised deprivations of liberty - supervisory bodies (Local Authorities) do not arrange for a Best Interest Assessor (BIA) to complete the assessment within a timely manner which leaves the Trust with unlawful detentions. • Capacity to consent to treatment re-audit results: <ul style="list-style-type: none"> ○ compliance rate for transfers (34.78%) and change in Responsible Clinician (RC) (58.33%) has significantly reduced - audit could be more specific to highlight the units where compliance is particularly low. ○ getting the patient's signature who have capacity on the form is the major challenge - more of a technical issue. Code of Practice does not require patient signature. • significant drop in Z48 completion on transfers and change in RC to be looked at. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Approved amended Mental Health Legislation Committee work plan • Inclusion of DoLS and timely Best Interest assessments by Local Authority to potentially be added to risk register, appropriate rating and mitigations to be discussed by Executive team with update to Committee November meeting.
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	Audit Committee	Date	Remuneration & Nominations Committee	Date
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Governance:	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	3.8.23	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

- Received update report on completion of Z48 (assessment of capacity to consent to treatment form) - position improving, next report would include additional column showing length of time taken for completion. Chair noted tensions for consultants – Dr Fofie reported plans to reinstate inpatient Consultant meetings, which could address such issues.
- Insight report: - An action from the previous Committee was to provide a gap analysis of the issues raised in the Care Quality Commission Report - Monitoring the Mental Health Act in 2021/2022, in particular lack of understanding regarding the implementation of DoLS and use of blanket restrictions.
 - Access to advocacy support is not an issue for Trust as it works very closely with the covering Hull and East Riding two advocacy groups.
 - Blanket restrictions – all units aware of process, report on any blanket restrictions, always in place for the minimum amount of time possible. Restrictions usually related to temporary closure of kitchens where particular patients posed a risk to self or others through access to knives, for example, or hot water system. In line with code of practice discussions about the impact held with patients affected and are recorded on a specific

- 'blanket restriction discussion' note on Lorenzo and end dates are chased up.
 - Issues identified in relation to unauthorised deprivations of liberty - supervisory bodies (Local Authorities) do not arrange for a BIA to complete the assessment within a timely manner which leaves the Trust with unlawful detentions. Inclusion of DoLS and timely Best Interest assessments by Local Authority to potentially be added to risk register, appropriate rating and mitigations to be discussed by Executive team with update to Committee November meeting.
- Capacity to consent to treatment re-audit results – Due to moving to a new post with another Trust, Dr Swallow unable to join meeting to present the paper. Ms Nolan provided key highlights from the presentation received at Mental Health Legislation Steering Group in support of the paper:
 - improvement in completing the Z48 on admission with 81.25% compliance rate.
 - effort is being put in by RC to complete it at the time of admission and not outside the 3 days' time frame following admission.
 - compliance rate for transfers (34.78%) and change in RC (58.33%) has significantly reduced - audit could be more specific to highlight the units where compliance is particularly low.
 - improvement in completing the summary of the discussion with patient - due to the prompt added on Lorenzo requesting the summary.
 - getting the patient's signature who have capacity on the form is the major challenge - more of a technical issue. Code of Practice does not require patient signature.
 - significant drop in Z48 completion on transfers and change in RC to be looked at.
 - also, for treatment change, to look at completion only when there is a change in class of medication and the method of administration i.e. requirement for new T2 / T3.
 - patient signature and change of medication agreements to be included as actions on Z48 update report.
- Approved amended Mental Health Legislation Committee work plan
- Committee noted and assured performance report within normal variations.
 - Benchmarking work in progress.
 - Section 4 applied – shows as zero for last 4 months.
 - AWOL – 46 recorded; report summary sheet provided detail by theme.
 - Useful discussion with regards to whether S2 is less restrictive than S3.
 - S136 – can fluctuate but increase seen in last couple of months.
 - Update provided in relation to S136 and aspiration to find alternatives that are more in line with patient needs. Crisis Care Concordat has commissioned a S136 T&F group to explore options further as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress.
- Received quarter 1 report on Reducing Restrictive Interventions –
 - Across all different types of restrictive practice an overall reduction shown, albeit a small reduction for Q1.
 - Co-production service users at heart of this work and RRI group will continue this focus.
 - Use of Force dashboard data included in report, which shows real time data at ward level.
 - Seclusion audits not completed in timely manner; work ongoing to address this - good interventions provided for improving the process. RRI group and Mental Health Legislation Steering group also sighted and monitoring.
 - Vignettes brought life to aspects of the report and with combination of data and narrative provided positive assurance.
- Received annual MHLC report – Committee noted and agreed objectives for 2023/24.

- Summary of Ligature Anchor Point Annual Report noted.
- All mental health legislation related policies/procedures/guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted.
- MHLSG subgroups and CQC MHA visits updates report noted.
- Committee agreed meeting met with Humbelievable ethos - opportunity for positive challenges and discussion.

Title & Date of Meeting:	Trust Board Public Meeting 27 September 2023														
Title of Report:	Assurance Report from August 8 2023 Audit Committee														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of August 8 2023														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Procurement processes and activity, including single tender waivers, are operating to expected norms The revised Board Assurance Framework for “Fostering integration, partnership, and alliances” is shaping up Assurance gained about how risk management is undertaken in Mental Health Division, and how staff are involved in the identification, reporting, review and mitigation of risks Plan to achieve Cyber Essentials is on track Internal audit: the 6 final 2022/23 reports received either a significant or high assurance level with regards to the design and implementation of controls. Positive comments were welcomed relating to Neurodiversity clinical data management The 2023/24 internal audit plan is on track Counter Fraud programme for 2023/24 is on track Good progress with staff completing information governance training Mazars have undertaken no non-audit work, to ensure their continued independence. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Further consideration of how to measure, for the Board Assurance Framework, the outputs and outcomes of partnership and collaborative work, not just the inputs MH Division to review their risk ratings and consider, through ODG/EMT, whether any merit inclusion on the corporate register 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The 2023/24 Insurance provision for Clinical Negligence is £1.149m, reflecting the Trust’s 		Decisions Made: <ul style="list-style-type: none"> Endorsement and support to the range of controls, prevention and assurance work 													

claim history – this is up from £0.824m last year, and £0.633m the previous, but reflects historical, not new claims <ul style="list-style-type: none"> Salient risks relating to workforce and waiting times appear still intractable, despite the existing controls and actions being taken 	being undertaken across the scope of the Committee's remit. <ul style="list-style-type: none">
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	27.9.23

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

We noted an additional **special payment in 2022/23**, now included in the accounts: a VAT refund of £99,397 relating to leased cars was passed on to 52 staff.

Single Tender Waivers Update: The single tender waiver controls continue to operate, with 35

previously reported waivers totalling £10.0m being monitored. A further 4 waivers with a combined value of £1.86m have been approved in the last quarter. The Committee endorsed them (3 relating to NHSE projects or ICB/Hull City Council commissioning decisions; 1 relating to continuity).

Procurement Activity January to June 2023: The 6 months saw £67m of procurement activity. We considered: assurances to ICB about how expenditure over £10k is controlled; new estates and grounds procurements; net zero and social value criteria; bid management; and plans to use the national NHS procurement platform (Atamis).

Insurance Provision 2023/24: We noted the further increase in clinical negligence premium – at £1.149m, up from £0.824m last year, and £0.633m the previous. It is driven by historical claims, not new ones. We discussed how patient safety, incident and near miss reporting are applied to minimise the risk of negligence.

Board Assurance Framework at Q4: The BAF was considered, and both the new-look and contents welcomed. More work is need on assessing how our partnerships make good use of system-wide resources. We asked for Further consideration of how to measure the outputs and outcomes of partnership and collaborative work, in addition to the inputs. This could include individual patient stories, and retrospective review of projects/initiatives testing whether collaborating is more effective than not.

Trust-wide risk register: The corporate risk register was considered. No changes were made since the July Board meeting. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

A deep-dive into the Mental Health Services risk register: We heard in detail about the highest residual risks (rated 12) relate to staff availability/recruitment and demand/waiting times, which can be deemed to be driven by exogenous factors to the Trust. Other risks are more easily controlled internally: data collection; action taken at PICU; physical in-patient facilities. We heard how the process of identifying, recording, reviewing, rating and managing risks, involves staff at all levels. Risks are entered on Datix at team leader level; but this is preceded/supported by team level discussions. The Committee endorsed the open and honest discussion in evidence in the presentation of the risks.

Senior Information Risk Owner (SIRO) Action Plan: We considered the report tracking the actions of the Cyber Plan for Data Security Protection Toolkit (the goal being to gain Cyber Essentials accreditation). The amber/red items relate to Information Asset Owner (IAO) engagement; ongoing maintenance of asset registers; staff training and awareness. We gained assurance the plan is on track.

Internal Audit: The assurance levels for the six final reports for 2022/23 were welcomed: general ledger transactions (high); creditor payments (high); data security and protection toolkit (high); Mental Capacity Act (significant); business continuity and resilience (significant); children and young people neurodiversity clinical data (significant, which was particularly welcomed by Chair of Quality Committee). Work on 2023/24 has commenced, but not reports yet complete. One overdue recommendation for the Medical Director to progress; and recent development of the People Strategy (to consult with staff), were noted.

Counter Fraud: The Committee received the report on Counter Fraud activity for the first 4 months of 2023/24 covered: bulletins and alerts to staff; masterclasses; the development on online training on cyber fraud; Fraud Focus Group (a regional network for Fraud Champions); referrals, and national strategy.

External Audit: Mazars reflected on the closing stages of the 2022/23 audit relating to Right of

Use valuations. The late changes to valuations affected many organisations, which was attributed to the novelty of the accounting treatment.

Non-Audit Work: Mazars have not been commissioned to undertake any non-audit work.

Changes to Contracts: No changes to contracts were notified.

Information Governance – progress noted.

Finally, the Committee undertook a brief self-assessment against “**Being Humber**”, concluding that indeed we had been.

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 16 August 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Overall financial position positive as at month 4 Adult Secure population remains around 140 in low/medium secure Number of young people in CAMHS is reducing. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> All 3 work streams are to hold workshops in September / October to review 2022/23 priorities, reflect and agree priorities for 2023/24 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Increased number of people in Adult Eating Disorders which at month 4 is demonstrating a financial pressure. NHS England have allocated new capital monies to Leeds and York Partnership for mother and baby unit beds. In the Trust's view, there continue to be health inequalities for HNY region which have been raised with W Yorkshire and NHS England. 		Decisions Made: <p>Papers approved at PCOG and ratified by Collaborative Committee:</p> <ul style="list-style-type: none"> Standard Operating Procedure Service Development Improvement Plan Edenfield Culture Summary report which outlines the self-assessment from providers, common themes and trends which providers want to improve and our scrutiny as a collaborative Forensic Outreach and Liaison / Secure Community Forensic – Service Specification – developed due to lack of national service specification. NHS England have advised they are likely to build on or adopt the HNY specification. 													

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	16.8.2023
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The aim of this report is to provide assurance to the Humber Teaching NHS Foundation Trust Board (HTFT) about the Collaborative Committee which has been established by HTFT as the Lead Provider within the Humber and North Yorkshire (HNY) Specialised Mental Health, Learning Disability and Autism Provider Collaborative.

To demonstrate robust governance in its role as Lead Provider and avoid conflicts of interest with its provision arm, HTFT as Lead Provider has delegated some of its responsibilities to the Collaboration Planning and Quality Team (CP&QT) which is accountable to the Collaborative Committee.

The purpose of the Team's role will be to undertake much of the work previously carried out by NHS England Specialised Commissioning in terms of planning, contractual management and quality assurance of the provision, Specialised Mental Health, Learning Disability and Autism services in the HNY region, and for patient placements outside of natural clinical flow for people who are receiving specialist care for:

- Child and Adolescent Mental Health In-Patient services
- Adult Low and Medium Secure services
- Adult Eating Disorder In-Patient services.

The meeting on 16 August 2023 was *quorate*, and discussed the following matters:

Insight Report

- On the 18 July 2023 CPaQT were advised by South Yorkshire PC that following an unannounced CQC inspection last week, the Provider was issued with a Notice of Decision under Section 31 of the Health & Social Care Act that they must not admit any new patients without the prior written agreement of the CQC. Whilst it is unlikely that Cheswold Park will close – CPaQT have made the decision to review plans of all HNY patients at Cheswold Park and work with existing adult secure providers in HNY to develop contingency plans.
- NHS E have allocated £6 million of Capital monies to West Yorkshire the lead Provider Collaborative for Perinatal (of which S Yorkshire and HNY are partners). HTFT and LYPFT submitted proposal for the new beds - on 8 August 2023 HNY PC were advised that NHS England were allocating the capital monies to West Yorkshire for development of MBU beds in Leeds. HNY PC have raised a concern about how the decision was reached due to existing health inequalities for patients from HNY accessing the existing Leeds service.
- At the July 2023 HTFT Trust Board the Board approved the 2023/24 contract with NHS England. This document has now been signed by both organisations.

Work Stream Updates

Workshop planned for all 3 work stream areas to review the 2022 priorities, what we have achieved and what we still need to achieve as well as consider new priorities for 2023/24.

1 CAMHS

Mill Lodge:

9 out of 10 beds occupied.

Temporary ceased admissions due to high volume of NG tube feeding.

Inspire:

5 out of 9 beds occupied.

Whilst occupancy is low for Inspire there is no one waiting for a bed at Inspire.

- Reduction of CAMHS in-patient from 30 in May to 25 in June 2023
- The 4 Humber place areas are working closely to progress the Alternatives to Hospital (Inspire) project across the Humber region.
- Project plan for Mill Lodge alternative to hospital progressing and Mill Lodge are out to recruitment for additional workforce.
- The Yorkshire and Humber Involvement Network CAMHS leads have recruited a new lead for CAMHS and will also work alongside the ICB to consider how we can consult jointly with CYP in relation to further development of our priorities.
- A draft Business Case to develop an Integrated Referral Hub (Single Point of Access – SPA) was shared at the CAMHS workstream meeting in July. This proposal to be developed further and shared at the next PCOG.
- 1 long length of stay – 62 days – admitted on 15.8.2023 – due to highly complex co-morbidities.
- Future of Inspire PICU – to be discussed at the next Collaborative Executive along with other areas for escalation.

2 Adult Eating Disorder

Schoen Clinic:

7 Inpatients from HNY broken down by place:

- York 3
- NY 3
- ER 1

Rharian Fields:

4 Inpatients from HNY broken down by place:

- NY 2
- NEL 1
- ER 1

Priory Glasgow – 2 patients (1 x E Riding, 1 x Vale of York) admitted due to risk levels which cannot be managed safely within HNY. HNY PC have partnered with another PC regarding oversight of the patients at Glasgow due to geographical distance of the hospital.

- Pressure areas remain North Yorkshire and York – this information has been shared with HNY ICS place partners to seek assurance regarding their plans for investment into community provision.
- Due to the adult eating disorder workstream achieving most of the 2022 priorities, the work stream has agreed to hold a “revisioning “event in the autumn so that partners can review the 2022 priorities and consider priorities for 2023 onward.
- There has been an increase in complexity in AED presentation which has resulted in out of area placements as local units were unable to admit the people. This is being kept under review at the weekly referral management meeting and by Case Managers as part of routine 6-8 week clinical reviews.
- AED to be added to Risk Register due to increase in admissions and financial impact.

3 Adult Secure

High Secure 11 patients (commissioned by NHS England)

Low and Medium Secure 142 of which 68 are receiving care in HNY

- Data trends show that our ONCF length of stay has increased since 2021, this to be reviewed by the AS operational group to seek ways to reduce.
- HNY bed modelling workshops are booked for 1 and 29 September (two meetings to bring providers together to review).
- Hull and East Riding joint forensic outreach/liaison service operating procedure to go live 1 September 2023.
- Stockton Hall – Castlegate and Stonegate male and female MI wards are now open.
- Health inequalities to be considered by providers with HNY PC, the Clinical Lead and the AS

operational group. Aim to develop 3-4 priorities: deadline November 2023. An example of health inequalities in adult secure is access to healthcare provision for physical health e.g. dentistry which is a regional and national issue flagged as part of safe and wellbeing reviews. At present patchy detail and evidence for specialised services regarding health inequalities therefore we will link with HNY ICS regarding wider health inequalities.

Risk Register

Specialised Provider Collaborative Risk Register which includes all risks currently rated at 12 or higher:

- CAMHS - PC21 risk likely to be reduced to rating of 9 following month 4 financial information being received.

Work stream risks reduced from 12 risk rating in the last month.

- PC6 CAMHS admissions and discharges due to progress with reducing clinically ready for discharge and appropriate referrals this risk has been reviewed and reduced.
- PC20 SCFT capacity Adult Secure – this risk has been reviewed and reduced.

Potential new work stream risks.

- Potential of new risk to be added to the AED risk register – financial position of AED due to current overspend and month 3 year-end forecast – this to be discussed at the September AED work stream meeting.

Each work stream has their own risk register which is reviewed at each workstream meeting.

CPaQT meet every 2 months to peer review all the risk register in readiness for PCOG and Collaborative Committee

Quality Improvement and Assurance

- Increased monitoring of Clifton House to routine plus due to:
 - Clinical leadership
 - Completion of HC20 of the first 3 months
 - Having 2 locum Consultant posts

no serious incidents or safeguarding at Clifton House and CPaQT are working closely with LYPFT. CQC have been advised of our routine plus monitoring.

- Each provider has been contacted regarding the planned industrial action.
- continue with escalation calls – East of England patient -NHS England are involved and supporting.
- CQC reports and restrictions at Cheswold Park (outlined in Insight report) and Rampton, both hospitals outside of HNY geography.
- New Lived Experience post has been recruited to (0.4 w.t.e. 1-year fixed term) it was viewed that CPaQT were lacking that service user experience and best practice within all our day-to-day work, in addition having a person with lived experience is invaluable in supporting our work. Post holder working closely with the Yorkshire and Humber Involvement Network and HNY ICS involvement leads. Going forward update on lived experience and involvement to be included in the Quality Improvement and Assurance report.

Papers Ratified at the Collaborative Committee

These papers have been reviewed by relevant workstreams and approved at Provider Collaborative Oversight Group.

- Standard Operating Procedure Service Development Improvement Plan
- Edenfield Culture Summary report which outlines the self-assessment from providers, common themes and trends which providers want to improve and our scrutiny as a collaborative.
- Forensic Outreach and Liaison / Secure Community Forensic – Service Specification – developed due to lack of national service specification, however NHS England have advised they are likely to build on or adopt the HNY specification.

Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023														
Title of Report:	Assurance Report from Charitable Funds Committee of 15 August 2023														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its August 15 2023 meeting.														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • 2 KPIs (expenditure budget; processing of wishes) are green • 66 Wishes submitted to date in 2023, 9 granted, 41 in progress, 9 declined, 7 withdrawn. Recent Wishes have been handled quickly • Discussions held with some Fund Zone Guardian, including to ensure Wishes submitted in respect of those zones are being progressed • 3 appeals underway (Malton; Mental Health; CAMHS). • 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Further update requested from fund zone managers, especially those who have yet to provide updates • Future Insight reports to clarify how the 3 new appeals relate to the existing Fund Zones, and to provide clearer assurance that the appeals are being managed effectively • Further work by to strengthen understanding and execution of Wishes process (including to show the process flow chart at the next Committee) • Survey underway to gauge staff awareness (one of the 5 KPIs, currently Amber) • Establish an operational management group to provide stronger support to charitable activity • Consult with staff BAME network about the use of c £8k funds unutilised from a Covid-driven project. 													

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • The performance of the charity continues to be under close watch • 2 KPIs (fundraising; fundraising for charity by staff) are red • Net financial performance in last 3 months is below par • Awaiting confirmation from Newby Trust that their donation of £80k for Inspire Garden Project is still available • Some Fund Zone managers are not providing updates on what action they are taking to deploy funds already raised, despite engagement by management. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Where a Wish is not fully funded by its own Zone, Clare Woodard/Claire Jenkinson to approach other Fund Zone Guardians to utilise any uncommitted unrestricted funds ,so that the Wish can be fulfilled (ie for the benefit of another Fund Zone) • Staff Lottery and Pennies from Heaven to be distributed across funds • Quarterly, as opposed to bi-annual, risk register review by the Committee.
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X 15.8.23	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Work Plan: the work plan was amended to include a quarterly, not bi-annual risk register review

Finance report:

Recent financial performance: July net deficit of £1,221; last 3 months net deficit of £2,663. The Committee re-iterated the need for improved fundraising performance. Fund balances stood at £322,237. Smile explained that Q1 has seen a focus on assembling the team to support fundraising. Clarification was sought on the status of funds associated with closed projects, and it was agreed a) to consult with BAME staff network on the utilisation of c £8,500 of funds remaining from the now closed BAME DOST Project b) to transfer £360 Covid funds to Big Thank You Humber. A full discussion on the management of funds took place, given that some Wishes are proving unaffordable, and some zones are not spending funds. We agreed that nominated Fund Zone Guardians will remain the decision-maker for funds in their Zone; but where a Wish is unaffordable, CJ and CW will request Guardians to transfer any unrestricted and uncalled on monies so the Wish can be realised (ie for the benefit of another Zone). This will speed up the granting of Wishes.

A full reconciliation of zone balances is still yet to complete. A new Just Giving account has been opened to optimise taxation.

The Committee also asked for a future report to show more clearly expenditure incurred from historic funds, so the true in-month financial performance can be gauged.

The Committee asked once again for more consistent input and updates from the Fund Zone Guardians.

We heard from Rishi Sookraj on the appeal which is being planned to create a dementia friendly day room at Malton's Fitzwilliam Ward, which plan was welcomed.

Insight report:

The Insight Report was discussed at length. The Committee:

- Noted that status of the KPIs (expenditure budget Green; Wishes processing Green; Income generation Red; staff awareness of funds Amber; staff raising funds Red)
- Asked in future reports for more detailed reporting on action and progress against the fundraising plan agreed for the year, including the effectiveness of bid writing
- Welcomed the identification of 3 distinct appeals: Malton (which Rishi Sookraj had described); Cardio Wall for MH in patient units; CAMHS Neurodiverse friendly waiting area. In each case, the Committee asked for greater assurance about the planning, coordination and execution of the appeal, to be reported at future meetings
- Agreed a proposal that an operational management sub-group be established to provide more co-ordinated oversight and control of charitable activity (fundraising appeals; projects and wishes; communication)
- Gained assurance about the recent work to expedite Wishes, and asked for the process flow chart to be explained at the next Committee
- Hearing that Newby Trust had not responded to requests for assurance that £80k donated

for the Walker St Garden project are still available, agreed that a contract to undertake the work could not be let until all donors had confirmed the funds were still available

- Agreed that Staff Lottery and Pennies from Heaven donations could be distributed to different zones
- Heard plans for future fundraising events.

In summary, the Committee concluded that insofar as fundraising performance remains below target, and there is still feedback from the staff that the Wishes process is not yet fully understood or regarded as effective, it will continue to ask for improvement and assurance from Health Stars.

Executive Lead: MM informed that Committee that following a review of executive portfolios, Pete Beckwith will take on the mantle for Health Stars at EMT level.

Thanks to Hanif Malik: The Committee expressed thanks for Hanif for his wisdom and insights, this being his last Committee before the end of his term.



Title & Date of Meeting:	Trust Board Public Meeting – 27 September 2023														
Title of Report:	Workforce & OD Committee Assurance Report														
Author/s:	Dean Royles – Non Executive Director														
Recommendation:	<table border="1" data-bbox="475 707 1458 819"> <tr> <td data-bbox="475 707 874 741">To approve</td> <td data-bbox="874 707 967 741"></td> <td data-bbox="967 707 1347 741">To discuss</td> <td data-bbox="1347 707 1458 741"></td> </tr> <tr> <td data-bbox="475 741 874 775">To note</td> <td data-bbox="874 741 967 775">x</td> <td data-bbox="967 741 1347 775">To ratify</td> <td data-bbox="1347 741 1458 775"></td> </tr> <tr> <td data-bbox="475 775 874 819">For assurance</td> <td data-bbox="874 775 967 819"></td> <td data-bbox="967 775 1347 819"></td> <td data-bbox="1347 775 1458 819"></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss													
To note	x	To ratify													
For assurance															
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 06 September 2023 and a summary of key points for the board to note.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Comprehensive Freedom To Speak Up Guardian (FTSUG) report. refresh Strategy and policy being worked up subject to further guidance which will materialise over the next few months. • Staff Health & Wellbeing Group continues to be engaged and progress been made regarding supporting rest areas in outside spaces. • Positive assurance of medical education through the external validation including the GMC Junior Doctor feedback report 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Refresh FTSU Strategy and policy being worked up subject to further guidance which will materialise over the next few months. • Work continuing around recruiting FTSU ambassadors with FTSU Guardian and COO looking at promoting champions though Operational forums and also working with Medical Director at looking at a consultant champion. • FTSUG Attendance at the Consultant and Nurse’s Forums to give an update on the report. • New actions within the Staff Health & Wellbeing work plan: <ul style="list-style-type: none"> ○ how to better support our carers within the organisation 														

<ul style="list-style-type: none"> • Noted positive assurance in vacancies reducing 3 months consecutively. • Reduction and improved sickness absence. • Medical Job Planning complete at 100% • Highest number of appraisals completed at the closure of the window. • Guardian of Safe Working Hours Quarterly Report • An audit of the volunteer recruitment process has taken place. • EDI Annual Report, Gender Pay Gap, WRES Report and WDES Report 	<ul style="list-style-type: none"> ○ providing support/advice and signposting for anyone who is experiencing Domestic Abuse.
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<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Vacancies in nursing and medical posts 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • More focused work in relation to DBS renewals, although noted that this is staff who have had a DBS check but haven't renewed their DBS as part of the rolling programme. • More focus to be given in terms of staff doing additional/excessive shifts.
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	06 Sep 2023
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Assurance Report September 2023

Freedom to Speak up Annual Report:

- Comprehensive report and continuing progress made, refresh FTSUG Strategy and policy being worked up subject to further guidance which will materialise over the next few months.

- Work continuing around recruiting ambassadors with AF and LP looking at promoting champions through Operational forums and AF also working with KF at looking at a consultant champion.
- Attendance at the Consultant and Nurse's Forums to give an update on the report.
- Assurance was also given in relation to what further routes were available if someone had raised an issue via the Freedom to Speak up and they thought that they are not getting any responses or felt the response were not adequate from the Trust Board and Chief Executive. These are:
 - Non-Executive Champion for Speaking Up and the Chair of the Trust
 - The National Guardian's Office.
 - There is also a Regional Network that the Trust are an active member of which offers support as well.

Staff Health & Wellbeing:

- Staff Health & Wellbeing Group continues to be engaged and progress been made regarding supporting rest areas in outside spaces.
- New actions within the Staff Health & Wellbeing work plan:
 - how to better support our carers within the organisation
 - providing support/advice and signposting for anyone who is experiencing Domestic Abuse.

Equality, Diversity and Inclusion Group

- Engagement continues to be good although need to continue to ensure operational attendance however recognise the pressures.
- Comprehensive workplan in place that is refreshed as guidance is received.

Medical Education Committee

- The Committee noted positive assurance through the external validation including the GMC Junior Doctor feedback report.

People Insight Report

- Noted positive assurance in vacancies reducing 3 months consecutively.
- Reduction and improved sickness absence.
- Medical Job Planning complete at 100%
- Highest number of appraisals completed at the closure of the window.
- 85 staff have not renewed their DBS in accordance with Trust policy, although this is the lowest it has been for more than 12 months. It is noted that this is staff who have had a DBS check but haven't renewed their DBS as part of the rolling programme.
- Whilst improving month on month, Nurse vacancies remain high at 11.67%.

- There are 14.8 FTE Consultant Vacancies. 12 FTE are filled with agency and this forms a significant part of the Trust's agency spend and budget pressures. 2 FTE roles (MH Unplanned) are currently not out to advert however they are filled with agency cover.
- Focus to be given in terms of staff doing additional/excessive shifts.

Guardian of Safe Working Hours Quarterly Report:

- This quarter saw no significant issues related to the rota; 3 issues were raised which all have now been resolved.

Volunteers Update:

- It was noted that focus remains on continuing to expand the service. An audit of the recruitment process has taken place and assurance sought as progress is made to make sure and recognise it's a great way of engaging our communities in the work that we do.

Medical Workforce Plan:

- The Committee welcomed the report and noted that it is a dynamic document that will adapt and change as we go forward.
- Welcomed the stretch ambitions that were trying to be achieved however, it was noted that these were stretch ambitions and recognised that they all may not be achieved in the time frame.

Professional Education Team Report:

- Report really ties in with the Trust's values in terms of learning and growing, with two stories produced in relation to achieving two awards:
 - National Preceptorship Interim Quality
 - Pastoral Care Support – International Educated Nurses

Draft People Strategy Update:

- The Committee noted and recognised the need for the engagement and the opportunities to be involved in co-production sessions of the People Strategy. Committee noted to refresh timescales for delivery.

EDI Annual Report, Gender Pay Gap, WRES Report and WDES Report:

- The Committee noted the positive assurance of all the work that is going on in all areas and the continuous improvement journey and can be assured that the WDES is in the top 14% and above average in all the areas and the WRES above average in a number of areas.

2023/24 Hard to Fill Recruitment Plan:

- Update provided on the 'Hard to recruit' plan and progress within the Task and Finish Group. Noted by the committee that work continues on the plan to meet the recruitment targets for Nurses and Consultants.

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023			
Title of Report:	Council of Governor Sub-Groups Feedback Engaging with Members Group			
Author/s:	Doff Pollard, Chair of Engaging with Members Governor Group			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide the Council of Governors with an update from the meeting held.			
Key Issues within the report:				
Positive Assurances to Provide: <ul style="list-style-type: none"> • Provided in the verbal updates 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 		
<ul style="list-style-type: none"> • Key Risks/Areas of Focus No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> • N/A 		
Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

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

The Engaging with Members Governor Group meeting took place on 7th September.

A number of matters were considered at the meeting most particularly:-

1. The election timetable and process for the recruitment of new Governors. The Governors were keen to understand all the ways that the messages were being sent out and how they could contribute to attracting new members. They welcomed the work being undertaken by the Corporate Team and the support from the Comms team. It was suggested that if the cutoff date for nominations, in future years, could be after the AMM as it would allow for potential Governors to attend the AMM, meet staff and Governors of the Trust before submitting their nomination.
2. The Annual Member Meeting on 18th October was discussed particularly regarding getting the best possible attendance and the role of Governors to support this. The support of the Corporate Team and Comms was acknowledged and appreciated. As a key meeting for Governors, all were encouraged to be present and support the Governors stand, talk to those present about the work of the Governors and to listen to feedback from the public.
3. A presentation was received from Mandy Dawley regarding the Public and Carer Engagement Five Year Forward Plan and a this was well received.
4. A written report from the volunteering team was received and noted and a suggestion made for further presentation to the Governors of the refreshed work of the volunteering team.
5. Member received feedback following the data cleanse, where we have 3,500 confirmed members with email addresses allowing for electronic communications where possible.
6. The membership plan, recruitment and engagement would be considered at a future meeting.
7. As the chair of the group would be stepping down at the end of the Governor term it was suggested other governors should consider if they are willing to step into this role.

Doff Pollard

10th Oct 2023

Title & Date of Meeting:	Council of Governors Public Meeting– 19 th October 2023														
Title of Report:	Trust Performance Report – August 2023														
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td><input checked="" type="checkbox"/></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	<input checked="" type="checkbox"/>	To ratify		For assurance			
To approve		To discuss													
To note	<input checked="" type="checkbox"/>	To ratify													
For assurance															
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors of the current levels of performance as at the end of August 2023.</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>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Mandatory Training – compliance overall remains high, with performance at 94.7% in August%. EIP - 93.3% compliance was achieved in August against a 60% target 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Full breakdown of waiting times action plans is attached at appendix B. New indicators as agreed by Board are now incorporated into the performance report. 													
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> Safer Staffing Dashboard - sickness and occupied bed days are flagging, detailed narrative is included on the dashboard. Care Programme Approach – reviews within 12 months - Following a continuous downward trend from April to July for this indicator. August has shown an improved position (94.9%) against a target of 95%. Divisions have been asked to work closely with the Performance and Access Manager to provide assurance in the following areas: <ul style="list-style-type: none"> - validity of data - plans to address non-compliance - embedded monitoring processes within the Divisions <p>Work continues with General Managers and Service leads to address these issues to ensure an accurate performance position is</p>		<p>Decisions Made:</p> <ul style="list-style-type: none"> None (report is to note) 													

reported and CPA reviews are proactively managed and improvement is sustained.			
Governance:		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council ✓
	Trust Board	Sept 23	

Monitoring and assurance framework summary:

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

Financial Year
2023-24

TRUST PERFORMANCE 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:

Aug-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **August 2023**

<p>Purpose</p>	<p>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 use of Statistical Process Control Charts (SPC).</p>																																																																																													
<p>What are SPCs?</p>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The 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. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>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 Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They 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. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>																																																																																													
<p>Example SPC Chart</p>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>	<table border="1"> <caption>Approximate data from the SPC chart</caption> <thead> <tr> <th>Month</th> <th>In Month (%)</th> <th>Target (%)</th> <th>CL (Mean) (%)</th> <th>UCL (%)</th> <th>LCL (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>May-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Jun-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Jul-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Aug-22</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Sep-22</td><td>95.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Oct-22</td><td>88.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Nov-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Dec-22</td><td>92.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Jan-23</td><td>50.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Feb-23</td><td>95.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Mar-23</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>Apr-23</td><td>90.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> <tr><td>May-23</td><td>88.0</td><td>80.0</td><td>90.0</td><td>95.0</td><td>65.0</td></tr> </tbody> </table>			Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90.0	80.0	90.0	95.0	65.0	May-22	92.0	80.0	90.0	95.0	65.0	Jun-22	90.0	80.0	90.0	95.0	65.0	Jul-22	90.0	80.0	90.0	95.0	65.0	Aug-22	90.0	80.0	90.0	95.0	65.0	Sep-22	95.0	80.0	90.0	95.0	65.0	Oct-22	88.0	80.0	90.0	95.0	65.0	Nov-22	92.0	80.0	90.0	95.0	65.0	Dec-22	92.0	80.0	90.0	95.0	65.0	Jan-23	50.0	80.0	90.0	95.0	65.0	Feb-23	95.0	80.0	90.0	95.0	65.0	Mar-23	90.0	80.0	90.0	95.0	65.0	Apr-23	90.0	80.0	90.0	95.0	65.0	May-23	88.0	80.0	90.0	95.0	65.0
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<p>Strategic Goal 1</p>	<p>Innovating Quality and Patient Safety</p>		<p>Strategic Goal 4</p>	<p>Developing an effective and empowered workforce</p>																																																																																										
<p>Strategic Goal 2</p>	<p>Enhancing prevention, wellbeing and recovery</p>		<p>Strategic Goal 5</p>	<p>Maximising an efficient and sustainable organisation</p>																																																																																										
<p>Strategic Goal 3</p>	<p>Fostering integration, partnership and alliances</p>		<p>Strategic Goal 6</p>	<p>Promoting people, communities and social values</p>																																																																																										
<p>Key Indicators</p>	<p>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</p>																																																																																													

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **August 2023**

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	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
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	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 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
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
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 are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
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. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD 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	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **August 2023**

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
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). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

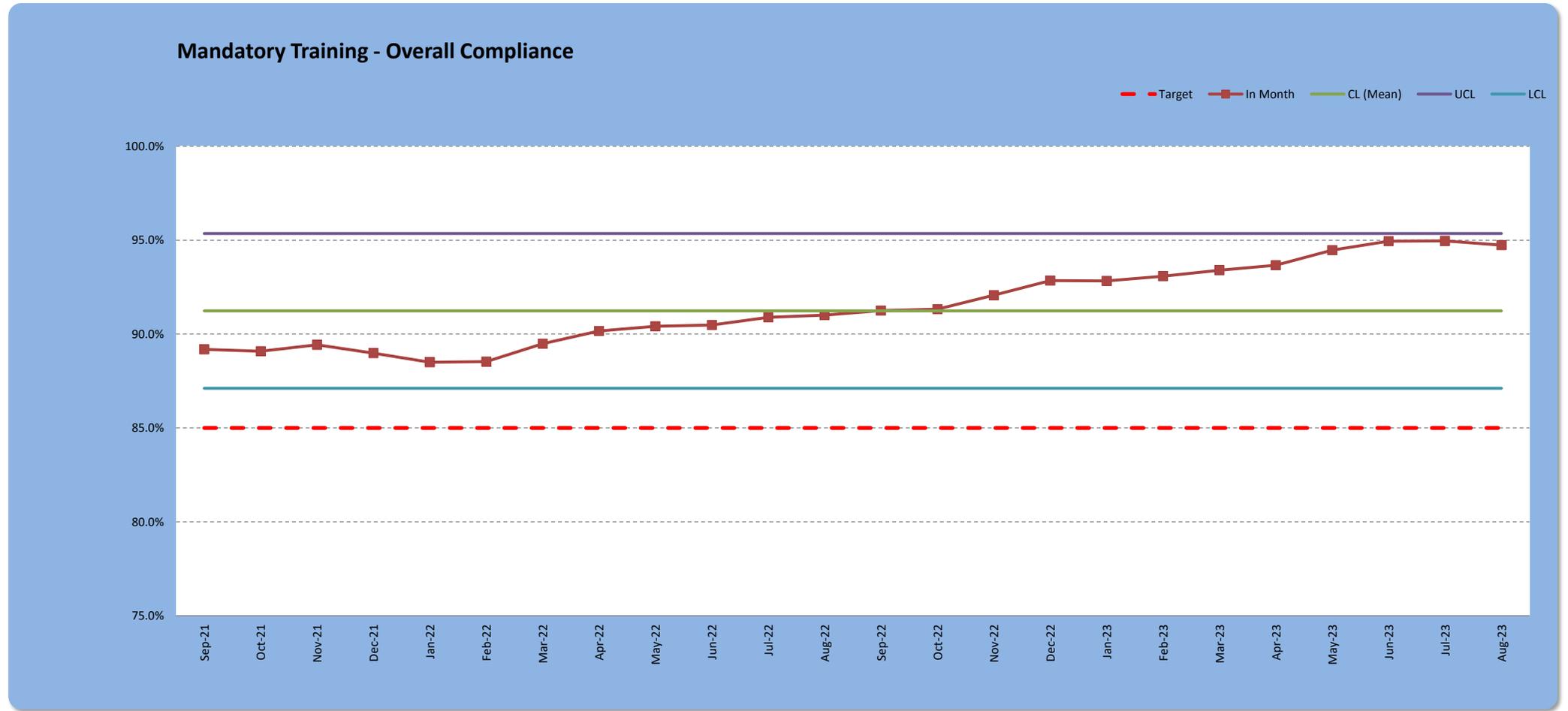
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
85%	80%	94.7%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan	WL 5



PI RETURN FORM 2023-24

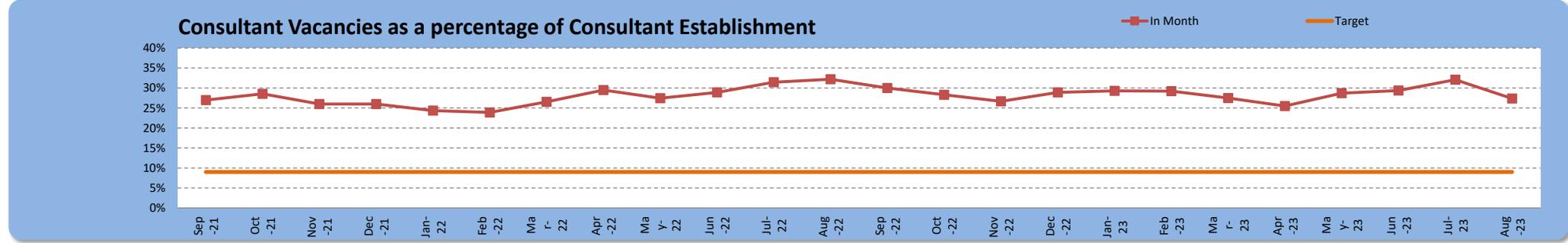
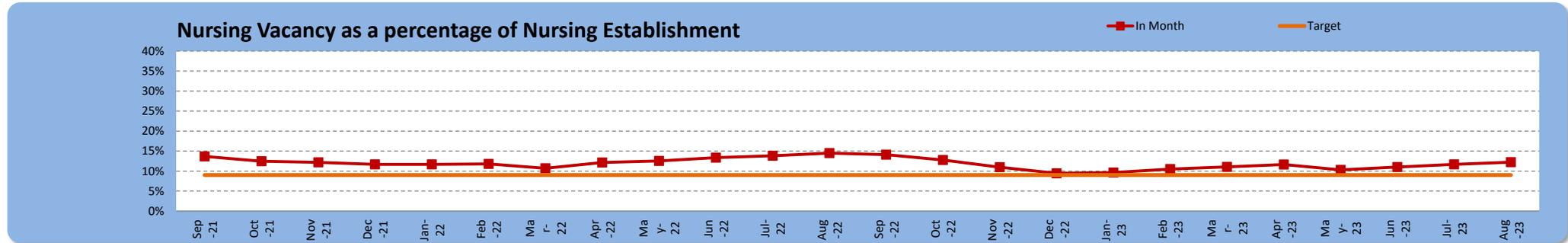
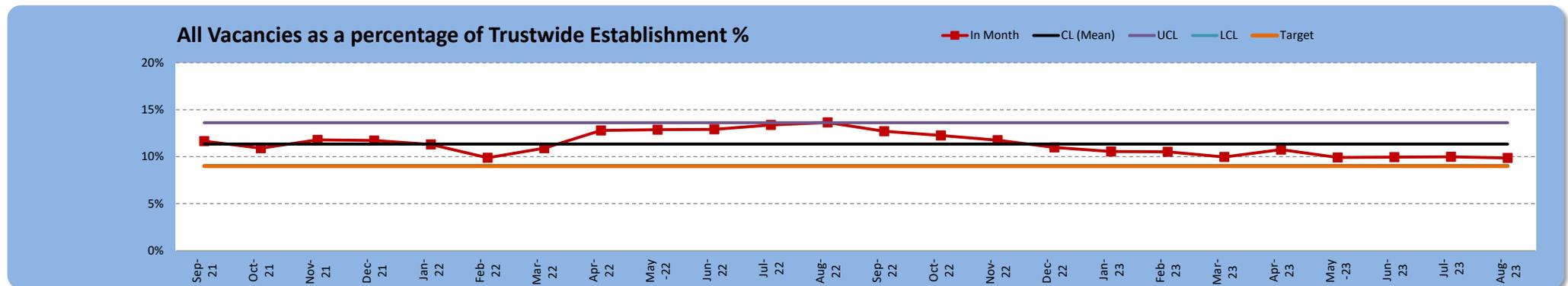
Goal 1 : Innovating Quality and Patient Safety

For the period ending:

August 2023

Target:	Amber:	Current month stands at:
N/A	N/A	9.9%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Steve McGowan	WL 2 VAC



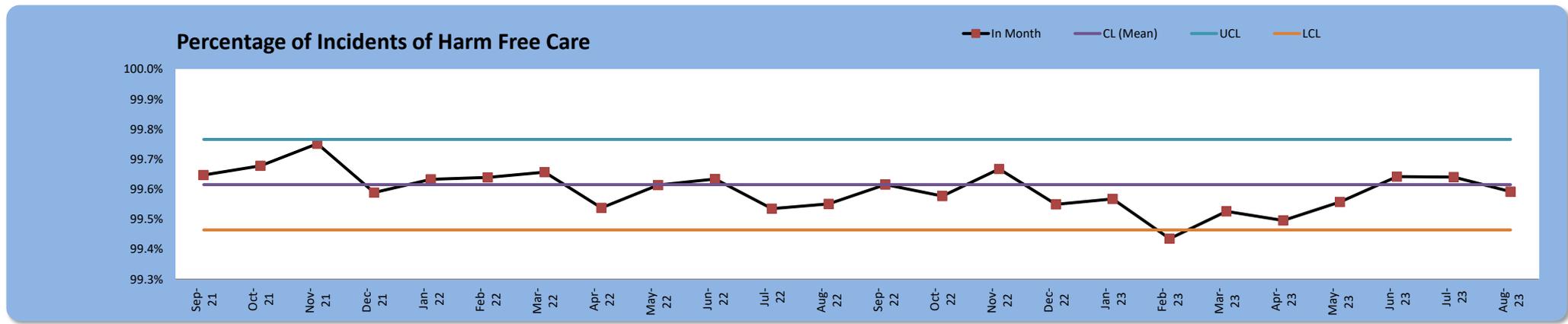
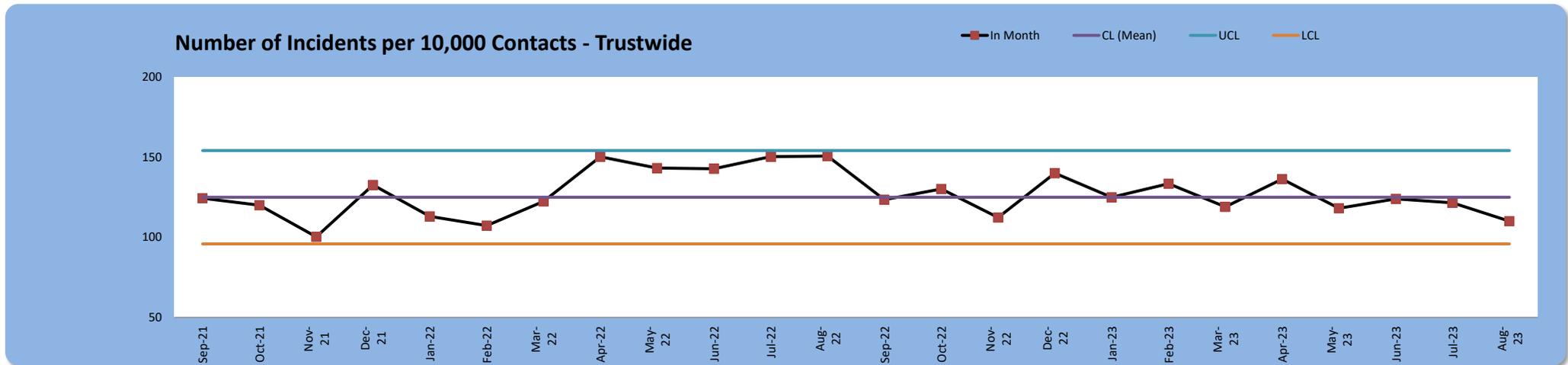
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	110

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



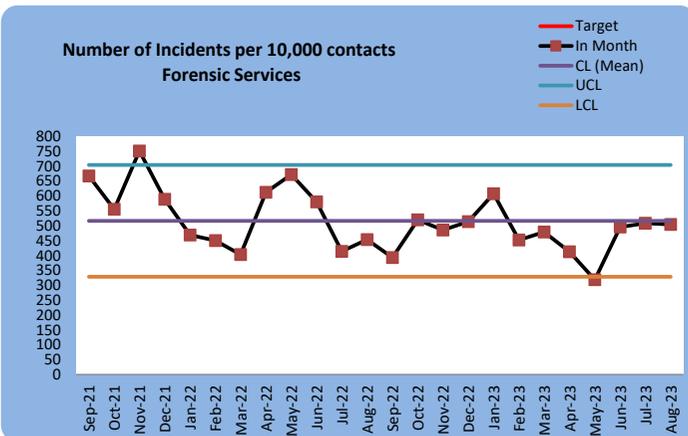
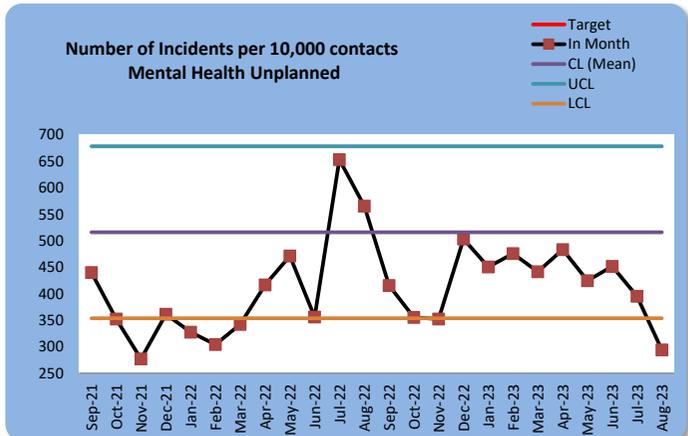
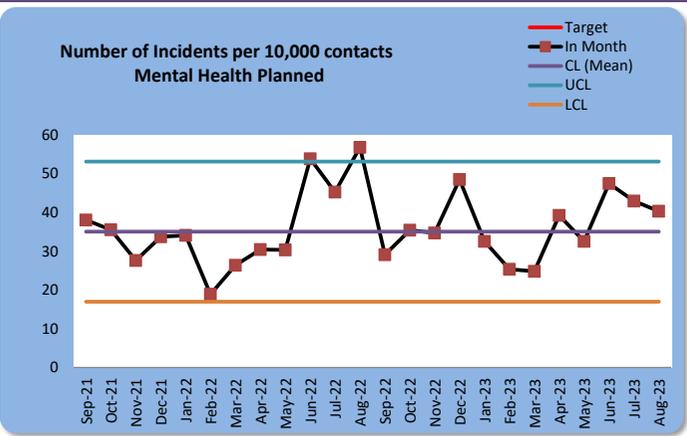
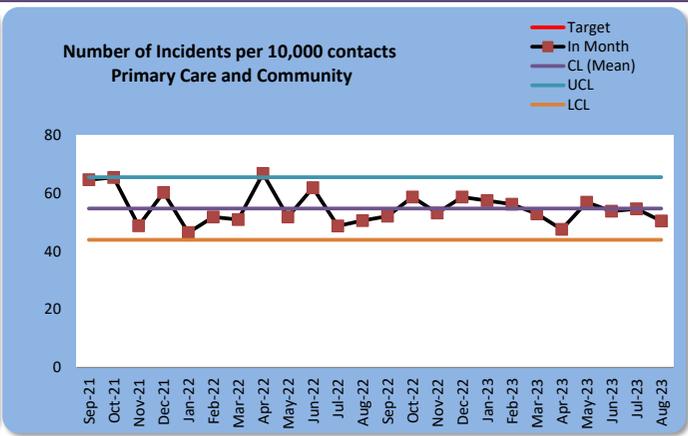
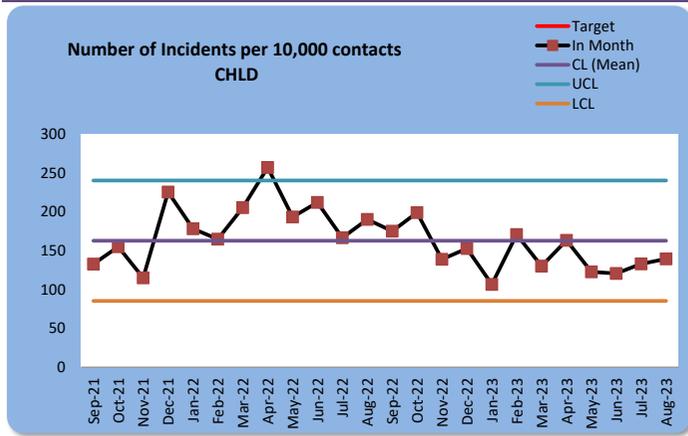
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	110

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



Division	Value
Children and Learning Disability	139
Primary Care and Community	50
Mental Health Planned	40
Mental Health Unplanned	294
Forensic Services	504

	Jul-23	Aug-23
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.7%	1.0%

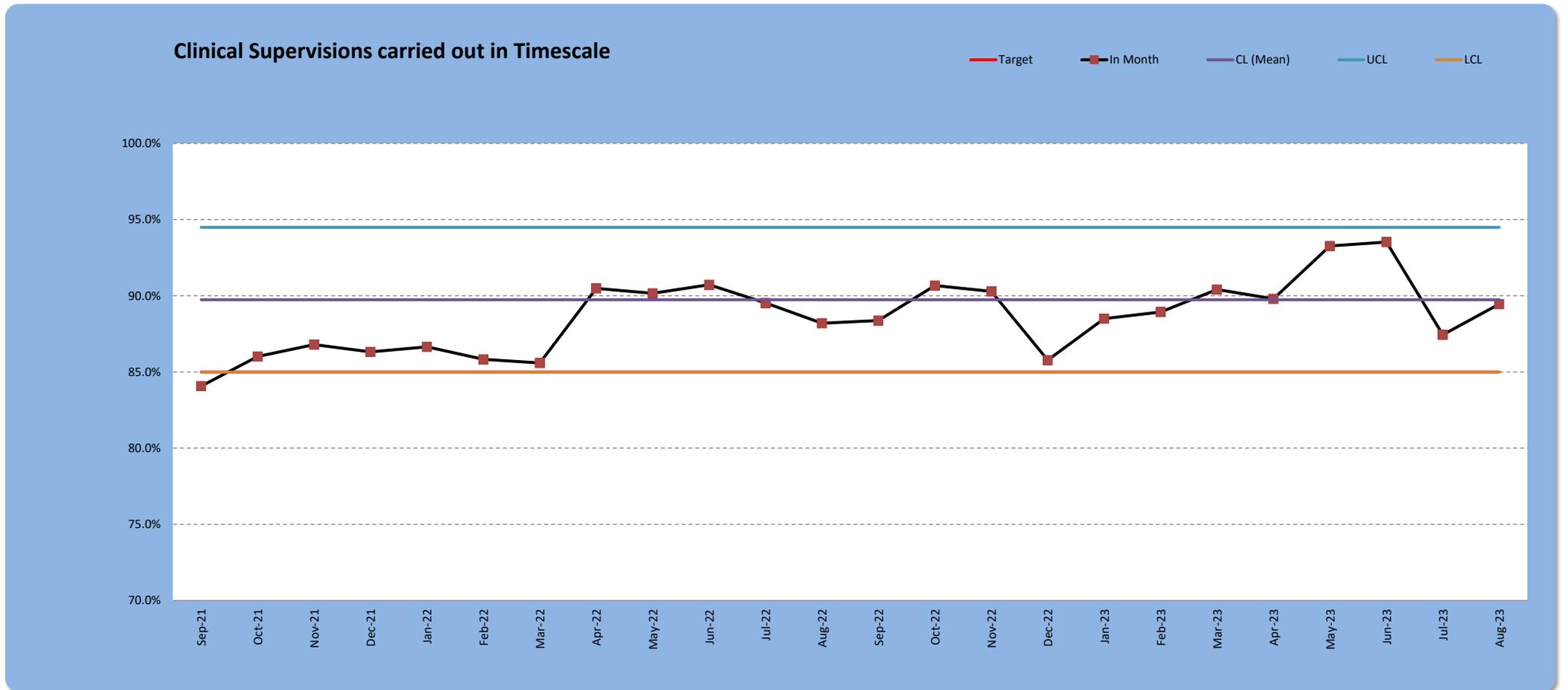
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
85%	80%	89.4%

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2023-24
Reporting Month:	Jul-23



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Jun-23	Jul-23
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	28.8	74%	11.5	22.7%	↓	7.3%	↓	99%	102%	98%	104%	0	13	2	0	77.8%	92.8%	91.7%	92.3%	2.5%	3.0	0	0
	New Bridges	Adult MH Treatment (M)	41.6	97%	7.7	11.3%	↓	4.1%	↓	76%	84%	99%	104%	1	34	2	0	84.4%	97.8%	100.0%	100.0%	3.8%	-1.4	2	1
	Westlands	Adult MH Treatment (F)	35.7	94%	8.8	20.8%	↓	15.6%	↓	86%	81%	99%	106%	0	31	0	2	83.3%	92.1%	92.9%	57.1%	11.3%	2.0	3	3
	Mill View Court	Adult MH Treatment	27.4	89%	8.3	13.3%	↓	5.5%	↑	88%	93%	97%	119%	2	17	1	0	46.7%	96.4%	100.0%	93.8%	5.3%	2.0	1	2
	STARS	Adult MH Rehabilitation	36.2	97%	27.9	40.3%	↓	1.8%	↑	64%	190%	100%	100%	1	1	0	0	88.2%	94.5%	92.3%	86.4%	13.7%	1.5	2	3
	PICU	Adult MH Acute Intensive	28.5	68%	23.8	32.8%	↑	17.6%	↓	93%	129%	95%	151%	0	66	1	0	85.7%	92.0%	83.3%	100.0%	4.9%	5.4	1	0
OP MH	Maister Lodge	Older People Dementia Treatment	34.4	64%	18.9	21.3%	↓	2.4%	↓	86%	100%	100%	116%	0	15	1	0	100.0%	95.8%	90.9%	70.8%	5.9%	0.0	1	1
	Mill View Lodge	Older People Treatment	22.6	102%	14.0	25.8%	↑	12.8%	↓	61%	105%	100%	156%	1	2	0	0	61.5%	94.9%	91.7%	91.7%	4.8%	5.0	2	3
Child & LD	Maister Court	Older People Treatment	17.5	101%	18.9	19.8%	↑	12.0%	↓	106%	110%	100%	128%	0	4	0	0	87.5%	97.0%	100.0%	100.0%	1.4%	0.8	1	1
	Pine View	Forensic Low Secure	29.9	93%	7.5	23.3%	↓	0.0%	→	84%	87%	57%	102%	0	2	0	9	100.0%	98.0%	100.0%	88.9%	6.4%	2.4	1	3
	Derwent	Forensic Medium Secure	22.7	95%	11.1	32.0%	↑	0.0%	→	71%	73%	84%	102%	0	2	1	0	81.0%	94.1%	71.4%	68.8%	6.9%	2.0	4	4
	Ouse	Forensic Medium Secure	23.6	66%	12.5	29.8%	↓	0.0%	→	76%	115%	98%	183%	1	4	0	2	No data	97.4%	100.0%	88.9%	8.4%	1.8	1	2
	Swale	Personality Disorder Medium Secure	24.6	75%	11.0	27.2%	↓	0.0%	→	62%	98%	92%	88%	4	4	2	6	83.3%	94.2%	80.0%	94.1%	5.8%	0.5	2	2
	Ullswater	Learning Disability Medium Secure	25.8	70%	13.2	26.0%	↑	0.0%	→	61%	126%	100%	103%	7	4	0	3	96.0%	94.4%	85.7%	90.0%	13.3%	3.0	2	2
CH	Townend Court	Learning Disability	37.9	86%	30.3	39.4%	↑	0.2%	↑	76%	101%	132%	96%	1	41	1	0	70.3%	95.8%	83.3%	91.3%	18.3%	3.4	1	2
	Inspire	CAMHS	8.0	62%	24.5	13.9%	↓	3.6%	↑	99%	96%	96%	120%	0	16	2	0	90.2%	96.0%	100.0%	75.0%	18.5%	-1.0	1	1
	Granville Court	Learning Disability Nursing Care	46.7	90%	16.8	28.8%	↑	19.6%	↓	107%	96%	107%	107%	2	2	0	0	90.9%	92.5%	100.0%	81.3%	8.1%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.6	83%	9.3	1.9%	↓	0.0%	→	103%	77%	108%	94%	0	1	0	0	90.5%	94.3%	87.0%	88.5%	12.3%	-3.0	1	1
	Malton Hospital	Physical Health Community Hospital	32.1	91%	7.2	8.1%	↑	0.5%	↓	90%	91%	121%	85%	0	0	0	0	100.0%	91.8%	87.5%	88.2%	2.7%	-2.6	1	0

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jul

The number of teams flagging red for sickness has increased with 13 teams above the target of 4.5%.

18 units achieved their CHPPD with only Newbridges slightly under their target at 7.7 which continues to be impacted by high OBDs. No other quality indicators for Newbridges are flagging red.

RN fill rates are below the lower threshold for Stars, MVL, Derwent, Swale, Ullswater on days and Pine view on nights. Shortfalls continue to be back filled with HCAs and support from ward managers and matrons. There are a number of newly qualified Registered Nurses due to commence in September which will positively impact RN fill rates.

Clinical supervision remains in a strong position with the majority of units above 85% however there was 1 nil return for clinical supervision in July (Ouse), four wards are around the lower target threshold and there are three red flags. These have been escalated to the matrons and are reviewed as part of the accountability reviews.

Mandatory training including ILS and BLS reflects a good level of compliance with the majority of teams achieving over 85%. There is one red flag for BLS at Westlands however this has improved during August and training date booked in for remaining staff.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=5.9	>=6.9	Malton
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Towend Court

Staffing and Quality Indicators

Contract Period: 2023-24
Reporting Month: Jul-23



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
15.00%	14.70%	14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%	13.60%	14.10%	14.21%

Slips/Trips and Falls (Rolling 3 months)

	May-23	Jun-23	Jul-23
Maister Lodge	8	10	1
Millview Lodge	2	1	1
Malton IPU	2	2	1
Whitby IPU	0	2	4

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

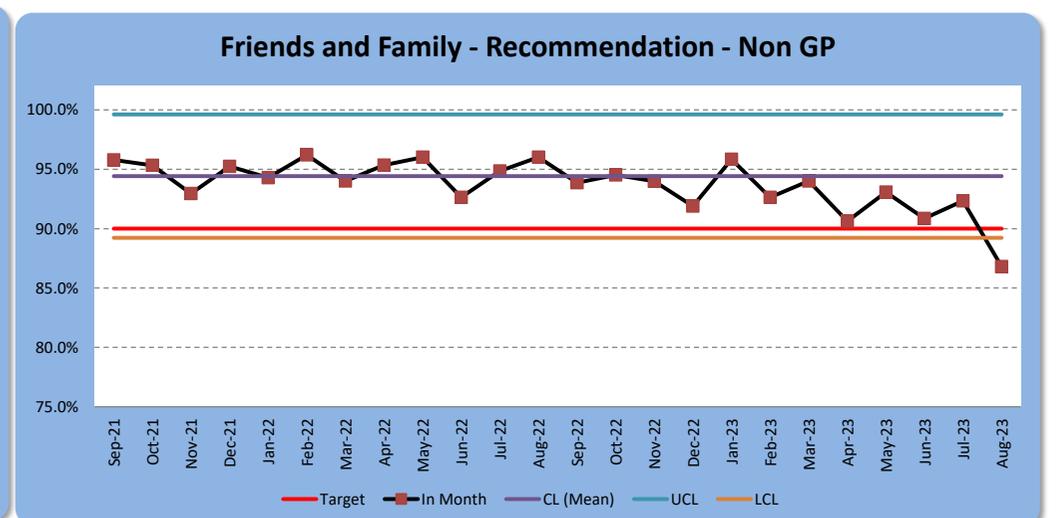
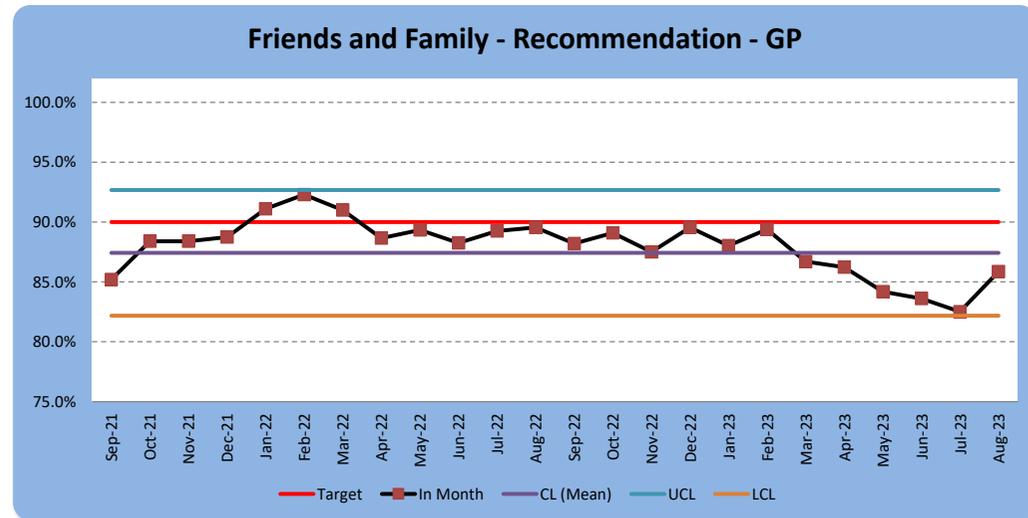
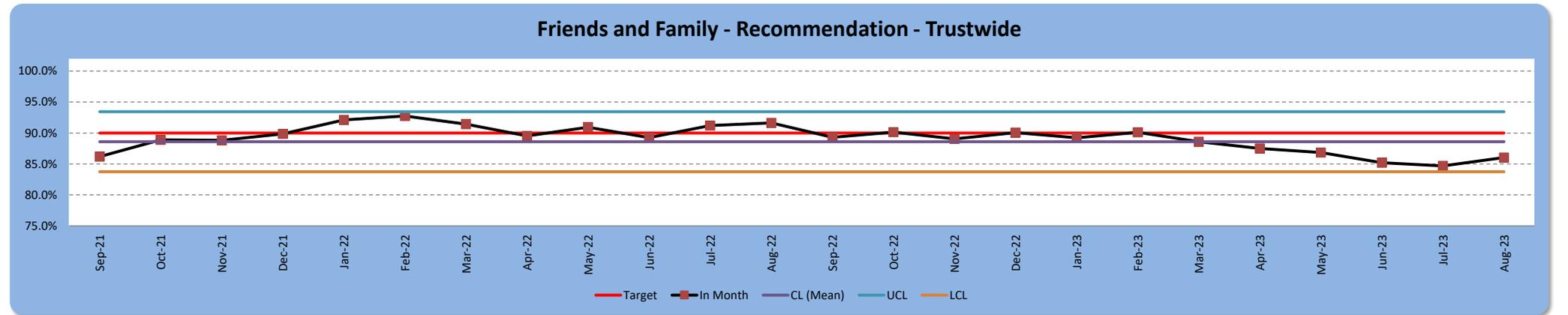
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	86.0%

For the period ending: **August 2023**

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



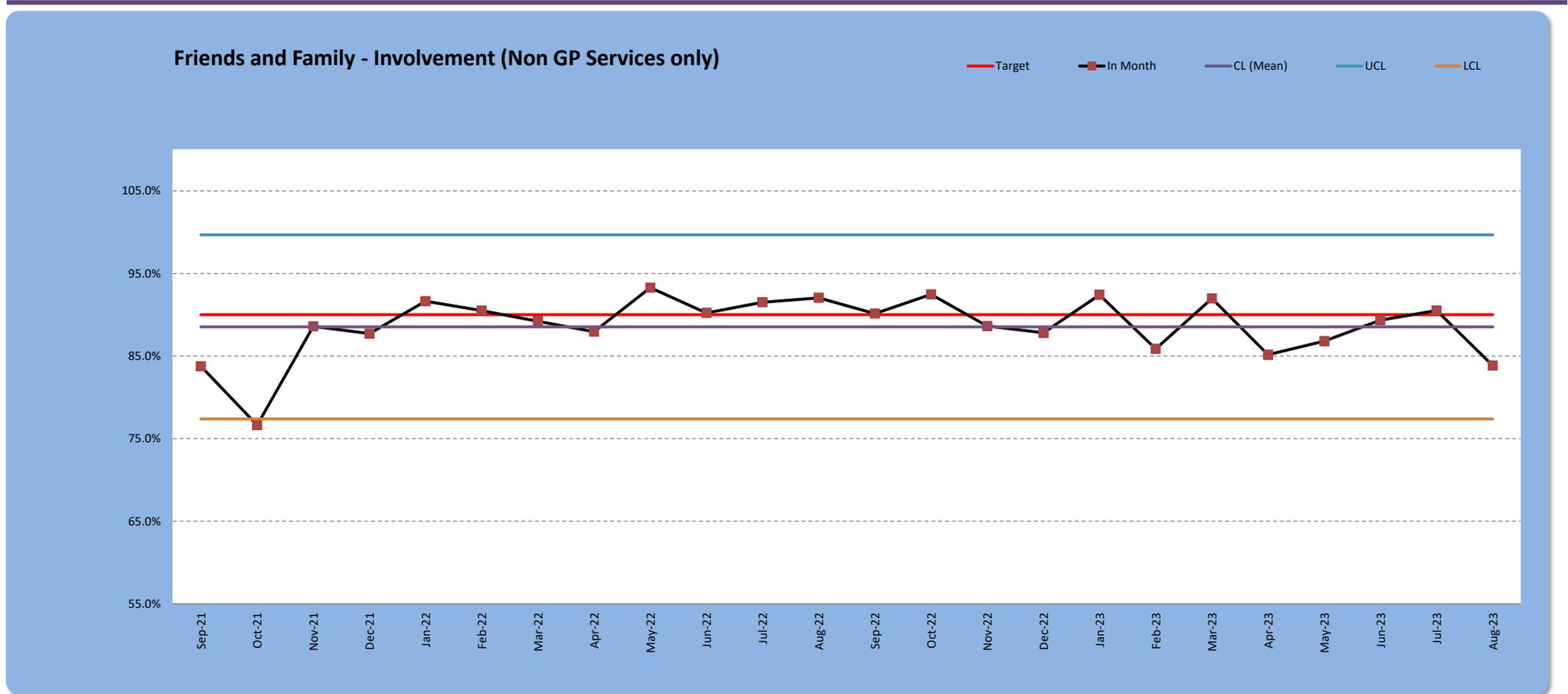
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
90%	80%	83.9%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Kwame Fofie	CA 3c %



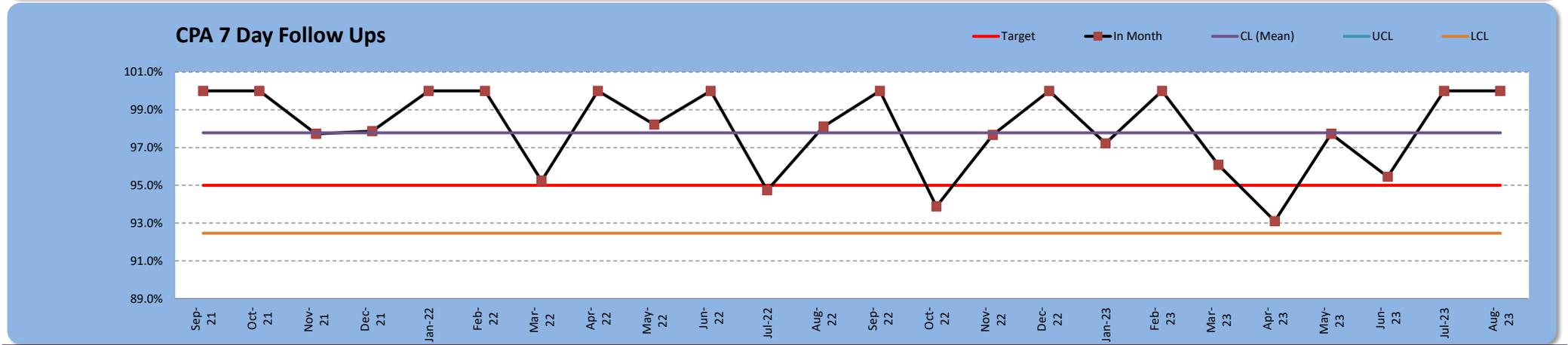
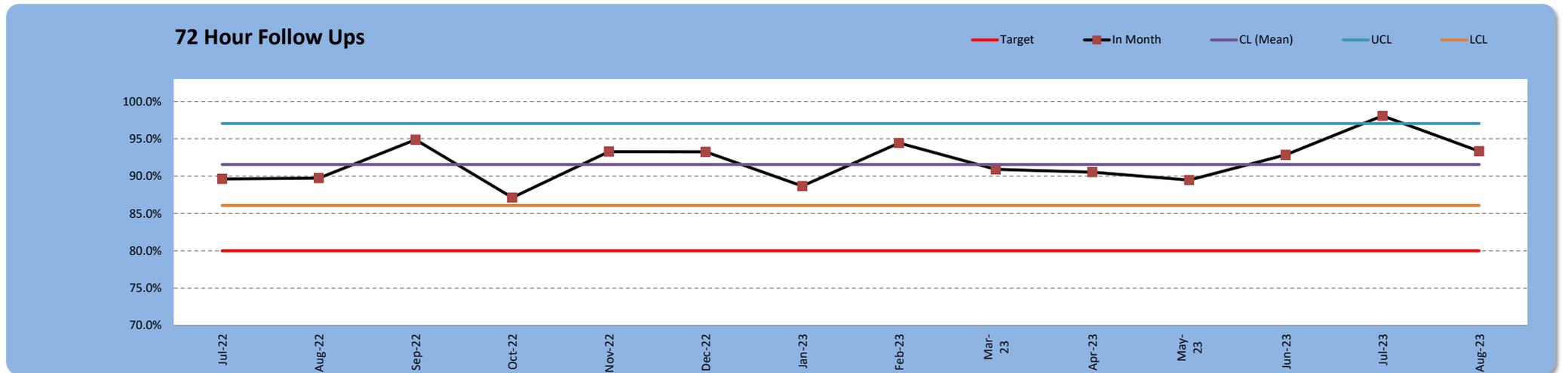
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	93.3%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson	OP 12



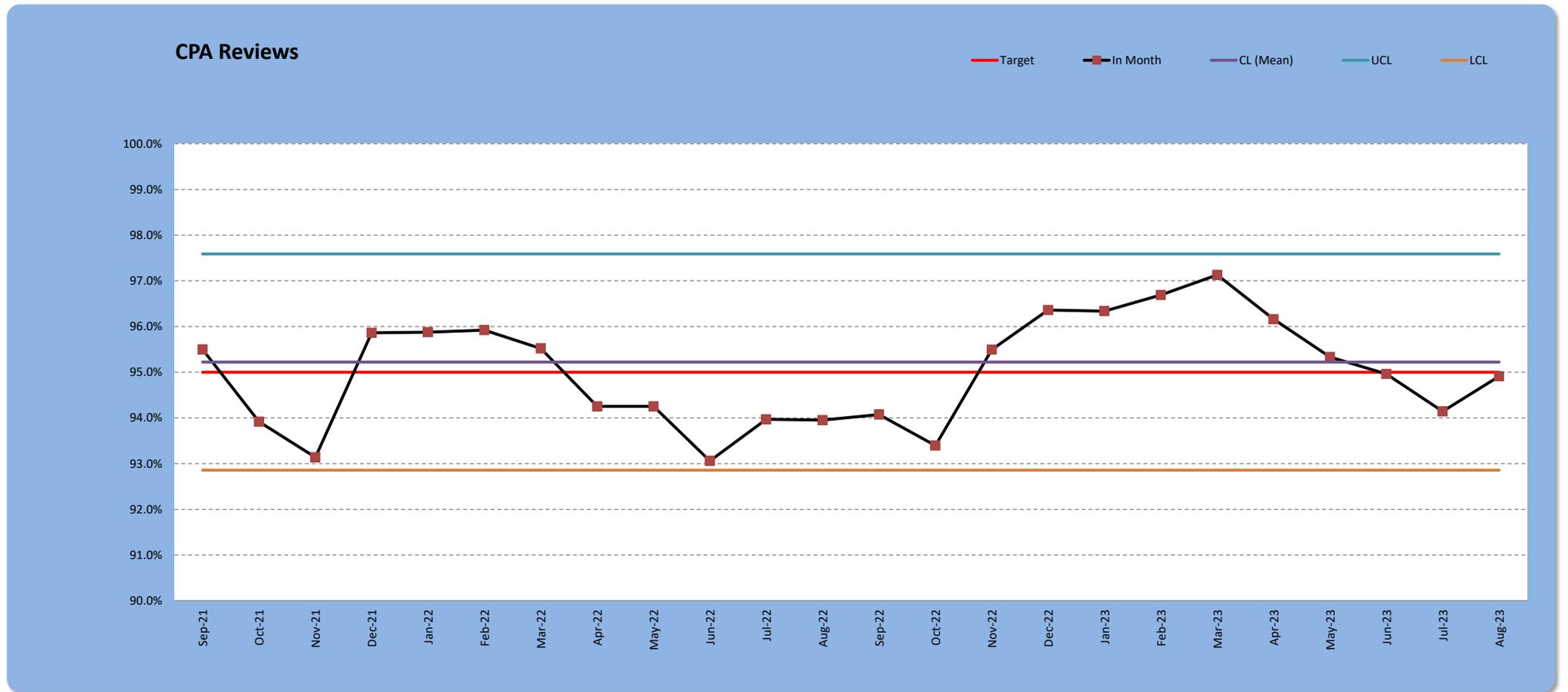
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
95%	85%	94.9%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7



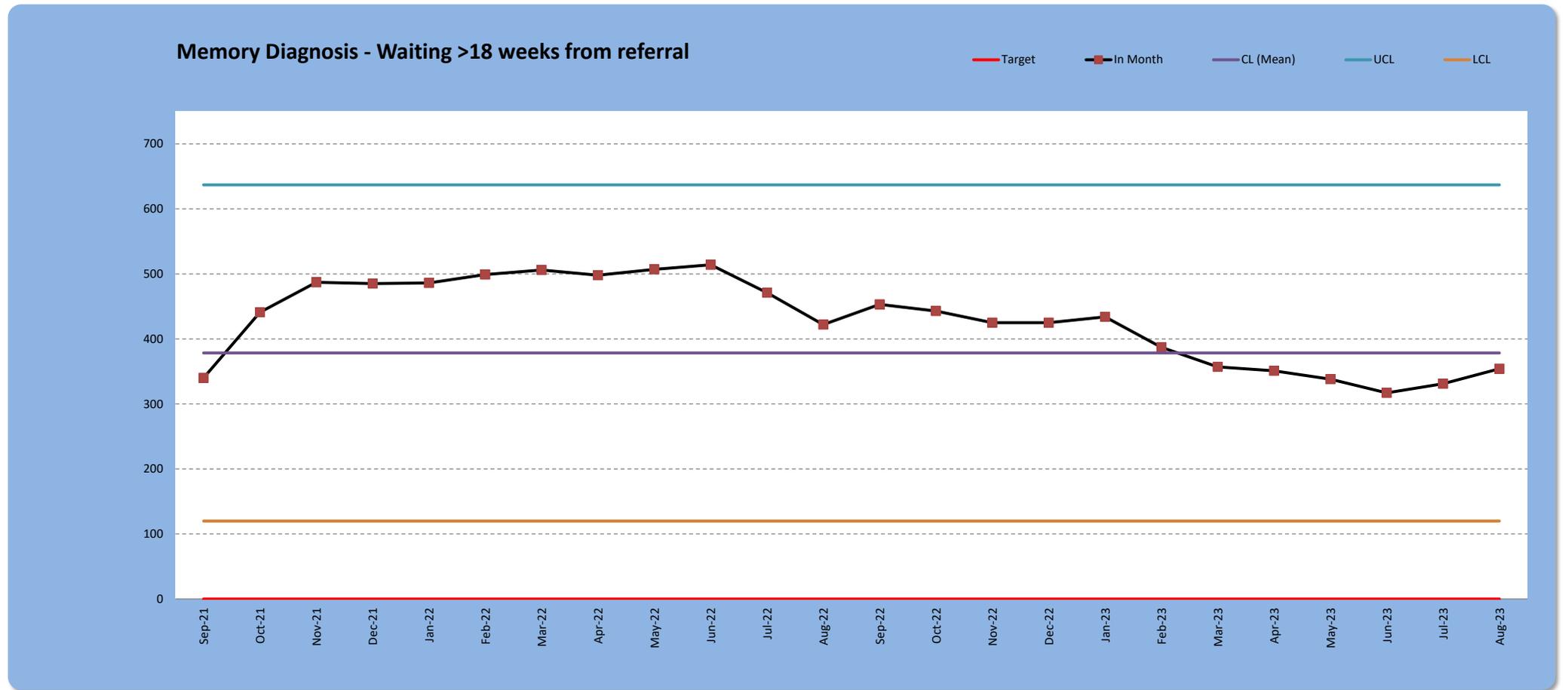
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	354

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Lynn Parkinson	MemAssWL



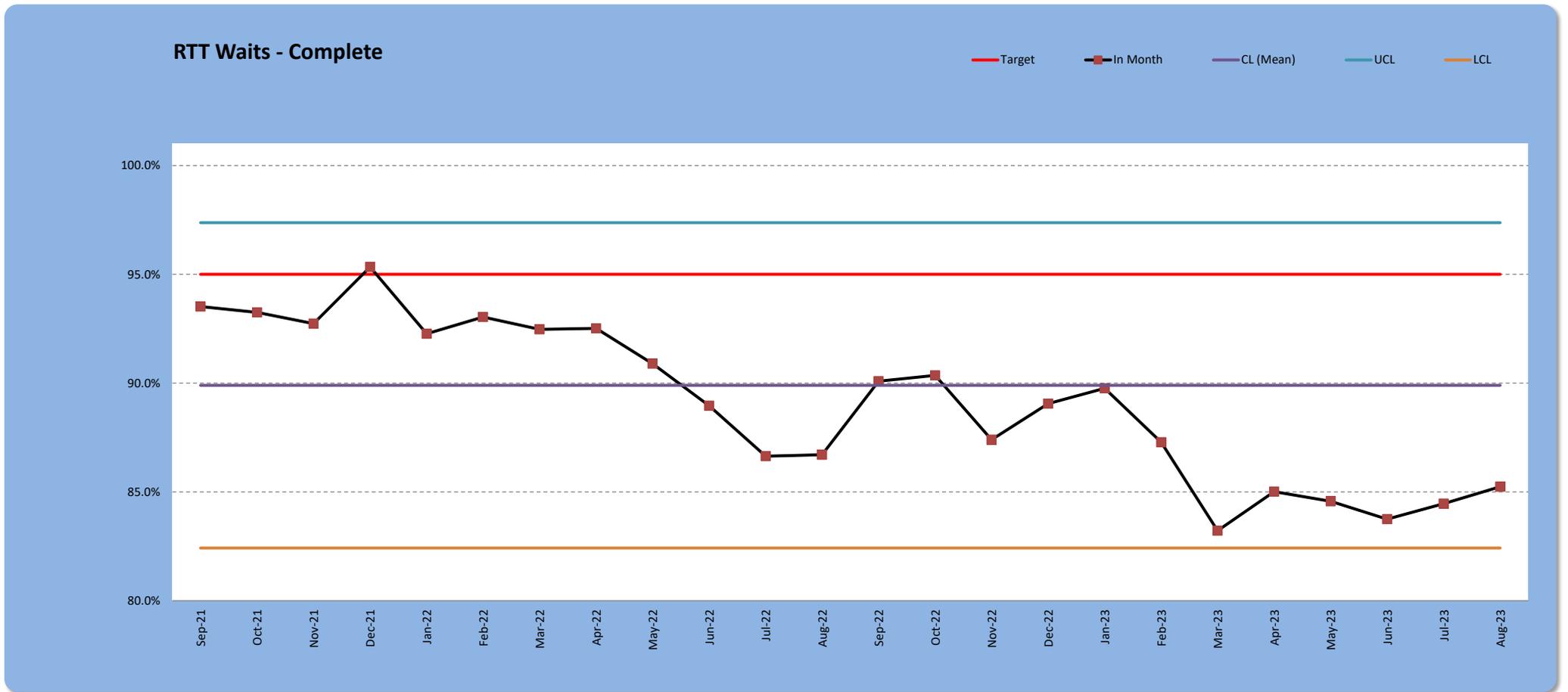
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
95%	85%	85.2%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson	OP 20



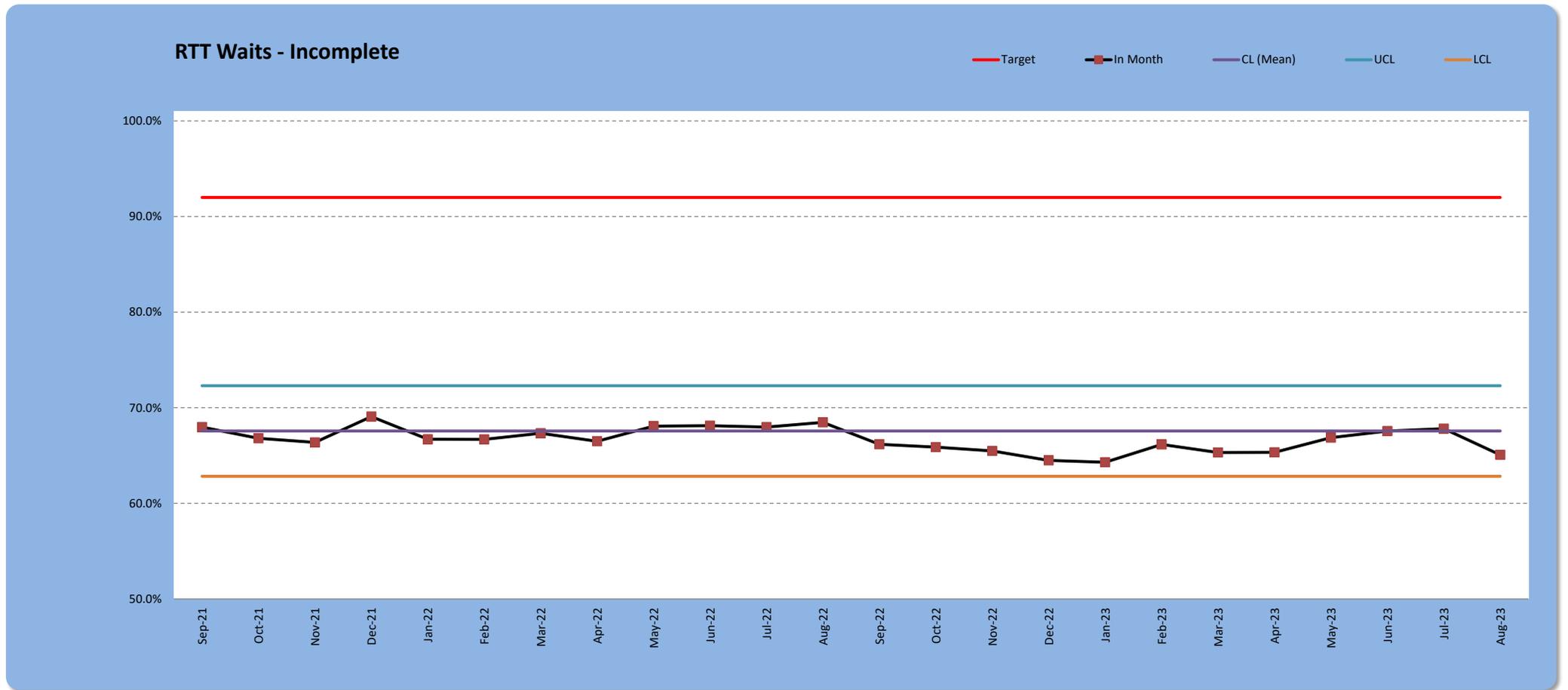
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
92%	85%	65.1%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson	OP 21



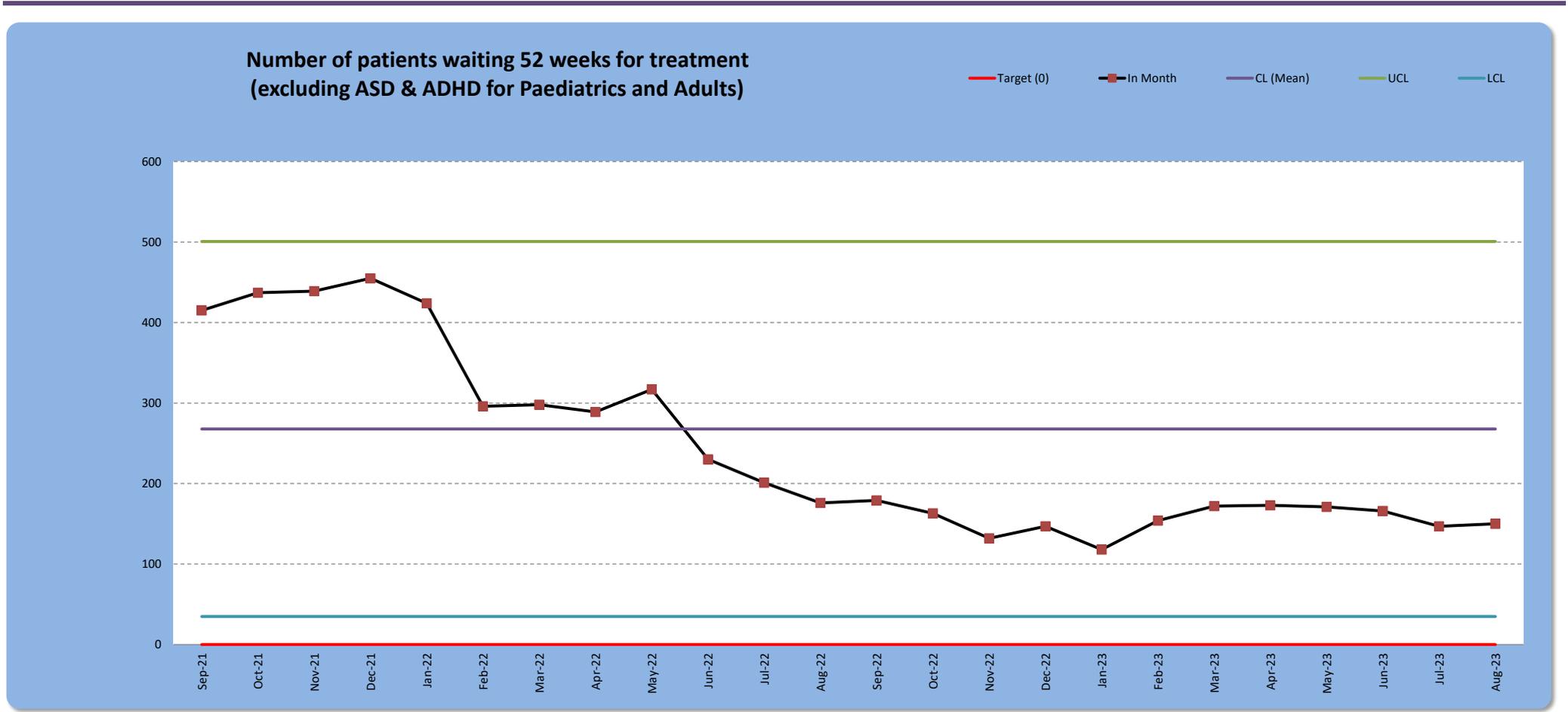
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
0	0	150

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. <i>(Excludes ASD & ADHD Services for both Adult and Paediatrics)</i>	Lynn Parkinson	OP 22x



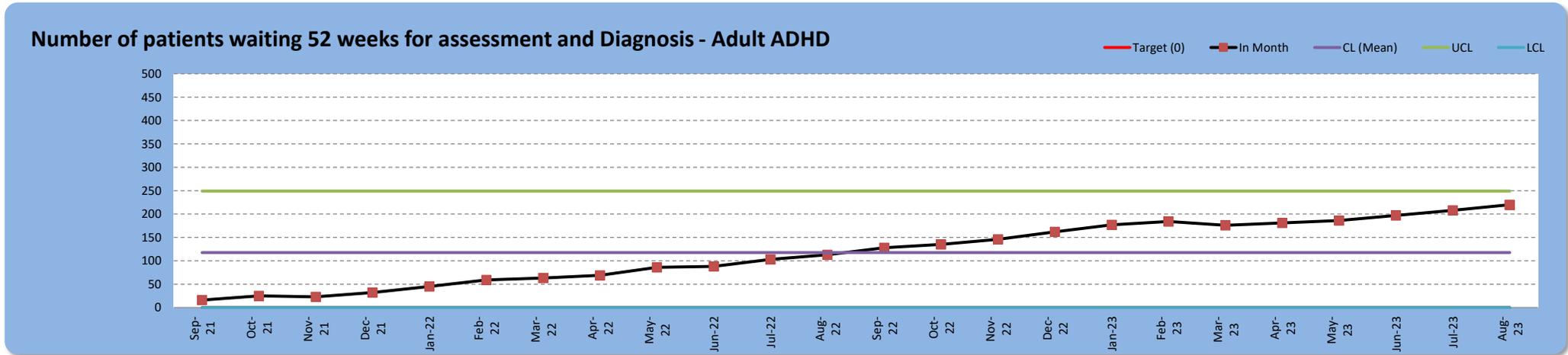
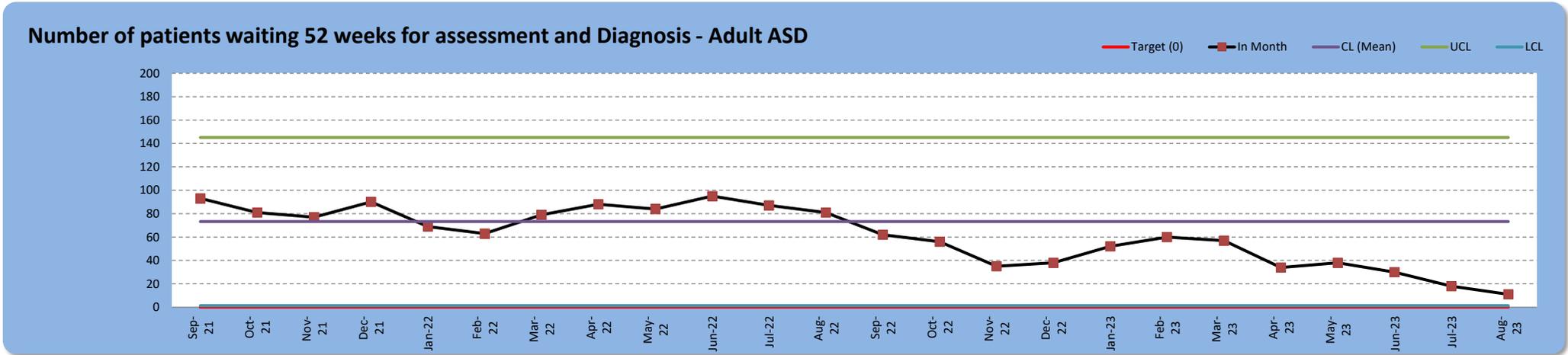
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
0	0	231

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u



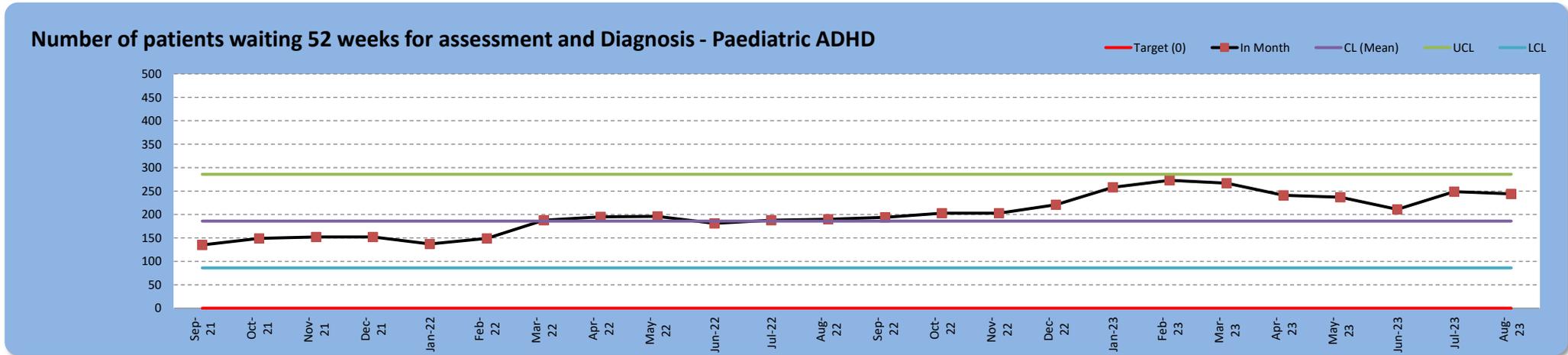
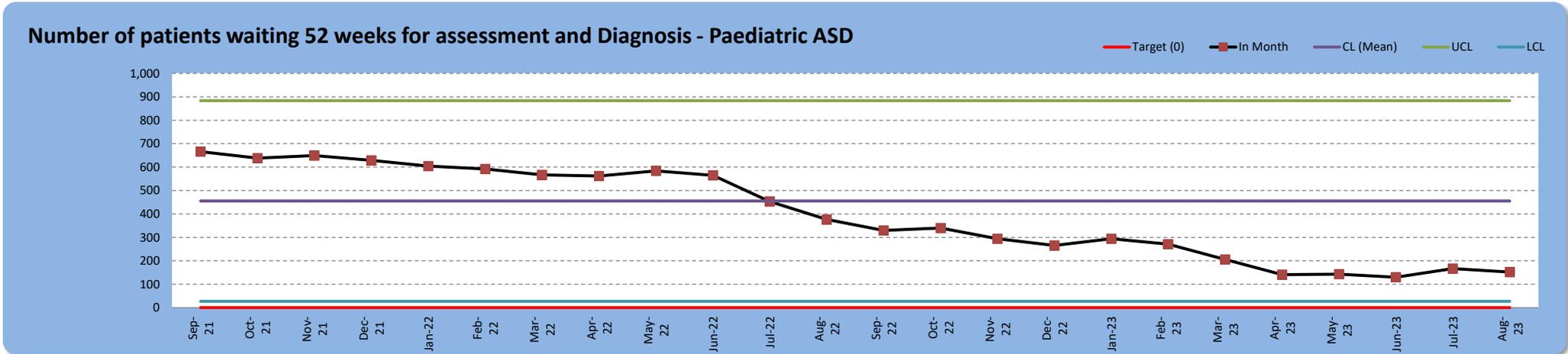
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
0	0	396

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



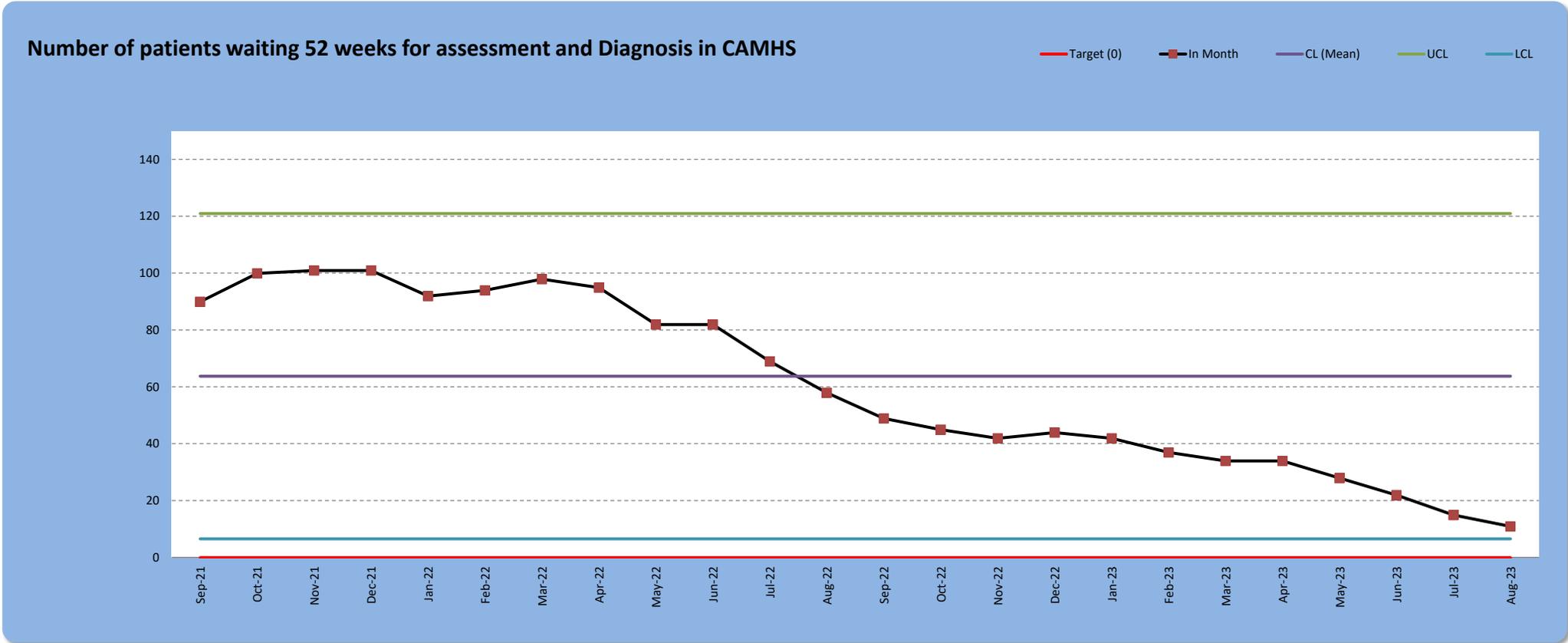
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
0	0	11

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



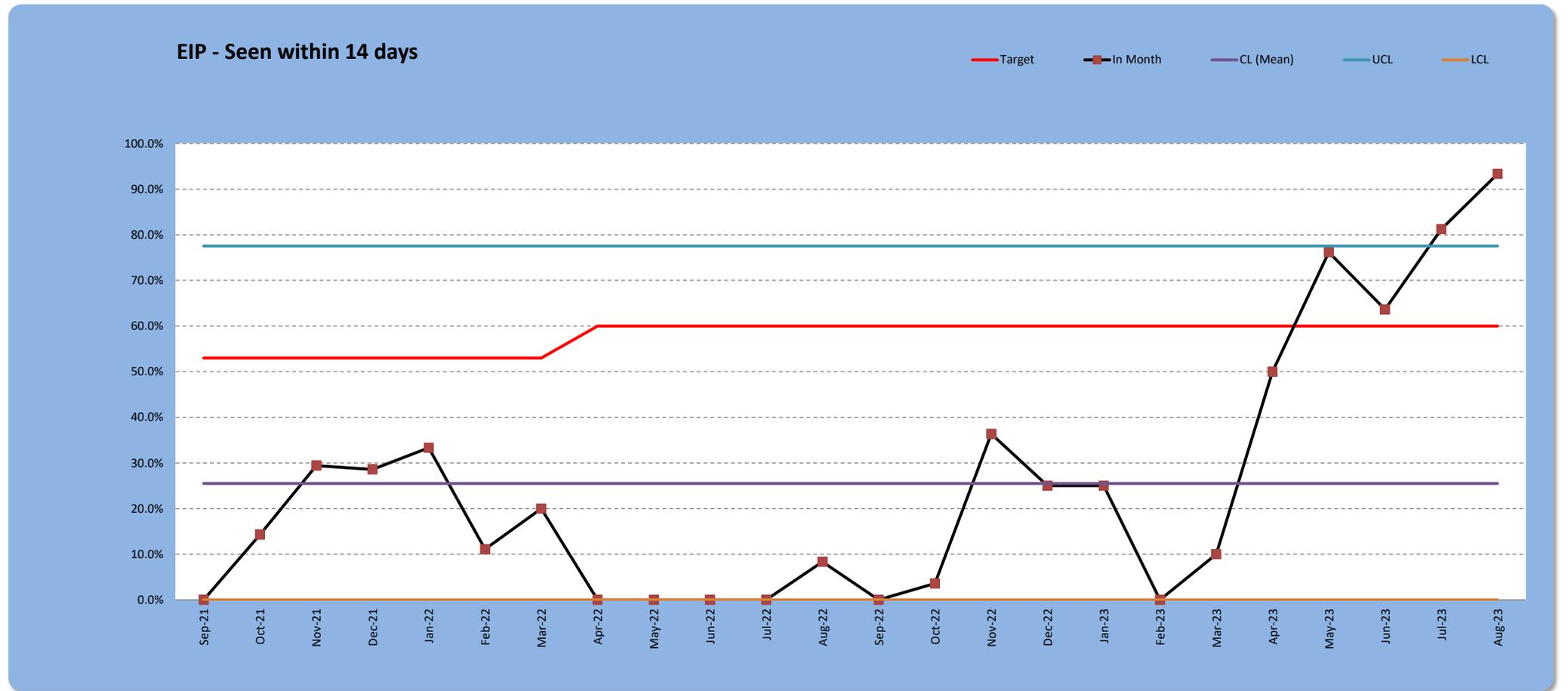
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
60%	55%	93.3%

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



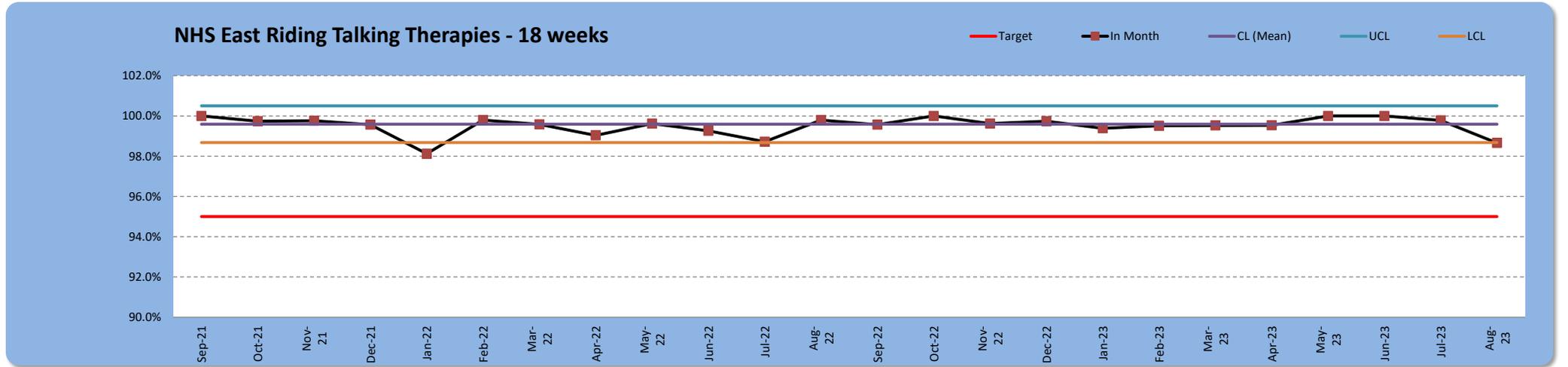
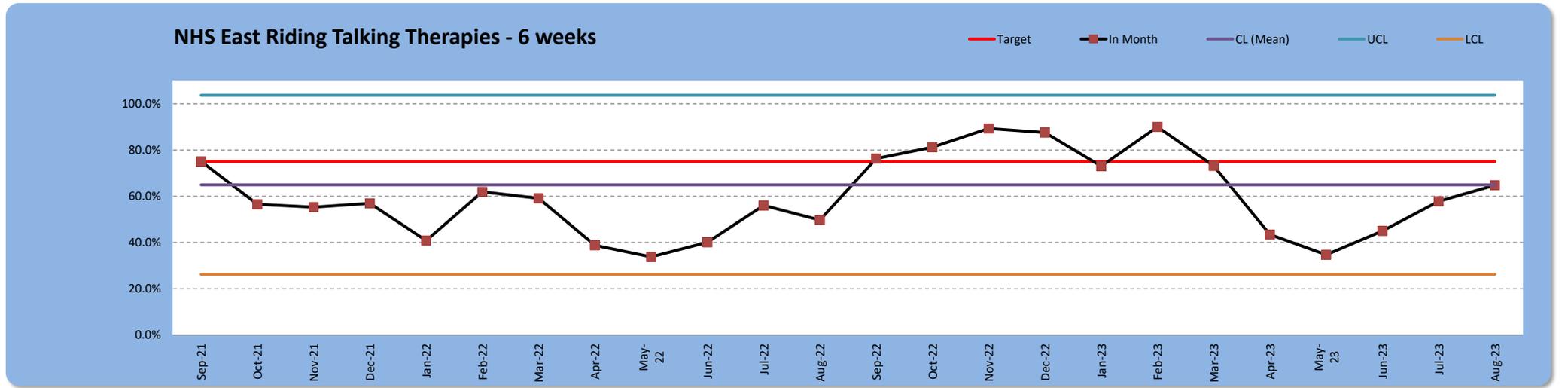
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	64.8%	95%	85%	98.7%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral (East Riding)	Lynn Parkinson	OP 10a



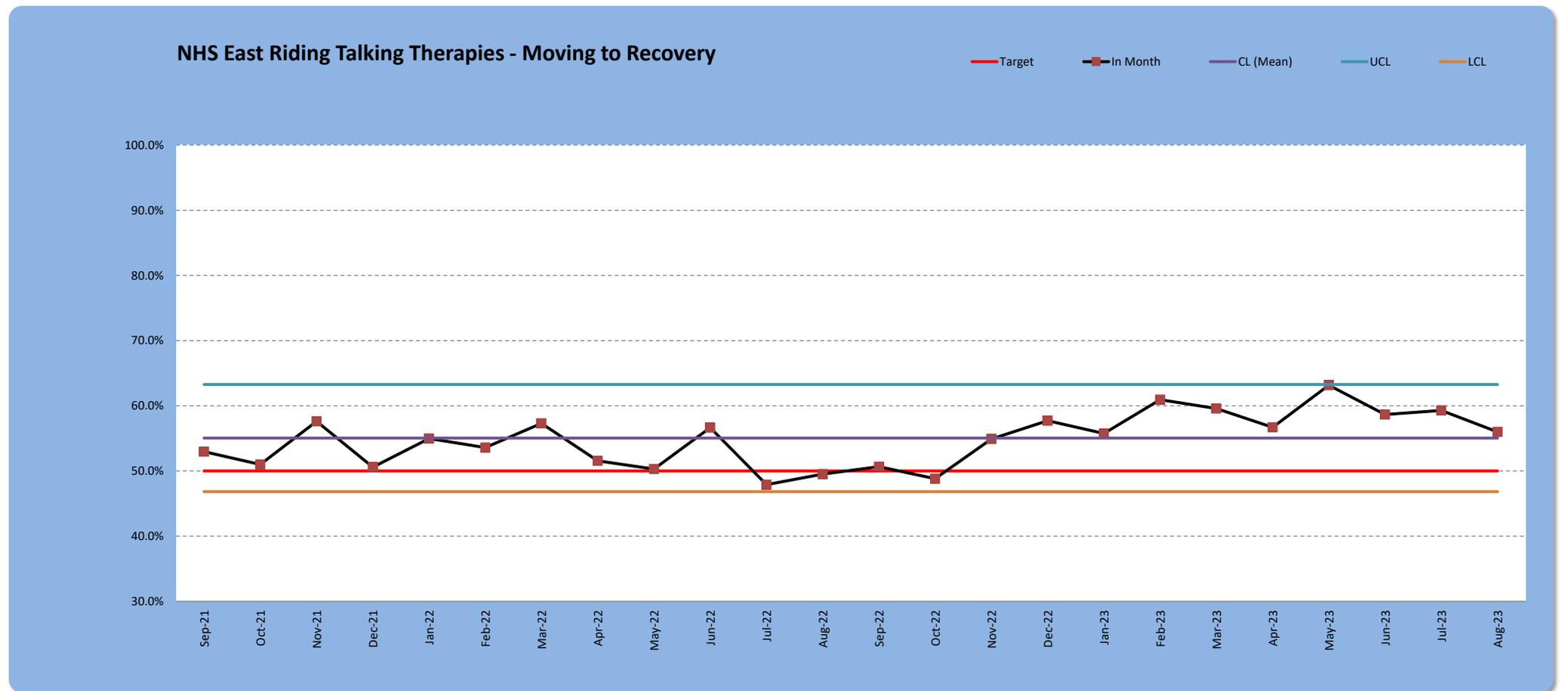
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
50%	45%	56.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding)	Lynn Parkinson	OP 11



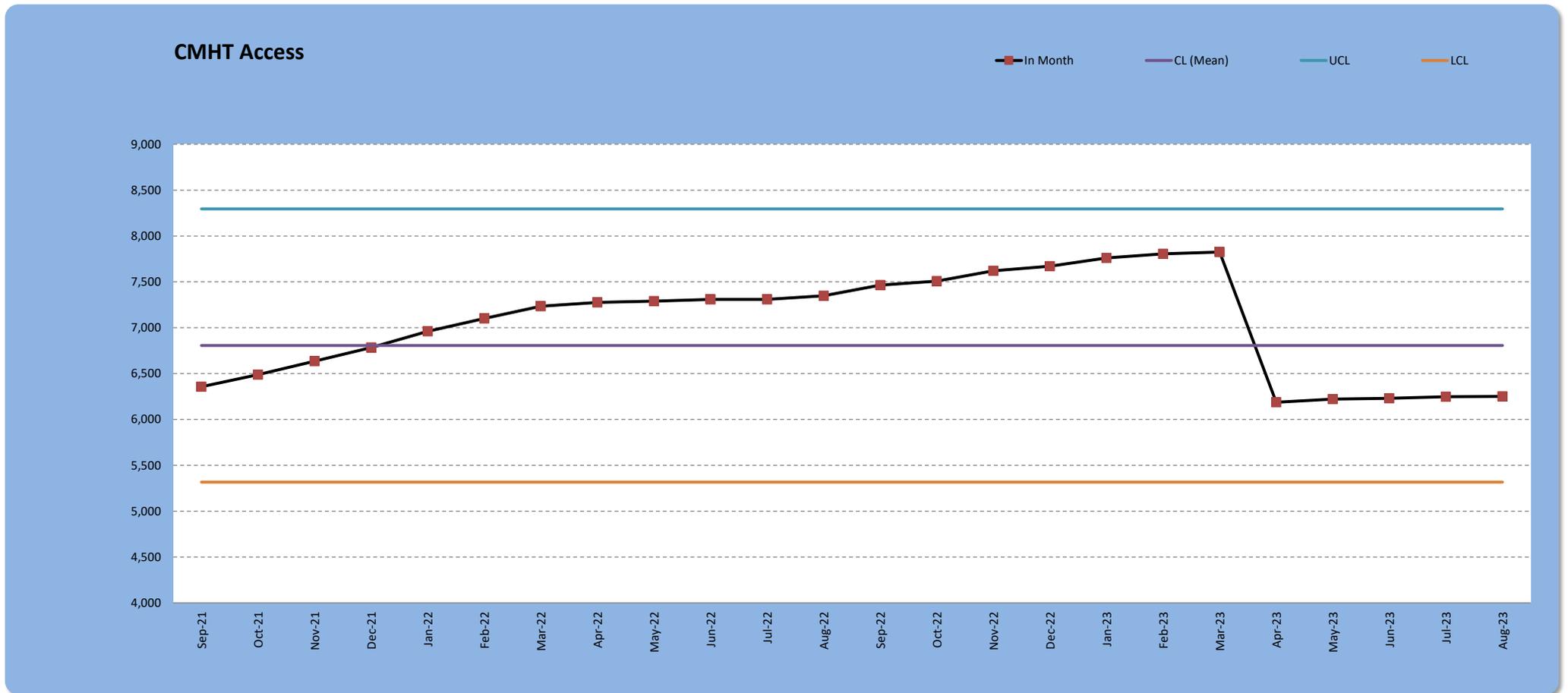
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	6251

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Lynn Parkinson	MHS108



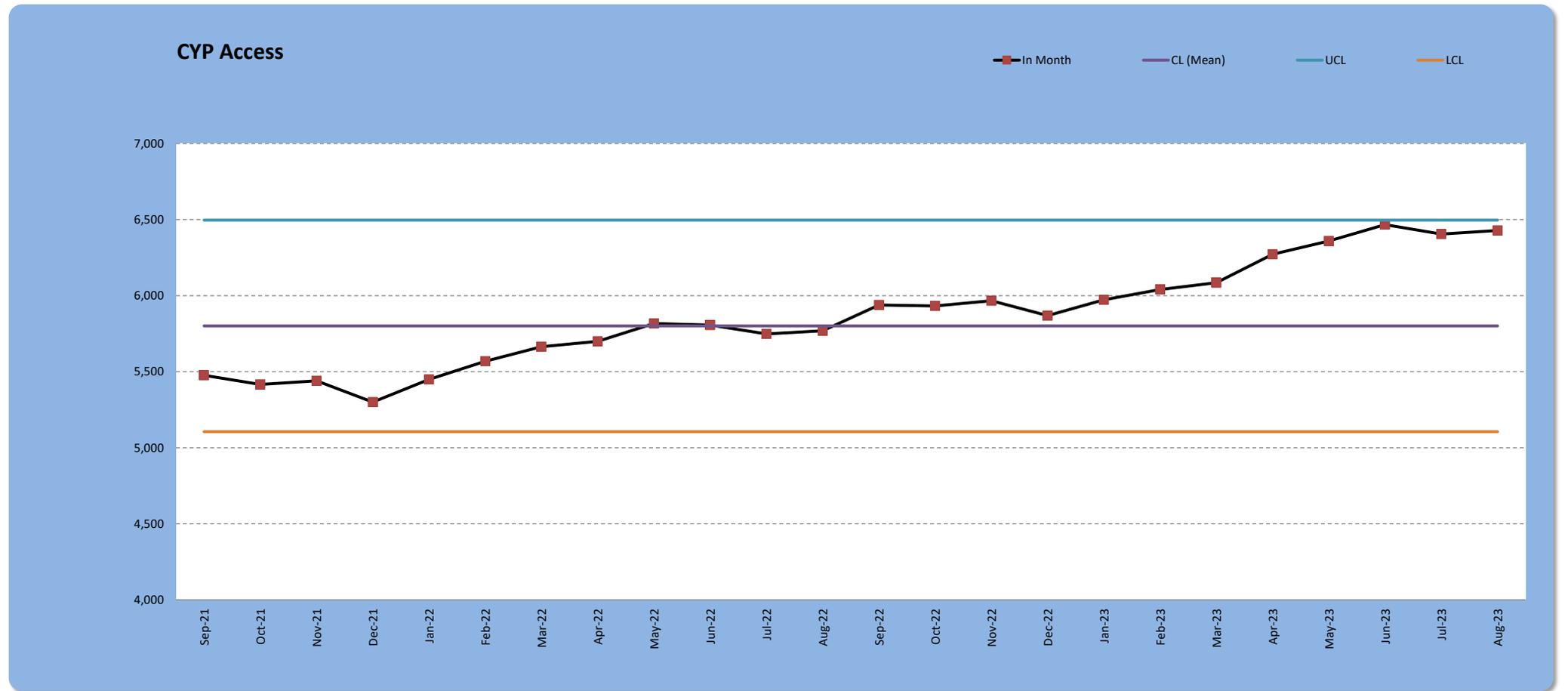
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	6429

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.	Lynn Parkinson	MHS95



PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

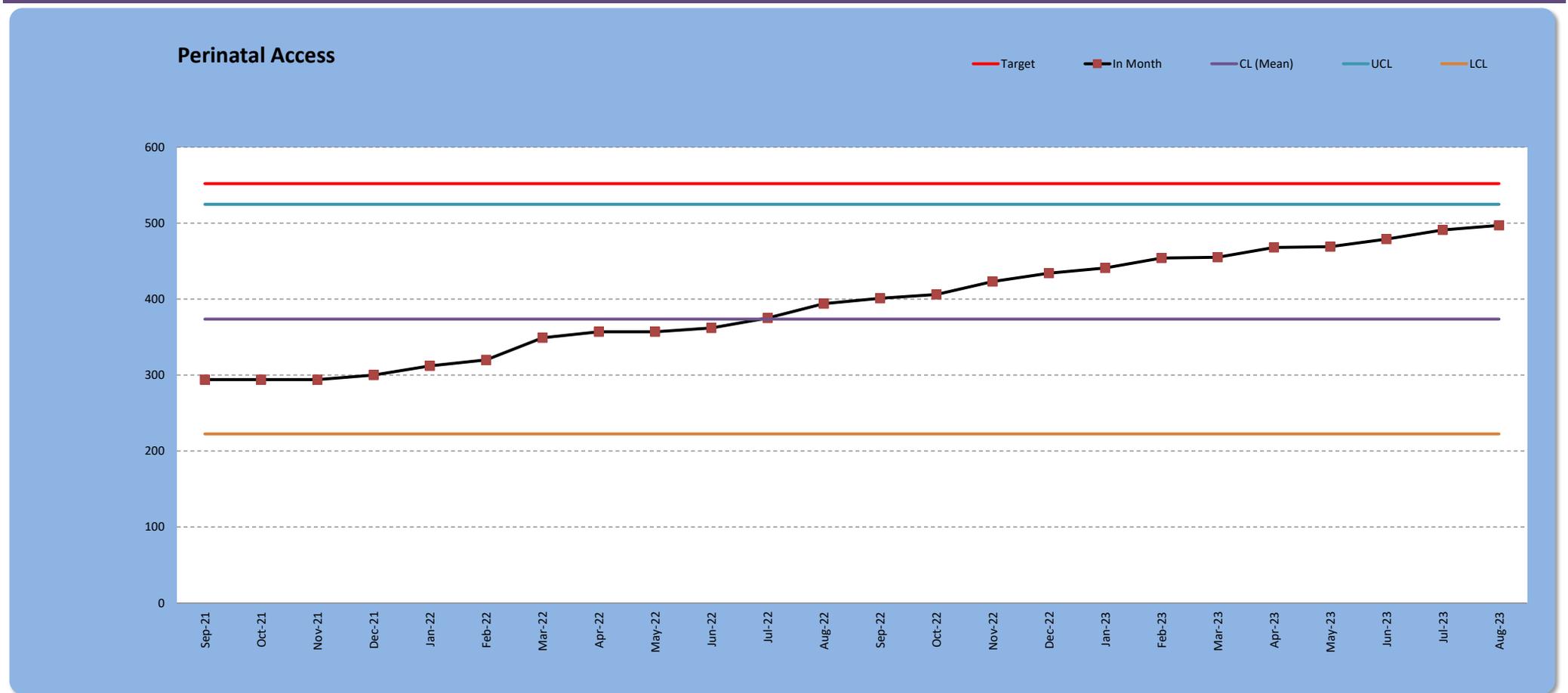
For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	497

Indicator Title	Description/Rationale
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull and East Riding only)</i>

Executive Lead
Lynn Parkinson

KPI Type
MHS91



PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **August 2023**

Target:	Amber:	Patients OoA within month:
0	0	13

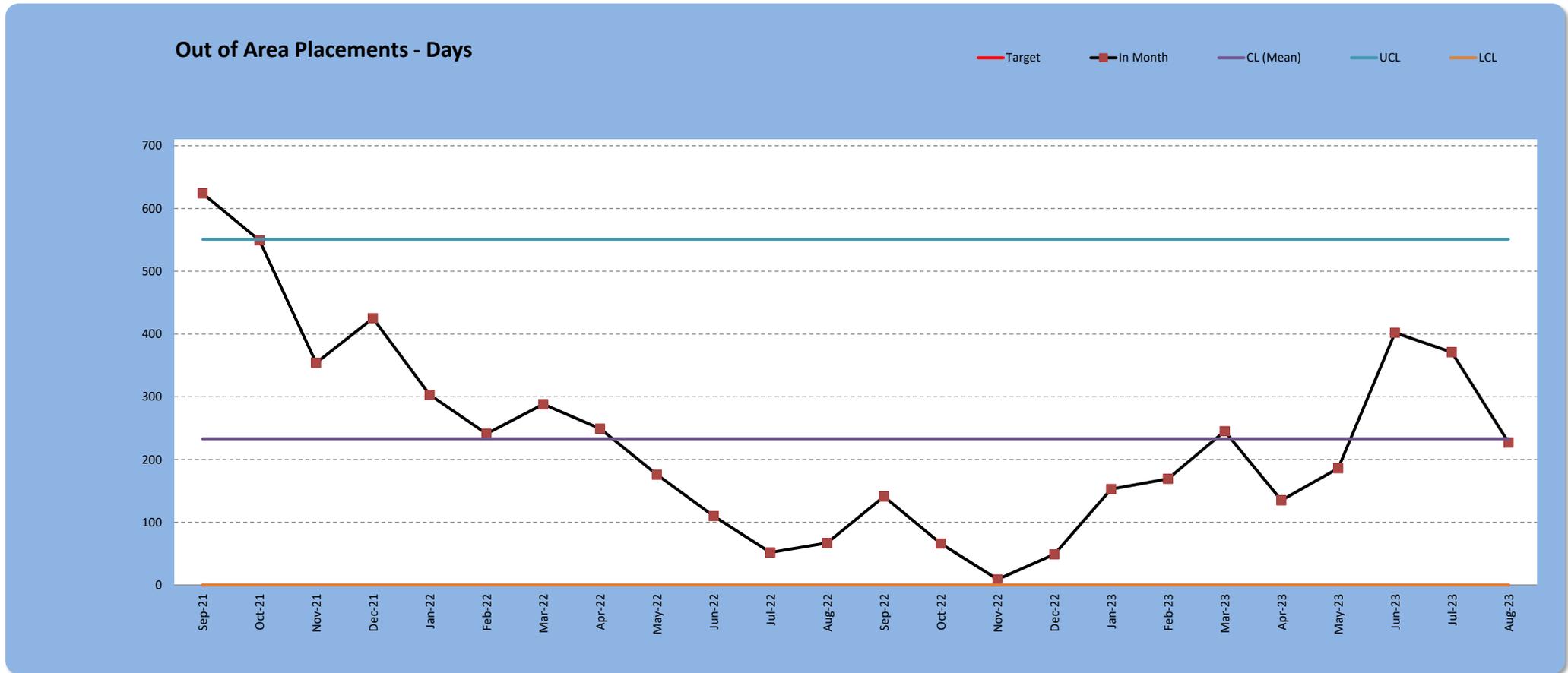
Split:	# days	# patients
Adult	47	4
OP	99	5
PICU	81	4

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

Executive Lead
Lynn Parkinson

KPI Type

ST 4b



PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **August 2023**

Split for Current month:

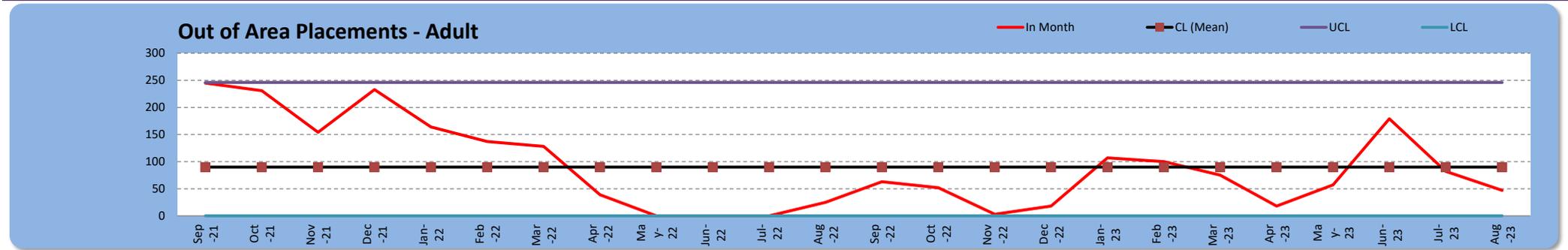
Aug-23	
47	Adult
99	OP
81	PICU
227	Total

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

KPI Type

ST 4 split



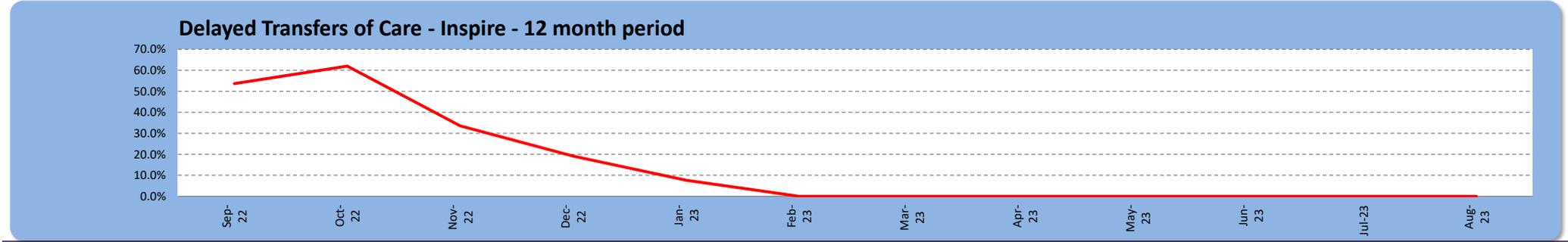
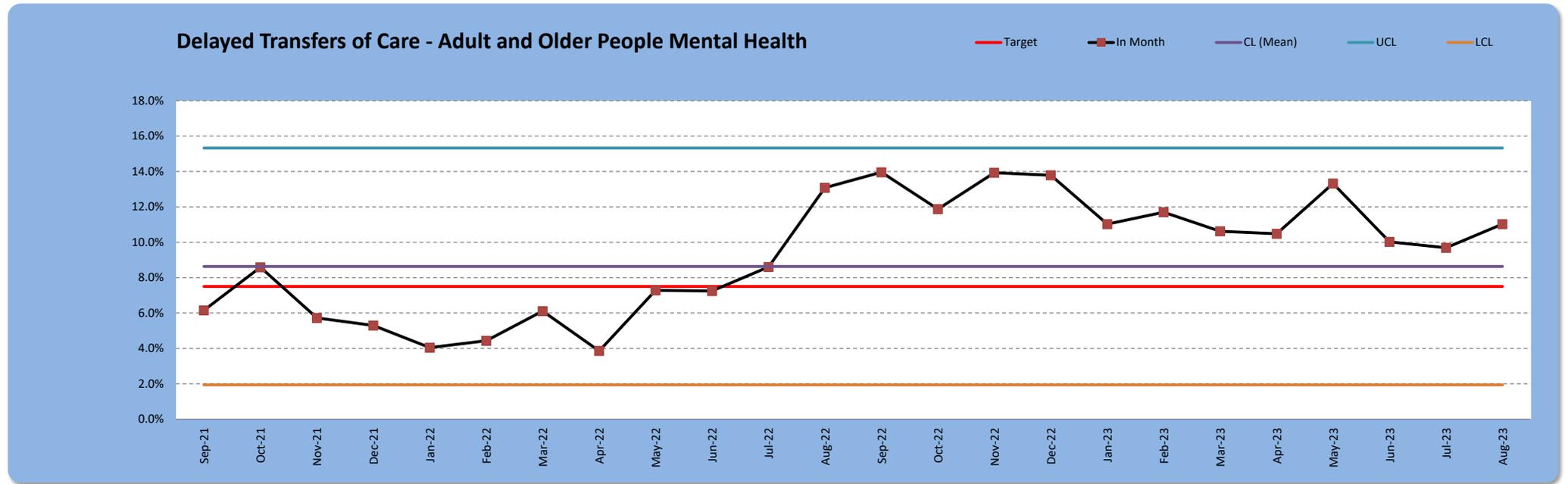
PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **August 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	11.0%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	Lynn Parkinson	OP 14



PI RETURN FORM 2023-24

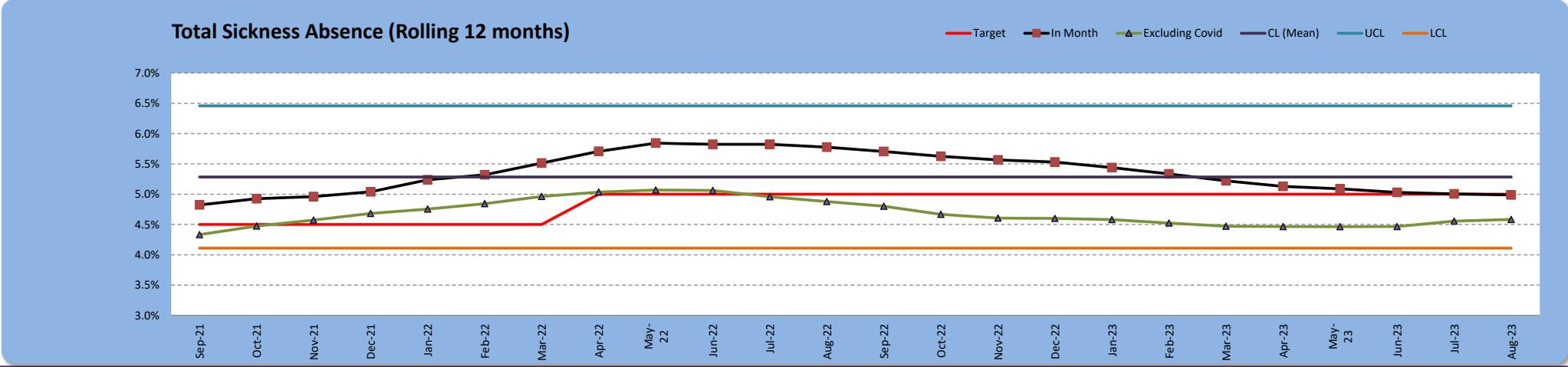
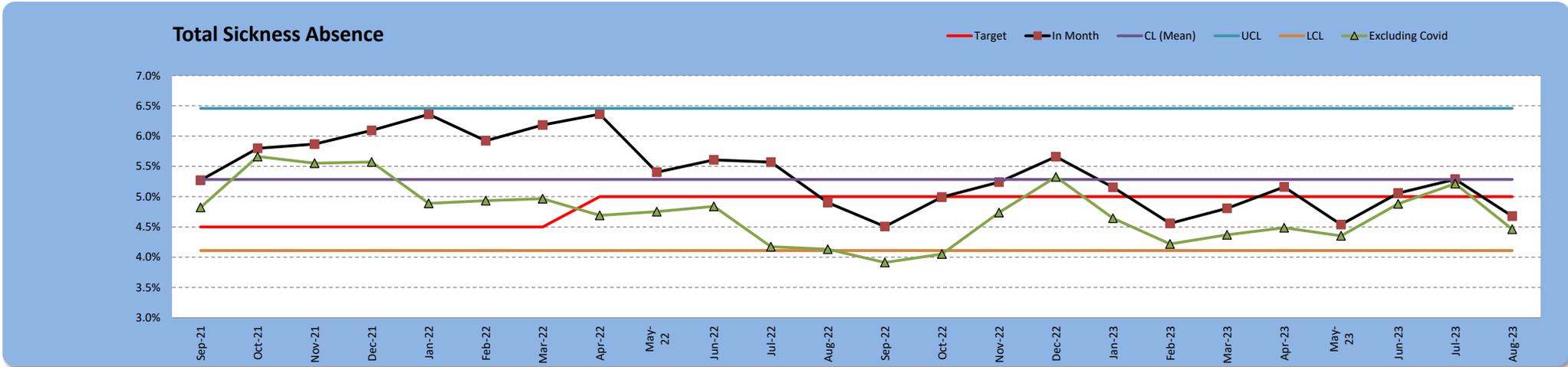
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

August 2023

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.2%

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	



PI RETURN FORM 2023-24

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **August 2023**

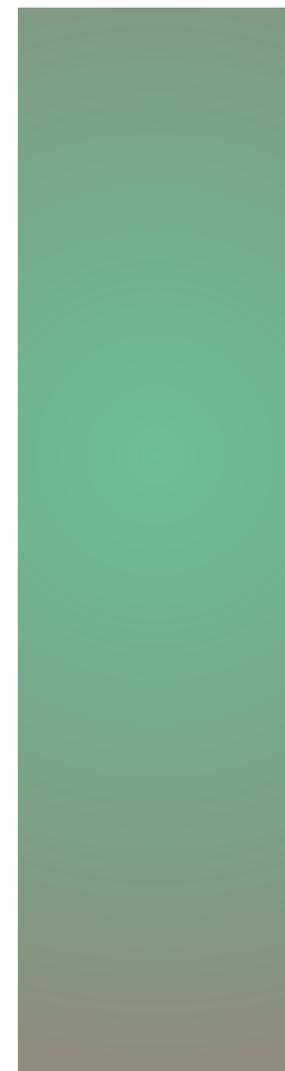
Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	1.0%	10%	9%	13%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. Employee Transfers Out are excluded	Steve McGowan	WL 3 TOM Exc TUPE





Humber Teaching
NHS Foundation Trust



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 13/09/2023

TPR Waiting Times Narrative – August 2023

Indicator/Service	Narrative
CPA 12m Reviews	<p>CPA Reviews</p> <p>Following a continuous downward trend from April to July for this indicator, the target was not achieved in July for the first time since October 2022 (94.1%). August has shown an improved position (94.9%) against a target of 95%.</p> <p>Divisions have been asked to work closely with the Performance and Access Manager to provide assurance in the following areas:</p> <ul style="list-style-type: none"> - validity of data - plans to address non-compliance - embedded monitoring processes within the Divisions <p>Early findings from this work has highlighted data quality issues as follows:</p> <ol style="list-style-type: none"> 1. Recording of events/timely recording of events 2. CPA flags remaining active when clinical decision has been made to discharge. <p>Work continues with General Managers and Service leads to address these issues to ensure an accurate performance position is reported and CPA reviews are proactively managed and improvement is sustained.</p>
Memory Diagnosis - >18wks	<p>Memory Assessment Service (MAS) continue to make good progress in recovering the >52ww position (3 over 52wks as at 18/9/23, diagnostic delays and patient cancellation reasons). The over 18ww position however has been steadily increasing since June which is to be expected due to a significant rise in referrals in March.</p> <p>Capacity and Demand analysis results highlighted recurrent and non-recurrent needs; MAS has been listed as a priority for 24/25 planning intentions.</p>
RTT Waits – Complete	<p>August achieved 85.2% against a 95% target which is an improvement from July (84.5%).</p> <p>A continued focus on recovery of long waits is contributing to this position as patients are commencing treatment having already waited beyond 18wks.</p>

RTT Waits - Incomplete	<p>The incomplete position deteriorated in August (65.1% from 67.6% in July). By comparing July and August's waiting list position there has been a reduction in overall waits by 552 and an increase in patients waiting over 18wks by 182. There are a number of factors that can influence this position:</p> <ul style="list-style-type: none"> - Demand - Clock stop activity volumes - Clock stop activity length of wait - Combinations of the above <p>Detailed recovery plans are in place for each service breaching the over 52 week wait position and these continue to be monitored closely by the Performance and Productivity Group reporting to the Operational Delivery Group (ODG).</p>
Adult ASD >52wks	<p>At the end of August 11 patients had been waiting longer than 52weeks to commence assessment, an improvement by 7 from July.</p> <p>The recovery plan that was developed prior to the service moving from pay per case to block contract was reliant on continued use of Independent Provider capacity. This has now ceased due to the change in funding arrangement. The service will however achieve recovery of the 52ww position by the end of September (currently only 3 patients over 52wks) though this. Options for sustainable provision have been included in a Neurodiversity Option Appraisal proposal and have been discussed with the commissioner to be consider in the planning intentions provision for 2024/25.</p>
Adult ADHD	<p>The position continues to deteriorate due to increased demand and challenges with commissioned capacity.. There are now 220 patients that have waited longer than 52wks for assessment/treatment.</p> <p>The recovery plan associated with Adult ADHD was paused in May due to the change in funding arrangements (pay per case to block contract). Meetings are taking place with ICB commissioners to discuss and agree options to address the growing waiting list and gap in funding; Adult ADHD has been listed as high priority in the Medium Term Financial Planning for 24/25. Review of the block arrangement has highlighted that the service is significantly underfunded against current demand (shortfall of 55 assessments p/m). Whilst the ICB already held a contract with Psychiatry UK to deliver assessments and treatments on a cost per case basis for East Riding; Psychiatry UK have recently announced that due to demand pressures, they are unable to continue to accept referrals or support with clearance of Humber's growing waiting list for Hull based referrals.</p> <p>The service are now focusing all available capacity on commencing with treatment for those patients diagnosed and requiring medication. Adult ADHD provision is on the risk register with a risk score of 16 which has met the threshold for escalation to EMT. A worsening position should continue to be expected whilst plans continue to be discussed and agreed.</p>

Paediatric ASD >52wks	<p>At the end of August 152 patients had waited beyond 52weeks to commence assessment, which was an improvement by 15 from July.</p> <p>The recovery trajectory has now been refreshed to take into consideration the new Independent Sector contract which has been finalised. The service are expecting to continue recovery of the assessment waiting list however, the trajectory indicates that by the end of March 2023, there will be a gap of 190 caused by the ongoing increase in demand. This is included with in the commissioning intentions work.</p>
Paediatric ADHD >52wks	<p>The position at the end of August was 244 patients waiting over 52wks for assessment/intervention.</p> <p>The assessment recovery trajectory has now been refreshed to take into consideration the new Independent Sector contract which has been finalised. The service are expecting to continue recovery of the assessment waiting list. The trajectory indicates that by the end of March 2023, there will be a gap of 68, which will deteriorate in the absence of further funding into 24/25.</p>
Core CAMHS >52wks	<p>The over 52ww position has further improved in August (11 from 15 in July).</p> <p>The service is exploring new ways of working whilst continuing to recover the routine waiting list in their most challenged areas:</p> <ul style="list-style-type: none"> - Creative Therapies - Cognitive Behavioural Therapies (CBT) <p>The service is currently working with the national CLEAR programme which involves reviewing current delivery models and workforce structures to identify opportunities to streamline and support with efficiencies and productivity. Waiting list validation remains an integral part of this improvement process. Non-recurrent funding awarded by the ICB is being used to support with clearance of the >52wks.</p> <p>Families First Pilot</p> <p>The service has developed a new pathway which is due to be piloted in September by 2 members of staff involving 6 families over a 4week period.</p> <p>This will be an early family intervention and it is anticipated that further need to access individual therapies will be reduced. The approach will offer parents and carers strategies and information to support young people.</p>

	<p>There will be a review of this approach following the pilot in order to fully understand and evidence the benefits prior to rolling out further.</p> <p>The proposal has been discussed and agreed via the Clinical Network.</p>
EIP	<p>93.3% compliance was achieved in August against a 60% target.</p> <p>Referral levels remain under constant review and work continues with the national team to understand potential investment requirements for this service.</p> <p>The service is forecasting an increase in referrals and conversations are taking place with commissioners regarding sustainability.</p>
East Riding Talking Therapies (previously IAPT)	<p>18ww Standard – 98.7% compliant against this standard in August.</p> <p>6ww Standard – 64.9% were seen within 6 weeks in August which was an improvement from July (57.8%), ongoing recovery expected within the next 2 months.</p> <p>The service is exploring a range of improvement initiatives including:</p> <ul style="list-style-type: none"> - Short notice waiting list – to enable rebooking into last minute cancellation slots - Contracted providers to increase capacity to support recovery (within funding) - DNA & cancellation audit - Changes to patient communication <p>Capacity and Demand analysis work has been completed, the results of which are due to be shared at the Performance and Productivity meeting.</p>
OAP	<p>13 patients were placed out of area in August, equating to 233 bed days, a reduction from July across all areas.</p> <p>The continued work to improve the DTOC position will improve the out of area placements overall and in addition the service continue to review patient flow pathways to ensure the efficient flow of patients is maximised to reduce the reliance on our of area beds. The service repatriate patients locally as beds become available. A transformation project is underway to review patient flow and delays in transfer to assess where further improvements to the acute care pathway can be made.</p>

DTC	<p>The number of patients whose transfers are delayed remain high in Adult and Older Peoples Mental Health. The routine escalation meetings with the local authority and Place partners continue and plans for the long-term delayed patients who require complex care packages are beginning are progressing and some long term patients have been successfully discharged. 90% of the delays relate directly to housing and social care requirements.</p> <p>227 OOA days from 371 in July: 47 – Adult 90 – OP 90 - PICU</p>

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting– 19 th October 2023		
Title of Report:	Finance Report August 2023		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
	The Council of Governors are asked to note the Finance report and comment accordingly.		
Purpose of Paper:	<p>This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2023 to August 2023.</p> <p>This is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.</p>		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> The cash balance at the end of Month 5 was £22.971m, work to increase the cash position is continuing. The Better Payment Practice Code figures show achievement of 95.8%. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> The Trust is in dialogue with the Commissioners to resolve the funding/contractual position regarding third party property costs 	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The Month 5 position was a deficit of £0.250m owing to increased third party charges for property costs. 		Decisions Made: <ul style="list-style-type: none"> The Council of Governors are asked to note the Finance report and comment accordingly. 	
Governance:		Date	Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council
	Trust Board		19.10.23

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

**Council of Governors
Finance Update Report (August 2023)**

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3 month period June 2023 to August 2023.

2. Performance 2022/23

The Trust is required to achieve a break-even position for the year.

Table 1 shows for the period ended to 31 August 2023 that the Trust recorded a deficit position of £0.250m, details of which are summarised in table 1 on the following page.

The reason for this adverse variance to plan relates to an increase in Third Party Property Charges at Whitby and Malton Hospitals. These have previously been funded from the North Yorkshire Commissioners; however the Trust has been notified by Commissioners that this will not take place in 2023/24.

The Trust are in dialogue Commissioners regarding this issue, highlighting that a contract was agreed which specified the support for property costs when they increased above budget.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.015m year to date, this takes the ledger position to a deficit of £0.265m.

Table 1: Reported I&E Position 2022/23

	June 2023 £003	July 2023 £003	August 2023 £003
Income	46,085	61,568	76,638
<i>Less: Expenditure</i>	43,604	58,341	72,874
EBITDA	2,481	3,227	3,764
Finance Items	2,490	3,239	4,029
Ledger Position:	(9)	(12)	(265)
Exclude: Donated Asset Depn	(9)	(12)	(15)
Net Position Surplus/(Deficit)	-	-	(250)
EBITDA	5.4%	5.2%	4.9%
Deficit (-%)/Surplus %	0.0%	0.0%	-0.3%

To achieve the current financial position the Trust has released £0.640m of Balance Sheet flexibility in Month 3 to enable the then break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 5 bearing in mind that the pressure relates to a funding/contractual issue.

A more detailed summary of the income and expenditure position as at the end of February 2023 is shown at appendix A. Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

Children's and LD is reporting a £0.056m overspend. Pressures within CAMHS and CAMHS Inpatient units are apparent and are being offset by a number of minor underspends elsewhere in the Division

2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.071m. This is made up of a £0.077m overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on locum doctors with a focus on 2023/24 run rate.

2.3 Mental Health

The division is showing an overspend of £0.455m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and Older Adult Units which require increased safer staffing numbers. In addition to this there are constraints within the system that are leading to delayed discharge of patients, this leads to the Trust incurring additional expenditure on placing patients in Out of Area Beds. This has improved over the month but there is still risk as we approach winter..

2.4 Forensic Services

Forensic Division is showing an underspend of £0.202m and is a result of a number of minor savings.

2.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing an underspend of £0.889m, the main factor being items held centrally to offset pressures.

2.6 Forecast

The Month 5 position is overspending by £0.250m which isn't in line with the ICB system target for the Trust of a break-even position. The Trust have communicated this to the ICB along with a potential forecast deficit of £0.600m if funding from commissioners does not materialise.

3. Cash

As at the end of August 2023 the Trusts Cash Balance was £22.971m, cash balances across the reporting period are summarised below:

Table 2: Cash Balance

	June 2023 £004	July 2023 £005	August 2023 £006
Government Banking Service	29,658	25,732	22,794
Nat West	263	103	144
Petty Cash	33	33	33
Net Position	29,954	25,868	22,971

The Trust has recently issued a number of invoices for costs in relation to the Yorkshire and Humber Care Record and has been pro active in chasing debtors, all of which will we expect to see an increase in the cash position for future months

A full cashflow forecast is scheduled for the Finance and Investment Committee meeting in October.

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 5. The current position is 95.1% for non-NHS and 97.9% for NHS, work continues to maintain this performance.

Table 3: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	15,510	48,153
Total bills paid within target	14,681	45,815
Percentage of bills paid within ta	94.7%	95.1%
NHS		
Total bills paid	586	14,509
Total bills paid within target	529	14,200
Percentage of bills paid within ta	90.3%	97.9%
TOTAL		
Total bills paid	16,096	62,662
Total bills paid within target	15,210	60,015
Percentage of bills paid within ta	94.5%	95.8%

6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1
Income and Expenditure Position Month 11

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	166,181	13,852	13,742	(109)	69,218	69,808	590
Clinical Income	15,971	1,505	1,328	(177)	6,680	6,830	150
Total Income	182,152	15,357	15,070	(287)	75,898	76,638	740
Expenditure							
Clinical Services							
Children's & Learning Disability	39,551	3,445	3,356	89	16,584	16,508	56
Community & Primary Care	29,748	2,473	2,479	(6)	12,354	12,428	(71)
Mental Health	57,184	4,755	4,882	(127)	23,943	24,399	(455)
Forensic Services	13,668	1,140	1,077	63	5,688	5,484	202
	140,151	11,812	11,794	19	58,548	58,816	(268)
Corporate Services							
	34,410	2,987	2,740	248	14,947	14,058	889
Total Expenditure	174,561	14,800	14,533	266	73,495	72,874	621
EBITDA	7,592	557	537	(21)	2,403	3,764	1,361
Depreciation	5,880	490	470	20	2,450	2,415	35
Interest	(600)	(50)	(77)	27	(250)	(374)	124
IFRS 16	1,970	164	199	(35)	821	999	(178)
PDC Dividends Payable	2,341	195	195	-	976	976	-
Operating Total	(2,000)	(242)	(251)	(9)	(1,593)	(250)	1,343
BRS	(2,000)	(243)	-	(243)	(1,594)	-	(1,594)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Operating Total	0	0	(251)	(251)	0	(250)	(250)
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	300	-	-	-	-	-	-
Grant Income	-	-	-	-	-	-	-
Donated Depreciation	82	7	3	4	34	15	19
	(382)	(6)	(254)	(247)	(34)	(265)	(232)
Excluded							
Commissioning	-	9	0	9	(0)	0	(0)
Ledger Position	(382)	(16)	(254)	(238)	(34)	(265)	(232)
EBITDA %	4.2%	3.6%	3.6%		3.2%	4.9%	
Surplus %	-1.1%	-1.6%	-1.7%		-2.1%	-0.3%	

Agenda Item 13

Title & Date of Meeting:	Council of Governors Public Meeting 19 October 2023														
Title of Report:	Involvement Opportunities														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production)														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	To share with the Council of Governors the various involvement opportunities available for individuals to participate in.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Trust wide involvement and engagement forums/meetings have been running for several years and membership has grown from strength to strength. Governors are represented on all Trust forums. 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for patients, service-users, carers, and staff when receiving treatment, care, and support from any organisation within the ICS. <p>The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the King's Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems.</p> <p>The project will define what 'good communication' looks like and develop a charter to ensure that everyone knows what they can expect from their NHS and other organisations across our region.</p> <p>Our Trust has three representatives on the Integrated Care System/King's Fund Communication Charter project steering group (2 Governors and the Assistant Director of Patient and Carer Experience and Co-</p>													

	production).																
Key Risks/Areas of Focus: • No matters to escalate	Decisions Made: •																
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Report to Council</td> <td>19.10.23</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	19.10.23	Trust Board			
		Date		Date													
	Appointments, Terms & Conditions Committee		Engaging with Members Group														
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	19.10.23													
Trust Board																	

Monitoring and assurance framework summary:

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

Involvement Opportunities

1.0 Introduction

The purpose of this paper is to provide information on the various forums available for individuals to join. The forums provide a platform to share the work taking place throughout the Trust and are a catalyst for actively engaging and involving our communities in Trust activities. The paper will also inform which Governors participate in the different forums.

As well as forums, there are several other ways in which individuals can get involved in Trust activities. Refer to appendix 1 which provides an overview of the various opportunities.

2.0 Forums

There are a range of forums available for governors, patients, service users, carers, staff and partner organisations to access.

2.1 Patient and Carer Experience (PACE) forums

These forums take place every four months and are chaired by the Assistant Director of Patient and Carer Experience and Co-production. The forums alternate between face to face and virtual meetings.

Hull and East Riding Patient and Carer Experience forum provides a platform for individuals who have an interest in Trust wide and Hull and East Riding services. Each forum raises awareness of patient and carer experience, shares presentations on topical initiatives and provides opportunities for individuals to have a voice and participate in Trust activities.

Governors on the membership include Tom Nicklin, Marilyn Foster and Anthony Houfe.

Whitby and District Patient and Carer Experience forum provides a platform for individuals who have an interest in Trust wide and Whitby & District services. Each forum raises awareness of patient and carer experience, shares presentations on topical initiatives and provides opportunities for individuals to have a voice and participate in Trust activities.

Governors on the membership include Doff Pollard and Anthony Houfe.

Joint Scarborough and Ryedale (in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust) provides a platform for individuals who have an interest in the Scarborough and Ryedale services provided by the Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust. The newest of our forums, a launch event took place in May 2023. The forum will raise awareness of patient and carer experience, share presentations on topical initiatives and provide opportunities for individuals to have a voice and participate in activities across both NHS Foundation Trusts. The forums are always face to face.

Governors on the membership include Tim Durkin and Anthony Houfe.

2.2 Veterans forum provides a meeting place for veterans and serving members of the forces, their friends and family members and Trust staff with either an interest in supporting veterans or who currently have or have had friends and family members serving in the forces. The Trust has recently been re-accredited as Veteran Aware. For further information, please visit our website at [Veteran Aware \(humber.nhs.uk\)](http://Veteran Aware (humber.nhs.uk)). These forums take place every four months and are chaired by the Assistant Director of Patient and Carer Experience and Co-production. The forums alternate between face to face and virtual meetings.

Governors on the membership include Sharon Nobbs and Tom Nicklin.

2.3 Humber Co-production Network is a partnership engagement network of health, social care and education organisations for sharing practice knowledge, experience and resources. These forums take place every six months and are chaired by the Chief Executive. The forums are always virtual meetings.

Governors on the membership include Tim Durkin, Doff Pollard and Sue Cooper.

2.4 Staff Champion of Patient Experience forum provides a platform for staff to network and share good practice and learning with other staff champions of patient experience. As a member of the forum staff are an advocate of patient and carer experience for their team and hear first-hand of strategic Trust involvement opportunities available for staff, patients, service users and carers to participate in. These forums take place every four months and are chaired by the Assistant Director of Patient and Carer Experience and Co-production. The forums alternate between face to face and virtual meetings.

Governors on the membership include Joanne Gardiner, Sharon Nobbs and Tom Nicklin.

2.5 Patient and Carer Experience and Quality Improvement Strategies Working Group provides a platform to ensure the effective delivery of the Patient and Carer Experience Five Year Forward Plan and Quality Improvement strategy. These meetings take place every three months and are chaired on rotational basis by the Assistant Director of Patient and Carer Experience and Co-production and the Quality Improvement Manager. The meetings are always virtual.

Governors on the membership include Sharon Nobbs, Tom Nicklin and Marilyn Foster.

2.6 Involving Patients and Families Sub-Group of the Patient Safety Incident Response Framework (PSIRF) provides a platform to support the implementation of the Patient Safety Incident Response Framework (PSIRF) ensuring the Trust compassionately engages and involves those affected by patient safety incidents. The group is a catalyst to raise awareness of PSIRF through patient, family, carer and staff participation by ensuring everyone has a voice. These meetings take place every six weeks and are chaired on a rotational basis by the Assistant Director of Patient and Carer Experience and Co-production and the Patient Safety and Practice Development Lead. The meetings are always face to face.

Governors on the membership include Anthony Houfe.

2.7 Integrated Care System/Kings Fund Communication Charter Project Steering Group has been established to provide direction to drive forwards the communications charter project using collaborative and co-production techniques to ensure meaningful and full involvement of all members. The steering group provides a space for individuals to share their lived experiences to help inform service improvements and learning and to celebrate best practice. These meetings take place every month and are chaired on a rotational basis by staff members in the group. The meetings are always virtual.

Governors on the membership include Marilyn Foster and Brian Swallow.

3.0 Summary

Although all our forums have governor representation, we welcome new members. If you are interested in joining any of the Trust forums highlighted above, please contact the Patient and Carer Experience Team on email hnf-tr.patientandcarerexperience@nhs.net. The only exception is the Integrated Care System/Kings Fund Communication Charter Project Steering Group where membership has been agreed and includes a maximum of two governors per organisation.

Involvement in Trust Activities

Here are some of the ways that you can get involved in activities that take place across our Trust:

Patient & Carer Experience Forums

- Help raise the profile of patient and carer experience in our services.
- Have the opportunity to make positive and constructive suggestions about our services.
- Participate in improving and developing services within the Trust

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Sharing my Story

- Your story is a very valuable learning tool for staff
- Share positive or negative experiences to help drive improvement in the organisation
- Your story could prove a good support tool for others in similar situations

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Humber Youth Action Group - HYAG (for those aged 11 to 25)

- By joining HYAG you can help improve and co-produce children's and young people's health services.
- Members also gain new skills, training opportunities and new experiences, which are great for your CV.
- You can also be a part of interview panels for new staff within the Trust.

Email: hnf-tr.HYAG@nhs.net
Tel: 01482 389167

Quality Improvement

- Become a QI Champion to ensure that our Patients and Carer voice is heard.
- Have the opportunity to improve and shape our services.
- Use your experience and skills to enhance our programme and meet other Staff, Patients and Carers who also wish to make a difference.

Email: hnf-tr.qimprove@nhs.net
Twitter: @Humber_QI

Research

- You, and/or those close to you, could help us try out new treatments, complete questionnaires or provide samples for genetic testing.
- Become a Research Champion and help us promote research across our Trust and community.
- There may be opportunities to help guide new research ideas.

Email: hnf-tr.researchteam@nhs.net
Tel: 01482 301726

Recovery & Wellbeing College

- Become a member of our team and utilise your lived experience in a supportive peer volunteer role.
- Share knowledge, skills and lived experience as a volunteer guest tutor by developing and delivering a course.
- Take control of your own mental wellbeing and develop new skills by enrolling onto our workshops and courses yourself!

Email: hnf-tr.recoverycollege@nhs.net
Tel: 0800 917752

Recruitment

- You could meet the applicants as part of a patient and carer panel.
- Be part of the interview panel.
- Take part in an activity such as a group discussion with the applicants.
- The way you want to be involved will be determined by you.

Email: hnf-tr.patientandcarerexperience@nhs.net
Tel: 01482 389167

Health Stars

- Health Stars contributes to a thriving healthcare environment for NHS teams and their patients, by embracing generosity & investing in innovation.
- The Circle of Wishes is the place where you can tell us about the things you feel would make a real difference to Trust services. The things that would bring real "sparkle" to our services our patients and the wider community.

Website: healthstars.org.uk

Volunteering

- Use your valuable skills, knowledge and life experience to enhance our services.
- Improve your own health and wellbeing through helping others.
- Receive training and develop new skills.

Email: hnf-tr.voluntaryservices@nhs.net
Tel: 0800 917752

Trust Member

- Gives you an opportunity to help us make our services better.
- You can take part in events and attend the Council of Governors and Annual Members' Meetings.
- You can voice your opinion and help to influence the development of services in your local area.
- You will have the opportunity to vote in elections for Governors in our local public constituencies.
- You can stand in our elections to become a Governor of the Trust and represent views of our members and the public.

Email: hnf-tr.members@nhs.net
Tel: 01482 389132



Title & Date of Meeting:	Council of Governors Public Meeting 19 October 2023														
Title of Report:	Patient and Carer Experience Five Year Forward Plan (2023 to 2028)														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production)														
Recommendation:	<table border="1" data-bbox="539 663 1525 775"> <tr> <td data-bbox="539 663 938 696">To approve</td> <td data-bbox="938 663 1031 696"></td> <td data-bbox="1031 663 1410 696">To discuss</td> <td data-bbox="1410 663 1525 696"></td> </tr> <tr> <td data-bbox="539 696 938 730">To note</td> <td data-bbox="938 696 1031 730">√</td> <td data-bbox="1031 696 1410 730">To ratify</td> <td data-bbox="1410 696 1525 730"></td> </tr> <tr> <td data-bbox="539 730 938 775">For assurance</td> <td data-bbox="938 730 1031 775"></td> <td data-bbox="1031 730 1410 775"></td> <td data-bbox="1410 730 1525 775"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
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To note	√	To ratify													
For assurance															
Purpose of Paper:	<p>To share with the Council of Governors the Patient and Carer Experience Five Year Forward Plan (2023 to 2028). This five year plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.</p> <p>Highlights of the forward plan can be viewed in a short film: https://www.youtube.com/watch?v=mMRCQ0g2C1M</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide: There are two versions of this five year forward plan:</p> <ul style="list-style-type: none"> • Internal plan which includes appendices sharing the milestones (over 3 time trajectories) that will be achieved across Trust services to deliver the plan. • External plan which includes the same information as the internal plan but excludes the appendices. <p>Resources to support this plan will include:</p> <ul style="list-style-type: none"> • An easy read version • A film • Patient information leaflet • Posters • Four pull up banners looking back at the milestones achieved during the last five years to deliver the Patient and Carer Experience Strategy (2018 to 2023) 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Action plans are in the process of being developed to work towards achieving delivery of the milestones in years 1 and 2. 														

Since April 2022, the Trust has engaged and involved our communities in the development of our Patient and Carer Experience Five Year Forward plan (2023 to 2028). We created a working group including patients, service users, carers, staff and partnership organisations to provide us with their thoughts and views on the approach to co-producing the development of the plan and its content. This group oversaw the planning, preparation and production of the plan.

Healthwatch East Riding of Yorkshire worked in partnership with the Trust to draft a Patient and Carer Experience: Five Year Plan (2023 to 2028) survey following discussions with the working group. The survey was sent to communities, staff and partner organisations so that everyone could have their say on the Trust priorities for engagement and involvement over the next five years.

We also gathered thoughts and views from wider communities by attending local events and groups e.g. Hull Pride, Hull and East Riding Lesbian, Gay, Bisexual, Transgender (LGBT+) forum, the Trust's 2022 Annual Members Meeting and the Trust's Patient and Carer Experience (PACE) forums, by sharing the survey link on the Trust's social media platforms including communications to targeted groups and by facilitating virtual workshops with the Trust's PACE forum members including Whitby & District PACE, Scarborough & Ryedale PACE, Hull & East Riding PACE, Staff Champion of Patient Experience and Veteran's forums.

A competition took place to reach out to our communities, staff and partner organisations to design the front cover of this Forward Plan and a 'Plan on a Page' highlighting the key outcomes to be delivered as part of the vision for the Trust's involvement and engagement work over the next five years.

The Patient and Carer Experience/Quality Improvement Strategies Working Group continues to meet on a quarterly basis to provide assurance around delivery of the action plans associated with both strategies.

Key Risks/Areas of Focus:

- No matters to escalate.

Decisions Made:

- N/A.

Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council	19.10.23
	Trust Board			

Monitoring and assurance framework summary:

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

Patient and Carer Experience

Five Year Forward Plan (2023 to 2028)

3. Our staff are supported to involve our communities in all aspects of our work.

2. Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.



1. Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.



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1.0

Foreword

Message from our Trust Chair and Chief Executive

Our communities (patients, service users, young people, carers, family and friends) are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond. This Forward Plan will set out how we will listen, support and work together with our patients, service users and carers.

This is a key Forward Plan that supports the six goals of our organisation. We are delighted to see that this Forward Plan is aligned to these goals including three clear but stretching priorities to ensure we continue to improve the quality of our services. Over the past five years your involvement and engagement in Trust activities has helped us to significantly improve the care we provide to our communities. The Trust is already recognised as a national leader in co-production. Moving forward, we will continue to grow alongside our changing communities and this five year plan will support us to continue on this journey.

We are delighted to introduce our new Patient and Carer Experience Five Year Forward Plan and are committed to meeting the needs of our communities. This Forward Plan has been co-produced with our Board, communities, staff and partner organisations.

We would like to thank everyone who has contributed to developing this Forward Plan.



Michele Moran
Chief Executive



Rt Hon Caroline Flint
Trust Chair



2.0

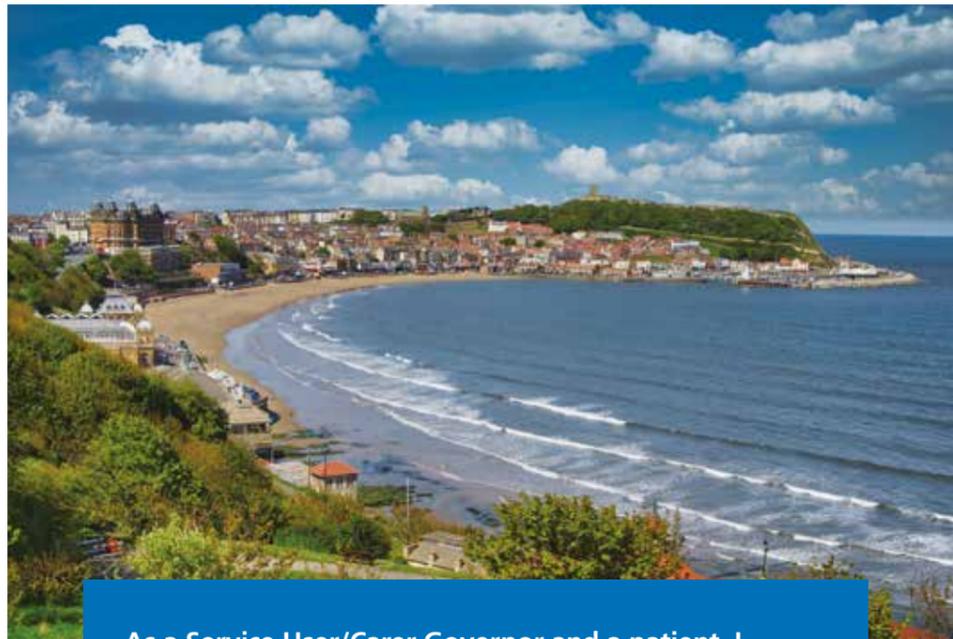
Opening Remarks

Message from our Trust's Service User/Carer Governors

As a Trust the importance of family and carers is of huge importance in giving the care that they and others need. It gives us knowledge and an insight into a patient that only those closest to the patient understand. Lived experience becomes a key exponent in the understanding of where things work or maybe even do not work. It is an important tool in the way we learn and move forward to ensure patients, families and carers get the best possible care and help.

I am looking forward to working with the Trust over the next few years to support delivery of this valuable Patient and Carer Experience Five Year Forward Plan, to ensure that families and carers have a voice, are listened to and their feedback is acted upon so together we really can make a difference to the care our loved ones receive.

Anthony Houfe
Service User/Carer Governor



As a Service User/Carer Governor and a patient, I am passionate about improving services within the Humber Teaching NHS Foundation Trust. I have been working with patient/carers charities for about 15 years and will use all that experience plus a listening ear to work with this Forward Plan and its goals.

We are on a journey which changes and improves each year, but the main focus is always the care of patients, service users, carers, staff, and the community.

Life over the last few years has had to change and adapt at a phenomenal rate to cope with covid and other serious pressures. I have seen how hard everybody has worked within the Trust to accommodate the necessary changes. I also pledge to work towards the goals in our new Forward Plan. Therefore, I endorse wholeheartedly the new Patient and Carer Experience Five Year Forward Plan (2023 to 2028).

Marilyn Foster
Service User/Carer Governor



3.0

Introduction

Working in partnership with patients, service users, families, carers and staff (co-production) is the best way to ensure our services meet the needs of our communities. We are proud to deliver services which support people across their life course, working in communities across the Humber and North Yorkshire. Our communities are at the heart of everything we do, as we deliver safe, patient centred care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.

In this document we use the word communities to include everyone who either receives our services or cares for individuals who receive our services including; babies, carers, children, clients, customers, families, parents, patients, service users, young people and the general public. It also includes partner organisations in the public, private, community and voluntary sector. We can't achieve our aims in isolation, so our Forward Plan also emphasises the vital importance of developing partnerships and collaboration across the Humber and North Yorkshire Health and Care Partnership area and beyond.

This plan identifies the outcomes we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion.

This visual shows our three Patient and Carer Experience outcomes mapped against the Trust's strategic priorities and values.



Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

Our aim is to embed cultural change by empowering our communities to become equal partners in developing services that are fit for the future. As well as aligning with our Trust Strategy, this Forward Plan and our commitment to co-production also complement our Social Values report, which showcases the positive impact that we have on the economy, community life, the health of our local population and the environment.

We would like to thank you for your continued involvement and for helping us make a difference.

4.0

Looking back on the past five years ...

Here is the journey of our key achievements

2017-18

Patient and Carer Experience Strategy (2018-2023)
We developed a vision to deliver our priorities for 2018-2023. The strategy was launched at the 2018 Annual Members Meeting.




Always Events
Two examples include:
PSYPHER – Clients involved in creation of discharge paperwork and are actively involved in the discharge process.

Townend Court Learning Disabilities Inpatient Unit:
"We will always be able to contact people who are important to us 24hrs a day"



Partnership Working
We built stronger relationships with our local community and third sector organisations.
The Trust introduced the Humber Co-production Network in November 2018.

Friends and Family Test (FFT) Dashboard
A 'live' data dashboard was created enabling staff to view results of Friends and Family Test (FFT) surveys received from patients and carers in real time.



Patient Stories
The Board receives a monthly patient story to build a picture of what it is like to be in receipt of our services.

2018-19

Trust Forums
Four forums created to give our communities a voice and the chance to be involved in Trust business.

4

Staff Champions of Patient Experience
82% of our teams have a Staff Champion of Patient Experience. Champions are recognised through purple lanyard inserts.
Over the past year we have seen considerable growth in membership at our forums. The Staff Champions of Patient Experience forum now has 122 champions; all teams now have an identified champion.

82%



2018-19

Accessibility
Browsealoud software installed onto the Trust website. Browsealoud makes information accessible to patients, service users and carers.
Interpreter on Wheels initiative rolled out in mental health services providing one-touch access to professional interpreters on a PC, tablet or smartphone thus providing spoken and visual communication.




5

Hull Pride July 2018
The Trust supported its first Hull Pride event in July 2018. Over fifty individuals marched in the parade with the Humber banner and supported our Trust stand.

2019-20



National Films
The Trust was very proud to be recognised by NHS Improvement to participate in a series of films to showcase our work in engaging patients and carers.

Identifying Carers and Offering Support
A big push to ensure staff were identifying carers and offering them support by referring to carers support organisations.
A tool was made available to support clinicians when identifying if a care giver is in stress called the 'Relatives Stress Scale'.






Involvement in Trust Activities
Opportunities available to members of the public to be involved in Trust Activities.

Involving Patients, Service Users and Carers in Recruitment Framework
Co-production of framework to involve patients, service users and carers in recruitment.



VETERAN AWARE

Veterans Offer
Veterans Forum created to provide a meeting place for veterans and serving members of the forces, their friends and family members and Trust staff.
The Trust was awarded Veterans Aware Hospital Status.





Community engagement to support the Whitby Hospital building enhancements

The local community have been actively involved in having their say to support the enhancements of the hospital, including; the garden and landscaping, naming the wards, artworks and fundraising.



Humber Youth Action Group (HYAG)

The Humber Youth Action Group (HYAG), was co-produced and developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities.

Friends and Family Test (FFT) results – mandatory year on year

21,946 completed surveys received during the year, 88% of patients had a positive experience of our services.

21,946

2020-21

Covid-19 and changes to the way we work

Virtual working commenced including hosting all forums via MS Teams and virtual pastoral and spiritual services commenced led by Trust Chaplain.



Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident Booklet

Co-production of 'Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident' booklet.



Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities

Funding granted for Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities Role.



Co-production logo stamp

Co-production Stamp was co-produced and developed to add value and recognition to the hard work and support that goes into co-produced work.



Panel Volunteer

A standardised approach developed whereby members of staff include Panel Volunteers on interview panels.

Making Every Member Count Initiative

Making Every Member Count Initiative

Launched to standardise an approach to ensure that members of the public are informed of all the involvement opportunities available in the Trust from their initial contact with our services.

17

Peer Support Workers

17 Peer Support Workers recruited to work across Mental Health Services inpatient units and community teams across the East Riding. A further 6 Peer Support Workers recruited to support Hull Mental Health Services.

Equality Diversity & Inclusion (EDI) and Inequalities Operational Group

The Equality Diversity & Inclusion (EDI) and Inequalities Operational Group commenced November 2020.

Complaints and Feedback

A rebrand of the Complaints and Patient Advice and Liaison Service (PALS) team to Complaints and Feedback team. During Covid-19 we changed the way we triage complaints, this process now remains to simplify making a complaint, for complainants.



Armed Forces Community Navigator (AFCN)

Veterans Forum members developed the Armed Forces Community Navigator role.



Patient Experience to Inform Quality Improvement

Patient Experience to Inform Quality Improvement – "Quality Improvement will support our patient and carer centred vision for a holistic person-centred approach"

Patient and Carer Experience (PACE) Development Plans

Teams were asked to identify a minimum of three Patient and Carer Experience (PACE) actions to implement within their area to embed the PACE agenda.



Patient and Carer Experience (PACE) Training Programme

PACE Training Programme including 8 modules launched in collaboration with the Trust's Recovery and Wellbeing College.



5.0

Making a difference

Patients, services users and carers

Our communities tell us that participating in Trust activities and sharing their experiences is rewarding and meaningful to them. Here are some quotes from people we have worked with.

“Getting my message across about my life story is really important when nobody knows about disabled people, they don’t know what we have to put up with. So by being able to get involved and talk about my experience lets people know why it’s so important. I like getting involved because the staff need to know what to do when working with other learners and continue to let us work together”.

Graham – person with lived experience, Learning Disabilities and Autism Service

“Joining the HYAG has been a great opportunity to learn about the Trust and the care for young people. It has given me chance to develop my skills and help others. It is exciting to see ideas/suggestions we bring up come to life.”

Humber Youth Action Group (HYAG) Member

“It was amazing to be heard and tell our side of the story.”

Person with lived experience, Mental Health Services Division

“I’ve really been enjoying being a part of Humber Youth Action Group because it’s such a positive group of people. I have learnt so many things which I can apply to myself or my friends.”

Humber Youth Action Group (HYAG) Member

“Personally rewarding and a chance to give back.”

Person with lived experience, Mental Health Services Division

“Involvement in Trust activities has allowed me to use my expertise in autism, helping to develop co-production in Humber. This has felt challenging and worthwhile and allows me to work as an equal with Trust staff. As a mental health survivor, now fully recovered, I have benefited so much from being part of the Trust ‘family’, A great life changing experience and a wonderful part of any recovery journey.”

Andy – patient with lived experience, Learning Disabilities and Autism Service



Staff

“

“My involvement with PACE has been both personally and professionally rewarding.

Working for a Trust that values the voices of it’s whole community has meant that I have been able to learn more about how I impact on PACE and also how I can impact upon making things better.

Co-production has been the single biggest learning for me, and is invaluable for us to move forwards.

Listening to how the work that has been carried out has had a direct, positive impact upon peoples’ lives is one of things that makes me proud to be Humber.”

Marie Dawson, Senior Project Manager, Staff Champion of Patient Experience

”

“

“Involvement with the Patient and Carer Experience agenda has meant being able to work collaboratively with our clients and their families to better understand how they want to see the service develop.

PSYPHER were one of the early cohorts to become involved with the Always Event programme support by NHS England & NHS Improvements; along with our colleagues and patients within the Learning Disabilities service we were invited to be involved in a promotional video which has been used by NHS England & NHS Improvements in the training for future Always Event cohorts.

It gave our clients the chance to express what the experience had meant to them and how changes were made as a direct result of their feedback.”

Lesley Kitchen, Team Manager, PSYPHER

”

6.0

How we will know that we have achieved our outcomes

Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.



Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

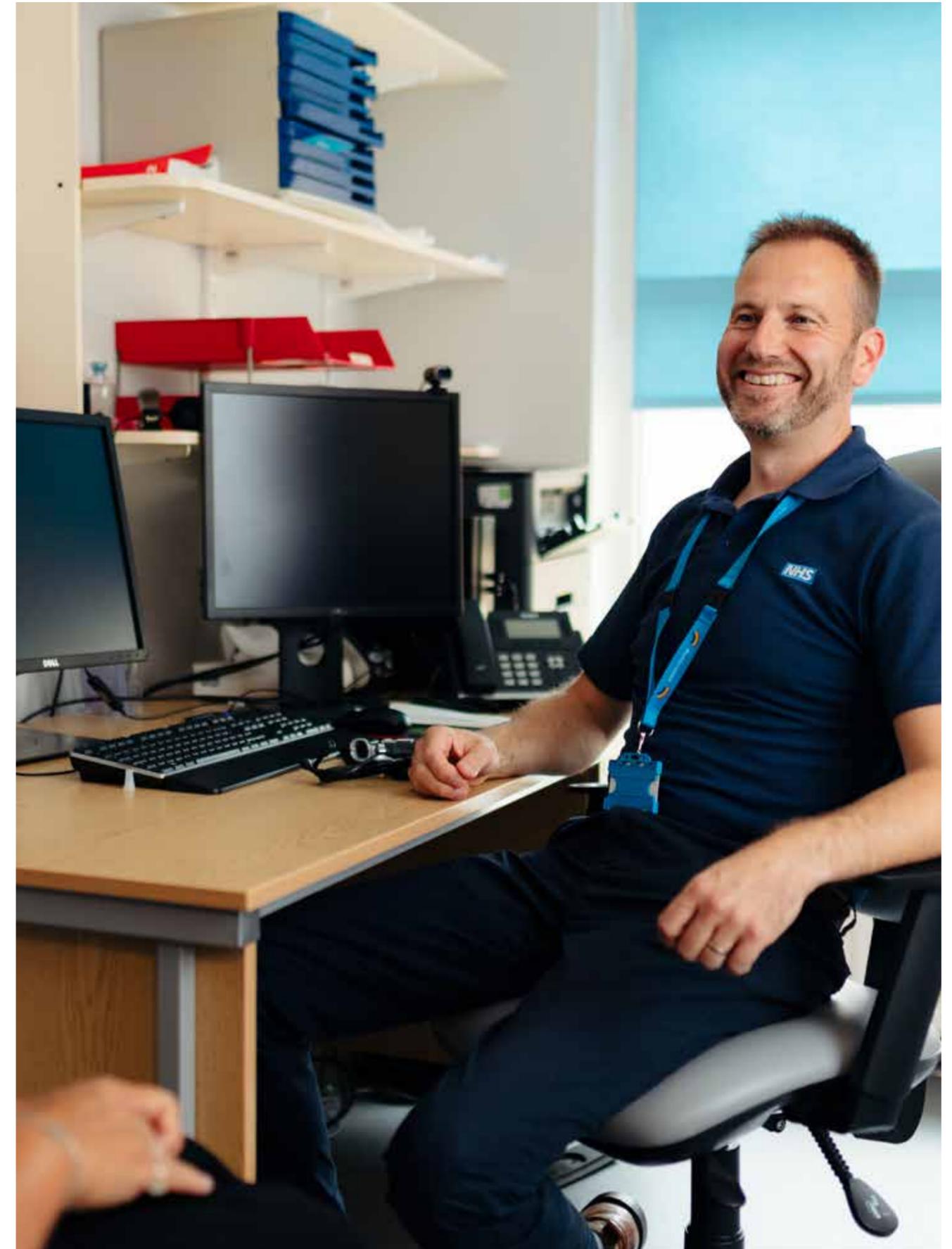
Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health-inequalities and ensure the best possible outcomes for our patient population.



Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.





What we will achieve

Trust wide



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> Increase the number of identified Patient and Carer Experience Champions and the number of people with lived experience being paid to work together as equal partners with our staff to develop and improve services. Patient information is co-produced as standard across all services. Familiarity and confidence with systems and processes to collect and review feedback is embedded across all services. 	<ul style="list-style-type: none"> Patient experience and engagement leads across the Yorkshire and Humber Health and Care Partnership deliver impact through joint ventures. Organisations within the Engagement Lead network across the Yorkshire and Humber footprint work in an effective and seamless way. Our 'Engagement Twitter' account has an increased following and hosts an optimal number of 'live Twitter chats' on key topics that matter to our communities. 	<ul style="list-style-type: none"> Panel volunteers are included on interview panels for an increased number of patient-facing posts. Staff feel that the training provided by the Trust is aligned to their values, including the mandatory Patient and Carer Experience Training programme for new Staff Champions of Patient Experience. Staff routinely utilise their understanding of the digital inclusion needs of their communities when planning care and designing services. 			

Children's and Young People's Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> Young people can access the Youth Recovery College, Humber NHS Cadet Programme and work experience. Lived experience is at the heart of our CAMHS Eating Disorders Service. Mental Health Support Teams are embedded in schools and communities. 	<ul style="list-style-type: none"> Humber Youth Action Group members sit on the Humber and North Yorkshire Health and Care Partnership Youth Advisory Board. Best practice and resources on involving children and young people are used across the Humber and North Yorkshire. We take a one system approach to children and young people's emotional and mental wellbeing across schools and in the community. 	<ul style="list-style-type: none"> Staff are trained in engagement, co-production and involvement of children and young people. Young people know about our Trust and future employment within our organisation. Therapy spaces for children and young people are welcoming, friendly, and accessible to all. 			

Forensics Services

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> Engagement with carers is improved through open events, increased family and friends' engagement and feedback and active participation throughout the division. Patients are supported to access vocational opportunities, including training delivered by external educational providers, and to get involved in Trust activities alongside volunteers, such as running the in-house shop. The Secure Quality Involvement (SeQuIn) tool is embedded as a quality improvement tool and is used across the division as a quality indicator. 		<ul style="list-style-type: none"> Staff and service users are active members of internal and external involvement forums, including an active carers forum which provides feedback to the division to support quality improvement. Shared pathways between community and inpatient services are strengthened. The division delivers on shared engagement plans and actions agreed with the Yorkshire and Humber network. 		<ul style="list-style-type: none"> Service user and carer involvement is always considered as part of service development, policy and practice across the division. All care coordinator staff attend the established, in-house family engagement training as a mandatory requirement. The division has established peer support workers and an established full time involvement lead in post. 	



Primary Care and Community Services

Addictions Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> The role of the addictions "Voice" forum in co-producing patient and carer information is communicated and celebrated. Panel volunteers with lived experience are actively involved in identified areas of recruitment and positive impact statements are collated, ensuring best practice. 		<ul style="list-style-type: none"> An increased number of volunteers/peer mentors share their lived experience within service delivery through roles in Addictions HUBs and satellite clinics. Qualitative and quantitative feedback from the Friends and Family Test and other feedback activities is used to capture patient and carer experience. Evidence of service improvements which support positive patient and carer experience is collected and shared. 		<ul style="list-style-type: none"> Staff Champions of Patient and Carer Experience provide continuous feedback to the clinical management team, which is cascaded to all staff. Volunteer and peer mentor champions within the addictions service provide the power for change, empowering staff and ensuring full recognition of patient and carer experience. 	

Community Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> • PACE champions in Scarborough & Ryedale, Whitby and District and Pocklington support the community and the division by sharing their lived experiences to influence improvements to service delivery. 		<ul style="list-style-type: none"> • Volunteers working in community hospital wards and community services teams enhance patient and carer experience by embracing the Patient and Carer Experience Volunteer role. • Qualitative feedback is collected from Friends and Family Test surveys and bespoke surveys to capture positive patient and carer experience. • An increased number of quality improvement charters focus on improving patient and carer experience. 		<ul style="list-style-type: none"> • Staff Champions of Patient Experience provide regular updates on PACE and involvement and engagement activities by reporting into the divisional meetings. • Co-production is embedded in the division through cultural change, so that the patient and carer voice is listened to from the start of any new initiative. 	

Primary Care Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> • An increase in the number of Quality Improvement charters involving patient participation or lived experience contributes to improved patient and carer satisfaction. • Wider participation in Patient Participation Groups maximises community engagement and involvement. 		<ul style="list-style-type: none"> • The Senior Patient and Carer Experience Co-ordinator has strong relationships with Primary Care Networks, Healthwatch, carers' organisations and other local groups. • Standardised and embedded process are in place across all practices relating to the patient and carer experience agenda. • Cultural change embeds patient and carer experience across the Primary Care Networks. 		<ul style="list-style-type: none"> • Panel Volunteers add value to the recruitment process with regards to the recruitment and retention of staff in primary care. • Patient and Carer experience, involvement and engagement is embedded across all GP surgeries. 	

Mental Health Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> The number and role of experts by experience in the division is expanded, recognised and celebrated. Cultural change places co-production of inpatient care at the forefront, informing change and having a positive impact on patient and carer experience, including delivery of co-produced work around Reducing Restrictive Interventions. Cultural change increases the amount of co-production taking place across Community Mental Health Services, allowing patients, their carers and families to feel listened to, empowered and involved. 	<ul style="list-style-type: none"> Strong relationships with external partners develop our understanding of the health inequalities that exist within our communities, informing service development. The co-produced Recovery and Wellbeing College strengthens relationships with internal services and external partners such as Public Health and our Local Authorities. Further growth of the co-produced Recovery and Wellbeing College empowers local communities, including communities experiencing health inequalities, to support their own mental health and wellbeing. 	<ul style="list-style-type: none"> Recovery Champions across the division are committed to sharing co-production opportunities and initiatives of the Recovery and Wellbeing College to those accessing the services of Humber Trust. Services across the division see cultural change around the co-production of services, where the involvement of those with lived experience, their families and those involved in their care comes first. 			

Learning Disabilities Services



Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
	<ul style="list-style-type: none"> Each Learning Disabilities team completes at least one Always Events improvement standard yearly and rolls out learning to other teams. The Quality Checker programme supports patients and carers to use their own experiences to judge the quality of care & support and give feedback to services. 	<ul style="list-style-type: none"> Patients and carers are engaged planning of services that are delivered as part of Humber & North Yorkshire Health and Care Partnership. Commissioning service specifications promote co-ordinated pathways which ensure access to specialist resources and expertise. Experts by experience co-produce training on the delivery of annual health checks and this approach is firmly established as an integrated way of working with our partners. 	<ul style="list-style-type: none"> Patient and carers are supported to have representation on working groups and boards, to influence policy changes and to recommend changes to the design and delivery of care Co-production work is embedded into everyday activities throughout the division at all levels of care delivery. Patients & carers are key players in delivering Trust Induction to new staff across all services. 			



How we developed the Forward Plan

To engage and involve our communities in the development of our Forward Plan we needed to ask the following:

- How do you currently engage with us?
- What does good engagement and involvement look like to you?
- How would you like to get involved in Trust activities over the next 5 years?
- Which of the following activities would you like to know more about?
- What would you like us to prioritise over the next 5 years?

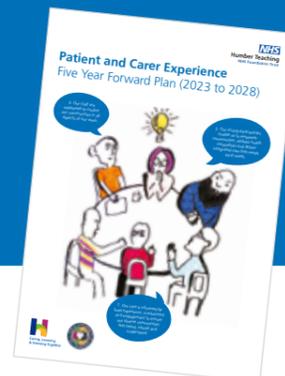
To do this we created a working group including; patients, service users, carers, staff and partner organisations. The purpose of this group was to provide us with their opinions on what should be included in the Forward Plan and how we should give the opportunity for everyone to provide their thoughts and views on the content.

Healthwatch East Riding of Yorkshire worked in partnership with the Trust to draft a Patient and Carer Experience: Five Year Plan (2023 to 2028) survey following discussions with the working group. The survey was sent to communities, staff and partner organisations so that everyone could have their say on the Trust priorities for engagement and involvement over the next five years.



We also gathered thoughts and views from wider communities by attending local events and groups e.g. Hull Pride, Hull and East Riding Lesbian, Gay, Bisexual, Transgender (LGBT+) forum, the Trust's 2022 Annual Members Meeting and the Trust's Patient and Carer Experience (PACE) forums, by sharing the survey link on the Trust's social media platforms including communications to targeted groups and by facilitating virtual workshops with the Trust's PACE forum members including Whitby & District PACE, Scarborough & Ryedale PACE, Hull & East Riding PACE, Staff Champion of Patient Experience and Veteran's forums.

A competition took place to reach out to our communities, staff and partner organisations to design the front cover of this Forward Plan and a 'Plan on a Page' highlighting the key outcomes to be delivered as part of the vision for the Trust's involvement and engagement work over the next five years.



“The Trust would like to thank everyone who has contributed to this Five Year Forward Plan. We would like to say a special thank you to every one of you who has been engaged and involved with the Trust over the past five years and continue to contribute to Trust activities. You all are really making a difference to the services we provide.”

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

 [@humbernhsft](https://twitter.com/humbernhsft)

 [@humbernhsft](https://www.facebook.com/humbernhsft)

If you would like any further information relating to the implementation of this forward plan please contact the Patient and Carer Experience Team as follows:

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 389167

Email: hnf-tr.patientandcarerexperience@nhs.net

Agenda Item 15

Title & Date of Meeting:	Council of Governors Public Meeting – 19 October 2023														
Title of Report:	Patient safety Incident response framework														
Author/s:	Colette Conway- Assistant Director of Nursing, Patient safety and Compliance Sadie Milner- Patient Safety and Practice Development lead														
Recommendation:	<table border="1" data-bbox="539 607 1528 725"> <tr> <td data-bbox="539 607 938 645">To approve</td> <td data-bbox="938 607 1031 645"></td> <td data-bbox="1031 607 1410 645">To discuss</td> <td data-bbox="1410 607 1528 645"></td> </tr> <tr> <td data-bbox="539 645 938 683">To note</td> <td data-bbox="938 645 1031 683">X</td> <td data-bbox="1031 645 1410 683">To ratify</td> <td data-bbox="1410 645 1528 683"></td> </tr> <tr> <td data-bbox="539 683 938 725">For assurance</td> <td data-bbox="938 683 1031 725"></td> <td data-bbox="1031 683 1410 725"></td> <td data-bbox="1410 683 1528 725"></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	<p>To update the Governors regarding the Patient Safety Incident Response Framework (PSIRF) which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</p> <p>The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Over 230 staff trained in systems-based approach to incident investigations. The Trust 'went live' with PSIRF on 1st October 2023 PSIRF plan signed off by ICB and Trust approach to PSIRF being used as gold standard approach. 2 Patient safety partners- actively involved in PSIRF implementation. All policies and procedures written in co-production with staff, patients and carers and all have co-production stamp. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Lunch and learn sessions twice weekly for staff on Patient safety incident analysis. Monthly lunch and learn/Q&A sessions on PSIRF for next 6 months. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> New methodologies and processes for staff to work to. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> N/A 														
	<table border="1" data-bbox="539 1928 1350 1984"> <tr> <td data-bbox="539 1928 850 1957"></td> <td data-bbox="850 1928 938 1957">Date</td> <td data-bbox="938 1928 1270 1957"></td> <td data-bbox="1270 1928 1350 1957">Date</td> </tr> <tr> <td data-bbox="539 1957 850 1984">Appointments, Terms &</td> <td data-bbox="850 1957 938 1984"></td> <td data-bbox="938 1957 1270 1984">Engaging with Members</td> <td data-bbox="1270 1957 1350 1984"></td> </tr> </table>				Date		Date	Appointments, Terms &		Engaging with Members					
	Date		Date												
Appointments, Terms &		Engaging with Members													

Governance:	Conditions Committee		Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

√ Tick those that apply

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