

**Trust Board Meeting 31 January 2024
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 31 January 2024, via Microsoft Teams

		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 30 November 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Patient Story – Ruby’s Story	KF	Note	√
6.	Chair’s Report	CF	Note	√
7.	Chief Executives Report	MM	Note/Approve/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
Patient Safety, Strategy and Delivery				
9.	Social Values Report – Sarah Clinch, Senior Partnerships and Strategy Manager attending	KF	Approve	√
10.	People Strategy 2024 - 2028	KP	Ratify	√
11.	Sexual Safety Charter Action Plan - Kate Baxendale, Deputy Director of Nursing, Allied Health Professionals and Social Work Professionals attending	HG	Approve	√
Trust Strategic Goals Assurance				
12.	Finance Report	PB	Note	√
13.	Performance Report	PB	Note	√
14.	Risk Register Update - Oliver Sims, Corporate Risk & Incident Manager attending	HG	Note	√

15.	Board Assurance Framework Update - Oliver Sims, Corporate Risk & Incident Manager attending	MM	Note	√
Corporate				
16.	Safer Staffing 6 Monthly Report - Sadie Milner, Patient Safety and Practice Development Lead attending	HG	Ratify	√
17.	Six Monthly Research and Development Report - Cathryn Hart, Assistant Director of Research and Development attending	KF	Note	√
18.	Rapid Review into data on Mental Health Inpatient Settings: Action Plan Progress Update	SJ	Assurance	√
19.	Hull Community Plan 2024-2034	MM	Note	√
Assurance Committee Reports				
20.	Finance & Investment Committee Assurance Report	FP	Note	√
21.	Charitable Funds Annual Accounts*	SMcKE	Approve (as Corporate Trustee)	√
22.	Quality Committee Assurance Report	PE	Assurance	√
23.	February Board Strategic Development Draft Agenda	CF	Note	√
24.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
25.	Any Other Urgent Business	CF	Note	verbal
26.	Review of Meeting – Being Humber	CF	Note	verbal
27.	Exclusion of Members of the Public from the Part II Meeting			
28.	Date, Time and Venue of Next Meeting Wednesday 27 March 2024, 9.30am via Microsoft Teams			

*Presented to Board as Corporate Trustee

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes are:</p> <p>Stuart McKinnon-Evans – removal of declaration for part-time sponsor of University of Bradford’s sustainability programme.</p>			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Updated declarations 		<ul style="list-style-type: none"> N/A 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> No issues to note 		<ul style="list-style-type: none"> N/A 		
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) Monthly Board report	✓ 27.9.23

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	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Chair of Yorkshire & Humber Clinical Research Network • SRO Mental Health/Learning Disabilities Collaborative Programme.

	<ul style="list-style-type: none"> • HCV CEO lead for Provider Collaboratives • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) from 2/11/22
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> • Director of Bluewaters Healthcare Limited, (not actively trading) • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	Husband works for HMRC
Mr Steve McGowan, Director of Workforce and Organisational Development (Non-Voting member)	No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> • Husband is a member of Doncaster MBC Councillor and Cabinet member • Brother-in-law is a Senior Consultant and Professor for Ophthalmology in the West Midlands • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Business, Energy and Industrial Strategy
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Associate Hospital Manager John Munroe Group, Leek • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited • Trustee Director, the Baxendale Employment Ownership Trustees Limited • Trustee Director the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director Sheffield Teaching Hospitals NHS Trust

Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire.
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director of Conexus GP Federation • Ex- partner Health Care First Partnership • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director • Board Member of Wakefield District Health & Care Partnership
Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite Perera (Priyanka Perera) Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Managing Director B.Cooke & Son Ltd, Hull • Director Child Dynamix Trading Ltd • Trustee Child Dynamix
David Smith Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Chief Executive at Teeside Hospice until 31.3.24

Trust Board Meeting
Minutes of the Public Trust Board Meeting held on Wednesday 29 November 2023 via
Microsoft Teams

Present: Rt Hon Caroline Flint, Chair
 Mrs Michele Moran, Chief Executive
 Dr Phillip Earnshaw, Non-Executive Director
 Mr Stuart McKinnon-Evans, Non-Executive Director
 Mr Francis Patton, Non-Executive Director
 Ms Priyanka Perera Associate Non-Executive Director
 Mr Dean Royles, Non-Executive Director
 Mr Mike Smith, Non-Executive Director
 Mr Peter Beckwith, Director of Finance
 Dr Kwame Fofie, Medical Director
 Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 Mrs Lynn Parkinson, Chief Operating Officer

In Attendance: Mrs Stella Jackson, Head of Corporate Affairs
 Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
 Rosie O’Connell, Head of Safeguarding and Chloe Greechan, Safeguarding Practitioner (for items 166/23 & 170/23)
 Alison Flack, Freedom to Speak Up Guardian and Programme Director (for items 171/23 & 174/23)
 Mrs Jenny Jones, Trust Secretary (Minutes)

Apologies: Mr David Smith, Associate Non-Executive Director
 Mr Steve McGowan, Director of Workforce and Organisational Development

Board papers were available on the website and an opportunity provided for members of the public to ask questions via e mail. Members of the public were also able to access the meeting through a live stream on YouTube.

162/23	<p>Declarations of Interest</p> <p>The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of</p>
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	interest regarding items relating to the Collaborative Committee.
163/23	<p>Minutes of the Meeting held 27 September 2023 The minutes of the meeting held on 27 September were agreed as a correct record.</p>
164/23	<p>Matters Arising and Actions Log The action log and work plans were noted.</p> <p>159/23 Review of the Meeting – Being Humber The Trust Chair reported that at the last meeting an action had been taken to review the annual reports that came to the Board that also went through Sub Committees. The work had been undertaken and recommendations circulated to Non-Executive Directors and the Executive Management Team (EMT) for comment.</p>
165/23	<p>Annual Members Meeting 18 October 2023 Minutes The minutes of the Annual Members Meeting (AMM) were presented.</p> <p><u>Resolved:</u> The minutes were approved.</p>
166/23	<p>Staff Story – Safeguarding – Making a Difference Rosie O’Connell and Chloe Greechan joined the meeting. Chloe shared her story explaining about her career and her experiences with the service which had been challenging and rewarding.</p> <p>Questions were asked by Board members regarding legislation, partnership working and the wellbeing of staff. Chloe acknowledged that wellbeing was important given the cases they saw. The team looked after each other, took time out and had individual, team and peer supervision. The team were managed by the Deputy Director of Nursing and had regular meetings with her.</p> <p>The Trust Chair had recently attended a Patient Safety huddle which she had found informative. She asked if there was a similar forum with external counterparts. An escalation process was in place which could be used if necessary, however working together negated the need for this to be regularly used. Discussions were held with partners as required.</p> <p>The Trust Chair thanked Rosie and Chloe for attending the meeting.</p>
167/23	<p>Chair’s Report The Chair presented her report which was taken as read. The following areas were highlighted:</p> <ul style="list-style-type: none"> • Staff Awards celebration – thanks to the Communications team and Anita Green for arranging it. Staff feedback had been positive about the event. • Comments had been received regarding the committee effectiveness questionnaire which had been incorporated into a revised version. • Non-Executive Champion roles – the cyber and security role had been amalgamated. Francis Patton was the champion. The flu champion had been renamed the Vaccination Champion and Francis was also the champion. • Associate Hospital Managers – Dean Royles and Phil Earnshaw had agreed to undertake the training for these roles.

	<p>Resolved: The report was noted.</p>
<p>168/23</p>	<p>Chief Executive's Report The report was taken as read and the following key points highlighted:</p> <ul style="list-style-type: none"> • Visibility – a number of visits and calls had been completed. • Responsible Officer (RO) – Kwame Fofie took on the role from 1 November. Thanks were extended to Dr Dasari Michael from the Board and Kwame Fofie for covering this role previously. • HSJ Awards – The Right Care Right Person work received a highly commended at the recent awards. • Social Worker of the Year – Kirsten Bingham was the Gold Winner at the Social Worker of the Year Awards for the Approved Mental Health Professional (AMHP) of the Year • The 5th Annual Humber and North Yorkshire Conference was held and was well attended. • NHS Providers Conference – Lynn Parkinson attended the event on behalf of the Chief Executive. • NHS Impact work continued. A framework for the Trust was expected and an action plan was in development. <p>Lynn Parkinson provided an update on operational pressures. Since the last Board meeting, the organisation had retained an OPEL 2 position. This was positive given the winter pressures. The wider system continued to see high pressures which were anticipated to increase further in the coming weeks.</p> <p>Stuart McKinnon-Evans asked about exit interviews and what information they gave. Karen Phillips reported that the response level was 23.5% and the information was used to inform strategies. A deep dive into this area was underway and would report back into the Workforce and Organisational Development (OD) Committee.</p> <p>Francis Patton asked about winter pressures funding. He was informed there was no funding allocated for mental health this year. It had been negotiated with the Integrated Care Board (ICB) as part of the H2 funding settlement. In terms of the impact on operations, work was taking place on a number of schemes and discussions were occurring regarding additional funding for out of area placements and bolstering out of hospital schemes.</p> <p>Francis referred to the Care Quality Commission (CQC) State of Care Report and asked if there was a view from the ICB about the tackling of issues and working together. Hilary Gledhill explained that from a quality aspect, the ICB was addressing the concerns. There were no surprises in the report, and it outlined the change of focus of the CQC. Some things had already informed the system's strategic direction. Francis congratulated the organisation for its staff survey uptake, the pharmacy apprentice and the appraisal sampling.</p> <p>Dean Royles queried what the Deprivation of Liberty (DOLS) for safeguarding meant for patients and whether there were any organisational risks. Hilary confirmed there were no organisational risks currently. New guidance was awaited and when received any resultant risks would be identified. Close working with the Local Authority was underway to ensure that everyone got the care they needed. Staff and safeguarding</p>

	<p>team were involved in the assessments.</p> <p>Two policies were presented for ratification. In relation to the Equality, Diversity and Inclusion Policy, Karen Phillips informed the Board that some inconsistencies in the use of sex and gender had been raised. Guidance from the Rainbow Alliance had been sought around the language and changes would be made. It was recommended that the policy be approved subject to these changes and an updated version circulated. This suggestion was supported.</p> <p><u>Resolved:</u> The Board noted the report and updates. <u>The Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy was ratified.</u> <u>The Equality, Diversity and Inclusion Policy was approved subject to the changes that would be made to language and recirculated to the Board. Action KP</u></p>
169/23	<p>Publications and Highlights Report The report provided an update on recent publications and policy.</p> <p><u>Resolved:</u> The report was noted.</p>
170/23	<p>Safeguarding Annual Report 2022/23 The Safeguarding Annual Report 2022/23 was presented by Rosie O’Connell and outlined activity across the Trust. The report was taken as read and had been approved by the Quality Committee.</p> <p>Areas highlighted to the Board were:</p> <ul style="list-style-type: none"> • Awareness of statutory requirements and responsibilities which continued to be met • Safeguarding training compliance was above 85% • First piece of co-production work completed • Rise in complexity of cases across safeguarding • Increased visibility across the services • Adult referrals decreased – audit taken place to review this <p>Phil Earnshaw confirmed the Quality Committee was assured by the report. It was pleasing to see the improvement in training compliance for children and adults.</p> <p>Stuart McKinnon-Evans noted the targets in different areas and the work taking place with partners. He queried why there was only reference to Looked After Children (LAC) in East Riding. Rosie confirmed this was because services were only provided into that area and not into Hull. The Trust Chair asked if the initial health assessments could be undertaken by other professionals rather than a GP which would help with timings. Rosie explained that this had been raised with commissioners, but it was specified it was a GP role. Another GP had now been brought in to assist so an improvement was being seen.</p> <p><u>Resolved:</u> The Board ratified the annual report.</p>
171/23	<p>Freedom to Speak Up Report (FTSU) Alison Flack presented the report which was taken as read.</p>

	<p>Level 1 Speak Up Training was now a mandatory requirement for all staff to complete and October was Speak Up month. 23 concerns had been raised since 1 April 2023 and a number of Ambassadors had been recruited. There were no themes detailed in the report as it depended on the type of concern raised and some were directed to the HR department if they related to an individual's terms and conditions. Outcomes of concerns raised were fed back to the person who raised it by Alison or the Deputy Chief Operating Officer. A letter was also sent from the Chief Executive thanking them for raising a concern and asking for any feedback on their experience of the process.</p> <p>The report had been received at the Workforce & Organisational Development (OD) Committee. Dean Royles was the lead for the Board and he, the Trust Chair, and Chief Executive met regularly with Alison to discuss any issues.</p> <p>More recommendations from the Countess of Chester report were expected from the National Guardians Office (NGO) which would be actioned when received. If escalation was required for any concerns raised, the first point of call would be the Chief Executive and Dean then the Trust Chair followed by Hilary Gledhill as the lead for safeguarding (or any of the other Executives). Should the person still have concerns they could go directly to the Care Quality Commission (CQC) or the NGO for guidance.</p> <p>Amendments had been made to the policy based on guidance from the NGO and the revised draft policy was provided for approval. It had been approved by the Executive Management Team.</p> <p>The Chief Executive thanked Alison for leading this work. Feedback mechanisms continued to be developed. The input of Non-Executive Directors and ambassadors was also recognised.</p> <p>It was suggested that some cases could be seen at the Strategic Board meeting to give more detail on the types of issues raised and how the FTSU process had been used.</p> <p><u>Resolved:</u> The report was noted. The Board approved the amendments to the policy.</p>
172/23	<p>Finance Report</p> <p>The finance report as at the end of October 2023 was taken as read.</p> <p>Month 7 was consistent with the previous position with break even not achieved due to the NHS Property Service costs for Whitby and Malton. A deficit of £286k was noted due to these costs being set after agreement was reached with the ICB. Since the report was produced additional funding had been announced from NHS England that would give the potential to cover this amount. Discussions were ongoing about how to use the rest of the funding. Agency spend had reduced compared with last year's position.</p> <p>Dean Royles was pleased to see a positive report given the pressures on the NHS. He thanked Pete Beckwith and the Finance team for their work.</p> <p><u>Resolved:</u> The Board noted the Finance report</p>
173/23	<p>Performance Report</p> <p>Peter Beckwith presented the report that showed the current levels of performance as</p>

	<p>at the end of October 2023.</p> <p>Occupied bed days fared well as did Care Hours Per Patient Day (CHPPD). Improvement was seen with Talking Therapies and with out of area placements. Detailed information on waiting times was provided as part of the report.</p> <p>Hilary Gledhill highlighted two inpatient areas had seen an increase in incident reporting although it was still within variation. This demonstrated the acuity on the units and for each incident within a 24-hour period a Datix was completed.</p> <p>The safer staffing dashboard showed two units low for clinical supervision. Recent figures had shown this was back on track.</p> <p>Stuart McKinnon-Evans referred to 52 week waits to ask if there was any opportunity to deploy resources differently to help with pressures. He was informed that resources were transferred around children’s ADHD and ASD but were limited on how much could be done. A discipline approach to the chronological order was used so families and young people would be clinically triaged. Undertaking this for routine referrals was more difficult. Investment had been made into ASD and all available resources maximised.</p> <p>Francis Patton queried the sickness levels for some units. He was informed that these were discussed in the Accountability reviews and mainly due to long term sickness. This was October’s data so it was hoped that some improvement would be seen going forward.</p> <p>Phil Earnshaw asked for assurance around the triage process for mental health teams. Lynn Parkinson explained that this was monitored, and oversight was through the clinical routes and governance processes. The CMHT transformation work had a key focus on access to services especially for primary care. She was pleased with the level achieved, and the level of direct face to face contact in primary care. It was suggested more exploration of this subject be undertaken at the Quality Committee.</p> <p>The Trust Chair reported she would find it helpful to know where Social Workers were involved in this and other work outside of the clinical aspect that could be happening. She agreed that a deep dive at the Quality Committee would be helpful.</p> <p>.</p> <p><u>Resolved:</u> The report was noted <u>Deep dive of triage process to be discussed at the Quality Committee Action LP</u></p>
174/23	<p>Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update</p> <p>The report updated Board members on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disability and Autism Collaborative.</p> <p>Areas of note included:</p> <ul style="list-style-type: none"> • a successful conference attended by Baroness Hollins MP on the day her report was published. • focus on work around ADHD and autism at system level. Work was taking place collaboratively to scope out all Humber and North Yorkshire (HNY) providers of these services to see how additional capacity could be created and

	<p>used. Phil Earnshaw asked if there was national focus on these issues. It was a national priority with Tom Cahill leading the work. Phil suggested a significant cultural change was needed across the country to create different pathways as he did not believe current arrangements were working. The Chief Executive said a link into planning was needed to look at how to deal with the increasing numbers in a different way.</p> <ul style="list-style-type: none"> • transformation work, for Community Mental Health Teams (CMHTs) and how the Trust would build on this <p><u>Resolved:</u> The report was noted.</p>
175/23	<p>Emergency Preparedness Resilience and Response (EPRR) Assurance Process 2022/23</p> <p>The report outlined the new process introduced this year by NHSE which was piloted in the West Midlands last year. The Trust self-assessed itself against the 10 domains of which there were 58 applicable core standards as well as a deep dive with 10 standards although these did not affect the overall rating.</p> <p>The organisation was non-complaint but was not an outlier. In the Integrated Care Board (ICB), the Trust was the second highest scoring organisation. Focus was on ensuring the right plan was in place to address the work that needed undertaking to achieve compliance next year. Mike Smith as the Board lead had been fully briefed.</p> <p>It was commented that feedback to NHS England around the tight timescales as a system would be helpful. A meeting was planned at ICB level where this would be raised.</p> <p>Exercises to test emergency planning processes were planned. Monitoring of the action plan was through the Operational Delivery Group (ODG) and into the Executive Management team (EMT). The Audit Committee would also review the plan before submission next year (May 2024).</p> <p><u>Resolved:</u> The report and the statement of compliance was approved</p>
176/23	<p>BeDigital Update</p> <p>An update on the BeDigital programme was presented by Pete Beckwith. Revised BeDigital governance arrangements were being implemented across the Trust and expected to be fully in place by December 2023.</p> <p>Stuart McKinnon-Evans queried about old laptops and what happened to them. During the meeting it was confirmed that these were donated to worthy causes when they had been wiped of information.</p> <p><u>Resolved:</u> The report was noted.</p>
177/23	<p>Finance and Investment Committee Assurance Report</p> <p>Francis Patton presented the assurance report from the recent meeting. The Committee reviewed the terms of reference to take into account digital aspects. A half year review of the positions was taken, and good assurance received. The Green Plan was presented, and good achievements noted to date.</p> <p><u>Resolved:</u> The report was noted.</p>

178/23	<p>Quality Committee Assurance Report The report from the 28 September meeting was presented. Phil Earnshaw explained that a number of annual reports were received, and good assurance taken with no issues to escalate to the Board.</p> <p>The Committee agreed to regularly receive information from the Letby inquiry. An interim report would come in December and the formal report in March 2024.</p> <p>The clinical audit annual report highlighted some audits that had not started and an update on timescales was requested.</p> <p><u>Resolved:</u> The report was noted.</p>
179/23	<p>Workforce and Organisational Development Committee Assurance Report Dean Royles presented the report from the latest meeting. The reports were well written and provided rich content. DBS was discussed and how these were managed in the organisation.</p> <p><u>Resolved:</u> The report was noted.</p>
180/23	<p>Mental Health Legislation Committee Assurance Report The report was presented for information by Mike Smith. Reports showed that performance was within normal levels of variation. Section 136 work continued with the police.</p> <p><u>Resolved:</u> The report was noted</p>
181/23	<p>Audit Committee Assurance Report The report was presented by Stuart McKinnon-Evans.</p> <p>Positive assurance was received from the procurement processes, Board Assurance Framework and the risk register. The Information Governance annual report was presented and a good level of assurance received.</p> <p>The audit report for Service User Engagement received limited assurance mainly due to issues with recording of information. All actions were being progressed.</p> <p><u>Resolved:</u> The report was noted.</p>
182/23	<p>Charitable Funds Committee Assurance Report The report was presented to the Board as Corporate Trustee.</p> <p>Three main areas for fundraising campaigns were identified and outlined in the report. Key Performance Indicators remained red.</p> <p><u>Resolved:</u> The Board noted the report.</p>
183/23	<p>Collaborative Committee Report The report provided an update on the last meeting and was taken as read.</p> <p>The three workstreams were working well. The number of young people requiring out of areas placements was reducing. Some finance risks were emerging regarding packages of care.</p>

	<p>The Trust Chair had attended a number of Committees recently to observe. There was appropriate participation, and the quality of reports was good. She thanked Dean Royles and Stuart McKinnon-Evans for their quick turn around of the assurance reports so they could be ready for this meeting.</p> <p><u>Resolved:</u> The report was noted</p>
184/23	<p>Board Strategic Development Agenda The agenda for the December meeting was presented for information. The focus would be on primary care. Monitoring of the workplan would be done to ensure meetings did not become overloaded.</p> <p>At the last strategic Board meeting the NHS Impact was discussed to look at how assurance was gained between the Board and Committees. There was a good synergy between the Board and the Strategic Board.</p> <p><u>Resolved:</u> The agenda was noted.</p>
185/23	<p>Items to Escalate including to the High-Level Risk Register and for Communication No items were raised.</p>
186/23	<p>Any Other Urgent Business No other business was raised.</p>
187/23	<p>Review of the Meeting – Being Humber The meeting was held in the Being Humber style. Papers were circulated on time for the meeting.</p>
188/23	<p>Exclusion of Members of the Public from the Part II Meeting It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>
189/23	<p>Date and Time of Next Meeting Wednesday 31 January 2024, 9.30am via Microsoft Teams</p>

Signed Date
Chair

Agenda Item 4

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

Summary of actions from November 2023 Board meeting and update report on earlier actions due for delivery in January 2024						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
29.11.23	168/23	Chief Executive's Report	The Equality, Diversity and Inclusion Policy was approved subject to the changes that would be made to language and recirculated to the Board.	Deputy Director of Workforce & Organisational Development	November 2023	E mailed 1.12.23
29.11.23	173/23	Performance Report	Deep dive of triage processes to be discussed at the Quality Committee	Chief Operating Officer	March 2024	This item is being progressed by the Clinical Director and has been added to the Quality Committee agenda for the March meeting.
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report

26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023 revised to 29 May 2024	Patient/Staff story to be provided on Speech and Language
27.9.23	126/23	Chief Executive's Report	Sexual safety action plan to be produced for the Board	Director of Nursing, Allied Health and Social Care Professionals	January 2024	On the agenda for the January Board meeting

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

Board Public Workplan April 2023/March 2024 (v7d)

Chair of Board: Caroline Flint
Executive Lead: Michele Moran

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Quarterly Items								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x		
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x		x
Board Assurance Framework (dates amended Nov 23)	Corporate	MM		x	x	x	x	
Risk Register (dates amended Nov 23)	Corporate	HG		x		x	x	
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
6 Monthly items								
Trust Strategy Delivery Report	Strategy	PB		x		x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
Annual Agenda Items								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023))	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Quality Accounts moved to June Strategic Meeting	Quality	HG	x def					
Infection Prevention Control Annual Report	Quality	HG			x			

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
Safeguarding Annual Report	Quality	HG			X def	x		
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards (moved to Nov due to new req)	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP			x			
Health Stars Strategy Annual Review	Assur Comm	SMcG	x					
Annual Operating Plan	Strategy	MM						x
Freedom to Speak Up Annual Report	Corporate	MM			x			
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Annual Declarations Report	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance Safety	Corporate	KF			x			
Gender Pay Gap	Corporate	SMcG		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	SMcG			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	SMcG			x			
Equality Diversity and Inclusion Annual Report	Corporate	SMcG			x			
Annual National Staff Survey Results	Corporate	SMcG						x
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Committee Chair Report	Corporate	CF						x
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					X	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			x			
Workplan for 2023/24: To agree	Corporate	CF/MM	x					
AD Hoc Items								
Items to Escalate including to the High Level Risk Register	Corporate	CF	x	x	x	x	x	x
Potential Items for Consideration at Future Strategy meetings	Corporate	CF	x	x	x	x	x	x
Estates Strategy – March 23	Corporate	PB						
Edenfield Update	Corporate	HG			x			x
Provider Licence	Corporate	SJ	x					
Staff Survey Progress Report	Corporate	SMcG			x			
Health Inequalities to a Strategic Board Development Meeting	Corporate	KF						
Board Assurance Framework Assessment	Corporate	MM			x			
Community Mental Health Presentation Survey Update	Corporate	KF			x			
Compliance with the New Provider License	Corporate	SJ/PB			x			

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
Reports:								
EDI – date to be confirmed after September	Corporate	SMcG						
Review of the Constitution	Corporate	SJ		x				
Sexual Safety Gap Analysis	Corporate	HG					x	
Social Values Report	Patient Safety	KF					x	
Deleted /Removed Items								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting– Wednesday 31 st January 2024															
Title of Report:	Ruby's Story															
Author/s:	Ruby – Patient and Volunteer Supported by: Sue Smith – Practice Manager, Market Weighton Practice															
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:	To inform the Trust Board of Ruby's experience of being a registered patient and a volunteer at Market Weighton Practice.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> To highlight the positive impacts on wellbeing from involvement in Trust activities. To highlight the positive experiences of a registered patient of Market Weighton Practice. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> . Not Applicable 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Not Applicable 		Decisions Made: <ul style="list-style-type: none"> Not Applicable 														
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)	31.1.24												

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 6

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024		
Title of Report:	Chair's Report		
Author/s:	Rt Hon Caroline Flint Trust Chair		
Recommendation:	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 Board meeting.		
Key Issues within the report:			
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:	
<ul style="list-style-type: none"> Changes to Governors from 1 February Update from the last Board Strategic Development meeting 		Outlined in the report	
Key Risks/Areas of Focus:		Decisions Made:	
<ul style="list-style-type: none"> No matters to escalate 		<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 (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 Board Report – 31 January 2024

Happy New Year and I hope everyone found time to relax and enjoy the Christmas season.

However, it is with sadness that I report the death of Sam Muzaffar, former Humber governor and Lead Governor, who died on New Year's Eve. Sam and I exchanged emails just before Christmas and when I saw him at the Annual Members' Meeting in October he appeared so well, which makes his sudden passing so unexpected.

Sam was a well-regarded Trust governor and supportive Lead Governor to me in my first year as Chair. He always came across as a thoughtful and caring person and from conversations with him, he was proud of his life work and family.

Individuals who knew Sam will have been sent their sympathies to his family as have I and the Trust. A Trust representative attended his funeral.

My thanks to retiring public governors Doff Pollard, Sue Cooper, John Cunnington and staff governor Tom Nicklin who wasn't re-elected. All four have contributed in different ways bringing their own experience and knowledge to bear. On behalf of the Board, I wish them all the best and thank them for their service.

1. Trust Board Strategic Development Meeting, 20 December 2023

- At our last meeting of 2023 we received a **Primary Care Update** and discussed progress made, with all GP posts within Primary Care recruited to. Focus to continue on achieving the financial recovery trajectory and a trajectory for 2024/2025 to be presented to the Finance Committee in Q4. Further Board engagement with the integrated Care Board (ICB) on new models of care is planned and a further Primary Care Update at the April meeting.
- We took the opportunity to reflect on how the new Strategic Board meetings in 2023 were working. The consensus was that the new arrangements were proving effective. Looking forward it was agreed important to maintain that Strategic Board Development meetings should focus on key strategic matters (including the positioning of the Trust in the Integrated Care System (ICS), the strategic areas contained in the Trust Strategy and developments in other industries) at each meeting rather than business as usual matters.
- It was also confirmed that the audit of the local government pension scheme was now complete, and no changes had been made to the accounts which the Board had approved in June and the Trust Board formally approved the audited annual accounts for 2022-23.
- It was the first opportunity for the whole Board to meet in person with our two Associate Non-Executive Priyanka Perera and David Smith who joined us for Xmas Lunch along with the Board Support Unit Team.

2. Chair's Activities Round Up

I was pleased to join the Humber Carol Concert in the Willerby Lecture Theatre and speak on the theme of "journeys". I also attended the NHS Carol Service in York.

An early January meeting was the Quarterly Freedom to Speak Up with Alison Flack. Another Ambassador Campaign started this month with a view to having an ambassador rep per division by the end March 2024. The draft strategy will be completed by the end January for review whilst awaiting the National Guardian Office's new strategy.

It was a pleasure to be on two recent interview panels to successfully recruit a Perinatal Mental Health Consultant Psychiatrist and a CAMHS Community Consultant Psychiatrist.

Great to present long service staff awards at a lovely afternoon tea we held in the Lecture Theatre at Willerby Hill. A few days later I met up with Newly Qualified Staff working within our Mental Health Unplanned Care Division and it was great to hear about their career choice and their training.

3. Visits (in person and virtual)

My Christmas visits included Inspire; Avondale Assessment Unit; the Psychiatric Intensive Care Unit and Newbridges.

External meetings included:

Humber and North Yorkshire (HNY) Provider Chairs
Chairs Integrated Care System (ICS) Briefings
NHS Confederation Mental Health Chairs Network

4. Governors

Governor Elections 2023 saw the following successful candidates elected who will begin their term from the 1 February 2024:

Kimberley Thomas East Riding; Ted Burnside East Riding; Isobel Carrick Hull; Maureen Bristow Hull and John Duncan Staff.

The New Governors' Induction will take place on 1 February 2024 in person, and I am having 1:1 introduction meetings, with each of them.

Governor roles – Service User and Carer Governor Marilyn Foster is the new Lead Governor and Chair of the Appointments, Terms and Conditions Committee (ATC). East Riding Public Governor Tony Douglas is the new Chair of the Engaging Members Group.

Partner Governors – Welcome to Emma Dallimore Chief Executive Officer Hull & East Yorkshire (HEY) Mind; she is our new Voluntary Partner Governor. Humberside

Police Partner Governor Paul French is to be replaced by a colleague as he takes up a new role at South Bank Command. Our thanks to Paul for his service.

Governor Development Day (14.12.23) took place and there was an open and constructive discussion about how the Board and Governors work together, understanding of respective roles and where improvements can be made. The rest of the session focused on the work of the Board Committees Collaborative and Charitable Funds.

Governor Briefings 2024 are open to all governors and will take place online 10 times a year with half the time for an informal catch up with me and the other half to brief on a specific service or topical issue relevant to governors. In response to a request from Governor Brian Swallow staff presented on mental health legislation and deprivation of liberty orders on 25 January 2024.

The Council of Governors (CoG) met on the 18 January 2024 and along with standing items focussed on the following areas:

- **Forensic Services; Community Services and Primary Care** leads spoke about successful activities to improve National Staff Survey participation in these service areas.
- **An external auditor's opinion** was provided by Gavin Barker (Mazars) as part of the Annual Accounts and demonstrated the sound way in which Humber's finances are managed and governed.
- **The recommendation** from the Appointments, Terms and Conditions Committee (ATC) to include Service User/Carer Governors as members of the committee was approved.
- **The Membership Plan** - Governors were pleased that we now have an up to date picture with emails for 3,482 Public and Service User/Carer Members and 325 with their postal address. Further action to get a better understanding of membership diversity is to be explored.

The Appointment, Terms and Conditions Committee (ATC) met on the 24 January where we discussed succession planning and the NED recruitment campaign to replace Francis Patton and Mike Smith whose terms end August 2024.

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024			
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:	<p>To provide the Board with an update on local, regional and national issues. Areas of note:</p> <p>Ratification of policies for:</p> <ul style="list-style-type: none"> • Volunteer Recruitment Policy • Learning and Staff Development policy <p>The Modern Slavery Statement is included for approval.</p>			
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 		<ul style="list-style-type: none"> • Ratification of Policies • Modern Slavery Statement for approval 		
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) Monthly report to Board	31.1.24

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	

Chief Executive's Report

1.1 Policies for Approval

The policies in the table below are presented for ratification. Assurance was provided to the Executive Management Team (EMT) as the approving body for policies that the correct procedure has been followed and that the policies conform to the required expectations and standards in order for Board to ratify these.

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Procurement Policy	22/1/2024	Director of Finance	This policy has been amended to reflect changes brought about by the Provider Selection Regime.
Volunteer Recruitment Policy	8/1/2024	Chief Operating Officer	This policy has been amended following an external audit of Voluntary Services and provides the framework and specific requirements for recruitment and use of volunteers within the Trust. It also outlines the roles and responsibilities of staff.
Learning and Staff Development Policy	8/1/2024	Director of Workforce and OD	Information regarding the induction, appraisal, Statutory and Mandatory training have been incorporated into this policy.

1.2 Around the Trust

1.2.1 Leadership Visibility

I continue both my virtual meetings and in person visits across all areas of the organisation, it was also a pleasure to deliver Christmas presents to our in-patient units, from our Charity Health Stars.

I also attended the ICB board Christmas Timeout Session.

1.2.2 Right Care, Right Person (RCRP)

Building on our national lead work with Humberside police, I continue to support the London Metropolitan Police in developing their implementation plans. Humber has also developed a robust toolkit which has been circulated widely. Media interest is positive with the following being undertaken

- Channel 4 News – Aired 13th September 2023
- Humber worked alongside Humberside Police to provide a broad view of how RCRP is working in our local area. From our Trust, Adrian ELSWORTH and Kirsten Bingham were interviewed at Miranda House, although only the interview with Kirsten was used in the final piece.
- Health and Social Care Committee Meeting – 19th September 2023
- Adrian Elsworth attended on behalf of the Trust along with Dr Sarah Hughes (Chief Executive, Mind) and Roisin Fallon-Williams (Chief Executive, Birmingham and Solihull Mental Health Foundation Trust). There was also an additional session

focussed on the Police with Paul Anderson (Chief Constable, Humberside Police), Jonathan Evison (Police and Crime Commissioner for Humberside) and Craig Guildford (Chief Constable, West Midlands Police).

- We were approached by Parliament to attend the Committee meeting which was a successful event as our Trust was used as the example for how it was going well and compared to other Trusts who were at the start of their implementation of RCRP locally.
- HSJ Awards – Thursday 16th November 2023
- Right Care Right Person was awarded Highly Commended at the HSJ Awards in the category of Place-Based Partnership and Integrated Care Award.
- We promoted our attendance and our award on social media both during the event and following – using X (Twitter), Facebook and LinkedIn.
- Following the award we sent out a media release. Published here - <https://hullisthis.news/local-nhs-trust-highly-commended-at-prestigious-national-awards/>
- Upcoming Media
- RCRP – ITV News – Tuesday 23rd January filming – we await the full date for publication
- The filming of Trust staff will be at both Trust HQ and also we are looking at filming in a Mental Health ambulance from YAS

1.2.3 Modern Slavery Statement

There is a legal requirement on the Trust to publish on our website, a Board approved modern slavery statement each year. The statement is below and will be updated on the Trust website reflecting the statement for the year ahead.

Slavery and Human Trafficking Annual Policy Statement 2023-2024

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015

1. Organisational Structure

The Trust provides a wide range of health and social care services across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire and provides specialist mental health services to people from across the UK.

We became a foundation trust in 2010. We employ approximately 3,600 substantive staff who work at numerous sites and locations across our catchment area throughout East Riding, Hull and Whitby.

2. Our Approach

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Policies

Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures including:

- Adults and Children Safeguarding policies - through these we address modern slavery issues with level three training and also provide e-learning as a stand-alone training module for modern slavery.
- Raising Concerns and Freedom to Speak Up Policy - this policy reminds anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services, that they are able to raise concerns - this includes agency workers, temporary workers, students, volunteers, sub-contractors and governors.

We have a strong commitment to diversity, equality and inclusion and look after the wellbeing of our people, ensuring that they are safe and cared for appropriately. We set out the behaviours we expect our staff to abide by through our Being Humber behavioural framework.

Recruitment

We operate a robust recruitment policy, including conducting eligibility to work in the UK checks for all directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

Procurement and Supply Chains

When procuring goods and services we apply NHS Terms and Conditions, a contract condition within the terms is compliance with the Modern Slavery Act 2015. All suppliers must comply with this as well as all relevant law and guidance and they are required to use good industry practice to ensure that there is no slavery or human trafficking in its supply chain. It is also a requirement that they should notify the Trust immediately if it becomes aware of any actual or suspected incidents of slavery or human trafficking in its supply chains.

1.2.4 28 Days of Wellbeing Challenge

For 28 days, starting on 15 January, we are 'challenging' all staff to take time each day to try something new, take time to relax and feel better.

There's a whole range of challenges, from enjoying the outdoors to taking time to read, to joining a live lunchtime work-out. Feedback has been positive and this builds on our staff health and wellbeing work.

1.2.5 Unsung Hero - Stephanie Atkinson supporting children with Cerebral Palsy through sport

Stephanie Atkinson from our Hull 0-19 team was recently recognised as the BBC Sports Personality "Unsung Hero" for East Yorkshire and Lincolnshire and she attended the BBC Sports Personality of the Year Awards ceremony in London. Well Done Stephanie.

1.2.6 Koestler Arts Award Winners at Pine View Inpatient Unit

It was an honour to give out certificates to the patients from our forensic units Pine View and the Humber Centre. Patients from these services won certificates for their artwork from the prestigious Koestler awards.

We are looking forward to the artwork being returned hopefully by April 2024 and on display in the Humber Centre with their certificates.

1.2.7 New Year Message

My New Year Message this year focused on personal, organisation and system transformation.

1.2.8 Highlights from 2023

Appended to the report is a summary of highlights of 2023 and a link to the video produced.

2 Around the Integrated Care System

2.1 Yorkshire Ambulance Service

Following a comprehensive and robust recruitment process, Peter Reading has been appointed as the Trust's substantive Chief Executive.

Peter joined the Trust as Interim Chief Executive in June 2023 from Northern Lincolnshire and Goole NHS Foundation Trust (NLaG).

2.2 Innovation Yorkshire & Humber

Richard Stubbs as recently been appointed as the new chair of the National Health Innovation Network (the new name for the AHSN Network), which he will be undertaking in addition to my ongoing role as Chief Executive of Health Innovation Yorkshire & Humber.

3 National News

3.1 Health Services Safety Investigation Body

The Health Services Safety Investigation Body (HSSIB) have been requested by the Secretary of State for Health and Social Care under the Health and Care Act 2022 to undertake four MH investigations nationally.

1. Learning from inpatient MH deaths, and near misses, to improve patient safety.
2. The provision of safe care during transition from children and young person to adult, inpatient mental health services.
3. Impact of out of area placements on the safety of MH patients.
4. Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments.

NHSE were not aware of this planned work and it has a legal mandate meaning the HSSIB can legally request to speak to people, access information/reports etc, and visit services. They have warrant cards and providers have a legal duty to comply though they were keen to offer reassurance that they want to take a much more flexible approach. Those providers who are chosen to be investigated will receive a letter which will be a formal notification that they must participate. The areas selected will be based on performance (they're looking at a selection of challenged areas and those performing well) and services that may come up via other routes.

3.2 NHS Talking Therapies

Depression and anxiety can hold people back in many areas of life. The extra funding for NHS Talking Therapies, from 24/25, is aimed at helping people recover from anxiety and depression. It will do this through service expansion over 5 years, enabling more people to

have a course of treatment and supporting services to be offer patients a larger number of sessions which will improve people's chance of fully recovering.

Currently working to update the NHS planning metrics to focus on courses of NHS Talking Therapy treatment and reliable improvement, and reliable recovery.

The current NHS Talking Therapies access metric has enabled record levels of referrals and numbers of individuals engaging with NHS Talking Therapies, however on average there an attrition rate of 45% between one and two contacts (when treatment starts in earnest). The service rebranding from IAPT to NHS Talking Therapies, the upcoming comms campaign, and closer alignment with community mental health and primary care will begin to reduce that attrition.

This effect will be amplified by the extra investment; improving the high intensity to low intensity therapist ratio and helping to reduce “within pathway” waits that can be a deterrent to referral of appropriate and more severe referrals.

3.3 Individual Placement Support (IPS) for Severe mental illness

IPS is a well evidenced National Institute for Health and Care Excellence (NICE) approved employment intervention for individuals who experience severe mental health conditions or have complex mental health needs. The service consists of intensive, individual support aiming to help people to gain and retain paid, competitive employment. Integrated within clinical teams, employment specialists challenge limiting beliefs about patients’ capacity to work and promote and help secure work to help recovery.

The Autumn Statement, the Chancellor announced further funding to increase the number of people accessing IPS support by 100,000 over five years. This funding builds on previously announced funding in the 2023 Spring Budget (guidance to be shared shortly, including ICB allocations), meaning that by 2028/29 the funding will have meant IPS services will have supported an additional 140,000 people (almost double the throughput).

3.4 New Offer for ICBS to Support Children who are Neurodiverse in Partnership with Schools and Parent Carer Forums

The Department for Education (DfE), Department of Health and Social Care (DHSC) and NHS England have an exciting opportunity for ICBs to work with in partnership with schools and parent carer forums on a new programme: Partnership for Inclusion of Neurodiversity in Schools (PINS). The Autumn Statement referenced this.

DfE have secured funding for the programme which will be offered to ICBs, through a Memorandum of Understanding (MOU) between ICBs and DfE facilitated through NHS England. This will enable a partnership approach working with local authorities and parent carer forums to develop innovative ways to support the education and health needs of neurodiverse children in schools and to help them to fulfil their potential.

Based on the learning from the successful model of the Autism in Schools programme this is designed to enable approaches for earlier support for neurodiverse children in school that will help prevent distress and challenge which may require further intensive intervention across health, education and care.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Leadership Visibility

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. The Chief Operating Officer has met with the team at Whitby Hospital. 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 and were committed to service improvement.

4.1.2 Operational, Winter Planning, Industrial Action and Covid Update

This update provides an overview of the operational, winter planning, industrial action 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. Two periods of industrial have taken place by the BMA in relation to junior doctors, between 20th and 23rd December 2023 and 3rd until 9th January 2024. 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. 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. New national, regional and ICS wide OPEL reporting arrangement came into effect in December with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. In preparation for this, coordinated work was undertaken by organisations to review the action cards associated with each level in the OPEL framework to ensure that the actions taken to prevent escalation were robust. New escalation arrangements were introduced and when pressures rise, triggers are now in place that stand up daily executive director level response when necessary.

Our **winter plan for 2023/24** remains in place and through our EPRR team we continually review the plan to ensure it is providing an effective response which we then feed into the wider system work.

Operational service pressures have been stable in the Trust in December and early January. 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. Pressures have also been experienced in Primary care due to the increased demand associated with the impact of winter illnesses. The Trusts overall operational pressures in the last two months has remained reduced to (OPEL) 2 (moderate pressure). Mental health bed pressures rose during the holiday period in December leading to a rise 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 December and January 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 has been 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 whilst delayed transfers of care have risen further in December this has not impeded admission when this has been required.

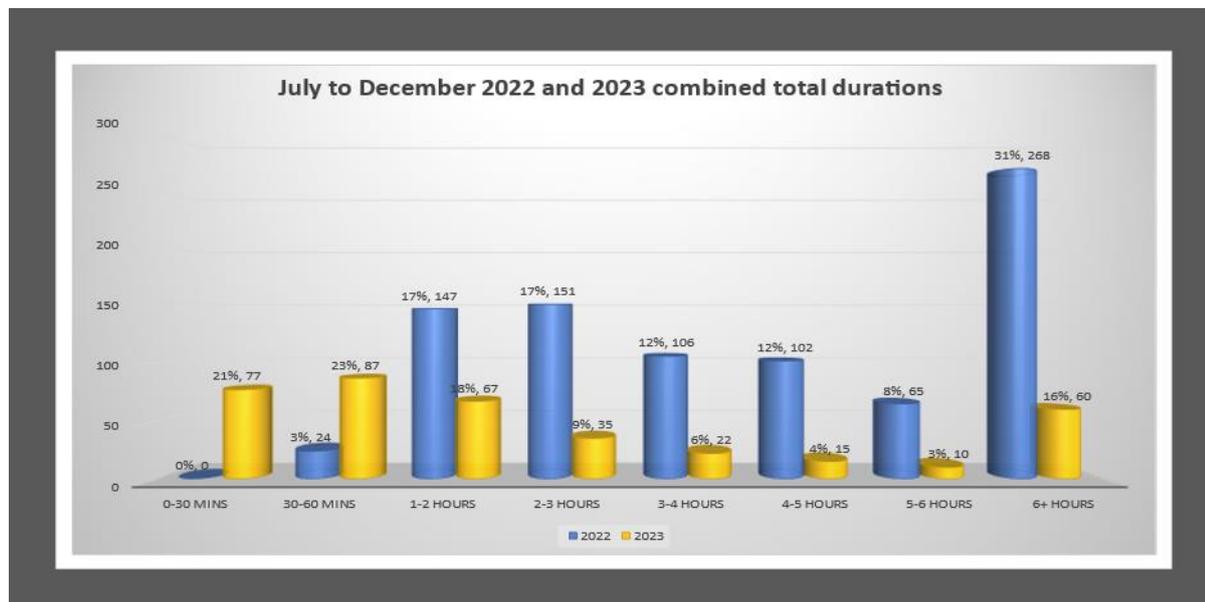
Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use rose slightly during November and December, our overall daily bed occupancy has been between 72.2 – 89.1%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. A change to the configuration of the older people's beds at Maister Court and Millview Lodge has increased the availability of male beds and resulted in a reduction in the use of out of area placements in January.

Delayed transfers of care (DTC) from our mental health beds have risen during the last two months. 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 to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had previously achieved in reducing out of area placements. The escalation measures have however had a positive impact on achieving discharge for some of our longest delayed patients.

System pressures have been overall slightly reduced in the Humber areas more recently for both health and social care., pressures have remained high in York and North Yorkshire. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 for short periods during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring frequently. Local authorities and the Ambulance services have also experienced some improvement for periods in pressures, however pressures were high during late December and early January. The combined impact of these ongoing pressures 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 which has been adversely impacted by the recent industrial action.

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 at the Hull Royal Infirmary (HRI) site, to stream mental health service users to. The new provision, the Humber Suite, 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. The chart below demonstrates the impact on overall waiting times in the emergency department at HRI, it shows a comparison for the same time period of 2022 (prior to the Humber Suite opening) and 2023 (after the suite opened in July 2023)) demonstrating a decrease in the duration of stay in the Emergency Department.



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 continued to see low numbers of cases of **Covid-19** positive inpatients, however there was a small increase in numbers in December which has reduced again in January.

When combined with non-covid related sickness the overall staff absence position is currently at 7.04%.

The Trust continues to effectively manage the impact of high system pressures and industrial action within its ongoing arrangements. Reducing delayed transfers of care/patients with no criteria to reside (NCTR) and further reducing out of area placements remains a key operational priority 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.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Leadership Visibility

Over recent weeks the Director of Nursing, AHP and Social care Professionals has visited all of the GP Practices (Market Weighton, King Street Cottingham and Humber Primary Care in Bridlington). It was great to meet with staff and discuss the challenges they face in terms of managing capacity versus demand. Seeing the new Accurx appointment system was also helpful in understanding how this will improve access for patients going forward.

4.2.2 CQC Single assessment Framework- Roll Out

CQC have announced that they are rolling out their new assessment approach by area as follows:

21 November to 5 December:

Early adopter programme involving a small group of providers has started with planned assessments using the new approach. CQC will use what they learn to help improve how they implement the new changes.

From 5 December:

Assessments start of providers the south region.

From 9 January:

Assessments start for all registered providers in London and East of England region.

From 16 January:

Assessments start for a small number of providers in the North region and Midlands region.

From 6 February:

Assessments start for all registered providers in the North region and Midlands region. Trust well-led assessments start in all regions.

As CQC start using the new assessment approach they will be listening to feedback from providers and may adjust their approach so that they use the best approach possible. CQC will keep organisations updated as they begin to make these changes.

The Trust will be using our existing networks to gather views from providers who have been subject to the new approach to enable us to appropriately prepare along. We will also continue to attend the CQC webinars which keep us informed about the approach.

4.2.3. CQC Inspection of Market Weighton Practice

CQC undertook an announced targeted inspection of the responsive question in December 2023. The assessment was carried out without a site visit and resulted in a rating of requires improvement for the practice. As the other domains were not assessed the practice has remained with a rating of good overall.

The CQC acknowledged the pressure GP practices are currently under and the work the practice was undertaking in respect of improving access was noted; specifically, the extended access, improved call answer time to 5 mins (previously 20 minutes in Dec 22) and improved Friends and Family results. However, the CQC stated that the improvements were not yet reflected in the GP patient survey data which indicated low scores for access and as ratings depend on evidence of impact CQC stated they must reflect the lived experience that people are reporting.

There were no breaches of regulation, and one should do recommendation that the practice should continue to monitor access to the practice, audit and analyse the new appointment system and continue to monitor patient feedback.

This ongoing work will continue to be overseen by QPAS and EMT with reports to the Quality Committee.

4.2.4. International Nurse Recruitment- Almost all the 50,000 Nurses Recruited into the NHS are from Overseas

The Chief Nursing officer Dame Ruth May revealed 93% of the 51,245 nurses who have joined the NHS in the last four years have been recruited from overseas. The government's 2019 election manifesto pledged the NHS would see "50,000 more nurses" by 2024.

As a Trust we continue to encourage applications from overseas. The applications are considered along with applications from UK nurses in line with our 'business as usual' approach to international recruitment which also ensures parity between UK nurses and INR nurses.

4.3 Director of Workforce & Organisational Development (OD) Updates

4.3.1 Leadership Visibility

Since December 2023 the Deputy Director of Workforce and OD has visited and observed clinical training and leadership development programmes to engage with staff and better understand experience and quality of training. Plans in place for planned visits in Community Services in February 2024.

4.3.2 TRAC Time to Hire Benchmark Data

Revised benchmarking has been undertaken by TRAC regarding time to hire.

Data from 1st July 2023 - 30th September 2023 (speed) Conditional to starting letter sent took **33.9 days** on average and Humber ranked at **57 out of 183 trusts** (previously 111 out of 182).

Data from 1st July 2023 - 30th September 2023 (speed) Employment check Total Lapse Time took **21 days** on average and Humber ranked in the **top 20 out of 183 trusts** (previously 117 out of 182).

4.3.3 Respect Campaign

The Trust launched a Respect campaign in November 2023 and In December EMT reviewed the initial impact of the campaign.

Formal casework linked to bullying and harassment for the period October 2022 to September 2023, demonstrate the Trust managed three cases of bullying and harassment through formal processes.

Over the course of November, since the launch of the Respect campaign, the number of referrals for bullying and harassment was seven, which shows the anticipated increase in reports.

4.3.4 National Staff Survey 2023

The National Staff survey launched at the Trust on 2nd October 2023, concluding on 24th November 2023.

Incentives were introduced this year in an attempt to drive up completion rates as well as a targeted programme of communications and divisional efforts.

The final response rates at the close of the survey;

- The substantive final result 55.62 %
- Bank 34.28%

4.3.5 Flu Programme 23/24

The flu campaign commenced on 1st October 2023, initially commencing with a number of flu and covid co-administration clinics. At the time of writing Frontline uptake is 47.62 % and total trust wide uptake 63.29%.

Occupational Health administered flu vaccines continue by appointment with Peer Vaccinators hosting sessions in Divisions until the end of the programme.

4.3.6 Improving User Experience and Efficiency by Implementing Annual Leave in Electronic Service Record (ESR)

At present the Trust utilises various paper-based systems and spreadsheets for the management of Annual Leave. Central templates are provided to serve as an individual leave record and calculations are automated via the template.

In January 2024, EMT agreed proposal to move forward with the implementation of Annual Leave in ESR from 1st April 2024.

This will

- Improve system utilisation which will support our transition to the newly procured workforce system
- Contribute to the Trust's digital agenda
- follow the national standard, improve the accuracies and frequencies of payments made and would address the escalated concerns of the payroll team in relation to risks of challenges.
- Enable the Trust to apply additional days leave relating to compliance fairly.
- Improve rota management.

4.3.7 Oliver McGowan Phase 2 Training

In November 2022, the Trust launched the Oliver McGowan e-learning package for all staff. From April 2023, the Trust began reporting on the compliance rate for the training, (92.98% as at October 2023). In January, EMT approved the approach for the delivery of phase 2 of the Oliver McGowan training, which will see the Trust funded to deliver as an anchor organisation to our own workforce and that of Navigo.

4.3.8 Second in the Country for % Staff Accessing Training

The Trust is pleased to report that we are second in the country for % of staff accessing learning. We have occasionally been in the top 20 before, but second is a great achievement.

4.3.9 Conditional Consultant Appointments

Perinatal Consultant (North Lincs, Hull and ER) post (0.8 WTE):

Dr Saadia Alvi has been successfully appointed to this post. She is already working in this role as a fixed term locum consultant. She is currently working 8 PAs a week and will continue to do so under her substantive contract.

CAMHS Community Consultant Post (1 WTE):

Dr Priyanjan Undugoda has been successfully appointed to this post. We are aiming for him to start at the beginning of March, working 10 PAs a week once all pre-employment checks are satisfactorily completed.

4.4 Medical Director Updates

4.4.1 Leadership Viability

My last visit was to Newbridges Male Inpatient Unit. Staff on the ward were keen to talk about the excellent patient care on the unit. They were also proud to explain that that staff do their utmost to cover all shift and rarely use agency staff as this gives consistency to patients.

4.4.2 Research and Development

Preparations for the Trust's seventh research conference on 22 May are well underway, with over 250 people already registered from various organisations, as well as the general public and people registering from outside of the UK.

On December 6th 2023, our Trust (led by Dr Hannah Armit, Clinical Research Psychologist), in partnership with Tees Esk and Wear Valley NHS Foundation Trust, the York Environmental Sustainability Institute (YESI) and the Institute of Mental Health Research at York (IMRY) held a research event in York to showcase current research linking health with green/blue (nature) space. This collaborative event included regional and national speakers, and the presentations sparked some lively discussions and ideas for potential future research collaborations. It was a really well-attended event and great celebration of 'green for health' across Yorkshire and the Humber.

4.4.3 Psychology

The psychology service is working on bringing together the professional groups that work to provide psychological care as per the national program set out by NHS England. We continue to support important workstreams concerned with culture change and working as a trauma informed organisation and welcome these developments.

There is a significant change upcoming in a couple of months in that our service lead is leaving, which heralds a new era for the service.

4.4.5 Medical Education

- Continuing our work to support medical students, doctors in training and consultant and SAS doctors with medical education development.
- Supporting and working on expansion of Foundation, Core, and Higher training, supporting and training new Clinical/Educational Supervisors to ensure we have capacity to fulfil the training scheme expansion.

- Currently reviewing all medical educator's objectives for the year to fit with our vision and 2024/25 Medical Education Workplan. Medical Education Department Annual Workplan drafted in consultation, and with full engagement of lead medical educators, this document summarises achievements and progress over the last 12 months and sets out agreed objectives in each area for 2024/25.
- NHS England Education Self-Assessment Report (SAR) completed and submitted by the deadline of 31st October 2023.
- HYMS Self-Assessment Document (SAD) completed and submitted before the 1 December 2023 deadline.
- National Education & Training Survey (NETS) closed on the 28 November 2023; all efforts were made by the Medical Education Department to encourage trainees to complete the survey. This national survey was open for 8 weeks and gathers learner, student, and trainee feedback.
 - A new question was added in line with the publication of the 'Sexual Safety Charter'.
 - A new question was also added 'Have you experienced discrimination by staff?'
- For the purpose of prospective consultant recruitment, several of our consultants attended the Higher Trainee 'Speed Dating' event on 6 December 2023 in Leeds.
- The President of the Royal College of Psychiatrists (RCPsych), Dr Lade Smith, will be welcomed to the Trust as a guest on the 12th March 2024 for an afternoon session 'Spotlight on the President of the RCPsych'.

4.4.6 Patient and Carer Experience and Co-Production - Integrated Care System (ICS) Engagement Project "A Good Experience"

The Trust's Assistant Director of Patient and Carer Experience and Co-production was invited to represent the Humber and North Yorkshire ICS to present at the 2023 Kings Fund annual conference 'From listening to action: Putting the voices of people and communities at the heart of health and care'. The session was called 'Embedding people's voices across the integrated pathway' and included presentations from four ICS areas and our ICS's presentation focussed on insight into how we are creating a charter of ambitions across ICS partners. It is anticipated that the communications charter will give an agreed and expected standard of communication for everyone accessing and delivering any services from organisations within the Humber and North Yorkshire ICS. As the initiative progresses the steering group is engaging more organisations from the area to join the steering group and actively support the project. Due to the scale of the initiative and the community reach (1.7 million people), it is taking longer than originally anticipated to develop the Communications Engagement charter. It is likely to be Summer/Autumn 2024 that the charter will be finalised and approved.

4.5 Director of Finance Updates

4.5.1 Leadership Visibility

Since December the Director of Finance has visited Malton to discuss the Charity proposals for a dementia friendly area and also to look at the proposed alternative accommodation for the community Team as well as a visit to Walker Street/Inspire to view

the garden project which is nearing completion and also the proposed location for a Neuro Diverse Waiting Area.

4.5.2 National Cost Collection

National Cost Collection data is the source data for work by NHS England Model Hospital Team and for work on Use of Resources by NHS England and the Care Quality Commission.

Its purpose is to help the NHS manage costs, improve productivity, eliminate unwarranted variation and, overall, improve services for patients.

The Trust has submitted the 2022-23 National Cost Collection, which has passed NHS England's initial validation checks.

The Trust Board are asked to note the Director of Finance has submitted (on behalf of the Board) its costs and activity in accordance with National Guidance.

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: 183 (*Incl 12 in December*)
- High Priority CareCERT notices Issued during 2023: 12 (*Incl 1 in December*)

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

All servers have been upgraded to the latest operating system

Multifactor Authentication roll out progressing, progress at time of writing:

- 1,234 mailboxes enrolled
- 3,044 mailboxes still to enrol (Includes 60 new mailboxes)

4.5.4 Digital Updates

Electronic Patient Record (EPR)

Future state planning is nearing completion and invitations will be sent to key staff between 26th February and 8th March to attend briefing sessions.

Proof of Concept for Robotic Process Automation to support approach to Data Migration has commenced. A Data Migration partner with expertise in this area has been identified.

Additional Funding has been approved for voice recognition and patient portal projects.

NHSE Future Connectivity Programme

Following a successful application to the NHSE England Future Connectivity Programme, the funding awarded (£0.554m) is being used to install new routers and increase band with across 40 Trust Sites.

Interweave

Minimum Viable Dataset has been established to help steer data provision roadmaps which have been based on consumer Need.

In some Regions Interweave Hub is being considered to connect Sharer Care Records alongside the National Records Locators, this should assist in providing access to patient records across regional boundaries.

Funding has been confirmed for Generative AI project.

Business Intelligence

Power BI is now live on NHS.net and existing reports have all been migrated across. A Third Part Partner has been appointed to develop the new Trust Data Platform.

4.5.5 Estates and Hotel Services Updates

RAAC Update

A letter that was issued by NHS E to all Trusts in September 2023, which outlined the updated guidance on the identification and management of Reinforced Aerated Autoclaved Concrete (RAAC) across the NHS Estate.

Whilst the NHS have been reporting on the presence of RAAC within its estate since 2019; in response to the updated guidance, surveys of the estate were commissioned for those sites that met the age profile (1950-1990) for the potential inclusion of RAAC within their construction. This included the following:

PROPERTY NAME	Build Year
Pine View	1973
Anlaby Clinic	1963
Bartholomew House	1989
Beverley CMHT	1989
Coltman Avenue (connected to LA Children's Centre)	1965
Coltman Street	1965
Pocklington Health Centre	1970
St Andrews Place	1986
Learning Centre	1973

All of the above were visited and surveyed (which included an intrusive review of the structure at each site), survey reports have been received for all sites surveyed, which confirm that no RAAC was identified.

Trust HQ Demolition

Planned demolition of old Trust HQ is progressing with asbestos removal due to complete by the end of February 2024 and full demolition planned to complete by the end of the Financial Year.

The Trusts in-house electrical team have recently concluded a re-cabling of the mains feed to The Learning Centre diverting from the old HQ building, this is in preparation for its demolition.

Staff Attack Alarms

A tender has been completed for the replacement of the Ascom Staff Attack Alarm system at the Humber Centre, Pine View and Miranda House (PICU), these works will complete in the current financial year with further work planned to progress across the remainder of the adult inpatient estates as part of the 2024/25 capital programme.

Seclusion Work – En-Suite Provision

Seclusion Suite upgrade works have commenced at Avondale, these works will be followed by Westlands, Newbridges and finally the extension at PICU.

5 Communications Update

Quarterly 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 (rollout) • CLEAR project (CAMHS)
Community & Primary Care	<ul style="list-style-type: none"> • Virtual Ward
Children’s and Learning Disabilities	<ul style="list-style-type: none"> • Divisional website development • Parentline (Chat Health) • EDITT internal comms • ISPHNS/IPHNS branding • Safer sleep • Children’s MH Week
Forensic	

Mental Health Support Teams (MHST) Marketing & Communications Update

The MHST’s work in schools and colleges in Hull and East Yorkshire to support children and young people with their mental health and emotional wellbeing. They work with teachers and parents to give them the right skills to support children and young people. Since September 2023 we have had a dedicated Communications Officer in post to

support marketing and stakeholder communications for this service. Work over the last four months has had a huge impact on the team and their ability to reach their audience and includes:

- Brand development to include primary school children and launch in the East Riding. WE have led engagement sessions with young people to co-produce the designs which are now live on our Brand Centre and in use by the team and partners. <https://brand.humber.nhs.uk/partner-brands-mental-health-support-teams/>
- Relunched email newsletters to staff, commissioners and schools leading to a 60% increase in subscribers
- Managing website redevelopment to enhance design, content, improve search engine ranking, improve accessibility, increase traffic and improve user experience.

This is our first service funded role (fixed term for 12 months) which part of the communications team but works directly with the service to help them achieve their communications goals. The role is also a Communications Partner for the wider Children's and LD division ensuring they are experts in the service area and support all teams with their requests.

General Practice Website Developments

In December all practice websites underwent a comprehensive content review and revision to enhance the clarity of information presented to users. Technical audits are regularly run across all three practice websites to identify errors that could impact the patient's user journey, such as broken links.

The next phase of works is to work closely with practice management to engage and survey patients on changes to the homepage. Volunteers will present both the updates and original templates to patients via tablet screens in waiting areas, using a survey format to collect the data. The objective is to collect feedback on patient preferences and the rationale behind their choices.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

The brand platform continues to perform well and above target of growing visits by 20%.

A recent update includes a new 'Partner Brands' section, which will include brand assets for brands closely associated to the Trust. This has started with brand materials for Mental Health Support Teams, followed by Interweave.

We continue to see significant spikes in usage of the brand centre around our monthly online Brand Workshops which offer practical and supportive advice to staff on using our brand. Two have taken place since the last board report, and have seen over 90 attendees. These have been consistently well-attended throughout the year.

Social Media Content

Both paid and organic media content has heavily supported the New Year, New Job campaign. This campaign is currently at the half way stage, and is out-performing last year's. The campaign has resulted in 20,000 sessions on the Join Humber website; an increase of 33% on the same period last year. The content has focused on our core benefits and offer of flexible working in a time where many look for a new role

Supporting BeDigital week has been a key function for our social media feeds in the last month, where we promoted the digital team's work and the EPR programme, with a reach of 7,400 people and 229 engagements.

A recent development has been to trial use of LinkedIn newsletters to amplify the reach of the Humber Happenings Stakeholder newsletter. This has been extremely successful and has attracted over 1,500 subscribers to receive trust news direct to their inbox.

We continue to use all of the Trust's channels to tell the story of our Humbelievable staff – posts which amplify our media coverage surrounding individuals and their work continue to be by far the most engaged-with. The stories about Felipe Caetano's move to Hull from Brazil and his role at the Trust, and Stephanie Atkinson's BBC Sports Personality of the Year Award each attracted over 100 engagements.

- **Media coverage**

A total of 10 positive stories were published this month. The top three performing stories over the period were:

1. New Year New Job
2. Seafit – Defibrillators in Bridlington
3. Birmingham ICC announced for 2024 Shared Care Record Summit

In total, we have seen seven media publications across local, regional and national press (5 positive, 2 neutral, and 0 negative). This includes one radio interview following the New Year New Job press release.

- **Awareness Days**

The key Awareness campaign this month was Be Digital Week, see comments under Theme 2.

We also marked Martin Luther King Day with an article about his life, 18 people clicked to read more about this in the Global email.

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

Through consistent promotion of the newsletter, we have observed a notable 11.21% increase in subscribers from 11 Dec 2023 – 15 Jan 2024.

Building on the momentum highlighted in the October-November 2023 Board Report, the Humber Happenings newsletter has experienced substantial growth in the LinkedIn newsletter section, witnessing a 44.8% increase. The subscriber base has expanded from 1,080 to 1,564 subscribers during the reporting period.

- **Electronic Patient Record Project**

BeDigital Week

11 – 15 December 2023 we held our very first BeDigital Week. This introduces staff to our Digital Team, the activities they lead, and begin the engagement process for the next generation EPR programme.

We engaged with staff in a number of ways throughout the week, with the focal point being daily online events that teams could join. 382 members of staff attended the sessions.

EPR Launch and Benefits Campaign

We are currently planning and working towards the formal next generation EPR launch which is set for late February 2024. This campaign will focus on raising awareness for the programme and ensuring our clinical colleagues know what to expect as we progress. The campaign will also include a clear outline of the benefits of working with and implementing SystemOne.

Theme 3: Developing an effective and empowered workforce

- **Humblebelievable**



Our annual New Year, New Job campaign relaunched in December. It builds on last year's successful campaign and includes media partnerships, Google advertising, on street advertising in Hull, Facebook and LinkedIn advertising, radio advertising with Viking FM/Greatest Hits radio, and Spotify and YouTube advertising.

December built awareness of our opportunities, using media coverage, radio advertising, Spotify advertising and billboard adverts to build awareness before building towards more sophisticated targeting using social media advertising and Google advertising.

These methods targeted those who have already expressed an indication that they may look to apply for a new job (either through social media behaviour or search behaviour) and places advertising in their feed to apply for roles at the Trust.

This approach has been successful as the campaign is outperforming last year by a third – 20,000 visits have been registered on the Humbelievable website.

Work is also ongoing to develop a number of new Humbelievable printed materials and banners, as well as new video animations for job ads on social media. This aims to capitalise on social media channel's bias towards video content – this is more frequently shown at the top of feeds.

- **28 Days of Wellbeing**

Our annual staff health and wellbeing challenge is back for 2024 and runs from 15 January to 11 February. Over 350 staff have signed up so far to receive daily emails with a wellbeing activity.



- **Health Inequalities**

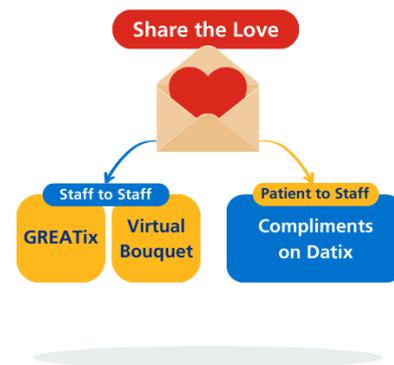
We are working closely with the partnerships and strategy team to support the Health Inequalities work including developing a visual that will help us to launch, promote the agenda to staff, stakeholders and our communities.

We will be sharing more information about the work being undertaken by the team, including staff engagement opportunities, case studies and information about how the important work to ensure all have access to the healthcare that they need, when they need it.

- **Share the Love – promoting the method and importance of staff sharing the compliments colleagues receive from patients and service users**

A valentines themed campaign in partnership with the PACE team will remind staff of the ways they can record compliments and congratulations from one another and from patients and service users.

During this week all staff messaging including a 'how to' video will show colleagues how easy it is record patient and service user compliments on Datix.



to

This information will then appear on the quality dashboard as part of the Trust's governance processes.

Theme 4: Fostering integration, partnerships, and alliances

- **Right Care Right Person**

We are working with partner agencies – Humbercare and Mind to produce a TV news piece with ITV News on the Right Care Right Person initiative and highlight the collaboration between our Trust and these agencies. The filming is expected to take place on Tuesday 23rd January. This will then be aired in a special extended news segment within the national news programme (date to be confirmed).

- **NHS Cadets**

BBC Radio Humbercare are joining an NHS Cadets Foundation (age 14 – 16) session on Monday 29th January to speak to the Cadets and the course leaders to promote the opportunities the programme offers young people in our area. The Trust is leading on the piece in partnership with St John Ambulance to produce a collaborative and positive news piece.

As part of the opportunity we are holding a mini-Media Training session including a briefing document to take home, share with their parents/carers and prepare answers to the radio interviewers questions.

Theme 5: Innovating for quality and patient safety

- **Awards**

The first awards of our annual calendar is now open for nominations. We will work with staff to support quality nominations for the HSJ Patient Safety Awards.

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

The team continues to support the Interweave and wider Yorkshire and Humber Care Record team with a variety of communications activities. Work includes;

- Website improvements - ensuring the plain English campaign is being supported and that a bespoke 'members area' is developed to support a positive user experience for customers and suppliers, when working with us.
- Brand enhancements - new brand guidelines document, social media assets and promotional items
- Keyword research – to develop a content strategy to provide Search Engine Optimisation (SEO) benefits to the website.

- **Christmas events**

We offered several opportunities for staff to get involved in trust-wide Christmas celebrations.

- Competitions – we ran four competitions with 90 entries including engagement from four local schools.
- Christmas Quiz – a total of 146 colleagues joined the quiz up 67% from 2022
- Carol Service – attended by 120 in person and online.
- Christmas card – the Christmas card which featured the winning card design and information about the Trust Christmas gift was sent on 19/12/2023 and opened by 74% of staff.

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 5:1	5 stories covered by media per month	5 positive stories covered by media
			0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	737
Facebook engagement rate	2%	2.69%	2.1%
Twitter engagement rate	2%	4%	2.4%

LinkedIn follower growth	+ 4.3%	Target 2872 followers	160 new followers – 4,237 total
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Theme 2: Enhancing prevention, wellbeing and recovery

KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	20%	35.71%	23.73%
Increase subscribers	Increase by 30% p/a	88	118

Theme 3: Developing an effective and empowered workforce

KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	57.36%	57.90%
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	82,517
Global click through rate (CTR) increase	7%	15%	7%
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	Progress to date
-----	------------	------------------

	success	
Awards nominations	4 national/2 local shortlists annually	Supported 29 nominations So far, 12 of these entries have been shortlisted

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	66.45%	67.70%
Increase average page visits/views per session	+ 2 per visitor	1.94	2
Increase average session duration	+ one minute	1m 32s	1m 51s

6 Health Stars Update

From March 31st 2024, Smile Foundation will no longer be commissioned to manage the Health Stars contract. Between now and the end of March the Health Stars Team will continue with business as usual, while the exec team work closely to ensure a seamless transition back to the Trust.

The new website design for Health Stars went live at the start of the year, with a more accessible way to submit wishes and find out more about Health Stars. It matches the new branding that was introduced last year. Along with this, a new Circle of Wishes system is being developed with Umber Creative in Hull. This new system will allow the wishes to be viewed by approvers with a live update of where they are in the system and an indication of any blockers which may be stalling the process. This will allow fund guardians to access the wishes to approve or decline and see information on them easier. It will also allow Health Stars staff to keep all information in a supported database, in one place. New system due to be active at the end of quarter one.

At the end of 2023, the Health Stars Christmas Gift appeal was a success, and presents were delivered to patients across the trust, to spread some Christmas cheer. Along with the Christmas festivities, Health Stars successfully ran a Christmas Raffle which raised almost £400 pounds for Health Stars.

Following the Christmas plans Health Stars is currently appealing for people to 'Re-gift a Gift' campaign which allowed people from the Trust to bring in 'unwanted' gifts, to be used in for fundraising and raffles. On the 9th February, Health Stars will hold another Bingo at Eastington Village Hall, which last time raised over £900.

Save the dates are being sent out to the teams who participated last years Golf Day with some already expressing interest. Thursday 5th September at Cottingham Parks Golf Club

At the start of 2024, the first grant of the year to be submitted for Health Stars was with the Morrisons Foundation. This grant was submitted for £10,000 towards a cardio wall.

A wish was submitted and approved at the November CFC meeting for a Sensory room to be built at East Riding Community Hospital. The site meeting has taken place with Health Stars and Estates, but more work is required from the Estates department.

Finally, wishes are continuing to be progressed as much as possible, along with the wishes that may have limited funds, working through them as much as we can, so when the funds become readily available, the wish can be granted quickly and efficiently.

Michele Moran
Chief Executive

Highlights 2023

January - 28 Days of Wellbeing Challenge!

- From 16 January. Staff opened the doors on our wellbeing calendar to find out about a daily challenge.
- Including enjoying the outdoors, taking the time to reading a favourite book and lunchtime work-outs.
- Over 360 staff got involved

February - The Humber Mentorship Programme

- Launched 20 February
- Easy access platform to support Mentee's in connecting with skilled, knowledgeable, and experienced colleagues who can offer valuable help and advice based on their own experiences.

March - The Launch of BeDigital

- We pride ourselves on being at the forefront of delivering digitally enabled care that delivers better patient journeys, improves patient outcomes, and increases patient and staff satisfaction.
- By encouraging colleagues to 'Be Digital' we will support them to improve their current ways of working and implement new ways of working with the aim of improving health outcomes through the use of technology.
- BeDigital supports, acknowledges and promotes digital transformation across the Trust. By sharing BeDigital projects we hope to inspire others to 'Be Digital' in their approach.

April - Your Leave Plus - Our New Enhanced Leave Policy

- Launched 3rd April
- Brings together the Annual Leave Policy, Special Leave Policy and Maternity/Paternity & Adoption Leave Policy into an inclusive new offering aimed at supporting staff health and wellbeing.
- Includes a new range of paid leave options that staff and their team can use whether they're planning for the future or need to deal with the unexpected.

May – 100k Your Way

- Ran throughout may aimed to get our whole trust moving together.
- 100K is the distance between Trust HQ in Willerby and Whitby Hospital
- Walked almost 60,000 KM as a Trust
- Over 400 staff took part.

May - Hull NHS Choir to sing for the King

- Five members of Trust staff joined the Hull NHS Choir to perform at the King's Coronation Concert at Windsor Castle on 7 May
- Joined Take That on stage

June – BBC's One Show puts Hull Health Visitors in the spotlight

- Health visitors from the Hull 0-19's service featured on the BBC One Show showcasing their participation in an innovative new study led by the Institute of Health Visiting and funded by the Royal Foundation.
- One of two participating sites exploring the feasibility of using the Alarm Distress Baby Scale (ADBB) as part of routine health visiting practice. The study aims to support the profession to promote infant wellbeing and social and emotional development.

Hull York Medical School Teaching Excellence Awards

- Recognises the outstanding contribution of colleagues across the region to the Hull and York Medical School's Medicine and Physician Associate programmes.
- Dr Alasdair Duncan won Undergraduate Medicine Phase II and III Tutor of Excellence
- The Undergraduate Medical Education Team were also nominated for several awards for their excellence support.

July - CEO Challenge raises money for Trust charity, Health Stars

- Michele danced through the decades to raise money for Trust charity, Health Stars with all funds raised going back into employee experience.
- Joined by over 150 colleagues virtually and in person Willerby.
- As well as being supported by local dance groups Kingston Swing and Saoirse Irish Dance Group as well as Hull City AFC's very own Rory the Tiger!
- Covered 17.5 miles during the day and raised over £4000

July/August - Celebrate the launch of the new Youth Recovery and Wellbeing College

- New service for young people celebrated its launch in July
- It is a non-clinical and person-centred provision that explore creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.
- It provides a safe and inclusive community for all, that was designed by young people for young people.

August - Trust accredited with the National Preceptorship Interim Quality Mark

- One of first nationally to be accredited with the National Preceptorship Interim Quality Mark recognising the high quality support we provide to newly Registered Nurses.
- Preceptorships provide support, guidance, and development for all newly registered practitioners to build confidence and develop full competence as they transition into an autonomous professional.

CRN Yorkshire and Humber Research Awards 2023 winners

- 0-19 Hull team 'Best Contribution in Non-NHS Setting – presented by Michele in her role as Chair of the Partnership Group for CRN Yorkshire and Humber,
- Claire Marshall (Clinical Lead - Specialist Perinatal Mental Health Team) 'Highly Commended' in the results of 'Early Career Researcher/Associate PI of the Year'
- Karon Foster 'Highly Commended' in the 'Best Patient Experience' category.
- Awards recognise and celebrate the inspirational work of NHS teams, primary, community and social care research staff who, together, work tirelessly to help us continue to improve treatments and care for people in our region.

September – Follow my lead scheme Highly Commended at HSJ Awards

- 'Highly Commended' for Follow My Lead in the Learning Disability Initiative of the year category.
- Follow My Lead is an award-based training scheme which is aimed at services supporting individuals with Profound and Multiple Learning Disabilities (PMLD). The scheme focusses on enhancing the communication and the quality of life for people living with PMLD.

October – AMM

- Our biggest and best AMM ever held at the Lecture Theatre in Willerby.
- Welcomed over 320 guests online and in person.
- Joined by former Team GB Olympic swimmer Lizzie Simmonds who gave an inspiring speech about mental health and resilience.

November - Staff Celebration Event rewarding 'Humbelievable' staff and teams

- 10th November. Over 270 guests.
- 14 award categories.
- A great example of how the Trust celebrates the hard work, dedication and innovation shown by all its employees.

November – Launch of NHS Cadets

- 11-month scheme where young people, aged 14-18, in association with St John Ambulance
- Weekly programme to learn practical skills for a potential future career in healthcare.
- Fully subscribed

November – Trust Highly Commended at HSJ awards

- Our Highly Commended in the category of Place-Based Partnership and Integrated Care for our Right Care, Right Person initiative at the prestigious Health Service Journal (HSJ) Awards 2023.
- Right Care, Right Person (RCRP) is an operational model that changes the way the emergency services respond to calls involving concerns about mental health.
- It is aimed at making sure the right agency deals with health related calls.
- Amongst the world's most fiercely contested health service awards, attracting hundreds of entries from the NHS and its partners.

November - Trust's Mental Health Professional Lead wins GOLD at the Social Worker of the Year Awards

- Professional lead for Approved Mental Health Professionals (AMHP), Kirsten Bingham, awarded Gold award for National AMHP of the Year 2023.
- Awards shares positive stories of outstanding social work, creative and compassionate practitioners and outstanding practice.

A video of the year is also available at <https://youtu.be/668zB3VKISQ>

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024														
Title of Report:	Publications and Policy Highlights														
Author/s:	Name: Michele Moran Title: Chief Executive														
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:	<p>To inform and update the Trust Board on recent key publications and policy since the November Board (detailed below):</p> <ul style="list-style-type: none"> • New Strategic Framework for NHS Commercial • Annual Learning Disabilities Mortality Review • Meeting the needs of autistic adults in mental health services • NHS Providers Governance survey • Technical documents for 2024/25 planning 														
Key Issues within the report:															
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:													
• n/a		• n/a													
Matters of Concern or Key Risks:		Decisions Made:													
• n/a		• n/a													
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) Board	31.1.24											

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

Publications and Policy Highlights

The report provides a summary of key publications since the previous Board.

1. New Strategic Framework for NHS Commercial

NHS England (NHSE) has introduced another national commercial strategy to try to get local procurement teams working more consistently. The new "strategic framework for NHS Commercial" follows a succession of national procurement reviews which have failed to significantly boost collaboration between organisations.

Most of the key ambitions of the framework are developments of existing themes, such as aligning local procurement operations around integrated care systems, driving greater local collaboration, leveraging the NHS collective buying power, and presenting a consistent and unified face to suppliers.

The framework includes 26 priorities to be delivered over the next three to five years, split into four strategic themes. They cover priorities focused on the national level such as "promoting NHS England's chief commercial officer as the national executive leader for commercial across the NHS", as well as the local tier, such as accelerating the rollout of integrated inventory management systems in NHS trusts.

NHSE will produce an implementation plan in the new year.

The full report can be accessed via this link: [NHS England » Strategic framework for NHS Commercial](#)

Lead: Director of Finance

The Launch of the Strategic Framework should enable the NHS to benefit from its collective purchasing power, as future information is provided on Nationally Led procurement updates will be taken to appropriate governance groups on the potential benefits this offers the Trust to ensure these are realised.

2. Annual Learning Disabilities Mortality Review (LeDeR)

The annual Learning Disabilities Mortality Review (LeDeR) 2022 report has been published.

The LeDeR programme was established in 2017 to review the deaths of people with a learning disability and autistic people to find areas of learning, opportunities to improve and examples of good practice. This year is the first time reports of deaths of autistic adults without a learning disability are included.

Key findings from this year's report include:

- The median age at death for people with a learning disability in 2022 was 62.9 years. This is an increase from 2018 (61.8) showing a continuous improvement since 2018, however it remains far lower than for the general population (82.6 for males and 86.1 for females).
- The median age at death for autistic adults with a learning disability was 55 years. People with a learning disability from all ethnic minority groups died at a younger age in comparison to people of white ethnicity.

- Forty-two per cent of deaths were deemed "avoidable" for people with a learning disability. This is a reduction from 2021 (50% of adult deaths), however it remains significantly higher compared to 22% for the general population. Concerns with care were expressed in 25% of deaths in 2022, compared to 39% of deaths in 2021. Organisations' systems and processes were the most common area of problems with care reported by reviewers.
- Nine out of 10 reviews included evidence of good practice with themes including: an awareness of autism and efforts to make reasonable adjustments; timely communication between agencies providing care; and plans in place for crisis and escalation support where appropriate, including assessments of suicide risk.
- The report suggests several areas for future consideration for health systems and providers to reduce causes of death for people with a learning disability and autistic people. This includes improving Do Not Attempt CPR (DNCPR) completion and adherence and adapting health screening to ensure earlier detection of cardiovascular disease and cancers.
- The report also highlighted the importance of the continued prioritisation for and awareness of vaccinations, the provision of annual health checks, and improving care pathways of specific conditions such as cardiovascular and osteoporosis.

NHS England (NHSE) have also published their [action from learning report 2022-23](#) which gives examples of local and national work to reduce health inequalities for people with a learning disability and autistic people as well as updates on the commitments NHSE made in last years' [Action from Learning](#) report.

The NHS Providers briefing regarding the findings can be accessed here: [58055_ndb_leder_2022_01.12.23.pdf \(emlfiles4.com\)](#)

Lead: Medical Director:

In 2013 - Confidential Inquiry into Premature Deaths of People with Learning Disabilities, identified that many people with a learning disability were dying earlier than they should from preventable health conditions, and up to 30 years earlier than the remainder of the population.

The LeDeR (Learning from lives and deaths - People with a learning disability) programme was set up in 2017 as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.

Diagnosis of Autism only was included into the programme in January 2022.

This report gives a snapshot of the outcome of the programme which is overall a success in its efforts to raise awareness regarding the health inequalities faced by the Learning Disability population and a reduction in the mortality rates over the years. However, the disparity in health outcomes, life expectancy between the General Population and the Learning Disability Population remains significant.

We as an Organisation are fully signed up to the LeDeR Programme and have been involved in its implementation regionally and locally since its inception. As a participating organisation we contribute to the LeDeR review process and are a Member of the Humber LeDeR Steering Group. The local evidence so far indicates that the experience within Hull and East Riding is in keeping with the National picture. In response to the themes identified in the LeDeR review we as a Trust have undertaken an initiative which is the first of its kind nationally which is to appoint a Learning Disability Specialist Doctor dedicated specifically for people with Profound and Multiple Learning Disability who experience the most discrimination and difficulty in accessing Mainstream Physical Health services. A recent

evaluation of this role has confirmed the positive impact it has had on coordinating the complex care required by this group and has led to the post being made permanent.

As expected, there is still work to be done and a distance to travel in achieving parity of outcomes for the LD population. A few steps within Humber to support improvements include the development of the 'Was not brought Policy', Humber Trust has been made the lead provider of Oliver Mc Gowan Training for the ICB since the inclusion of Autism in the LeDeR reviews, our Speech and Language therapy Team have initiated a pathway for fast-tracking referrals from the Acute Hospital where there is a risk of dysphagia. Ongoing challenges include ensuring Annual Health checks by GP Practices, increasing the access to LD Liaison Nursing in the Acute Hospitals.

3. Meeting the needs of autistic adults in mental health services

This guidance [meeting the needs of autistic adults in mental health services](#) was published in December and is for integrated care boards, health organisations and wider system partners and provides advice on how to improve the quality, accessibility and acceptability of care and support for autistic adults to meet their mental health needs, both in the community and in inpatient settings. This guidance sets out 10 key principles and provides ICBs and system partners with advice on how to improve the quality, accessibility and acceptability of care and support for autistic adults to meet their mental health needs, both in the community and in inpatient settings. It provides practical examples of how the principles may be applied, to help inform thinking and facilitate discussion. The guidance encourages system partners to engage in strategic thinking about the inter-relationship between different services, to inform commissioning decisions.

This guidance compliments the recently published [national guidance to support integrated care boards to commission acute mental health inpatient services for adults with a learning disability and autistic adults](#) and is aimed at all mental health services.

Lead: Chief Operating Officer:

This guidance builds on the work already being progressed by the Trust to ensure that all of our services have the awareness, training and appropriate approaches in place to meet the needs of people within Autism who access our services. The Clinical Director is working with all of the Clinical Leads in the divisions to undertake a review in line with the 10 key principles set out in the guidelines to ensure that we making progress to address them. The outcome of this work will be presented to EMT in February.

4. NHS Providers Governance Survey

NHS Providers has published the results of its Governance Survey. Key findings include:

Key findings include:

1. 86% of respondents agreed that the board had time to focus on key risks and issues. 6% disagreed.
2. Almost all respondents agreed that the way the committees report to the board can provide it with assurance.
3. Over one third of respondents agreed that their trust board was confident that there were clear roles for trusts, Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs), place-based partnerships and collaboratives.

4. 12% of respondents agreed that risk was managed effectively across the system(s) they were part of.

The results of the governance survey can be accessed via this link: [Governance survey results 2023 - NHS Providers](#)

Lead: Chief Executive/Head of Corporate Affairs:

The Trust Board and its committees undertake annual effectiveness reviews where Board members provide their views regarding the role and effectiveness of the Board and its committees. These reports are forwarded on an annual basis to the Board meetings held in Public.

The Board has received a briefing on and discussed the role of the different organisations working across the integrated care system and members of the Executive Management Team are members of various system-based bodies.

5. Technical Documents for 2024/25 Planning

NHS England (NHSE) has published four technical documents to aid next year's planning round. Its planning guidance for 2024/25 is likely to be published by the end of January 2024.

The technical documents which have been published are:

[Consultation document for the NHS Standard Contract for 2024/25](#)

[Consultation document for NHS Payment Scheme for 2024/25](#)

[Updated guidance for system joint forward plans \(JPFs\)](#)

[Guidance on developing joint capital resource use plans](#)

Lead: Director of Finance

These documents are currently being reviewed and will be considered once the final operational planning guidance for 2024/25 is issued, the Trust continue to be active within the ICS on the planning round.

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting 31st January 2024															
Title of Report:	Humber Teaching NHS Foundation Trust Social Values Report 22-23															
Author/s:	Rachel Kirby, Head of Marketing & Communications Sarah Clinch, Senior Partnerships and Strategy Manager															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</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	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper:	To share the 2022/2023 Social Values report for approval by Trust Board															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The report was developed by a working group from across corporate and clinical divisions. The approach to reporting on our social value is in line with of our Trust Strategy. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Our social values report shares the positive impact that we have had on the economy, community life, the health of our local population and the environment. The report will be launched at an online session for colleagues where they can learn how they can report on their own social value work to support the development of the 2023/24 report. 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None 		Decisions Made: <ul style="list-style-type: none"> None 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team	08/01/24												
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail)													

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	



Humber Teaching
NHS Foundation Trust

365 DAYS OF IMPACT

Social Values Report
2022-2023



Caring, Learning
& Growing Together

Measuring Impact 2022/23



Carbon emissions reduced by **1,138 t/CO2e**



£39.5 million spent with suppliers



300% increase in interventions from Perinatal Mental Health Team



£69,520,000 value to the local economy



£273,600 economic benefit



£965,000 value to the individuals, society and the exchequer



£5.6m Contracts awards to Voluntary and Social enterprises



95 active volunteers



70 sign ups to Active Brain research study



450 delegates at our annual Research Conference



£660K research funding received



As an anchor institution,
we are rooted in and
connected to the
communities that
we are a part of



welcome

This report demonstrates how we support health, wellbeing, growth, and jobs across the Humber and North Yorkshire regions as well as the vital role we play in the NHS England's commitment to reaching net zero by 2045.

We are proud to again share some outstanding examples of our commitment to delivering social values through projects designed to make a positive difference.

These examples demonstrate how we reach beyond our core purpose of delivering high quality care, to impact our whole community and the wider economy using our six strategic goals. They tell the story of the good that we do within our communities, whether that has an environmental, economic, or social impact.

Our dedicated teams across Hull, East Yorkshire and North Yorkshire continue to enhance the lives of our patients, service users, their families and one another. Our people use their knowledge, skills, and experience to go above and beyond, to deliver social value and help shape the future, alongside maintaining high quality care across our services. This reflects our culture of 'Being Humber'.

Our Being Humber behaviours and values recognise and celebrate diversity, valuing the contribution of everyone. And putting patients at the centre of all we do.

However big or small, our people make an enormous difference to the lives of those they work with and play a vital role in helping us to create a better life for our communities.

We are mindful that there will always be more we can do. Social value will remain a golden thread running throughout our planning and delivery in 2023/24.

Michele Moran

Michele Moran,
Chief Executive

Kwame Fofie

Kwame Fofie,
Executive Medical Director

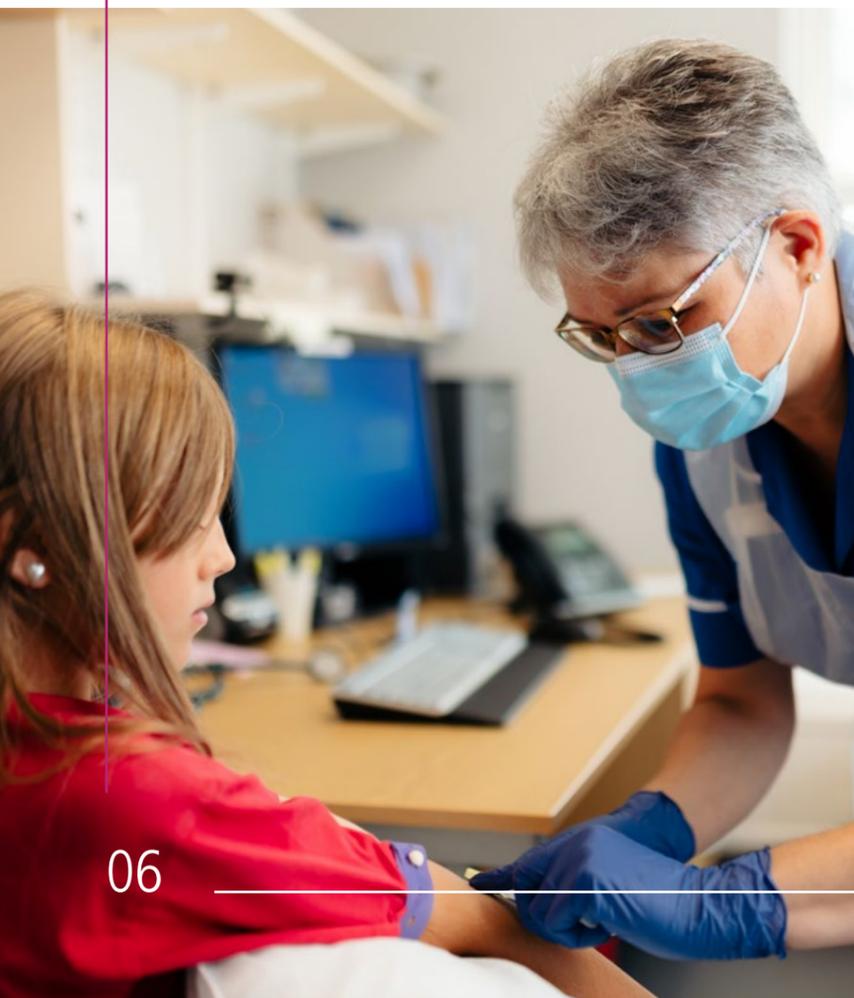


About Us

As a multi-specialty health provider with a broad out-of-hospital portfolio, we're proud of our role in leading service integration across all six places in the Humber and North Yorkshire Health and Care Partnership area and beyond.

We are passionate about using our high-quality research and our proven track record in co-producing services with our staff, patients, and carers, to drive innovation.

We are a leading integrated health and care provider, delivering safe, responsive, and accessible care across mental health, forensic services, community services, primary care and services for children, young people and people with learning disabilities and autism.



Our Mission

We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.



Our Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer and a valued partner.



Our Values

Our internal values shape our behaviours and guide the way we work with our patients, service users, staff, partners, our communities and with each other.

- Caring for people while ensuring that they are always at the heart of everything we do
- Learning and using proven research as a basis for delivering safe, effective, and integrated care
- Growing our reputation for being a provider of high-quality services and a great place to work



Our Strategic Themes

Our strategy describes the building blocks we will put in place to grow and innovate services which meet the needs of our patients, service users, families and communities.

The strategy sets out our six strategic goals and explains how we will achieve them and just as importantly, how we will know we have achieved them.



Theme One:

Innovating for quality & patient safety



300% increase
in interventions



95% of
delegates rated
conference as
excellent/good



257.5 hours of
involvement

Our ambitious target of achieving a CQC rating of 'Outstanding' for safety demonstrates our commitment to delivering high quality care. We will continually strive to improve our care, using research, quality improvement methodologies and co-production to drive innovation.



Championing research

We are proud of our research-positive culture which offers our patients access to clinical research. This can improve patient care and treatment options.

We know from participant feedback that being involved in research gives people hope, makes them feel valued and empowered.

Each year, our involvement in research is celebrated and showcased at our annual conference.

One of the projects celebrated this year was the Active Brains research study funded by the National Institute for Health and Care Research (NIHR) and sponsored by the University of Southampton.

The Active Brains website is designed to help prevent problems with things like remembering, concentrating, or reasoning. It will help older adults to make simple changes such as getting more active, playing brain training games and finding ways to eat healthily.

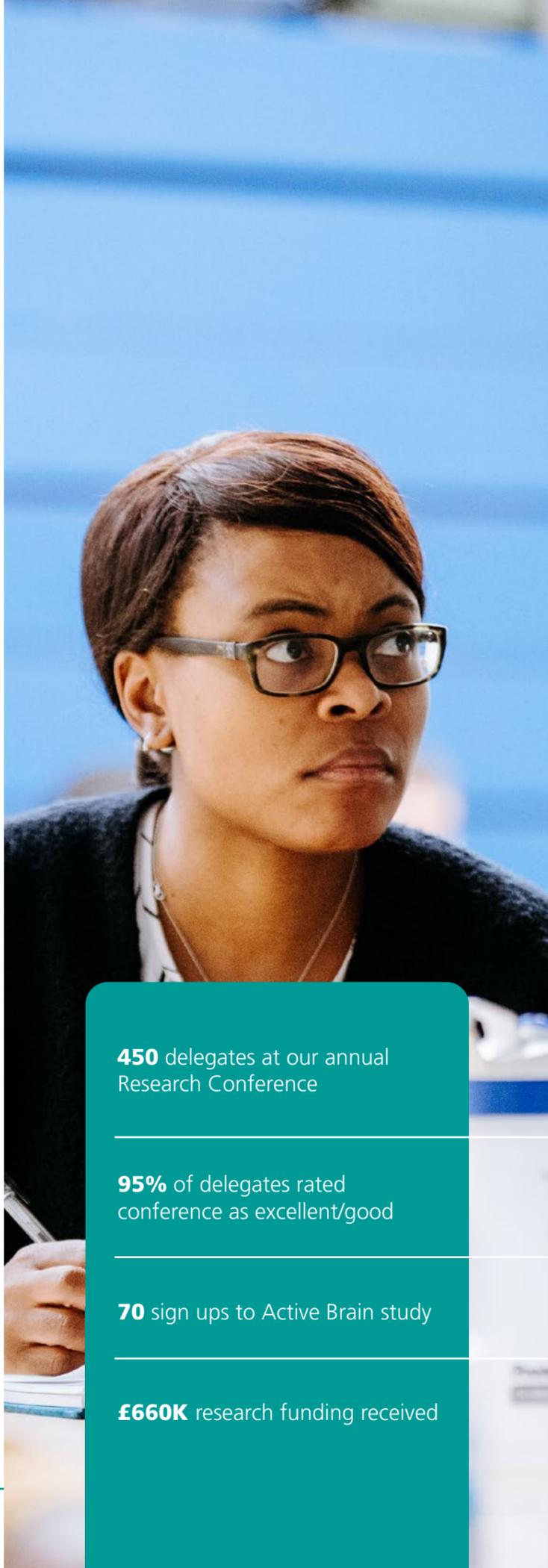
The findings of this study will mean that we can tell whether the website helps the people who use it to avoid or delay cognitive decline.



Our Practice has recently supported the Active Brains study and the support we have received from the research team has been great. Having had a good number of our patients already signed up to get involved, we are hopeful that they will find this a beneficial experience and that this will be the start of more positive research engagement in the future."

Sue Smith

Senior Practice Manager at Market Weighton Practice



Experts by Experience

In February 2023, we launched Experts by Experience (EbE). A new initiative which values the efforts of patients, service users, carers and members of the public who give their time to be involved in projects and pieces of work through payment.

EbE's bring 'lived experience' such as having used NHS services in the past, caring or having cared for someone in a particular situation, or identifying with a particular group or community. Other experts bring lived experience of living with a condition or impairment, experiencing physical or mental health issues, or a combination of the two. Experts help us understand what it's like to access and experience health and social care services from an individual perspective.

Engaging EbE in paid work allows experts and staff to work together as equal partners, to develop and improve services overall. Their contribution to our workstreams also strengthens our connections with our local communities, as we listen to their experiences to improve and develop current and future services within the Trust.



8 registered 'Experts by Experience'

18 applications in progress

257.5 hours of involvement



Working alongside our experts helps to ensure service provision is person-centred and improves outcomes and the sustainability of a project. It has shown to have wellbeing benefits which bring a sense of value, equality and purpose, all of which could potentially lead to employment.

Mandy Dawley

Assistant Director of Patient and Carer Experience and Co-production,

450 delegates at our annual Research Conference

95% of delegates rated conference as excellent/good

70 sign ups to Active Brain study

£660K research funding received



Every Mum Matters

Our Specialist Perinatal Mental Health Team was remodelled in 2022 to improve access for families.

Perinatal Mental Health problems occur during pregnancy, or in the first year following childbirth, affecting up to 27% of new and expectant mums. If left untreated, these issues have significant and long-lasting effects. Suicide remains the leading cause of death in this population.

A new referral and triage system enables health and social care professionals to refer directly to the service, enabling direct access to specialist advice for colleagues and patients across the maternity system, whilst also reducing waiting teams for women and their families.

Improved access to perinatal mental health support has a clear economic benefit. In the UK, the long-term cost to society is estimated to be about £8 billion for each one-year cohort of births, with 72% of the cost to services resulting from adverse impacts on the child.

To promote the service, a marketing campaign called 'Every Mum Matters' was co-produced with women with lived experience of maternal mental health problems. It supports new and expectant mums and their families, helping them recognise symptoms of perinatal mental health problems early and encouraging them to seek help quickly.

All new service developments are co-produced with the involvement of women and families at the heart of what we do. Their lived experience when accessing support from our services helps us to improve. It also ensures excellent communication and processes are in place, particularly when dealing with challenging situations.



100% would recommend our service to family and friends



100% felt that staff had listened to them and understood their problems

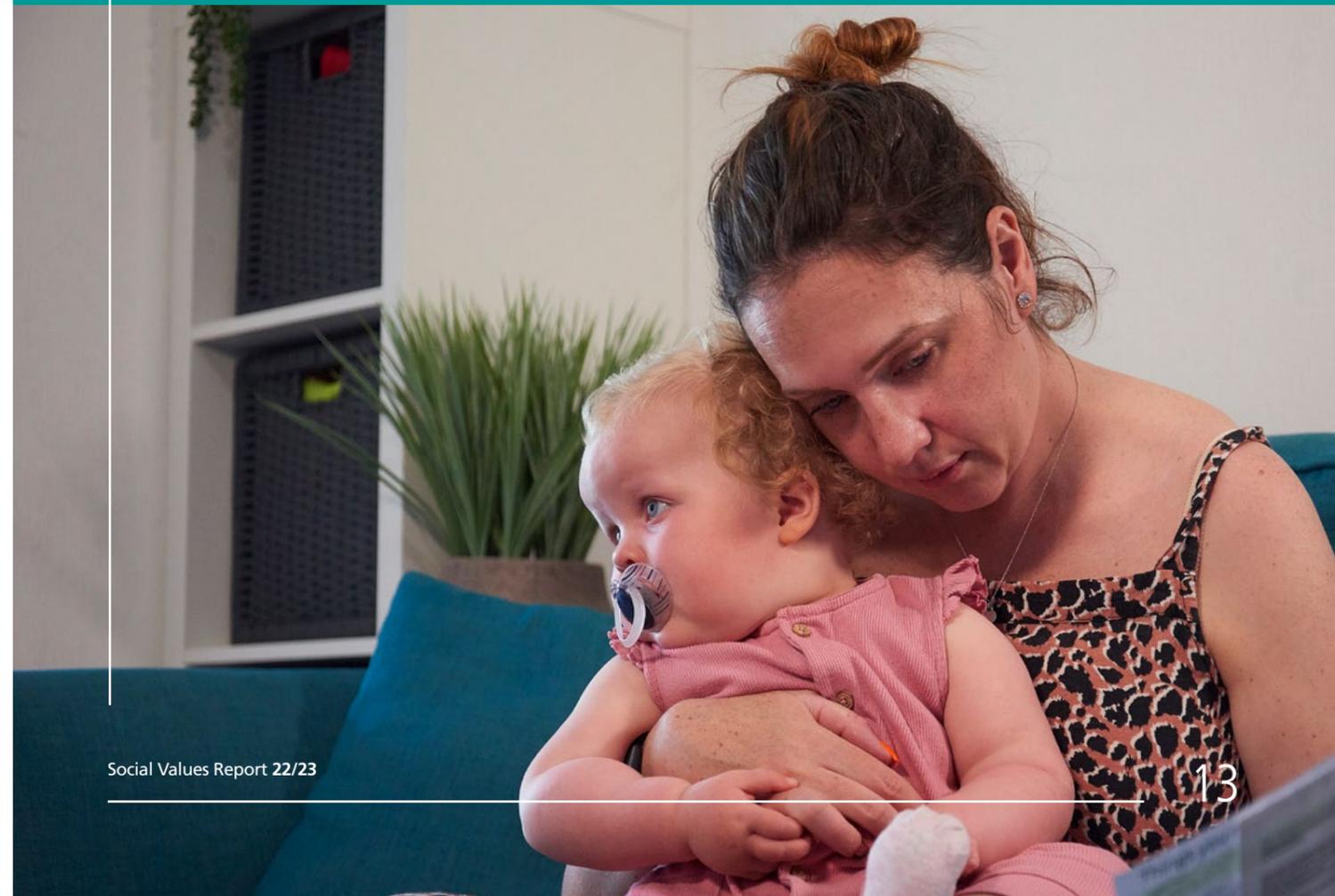


300% increase in interventions



Over the period of nearly 16 months, I saw a member of the team each week. I learnt how to deal with the feelings of anxiety, how to play and interact with my baby, and how to deal with having a strict routine what was nearly taking over my day. I am now no longer under any mental health service. Even though I can still struggle with my anxiety and depression, I keep up with my medication and still use the strategies that I learnt from the perinatal team.

Nicola



Theme Two:

Enhancing prevention, wellbeing & recovery



£965,000 value to the individuals, society and the exchequer



115 wishes granted



95 active volunteers

We will continue to put recovery at the heart of our care and support our people, using services to build meaningful and satisfying lives based on their own strengths and personal aims.

Our clinical models and our approach to supporting our staff will be trauma informed.



New routes to employment

People with a long-term mental health condition can experience difficulties with their employment, from making it into work, to deteriorating relationships with colleagues, or an increased need for reduced hours.

Launched in 2023, our Wellbeing Recovery Employment Service aims to enhance access to employment for people with mental health issues living and working in Hull and East Yorkshire.

For the service user, the benefits of being in employment includes an income and a greater sense of purpose and improved wellbeing. For the health system, there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.



£965,000 value to the individuals, society and the exchequer

This two-year European Social Funded project offers support to facilitate people's engagement (or re-engagement) with the labour market, such as individual support to tackle barriers to employment. This includes access to advisors and a Recovery and Wellbeing College Practitioner, who can support them with CV writing and job searches, as well as assist with applications.



65% reduction in clinical contacts in the six-month period following initial intervention



200 referrals



Before WRES I really lacked the belief I would be able to secure a job. I felt like it was never going to happen for me but the skills I gained mean I have stopped being so hard on myself when I don't succeed and have given me the belief that I would find a job if I kept working at it. The resilience, motivation and confidence I built through my time with WRES really helped me overcome my fears.

Without the support of the WRES team I would probably still be unemployed, still on Universal Credit and being moved from service to service for support. Instead, I am really enjoying my time with Tesco and have ambitions to develop myself and work in media at some point in the future!

Matty Service User





Adding that extra sparkle

Our Trust Charity invests funds in programmes, environments and initiatives that go beyond NHS core funding.

One area of funding that services can access is the wishes programme, which allows staff to submit ideas for items or events that go beyond normal NHS services. Two wishes that made a difference this year focused on improving patients' recovery and contributing to our environmental goals.



£2,300+ donated to green projects

Spending time outdoors is proven to have a positive impact on a person's mental and physical wellbeing. The plant-person relationship is also said to enable people to experience and develop self-care, a transferable skill for other important areas of an individual's life.

One wish acknowledged this by supporting the improvement of our green space at Miranda House, which houses our Psychiatric Intensive Care and Clinical Decisions Unit. A total of 52 shrubs, of all different shapes and sizes, were planted by their fantastic gardener volunteer, adding colour and interest to their gardens.

Elsewhere, our Haven Allotments, home to our Occupational Therapy Allotment Group, support people with severe and enduring mental health conditions in the local area. The allotments provide a place where people can develop new skills, create a meaningful routine, and socialise and connect with others in a safe and supportive environment. It's also a way for people to learn to manage their symptoms, which may ordinarily prevent them from engaging in their communities.

The wish supported the group with donations of tools and soil, which will allow them to continue to support people in taking up a fulfilling new hobby, securing employment, volunteering, and education.



£107,000 given back to staff and patients

Service user to staff member



In January, Luke Scott, a member of staff from our forensic services shared his experience of going from a service user to volunteer and now joining us as a staff member.

Luke is a Peer Support Worker, and just one of our colleagues who uses their own unique lived experience for the benefit of our current and future service users.

Accessing volunteering opportunities, like those offered by our own Voluntary Services team, are important to recovery. Helping other people in need is great for self-esteem, supports recovery and can build the confidence needed to support accessing full-time work after a period of illness.



Humber Teaching NHS Foundation Trust



I have battled with my mental health for years and, in my late teens and early twenties, I increasingly used alcohol to try and take away the pain and drown out the sadness within. I struggled to hold a job down and was often changing employer.

I attempted to take my own life multiple times as I had convinced myself that I was a burden to everyone around me. I could even envision my children's lives better off without me. The reason behind this was very simple – I wanted to ease everybody of the pain and hassle I felt I was causing them.

Over time, I built good relationships with the staff and they encouraged me to volunteer for the Trust. Eventually, through the connections I made, I was told about a new Peer Support Worker role, within which I could use my lived experience to help and support other people that may be in similar situations to what I had previously been in.

Thankfully, all of my attempts were 'unsuccessful' and I now know these feelings were not true.

During a short stay in Miranda House some years ago, I was diagnosed with severe depression and anxiety. I was slightly relieved at this as it made a little more sense as to why I felt the way that I did. I knew in this moment that I needed to work on myself and that I needed support.

When I found out that I was successful in my application to the role, I chose to work out in the community as I had built up some good connections regarding mental health support within the local area. At first, it felt odd to be working within the same team that I was once seeking care from, but once I settled in I knew this was a job that I was really suited for. Since then, I have sought career development opportunities within the Trust and now work in a forensic mental health setting, which I am thoroughly enjoying.

Luke Scott

95 active volunteers

Theme Three:

Fostering integration, partnerships & alliances



£5.6m

Contracts awards to Voluntary and Social Enterprises

Delivering our ambitions for outstanding care is only possible through collaboration. We are committed to working alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields, to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.

We pride ourselves on being a good partner that works across organisational boundaries to innovate services, address health inequalities, and maximise the effective use of resources across health and care services.



Film premier breaks stigma

Following the success of the award nominated film 'My Stammering Tap', our Speech and Language Therapists premiered their latest film 'My Stammering Child' in October 2022.

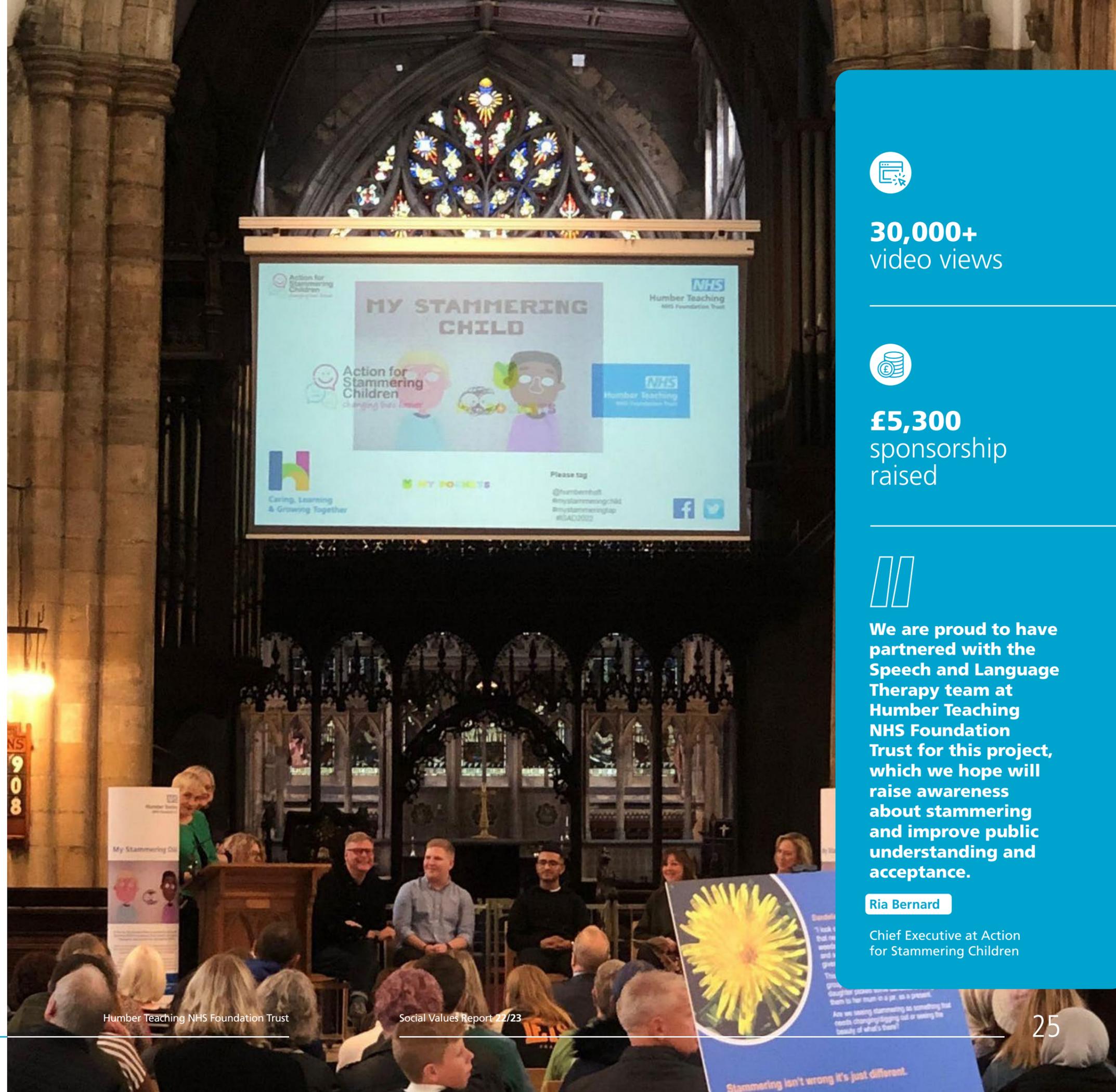
Developed in partnership with Action for Stammering Children and My Pockets Films, the new film focuses on the concerns of parents with stammering children and puts their unique role in supporting those young people in the spotlight.

The film was created together with people with lived experience of stammering. It aims to raise awareness of stammering and give a voice to just some of the people that have been on this journey before and want to share their thoughts to help others.

The launch was attended by special guests, including Nick Hower, who took on the role of President at the Royal College of Speech and Language in 2019. For eight years, Nick was the host of Channel 4's Countdown television programme and previously famous as Lord Sugar's right-hand-man on the BBC's Apprentice.

Video messages of support were also received from Helen Rutter, Author of the children's book 'The Boy Who Made Everyone Laugh', Luke Ayling, Professional Footballer and Captain for Premier League Club Leeds United, and Sir Michael Palin, whose father had a stammer and is the Vice-President of Action for Stammering Children.

The film was made possible through sponsorship and partnership from charitable Trusts and businesses.



30,000+
video views



£5,300
sponsorship
raised



We are proud to have partnered with the Speech and Language Therapy team at Humber Teaching NHS Foundation Trust for this project, which we hope will raise awareness about stammering and improve public understanding and acceptance.

Ria Bernard

Chief Executive at Action for Stammering Children



Connecting communities

In April 2022, our YOURhealth service, in partnership with the East Riding of Yorkshire Council, launched a new Health and Wellbeing Advisor and Connector service.

The East Riding has high levels of rurality and some areas experience high levels of deprivation, loneliness and isolation. Improvements were needed to reach certain groups of people and reduce health inequalities.

The service specialises in promoting healthier lifestyle habits including weight management and stopping smoking, as well as tackling isolation and loneliness which can help people live longer, healthier and happier lives. The support can be accessed via one-to-one sessions in community venues, GP and home visits, and the option of telephone or telemedicine intervention when appropriate.



The team worked with local Children's Centres, Job Centres, food banks and other organisations who gave us the space to provide events, where people could learn about the referral process and what support they could access to feel well. An outreach vehicle also enabled the team to get to people even in the most rural locations, ensuring all residents have an opportunity to access vital health and wellbeing support in the right way, at the right time.



We strive to tackle the inequalities residents commonly face in the East Riding, connecting them with locally placed services and facilities to improve their overall health and wellbeing.

Ryan Nicholls

Team Leader at Your Health, Humber Teaching NHS Foundation Trust

1,400
referrals



Breastfeeding Bridlington

In partnership with the East Riding Children's Centres, we launched our Breastfeeding Bridlington campaign, which committed to enhancing safe spaces for mothers to breastfeed their children in their local community.

The campaign was developed due to the low number of mothers choosing to breastfeed in the town. It aimed to increase support for new parents locally, reduce barriers to breastfeeding and increase the areas where parents could feel safe and comfortable to feed their baby when out and about.

In January 2023, the team celebrated reaching 100 breastfeeding friendly locations across Bridlington. 100 business owners in the town have now signed up to the local partnership scheme. This involves the implementation of the Breastfeeding Friendly Network (BfN) scheme's core principles on their premises.



100 Breastfeeding friendly locations in Bridlington

"I signed up to the scheme straight away as breastfeeding is promoting the health of future generations and I want the families who visit my café to feel a 100% comfortable when Mum needs to breastfeed. I already have a changing area for families and so this scheme was perfect in expanding the family environment I already provide to my customers."

Iain Garner

Owner of Ruby SoHo Café, Bridlington,



Theme Four:

Promoting people, communities & social values



1,900 trees planted



£39.5 million
spent within
Humber and North
Yorkshire



£104,695
Funds distributed

We aspire to be an anchor institution which supports and works in partnership with all our communities. We will ensure that our investments in facilities and services benefit local communities and offer routes into good employment for local people.



Connecting young people with nature

In January 2022, the Social Mediation and Self Help (SMASH) service in schools launched the next phase of their Trees4Life project. The project uses nature to help children and young people re-connect with their schools, teachers and environment whilst learning about the eco system and the positive impact trees have on our everyday life.

The project was created by Tony Henderson, Lead SMASH Practitioner, inspired by his experience of connecting with nature to improve his own mental wellbeing. Tony worked through local charity, Beverley Cherry Tree Community Centre, to source over 400 trees funded by the Woodland Trust to be planted on school grounds.

Children and young people involved in the project learned about trees and the positive impact they have on our environment. The project aimed to boost self-esteem, empathy and resilience skills and build trusting relationships with staff and peers.

“Since I started working in the SMASH team three years ago and from my own experiences, I realised the strength of the connection between nature, positive mental health and emotional wellbeing. It has therefore been extremely important to me to weave this into the work I do with young people every day.”

Tony Henderson

Lead SMASH Practitioner at Humber Teaching NHS Foundation Trust



1,900
trees planted



1,860
students engaged



Humber Teaching NHS Foundation Trust



Young People Take Action on Health

The Humber Youth Action Group offers young people an opportunity to use their voice and experiences to improve health services, ensuring they are delivered in a way that is right for young people.

Launched in 2021, we now have 45 young people in the group, all with different backgrounds and experiences that will help to influence and shape physical and mental health care for our young communities.

“I would urge any other young people who want to get into healthcare but aren't sure how to, to look into joining the Humber Youth Action Group. I think so many more people could benefit from this to help them with their next step or just to meet a great group of people.”

Ailsa Moan

Humber Youth Action Group Member

The group has also helped to create opportunities within the Trust for young people to learn more about the NHS and its services, develop new skills, volunteer, participate in work experience, grow in confidence and contribute to many activities within the Trust.

In February, the group gained experience in online marketing working in partnership with our Communications Team to develop content for Children's Mental Health Week.

The theme for 2023 was 'Let's Connect'. Meaningful connections are important for people of all ages. People thrive in communities and feeling a part of something is vital for our wellbeing.

The group shared how they deal with challenging moments and what they find helps them when looking after their own mental health, to create engaging content that would connect with our online audiences.



Keeping our spending local

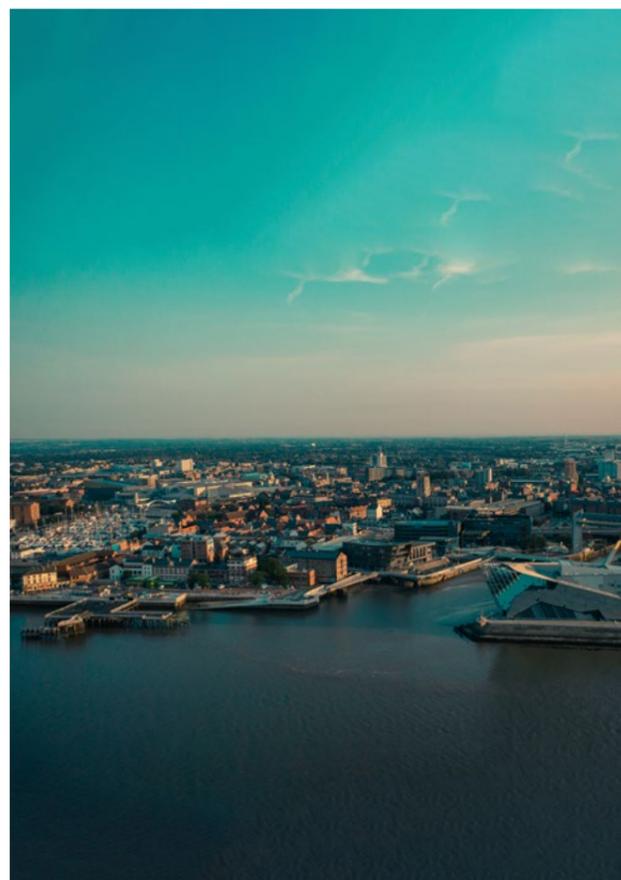
As an anchor institution, we are committed to maximising the positive impact we have on our local communities, contributing to improving the economic, social and environmental wellbeing of the community we serve.

Supporting our local businesses is an important part of this role. The money we invest in our local economy helps our communities by boosting local employment, which in turn has a positive impact on health and wellbeing. Working with local companies also benefits the Trust, as it enables us to build lasting relationships with suppliers who understand our infrastructure and the services we provide.

We support local businesses by encouraging early market engagement to raise awareness of potential opportunities and frequently break large contracts down into smaller lots, which helps small, local businesses to compete effectively for work. We also meet with local public sector bodies, such as other local NHS organisations and local councils, to collaborate and open opportunities to local suppliers.

Additionally, we work alongside local suppliers to maximise the benefit to our communities. For example, by embedding social values and sustainability in our tendering process and promoting apprenticeships throughout our supply chain, we can offer local people employment opportunities.

Our spend within the local area plays an important role in supporting local jobs and boosting the local economy.



£39.5 million spent with suppliers within Humber and North Yorkshire



£69,520,000 value to the local economy



Reinvesting in our community

The Trust has strong working relationships with local Voluntary and Social enterprises and holds contracts with many of these organisations who support the Trust in the delivery of our health care provision.

Part of this is the 'Juice Bar' – a free and confidential service which advises people on a wide range of image and performance enhancing drugs, including steroids, HGH and tanning agents.

By working with these organisations, we not only ensure provision of high quality, locally developed services but also help to secure and retain investment within the local economy.

The use of such substances is growing and differs from the use of other illicit substances, as it is not initially driven by an immediate euphoria, but by the desire to change appearance and performance.

One example of this is the Alcohol Drugs Service (ADS) who provide the East Riding Partnership. This offers prescribing and psychological interventions to support service users in their recovery.

The service runs pharmacy-based clinics as well as sessions at local colleges and other locations through their health inclusion vehicle.





Improving accessibility for a cultural landmark

The council-led Hull Maritime project has teamed up with our Trust to evaluate accessibility within the collections and artefacts at Hull Maritime Museum.

The project's learning and development team contacted our Speech and Language Therapy service within the Community Team for Learning Disabilities. They sought our advice regarding display content and, more specifically, how it can be made more accessible through the use of symbols and easy read.

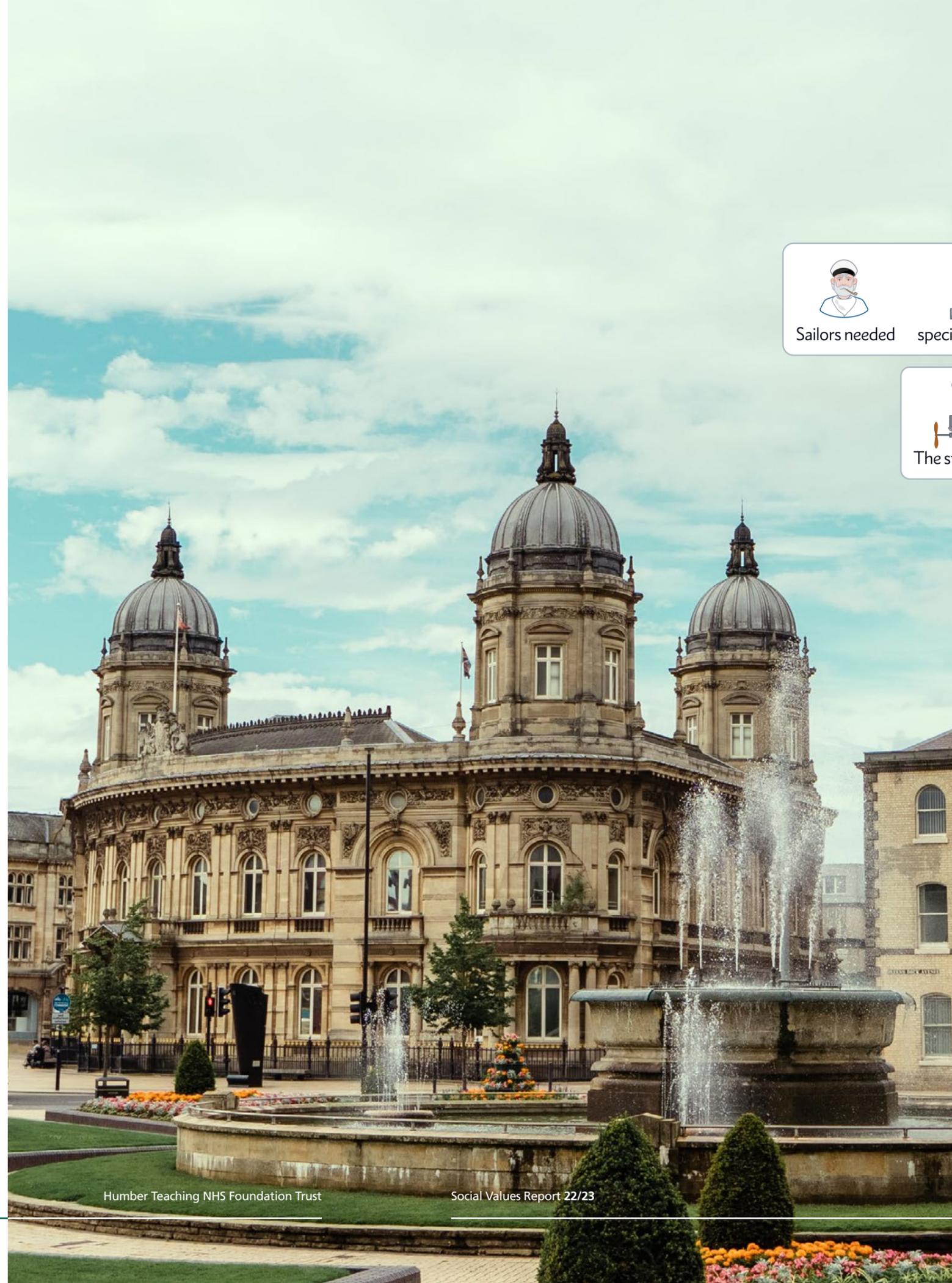


The team tested a bespoke series of access symbols and phrases with potential users, before sharing feedback and advice with the Curator of Social and Maritime History and project exhibition designers.

By showing how the expertise and opinions of our service users are valued and acted upon, the project has improved their confidence and instilled a great sense of pride.

We hope that this will have relevance for people with learning disabilities, the Special Educational Needs and Disability (SEND), English as a second language and dementia communities, as well as for those supporting people with low literacy levels.

The museum will reopen following renovation work in 2025.



100+ symbols tested



Sailors needed



special instruments



to find their way at sea.



The steam engine



made ships



faster.



90,000+ museum visitors annually



It's great that this trial will enable a greater level of understanding for many people who previously found it difficult to understand to the stories and the meaning of artefacts. We want to take away any barriers that may prevent people enjoying our museums, so that more and more people can use them.

Councillor Mike Ross

Leader of Hull City Council

Mental health grants scheme

In June 2022, we launched a community mental health grant scheme with the support of the HEY Smile Foundation. The grants funded projects that reach older and isolated people, vulnerable and marginalised communities, and hard-to-reach groups.

The programme aimed to enable local level, peer-led activities to respond to the mental health needs of residents living across Hull and the East Riding of Yorkshire.

The 27 funded projects included educational sessions, arts projects, gardening schemes and wellbeing and movement classes, with groups reporting higher than expected attendance figures and lots of positive feedback.



Toranj Tuition is a book and film club in Hull aimed at reducing social isolation and boosting confidence amongst immigrants.

The group received a community mental health grant of £5,000, to deliver weekly sessions which reached over 50 participants over a six-month period.

The sessions mostly attracted refugees and asylum seekers, including a group of people who have fled Ukraine after the outbreak of war.



27 projects established



£104, 695 funds distributed



I am mother of four children and have been living in the UK for more than 20 years. I have been a housewife all these years and been busy doing the jobs around the house to support the household. Since my children have left the house, I began to feel loneliness and isolation. I was also diagnosed that I am suffering from mild to moderate symptom of depression. My English is not good enough to enable me to communicate effectively with British people. I found the clubs very helpful as it provides a venue to meet people and socialise and at the same time improve my English language.

Torani Tuition Participant



Theme Five:

Townend
Cou

Developing an effective & empowered workforce



379 Health and Wellbeing MOT's



141 staff currently on apprenticeships



+10,000 campaign engagements

We will continue to attract, recruit, and retain the best people to work as part of our team. Our diverse and inclusive workforce will be supported to thrive and to fulfil their potential so that they are happy and proud to work for Humber.



Supporting employee wellbeing

Supporting NHS staff to ensure they are physically and mentally well is vital to bringing down waiting lists and ensuring the highest standards of care.

Following a successful pilot in 2021, our Workforce Wellbeing Team was launched in October 2022. The dedicated team delivers a programme of initiatives aimed to support retention, increase employee satisfaction, and includes a focus on areas such as sickness and turnover, due to its impact on patient care.

Staff can book Health and Wellbeing MOT's, Lifestyle and Emotional 1:1 Wellbeing Support sessions and access a range of digital health tools and wellbeing activities.

"I think that the thoroughness and the quality of information was absolutely fantastic. I have already recommended the service to all of my colleagues. I found this very holistic and healing compared to previous health experiences. I am really grateful to have had the opportunity to have this MOT and hope these appointments continue in the future as they are fantastic."

Staff Member



In January 2023, we launched our first 28 Days of Wellbeing staff challenge, which offered a month of daily activities aimed to encourage all staff to embrace a healthier lifestyle, and to support the launch of the Workforce Wellbeing Team.

An online calendar opened daily to reveal a health, nutrition, fitness, or wellbeing activity for our people to take part in. This included lunchtime workouts and introductions to digital health tools.

379 Health and Wellbeing MOT's

240 One to One Health and Wellbeing Sessions



Enhancing our workforce

Recruitment from outside of the UK continues to feature as an important part of the workforce supply strategy of NHS organisations.

Since the first cohort of internationally educated nurses joined our Trust in September 2021, there have been 25 successful appointments into RGN and RNMH nursing roles.

The nurses have all had access to a bespoke preceptorship programme to ease the transition into nursing in the UK.

Thomas Tinashe is a Trainee Practice Nurse in one of our GP Practices who arrived to the UK from Zimbabwe in 2021 to complete his international nursing training.

Thomas tells us that he is very much enjoying his new role as a Trainee Practice Nurse in the East Riding of Yorkshire, and that he has much bigger ambitions for his career. We are delighted to be able to support fantastic and talented people like Thomas to provide unique opportunities and achieve their professional goals.

"I enjoy working for Humber because I'm able to progress in my career with the trainings that they offer. The staff at my workplace are all friendly and my seniors are always willing to help and offer support."

Thomas Tinashe

Trainee Practice Nurse,
Hallgate Medical Centre



25 international nurses recruited



Meet Ruby

Ruby, our Meet and Greet Volunteer, is a familiar face at the Market Weighton Practice. She draws on her personal experience, including many years as a care worker, to guide and support patients in the waiting area as they wait to see reception and clinical staff. Ruby also supports other Trust teams as a Research Champion and has made a huge contribution to the success of research projects at the Practice.

“Ruby is a truly wonderful example of selfless dedication to helping others. She has a very caring disposition and a great deal of knowledge. Without being intrusive, she is able to help and support people who benefit from her presence. She brings a great deal to the experience of being a patient at the Practice.”

Clive Nicholson

Primary Care Research Nurse



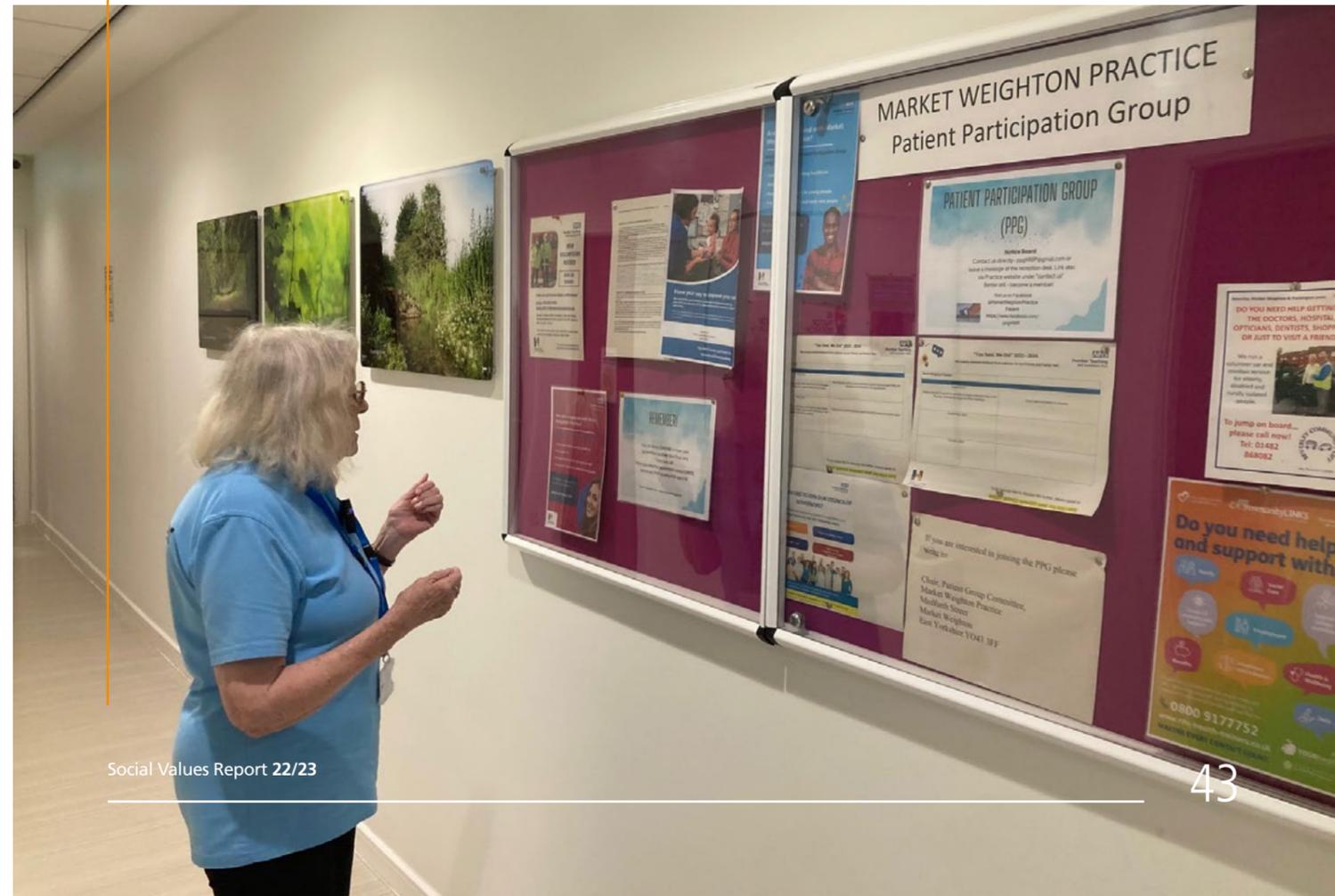
Valuing volunteering

We are very lucky to have a fantastic team of volunteers that work hard to improve the services we offer and enrich the lives of our patients and service users.

As well as the direct impact on the outcomes for our patients, volunteering also has an important role building relationships with staff and patients. It bridges the gap between patients and clinical teams. For the volunteers themselves, the activities and support they receive can increase their sense of social connectedness, self-worth, and confidence. Volunteering can also provide opportunities to develop a sense of purpose and enhance skills and resources.

This year our volunteering team have developed their processes to focus on recruiting people into specific volunteer roles, which match their skills and interests, rather than building a general pool of volunteers.

One of the new roles they have been supporting is the Meet and Greet Volunteers who work in our three GP practices across East Yorkshire. These volunteers are responsible for welcoming visitors and patients to the clinic, ensuring check-in is completed, and helping to direct people to and from the waiting area.





A dose of development

Like many other NHS careers, Pharmacy is facing recruitment challenges. Professional apprenticeships offer a solution to this challenge, by providing a pathway for individuals to enter the healthcare profession and gain the necessary skills and qualifications.

In 2022, our Pharmacy team embarked on a new project to train and develop our pharmacy technician workforce through the apprenticeship scheme.

By offering apprenticeships, we're able to attract a diverse range of candidates who may not have considered a career in healthcare otherwise. They help to address the issue of underrepresentation within the workforce and ensure we are able to deliver high-quality care to patients from all backgrounds.

Pharmacy technicians are vital to the accurate and safe dispensing of medications. They work closely with pharmacists to prepare and dispense prescription medications to patients, ensuring that the right drug, dose, and instructions are provided.

The first student technicians, who were appointed in November 2022, enrolled onto the apprenticeship in March 2023 with the University of East Anglia.

Current technicians have been able to share their knowledge and experiences with the apprentices, as well as benefit from the support the students offer to them when working on a ward. As the apprentices qualify, we hope to fill vacant Pharmacy Technician roles with applicants that have trained with us, and who have knowledge of our Trust services.



3 Apprentice Pharmacy Technicians



169 members of staff have completed their apprenticeships with the Trust



141 staff currently on apprenticeships



The programme has been of great benefit to the pharmacy department. It brings the team together to help, support and develop the students. The students are also sharing their learning with the experienced members of the pharmacy team increasing their knowledge of areas they may not have worked in.

Leanne Bloor

Chief Technician



Theme Six:

Optimising an efficient & sustainable organisation



10% net zero and social value weighting for all tenders (by April 2023)



37 t/CO₂e carbon offset per year

To achieve our aims, our Trust needs to be efficient, sustainable and our staff need to be empowered to make change happen. We will continue to invest in environmentally sustainable, clinically effective environments and design digital solutions around people's needs.



Branching out



In February 2023, we planted 228 Trees donated by NHS Forest across our estate. Tree planting activities not only have environmental benefits, but also a social and economic impact by working closely with local communities.

The planting was assisted by our Green Champions, staff, families, friends, contractors BACB renewables, and our local sports team, Cottingham Tigers Rugby club.

72 trees were planted at the Rosedale Community Unit in Hedon, 10 trees were planted at the East Riding Community Hospital in Beverley, and a further 50 trees have been planted on a disused bowling green at College House in Willerby, to create a small woodland. In addition, a larger area of planting took place at our Willerby Hill site on the playing fields.

Contractor, Country Wide, held a special training session for those involved to demonstrate how to use the 'T planting' method which supported staff to plant their own trees locally.

In the coming years, these trees will offset some of our carbon production alongside the over 1,500 mature trees which are already in place.



228 trees planted



£273,600 economic benefit



37 t/CO2e carbon offset per year



The tree planting, along with the rest of the work being carried out by our Environmental Team and Green Champions, is so important to the Trust's aim to support our environment. Thank you to all who are organising the planting, the local ICS for donating the trees, and to those who take part in planting them.

Michele Moran

Chief Executive



Act local, think global

From April 2023, we introduced a new set of social value related metrics within our tenders and contract awards.

A new toolkit includes social and environmental performance criteria, covering areas including carbon reduction, equality and diversity, and modern slavery. These metrics enable us to measure the social value impact of our contract awards amongst suppliers.

Within tenders, we have seen great examples of how suppliers have responded to our requests and adjusted their ways of working.

A tender for secure transport services asked providers to include environmental considerations within their proposal. Bidders demonstrated how they were reducing carbon emissions using journey scheduling, fleet telematics and within their plans for electrification of fleet. A grounds and gardens tender included provision for local apprenticeships, electrification of fleet, machinery and tools.



10% net zero and social value weighting for all tenders (by April 2023)



Carbon emissions reduced from **19,260 t/CO2e (21/22)** to **17,934 t/CO2e**



Driving change

As part of our commitment to sustainability, a fleet of new electric vehicles have hit the road, helping our estates and facilities team get around while also cutting the Trust's carbon footprint.

Our investment in the fleet supports the wider NHS goal of becoming the first health service in the world to commit to reaching net zero by 2040. With each Trust agreeing a plan to achieve huge carbon savings in the coming years, that's the equivalent to taking over half a million cars off the road.

"Our EV Fleet helps us be more efficient whilst being more environmentally friendly"

Rob Atkinson,
Deputy Director of Estates and Facilities



14 EV Vehicles



22 Electric Charging Points



Measuring Impact 2022/23



£273,600
economic benefit



228 trees planted



14 EV Vehicles



257.5 hours
of involvement
from experts by
experience



141 staff
currently on
apprenticeships



+10,000
campaign
engagements



25
international
nurses
recruited



200 referrals to the
Wellbeing Recovery
Wellbeing Service



240 one to one
staff health and
wellbeing sessions



65% reduction in
clinical contacts
following
intervention from the
Wellbeing Recovery
Employment Service



37 t/CO2e carbon
offset per year



379 staff health
and wellbeing
MOT's



Contact us

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 @HumberNHSFT
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Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 31 st January 2024														
Title of Report:	People Strategy 2024 – 2028														
Author/s:	Karen Phillips Deputy Director of Workforce & OD														
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:	For the Board ratify the Trust People Strategy 2024-2028.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The People Strategy aligns to the Trust Strategy and the regional and national People agenda (including the NHY Health and Care Partnership strategy, the NHS LT WFP and the NHS People Promise and plan) The Strategy navigated a full programme of co-production throughout September 2023 and has been awarded the co-production stamp. Co-production sessions included; <ul style="list-style-type: none"> ○ Patient and carers focus group ○ NED's ○ ODG ○ 2 x all staff drop in sessions ○ Staff networks ○ W&OD ○ Finance directorate ○ Leadership Forum ○ Professional Leads ○ TCNC 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Work underway within the Workforce & OD Directorate to align the strategy to an operational People Delivery Plan. 													
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> The current People Strategy 2017-2022 is now out of date and is not reflective of the current environment in which we are 		<p>Decisions Made:</p> <ul style="list-style-type: none"> The strategy was approved by EMT on 13/11/23. The strategy was approved at W&OD 													

<p>operating, nor is it aligned to current local and regional priorities.</p> <ul style="list-style-type: none"> • Delivery of the People Strategy is an outstanding audit action. 	<p>Committee on 22/11/23, with one minor change recommended (see amend on page 16)</p>			
<p>Governance:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	22/11/23
	Finance & Investment Committee		Executive Management Team	13/11/23
	Mental Health Legislation Committee		Operational Delivery Group	Oct 23
	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>				
<input checked="" type="checkbox"/> 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			
<input checked="" type="checkbox"/>	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust

People Strategy

2024 – 2028



Caring, Learning
& Growing Together

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1.0

Foreword

by Karen Phillips – Deputy Director of Workforce & OD

Since our People Strategy was last refreshed in 2018, the Trust has navigated the unique challenges of continuing to deliver high quality patient care in the context of the global pandemic, and the NHS continues to face significant local, regional and national pressures as a result. In more recent times, the challenges resulting from industrial action have contributed to unprecedented pressures not only for us but our system and national partners.

Despite these challenges, our people have continued to work with passion and determination to deliver patient care to the highest possible standards and keep patients, service users and carers at the heart of everything we do.

We recognise the continued importance of supporting the wellbeing and resilience of our workforce. This is not only because it is the right thing to do, but because it will help them feel valued and fulfilled and support our health and social care system to thrive.

We recognise that competition for highly skilled and talented people has been, and remains, a genuine challenge. Working to develop partnerships at a local, regional and national level is critical to finding collective solutions to attracting and retaining our Humbelievable people of the future. It is also vital to meet our ambition to this a great place to work.

Our People Strategy is guided by our values of caring, learning and growing. It aims to attract and keep our Humbelievable people by harnessing their talents, supporting meaningful development and ensuring positive workplace experiences throughout their employment journey.

This strategy has been developed with our people at the heart. By listening to and engaging with our leaders, managers and workforce, as well as wider stakeholders including our patients, service users and carers so that we can deliver on our ambition to ‘Develop an Effective and Empowered Workforce’ for today and for the future.

Karen Phillips
Deputy Director of Workforce & OD

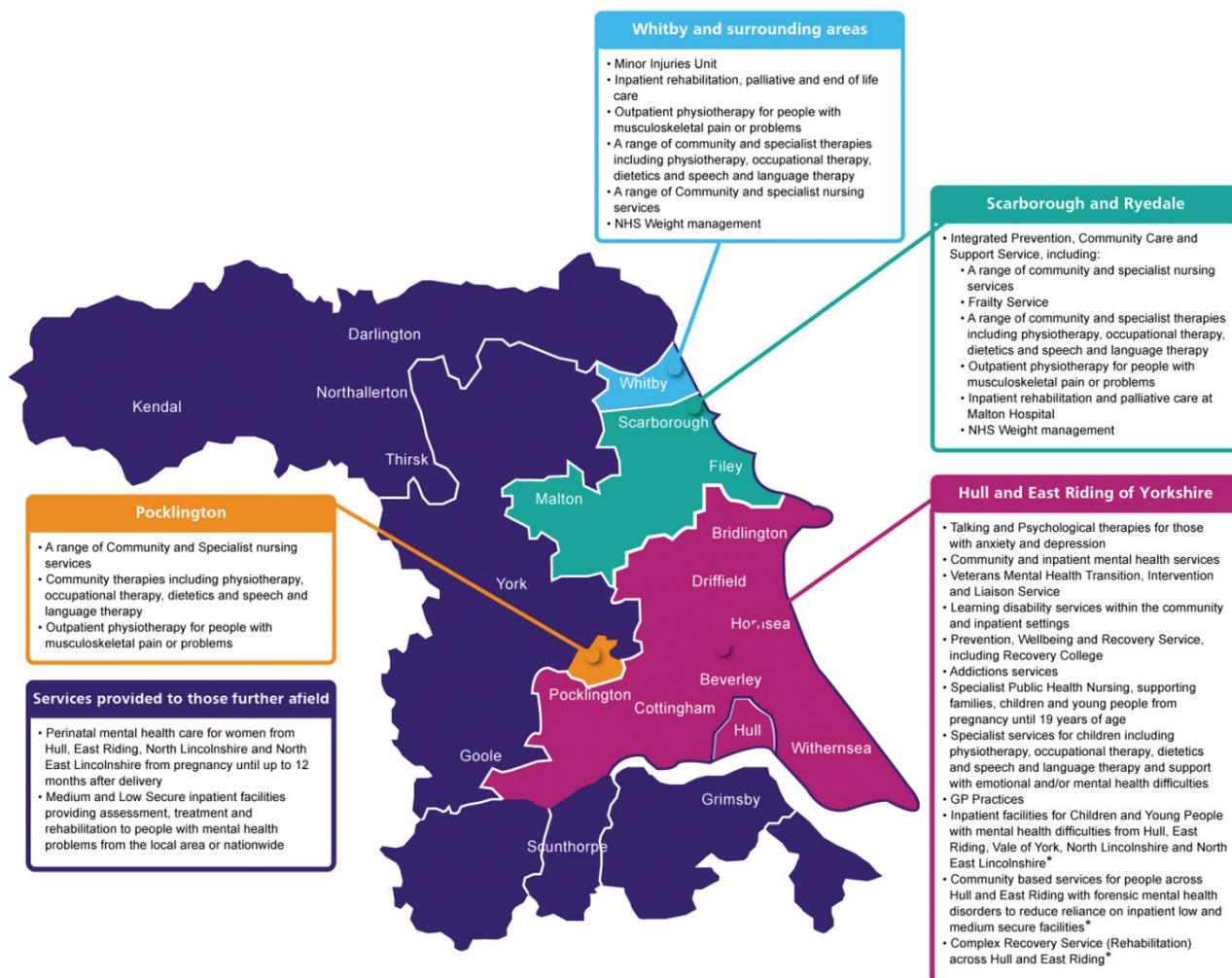


2.0

Trust Profile

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres.

We employ approximately 3,600 staff working across 79 sites and covering several geographical areas, including: Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale, and parts of North and North-East Lincolnshire.



Services marked with an asterix * are new services for 2020/2021

Provides healthcare service to a population of **765,000** across Hull, East and North Yorkshire

The Trust employs **3,600 staff**

16,000 members

Flexible workforce exceeding **360 bank workers**

Over 120 dedicated volunteers working across services



Values at Humber are real, people have made time for me, and I really enjoy being part of the wider conversation. People are accessible and able to support in any way they can."

3.0

Workforce Profile in 2023

Over the last five years we have demonstrated our commitment to widening participation and improving diversity across the workforce. We recognise the value of continuing on this journey of improvement.

We understand that having a diverse workforce promotes creativity and strategic thinking. Having teams of people who come from different backgrounds can draw upon unique experiences and a wider range of knowledge to spark new, innovative ideas. Attracting those from different cultures and backgrounds is fundamental to developing a compassionate, inclusive and representative workforce and contributes to a richer employee experience.

As we emerge from the pandemic, we recognise more than ever the value that our flexible workforce brings in order to deliver high quality patient care across the breadth of our services.

Our people are represented in our workforce across three categories:

 <p>1. Our permanent workforce (including the trainees who work with us)</p>	 <p>2. Our temporary workforce (agency and bank workers)</p>	 <p>3. Our volunteers</p>
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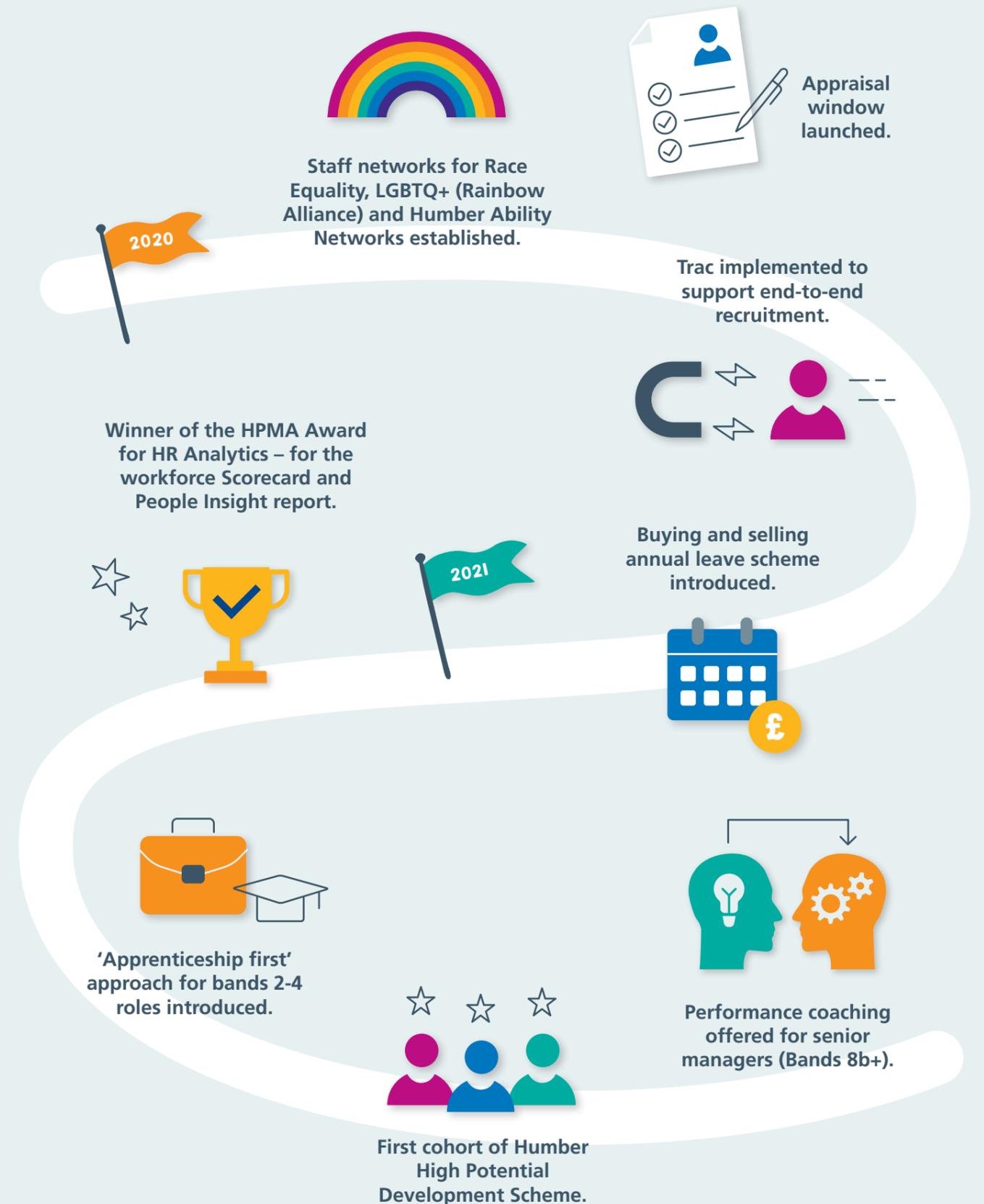
It is crucial to understand how everyone is a ‘cog within the machine’ and how every role is vital and brings its own unique value. It’s powerful to capture what every person can bring when working effectively together.”

The make-up of our Trust workforce is:

<p>79% of staff are female</p> 	<p>8% of staff are disabled</p> 	<p>6% of staff are from BAME communities</p> 
<p>33% of staff are part-time</p> 	<p>4% of staff are LGBTQ+</p> 	<p>35% of staff are over the age of 50</p> 

4.0

Looking back over the past 5 years



Investment in the Workforce Wellbeing Team and launch of physical health checks.



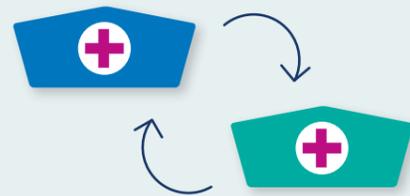
Performance coaching offer extended to 15 additional senior managers.



Third most improved nationally for 'would recommend their organisation as a place to work' (Staff Survey 2022).



Top 10 best performing Trust's for indicator 2 (WRES report 2022).



Nurse Transfer Window implemented.



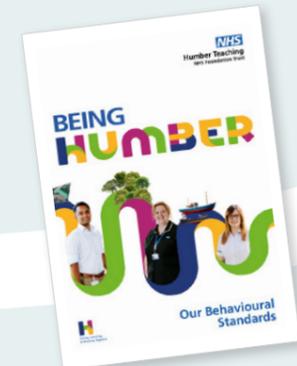
Recognised as 5th best in the region for 'time to hire' by NHS England.

Menopause Support for recognised with Henpecked accreditation.



Accredited with 'Tommy's' and 'The Smallest Things' in recognition of support in the event of premature birth or pregnancy loss.

Behavioural standards relaunched as 'Being Humber'.



Learning and Development team gained Skills for Health Quality Mark.



Above the national average in 6 out of the 7 People Promise themes and equal to national average (Staff Survey 2022).



First Trust in the UK to implement MyCority (OH system).



Introduced a new Special Leave policy, which provides enhanced pay for a number of leave reasons.



Partnering with the ICB to contribute towards the 'Breakthrough HNY' programme.



Best Flu Vaccine uptake in the Northwest and Yorkshire Region in 2022.

People Promise

5.0

Trust Strategy 2022-27

Our Trust Strategy sets out the organisational response to the challenges and opportunities we face and gives direction of where we want to go and what we want to achieve in the coming years.

Our Mission

'We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.'

Our Vision

'We aim to be a leading provider of integrated health services, recognised for the care compassion and commitment of our staff and known as a great employer and a valued partner.'



Our management community has both the Leadership Forum and Senior Leadership Forum to help shape the future and feedback on how it feels working for the Trust."

Our contribution to the Trust Strategy

Our People Strategy feeds into the overarching Trust Strategy, whilst taking into account the context as set out in the National People Agenda, outlined in the following pages.

Trust Strategic Goals

Strategic People Goals and Ambitions



- Innovation and New Ways of Working – Embracing new ways of working through innovation and digital solutions.



- Culture, Wellbeing & Inclusivity – Looking after our People and belonging in the NHS.



- Contribution and partnership to deliver upon the national and regional agenda set out in the NHS Long Term Workforce Plan, NHS People Plan and the Humber and North Yorkshire Health and Care Partnership People Strategy and underpinned by all 4 Strategic People Goals.



- Attracting Humbelievable People – Building our reputation locally as a great place to work.
- Culture, Wellbeing & Inclusivity – Looking after our People and belonging in the NHS.



- Attracting Humbelievable People – Building our reputation locally as a great place to work.
- Culture, Wellbeing & Inclusivity – Looking after our People and belonging in the NHS.
- Harnessing the Talent of our People – Fostering potential by creating opportunities for our people to develop and thrive.
- Innovation and New Ways of Working – Embracing new ways of working through innovation and digital solutions.



- Innovation and New Ways of Working – Embracing new ways of working through innovation and digital solutions.

6.0

The National People Agenda

It is fundamental that our own strategy aligns to, and is enhanced by, the national direction of travel and complements the vision set by the NHS as well as our national and regional partners.

Our People Strategy aligns to the current context and plans set out in the NHS Long Term Workforce Plan, the People Plan and Promise and more locally the Humber and North Yorkshire Health and Care Partnership People Strategy.

It aims to meet these ambitions whilst responding to the insights and experiences from our own unique perspective.

In 2020, **The National NHS People Plan** was published. It focuses on four key areas underpinned by the People Promise. Together, the People Plan and People Promise are grounded in inclusion, belonging, growing, and developing our people, and embracing new and innovative ways of working.

You can read the People Promise online at [NHS England » The Promise](#).

People Promise



The [NHS Long Term Workforce Plan \(england.nhs.uk\)](#) was published in June 2023 and serves as the first comprehensive workforce plan for the NHS. It places staffing on a sustainable footing with the overall aim to improve patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

The plan sets out a strategic direction for the long term, as well as concrete and pragmatic action to be taken locally, regionally and nationally in the short to medium term to address current workforce challenges. Those actions fall into three clear priority areas:

- **Train:** increasing education and training to record levels
- **Retain:** to keep more of the staff we have in the health service
- **Reform:** to improve productivity

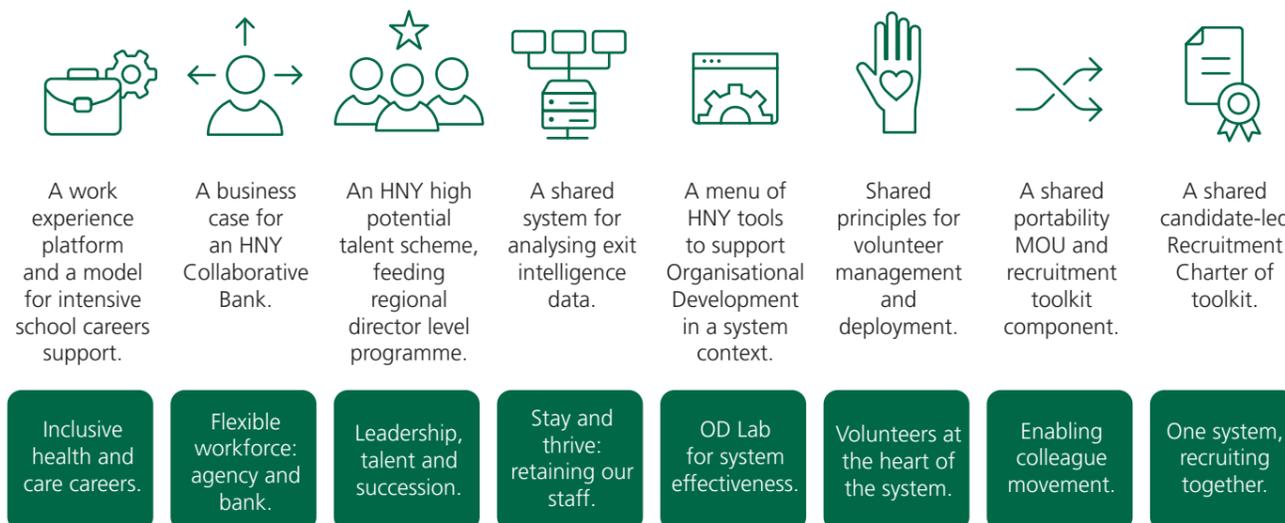


The Humber and North Yorkshire Health and Care Partnership People Strategy

[People & Workforce - Humber and North Yorkshire Health and Care Partnership](#) offers a long-lasting architecture which will be used to understand the people and workforce challenge and to organise change activities from a regional perspective, making Humber and North Yorkshire an improved place to live and work.

At a system level, the first phase of workforce transformation was delivered through the '180 Days of Action on Workforce' programme in 2022/23. Since then, the vision has been set for the next phase with the 'Breakthrough' HNY programme. Breakthrough is all about improving potential and existing colleagues' experience of working in our system. Our Trust is proud to be a key contributor to this ambitious programme of work, with active participation and aspirations to deliver regional goals at a local level.

Breakthrough deliverables



7.0

Our Key Strategic People Aims

To achieve our ambition of making our Trust a great place to work, our People Strategy will deliver on four strategic goals:



Strategic Goal 1 –
Attracting
Humblebelievable
People



Strategic Goal 2 –
Culture, Wellbeing
& Inclusivity



Strategic Goal 3 –
Harnessing the
Talent of our
People



Strategic Goal 4 –
Innovation and
New Ways of
Working

These take into account the regional and national bigger picture and are influenced by our own local experience as a provider organisation, recognising our Trust is unique.

Whilst the People Strategy encompasses four key areas of focus, there is a recognition that retention of our Humbelievable people should remain at the forefront of all our endeavours and as such retention runs as a golden thread throughout this strategy.

We are collectively striving to become more 'Trauma Informed'. This is not only in our approach to patient care. We can also apply the same principles and attention to our workforce. This means putting people at the centre of decision making, applying policies and procedures whilst taking into account individual backgrounds and experiences.



Goal 1

Attracting Humbelievable People

Building our reputation locally as a great place to work

We will reduce our vacancy and turnover rates by becoming an employer of choice known for providing an excellent experience of employment. As an anchor employer within our local communities, we will recruit skilled people whose values align to ours and who are dedicated to delivering excellent quality care.

We will:

- Attract and retain a diverse and inclusive workforce that is representative of the communities we serve and attracts future local talent, who are happy and proud to work for Humber.
- Embed Values Based Recruitment to help attract and recruit prospective employees whose personal values and behaviours align with those of our Trust.
- Continue to invest in a full reward and recognition package that is all encompassing of those aspects that matter to people.
- Deliver an effective workforce plan, which maximises opportunities to grow our own workforce for the future and offers long, and broad careers.
- Ensure that our staff have an excellent experience from the start; with staff feeling part of Humber from recruitment and induction with recruitment timescales exceeding national KPIs.
- Ensure all staff have the chance to have early discussions when they are thinking of leaving and provide their views and experiences as a leaver so we can improve our employee experience.
- Collaborate with our system partners to create opportunities to grow our workforce; exploring options such as new roles, collaborative banks and portability agreements.

Key aims:

- Increase the use of creative advertising solutions to widen the search for talented people.
- Expand our current support offer to be recognised as a great NHS employer for working carers.
- Work with our local system partners to implement a solution for improved workforce mobility through a collaborative bank.
- Develop a comprehensive attraction plan that will:
 - Focus on a flexible employment offering to meet diverse needs, improving internal job mobility through enhanced transfer opportunities.
 - Increase our apprenticeships with an ambition to grow our own through career pathways and progression routes.
 - Ensure succession plans for all leadership roles and critical/hard to recruit roles.
 - Work with people in local communities to attract future talent into Humber.
 - Continue to partner with schools and education providers to promote healthcare careers at Humber.



Our Humbelievable recruitment brand was shortlisted for an award at the national HSJ awards in 2022.”

Goal 2

Culture, Wellbeing and Inclusivity

Looking after our People and belonging in the NHS

Our people feel safe and valued and work within environments which help them to stay healthy and maintain a good work life balance. Our people feel a sense of belonging within the Trust and feel empowered to bring their whole self to work.

We will:

- Create a wider sense of belonging by using the principles of 'Being Humber' to shape a culture of openness and transparency.
- Foster a culture of 'one team, one identity' by recognising the unique importance of every profession and service at our Trust and the value each brings.
- Give our people a voice, listening and acting on feedback and encouraging involvement in decision making.
- Keep our people protected, safe and well at work by promoting a psychologically safe culture and environment which challenges stigma and values the lived experience.
- Address workforce health inequalities by ensuring our people have equal access to and use a full range of wellbeing support, that meets individual needs.
- Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.
- Nurture compassionate leaders who embody our values
- Provide a working environment of civility and respect
- Ensure that every person feels comfortable to bring their whole self to work in the knowledge they are welcomed, respected and represented.

Key aims:

- We will be above the national and benchmark average for:
 - People Promise 1 – 'We are compassionate and inclusive'
 - People Promise 3 – 'We each have a voice that counts'
 - People Promise 4 – 'We are safe and Healthy'
 - National Staff Survey themes 'Engagement' and 'Morale'
- Reduce number of colleagues experiencing harassment, bullying or abuse at work, whilst encouraging a safe culture to report incidents.
- Increase the percentage of staff recommending us as a place to work to 80% or above.
- From 2024 all divisions will achieve a 50% response rate for the National Staff Survey to influence change on the basis of a greater voice.
- Use robust pulse surveys as an ongoing barometer of staff views.
- Embed 'Being Humber' principles throughout the employment journey to set cultural standards instinctively throughout all processes.

Goal 3

Harnessing the Talent of our People

Fostering potential by creating opportunities for our people to develop and thrive

Our managers are empowered to work creatively, compassionately, and inclusively, nurturing talent according to individual's strengths and aspirations. We have a culture of supporting ambition and curiosity across all our staff groups so that they can develop and progress.

We will:

- Develop Inclusive leaders and focus on talent management to ensure leaders are able to work effectively in partnership across the wider health care system.
- Contribute to the 'Grow Our Own' workforce strategy by developing career pathways from entry level into specialist roles.
- Develop a culture of learning, high engagement, continuous improvement and high performance, that builds on our values and enables us to realise the potential of our people.
- Grow a community of compassionate leaders through delivery of the PROUD Leadership and OD programme.
- Build a culture of talent management and succession planning with a focus on harnessing potential.
- Promote ongoing career conversations outside of the annual appraisal process, creating a culture of performance improvement.
- Increase presence in schools and colleges, across the geographical patch, to build future talent pipeline and position ourselves as an anchor employer.



Key aims:

- We will be above the national and benchmark average for the National Staff Survey People Promise 5 – 'We are always learning,'
- Continued mandatory engagement with the PROUD Senior Leadership and Leadership Programmes for all those in leadership roles and increased uptake and engagement with the wider talent management and development programmes.
- Implementation of robust succession planning processes that see the people of Humber stay and progress at Humber for the life of their career.
- Align our Learning Needs Analysis with the workforce planning process.

Goal 4

Innovation and New Ways of Working

Embracing new ways of working through innovation and digital solutions

We innovate by adopting new ways of working and new roles to enable our staff to deliver responsive, person-centred care. Our people are encouraged to be open to, and influence change and be proactive in making improvements happen in their areas of work.

We will:

- Develop a creative, agile and flexible workforce model which enables our people to deliver effectively in their roles.
- Harness a culture of Quality Improvement, that ensures our people feel empowered to identify and deliver improvement initiatives as part of their every day.
- Continue to build upon a culture of innovation and improvement in our approach to people systems and processes.
- Develop a culture to facilitate new ways of working and delivering care.
- Enable an environment that promotes safe innovation at all levels.
- Work collaboratively with our stakeholders to coproduce people transformation programmes that meet the needs of the workforce and positively impact the delivery of patient care.
- Continue to expand use of technology and digital solutions to support agile and flexible working practices that align to the Trust’s strategic goal of ‘optimising an efficient and sustainable organisation.’
- Advance our people analytics to create broader and more in-depth insights that enhance people related action and decision making.



Key aims:

- Growing the number of QI initiatives, by increasing uptake on QI training programmes so that it becomes more instinctive, in everyday practice.
- The implementation of an online community where ideas and best practice can be shared.
- Utilise ESR to its full system capability to make people processes more accessible and efficient, giving clinician time back to the patient.
- Deliver an annual Workforce Plan that aligns to the ambitions in the digital transformation strategy. It will underpin our workforce transformation ambitions and reflect creative solutions for addressing skills shortages by introducing new roles.
- Delivery of solutions to further embed workforce mobility and flexibility both internally and across our regional partners.

S.O

Measuring Success

We will measure success through sustained progress against our key performance indicators (KPIs). Our KPIs will evolve over time and are likely to be informed by changing local, regional and national priorities and standardisation.

We will demonstrate progress above the national and benchmark averages using the feedback and narrative from our people as the true barometer of our success.

The National Staff Survey is a fundamental tool to understanding how our staff feel. The results provide an excellent basis for measures against this strategy. The following are the proposed measures linked to our people vision.

People Promise element	2022	Target for 2028
 Promise 1: We are compassionate and inclusive	7.6	Above the National (7.2) and Benchmark Average (7.5)
 Promise 2: We are recognised and rewarded	6.4	Above the National (5.8) and Benchmark Average (6.3)
 Promise 3: We each have a voice that counts	7.1	Above the National (6.7) and Benchmark Average (7.0)
 Promise 4: We are safe and healthy	6.4	Above the National (5.9) and Benchmark Average (6.2)
 Promise 5: We are always learning	6.0	Above the National (5.4) and Benchmark Average (5.7)
 Promise 6: We work flexibly	6.9	Above the National (6.1) and Benchmark Average (6.7)
 Promise 7: We are a team	7.1	Above the National (6.7) and Benchmark Average (7.1)
Staff Engagement	7.1	Above the National (6.8) and Benchmark Average (7.0)
Morale	6.1	Above the National (5.7) and Benchmark Average (6.0)

Goals	Outcome Measures	Baseline (Mar 2023)	Target March 2025	Target March 2028
Goal 1: Attracting Humblebelievable People	Trust Vacancy rate	9.98%	9%	8%
	Vacancy Target – Registered Nurses	11.04%	9%	8%
	Vacancy Target – Consultants*	29.56%	10%	8%
	Overall Staff Turnover (rolling 12 months)	15.10%	10%	10%
	Turnover – Registered Nurses	10.91%	10%	10%
	Turnover – Consultants	5.32%	10%	10%
Goal 2: Culture, Wellbeing and Inclusivity	Frontline staff uptake of the annual staff flu vaccination	68.6%	75%	80%
	Sickness absence (rolling 12 month)	5.22%	Better than the regional average (5.29%)	Better than the regional average (5.29%)
	Promise 1: We are compassionate and inclusive	7.6	Above the National Average (7.2)	Above the National (7.2) and Benchmark Average (7.5)
	Promise 4: We are safe and healthy	6.4	Above the National Average (5.9)	Above the National (5.9) and Benchmark Average (6.2)
	Promise 7: We are a team	7.1	Above the National Average (6.7)	Above the National (6.7) and Benchmark Average (7.1)
	Morale	6.1	Above the National Average (5.7)	Above the National (5.7) and Benchmark Average (6.0)
	Staff Engagement	7.1	Above the National Average (6.8)	Above the National (6.8) and Benchmark Average (7.0)
	CQC rating of 'Outstanding' for well-led	Good	Good	Outstanding
	% of disabled staff in leadership roles (8A and above)	7.69%	>7.69%	17.8%**
	% of black and ethnic minority staff in leadership roles (8A and above)	7.23%	>4.6%	4.6%**
	% of LGBTQ+ staff in leadership roles (8A and above)	9.38%	>2.4%	2.4%**
	Q6a I feel that my role makes a difference to patients / service users	87.4%	Above the National Average (86.9%)	Above the National Average (86.9%) and Benchmark Average (87%)

Goals	Outcome Measures	Baseline (Mar 2023)	Target March 2025	Target March 2028
	Q23a care of patients / service users is my organisations top priority	75.6%	Above the National Average (74%)	Above the National Average (74%) and Benchmark Average (78.3%)
	Q23b my organisation acts on concerns raised by patients / service users	73.5%	Above the National Average (69.1%)	Above the National Average (69.1%) and Benchmark Average (74%)
	Q23c I would recommend my organisation as place to work	62.8%	Above the National Average (57.4%)	Above the National Average (57.4%) and Benchmark Average (62.8%)
	Q23d if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	65.3%	Above the National Average (62.9%)	Above the National Average (62.9%) and Benchmark Average (63.6%)
Goal 3: Harnessing the Talent of our People	Completion of an annual appraisal	97.65%	95%	95%
	Apprenticeships that are completed (annually)	17	30	45
	Completion of statutory and mandatory training	92.7%	85%	90%
	Promise 5: We are always learning	6.0	Above the National Average (5.4)	Above the National (5.4) and Benchmark Average (5.7)
	Staff Engagement	7.1	Above the National Average (6.8)	Above the National (6.8) and Benchmark Average (7.0)
	Morale	6.1	Above the National Average (5.7)	Above the National (5.7) and Benchmark Average (6.0)
Goal 4: Innovation and New Ways of Working	Promise 3: We each have a voice that counts	7.1	Above the National Average (6.7)	Above the National (6.7) and Benchmark Average (7.0)
	Promise 5: We are always learning	6.0	Above the National Average (5.4)	Above the National (5.4) and Benchmark Average (5.7)
	Promise 6: We work flexibly	6.9	Above the National Average (6.1)	Above the National (6.1) and Benchmark Average (6.7)

9.0

Delivery of the Strategy

This strategy has been drafted with our people, for our people. The key to successfully delivering its aims will rely on the collective efforts of our leadership and management community to drive forward this ambitious programme of work. We will ensure that they are equipped to fulfil that role and will support them to do so.

The strategy will serve as a guiding document for all activities in the People Directorate and will be driven forward by the People Delivery Plan. We will work collaboratively with key partners including our staff side representatives, and sub-groups such as the Equality, Diversity and Inclusion (EDI) and Health and Wellbeing Steering Groups to shape solutions in line with this strategy that meet the diverse needs of our people.

Ensuring continued and sustained progress is key to the success of this strategy and assuring the Trust Board, Executive Management Team and Workforce & OD Committee of our progress in its delivery is vital.

The People Strategy will be reviewed and updated each year to reflect progress made against key milestones.

Supporting documents include:

- Humber Teaching NHS Foundation Trust Strategy
- NHS People Plan
- The Humber and North Yorkshire Health and Care Partnership People Strategy
- 2022 NHS National Staff Survey Results
- NHS Long Term Workforce Plan



Our management community has both the Leadership Forum and Senior Leadership Forum to help shape the future and feedback on how it feels working for the Trust."



Humber Teaching NHS Foundation Trust

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HU10 6ED

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Title & Date of Meeting:	Trust Board Public Meeting Wednesday 31 January 2024														
Title of Report:	Sexual Safety Charter Action Plan														
Author/s:	<p>Hilary Gledhill, Director of Nursing, AHP and Social Care Professionals Rosie O’Connell, Head of Safeguarding and Named Professional for Adult Safeguarding, Humber Teaching NHS Foundation Trust. Kate Baxendale, Deputy Director Nursing, AHP’s and Social Work Professionals Karen Phillips Deputy Director of Workforce and OD</p>														
Recommendation:	<table border="1" data-bbox="539 775 1528 891"> <tr> <td data-bbox="539 775 938 813">To approve</td> <td data-bbox="938 775 1034 813">x</td> <td data-bbox="1034 775 1410 813">To discuss</td> <td data-bbox="1410 775 1528 813"></td> </tr> <tr> <td data-bbox="539 813 938 851">To note</td> <td data-bbox="938 813 1034 851"></td> <td data-bbox="1034 813 1410 851">To ratify</td> <td data-bbox="1410 813 1528 851"></td> </tr> <tr> <td data-bbox="539 851 938 891">For assurance</td> <td data-bbox="938 851 1034 891"></td> <td data-bbox="1034 851 1410 891"></td> <td data-bbox="1410 851 1528 891"></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>To present the sexual safety action plan, produced from the self-assessment undertaken against the 10 Commitments in the NHS Sexual Safety Charter. The results of the self-assessment were presented to EMT in November 2023. The Board are requested to note the work undertaken to date and approve ongoing monitoring of the implementation of the development plan by the Quality Committee.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> There is evidence in place that the Trust can demonstrate it is meeting all 10 commitments identified in the NHS Sexual Safety Charter. The actions identified following the self-assessment build on the work already completed and the processes in place to further strengthen the Trusts culture of safety and respect. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> A Sexual Safety Steering Group has been established and the terms of reference for the Group will be presented to QPAS in February 2024 The membership of the group has been identified and people will be invited to the first meeting 														
<p>Key Risks/Areas of Focus: The action plan describes the further areas of focus for the trust in respect of:</p> <ul style="list-style-type: none"> Training of staff around sexual safety 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Steering Group established. 														

<ul style="list-style-type: none"> • Co-production with patient and staff regarding training, resources, and support around sexual safety • Thematic analysis of sexual safety incidents and learning from incidents • Embedding a culture of respect and safety, linking the work with the Respect campaign and Humber Behaviour Standards • Further strengthening support to people who experience unwanted sexual behaviour • Benchmarking ourselves against peers 				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	Nov 23
	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>				
√ <i>Tick those that apply</i>				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

To be advised of any future implications as and when required by the author



Humber Teaching
NHS Foundation Trust

Sexual Safety Action plan

January 2024



Caring, Learning
& Growing Together

1. Introduction

On 4 September 2023, NHS England launched the 'Sexual Safety in Healthcare – Organisational Charter' in collaboration with healthcare partners. The charter was developed by NHS England, lived experience organisations, professional bodies, employers, and partners across healthcare. The Trust signed up to the charter on 27th September 2023 and as a signatory to the Charter the Trust confirmed a commitment to zero tolerance to unwanted, inappropriate and or harmful sexual behaviours toward the workforce and a commitment to action the 10 charter pledges.

2. The Sexual Safety Charter Pledges

- C1. We will actively work to eradicate sexual harassment and abuse in the workplace.
- C2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- C3. 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.
- C4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- C5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- C6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- C7. We will ensure appropriate, specific, and clear training is in place.
- C8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- C9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
- C10. We will capture and share data on prevalence and staff experience

3. Undertaking a self-assessment

A sexual safety working group, chaired by the Head of Safeguarding with representatives from the clinical divisions and the Workforce & OD directorate have undertaken a self-assessment against the pledges.

Publications reviewed to inform the analysis were as follows:

- The NHS England Sexual Safety Charter
- Care Quality Commission 'Sexual Safety on Mental Health Wards'
- NHS England 'National Sexual Safety Collaborative'

- NHS England 'Sexual Safety in the Workplace: Resources and Support'

In addition, a survey was sent out to participants with a request to cascade to staff across their services, in order to ensure staff from all areas and of all job roles had an opportunity to contribute to the analysis. The outcome of the discussions held in the working group and responses from the survey form the analysis.

The self- assessment identified the range of work undertaken by the Trust over the last 4 years in respect of sexual safety and provided a significant level of assurance in respect of how we currently meet all 10 pledges. This was in respect of the reporting process in place, how we collate and analyse themes in respect of learning from sexual safety incidents, and the procedures in place to manage allegations/ safeguarding issues.

The self-assessment also identified areas where the Trust can further strengthen existing arrangements, such as further development of training, involvement with staff and patients in training, reporting and the co-production of resources, and continue to embed a trauma informed approach.

The self-assessment was presented to EMT in November 2023 and a request was made that an action plan be produced based on the key areas identified for further action.

The development plan below outlines the key areas of focus for the Trust to further strengthen our approach. This work stream and development plan aligns with the expectations in the Trusts behavioural framework and the Respect campaign.

3. Development Plan

Action		Link to Pledge	Responsible Person/Service
1	Trustwide Sexual Safety Group to be established <ul style="list-style-type: none"> • Terms of reference to be approved by QPAS • All staff networks to be represented 	C1	Safeguarding Team Workforce & OD EDI Lead
2	Sexual Safety Group to ensure any materials, information resources produced achieve the co-production stamp	C2	Sexual Safety Group Patient and Carer Experience Team
3	Sexual Safety training package to be developed and introduced across the Trust, which uses case examples, including male	C1, C7	Sexual Safety Group

Action	Link to Pledge	Responsible Person/Service
experiences, is trauma informed and covers online sexual safety		Learning & Development Team
<p>4 Thematic review of employee relations cases to be conducted on a bi-annual basis and reported to the Sexual Safety Group.</p> <p>Review to identify any staff role which is more prevalent and if so ensure support is in place and work underway to reduce risk for that group.</p> <p>To include staff in non-clinical roles who may witness or be exposed to sexual safety incidents through their role.</p>	C1, C3	Workforce & OD Senior Manager
<p>5 Introduction of a 'report it' email address which goes directly to a Human Resources, allowing staff to report sexual safety concerns.</p>	C2	Workforce & OD Senior Manager
<p>6 Development of Trusts own Sexual Safety Charter with examples relevant to our Trust to be developed.</p>	C5	Sexual Safety Group
<p>7 Bi-annual and annual report to be produced detailing the action taken as part of the Respect Campaign and impact on workforce.</p>	C2	Workforce & OD EDI Lead
<p>8 The Sexual Safety Group to explore how assessment of historical trauma can be included as part of the admission process on patient admission to hospital, particularly where an admission is being considered to a mixed sex ward</p>	C3	Division Clinical Leads Psychology Service
<p>9 Sexual Safety Policy and SOP to be developed.</p> <ul style="list-style-type: none"> • Policy to clearly detail what action should be taken following a sexual safety incident, in what time scales and when and how the person who has been harmed should be involved in the process, to support empowerment of the victim. • Consult with people with lived experience of this issue as part of policy development • Consult with key partners such as Police, Local Authorities and Sexual 	C3, C4, C6, C9	Sexual Safety Group Workforce & OD Patient and Carer Experience

Action		Link to Pledge	Responsible Person/Service
	Assault Referral Centres, as part of policy development <ul style="list-style-type: none"> Policy to be aligned with relevant HR and safeguarding policies. 		
10	Sexual Safety Policy & SOP to be launched across Trust via Sexual Safety Roadshow	C4, C6	Sexual Safety Group
11	Review of Managing Concerns against People in Position of Trust Policy, introducing a clear process to address safeguarding issues that may involve staff	C3	Head of Safeguarding
12	Review of support provided to staff following sexual safety incident to be completed by the Sexual Safety Group and guidance for managers to be produced	C4	Sexual Safety Group
13	Sexual Safety Poster (from Respect Campaign) and Charter, along with information about the Being Humber Framework to be displayed in both patient and staff areas, including toilet areas.	C5	Communication Team Division Clinical Leads Workforce & OD
14	Accessible versions of Sexual Safety resources and work on sexual safety to be developed and displayed.	C5	Communication Team Workforce & OD
15	Senior leaders to consider how they acknowledge sexual safety incidents involving staff and directly link in with them following an incident, to ensure support is offered	C9	Executive Team
16	Use of a benchmarking tool such as the one developed by Cheshire and Wirral Partnership NHS Foundation Trust for sexual safety standards, or development of own assessment tool to be used by the Trust	C10	Sexual Safety Group

4. Next Steps

The Sexual Safety Steering Group has been established and the terms of reference for these will be presented to QPAS in February 2024 seeking approval. The Steering Group will take forward the work identified in the action plan.

It is recommended that the oversight and governance of the Steering Group is via QPAS and EMT and a progress report will be presented on a 6 monthly basis to QPAS.

It is proposed that the Quality Committee oversee the progress of this work on behalf of the Trust Board and will receive a biannual report, outlining the work undertaken and the impact this has had upon the experience of patients and staff in the Trust.

5. Recommendations

The Board are requested to note the work undertaken thus far and approve ongoing monitoring of the implementation of the development plan by the Quality Committee.

Title & Date of Meeting:	Trust Board Public Meeting– 31 st January 2024		
Title of Report:	Finance Report Month 9 (December 2023)		
Author/s:	Name: Iain Omand/Peter Beckwith Title: Deputy Director of Finance/Director of Finance		
Recommendation:	To approve		To discuss
	To note		To ratify
	For assurance		
	<p>The Trust Board are asked to note the Finance report for December 23 and comment accordingly.</p>		
Purpose of Paper:	<p>This report is being brought to the Trust Board to provide the financial position for the Trust as at the 31 December 2023 (Month 9).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives</p>		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> The Trust achieved a break even position at the end of Month 9. The cash balance at the end of Month 9 was £27.770m. The Better Payment Practice Code figures show achievement of 92.8%. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work to refine and validate the forecast is continuing ahead of board paper. Work continues to monitor performance against the Primary Care Recovery Forecast with a focus on 2024/25 run rate. Agency Recovery Plan/Forecast has been developed and is reported monthly to ODG and EMT. 	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Current Run Rate at month 9 indicates a worsening financial position. Year-to-Date Agency expenditure is above profiled plan for the year. Further investment in waiting list initiatives (<i>Neuro</i>) will worsen the 		Decisions Made: <ul style="list-style-type: none"> Trust Board are asked to note the Finance report for December 2023. 	

current forecast position.				
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)	

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	

FINANCE REPORT – December 2023

1. Introduction

This report is being brought to the Trust Board to present the financial position for the Trust as at the 31 December 2023 (Month 9). The report provides assurance regarding financial performance, key financial targets, and objectives.

2. System Context

For 2023/24 the ICS has a system-wide financial plan that is a deficit of £30m, with a continued expectation that the system continues to seek ways in which the system can be brought back into financial balance.

As part of the H2 Financial Reset exercise the system undertook planning for the remainder of the financial year, following the national guidance which included distribution of additional funding and modelling the benefit of adjustments to the Elective Recovery Targets.

The H2 planning round concluded in no changes to the £30m deficit ICS plan, however significant risk remain in the ability to meet this target.

At the end of Month 9 the ICS reported a year to date deficit of £52.1m, this represented a £18.6m adverse variance to the profiled plan, for provider the Month 9 position included the additional funding allocated during the H2 reset, the forecast variance to plan represents the cost impact of Industrial Action during December and January..

The position across the ICS is set out in the table below:

Table: ICS Financial Position Month 9

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan		Actual		Variance		Forecast	
	YTD	YTD	YTD		Year Ending	Year Ending	Year Ending	
	£000	£000	£000	%	£000	£000	£000	%
Humber And North Yorkshire ICB	0	(53)	(53)	(0.0%)	(0)	(0)	(0)	(0.0%)
Harrogate And District NHS Foundation Trust	4,513	(3,653)	(8,166)	(3.2%)	6,000	4,369	(1,631)	(0.5%)
Hull University Teaching Hospitals NHS Trust	(4,035)	(4,110)	(75)	(0.0%)	(7,231)	(8,726)	(1,495)	(0.2%)
Humber Teaching NHS Foundation Trust	-	-	-	0.0%	-	(0)	(0)	(0.0%)
Northern Lincolnshire And Goole NHS Foundation Trust	(17,971)	(16,355)	1,616	0.4%	(13,355)	(14,149)	(794)	(0.1%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(16,064)	(27,988)	(11,922)	(2.3%)	(15,414)	(17,333)	(1,919)	(0.3%)
ICS Total	(33,557)	(52,157)	(18,599)	(0.6%)	(30,000)	(35,839)	(5,839)	(0.2%)

3. Trust Financial Position as at 31 December 2023

Under the ICB planning process the Trust is required to achieve a break even position for the year

Table 1 shows for the period ended to 31 December 2023 that the Trust recorded a break-even position, details of which are summarised in the table on the following page.

Additional funding of £0.780m has been secured through the ICB H2 Planning Round and 9/12s of this amount has been allocated into Trust Income.

There are two items which don't count against the Trust's financial control targets, which are the Donated asset Depreciation of £0.014m year to date, and Grant Income of £0.035m for the Salix capital scheme which takes the ledger position to a profit of £0.021m.

The Trust had released £0.640m of Balance Sheet flexibility in Month 3 to enable the break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 9.

Table 1 also shows the Forecast for the year end which shows a deficit of £0.104m which is a worsening of the position in the final quarter. Work is continuing to analyse this as although the in year break even position can be found from Balance Sheet flexibility it is a worsening of the run rate.

**Table 1: 2023/24
Income and Expenditure**

	23/24 Net Annual Budget £000s	Year to Date			Forecast OT		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	169,585	127,251	127,508	258	169,585	169,742	157
Clinical Income	17,127	13,075	13,894	819	17,127	18,732	1,605
Total Income	186,712	140,326	141,402	1,076	186,712	188,474	1,762
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	41,772	31,302	31,272	30	41,772	42,110	(338)
Community & Primary Care	30,709	23,171	23,245	(74)	30,709	31,253	(544)
Mental Health	57,574	43,419	44,092	(672)	57,574	58,739	(1,165)
Forensic Services	13,978	10,524	10,190	333	13,978	13,849	129
	144,032	108,416	108,799	(383)	144,032	145,951	(1,919)
<u>Corporate Services</u>							
	35,503	26,966	25,790	1,177	35,502	34,484	1,018
Total Expenditure	179,535	135,382	134,589	793	179,535	180,435	(900)
EBITDA	7,177	4,944	6,813	1,870	7,177	8,039	862
Depreciation	5,880	4,410	4,338	72	5,880	5,495	385
Interest	(740)	(555)	(778)	223	(740)	(1,031)	291
IFRS 16	1,695	1,271	1,045	226	1,695	1,498	197
PDC Dividends Payable	2,341	1,756	1,561	195	2,341	2,181	160
Operating Total	(2,000)	(1,938)	647	2,585	(1,999)	(104)	1,895
BRS	(2,000)	(1,938)	647	(2,585)	(2,000)	(104)	(2,000)
Operating Total	0	(0)	(0)	0	1	-	(105)
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	300	-	-	-	300	300	-
Grant Income	-	-	(35)	35	-	-	-
Donated Depreciation	82	55	14	41	82	82	-
	(382)	(55)	21	76	(381)	(382)	(1)
Ledger Position	(382)	(55)	21	76	(381)	(382)	(1)
EBITDA %	3.8%	3.5%	4.8%		3.8%	4.3%	
Surplus %	-1.1%	-1.4%	0.5%		-1.1%	-0.1%	

2.1 Income

Income overall is showing an overachievement against budget of £1.076m. Trust income is £0.258m above budget and includes additional income of £0.225m for Discharge Funding.

Additional Clinical Income of £0.819m has been received which relates predominantly to Non recurrent Training grants £0.380m, Primary Care £0.196m, Granville Income £0.143m and non recurrent Nurse Degree Funding of £0.083m.

2.2 Divisional Expenditure

The overall operational divisional gross expenditure is showing an overspend of £0.383m.

2.2.1 Children's and Learning Disability

Children's and LD is reporting a £0.030m underspend. The underspend is on Children's services pay due to vacancy savings, particularly amongst paediatric therapies and 0-19 services. These savings are partially offset by volume pressures from externally provided neuro assessments and the cost pressure of using agency medics.

2.2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.074m. This is made up of a £0.157m overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team.

2.2.3 Mental Health

The division is showing an overspend of £0.672m. There are pressures within the Unplanned service division within Inpatient Units due to the acuity of patients and delayed transfers of care which require increased safer staffing numbers and within the Adult Mental Health Crisis Team due to the increasing demand on the service and the need to cover vacancies with Agency or additional subcontracted support. The successful recruitment of graduate nurses into vacant posts within the planned service division has also led to a deteriorating financial position as the saving on these vacancies previously covered some of the unplanned overspend pressures.

2.2.4 Forensic

Forensic Division is showing an underspend of £0.333m and is primarily a result of savings within Community.

2.2.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing an underspend of £1.177m, the main factor being items held centrally to offset pressures.

2.2.6 Forecast

The Month 9 position is breakeven and the Forecast shows a deficit of £0.104m. This is being analysed as it does reflect a worsening position in the final quarter. Balance Sheet flexibility will be utilised to enable a year end break even position

3. Cash

As at the end of Month 9 the Trust held the following cash balances:

Table 2: Cash Balance

Cash Balances	£000s
Cash with GBS	27,730
Nat West Commercial Account	6
Petty cash	34
Total	27,770

4. Agency

Actual agency expenditure year to date at Month 9 is £5.945m, which is £0.563m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Staff Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Consultant	283	338	480	332	403	373	405	462	402	3,478
Nursing	50	249	179	181	201	201	223	237	186	1,706
AHPs/Clinical Support	124	123	99	42	87	48	36	2	53	613
Administration & Clerical	27	13	26	20	18	22	(0)	8	13	148
Grand Total	483	723	784	575	710	644	663	710	654	5,945

The table above shows the agency spend by staff type by month, the majority of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.782m year to date at the end of Month 9.

A plan to recover agency spend has been approved by EMT and is being overseen by the Director of Finance as SRO.

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 4. The current position is 92.5% for non-NHS and 93.8% for NHS. Work is ongoing to improve this performance.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	28,018	82,957
Total bills paid within target	26,183	76,706
Percentage of bills paid within target	93.5%	92.5%
NHS		
Total bills paid	1,022	23,512
Total bills paid within target	899	22,044
Percentage of bills paid within target	88.0%	93.8%
TOTAL		
Total bills paid	29,040	106,469
Total bills paid within target	27,082	98,750
Percentage of bills paid within target	93.3%	92.8%

6. Recommendations

Trust Board are asked to note the Finance report for December 2023 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting– 31 st January 2024			
Title of Report:	Trust Performance Report – December 2023			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	<input checked="" type="checkbox"/>			
	For assurance			
Purpose of Paper:	<p>This purpose of this report is to inform on the current levels of performance as at the end of December 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:				
Positive Assurances to Provide: <ul style="list-style-type: none"> Mandatory Training – compliance overall remains high in December at 94.7% Vacancies are at lower control limit at 7.8% Clinical Supervision remains above target at 90%. Talking Therapies performance has been maintained and continues to improve. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Capacity and Demand review and refresh work for Children’s ASD and ADHD pathways is due to occur January and February. Service specification work to include indicative activity plans is progressing. 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Sickness is flagging in the safer staffing dashboard – commentary is on the dashboard. Waiting Times trajectories continue to be an area of focus Our of Area Placements and Delayed Transfers of Care performance are linked, performance on Out of Area has improved, 		Decisions Made: <ul style="list-style-type: none"> None (report is to note) 		
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)	31.1.24

Monitoring and assurance framework summary:

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

Financial Year
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:
Dec-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: **December 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</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jun-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jul-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Aug-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Sep-22</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Oct-22</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Nov-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Dec-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jan-23</td><td>50</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Feb-23</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Mar-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Apr-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-23</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> </tbody> </table>			Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90	80	90	95	65	May-22	92	80	90	95	65	Jun-22	90	80	90	95	65	Jul-22	90	80	90	95	65	Aug-22	90	80	90	95	65	Sep-22	95	80	90	95	65	Oct-22	88	80	90	95	65	Nov-22	92	80	90	95	65	Dec-22	92	80	90	95	65	Jan-23	50	80	90	95	65	Feb-23	95	80	90	95	65	Mar-23	90	80	90	95	65	Apr-23	90	80	90	95	65	May-23	88	80	90	95	65
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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>																																																																																										
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<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: **December 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: **December 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)

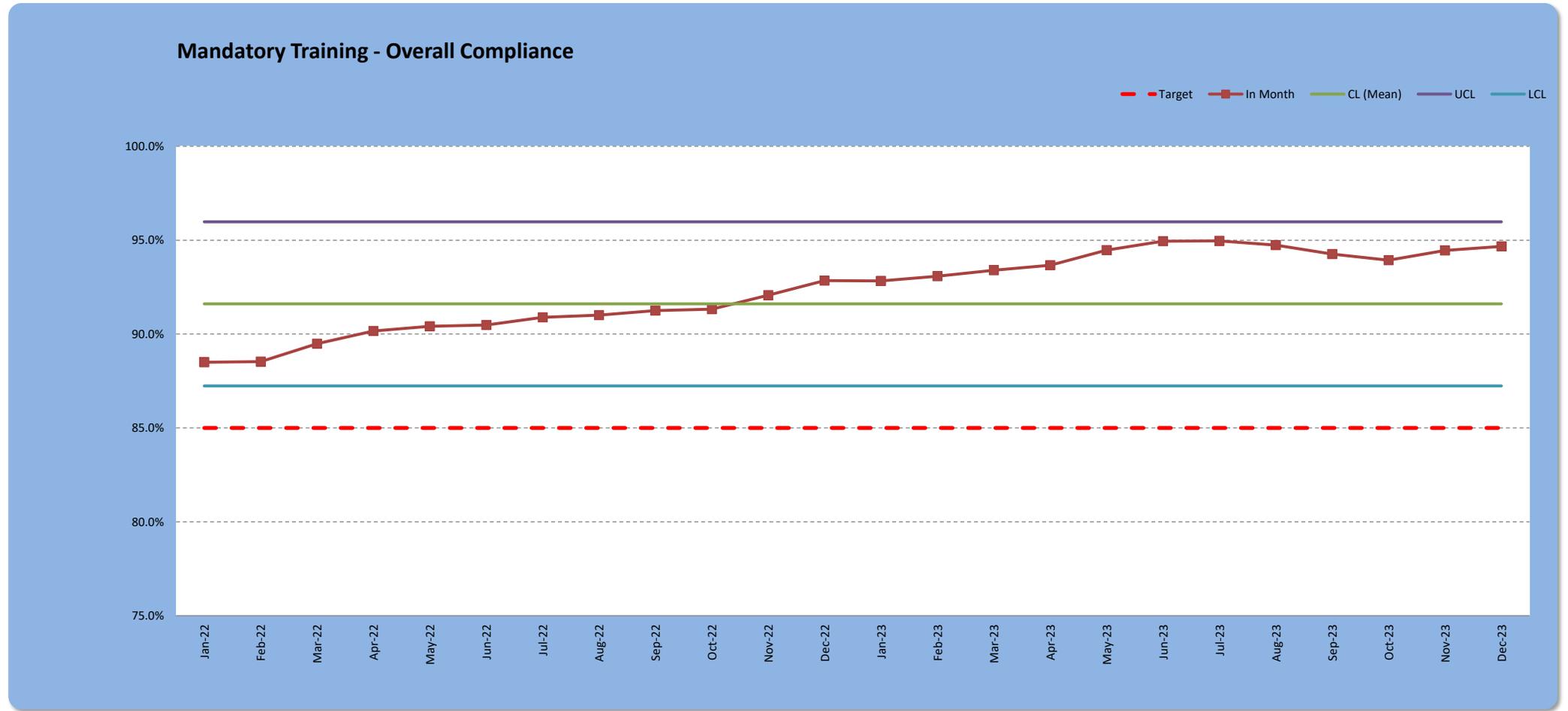
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 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



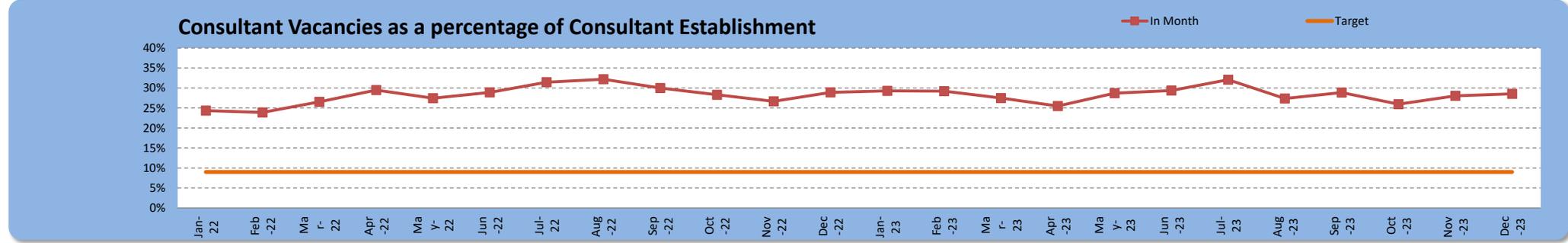
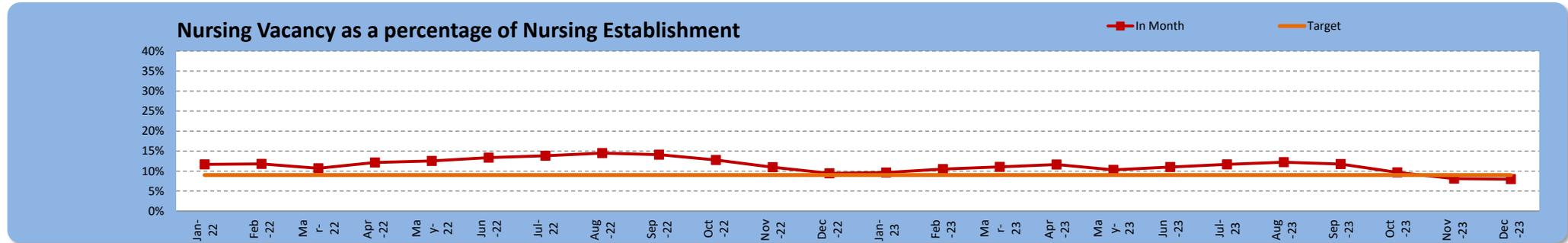
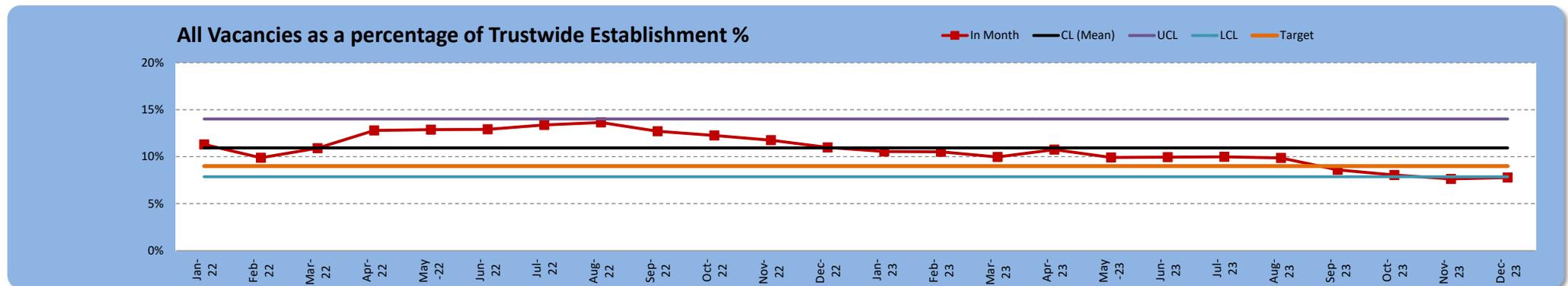
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
N/A	N/A	7.8%

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



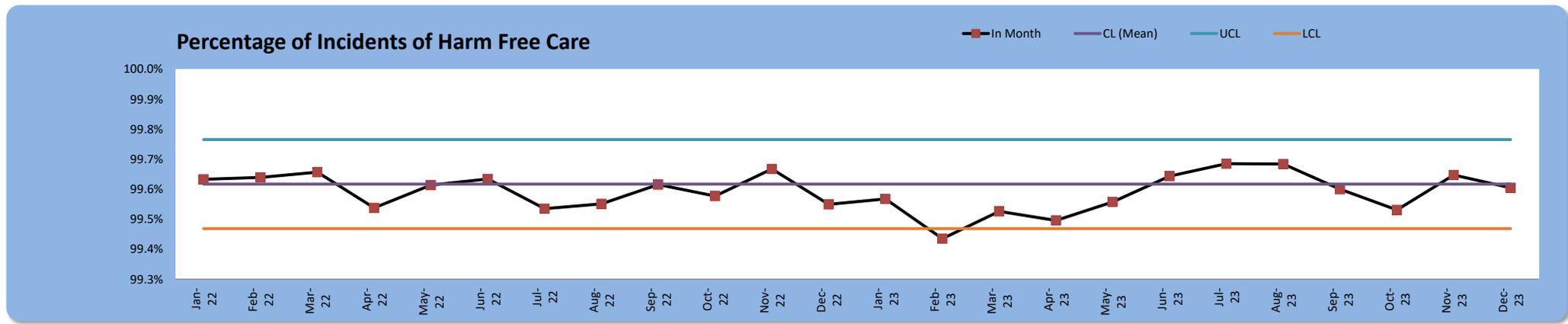
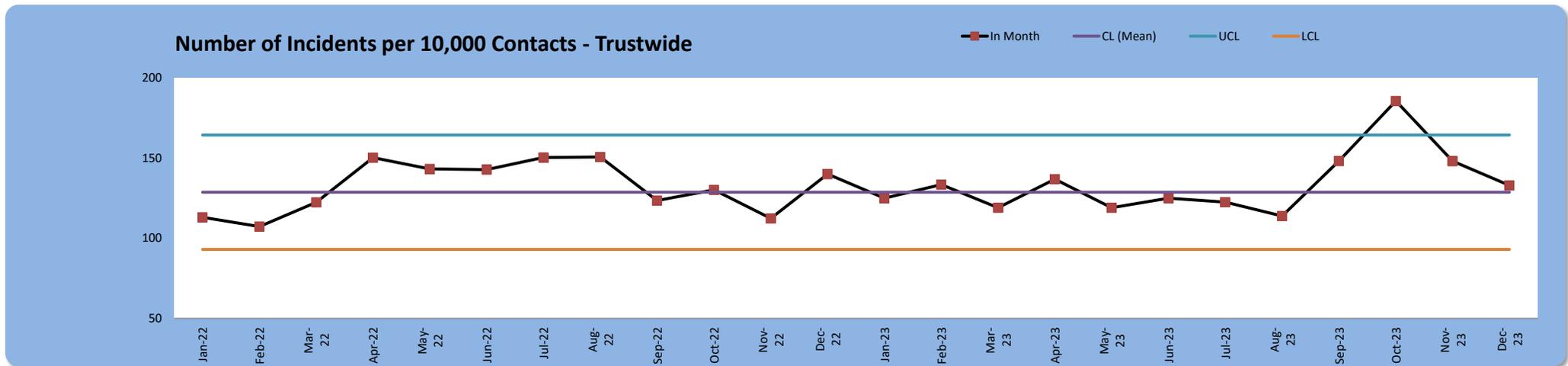
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	133

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



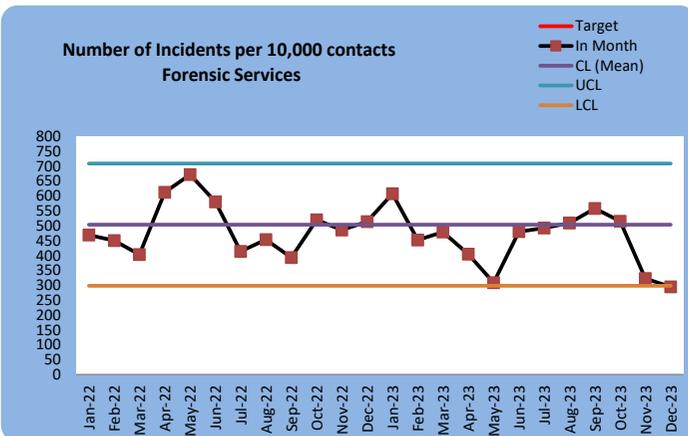
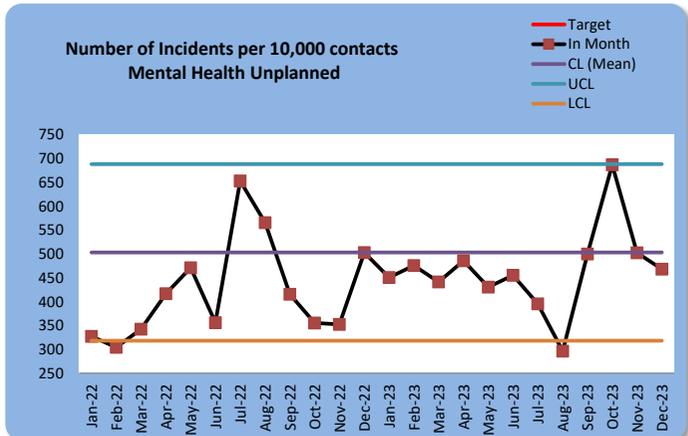
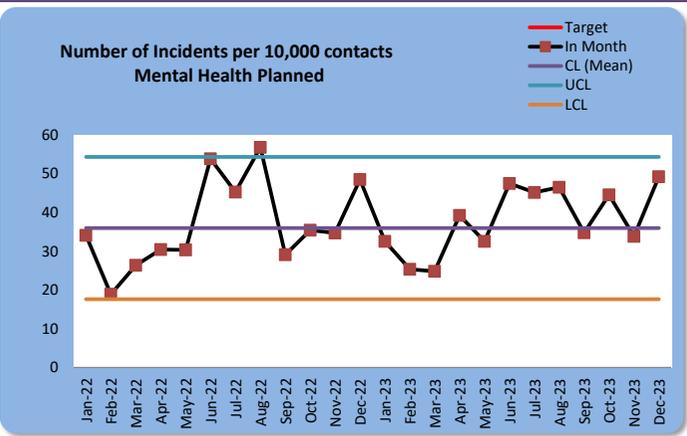
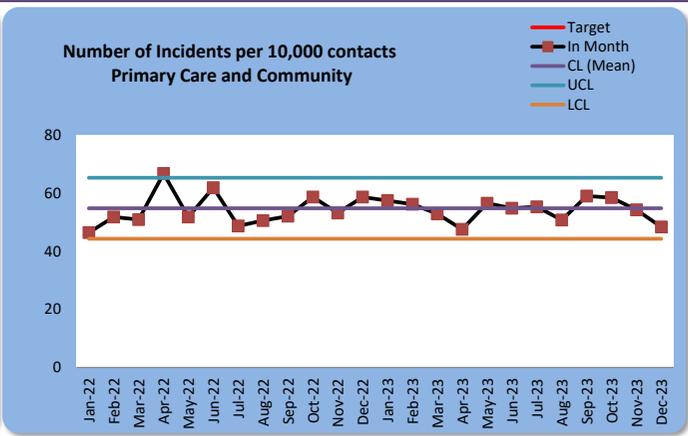
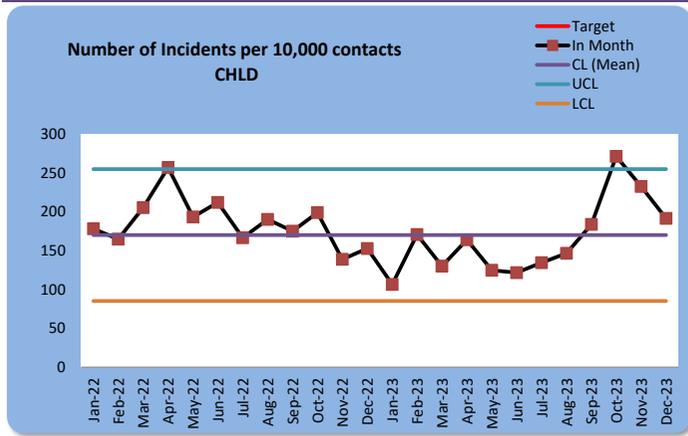
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	133

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



Current Month per Division

Children and Learning Disability	191
Primary Care and Community	48
Mental Health Planned	49
Mental Health Unplanned	468
Forensic Services	294

Incident Analysis

	Nov-23	Dec-23
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.5%	0.9%

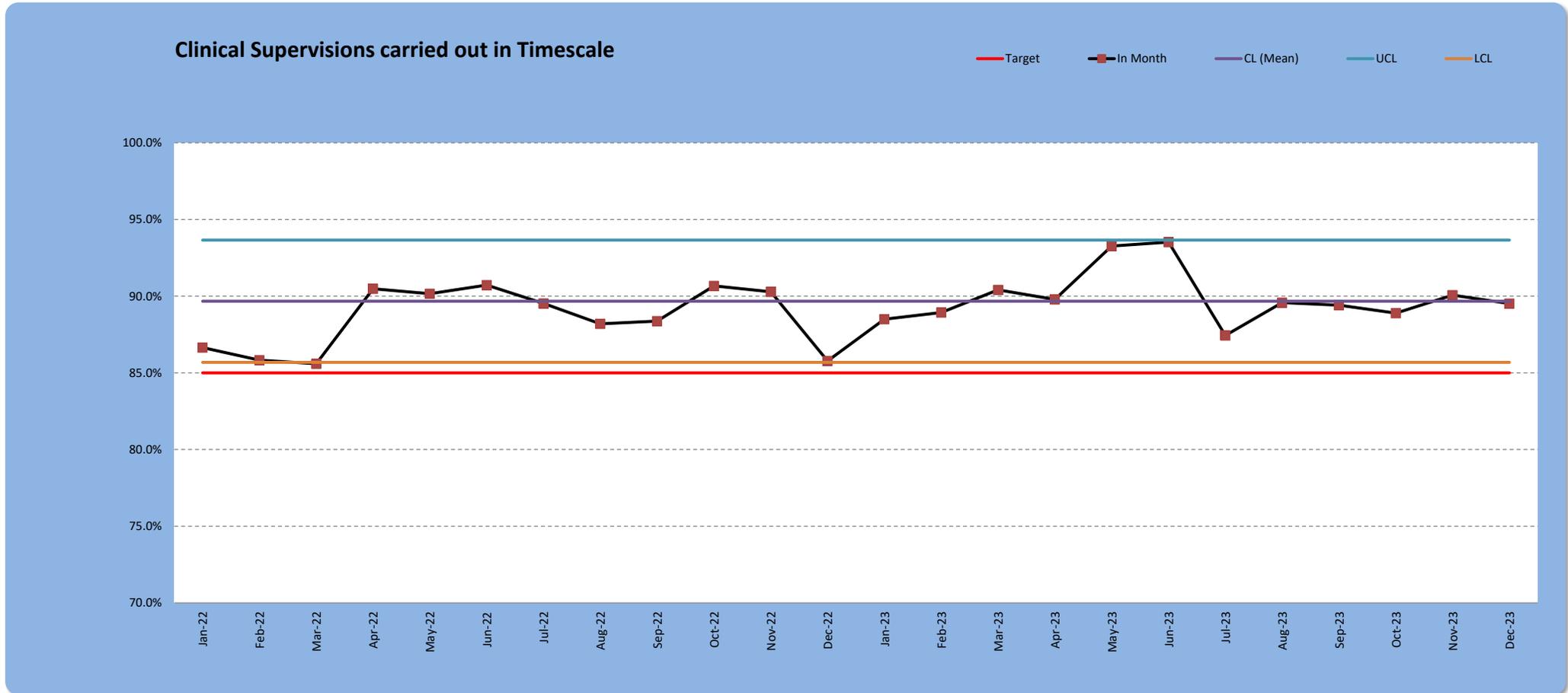
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
85%	80%	89.5%

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



Quality Dashboard

Description : Learning from Mortality Reviews

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

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

	Q3 22-23	Q4 22-23	Q1 23-24	Q2 23-24	Q3 23-24	Last 12 months
Total Number of Deaths	149	144	148	152	166	610
Total Number of Natural Deaths	135	130	131	134	155	550
Proportion of Natural Deaths	90.6%	90.3%	88.5%	88.2%	93.4%	90.2%
Total Number of Deaths - Community Hospitals	22	25	19	26	24	94
Total Number of Deaths - MH Inpatients	3	1	0	3	2	6
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	36	50	51	58	58	217
Total Number of Deaths - Addictions	6	8	7	11	13	39
Total Number of Deaths - MH Community	83	55	75	58	75	263

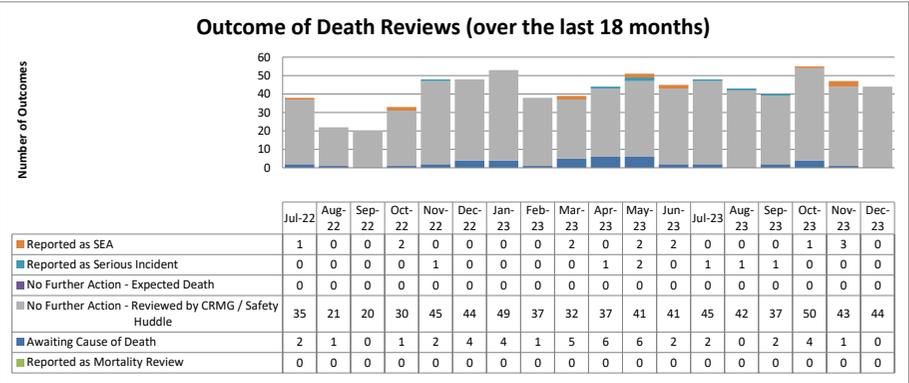
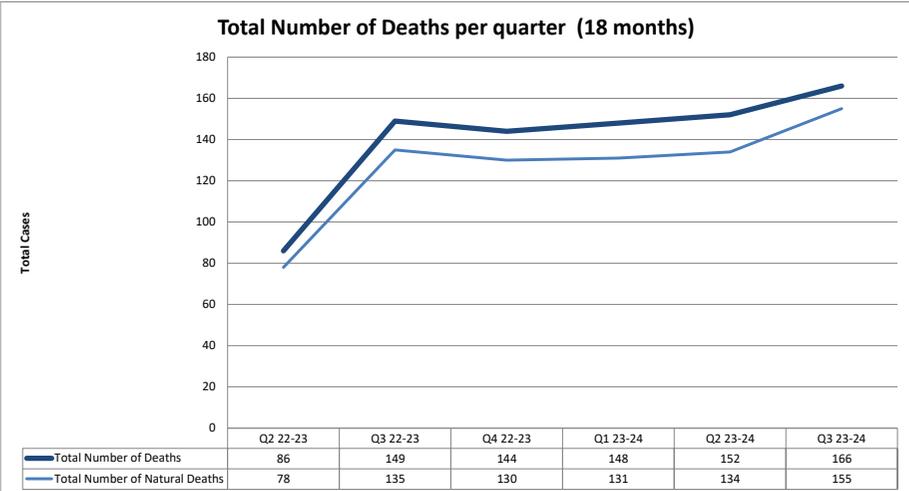
Review Process

	Q3 22-23	Q4 22-23	Q1 23-24	Q2 23-24	Q3 23-24	Last 12 months
Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	119	118	119	124	137	498
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	1	0	3	3	0	6
Reported as SEA	2	2	4	0	4	10
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	1	0	2	1	0	3
Swarm Huddle	0	0	0	6	0	6
Total Deaths Reviewed	123	120	128	134	141	523
Awaiting Cause of Death	7	10	14	4	5	33
Not Yet Reported	19	14	6	14	20	54

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

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

Number of Deaths in Inpatients (LD)	0	0	0	0	0	0
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HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2023-24
Reporting Month:	Nov-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)										Oct-23	Nov-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	29.0	75%	11.1	22.5%	↑	4.3%	↑	97%	102%	96%	98%	0	23	3	0	96.8%	89.1%	100.0%	60.0%	3.8%	3.0	0	1
	New Bridges	Adult MH Treatment (M)	40.6	93%	8.1	10.9%	↑	1.1%	↑	89%	85%	95%	106%	2	44	2	0	85.0%	97.4%	88.2%	96.0%	13.1%	-1.6	1	2
	Westlands	Adult MH Treatment (F)	36.1	90%	10.0	31.4%	↓	12.2%	↓	74%	87%	90%	126%	3	58	2	3	83.9%	90.3%	70.6%	89.5%	15.0%	1.0	2	2
	Mill View Court	Adult MH Treatment	27.6	83%	9.3	9.4%	↑	19.4%	↓	96%	103%	97%	112%	3	33	1	1	90.0%	93.2%	80.0%	85.7%	7.5%	1.0	1	1
	STARS	Adult MH Rehabilitation	38.3	94%	32.0	34.1%	↑	0.3%	↑	68%	194%	100%	100%	1	2	0	0	93.8%	94.0%	75.0%	83.3%	11.8%	1.5	2	3
	PICU	Adult MH Acute Intensive	31.2	66%	23.7	26.8%	↑	9.2%	↑	108%	108%	97%	151%	1	122	1	0	94.1%	93.4%	78.6%	94.1%	4.0%	2.7	1	0
OP MH	Maister Lodge	Older People Dementia Treatment	35.9	45%	25.6	8.8%	↑	0.0%	↑	111%	91%	100%	111%	0	44	1	0	97.4%	95.5%	100.0%	92.0%	3.1%	-0.8	1	0
	Mill View Lodge	Older People Treatment	29.1	92%	16.1	11.5%	↑	7.5%	↓	74%	58%	117%	168%	1	33	0	0	73.3%	93.2%	78.6%	94.4%	5.5%	4.0	2	5
Child & LD	Maister Court	Older People Treatment	16.5	98%	16.7	21.6%	↑	5.2%	↑	87%	99%	100%	120%	0	9	0	0	75.0%	96.4%	71.4%	100.0%	5.5%	0.8	3	3
	Pine View	Forensic Low Secure	28.1	86%	8.7	27.1%	↓	0.0%	→	91%	88%	54%	122%	0	2	0	12	96.3%	96.8%	100.0%	82.4%	6.4%	2.2	4	2
	Derwent	Forensic Medium Secure	22.9	80%	13.9	31.1%	↑	0.0%	→	105%	71%	97%	101%	2	4	1	0	100.0%	94.3%	87.5%	92.3%	1.4%	1.0	1	1
	Ouse	Forensic Medium Secure	24.4	78%	8.6	9.2%	↑	0.0%	→	79%	88%	85%	102%	1	5	0	2	100.0%	92.2%	66.7%	88.2%	12.0%	2.0	2	1
	Swale	Personality Disorder Medium Secure	24.8	73%	11.0	35.9%	↓	0.0%	→	91%	90%	90%	98%	5	4	2	7	95.2%	95.5%	70.0%	93.3%	6.1%	4.0	3	1
	Ullswater	Learning Disability Medium Secure	30.2	67%	17.4	35.1%	↑	0.0%	→	90%	132%	93%	164%	15	13	0	8	80.0%	89.3%	75.0%	81.0%	7.0%	-0.1	1	1
CH	Townend Court	Learning Disability	33.4	86%	30.0	28.8%	↑	0.2%	↑	82%	91%	103%	97%	2	330	1	0	44.8%	92.5%	90.9%	63.6%	9.1%	4.0	2	3
	Inspire	CAMHS	9.0	82%	24.1	25.8%	↓	3.7%	↑	98%	111%	103%	138%	1	22	2	0	85.3%	77.5%	80.0%	75.0%	10.8%	-1.0	1	1
	Granville Court	Learning Disability Nursing Care	45.7	87%	17.9	38.1%	↑	0.7%	↑	99%	103%	103%	108%	2	3	0	0	92.6%	95.6%	91.7%	78.4%	4.0%	0.2	1	0
CH	Whitby Hospital	Physical Health Community Hospital	38.6	91%	8.2	0.9%	↑	0.0%	→	92%	79%	100%	100%	1	1	0	0	82.5%	93.8%	100.0%	45.8%	9.0%	-1.2	2	2
	Malton Hospital	Physical Health Community Hospital	30.7	91%	7.1	11.5%	↑	4.0%	↓	92%	87%	115%	82%	0	0	1	0	100.0%	94.5%	88.2%	86.7%	5.8%	-1.6	2	1

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Nov

Whilst sickness rates remain high with thirteen units flagging red, there has been an increase in the number of units under 4.5% from 2 in October to 5 in November.

Mill View Lodge have five red flags. Day fill rates for both RNs and unregistered staff appear low however this has been explored with the E-roster team and discrepancies within the system rectified. The unit was safely staffed throughout November.

All units, including Malton, have achieved their CHPPD target.

Mandatory training (all) is above 85% for all units except for Inspire. Compliance with ILS/BLS has been consistently strong, however a small number of units have dropped below the target threshold in November. Clinical supervision remains in a strong position with most units above 85%. Mill View Lodge, Maister Court and TEC are below the target of 85%. Exceptions in supervision and training compliance have been escalated to the matrons and clinical divisional leads.

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: Nov-23



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
11.10%	10.08%	11.10%	11.50%	13.40%	13.60%	14.10%	14.21%	13.85%	13.67%	13.50%	12.10%

Slips/Trips and Falls (Rolling 3 months)

	Sep-23	Oct-23	Nov-23
Maister Lodge	9	2	5
Millview Lodge	3	3	5
Malton IPU	4	3	0
Whitby IPU	1	1	1

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

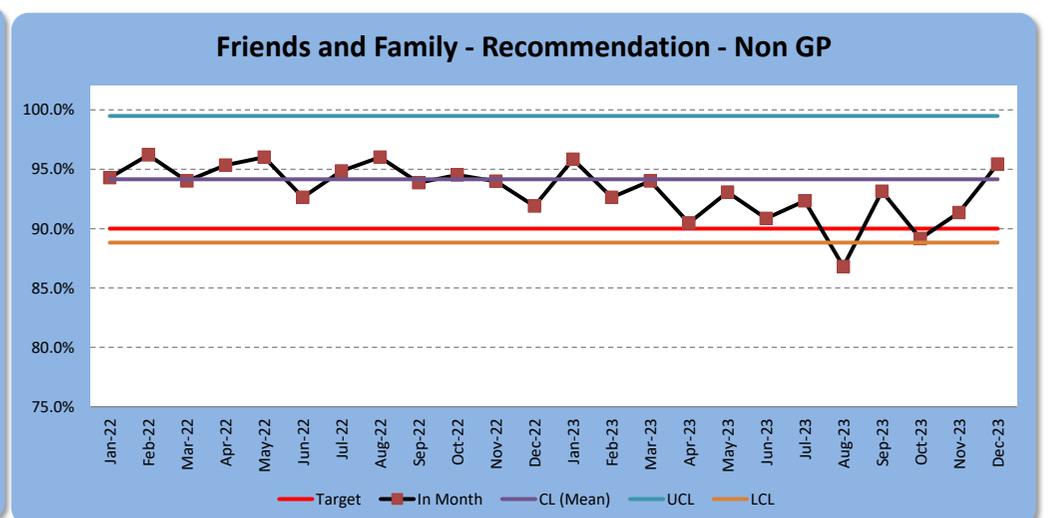
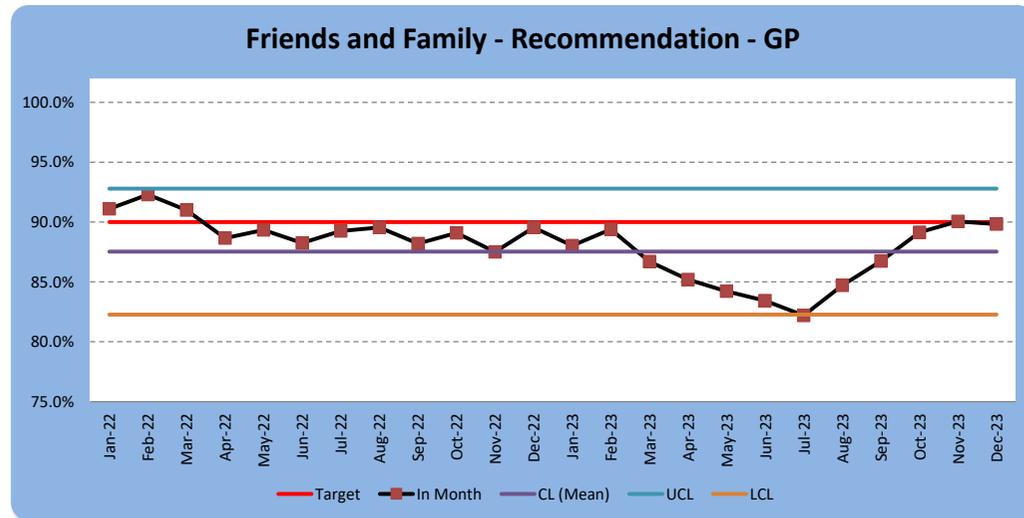
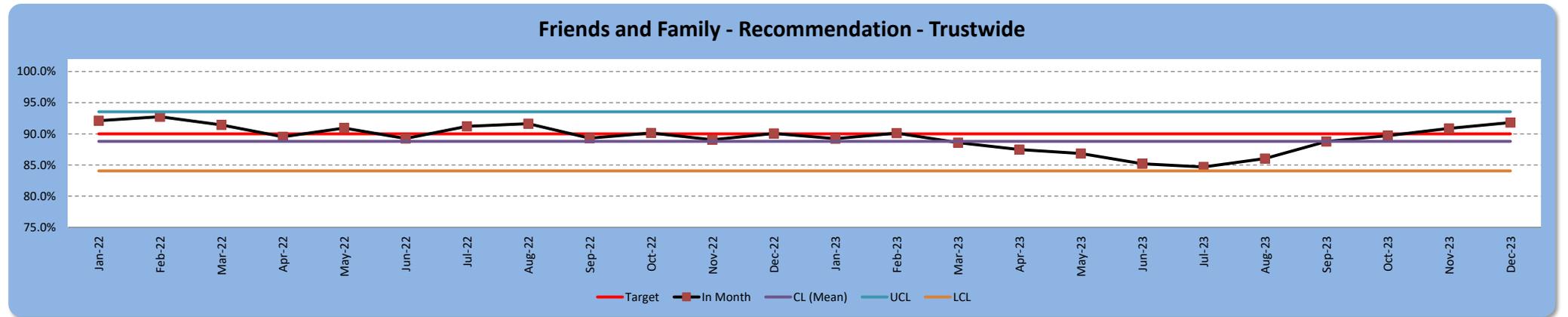
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	91.8%

For the period ending: **December 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 %



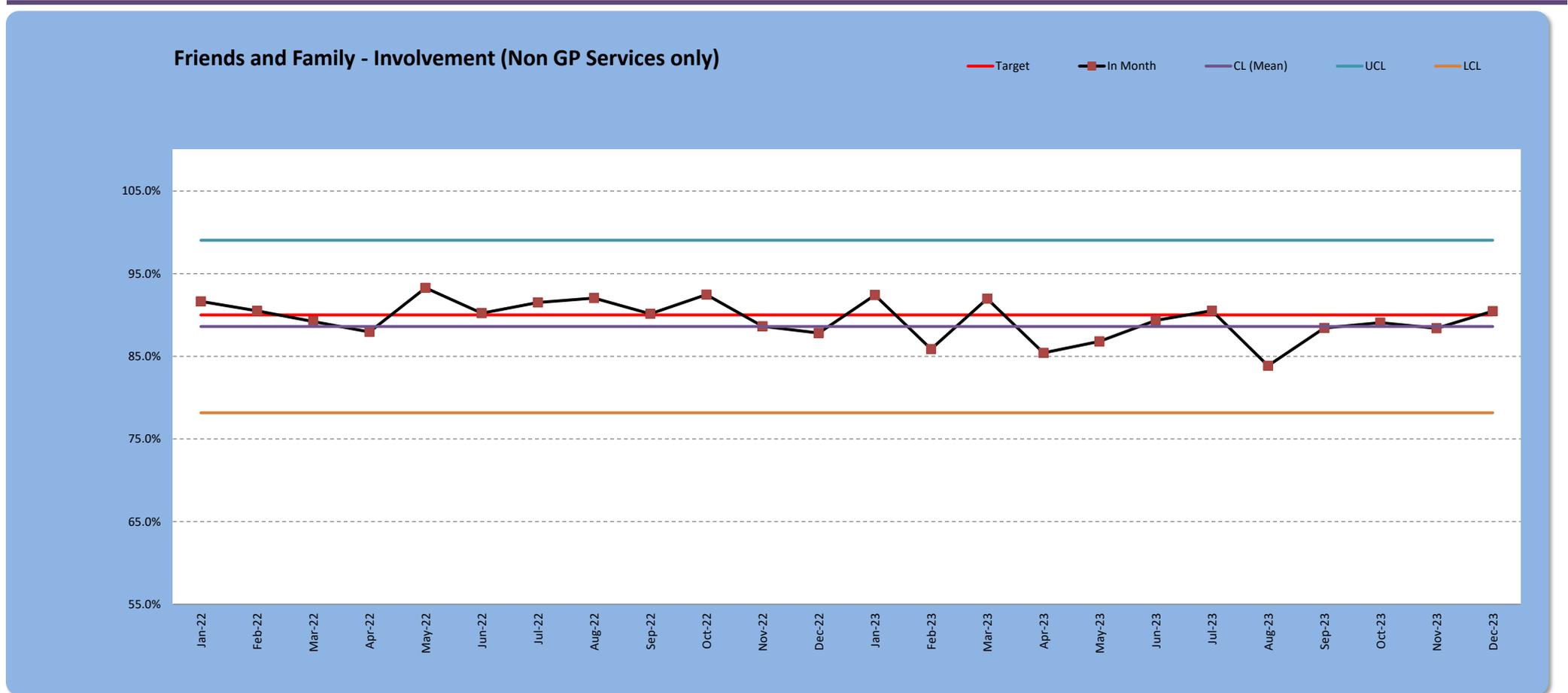
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
90%	80%	90.5%

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 %



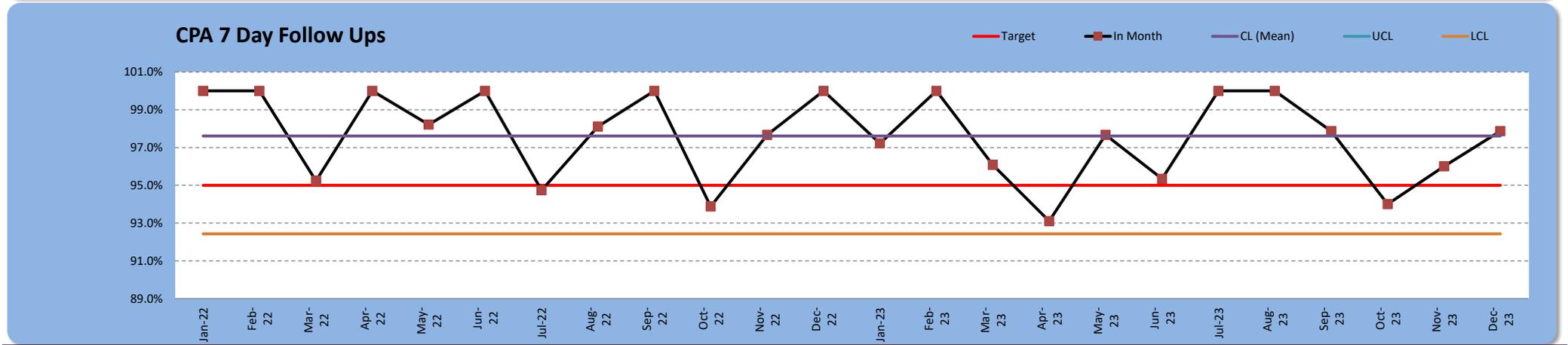
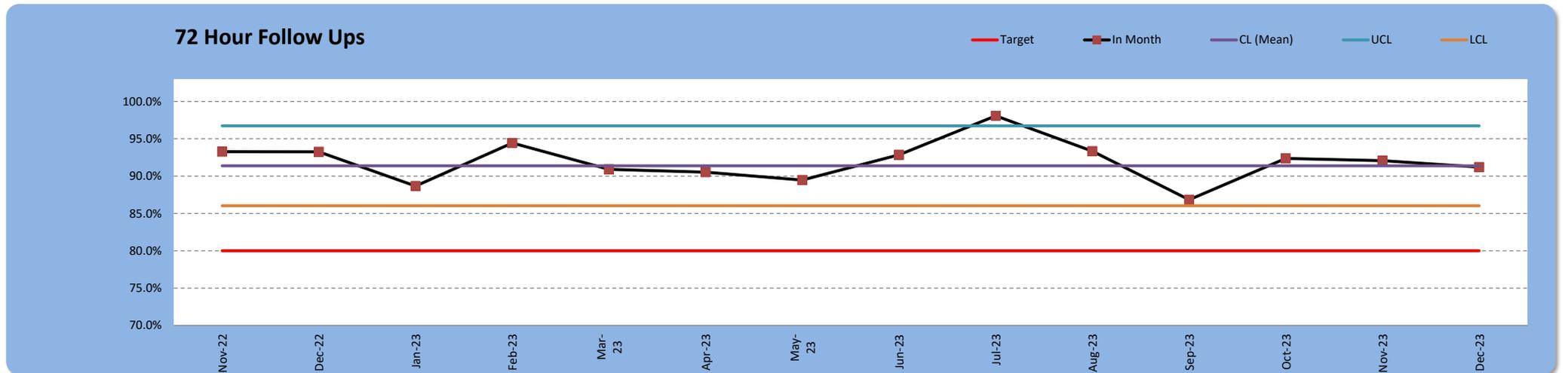
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	91.2%

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



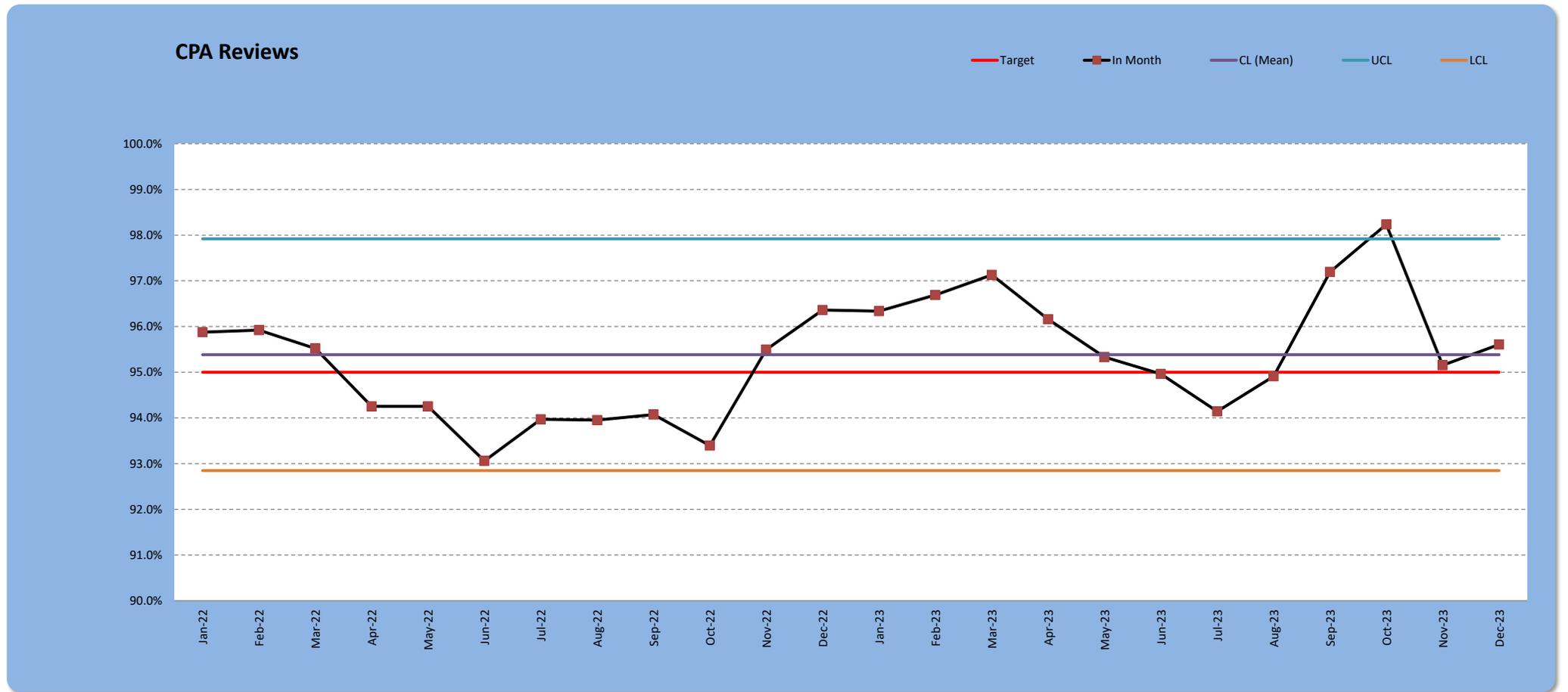
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
95%	85%	95.6%

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



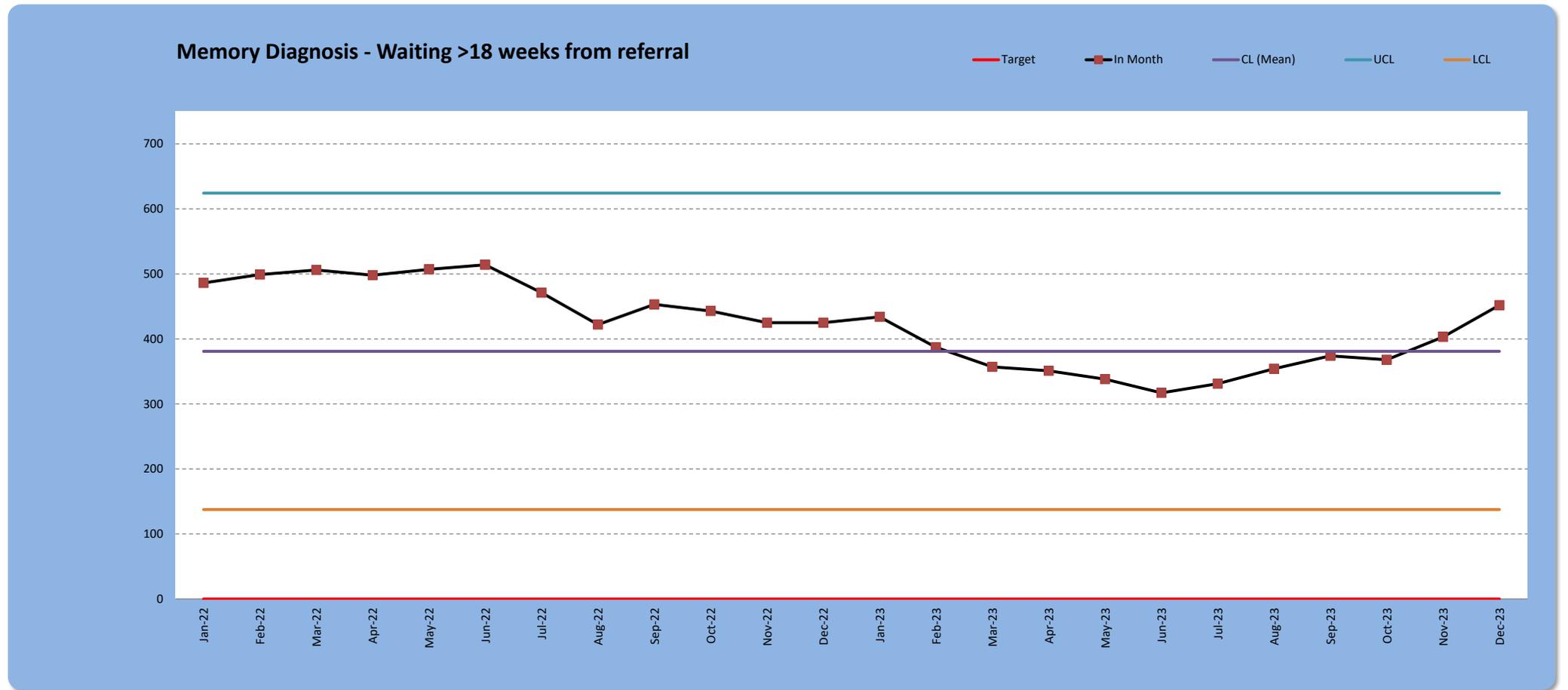
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	452

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



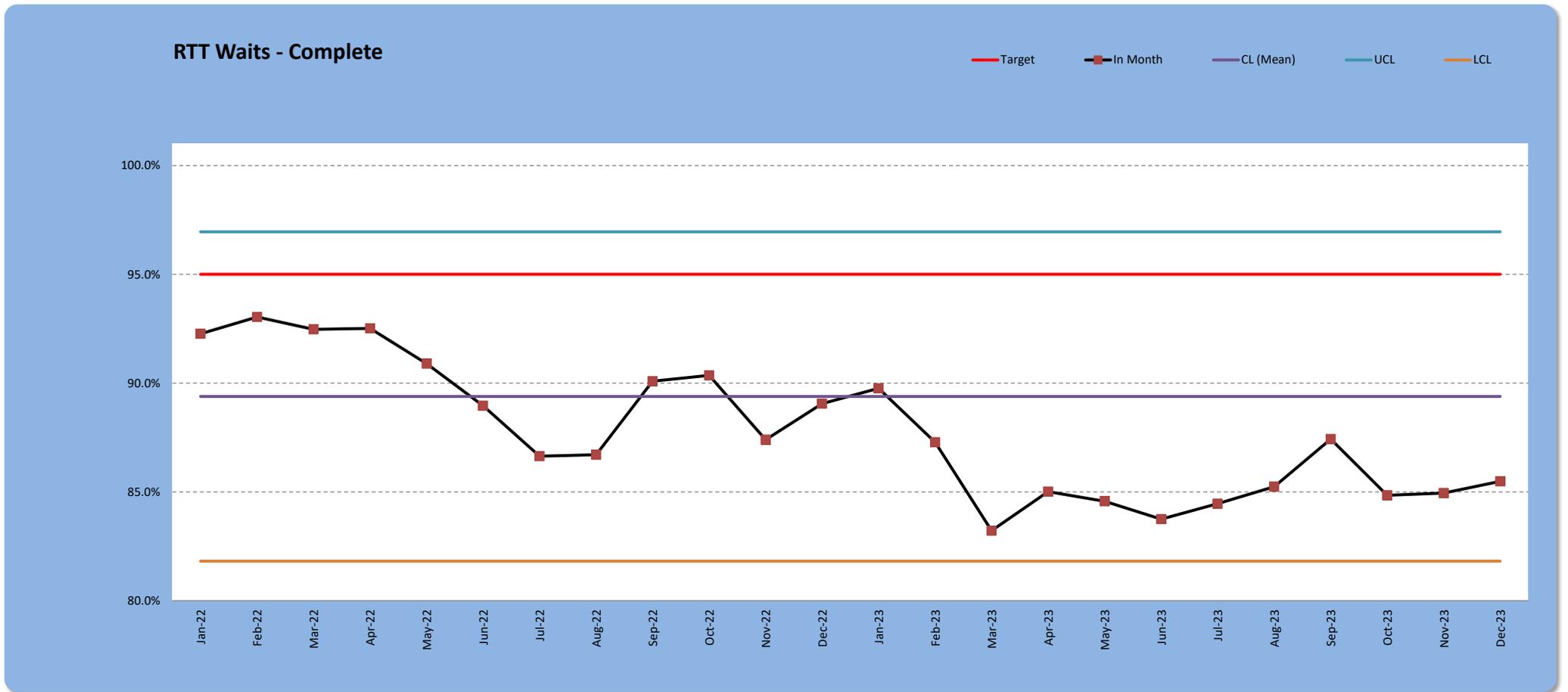
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
95%	85%	85.5%

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



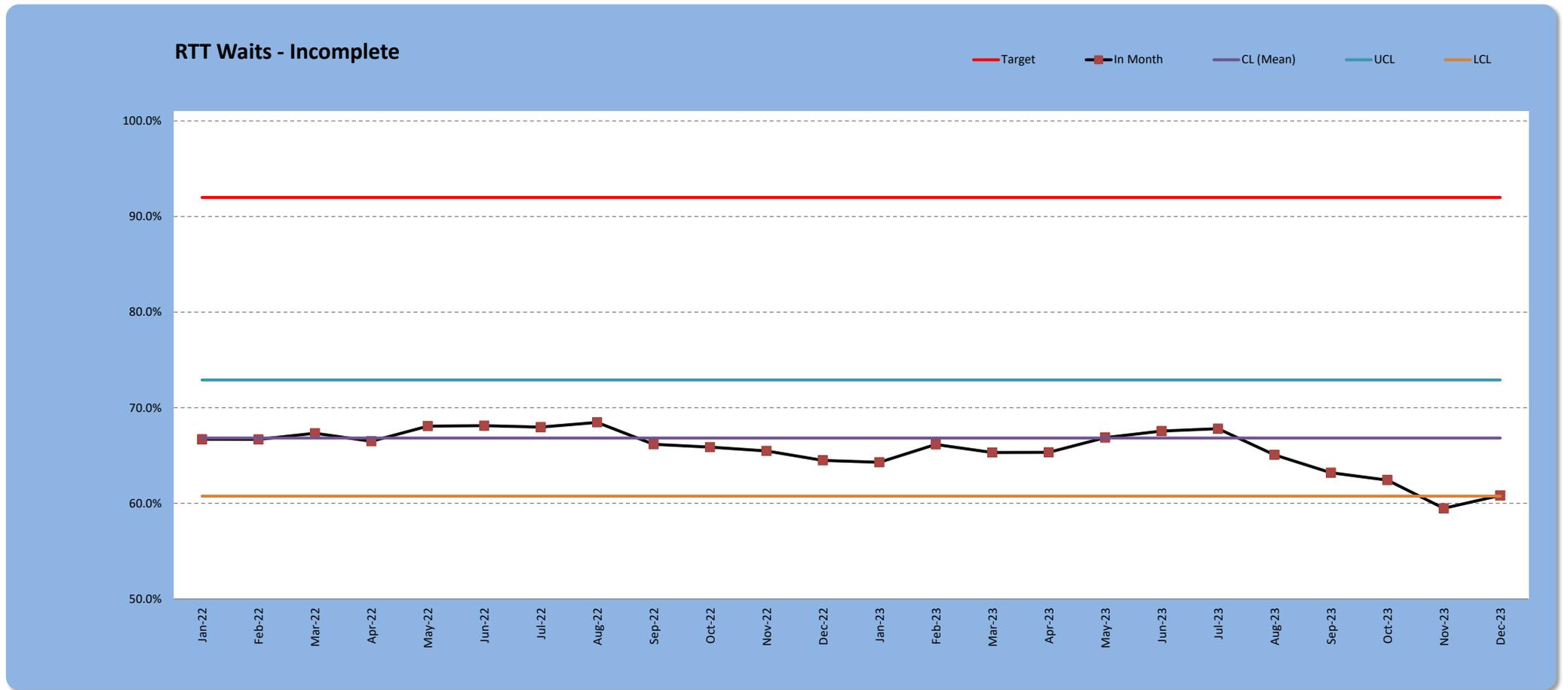
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
92%	85%	60.8%

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



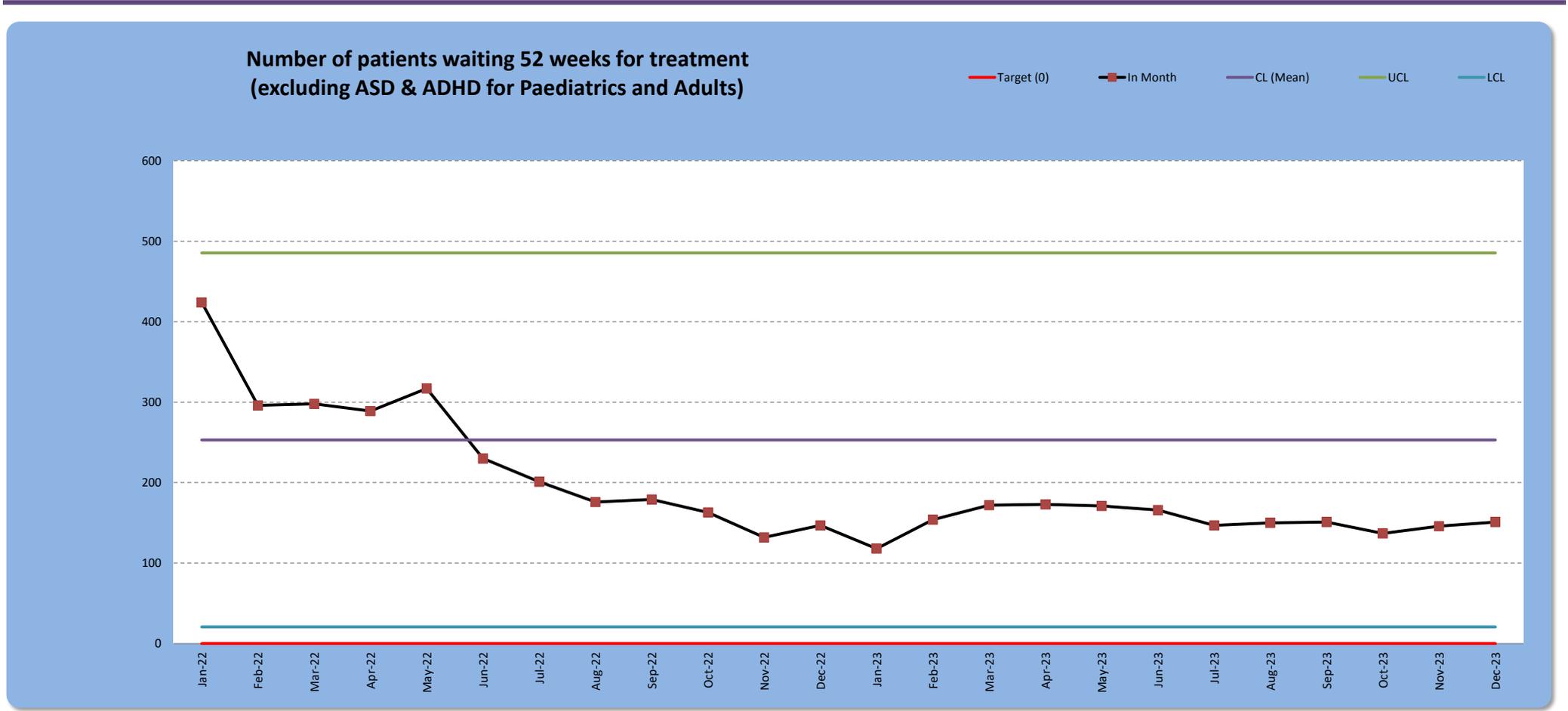
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
0	0	151

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



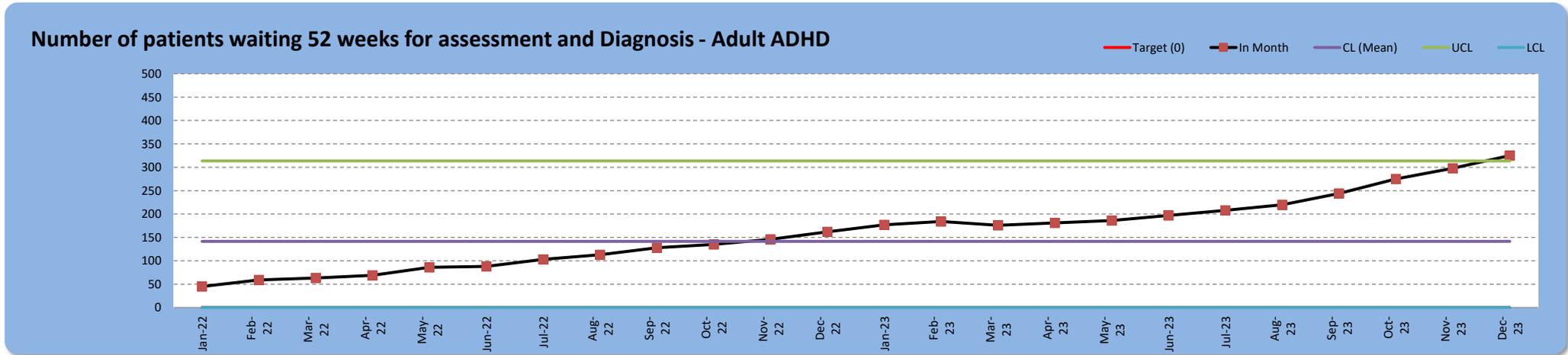
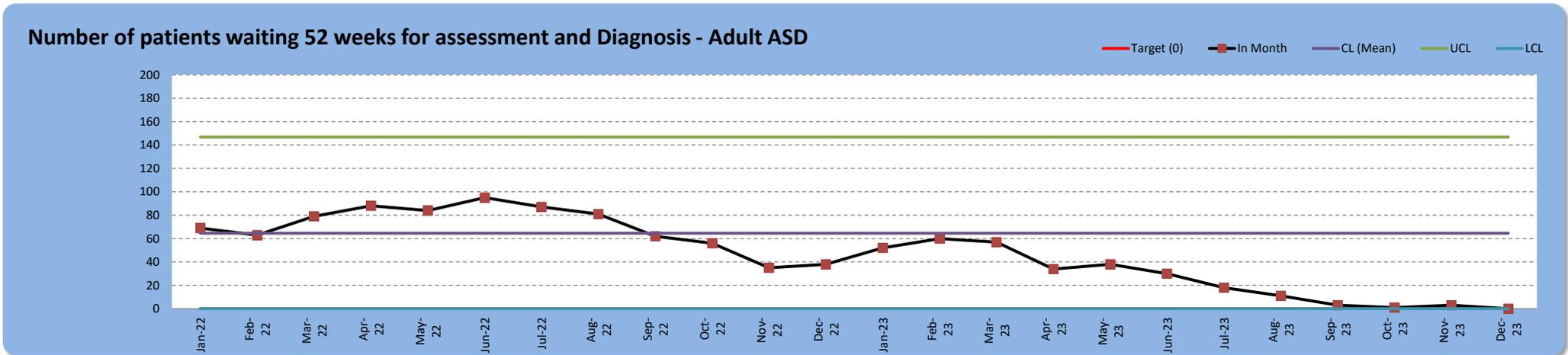
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
0	0	325

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



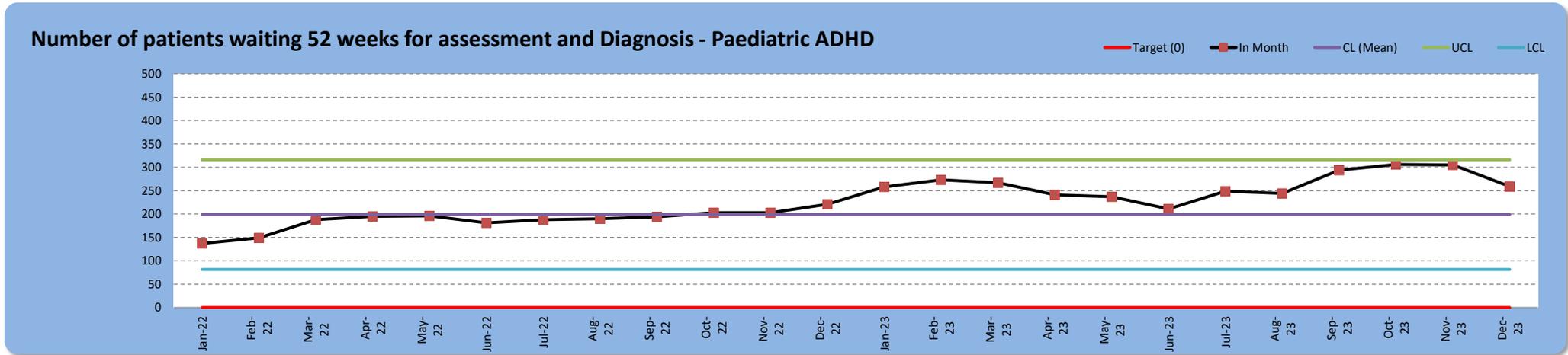
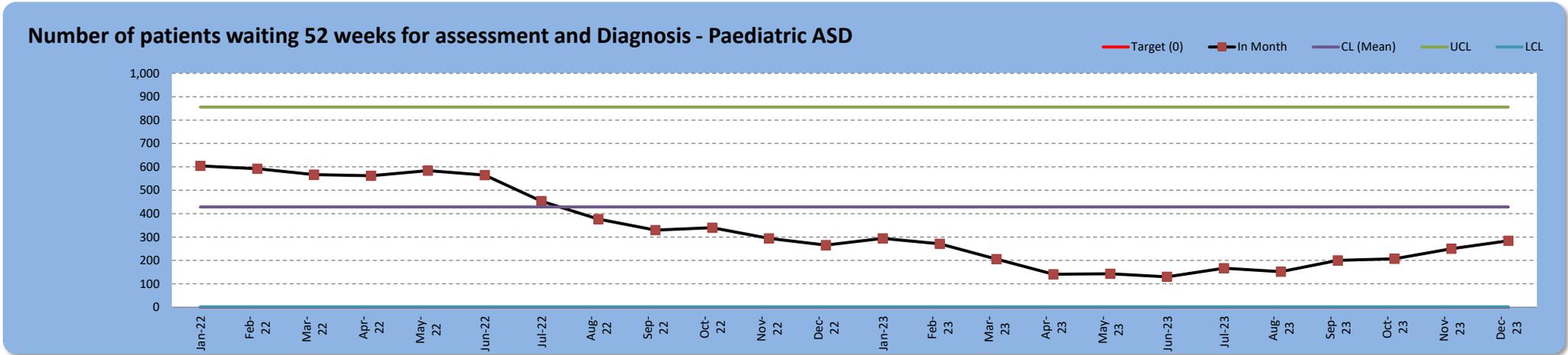
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
0	0	543

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

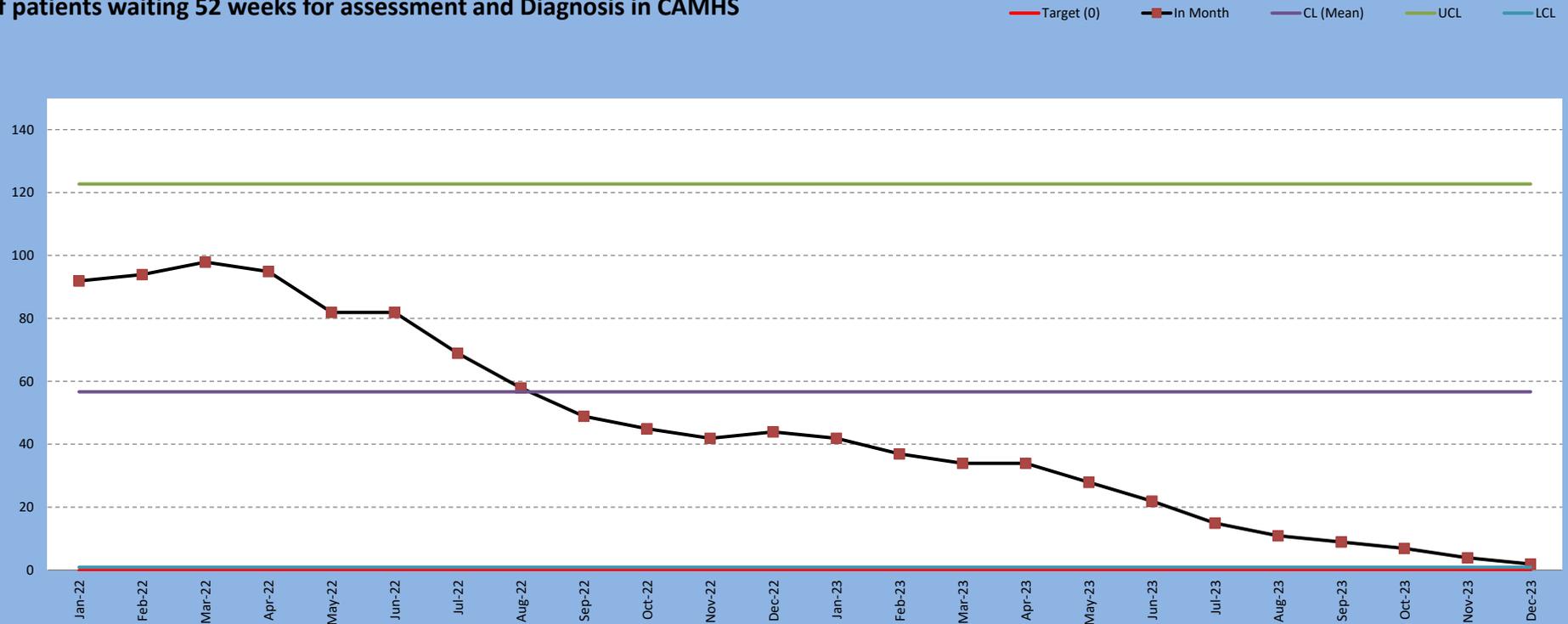
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
0	0	2

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

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



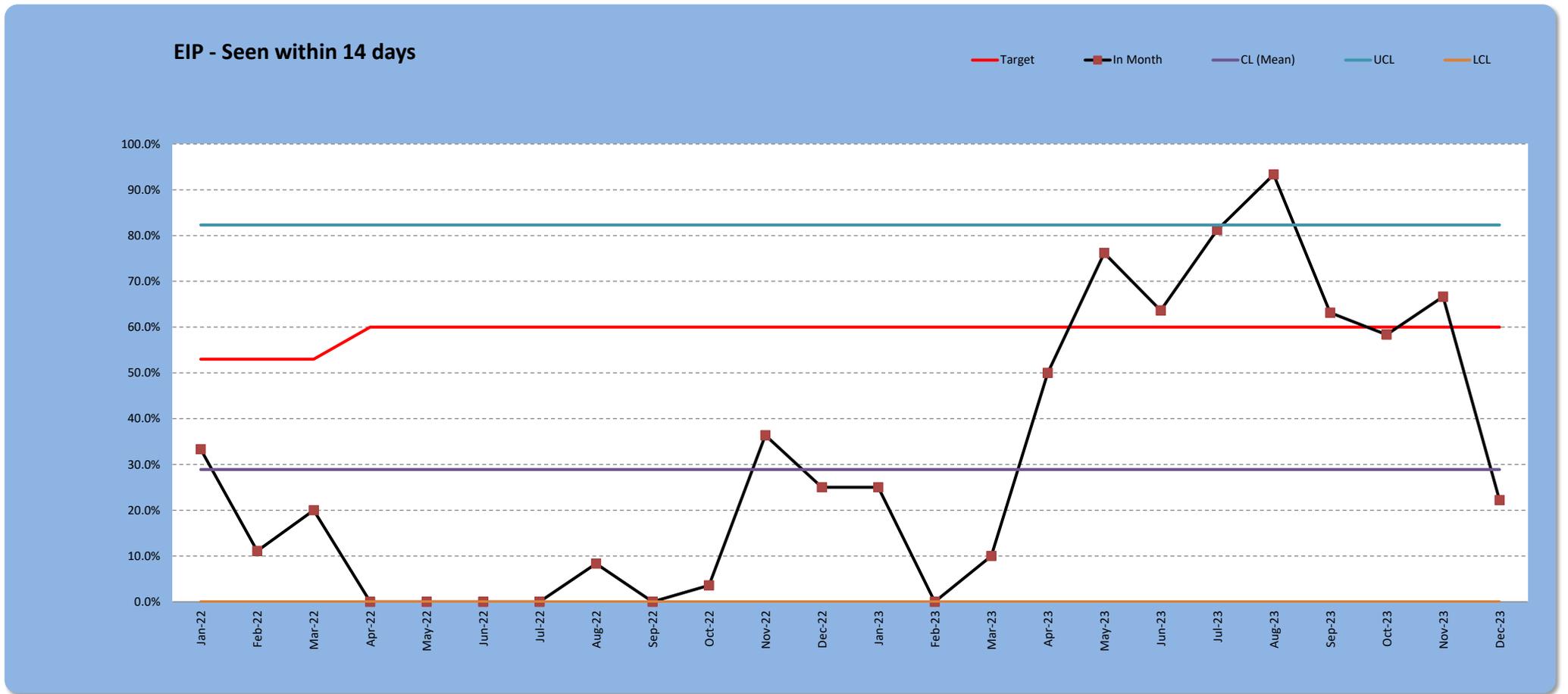
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
60%	55%	22.2%

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



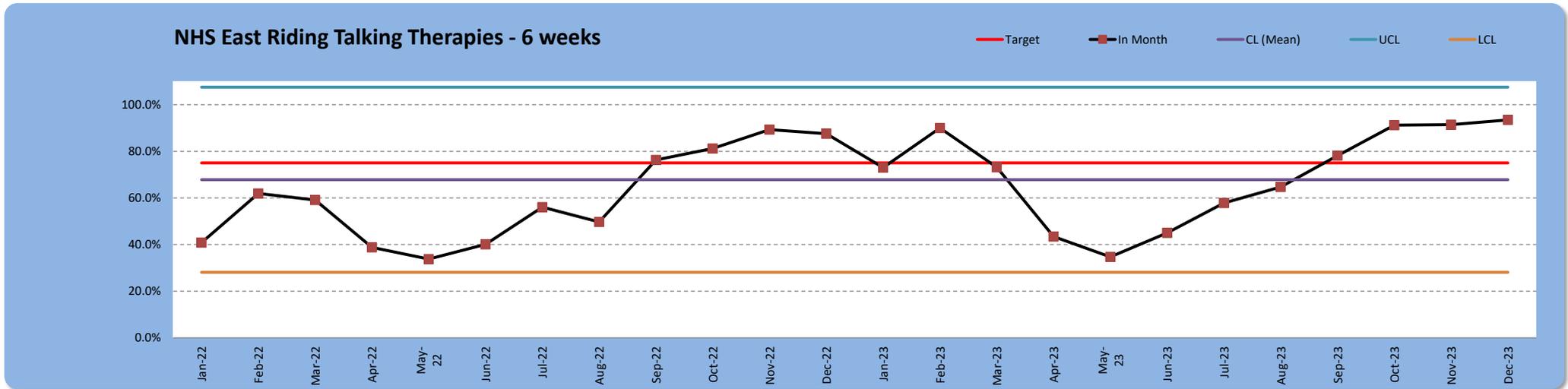
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	93.5%	95%	85%	99.7%

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



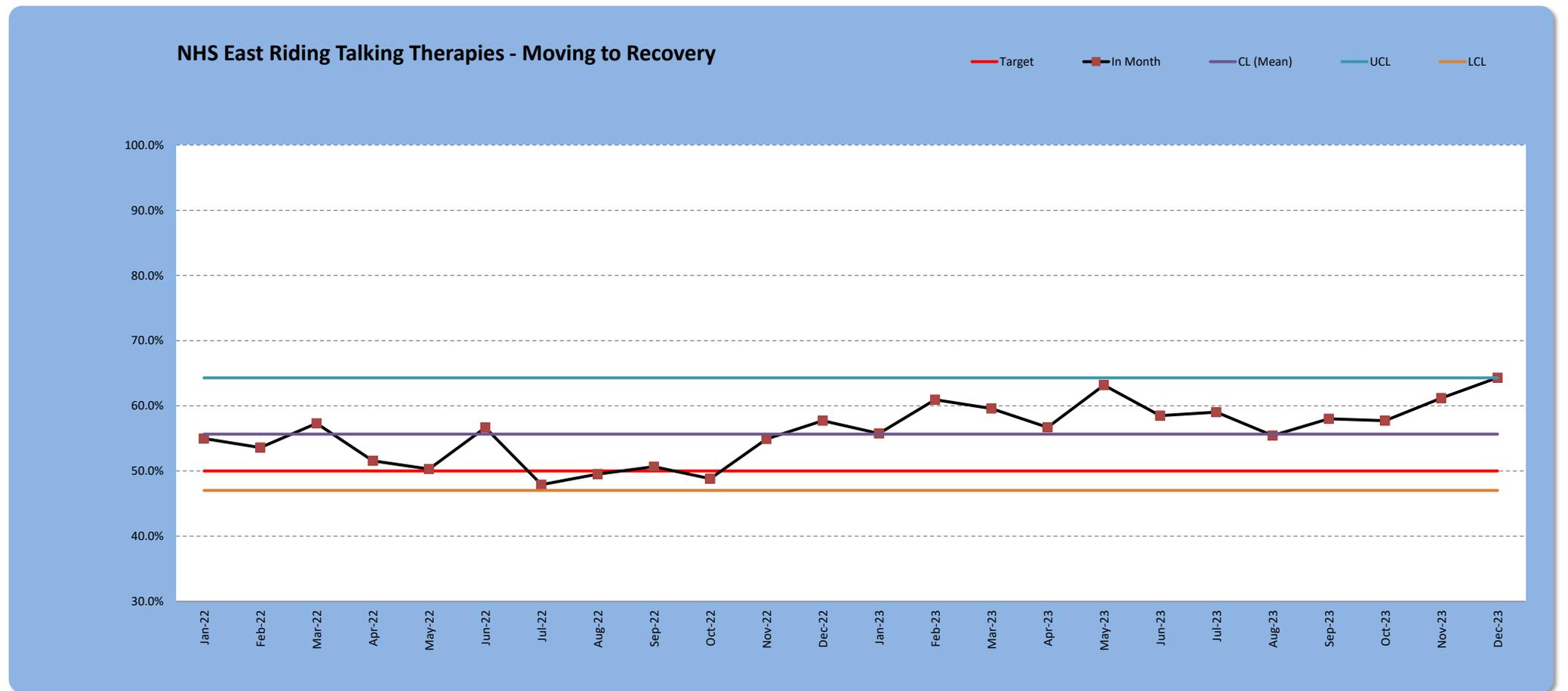
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
50%	45%	64.3%

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



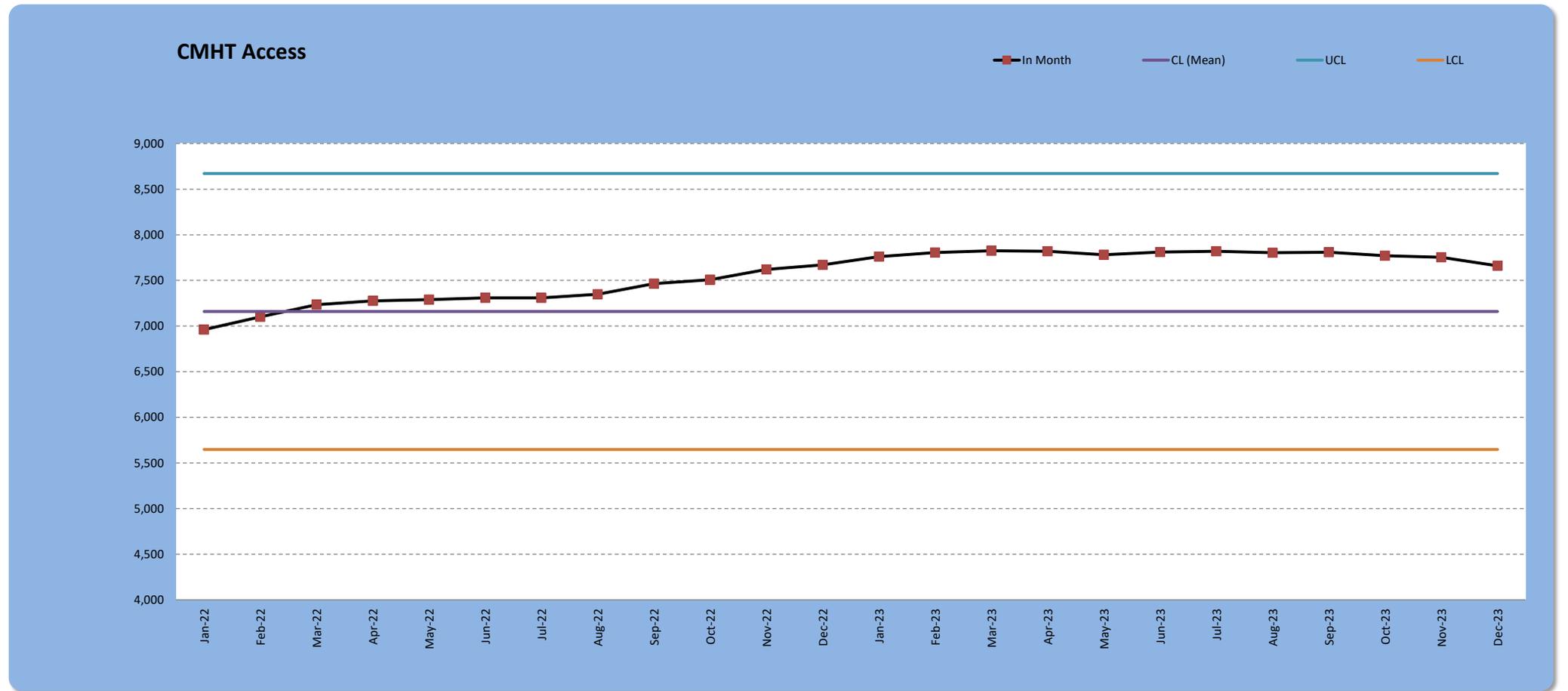
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	7660

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	MHS108.1



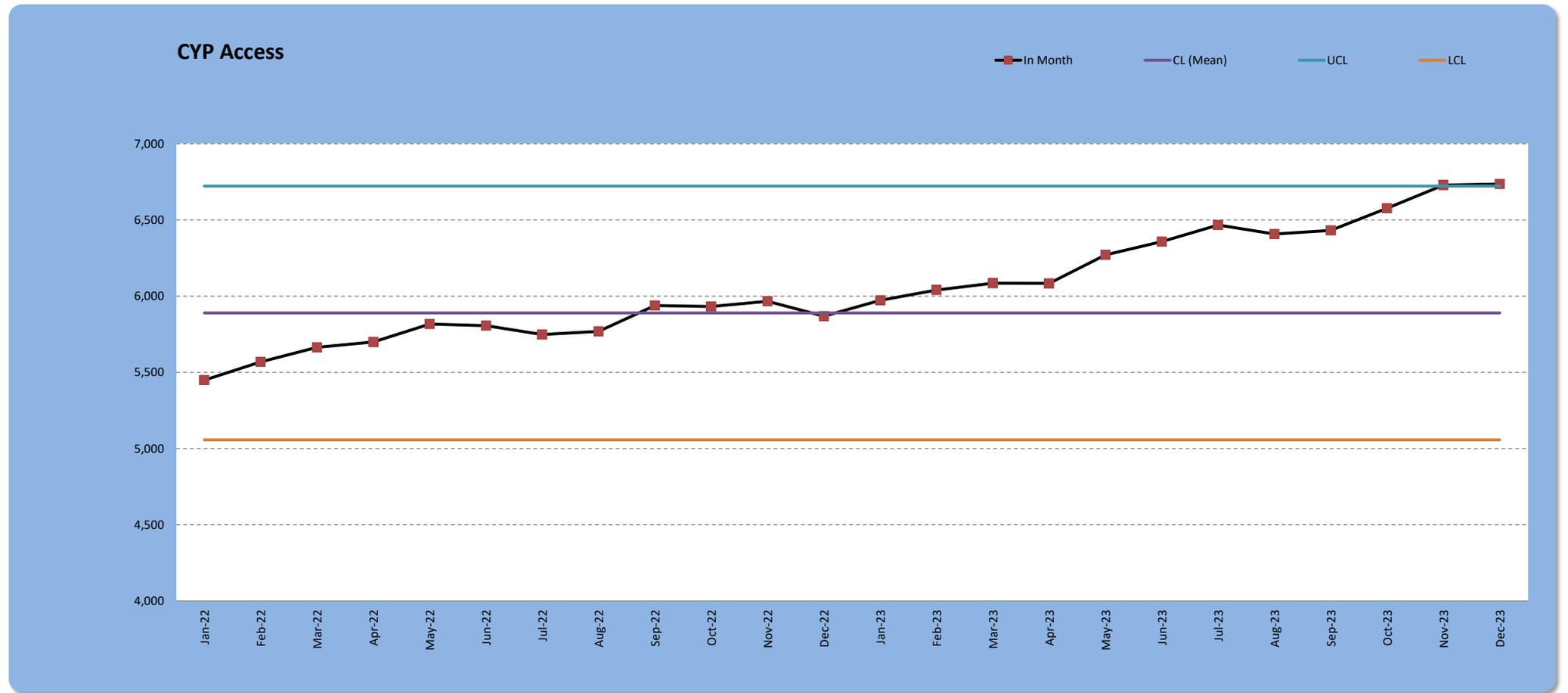
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	6736

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

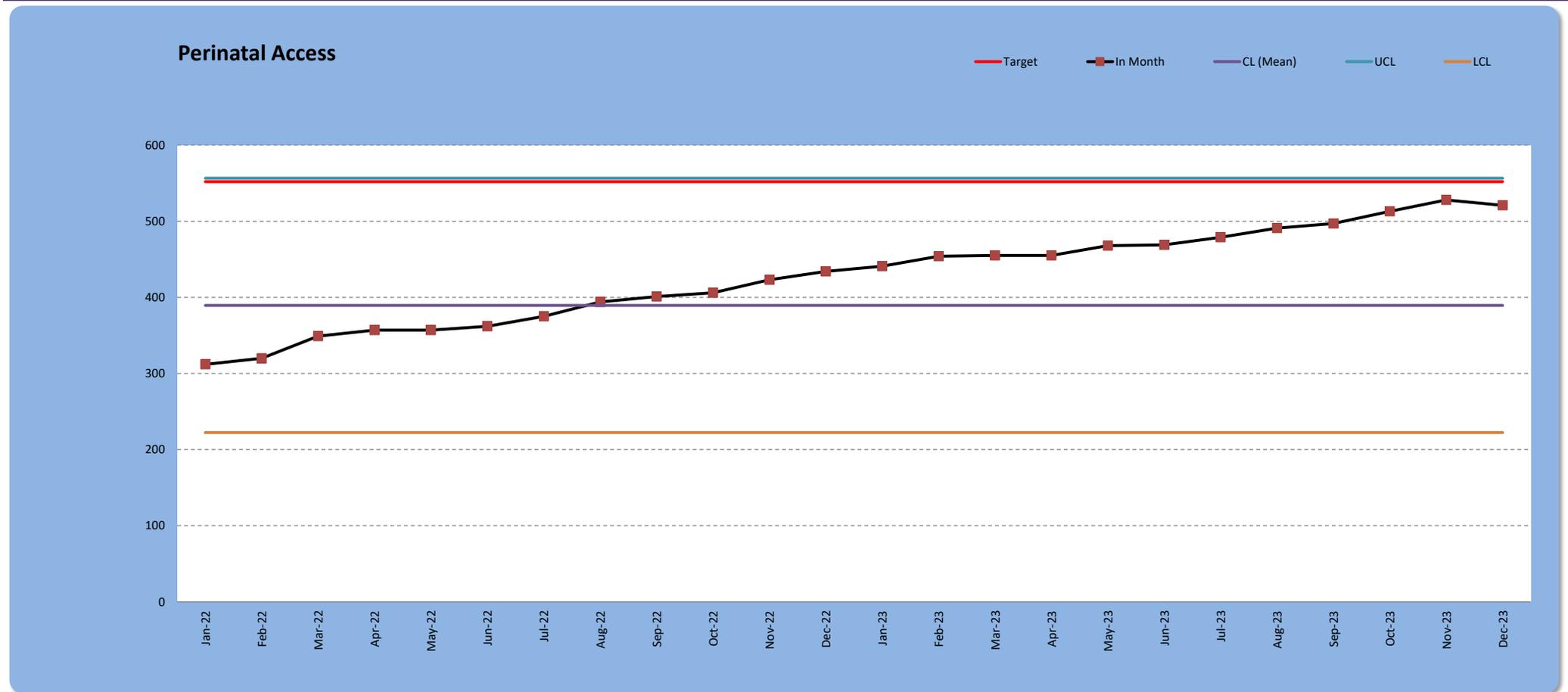
For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	521

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: **December 2023**

Target:	Amber:	Patients OoA within month:
0	0	12

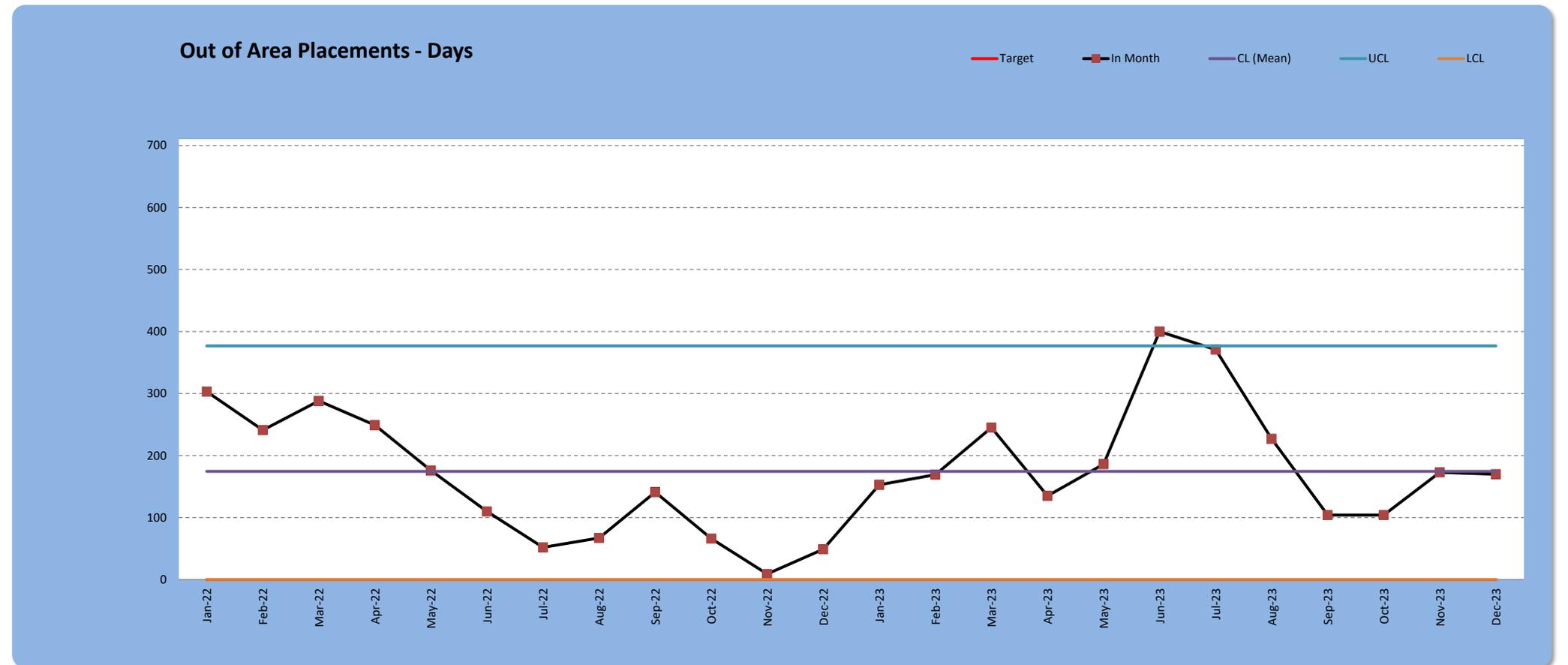
Split:	# days	# patients
Adult	27	4
OP	66	4
PICU	77	4

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: **December 2023**

Split for Current month:

Dec-23	
27	Adult
66	OP
77	PICU
170	Total

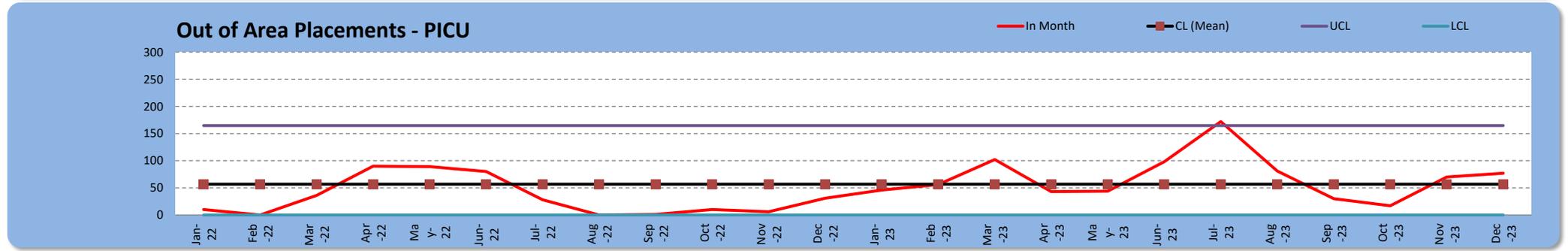
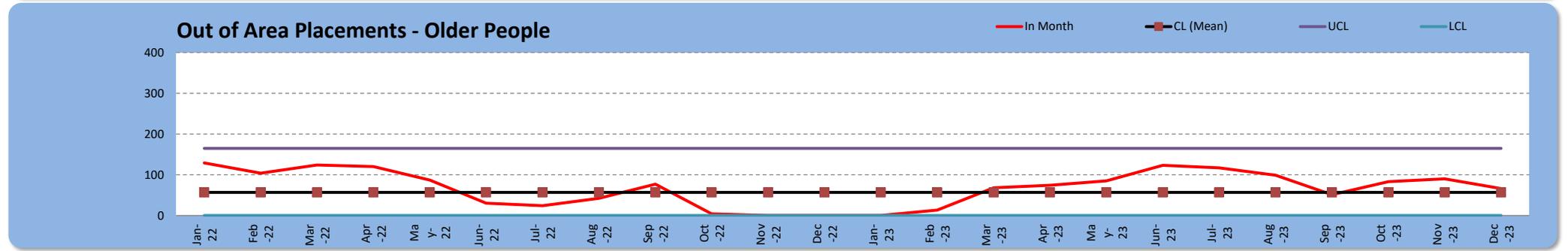
Indicator Title **Description/Rationale**

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



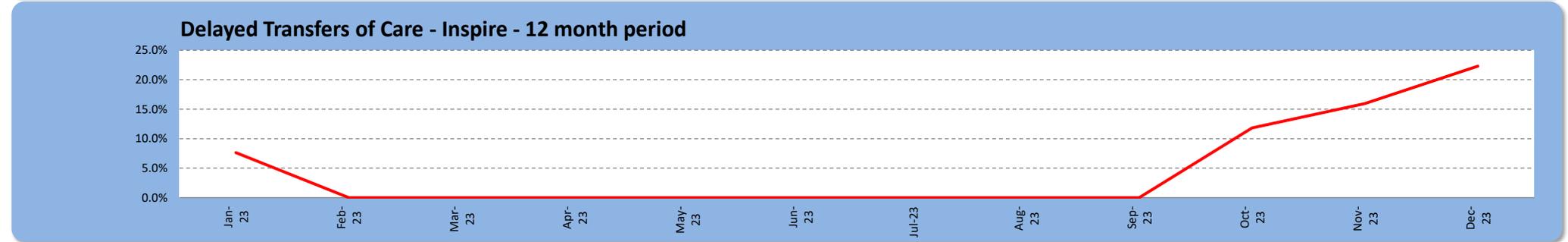
PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **December 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	8.3%

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

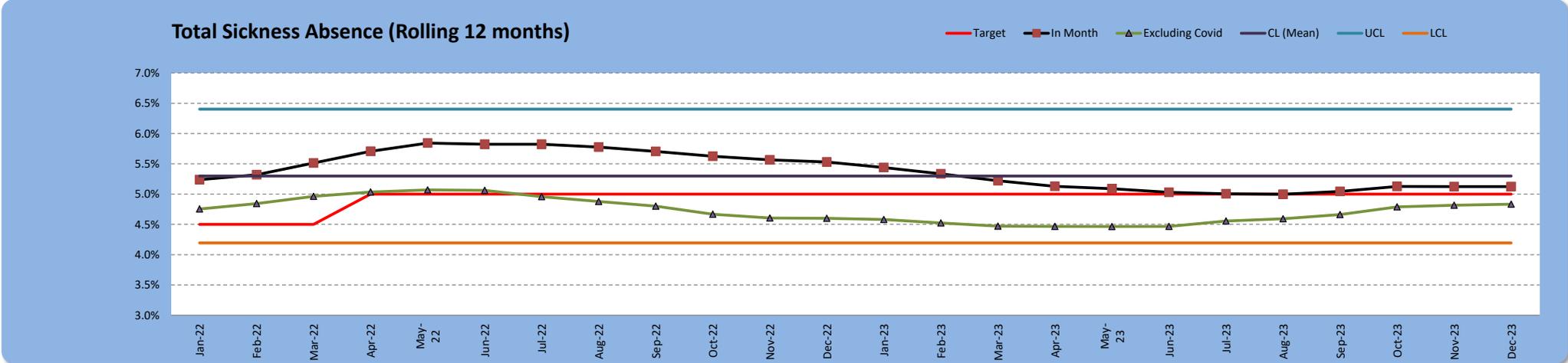
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

December 2023

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

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	



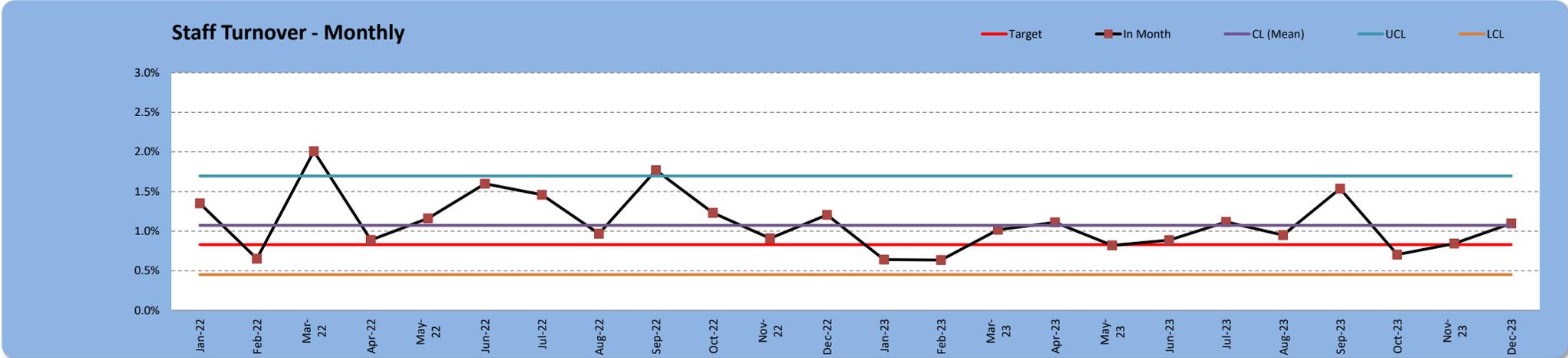
PI RETURN FORM 2023-24

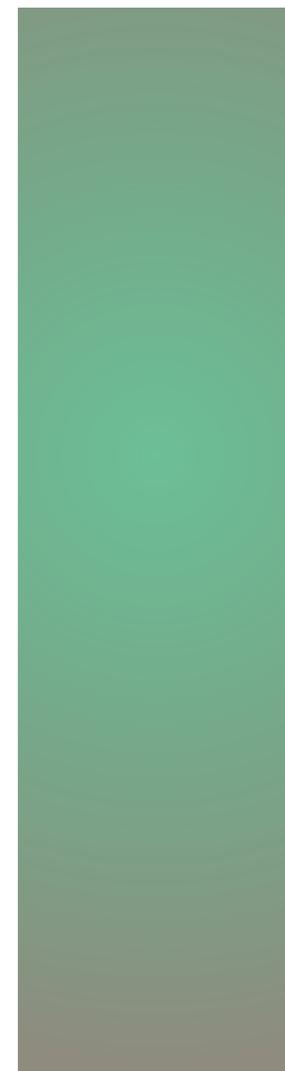
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **December 2023**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	1.1%	10%	9%	12%

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





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: 16/01/2024

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024														
Title of Report:	Risk Register Update														
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Incident Manager														
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:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in September 2023.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <p>OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.</p> <p>Recovery plans remain in place to reduce waiting times and achieve 18-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children’s autism service which previously had the highest number of patients waiting over 52 weeks.</p> <p>WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce.</p> <p>Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment plan in place for consultant vacancies which is monitored by the Executive Management Team and the</p>		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> The Executive Management Team undertook a full review of the Trust-wide risk register on the 8th January 2024 and consideration was given to what additional risks should be scoped for inclusion on the document for Quarter 4. The main themes discussed were in relation to areas of risk including Trust finances, out of area patient placement, rollout of the Electronic Patient Record and the Trust Estate. Further work will be undertaken in late January / early February 2024 to identify any potential risks in these areas and should they meet the scoring threshold for inclusion, will be added to the Trust-wide risk register following further consideration by the Executive Management Team. In addition to action planned above, further work is to be undertaken in consideration of any applicable system risks, and a planned review of the current risks held on the Humber and North Yorkshire Integrated Care Board risk register will be undertaken by the Executive Management Team at their planned timeout in February 2024 to identify any additional cross-organisational risks for 													

Workforce and OD Committee. Workforce planning process overarching plan in place for 2023/24 financial year and additional investment in recruitment, marketing, and communications in place.

MH88 – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.

Development opportunities are being introduced to increase AMHP posts for the trust rota including recruiting non-social workers, creating trainee roles, reviewing commitment of current AMHPs within the Hub, support staff on the assisted year of practice, develop an Action Plan to support recruitment and retention overall. Local incentives are being monitored to determine market competition.

LDC82 – Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.

There is ongoing work within the service to the address the increasing levels of demand in terms of ADHD medication review. Increased use of skill-mix is being explored within waiting list review activity and more oversight of demand through weekly huddles and monitoring arrangements is in place. Further discussion is required at system-level to determine longer-term arrangements to manage to the sustained increase in demand.

inclusion on the Trust risk register.

Key Risks/Areas of Focus:

- No matters of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.

Decisions Made:

- There are currently **4** risks held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

Risk Description	Current Rating	Movement from prev. quarter
OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	

	<p>MH88 – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.</p>	16	
	<p>WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.</p>	16	
	<p>LDC82 – Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.</p>	16	

Governance:		Date		Date
	Audit Committee	11/2023	Remuneration & Nominations Committee	
	Quality Committee	12/2023	Workforce & Organisational Development Committee	11/2023
	Finance & Investment Committee		Executive Management Team	01/2024
	Mental Health Legislation Committee		Operational Delivery Group	01/2024
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

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	

Risk Register Update

1. Trust-wide Risk Register

There are currently **4** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

Table 1 - Trust-wide Risk Register (current risk rating 15+)

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8
MH88	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	20	16	4
WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce.	20	16	8
LDC82	Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.	20	16	8

2. Closed/ De-escalated Trust-wide Risks

There is **1** risk previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in September 2023.

Table 2 - Trust-wide Risk Register Closed / De-escalated Risks

Risk ID	Description of Risk	Risk Status / Update
MH90	Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	Risk reviewed by Mental Health Division, Operational Delivery Group and Executive Management Team and closed to represent current mitigations in place and current level of risk being faced by the Trust.

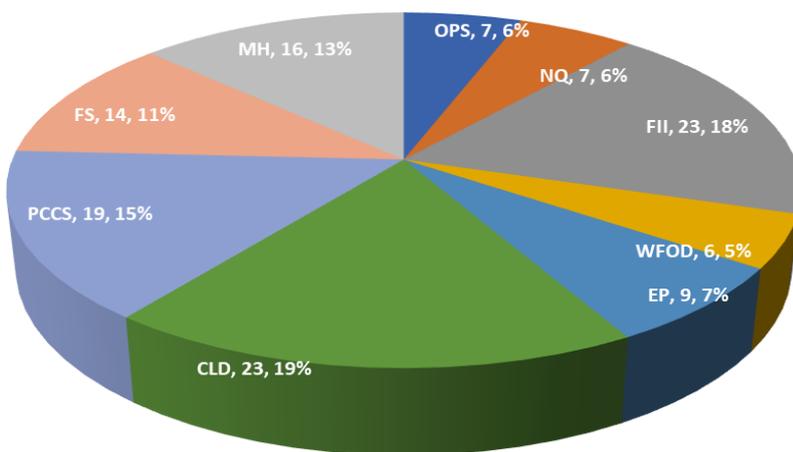
3. Wider Risk Register

There are currently **124** risks held across the Trust's risk registers. The current position represents an overall decrease of **5** risks from the **139** reported to Trust Board in September 2023. The table below shows the current number of risks at each risk rating:

Table 3 - Total Risks by Current Risk level

Current Risk Level	Number of Risks – September 2023	Number of Risks – January 2024
20	0	0
16	5	4
15	0	0
12	29	29
10	5	2
9	31	34
8	22	21
6	33	27
5	0	2
4	4	5
3	0	0
2	0	0
Total Risks	129	124

Chart 1 – Total Risks by Division/ Directorate



Key:

- OPS** – Operations Directorate
- NQ** – Nursing & Quality
- FII** – Finance, Infrastructure & Informatics Directorate
- WFOD** – Workforce & OD Directorate
- EP** - Emergency Preparedness, Resilience & Response
- PCCS** – Primary Care and Community Services
- CLD** – Children's and Learning Disabilities
- FS** – Forensic Services
- MH** – Mental Health Services

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	OP511	Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service) Local Targets and KPIs. Close contact being maintained with individual service users affected by ongoing issues. Waiting Times Procedure in place Waiting times review is key element of Divisional performance and accountability reviews. Review completed of all services with high levels of waiting times and service-level recovery plans developed. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements 	<ol style="list-style-type: none"> Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. Quality impact on key identified areas monitored via Quality Committee. Weekly divisional meetings with Performance & Access Mgr around waiting list performance. Introduction of Monthly Performance & Productivity Group chaired by COO. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement. Children's ASD number of patient waiting >52 weeks decreased from 589 in Q4 21/22 to 281 in Q4 22/23 and Q2 23/24 168 Patients - Q3 23/24 200 patients - November 2023 250 patients Children's ADHD number of patient waiting assessment >52 weeks is 361 in Q4 22/23 to Q3 23/24 247 patients - November 2023 305 patients 	<ol style="list-style-type: none"> Opportunities to revise pathways to increase productivity or reduce demand into services. Confirmation on levels of funding available to support demand. 	<ol style="list-style-type: none"> Adult ADHD number of patient waiting >52 weeks - June 2023 237 patients reduced 214 Sept 2023 (247 October 2023) - November 2023 298 patients Chronic Fatigue number of patient waiting >52 weeks - June 2023 7 patients and remains the same in Sept 2023 - November 2023 250 patients Paediatric SALT number of patient waiting >52 weeks - June 2023 20 patients reduced to 12 in Sept 2023 - November 2023 20 patients Community Physiotherapy number of patient waiting >18 - June 2023 354 patients remains at 355 in Sept 2023 - November 2023 194 patients Paediatric Dietetics number of patient waiting >52ww - June 2023 43 increased to 56 Sept 2023 - November 2023 60 patients MAS number of patients waiting >52ww - June 2023 9 decreased to 7 Sept 2023 - November 2023 1 patient 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures - 31/12/2023 Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward - 30/09/2023 - DONE Clinical-led work to determine gaps within services and determine pathway improvement works - 31/12/2023 	08/01/2024	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
2	MH88	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	26/07/2022	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> Escalations to divisional leads. Affected shifts out in advance to bank and overtime to other staff to back fill if short notice. Agreed R&R payments and associated agreement for AMHPs ensuring set shifts are committed and request for release of Community AMHPs (Spoke) at weekly Division Sit Rep. Review of AMHP operating model, business paper due at 19.12.23 Trust ODG. Introduction of AMHP Hub to provide better oversight and continuity. This improves governance and practice of AMHPs. AMHPs attend MHCIT daily MDT where resource allows. 	<ol style="list-style-type: none"> Datix reviews Daily meetings and handovers. AMHP professional meeting with LA reviewing ongoing activity Workforce pressure report monthly - to Trust and HCC Divisional leads Complaint reviews 	<ol style="list-style-type: none"> Service pressure elsewhere in Division reduces ability to release 'spoke' AMHPs. 'Spoke' AMHPs are recruited to meet a specific service/division need not to respond to statutory demand Increased demand on AMHP service has gone up by a significant level in 2023, along with significant increase in s136 work (reflecting the national picture) current long term sickness and retirement Resilience of current AMHP provision to be reviewed, current resource is insufficient to meet demand(AMHP service business paper due at Trust ODG 19.12.23) 	<ol style="list-style-type: none"> AMHP Lead utilised to cover service Need for AMHP Service dashboard to show activity and demand AMPH service is a system wide resource requiring multi Divisional response, line of accountability and escalation needs improvement. 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Ongoing recruitment to vacant AMHP posts. - 31/03/2024 Working with business planning to set out options for ODG/EMT to consider for additional funding. 31/01/2024 Development of Trainee AMHP role and introduction of development opportunities - 31/03/2024 Recruitment of non-social worker AMHP posts. - 31/03/2024 	08/01/2024	Kristen Bingham	Lynn Parkinson	ODG / EMT	Trust Board	Rare	Severe	4	Moderate
3	WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce.	30/10/2023	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee). 'Humblebrave' recruitment branding set up. GMC sponsored International recruitment programme in place for Speciality Doctors (who may train to become Consultants). Workforce planning process and overarching plan delivered for 23/24 Trust Workforce planning process in place for the past 4 years. Additional investment in recruitment, marketing and communications targeted at Consultant recruitment Talent Acquisition specialist role in place until March 2024 working on consultant posts with some success to date Rolling adverts out for consultant posts Medical Workforce Plan approved All medical vacancies are covered with agency workers. 	<ol style="list-style-type: none"> Workforce and OD Committee (insight reports). Divisional Business Meetings. EMT Trust Board ODG DATIX reports 	<ol style="list-style-type: none"> Not all vacancies currently advertised (One vacancy is not currently advertised -Avondale). Commencement of remaining international recruit. 	<ol style="list-style-type: none"> 35.06% Consultant vacancy rate (September 2023) 14.8 vacancies (September 2023) 	Likely	Severe	16	Significant	<ol style="list-style-type: none"> Advertisement of all current vacancies (31/12/2023) Onboardin of the remaining international recruit. (31/01/2024) Humber representatives to attend the ICB ANCIPs recruitment event in India in January 2024, with 5 vacant posts identified to be filled by SAS Drs (31/03/2024) 	08/01/2024	Kwame Fofie	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

Trust-wide Risk Register 15+

Row	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	LDC82	Increased demand for ADHD medication due to recovery work on the ADHD waiting list resulting in inadequate medical staffing capacity to manage all ADHD service demand.	11/07/2023	Objectives	Almost Certain	Severe	20	Significant	1.Current ADHD Consultant is reviewing the cases on the intervention waiting list and prioritising cases based on clinical need/risk. 2.ADHD Advanced Nurse offering review to children with ADHD who are low risk and settled on current treatment regime. 3.Non-medical prescriber contributing to the management of low-risk cases. 4.Pharmacist increased clinics to x4 per week to support increased demand. 5.Substantive consultant liaising with intervention team to determine best way to utilise/pool skills to meet need. 6.Cases are reviewed weekly to ensure oversight and can be expediated if required. 7.ADHD interventions Nurse, Admin lead and Operational Manager hold weekly huddles to review emails and manage medication reviews / repeat prescriptions requests. 8.Waiting list monitoring is in place to check the increasing demands and escalate this to Trust ODG and commissioners. 9.Text message to parents of children on waiting list to signpost to duty where further support will be offered as required.	1.ADHD treatment capacity and demand work is complete and has been highlighted at ODG. 2.Weekly waiting list reports reviewed by service and shared with commissioners. 3.Number of cases to be monitored through established meetings.	1. Services do not have the financial resources to maintain this high-level demand for ADHD medication. 2. Private ADHD diagnosis cases are sign posted to Humber for medication. 3.Right to choose cases 4.Meeting to be arranged with ICB to discuss a long-term plan which meets new demands. 5. Service has complete ADHD intervention gap paper and this is being reviewed by EMT. 6. Service Manager to discuss with Neurodiversity Psychiatrist and intervention team on how to support non pharmacology intervention to ADHD.	None identified.	Likely	Severe	6	Significant	1. Meeting to be arranged with ICB to discuss a long-term plan which meets new demands 2. Service to complete ADHD intervention gap paper and this is being reviewed by EMT 3. Service Manager to discuss with Neurodiversity Psychiatrist and intervention team on how to support non pharmacology intervention to ADHD	08/01/2024	General Managers	Lynn Parkinson	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024														
Title of Report:	Board Assurance Framework Q3 2023/24														
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims Corporate Risk and Incident Manager														
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:	The report provides the Trust Board with the Q3 2023/24 Board Assurance Framework (BAF) to provide a position against the Trust's six strategic goals.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> The Q3 version of the Board Assurance Framework presented in the revised 2023/24 template approved by EMT in June 2023. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work has been completed to refresh the Trust Board Assurance Framework template for use in 2023/24 reporting in line with the refreshed trust strategy and feedback from the board development session. 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matter of concerns to highlight or key risks further to those included in the Board Assurance Framework to escalate. 	Decisions Made: Current assurance ratings for each section of the Board Assurance Framework: Strategic Goal – Innovating for Quality and Patient Safety <ul style="list-style-type: none"> Overall rating 8 - High for Quarter 3 2023/24 Strategic Goal – Enhancing prevention, wellbeing, and recovery. <ul style="list-style-type: none"> Overall rating 12 - High for Quarter 3 2023/24 Strategic Goal – Fostering integration, partnerships, and alliances. <ul style="list-style-type: none"> Overall rating 8 - High for Quarter 3 2023/24 Strategic Goal – Promoting people, communities, and social values. <ul style="list-style-type: none"> Overall rating 6 - Moderate for Quarter 3 2023/24 														

	<p>Strategic Goal – Developing an effective and empowered workforce.</p> <ul style="list-style-type: none"> - Overall rating 8 - High for Quarter 3 2023/24 <p>Strategic Goal – Optimising an efficient and sustainable organisation.</p> <ul style="list-style-type: none"> - Overall rating 8 - High for Quarter 3 2023/24
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Governance:		Date		Date
	Audit Committee	11/2023	Remuneration & Nominations Committee	
	Quality Committee	12/2023	Workforce & Organisational Development Committee	11/2023
	Finance & Investment Committee	01/2024	Executive Management Team	01/2024
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

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	



Humber Teaching
NHS Foundation Trust

Board Assurance Framework

Quarter 3 2023/2024

Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

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
<p>Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.</p> <p>Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.</p> <p>Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.</p> <p>Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</p> <p>Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.</p>	<p>Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.</p> <p>Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.</p> <p>Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.</p> <p>Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.</p>	<p>Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.</p> <p>Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.</p> <p>Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</p> <p>Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.</p> <p>Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.</p> <p>Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.</p>	<p>Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.</p> <p>Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.</p> <p>Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.</p> <p>Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.</p> <p>Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.</p> <p>Offer simplified routes into good employment for local people. Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.</p>	<p>Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.</p> <p>Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.</p> <p>Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.</p> <p>Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.</p> <p>Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</p> <p>Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.</p> <p>Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people. Maximise a diverse and inclusive workforce representative of the communities we serve.</p>	<p>Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.</p> <p>We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.</p> <p>Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.</p> <p>Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.</p> <p>Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.</p> <p>Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.</p>

RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board April 2022)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	SEEK	15
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	SEEK	15
Developing an effective and empowered workforce	Director of Workforce and OD	SEEK	15
Optimising an efficient and sustainable organisation	Director of Finance	MATURE	15+

RISK APPETITE DEFINITIONS

Minimal (Low risk)	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
Cautious (Moderate risk)	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
Open (High risk)	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.).
Seek (Significant risk)	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
Mature (Significant risk)	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

BOARD ASSURANCE FRAMEWORK SUMMARY

Strategic Goal	Risk	Executive Lead	Assuring Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement (From last Quarter)
				I	L	Rating I X L	I	L	Rating I X L			
Innovating for quality and patient safety	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, trust reputation and CQC rating.	Director of Nursing	Quality Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔
Enhancing prevention, wellbeing, and recovery	Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.	Chief Operating Officer	Quality Committee	4	4	16 SIGNIFICANT	4	3	12 HIGH	SEEK	IN	↔
Fostering integration, partnerships, and alliances	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	Chief Executive	Audit Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔
Promoting people, communities, and social values	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.	Chief Executive	Quality Committee	3	3	9 HIGH	3	2	6 MODERATE	SEEK	IN	↔
Developing an effective and empowered workforce	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes	Director of Workforce and OD	Workforce and OD Committee	4	3	12 HIGH	4	2	8 HIGH	SEEK	IN	↔
Optimising an efficient and sustainable organisation	Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.	Director of Finance	Finance and Investment Committee	4	3	12 HIGH	4	2	8 HIGH	MATURE	IN	↔



Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	
Risk Appetite Threshold	15	15	15	

Positive Assurance

- The Trust's current CQC rating is 'Good' (2019 assessment)
- Trust is rated green for 24 of 29 aspects of statutory and mandatory training and amber for the remaining 5
- No incidents relating to medicine safety, safer staffing or relating to waiting lists that have caused harm moderate and above.
- PSIRF Policy and plan approved by ICB and Trust Board (September 2023)
- Peer review process in place aligned to CQC fundamental standards.
- 337 recorded Quality Improvement (QI) activities of which 212 were complete, 3 at idea stage/awaiting charters and 66 underway. There are 54 activities which have been closed as no longer viable.
- QI training increased with 1241 total places delivered.
- 175 (62%) QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- 86 (30%) QI activities have indicated that they have collaborated with organisations outside the Trust.
- NHS National Staff Survey 2022, 60.9% of staff said they strongly agreed/agreed to the statement 'I am able to make improvements happen in my area of work' (compared to the benchmark of 60.4%).
- The Trust is currently delivering against its Clinical Audit Plan
- Waiting Time position – Trust exceeding target for RTT – Early Interventions (93.3% against target of 60%), RTT – IAPT 18 weeks (98.7% against target of 95%) and RTT – IAPT 6 weeks (78.5% against Trust target of 75%)
- Significant assurance given by Audit Yorkshire for Trust Safer Staffing audit.

Negative Assurance / Gaps in Assurance

- Trust CQC rating for 'Safe.' Remains requires improvement (2019 assessment)
- Annual Medicine Administration compliance rate 47.12% (September 2023) improved from 17.74% in May, but with target of 85% Trust compliance.
- September Waiting Time position:
 - RTT Completed Pathways below target of 95% but improved from Q2 position.
 - RTT Incomplete Pathways below target of 95%, and below Q2 position.
 - RTT 52 Week Waits reduced from total at Q1 2023/24.
 - RTT 52 Week Waits Adult ASD ADHD reduced from total at Q1 2023/24
 - RTT 52 Week Waits Paediatric ASD increased from total at Q1 2023/24
 - RTT 52 Week Waits CAMHS increased from total at Q1 2023

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Mitigating actions to manage waiting lists in place with regular reports to Board (Neuro diversity and Adult ADHD)	March 2024	Lynn Parkinson	Adult ASD/ADHD Assessment waiting times are improving. Capacity and Demand work ongoing to identify areas for further support.
Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	March 2024	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.
Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward.	March 2024	Lynn Parkinson	Multi-disciplinary pathway for adult ADHD under development with pathway re-design. Waiting list for adult ADHD paused to limit current demand and halt additional referrals.
Clinical-led work to determine gaps within services and determine pathway improvement works – Paul Johnson / Lynn Updates	March 2024	Lynn Parkinson	
Patient Safety Priorities identified following thematic review of incidents.	August 2024	Hilary Gledhill	QI projects in place for each priority. Monitoring in place with reports to QC commencing December 2023.



Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.

Risk Score: 12

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	4	16 - SIGNIFICANT	4	3	12 - HIGH	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	12 HIGH	12 HIGH	12 HIGH	
Risk Appetite Threshold	15	15	15	

Positive Assurance

- For the reporting period of October 2022 – March 2023, the Recovery College has seen:
403 new sign ups
147 course completions
- The current budget (2022/23) for the Recovery & Wellbeing College is £163,459. The Children’s & LD Division have also invested £33,374 into the Children’s Recovery College, with the addition of £7,080 from Digital.
- For the reporting period of September 2022 – February 2023, the IAPT Employment Advisers have started 277 people on employment support and the service has delivered a total of 1046 employment support sessions.
- For the reporting period of April 2022 – March 2023, the Wellbeing Recovery Employment Service (WRES) service have reported that 32 people referred to them have moved into employment.
- The results of the overall surveys completed where patients would recommend the Trust’s services to their family and friends is currently at 90.1% (February 2023).
- At the end of Quarter 3 22/23, 134 (62%) of QI activities underway or complete have indicated that they have included Patients and Carers in planning and delivery of the work.
- The Trust currently has 17 panel volunteers (March 2023). Data on panel volunteer representation at interviews is not currently collected, but this is being discussed with HR.
- The Trust currently has 2 Patient Safety Partners (September 2023). The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.

Negative Assurance / Gaps in Assurance

- The Recovery College full review of courses and prospectus.
- Mental Health Division to apply the principles to the Trauma Service.

Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions.	December 2023	Lynn Parkinson	Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions.
Development of Trauma in Care Strategy Task and Finish group.	December 2023	Lynn Parkinson	Trauma in Care Strategy Task and Finish group has been set up. The group is in its early stages and is currently in the process of producing an action plan for key pieces of work.
Development of trauma service principles within Mental Health Division	March 2024	Lynn Parkinson	Work is ongoing in the Mental Health Division to apply the principles to the Trauma Service.

Fostering integration, partnerships, and alliances



Lead Director:
Chief Executive

Lead Committee:
Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15+	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	
Risk Appetite Threshold	15	15	15	

Positive Assurance

- The Trust ran an internal stakeholder survey during Oct – Nov 2023 and 75% of respondents said they have been involved in some form of partnership working, with all of these stating that they felt they were able to greatly or to some extent influence the work of these external partnership boards or groups.
 - Examples of delivering integrated care models and pathways that include multiple partner organisations include; working with HEY Mind and CHCP on 'No wrong door,' and the development of a pathway into ICB beds with NY Council and Scarborough General Hospital.
 - Examples of pathways being developed/delivered with cross-organisational processes in place include authoring a regional SOP for the delivery of Forensic Community Services, and the development of a joint falls SOP with the Yorkshire Ambulance Service.
 - Examples of integrated teams including staff from multiple organisations include neurodiversity workstreams within ICB, CMHT working in integrated teams with social workers and with Local Authorities, and working with Primary Care Commissioning and third sector to address gaps around sexual violence.
 - The only example given of developing/delivering joint strategies with partner organisations was of involvement with developing the ICB strategy.
 - Examples of adapting service delivery needs to address local needs include the whole remit of the CMHT transformation and creation of PCN/PCMHN; and working with partner agencies to deliver the same service but in different ways to meet locality needs.
 - 25% of respondents said they were hosting staff from partner organisations within their team and 25% said that staff from their team were being hosted by partner organisations. Examples of these include; sub-contract with HEY Mind for PSWs in Hull who are part of HTFT teams/MDTs and use our clinical and corporate systems; and HTFT staff working within GP practices and forming part of GP meetings.
 - The Partnerships and Strategy team continue to assess alignment with local and regional strategies, reporting the findings to Trust ODG. Strategies and reports reviewed in this period included:
 - ER Health and Wellbeing Board's Health and Wellbeing strategy. The new strategy outlines the conditions of living that are at the heart of supporting physical, social, and mental health. Key themes include the importance of supporting people to make healthy lifestyle choices and making the healthy choice the easy choice, and reducing health inequalities, and ensure that we reach those who don't access services.
 - A report to the Hull Health and Wellbeing Board on the types and causes of financial insecurity in Hull and the impact this can have on population health and wellbeing.

Positive Assurance (Continued)

- Hull's Draft Housing Strategy was presented to the Hull Health and Wellbeing Board in November 2023. The strategy covers: healthy neighbourhoods; the role of housing choice in supporting health and wellbeing; the importance of people having homes that suit their needs; affordability, fuel poverty and deprivation; meeting the needs of vulnerable individuals and families, including addressing homelessness and providing adaptable housing for older people and people with multiple and complex needs.
- The Hull Community Plan was launched December 2023. The plan sets out a new vision for the city as reflected in 6 ambitions rooted in what residents have said about their lives, streets and city, the improvements they would like to see, their hopes and aspirations for the future.

Trust representatives have actively participated in the allocation of health inequalities funding for Hull and ER Places. A shortlist of projects has been approved for ER. In Hull, Discussions are underway through the Hull Health Inequalities Innovation Hub around priorities for funding. The current focus is on agreeing themes to guide the allocation of funding rather than selecting individual projects.
- Interweave updates for Q3 23/24:
 - Focus on data provision aided by consumer research:
 - Data maturity assessment taking place across all providers.
 - Intention is to take more operations under our control to expedite the above
 - Operational cost analysis exercise underway to better define our proposition and commercial model.
 - On-going work to improve onboarding process following user experience workshops to gather feedback.
 - NRL connection achieved during 'Connectathon' but Southwest identified as pilot area:
 - Interweave hub initiative to be costed and assessed by partners - this will provide a much richer user experience than could be offered by NRL and/or peer to peer connection to other ShCRs
 - BarS any2any discovery concluded, awaiting report, but largely validates approach to date

Negative Assurance / Gaps in Assurance

- An updated report of Trust representation at ICB meetings was taken to EMT in December 2023; Divisions are also being asked to contribute to this piece of work to ensure that operational representation is incorporated.
- Q1 data for Q3 23/24 is not yet available, therefore this cannot be reported on.
- Q3 23/24 data is not yet available, therefore DToc and OOA performance cannot be compared to Q2 23/24.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	November 2024	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	November 2024	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023. Divisions are being asked to contribute to this piece of work.

Promoting people, communities, and social values



Lead Director:
Chief Executive

Lead Committee:
Quality Committee

Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

Risk Score: 6

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
3	3	9 - HIGH	3	2	6 - MODERATE	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	6 MODERATE	6 MODERATE	6 MODERATE	
Risk Appetite Threshold	15	15	15	

Positive Assurance

- The Trust's work on addressing health inequalities continues to gain momentum, with the team delivering presentations to increase awareness among staff. Work is underway on an intranet site and comms plan. Engagement work with teams is ongoing to generate good practice case studies and identify teams who would like support to identify/address health inequalities. Work has begun on exploring DNA/IAPT data to identify possible inequalities in access. An approach has been agreed to address health inequalities among staff, focusing on the role of staff benefits and information in addressing the wider determinants of health, alongside analysis on living wage thresholds focusing on part time staff. Inclusion Groups Programme of the ER Health and Care Committee continue to review data and intelligence from ERYC/ Smile Foundation work. Design of content for Inclusion Groups webpage on ICB site under ER Place underway. Further design work on Inclusion Champions scheme is being progressed by Smile to capture VCSE perspective and voices of lived experience.
- The Trust ran an internal stakeholder survey during Oct – Nov 2023:
 - 50% of respondents said they had worked with voluntary and community sector partners to design/deliver services. Examples given include; Mental Health services subcontracting services from VCSE organisations including HEY Mind; and the YAS Falls pathway including VCSE organisations.
 - Examples of working with statutory partners in strategic decisions making and service design include; Bridlington multi-agency work with ERYC, ICB and CHCP; virtual frailty ward with Primary Care, YAS, York NHS Foundation Trust, NY Council and ICB; and HTFT involvement with developing the ICB Strategy.
 - 25% of respondents had provided opportunities for people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.
 - 42% of respondents had employed people with lived experience into their team, including but not limited to peer support roles and entry via Individual Placement and Support schemes.
- 20 VCSE organisation representatives are part of the Humber Co-production Network (December 2023).
- The demographic report of staff at the end of Q3 23/24 shows that our staff are more representative of the diverse communities we serve, with the following being noted:
 - 7.21% of workforce Black, Asian and Ethnic Minority (BAME) – compared to 6.24% in Q1
 - 9.12% of workforce is Disabled – compared to 8.18% in Q1
 - 4.45% of headcount is LGBTQ+ - compared to 3.97% in Q1
- EDI is overseen by the Trust's quarterly EDI Steering Group, chaired by the Deputy Director of Workforce and OD, with representatives from the staff network chairs and each division/directorate. In December, EMT agreed Staff Network Chairs should have protected time to attend network meetings and EDI Steering Group meetings. The Trust currently has three staff networks: Race Equality Network, Rainbow Alliance (LGBTQ+), and

Positive Assurance (continued)

- Humber Ability (Disability/Long Term Conditions). PRIDE, LGBTQ History Month, Black History Month, and Disability History Month are a few of the national celebrations supported by the networks. Staff networks have been reviewed to better accommodate allies, ensure consistency, and ensure Executive Team leadership and support. Two new subgroups established: Race Equality Allies and Trans Alliance. Each network developed its own terms of reference, with recent changes that provide an executive sponsor to support the group. A substantial budget is provided to each network to support engagement and activities.
- A Good Experience steering group continues to meet on a monthly basis; however this will move to 2 monthly from February 2024. An MS Form is currently being finalised to collect views from communities across the HNY geographical area on what good and bad communication looks like inside and outside of the NHS. It is anticipated this survey will be ready for go-live in January/February 2024. Workshops continue to be delivered across the patch and feedback from the sessions are being collected in a database where thematic analysis will then take place. The HNY ICB have identified a PACE lead to Chair the steering group and continue to drive forward the initiative with support from organisations in the ICS. The steering group is reaching out to other organisations within the ICS to invite them to become members.
- At the end of Q3 23/24, the Trust had 103 volunteers (compared to 94 at the end of Q2) and 47 in the recruitment process (compared to 31 at the end of Q2).
- At the end of Q3 23/24, the Trust had 8 staff (compared to 5 at the end of Q2) on the bank who carried out work as Experts by Experience. During Q3, these staff worked a total of 31 shifts.

Negative Assurance / Gaps in Assurance

- The Trust is committed to address how we can assess the point of view of our communities, and how we can collate information about the views of staff as members of their community to inform joint action plans with other organisations. Both of these pieces of work will be picked up under the Health Inequalities agenda and the PCREF in 2024.
- The Trust is at present unable to report on the demographic profile of its Governors as they are not listed in ESR. However, discussions are being had to see if this is something that can be reported on moving forward.
- Due to the scale of the Good Experience steering group initiative and the community reach (1.7 million people), it is taking longer than originally anticipated to develop the Communications Engagement Charter. It is likely to be Summer/Autumn 2024 that the Charter will be finalised and approved.
- For Q3 23/24, 0 volunteers had moved on to employment (compared to 3 during Q2).
- At the end of Q3 23/24, there were 10 Peer Support Workers within the Trust (compared to 1 at the end of Q2).

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	November 2024	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	November 2024	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023. Divisions are being asked to contribute to this piece of work.



Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	2	8 - HIGH	15	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	
Risk Appetite Threshold	15	15	15	

Positive Assurance

- 8.60% vacancy rate (September 2023)
- Headcount of 3017.8 (September 2023)
- A rolling 12 monthly turnover rate figure of 13.80% reduced for three consecutive months (July 2023)
- In the latest NHS National Staff Survey 2022, the Trust scored above the benchmark average in 6 of the People Promise themes and equal to the benchmark average in the one remaining People Promise theme:
We are compassionate and inclusive – 7.6 out of 10 (0.1 above average)
We are recognised and rewarded – 6.4 out of 10 (0.1 above average)
We each have a voice that counts – 7.1 out of 10 (0.1 above average)
We are safe and healthy – 6.4 out of 10 (0.2 above average)
We are always learning – 6 out of 10 (0.3 above average)
We work flexibly – 6.9 out of 10 (0.2 above average)
We are a team – 7.1 out of 10 (equal to the average)
- The Workforce Scorecard (September 2023) reported a rolling sickness rate figure of 5.14%, making the Trust rate lower than the North and East Yorkshire region.
- In the latest NHS National Staff Survey 2022, the Trust saw an improvement in the number of staff who agree/strongly agree that they "would recommend their organisation as a place to work" which has risen from 49% in 2019 to 63% in 2022, making the Trust same as the benchmark average and the third most improved in the country over that time-period. In 2017, the Trust was 15.2% worse than the benchmark average score.
- Medical Workforce Plan approved.
- Updated Trust workforce plan
- Ongoing monitoring of hard to recruit roles in the recruitment task and finish group.
- STAT / MAND TRAINING POSITION

Gaps in Assurance / Negative Assurance

- Registered Nursing vacancy rate September 2023 – 10.55%.
- Consultant vacancy rate September 2023 – 28.84%.
- Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.
- Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.

Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of BAME colleagues and those with disabilities and long-term conditions at all levels.	March 2024	Steve McGowan	A number of leadership development programmes have been developed at the Trust which seek to encourage participation of BAME colleagues and those with disabilities and long-term conditions at all levels.
Ongoing sponsorship of BAME colleagues and those with disabilities and long-term conditions at all levels for involvement with Trust Humber High Potential Development scheme.	March 2024	Steve McGowan	Ring fenced places on the Humber High Potential Development scheme for sponsorship by the staff networks, and access to the Trust Leadership (Band 4-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this.
Collaborative working with the ICB to recruit 5 international medics and attendance at the ANCIPS event in India in January 2024 to seek an additional 5 medics.	January 2024	Steve McGowan	First recruited medics have commenced in post with second arriving November 2023. Two out of Four international medics now in post.
Refocus of the Recruitment Task and Finish Group to also focus on the retention of staff in light of Trust turnover being outside of target levels. In addition, the scope of the group broadened to focus on hard to recruit roles outside of nursing and consultant positions.	March 2024	Steve McGowan	Changes to recruitment task and finish group underway to focus on recruitment and retention of Trust staff with terms of reference for the group approved by EMT. The Group will focus on hard to recruit roles beyond Nursing and Consultants.

Optimising an efficient and sustainable organisation



Lead Director:
Dir. Finance

Lead Committee:
FI Committee

Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.

Risk Score: 8

Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)
I	L	Rating I X L	I	L	Rating I X L		
4	3	12 - HIGH	4	3	12 - HIGH	15+	IN APPETITE

Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	12 HIGH	8 HIGH	8 HIGH	
Risk Appetite Threshold	15+	15+	15+	

Positive Assurance

- The Financial plan is progressing with the Trust pulling together the Commissioning Intentions for the Medium-Term Plan which will cover 3 years with 24/25 being year 1. The BRS is on target for 2023/24 and schemes are being formulated for 24/25.
- Overall, the Trust has a high level of sustainability with a good cash position.
- The cash position at Month 8 stands at £27.236m.
- Lead Provider: Month 8 position breakeven, according to plan and annual forecast
- H2 financial reset has the Trust remaining with a breakeven plan for 2023/24.
- Our current PLACE scores are as follows:
 - Cleanliness – 97.86% (National average – 98.01%)
 - Food and Hydration – 92.57% (National average – 90.23%)
 - Privacy, Dignity and Wellbeing – 90.20% (National average – 86.08%)
 - Condition, Appearance and Maintenance – 94.25% (National average – 95.79%)
 - Dementia – 88.42% (National average – 80.60%)
 - Disability – 83.47% (National average – 82.49%)
- The Estates Strategy was signed off at Trust Board on 29th March 2023. Plans on how this will be monitored and reported against are to be finalised.
- Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- Annual Internal Stakeholder Survey - Q: Over the past 12 months, have you been involved in reading the “Humber Financial Times” e-newsletter to learn about finance matters? - 33% of respondents said that they had read the “Humber Financial Times” e-newsletter to learn about finance matters.

Annual Internal Stakeholder Survey - Over the past 12 months, have you been involved in using finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services? - 33% of respondents said that they had used finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services. Examples given: Use PLICS data daily/weekly in relation to capacity/demand productivity and part of the new MH Payment model expert reference group to roll out this further, capacity and demand work that influences planning discussions, productivity of services and a “Value Maker” and used to be part of an expert reference group with NHSE at Portcullis house in a previous role around PBR etc

Negative Assurance / Gaps in Assurance

- Information on the usage of PLICS/costing data by staff across the Trust.
- Trust is moving tenant for Power BI imminently and once the Trust transfers licences to the NHS tenant, access to this data may not be possible.
- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust’s National Cost Collection Index (NCCI) is 137 (based on 2021/22 data). The national average is 100.
- The Trust’s organisational use of resources score is not currently available.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.	March 2024	Pete Beckwith	
Trust to continue to include on this measure in future reports to show trends over time. However, it is noted that the comparative data is flawed.	March 2024	Pete Beckwith	While we appear to be an outlier due to high costs, there are significant known discrepancies in the collated data which cause the cost of some Trusts to appear very low and skewing the overall National Cost Collection Index.

RISK SCORING MATRIX

			IMPACT				
			Negligible	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
LIKELIHOOD	Almost Certain	5	5 x 1 = 5 Moderate	5 x 2 = 10 High	5 x 3 = 15 Significant	5 x 4 = 20 Significant	5 x 5 = 25 Significant
	Likely	4	4 x 1 = 4 Moderate	4 x 2 = 8 High	4 x 3 = 12 High	4 x 4 = 16 Significant	4 x 5 = 20 Significant
	Possible	3	3 x 1 = 3 Low	3 x 2 = 6 Moderate	3 x 3 = 9 High	3 x 4 = 12 High	3 x 5 = 15 Significant
	Unlikely	2	2 x 1 = 2 Low	2 x 2 = 4 Moderate	2 x 3 = 6 Moderate	2 x 4 = 8 High	2 x 5 = 10 High
	Rare	1	1 x 1 = 1 Low	1 x 2 = 2 Low	1 x 3 = 3 Low	1 x 4 = 4 Moderate	1 x 5 = 5 Moderate

RISK TERMINOLOGY DEFINITIONS

Initial Risk Rating	The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.
Current Risk Rating	The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.
Target Risk Rating	The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept.
Control	Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.
Assurance	Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.

Agenda Item 16

Title & Date of Meeting:	Trust Board Public Meeting - 31st January 2024														
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (April - Sept 2023)														
Author/s:	Hilary Gledhill, Director of Nursing, AHP and Social Care Professionals Sadie Milner: Patient Safety and Practice Development Lead Tracy Flanagan Assistant Director of Nursing and Quality														
Recommendation:	<table border="1" data-bbox="539 589 1516 701"> <tr> <td data-bbox="539 589 938 622">To approve</td> <td data-bbox="938 589 1034 622"></td> <td data-bbox="1034 589 1409 622">To discuss</td> <td data-bbox="1409 589 1516 622"></td> </tr> <tr> <td data-bbox="539 622 938 656">To note</td> <td data-bbox="938 622 1034 656"></td> <td data-bbox="1034 622 1409 656">To ratify</td> <td data-bbox="1409 622 1516 656">✓</td> </tr> <tr> <td data-bbox="539 656 938 701">For assurance</td> <td data-bbox="938 656 1034 701"></td> <td data-bbox="1034 656 1409 701"></td> <td data-bbox="1409 656 1516 701"></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>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period April – September 2023. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p> <p>Following this review there are no recommended changes to CHPPD.</p> <p>The review recommends a full review of the budgeted establishment at Malton taking into consideration the medical model and therapy support.</p> <p>Recommendations are also made for a review of the budgeted establishment and staffing model at the Humber centre to ensure adequate RN cover on night shift and to ensure there is always an RN on every ward.</p>														
Key Issues within the report:	<ul style="list-style-type: none"> Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement. 														
Positive Assurances to Provide: <ul style="list-style-type: none"> Increase in the number of units achieving good assurance Overall the majority of units are maintaining good and safe fill rate 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> 12 staff have successfully completed the MHOST training and the training is being rolled and during Q4. 														

<p>requirements and performance with the majority of areas seeing an improvement.</p> <ul style="list-style-type: none"> • CHPPD in all areas remains above the previously agreed targets except for Malton. • Data shows that all areas with lower fill rates are still providing good CHPPD and are meeting the agreed targets • Incidents reported via Datix show 2 were reported as causing low harm. No specific patient harm has been identified when these have been reviewed in detail. • All areas have achieved 6-month average for training above 85% except Whitby which just fell short with a 6 - month average of 84% • Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally 	
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<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Sickness has been a challenge across all areas during the six-month period • Malton has not been able to achieve the agreed target for CHPPD of 8.0 during this reporting period, impacted by high bed occupancy. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address this but would require further investment in the establishments or a change to CHPPD reporting. This work is being progressed.
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	Dec 2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	QPaS 11-01-23

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

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

Six Month Review of Safer Staffing

1.0 Introduction and Purpose

This report presents the findings of the safer staffing establishment reviews across our inpatient units for the period 1st April 2023 to 30th September 2023 and aims to provide assurance that the Trust is meeting the reporting requirements as outlined in the 'Developing Workforce Safeguards' (NHSI Oct 2018), which builds on the National Quality Board (NQB) guidance 2016.

Following the recent safer staffing internal audit, the Trust was provided with significant assurance that the Safer Staffing Framework effectively manages, and controls risks to maintain patient safety standards. The review made 7 recommendations; all considered to be minor issues in the controls that do not increase the risks of the Trust. Actions to address these will be completed by January 2024.

2.0 Care Hours Per Patient Day

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety (NHSE).

2.1 CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services external to the Trust. The most recent data was published in August 2023 and shows that the Trust continues to perform well against our regional peers and nationally.

August 2023	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	12.5	4.1	8.3	0
Peer*	10.7	3.4	6.8	0.1
National	11.1	3.4	7.3	0.1

There has been a rise in CHPPD levels reported at an organisational level (from 8.9 in July 2019 to 12.5 in August 2023).

These figures provide assurance that at an organisational level we are performing well regionally and nationally. However, it is difficult to benchmark with confidence at ward level as it does not reflect the specialist nature of some of our services ie the model health system data does not differentiate between low, medium and high security and acute, treatment and rehabilitation pathways in mental health. Equally the community services data only pulls from 4 peers within this cohort, so the reliability is limited.

Consistent with the regional and national picture our Allied Health Professional CHPPD reporting remains low.

Following this round of safer staffing reviews there are no recommended changes to Care Hours Per Patient Day

3.0 Safer Staffing Establishment Review Methodology

Key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures have been reviewed. Data is then considered alongside professional judgement. Meetings have been held with all teams including e-roster team and their finance leads to review their safer staffing data and their establishments.

Where evidence-based tools are available, dependency data was collected for 21 days during September.

4.0 Limitations

The safer staffing tools for learning disability and community wards do not recommend CHPPD this means Ullswater, TEC and Malton and Whitby community wards do not have an evidence-based tool on which to base their CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark. This also has limitations as there are only 4 other providers which submit data to the model hospital on which we can benchmark our community wards.

The validity of all tools can be compromised by low patient numbers so on units with less than 8-12 patients this can result in inaccurate calculations. The MHOST guidance recommends professional judgement should be used in such cases.

5.0 Assurance Overview

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance indicators that flag red due to being under the lower target threshold as follows:

- **Low assurance** where 5 or more indicators are under the lower target threshold.
- **Adequate assurance** where 3-4 indicators are under the lower target threshold
- **Good assurance** where 2 or less indicators are under the lower target threshold

Low assurance	Adequate assurance	Good assurance
October 2021- March 2022		
0	2 (Townend Court/Inspire)	16
April 2022- September 2022		
0	3 (Townend Court/Inspire/ /Swale)	16
October 2022 -March 2023		
0	3 (Townend Court/Malton/Mill View Lodge)	16
April 2023 – September 2023		
0	1 (Mill View Lodge)	18

6.0 Safer Staffing Establishment Review by Ward

The following section outlines the safer staffing establishment reviews by ward and is presented by division. The quality indicators are based on six-month averages.

6.1 Mental Health Division

*R-CHPPD = Recommended CHPPD based on the acuity/dependence data using the MHOST tool following 21 day of data collection. *CHPPD Hours = average CHPPD over the 6-month period. *Cancelled Section 17 leave due to staff shortage.

Avondale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication Incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23Sep 23	29.8	88%	92%	6.7	11.5	73%	28%	18%	3.0%	97%	90%	91%	4	0	38	68
		95%	99%													
Oct 22 Mar 23	29.0	89%	84%	6.8	11.3	76%	28%	25%	5.1%	88%	85%	94%	11	0	38	92
		94%	100%													
Apr 22 Sep 22	26.5	83%	83%	NA	12.7	68%	35%	26%	3.2%	84%	88%	89%	2	0	38	54
		96%	99%													
Oct 21 Mar 22	30.5	83%	82%	NA	12.1	74%	32%	13%	6.9%	77%	88%	91%	4	0	24	39
		103%	99%													

Establishment review 07-11-23	
<p>Quality measures – exceptions</p> <p>There were no safer staffing incidents reported during this period.</p> <p>The demand template has been adjusted following the last safer staffing reviews which has significantly improved the RN fill rates from June onwards.</p> <p>60 responses to FFT with 100% reporting that they felt safe and confident in our service.</p> <p>Appraisals = 100% - no appraisals outstanding</p>	<p>Professional judgement comments</p> <p>Current CHPPD target set at 9.0 and this is consistently met.</p> <p>Staffing challenges: 1 x maternity leave, 1x Band 4 vacancy, 2x Band 6s on secondment, 1x B3 to B4 in training, 1x B4 to B5 in training. The team reports feeling safely staffed when the minimum staffing numbers are met.</p>
<p>Outcome and recommendations</p> <p>Good assurance with no red flags. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 5 on days and 5 on nights and supports the delivery of the target CHPPD.</p>	

Maister Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	17.4	111%	100%	6.1	17.3	95%	30%	6%	2.7%	100%	94%	95%	13	17	0	10	4
		100%	110%														
Oct 22 Mar 23	17.6	147%	94%	5.3	18.3	85%	28%	4%	5.4%	100%	96%	97%	7	3	0	1	6
		110%	101%														
Apr 22 Sep 22	17.1	105%	-	NA	18.6	90%	40%	12%	5.3%	100%	95%	95%	6	5	0	18	0
		101%	-														
Oct 21 Mar 22																	

Establishment review 22-11-23

Quality measures – exceptions

2 Staffing level incidents reported – no harm incidents. Shortfalls covered.
10 responses to FFT with 100% reporting that they felt safe and confident in our service.
Appraisals = 100% - no appraisals outstanding.

Professional judgement comments

Current CHPPD target set at 10.3 and this is consistently met.
Staffing challenges - 1 HCA vacancy, 1 RN vacancy, 1 apprentice – 3 recently graduated, supporting new starters, HCA on maternity leave. When patients are on 1:1 staffing levels of 3 can be difficult. Support can be sought from Maister Lodge however ensuring staff get adequate breaks on a night shift is a challenge.

Outcome and recommendations

Good assurance with 1 red flag for OBDs however low bed base so high bed occupancy expected. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 3 on days and 3 on nights and supports the delivery of the target CHPPD. There is a need to explore how the team cover breaks on a night shift.

Maister Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	35.9	89%	98%	8.4	19.6	60%	20%	1%	4.9%	100	99%	94%	7	43	0	27	0
		100%	109%														
Oct 22 Mar 23	35.7	85%	99%	10.3	14.5	77%	23%	7%	8.2%	100	99%	95%	7	36	0	30	0
		103%	110%														
Apr 22 Sep 22	30.7	92%	98%	NA	16.1	66%	23%	18%	6.3%	100	97%	93%	5	44	0	50	0
		108%	102%														
Oct 21 Mar 22	30.8	100%	95%	NA	19.7	69%	26%	19%	5.7%	NR	92%	88%	4	30	0	39	0
		108%	106%														

Establishment review 22-11-23	
<p>Quality measures – exceptions 1 Staffing level incident reported – no harm incident. 6-month average RN daytime fill rate is below the target threshold however this position had recovered in August and September. Overall fill rates are strong. Sickness is improving and currently no long-term sickness. 21 responses to the FFT with 100% reporting that they felt safe and confident in our service. Appraisals = 100% - no appraisals outstanding</p>	<p>Professional judgement comments Current CHPPD target set at 10.3 and this is consistently met. Pharmacy technician is included in the planned hours and contributes to the CHPPD. Staffing challenges: Many patients are at high risk of falls and due to the environment/ward layout staff are required to cover zonal observations to reduce risk. Additional shifts are added in times of higher acuity including occasional staff on nights as required.</p>
<p>Outcome and recommendations Good assurance with no red flags. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. No changes to CHPPD or budgeted establishment recommended at this stage however it was noted that due to low bed occupancy during the dependency data collection period, which has been a persistent picture post covid, that the unit may be perceived to be over-established. Demand for inpatient beds has reduced since Covid potentially impacted by high mortality rate in this patient group. Further exploration of the national picture is required to understand the future projection. The current establishment supports minimum staffing levels of 6 on days and 5 on nights with a twilight shift and supports the delivery of the target CHPPD.</p>	

Mill View Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	27.3	92%	91%	6.8	8.4	88%	25%	17%	5.5%	83%	82%	94%	19	9	0	46	48
		96%	109%														
Oct 22 Mar 23	28.2	93%	88%	9.7	8.8	84%	36%	30%	7.2%	88%	98%	93%	9	9	0	22	105
		93%	104%														
Apr 22 Sep 22	26.0	78%	80%	8.1	8.2	84%	38%	34%	4.0%	75%	82%	92%	15	5	0	10	29
		91%	98%														
Oct 21 Mar 22	28.0	74%	79%	NA	9.6	105%	38%	44%	4.2%	92%	92%	98%	6	6	0	14	15
		89%	96%														

Establishment review 07-11-23	
<p>Quality measures – exceptions 3 staffing level incidents reported all no harm Clinical supervision is slightly under the target threshold for the 6-month average however this position had improved by September when supervision was up to 88%. Sickness has improved – currently 1 member of staff on long term sick. 12 responses to FFT with 83% reporting that they felt safe and confident in our service. Appraisals = 100% - no appraisals outstanding</p>	<p>Professional judgement comments Recommended CHPPD is less when compared to the previous 6 month based on this round of dependency data (6.8 from 9.7) however it was noted that acuity during this period may have been less than is typical as there were no patients on 1:1 supportive engagement. The team reports feeling safely staffed when staffing number are met. Good staffing resource during the day with band 6/7 available and AHP/support staff. Current staffing challenges: 1 on LTS, 1 newly qualified in preceptorship.</p>

Outcome and recommendations

Good assurance with 1 red flag for sickness. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 5 on days and 4 on nights and supports the delivery of the target CHPPD. E-roster has been set up to capture 1 shift per day for the activity worker/APOT and this will support the CHPPD. The team are to consider introducing a twilight shift.

Mill View Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	21.7	66%	77%	6.1	13.6	92%	39%	40%	4.7%	100	74%	94%	9	8	0	6	3
		102%	133%														
Oct 22 Mar 23	23.5	69%	86%	4.6	16.6	83%	47%	3%	10.2%	87	69%	97%	15	20	0	20	3
		107%	156%														
Apr 22 Sep 22	23.4	71%	90%	NA	15.0	98%	39%	18%	7.7%	100	82%	92%	20	14	0	45	6
		102%	131%														
Oct 21 Mar 22	22.1	53%	76%	NA	14.7	87%	41%	18%	10.1%	92%	61%	89%	16	29	0	26	12
		102%	117%														

Establishment review 22-11-23

Quality measures – exceptions

4 staffing level incidents reported. All reported as no harm.
 Shortfalls in fill rates is in part due to the demand template not reflecting long days. There have been some shortfalls due to staffing vacancies which are currently being addressed.
 Supervision is impacted as there are currently 2.4 RMNs who can undertake HCA supervision which is challenging – discussion held with the ward manager about capturing team supervision.
 24 responses to FFT with 100% reporting that they felt safe and confident in our service.
 Appraisals = 100% - no appraisals outstanding

Professional judgement comments

Current CHPPD target set at 11.5 and this is consistently met.
 Recommended WTE 8.1
 Staffing challenges: 2x RN vacancies currently out to advert, the 3 vacant HCA posts have been recruited to however they are waiting start dates and are not currently in post. Due to recent vacancies the bank/agency use has been high. Sickness has been challenging but this is steadily improving. There are 3 RNs in preceptorship until April/May. Skill-mix and less experienced staff can on occasion make it feel less safe.

Outcome and recommendations

Adequate assurance that the ward is safely staffed. 3 red flags for RN daytime fill rates, OBDs and supervision. The team have a number of staffing challenges including vacancies, preceptees requiring additional support and increased reliance on bank/agency use to support the shortfalls. The ward manager is to resume the oversight of the roster which had been delegated. There is sufficient budget to cover the shift pattern of 5, 4, 4 plus a twilight. The team are considering moving to long days which would require updating on the demand template on e-roster. No changes to CHPPD or budgeted establishment recommended.

New bridges	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	41.1	77%	84%	5.6	7.8	94%	14%	-9%	4.6%	100	89%	99%	12	0	93	5
		96%	103%													
Oct 22 Mar 23	41.2	79%	83%	5.6	8.0	92%	17%	3%	6.0%	100	78%	97%	8	0	33	3
		90%	100%													
Apr 22 Sep 22	39.8	79%	87%	10.0	8.2	93%	17%	12%	5.6%	NR	81%	94%	12	0	56	2
		94%	106%													
Oct 21 Mar 22	40.8	83%	91%	NA	8.8	92%	22%	1%	5.0%	100	79%	95%	12	0	21	4
		96%	109%													

Establishment review 07-11-23

Quality measures – exceptions

3 staffing level incidents reported during this period all no harm
 1 response to FFT reporting that they felt safe and confident in our service.
 High bed occupancy may be impacting CHPPD. Most staff are working long days but the current demand template is set to early and late shifts which is negatively impacting the fill rates.
 Sickness improving with 1.4% LTS in September.
 Appraisals 100%

Professional judgement comments

CHPPD agreed target of 8.0 set following the review in Oct 22- not met for this period however it exceeds the recommended CHPPD of 5.6
 Staffing challenges: 1 trainee nurse associate, 2 due to quality, 1 band 4 nurse associate in post. Over established on RNs due to international nurse recruit and staff member transferred from another unit.

Outcome and recommendations

Good assurance with 2 red flags – CHPPD and OBDs. CHPPD agreed target of 8.0 set following the review in Oct 22. Current establishment supports the minimum staffing levels of 6 on long days and 5 on nights. Dependency data may suggest a reduction in acuity/dependence however further data collection is required. No changes to target CHPPD or budgeted establishment recommended at this stage.

PICU	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	29.8	86%	117%	14.6	22.6	72%	50%	33%	9.5%	86	91%	91%	5	0	118	27
		95%	129%													
Oct 22 Mar 23	32.1	84%	106%	15.0	24.1	70%	54%	26%	11.1%	83	100%	86%	5	0	151	37
		95%	130%													
Apr 22 Sep 22	30.6	86%	106%	NA	21.1	76%	51%	27%	6.5%	NR	100%	78%	4	0	132	18
		97%	121%													
Oct 21 Mar 22	30.9	85%	90%	NA	22.5	65%	48%	21%	6.5%	100	100%	86%	1	0	101	7
		94%	107%													

Establishment review 07-11-23	
<p>Quality measures – exceptions 1 staffing level incident reported during this period –No harm reported. 7 responses to FFT with 100% reporting that they felt safe and confident in our service. Sickness remains high but has improved slightly since the previous reporting period – LTS averaging 7% for the 6 months. Appraisals 100% (LTS/mat leave exceptions removed)</p>	<p>Professional judgement comments The current budgeted establishment covers the current shift pattern of 7 on long days and 5 on night. This was increased to 8 during periods of high acuity and this is reflected in the high fill rates. The team report staffing levels feel safer following increase in staffing levels. There are a number of RN and HCA vacancies which is impacting on bank and agency spend.</p>
<p>Outcome and recommendations Good assurance with only 1 red flag (sickness). The ward is safely staffed and the CHPPD target, previously set at 16.6, is consistently being met over time. Demand template to be changed to include the additional HCA on a long day. No changes to budgeted establishment or CHPPD recommended following this latest review.</p>	

STaRS	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	37.1	78%	129%	3.9	27.7	90%	36%	11%	13.1%	NR	86%	93%	12	0	3	1
		100%	100%													
Oct 22 Mar 23	39.1	64%	108%	4.3	23.8	97%	26%	-4%	12.6%	NR	77%	93%	8	0	1	2
		100%	100%													
Apr 22 Sep 22	37.7	62%	77%	3.9	23.5	95%	19%	0%	4.7%	NR	83%	94%	4	0	1	0
		100%	100%													
Oct 21 Mar 22	37.3	58%	57%	NA	25.7	92%	11%	-1%	6.4%	100%	70%	94%	2	0	1	2
		100%	101%													

Establishment review 08-11-23	
<p>Quality measures – exceptions There were no staffing level incidents reported during this period. There were no FFT returns during this 6- month period. Sickness remains high and daytime fill rates below the target, but it is noted that the figure includes the community team. Appraisals 100%</p>	<p>Professional judgement comments Current CHPPD target set at 5.3 and this is consistently met. Staffing challenges: Long-term sickness has been above the upper target threshold in April, July and September however this figure reflects both the inpatient and community team. Currently the team are working across both the inpatient unit and the community. There is a proposal to split the teams resulting in the ward staff sitting on one rota. Unit feels safe, no safer staffing issues. Always an RN and if they are short this is covered by the community team. 3x staff on maternity leave.</p>
<p>Outcome and recommendations Good assurance with 1 red flag (sickness). The ward is safely staffed and the CHPPD target, previously set at 5.3, is consistently being met over time. The current budgeted establishment supports minimum staffing levels of 4 on days and 3 on nights and the delivery of the target CHPPD. No changes to budgeted establishment or CHPPD recommended following this latest review.</p>	

Westlands	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	35.9	81%	83%	7.0	9.1	87%	35%	16%	8.3%	100	85%	91%	18	2	56	191
		96%	106%													
Oct 22 Mar 23	35.8	86%	80%	6.1	8.8	86%	38%	11%	9.3%	NR	84%	94%	15	0	44	233
		96%	103%													
Apr 22 Sep 22	34.9	88%	81%	7.6	8.9	87%	36%	19%	8.1%	89	88%	92%	8	0	49	437
		93%	111%													
Oct 21 Mar 22	36.3	82%	85%	NA	8.7	88%	30%	14%	6%	NR	84%	85%	12	0	91	61
		100%	110%													

Establishment review 08-11-23	
<p>Quality measures – exceptions</p> <p>2 staffing level incidents, both reported as no harm. 2 responses to FFT with 100% reporting that they felt safe and confident in our service. Appraisals 94%– 2 outstanding. Fill rates on days are below target threshold due to staff working long days. Sickness improving with no LTS in September.</p>	<p>Professional judgement comments</p> <p>CHPPD target, set at 8.0, is consistently being met. Staffing challenges: maternity/special leave, 2x degree apprentices, RN and HCA vacancies.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 1 red flag (sickness). The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. APOT and activity workers hours to be collated over 7 days to capture CHPPD. Demand template to be changed from earlys and lates to long days to reflect the current shift patterns which will improve the fill rates. The budgeted establishment supports the delivery of the target CHPPD of 8.0 and the shift pattern of 6 on long days and 5 on nights. No changes to budgeted establishment or CHPPD recommended following this latest review.</p>	

6.2 Children and Learning Disability Division

6.2.1 Learning Disability

*R- CHPPD= The LDOST tool does not recommend CHPPD. TEC do not have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark. *CHPPD Hours = average CHPPD over the 6-month period.

*Cancelled Section 17 leave due to staff shortage.

Townend Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave *	V&A	Self-harm
Apr23 Sep 23	36.6	75%	87%	NA	31.0	82%	38%	26%	17.7%	NR	76%	92%	25	0	107	30
		81%	106%													
Oct 22 Mar 23	36.5	67%	75%	NA	28.1	81%	30%	20%	6.6%	100	59%	97%	28	0	113	20
		53%	98%													
Apr 22 Sep 22	38.8	58%	71%	NA	29.1	77%	31%	23%	13.2%	50	85%	91%	17	2	192	4
		81%	106%													
Oct 21 Mar 22	38.7	64%	65%	NA	29.3	64%	33%	22%	15.2%	NR	73%	90%	24	0	112	7
		66%	99%													

Establishment review 15-11-23	
<p>Quality measures – exceptions</p> <p>3 staffing level incidents, all reported as no harm.</p> <p>Fill rates - The demand template was corrected on 12th June and recent months have shown significant improvement in fill rates.</p> <p>Clinical supervision compliance has fluctuated. Supervision structures have been revised and the team has an increased focus on prioritising supervision resulting in an improvement when compared to the previous reporting period. Sickness has improved in recent months with a number of staff returning to work following long term sickness absence. Sickness rate in September down to 7.9%. Appraisals 87.5%</p>	<p>Professional judgement comments</p> <p>CHPPD target set at 10.3, is consistently being met</p> <p>Staffing challenges: Supporting staff following return to work, currently 3x band 5 vacancies, 4x band 2 apprenticeships with no backfill.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 2 red flags; sickness which is improving and fill rates which have been corrected. This is an improved position on the previous 3 reviews where the assurance was adequate. The ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern of 8 on long days and 6 on nights. No changes to budgeted establishment or CHPPD are recommended following this review. The team continue to focus on improving clinical supervision and support for staff returning to work following sickness absence.</p>	

Granville Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr23 Sep 23	46.8	104%	96%	NA	16.8	90%	46%	2%	6.9%	NR	91%	93%	31	23	0
		107%	107%												
Oct 22 Mar 23	48.0	111%	92%	NA	16.4	88%	42%	4%	9.1%	NR	90%	94%	30	14	1
		106%	99%												

Apr 22 Sep 22	48.8	111%	88%	NA	17.6	83%	39%	0%	5.2%	NR	93%	93%	15	25	0
		105%	99%												
Oct 21 Mar 22	49.9	119%	81%	NA	NA	NA	38%	6%	8.6%	NR	91%	83%	23	18	0
		105%	99%												

Establishment review 15-11-23	
<p>Quality measures – exceptions 4 staffing level incidents – all reported as no harm The team do not use the friends and family test as it does not meet the needs of the service however the team do seek regular feedback from families – engagement lead is due to start and will have a positive impact on gathering feedback. Appraisals 95%. Sickness improving with 1.6% LTS in September.</p>	<p>Professional judgement comments The CHPPD target set at 10.3, is consistently being met Staffing challenges: 5 care worker vacancies. The team have recruited to their own bank. Recent recruitment drive has decreased staffing vacancies.</p>
<p>Outcome and recommendations Good assurance with 1 red flag for sickness which is improving. Granville Court is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern. No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

6.2.2 Childrens

*R-CHPPD = Recommended CHPPD based on the acuity/dependence data using the MHOST tool following 21 day of data collection. *CHPPD Hours = average CHPPD over the 6-month period. *Cancelled Section 17 leave due to staff shortage.

Inspire	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	44.1	98%	105%	29.0	30.4	55%	16%	-6%	12.1%	NR	90%	98%	33	0	37	208
		91%	110%													
Oct 22 Mar 23	49.2	87%	102%	25.7	29.3	60%	18%	10%	10%	NR	85%	88%	16	0	22	428
		130%	134%													
Apr 22 Sep 22	53.2	45%	67%	NA	30.6	67%	26%	20%	11.5%	NR	88%	89%	25	0	32	424
		70%	85%													
Oct 21 Mar 22	52.8	47%	63%	NA	No record	82%	25%	1%	8.6%	NR	89%	80%	32	0	29	331
		69%	99%													

Establishment review 22-11-23	
<p>Quality measures – exceptions</p> <p>There were no staffing level incidents reported during this period. Appraisals 100% No FFT returns however the team proactively seek feedback from the young people. A quarterly report is provided to the provider collaborative. The young people co-produce the newsletter. Sickness peaked at 16.9% in July and has reduced to 10.2% in September (5.7% LTS) . Appraisals 100% (LTS/mat leave exceptions removed)</p>	<p>Professional judgement comments</p> <p>The CHPPD target, set at 10.3, is consistently being met Staffing challenges: There are a number of young people who are day cases which have not been included in the data collection (as per the MHOST guidance) however they require a significant amount of intensive support. Staffing is currently impacted by 2x staff on maternity leave and 4 members of staff on LTS. Trainee nursing associate on placement.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 1 red flag for sickness which is improving. The ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern of 6 on days and 5 on nights. No changes to budgeted establishment or CHPPD are recommended following this review. To explore how the acuity and dependence data might be captured for day case patients.</p>	

6.3 Primary Care and Community Services Division

R-CHPPD= The modified SNCT tool does not recommend CHPPD. Neither Malton or Whitby have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark. *CHPPD Hours = average CHPPD over the 6-month period

Malton	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr23 Sep 23	32.4	90%	89%	NA	7.5	87%	12%	-16%	4.8%	NR	100%	93%	9	15	5
		122%	102%												
Oct 22 Mar 23	34.2	96%	87%	NA	6.9	92%	9%	-17%	5.9%	89%	99%	91%	11	26	4
		117%	101%												
Apr 22 Sep 22	31.6	105%	90%	NA	7.1	91%	0%	-13%	7.7%	94%	99%	81%	11	32	2
		104%	100%												
Oct 21 Mar 22	30.5	95%	90%	NA	8.8	84%	29%	8%	5.0%	100%	92%	74%	18	17	5
		106%	100%												

*

Establishment review 08-11-23	
<p>Quality measures – exceptions</p> <p>1 staffing level incidents – reported as no harm. Appraisals 93%– 2 outstanding. Nil returns on FFT during this reporting period. Sickness has improved and was at 0.7% in September with no LTS</p>	<p>Professional judgement comments</p> <p>There is not a valid evidence based safer staffing tool for the community wards. Following a professional judgment discussion, it was agreed that the target for CHPPD at Malton should be the same as Whitby as the patient acuity and dependence is comparable however due to a larger bed base Malton are not able to achieve a CHPPD similar to Whitby. They currently run on the same shift pattern as Whitby and OBD are comparable to Whitby.</p>

Outcome and recommendations

The outcome of this review was to recommend a full review of the budgeted establishment for Malton taking into consideration the medical model and therapy support. Following review of the current budgeted establishment and workforce model consider a business case and explore increasing staffing levels by 1 WTE RN on the late shift. Following review of the quality measures and a professional judgment discussion there is **good assurance** that the ward is safely staffed and that key performance targets are being met. The leads for safer staffing will review the recently updated Safer Nursing Care Tool for its suitability for use within a community setting.

Whitby	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Apr23 Sep 23	47.9	106%	91%	NA	9.1	86%	1%	-18%	8.1%	96%	93%	92%	27	10	2
		104%	101%												
Oct 22 Mar 23	44.4	91%	88%	NA	8.2	94%	5%	-7%	9.1%	100%	90%	84%	10	15	7
		100%	99%												
Apr 22 Sep 22	43.0	99%	89%	NA	8.3	94%	3%	-4%	7.3%	100%	92%	94%	8	26	4
		103%	101%												
Oct 21 Mar 22	39.3	86%	83%	NA	8.6	88%	6%	21%	10.5%	100%	84%	82%	8	8	3
		98%	98%												

Establishment review 08-11-23

Quality measures – exceptions

1 staffing level incident – reported as no harm.
 30 responses to FFT with 100% reporting that they felt safe and confident in our service.
 Sickness has improved since the previous reporting period however it remains above the target threshold with 4.8% on LTS in September.
 Appraisals 97.5% – 1 outstanding.

Professional judgement comments

There is not a valid evidence based safer staffing tool for the community wards. Following professional judgement discussion the CHPPD target is currently set at 8.0 and this has consistently been achieved over time. Staffing challenges: 2x HCAs on maternity leave, 2x Band 2s on LTS.

Outcome and recommendations

Good assurance with only one red flag for sickness. The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. The current budgeted establishment supports the shift patterns of 7 early, 5 late, 4 nights. No changes to budgeted establishment or CHPPD are recommended following this review.

6.4 Forensic Services Division

*R-CHPPD = Recommended CHPPD based on the acuity/dependence data using the MHOST tool following 21 day of data collection. *CHPPD Hours = average CHPPD over the 6-month period. *Cancelled Section 17 leave due to staff shortage.

Derwent	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	22.8	90%	70%	9.9	13.1	84%	28%	22%	7.2%	NR	89%	95%	2	0	24	6
		91%	101%													
Oct 22 Mar 23	24.4	91%	83%	14.2	13.8	78%	26%	11%	9.4%	NR	93%	95%	2	0	29	0
		80%	103%													
Apr 22 Sep 22	26.3	91%	84%	NA	12.5	84%	23%	10%	12.3%	NR	92%	91%	1	0	20	0
		95%	96%													
Oct 21 Mar 22	28.4	86%	78%	NA	12.1	84%	19%	0%	11.3%	NR	94%	93%	2	1	20	3
		101%	99%													

Establishment review 16-11-23	
<p>Quality measures – exceptions</p> <p>4 Staffing level incidents reported – all reported as no harm. Fill rates on days are below the target threshold however the matron/band 7 backfill when required. Sickness has improved since the previous reporting period however it remains above the target threshold with 4.4% on LTS in September. Nil returns on FFT during this reporting period. Appraisals 100%</p>	<p>Professional judgement comments</p> <p>The CHPPD target, previously set at 10.3, is consistently being met Staffing challenges: Currently caring for a PICU patient in the seclusion suite. 1x staff on secondment. RN and HCA vacancies. Recruitment challenges. Regular bank staff support the team. The team report it feeling safe when the minimum safer staffing levels are achieved.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 2 red flags; sickness and overall day fill rates. When safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 4 nights (1 RN). In addition to the staffing level incidents above it should be noted that an Initial Incident Review was conducted following an incident on 02-11-23 (outside of this reporting period) also relating to lack of RN cover on the ward overnight. Staffing model at Humber Centre to be reviewed by the safer staffing leads and senior leadership team to ensure wards are adequately staffed and there is a Registered Nurse on each ward.</p>	

Ouse	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	23.9	78%	94%	9.5	10.0	75%	21%	23%	7.5%	NR	91%	95%	2	2	14	0
		100%	126%													
Oct 22 Mar 23	24.4	106%	119%	5.3	11.3	82%	29%	21%	5.0%	NR	89%	96%	5	4	13	1
		100%	172%													
Apr 22 Sep 22	24.7	78%	87%	NA	7.8	90%	17%	23%	7.7%	NR	90%	87%	5	0	5	0
		103%	104%													
Oct 21 Mar 22	24.3	50%	71%	NA	6.3	93%	10%	27%	12.6%	NR	89%	95%	1	1	4	0
		97%	94%													

Establishment review 16-11-23

Quality measures – exceptions

2 Staffing level incidents reported – both reported as no harm.
 Staff working shorter shifts which is impacting the day fill rates. This is to be addressed on the demand template. Nil returns on FFT during this reporting period
 Sickness remains above the target threshold with 2.2% LTS in Sept. Appraisals 100%

Professional judgement comments

The CHPPD target, set at 6.3, is consistently being met.
 Staffing challenges: Increased staffing on nights to support period of higher acuity. 3x member of staff on LTS. Providing additional support to PICU patient within the Humber Centre. Vacancies, 2 RNs due to commence December. 1 international recruit. On occasions 1 RN covering Ouse and Derwent on a night shift.

Outcome and recommendations

Good assurance with 1 red flag for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 3 nights (1 RN). No changes to budgeted establishment or CHPPD are recommended following this review however this will be reviewed at the next round as the dependency data may suggest an increase in acuity. As noted above, the staffing model requires reviewing by the senior leadership to ensure the ward does not have a shortfall on a night shift.

Pine view	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23Se p 23	30.0	87%	88%	5.3	8.1	88%	20%	15%	5.1%	100	99%	98%	11	8	4	0
		62%	89%													
Oct 22 Mar 23	31.0	101%	90%	5.9	9.5	76%	15%	4%	8.6%	80	100%	95%	18	13	10	0
		69%	87%													
Apr 22 Sep 22	31.3	88%	102%	NA	9.3	83%	16%	7%	5.6%	89	94%	92%	11	22	26	0
		64%	88%													
Oct 21 Mar 22	26.7	94%	98%	NA	9.1	88%	35%	18%	11.8%	67	74%	92%	9	24	53	4
		51%	92%													

Establishment review 16-11-23	
<p>Quality measures – exceptions 1 staffing level incident – reported as no harm. CHPPD impacted when 2nd RN on night is moved to cover shortfalls at the Humber Centre. 8 responses to FFT with 100% reporting that they felt safe and confident in our service. Sickness has improved to 4.2% by September with no LTS. Appraisals 100%</p>	<p>Professional judgement comments CHPPD target, previously set at 6.3, is consistently being met. Staffing challenges: Pine view has 2 RNs on a night shift as it is a standalone unit however the 2nd RN does get moved to cover short falls at the Humber Centre. 1x maternity leave, 2x RNs and HCA due to go on maternity and currently not in the numbers.</p>
<p>Outcome and recommendations Good assurance with 1 red flag for night-time RN fill rates. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (2 RNs). No changes to budgeted establishment or CHPPD are recommended following this review. As noted above, the staffing model requires reviewing by the senior leadership to ensure the ward does not have a shortfall on a night shift.</p>	

Swale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23 Sep 23	26.2	71%	92%	No data	11.4	69%	28%	17%	8.4%	100	89%	97%	8	7	21	8
		96%	92%													
Oct 22 Mar 23	26.2	81%	94%	7.6	10.3	77%	27%	23%	6.9%	100	93%	96%	8	8	28	9
		102%	89%													
Apr 22 Sep 22	26.9	85%	103%	NA	9.3	92%	305	16%	7.5%	100	66%	96%	7	9	31	18
		110%	97%													
Oct 21 Mar 22	26.5	73%	91%	NA	9.5	91%	35%	21%	10.7%	100	73%	93%	2	23	32	22
		103%	106%													

Establishment review 16-11-23	
<p>Quality measures – exceptions 10 Staffing level incident reported by Swale team however some incident included staffing shortages on other wards. All reported as no harm. Fill rates on days reflect shifts where 1 RN is on duty. 3 responses to FFT with 100% reporting that they felt safe and confident in our service. Sickness remains high however no LTS by September. Appraisals 95% -1 outstanding.</p>	<p>Professional judgement comments CHPPD target, set at 10.3, is consistently being met There was no dependency data available for this review. Staffing challenges: 1 RN on maternity leave, 2x trainee Nurse Associates, preceptee, HCA and RN vacancies</p>
<p>Outcome and recommendations Good assurance with 2 red flags for sickness and day-time RN fill rates. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (1 RN) however there are some challenges currently due to vacancies. No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Ullswater	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Apr23Sep 23	26.1	66%	104%	NA	15.8	61%	28%	27%	12.4%	NR	97%	94%	3	8	68	25
		97%	108%													
Oct 22 Mar 23	26.2	100%	119%	NA	20.6	52%	27%	31%	10.2%	NR	97%	95%	4	4	69	34
		95%	125%													
Apr 22 Sep 22	31.2	85%	105%	NA	17.4	56%	16%	18%	10.4%	NR	81%	94%	4	10	66	26
		98%	111%													
Oct 21 Mar 22	33.2	88%	88%	NA	15.8	50%	17%	15%	14.1%	100	73%	88%	1	23	49	15
		96%	90%													

Establishment review 16-11-23

Quality measures – exceptions

14 Staffing level incidents reported – 3 reported as low harm (on further review no evidence that low harm occurred) , 11 no harm.
 Nil returns on FFT during this reporting period
 Sickness remains high however no LTS by September.
 Appraisals 96% – 1 outstanding.

Professional judgement comments

CHPPD target, set at 10.3, is consistently being met.
 Staffing challenges. Two new preceptees and 1 trainee Nursing Associate. 1x staff on maternity leave. Currently receiving EPOC – exceptional package of care to support additional staff requirements.

Outcome and recommendations

Good assurance with 2 red flags for sickness and day-time RN fill rates. When minimum safer staffing number are met the CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 4 nights (1 RN) however following this review the safer staffing leads need to meet with the senior leadership team to review their budgeted establishment. Currently the additional monies to support the person in receipt of the EPOC are funding 2 extra unregistered shifts on days and nights this money is non-recurrent and the unit is consistently looking after individuals who required enhanced levels of support and not always receiving the additional monies to support this and in the last 2 reporting periods this has led to them being overspent

7.0 Update on Actions from previous report

- The ERoster team has made all the required changes to the demand templates from the last round of reviews including the shift to long days on most units are reflected in the planned and actual hours
- The budgeted establishment on MVL has been adjusted to ensure they can achieve their minimum staffing levels of 5:4:4 and a twilight. Their recommended CHPPD has risen again following the most recent round of dependency data collection (following a dip in the last reporting period).
- The budgeted staffing establishment on Ullswater need to be reviewed to ensure that they can safely manage those individuals with enhanced care needs which are inconsistently funded through 'exceptional package of care' monies.

8.0 Recommendations and Next Steps

- Meeting arranged with safer staffing leads, general manager, divisional finance business partner, modern matron, service manager to review current budgeted establishment, review cover for night shifts at the Humber Centre and ensure there is always an RN on every ward and consideration is given to rostering an additional RN in the building to support any short-term sickness or management of a serious incident
- The senior leadership team within the community services division to review Malton and Whitby's staffing establishment, bed numbers, acuity and medical model and consider a business case for increasing budgeted establishment at Malton to enable them to achieve the same CHPPD as Whitby.
- The safer staffing leads to explore with NHSE how to capture dependency data for day cases on Orion.
- 12 staff have successfully completed the MHOST training delivered by NHSE, and this will be cascaded across all inpatient teams in quarter 4.
- Review the quality and performance metrics based on the guidance NHSE guidance that can inform future safer staffing reviews.
- Obtain license for the revised SNCT tool and consider its potential application for community wards.

Title & Date of Meeting:	Trust Board Public Meeting, 31 January 2024														
Title of Report:	Research & Development Six Monthly Update Report														
Author/s:	Cathryn Hart, Assistant Director Research & Development														
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 an update on the work of the research team to ensure increased opportunities for our community to participate in research, trial new interventions and enhance quality. Also, to provide assurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Research is taking place across all divisions, over half involving novel interventions. • Partnership Agreement in place with Sheffield Teaching Hospitals NHS Trust, the host of the Yorkshire and Humber Clinical Research Network until Sep 2024. • A position statement paper was submitted to the Quality and Patient Safety Group (QPAS) in Oct 2023 detailing our progress against the Chief Nursing Officer for England's Strategic Plan for Research (2021). • Research delivery funding through Yorkshire and Humber Clinical Research Network (CRN) increased in 2023-24. • Various examples of learning and impact from research demonstrated in section 6. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Current Trust Research Strategy remains relevant. A refreshed Research Strategy for 2024-26 is in draft. • Work continuing to connect with diverse groups to help ensure as many people as possible are given opportunities to take part in research. • Planning is underway for the Trust's annual research conference in May 2024 to coincide with International Clinical Trials week. • Taking part in a national pilot to embed research into mental health student nurse training, with a second cohort due in Feb 2024. • To enhance our capacity and capability for research within our services, two clinical staff currently completing the NIHR Associate Principal Investigator Scheme 														
<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> • The new host for the Yorkshire and Humber RRDN from Oct 2024 could potentially implement different funding formulas/criteria and this could impact on our Trust research funding in future years. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • Research team to complete the 'Introduction to Cultural Sensitivity in Research' NIHR e-Learning module and all new research staff to complete as part of their standard induction. 														

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	14/12/2023	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	

Research & Development (R&D) - Six Monthly Update Report

Trust Board January 2024

‘Clinical research is the single most important way in which we improve our healthcare – by identifying the best way to prevent, diagnose and treat conditions. Evidence shows hospitals which undertake research have better patient care outcomes, improved staff retention and it benefits the whole health and care system. Clinical trials are part of the solution for reducing the strain on the NHS.’ [What we’re doing to speed up clinical trials in the UK - Department of Health and Social Care Media Centre \(blog.gov.uk\)](#) - DHSC Media Team, 22 Nov 2023

1. Performance

There are currently 44 National Institute for Health Research (NIHR) Portfolio studies active in the Trust across a wide range of areas and including all Divisions (see *appendix 1, table 1*), plus 12 ‘non-portfolio’ studies (see *appendix 1, table 2*). A total of 1134 people have taken part in Portfolio research studies Apr-Nov 2023, an increase from a total of 680 throughout 2022-23, and already exceeding our annual recruitment target for 2023-24 agreed with the Yorkshire and Humber Clinical research Network (CRN) of 660.

The research achievements of various Trust staff were celebrated in the CRN Annual Awards 2023:

- Claire Marshall, Specialist Perinatal Mental Health Nurse - Highly Commended in the ‘Early Career Researcher’ category
- Karon Foster, Assistant Research Practitioner – Highly Commended in the ‘Best Patient Experience’ category.
- 0-19 Research Network (includes Heidi Fewings, 0-19 Hull team, along with other colleagues across the region) -- won the award for ‘Best Contribution in a Non-NHS Setting’.



Many of our research team were also nominated in the Trust Awards Nov 2023 and Ruby Watson, Public Research Champion, was shortlisted for ‘volunteer of the year’.

2. Governance

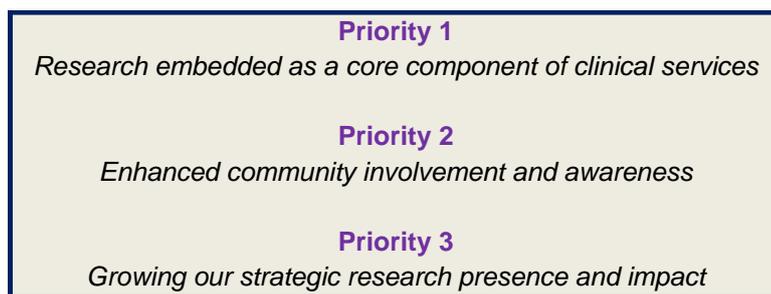
The Trust has a Partnership Agreement with the host of the Yorkshire and Humber Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust. This currently runs until Sep 2024 and provides most of our research funding. A national contracting process has taken place which will see the transition from 15 CRNs in England, to 12 Regional Research Delivery Networks (RRDNs) from Oct 2024. The footprint for the Yorkshire and Humber RRDN will remain the same as for the current CRN, however there will be a new host, Leeds Teaching Hospitals NHS Trust.

Our next annual review meeting with the current CRN senior leadership team will take place in Jan 2024 and includes a review of performance, successes, challenges and future plans.

Research remains part of the CQC’s new single assessment framework within the well led domain under the 'Learning, Improvement and Innovation' heading. Section 3 below sets out some examples of how we are working towards further embedding research as part of our frontline offer.

3. Trust Research Strategy and National Vision

We are continuously striving to do even more to achieve our three Research Strategy priorities.



For example, we now have 37 staff Research Champions across our teams and 10 volunteer Research Champions, helping us to embed research in our services and awareness in our communities. Further work across these three priority areas is also evidenced in the sections below.

A refreshed Research Strategy for 2024-26 has been drafted and was reviewed by the Quality and Patient Safety Group (QPAS) on 1 Dec 2024 and will be submitted for ratification in due course. It considers changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally. Also following a period that incorporated a global pandemic, where the importance of research was so clearly demonstrated in the worldwide fight against COVID-19. However, fundamentally the focus of our refreshed research strategy will remain unchanged; to build on our current progress and continue our journey to achieving an outstanding reputation for research. Having reviewed many other Trust research strategies regionally and nationally as part of this refresh, it is clear that our current strategy is still very relevant and in line with the national direction.

A position statement paper was submitted to QPaS in Oct 2023, which outlined nursing contribution to research in our Trust and how the nursing workforce will continue to embrace the ambition of the [Chief Nursing Officer \(CNO\) for England's Strategic Plan for Research \(2021\)](#) to 'create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit'. The paper highlighted the significant progress we have made in recent years against the CNOs key recommendations, including examples of the following:

1. Nurses funded to work on research.
2. Research career development/training for nurses.
3. Nurse involvement in shaping/leading research.
4. Nurses as role models/celebrating research.
5. Research woven into the nursing profession/business as usual.
6. Equality, diversity & inclusion.

QPAS also noted the paper could be utilised as a recruitment piece to attract any nurses who are interested in research to make them aware the trust is actively involved in research.

Section 6 below also highlights another relevant example of point 2 and 5 above, embedding research into mental health student nurse training placements. Something we also hope to be able to offer Allied Health Professionals (AHPs) in the future, as our review of AHP involvement in research across the Trust shows progress, but there is more we could be doing to embrace the [AHPs Research and Innovation Strategy for England \(2022\)](#).

4. Funding

Our external funding from the CRN to support delivery of NIHR Portfolio studies in the Trust remains our main source of research funding. This increased in 2023-24 due to a change in the funding distribution model to help level up the funding gap between acute and mental health trusts, but also due to our research performance against targets in multiple previous years. As a result of another successful business case for CRN strategic funding, and based on the progress we made in 2022-23, additional funding was also secured for 2023-24 to help support research in our three general practices. Further funding is also received for hosting CRN posts that support research delivery across the wider Humber and North Yorkshire Health and Care Partnership. It is possible that the new host for the Yorkshire and Humber RRDN from Oct 2024 could potentially implement different funding formulas/criteria and this could impact on our funding in future years.

Due to having recruited over 500 people to Portfolio studies in the last qualifying period, DHSC Research Capability Funding of £25k has also been received for 2023-24. This is being used to support clinical staff time to collaborate with academic colleagues in progressing research ideas and external research grant applications, plus a new part-time Research Fellow post from Dec 2023 to support clinicians with developing their ideas.

A change in the system for 'excess treatment costs' (ETCs) related to research, came into effect in April 2022, which has resulted in increased funding coming into the Trust to support clinical teams taking part in research, particularly those involving novel interventions. The national ETC payment system applies a contribution threshold to trusts, which they need to surpass before any ETC payments are made. In 2023-34 our threshold is £1,570 (0.001% of the Trust's operating budget).

5. Opportunities, Innovation and Alliances

Patients, carers and service users accessing Trust services continue to be offered a breadth of research opportunities spanning numerous health conditions and many types of study design, with 52% of Portfolio studies in 2023-24 involving the evaluation of novel treatment interventions (see *appendix 1*). We are continuing to strengthen our research collaborations and to bring studies to the

Trust in health conditions where we have had limited previous involvement, for example The Stream Trial (Eat well, feel well, stay well), looking at risk of malnutrition in those aged 75+.



In the past year we've also had a particular focus on seeking out opportunities to get involved in commercial/industry research and in Nov 2023 we opened our first study, as a participant identification centre, in one of our GP practices (see *Appendix 1, table 1*) with our Deputy Chief Pharmacist as the local Principal Investigator (PI). Commercial clinical trials are fully funded by the companies developing new treatments and products and provide the NHS and patients with earlier access to innovation.

To further enhance our capacity and capability for research within our services we have two clinical staff currently completing the NIHR Associate PI Scheme; modern matron in primary care and Specialist Speech and Language Therapist/Professional Lead Adult Speech and Language Therapy. This is a six month in-work training opportunity, providing practical experience for healthcare professionals with limited research experience. It provides the opportunity to experience what it means to work on and deliver a NIHR portfolio study under the mentorship of a Local PI and our research team. Healthcare professionals completing this then receive formal recognition through the certification of Associate PI status, endorsed by the NIHR and Royal Colleges.

6. Learning, engagement and research impact

Quarterly research newsletters continue to help raise the profile of Trust research. The [latest issue](#) is available on the Trust website, as well as being shared with external stakeholders and via internal communications. Our '@ResearchHumber' twitter followers have grown to around 1000, and articles relating to research have frequently been included in various Trust communications.



Dr Wendy Mitchell, Research Champion who lives with dementia, and Cathryn Hart, facilitated another Recovery College workshop on 'Living with



Dementia' (and how you can get involved in research) in Sep 2023. It was a great interactive session and over-subscribed; we try not to turn anyone away. Read more in Wendy's [blog](#). This session was also being observed as part of a national research study called DisCOVERY (see *Appendix 1, table 1*) that we are taking part in.

Planning for our next research conference which takes place on 22 May 2024, is well underway and this will coincide with celebrating International Clinical Trials month. Although a while away yet, we have around 250 people already registered, and in-person places are fully booked. The programme includes speakers from various professions and specialties within our Trust, as well as national experts talking about research we are involved in with them, e.g. use of an artificial intelligence tool to speed up dementia diagnosis.

In autumn 2023 we took part in a national pilot to embed research into mental health student nurse training, such that research becomes an integral part of the clinical placement and students view research as a core part of their clinical role rather than 'in addition to'. This will continue with a second cohort in Feb 2024. Whilst this is being formally evaluated as part of the national pilot, we are also conducting our own local service evaluation. Our first cohort of five third year student nurses have just completed their research placement; two mental health, two learning disability and one general nurse. The feedback has been wonderful.

'Thanks so much for all the brilliant learning opportunities you have given during this placement. You are such a friendly team. You've certainly helped me to be more curious about research and think about a future career in healthcare research.'

'A truly brilliant experience and I have to admit that it went well beyond my expectations.'

'I will definitely be promoting the research placement and team in general.'

'Thank you again for a wonderful placement! I feel like I have learnt so much during our time together, I'm really glad I applied for this placement.'

Another positive outcome is that the University of Hull are now going to ask all first-year mental health and learning disability student nurses to complete their Good Clinical Practice (GCP) for research certification; a suggestion made by the student nurses following their placement with our team. This fits really well with Priority 1 of our Research Strategy – *Research embedded as a core component of clinical services*.

Claire Marshall, Specialist Perinatal Mental Health Nurse, presented some of the research she has been collaborating on relating to fear of pregnancy/childbirth and trauma, at the Society for Reproductive and Infant Psychology conference in Switzerland, Sep 2023, for which she was awarded a full clinical bursary to cover all costs. This latest work has also been published: **Marshall, C.**, Jones, C., Burt, K., Lappin, V., Martin, C., Jomeen, J. & Webb, A. (2023), Practitioner perspectives on the use of selected fear of childbirth screening tools within a clinical context, *Journal of Reproductive and Infant Psychology* - DOI: [10.1080/02646838.2023.2243286](https://doi.org/10.1080/02646838.2023.2243286).



Related to this, in Aug 2023 the CEO of the Maternal Mental Health Alliance visited the Trust's Perinatal Mental Health team. In an article on their website, [Visiting and learning from Humber's perinatal mental health service | Maternal Mental Health Alliance](#), it stated:

'There is clearly a commitment from the Trust to ensure women and families receive the most current evidence-based care as the team are active in research. This includes employing Claire for one day a week to engage in research relating to maternal and infant mental health. This work has been integrated into their clinical pathways, published in international journals, and shared at conferences and explains the culture of innovation I picked up during my visit.'

Other staff in the Trust have also authored publications in 2023 (see *Appendix 2*).

7. Equality, Diversity and Inclusion

We are working to find ways to connect with diverse groups to help ensure as many people as possible are given the opportunity to take part in research. To complement this work and share ideas and learning, the Assistant Director R&D and Research Operations Manager are members of the new Trust Health Inequalities Operational Group. Within this work, our Research Nurse for Eastern European Communities, employed by the Trust as part of the Yorkshire and Humber regional team, has shared some of their experiences and learning.

Our research team have recently all committed to completing 'Introduction to Cultural Sensitivity in Research' NIHR e-Learning module and from Dec 2023 we have committed to all new research team members doing this as part of their standard induction.

Appendix 1 – Research studies running in the Trust April-Nov 2023 (broken down into Divisions)

Table 1: NIHR Portfolio studies

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Practices, attitudes and outcomes of patients with memory problems	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet, Brighton & Sussex University Hospitals NHS Trust	31/01/2024	Open
Post-Diagnostic Dementia Support within the ReCOVERY College Model (DiSCOVERY): Work Packages 2 to 4 - Realist evaluation of post-diagnostic dementia courses	Observation	Cathryn Hart Assistant Director of Research	Prof Christopher Fox Norfolk and Suffolk NHS Foundation Trust	31/12/2024	Open
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression (PATHFINDER Trial)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	01/03/2023	Follow up
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	31/10/2023	Follow Up
MELODIC: co-developing a Music therapy intervention Embedded in the Life Of Dementia Inpatient mental health Care to reduce agitation and related physical assaults	Intervention	Dr Emma Wolverson Reader Ageing and Dementia/Research Lead Dementia UK (Hon Trust contract)	Dr Ming-Hung Hsu Anglia Ruskin University	30/11/2024	Open
A randomised CONTROLLED trial of Tailored Acceptance and Commitment Therapy for older people with treatment resistant Generalised Anxiety Disorder (CONTACT-GAD)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Rebecca Gould Camden & Islington NHS Foundation Trust	01/07/2025	Open
The clinical and cost effectiveness of internet-delivered self-help Acceptance and Commitment Therapy for family carers of people with dementia (iACT4CARERS): A randomised controlled trial with ethnically diverse family carers	Intervention	No Local PI required	Dr Naoko Kishita University of East Anglia	01/08/2025	Open

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
CognoSpeak: An automated cognitive assessment tool based on language (utilising automated speech recognition and Machine Learning)	Observation	Dr Chris Rewston Clinical Psychologist	Dr Daniel Blackburn Sheffield Teaching Hospitals NHS Foundation Trust	01/05/2025	Open
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Clinical Effectiveness & Research Nurse	Prof Martin Webber University of York	30/06/2023	Completed
Staff and service user views on digital health tools in psychosis: A survey study	Observation	No local PI required	Prof Sandra Bucci University of Manchester	01/03/2024	Open
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Prof Najma Siddiqi University of York	03/05/2025	Open
Recovery Colleges Characterisation and Testing 2 (RECOLLECT 2): Exploring the impact of Recovery Colleges on Student Outcomes and factors which affect these (Studies 1-3)	Observation	Val Higo Team Leader	Prof Mike Slade University of Nottingham	31/07/2024	Open
STOP - Successful Treatment Of Paranoia: Replacing harmful paranoid thoughts with better alternatives	Intervention	Dr Reena Roy Consultant in Older Adult Psychiatry	Dr Jenny Yiend King's College London	01/06/2024	Open
Development of a polygene-based algorithm predictive of weight gain in adults with first episode psychosis that have been prescribed antipsychotic medication	Observation	Emily Scanlon Health Trainer	Dr Adrian Heald RDASH NHS Foundation Trust	01/02/2024	Open
Optimising Wellbeing in Severe Mental Ill Health (OWLS COHORT)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	01/07/2026	Follow up

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Maria Kallikourdi Consultant Psychiatrist	Dr Domenico Giacco East London NHS Foundation Trust	30/11/2023	Follow up
Predictors of psychological treatment outcomes for common mental health problems in IAPT (PROPEL)	Observation	Lorna McKinley Senior Clinical Lead	Dr Alexandra Schmidt University of Sussex	01/07/2023	Follow Up
Integrating Smoking Cessation treatment into usual online Psychological care for people with common mental illness: an Online randomised feasibility and pilot study (ESCAPE-O)	Intervention	Sheryl Horton Talking Therapies Manager	Dr Pamela Jacobsen University of Bath	31/12/2024	Open
MoreRESPECT: A Randomised controlled trial of a sexual health promotion intervention for people with severe mental illness delivered in community mental health settings	Intervention	Dr Haley Jackson Clinical Effectiveness & Research Nurse	Prof Liz Hughes Napier University	30/06/2026	Open
Eating Disorders Genetics Initiative V1 (EDGI)	Observation	Dr Hannah Armit Clinical Psychologist	Dr Gerome Breen King's College London	01/09/2024	Open
Understanding anger and aggression: A questionnaire study	Observation	Carolyn Scott Forensic Psychologist	Dr Sinead Lambe University of Oxford	29/05/2024	Open
What people think about doing physical activity: a questionnaire study	Observation	Dr Reena Roy Consultant Psychiatrist	Dr Rowan Diamond University of Oxford	01/04/2024	Open
Unplanned Mental Health - Adult					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No local PI required	Prof Louis Appleby University of Manchester	31/03/2024	Open
Healthcare professional's prioritisation of barriers to accessing psychological support for perinatal obsessive-compulsive disorder and generation of recommendations to improve access to support.	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Alice Tunks University of Sussex	28/04/2023	Closed

Children's & Learning Disability					
Community-Based Behavioural Activation Training (ComBAT) for Depression in Adolescents: Randomised Controlled Trial (RCT) with Economic and Process Evaluations	Intervention	Denise Purdon ISPHNs Clinical Team Leader	Prof Lina Gega Tees, Esk and Wear Valleys NHS Foundation Trust	31/08/2025	Open
Physical Health of Adolescent Inpatients	Observation	Dr Nicola Green Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	30/04/2023	Completed
Community & Primary Care Services					
A multi-national, prospective mixed methods study of the effectiveness of naloxone (including intranasal Nyxoid) administration by lay people in reversing opioid overdose	Observation	Dr Soraya Mayet Consultant Psychiatrist	Prof Sir John Strang King's College London	30/03/2024	Open
Case finding for depression in primary care: a regression discontinuity design (CASCADE study)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Caroline Fairhurst Tees, Esk and Wear Valley NHS Foundation Trust	04/09/2023	Open
Reducing respiratory infections in primary care: The Immune Defence Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	12/01/2024	Completed
The Bridlington Eye Assessment Project (BEAP) Age-related Macular Degeneration (AMD) Study: Characterising Phenotypes and Genotypes in a UK Population Cohort [BEAP-AMD2]	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Winfried Amoaku University of Nottingham	30/06/2023	Completed
Active Brains Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	03/08/2027	Follow up
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Trust	07/04/2023	Follow up
Platform Adaptive trial of NOvel antiViRals for eArly treatMent of covid-19 In the Community (PANORAMIC)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Christopher Butler University of Oxford	30/03/2023	On hold

Randomised Controlled Trial CompARing THE Clinical And CosT-Effectiveness Of VaRious Washout Policies Versus No Washout Policy In Preventing Catheter Associated Complications In Adults Living With Long-Term Catheters	Intervention	Karen Nelson Senior Specialist Nurse	Prof Mohamed Abdel-Fattah University of Aberdeen	01/04/2023	Completed
Eat well, feel well, stay well (the STREAM Trial)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	30/11/2023	Open
Using a diagnostic taste test as a surrogate biomarker to predict drug effectiveness in patients with depression	Intervention	Marion Opoku-Fofie Deputy Chief Pharmacist	Dr David S K Adams Ranvier Health Ltd	31/12/2024	Open
Remote assessment of Parkinsonism supporting ongoing development of interventions in Gaucher's disease	Observation	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Anthony Schapira University College London	31/12/2024	Open
LOng COvid Multidisciplinary consortium: Optimising Treatments and servlces acrOss the NHS (LOCOMOTION)	Observation	No local PI required	Dr Manoj Sivan University of Leeds	15/09/2023	Completed
Identifying the Prevalence of Social Isolation and; Loneliness in the Community Setting Across England	Observation	Clive Nicholson Research Nurse	Dr Austen El-Osta Imperial College London	01/12/2025	On hold
Clinical and cost effectiveness of an online integrated bipolar parenting intervention: A randomised controlled trial	Observation	No local PI required	Prof Steven Jones Lancaster University	30/09/2024	Open
Forensic Services					
Access Assessments for Admission to Adult Medium & Low Secure Services	Observation	No local PI required	Dr Sarah Leonard University of Manchester	31/07/2023	Open
Randomised controlled trial of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour (HaSBIDD Trial)	Intervention	Dr David Brackenbury Consultant Clinical Psychologist	Prof G.H. Murphy University of Kent	31/03/2026	Open
Across multiple services					
Do Safe and Well Visits delivered by the Fire and Rescue Service reduce falls and improve quality of life among older people? A randomised controlled trial (FIREFLI)	Intervention	No local PI required	Dr Sarah Cockayne University of York	10/07/2023	Completed

Table 2 – Non-NIHR Portfolio studies

Study title	Study type	Local Principal Investigator (PI)	Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
An Exploration of Therapist Experiences of the Flash Technique for Individuals Experiencing Traumatic Stress	Observation	Annie Townshend Trainee Clinical Psychologist	University of Hull	25/09/2023	Completed
Survey of infant mental health knowledge, confidence, skills and practices among staff working infants and their families within the Hull, East Yorkshire, North and North Lincolnshire region.	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Humber Teaching NHS Foundation Trust	07/07/2023	Completed
How can university training, and clinical supervision, support low intensity practitioners to effectively deliver a Parent-led Cognitive Behavioural Therapy intervention and improve outcomes for children, young people and families	Observation	Phil Wilkins Team Lead	Northumbria University	30/09/2025	Open
Experiences of individuals with a diagnosis of Personality Disorder being diagnosed with Autism Spectrum Condition	Observation	Jade Dalton Trainee Clinical Psychologist	Lancaster University	31/08/2024	Open
Community & Primary Care Services					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
Physical Activity among Alcohol Dependent Service Users: A Qualitative Exploration of the Attitudes, Barriers, and Facilitators from Service User and Health Care Professional Perspectives (The PAAD Study v1.0)	Observation	Dr Soraya Mayet Consultant Psychiatrist	University of Hull	31/10/2023	Open
Children's & Learning Disability					

Study title	Study type	Local Principal Investigator (PI)	Sponsor	Estimated End Date	Status
Behind closed doors: A phenomenological exploration into the lasting responses of experiencing inpatient CAMHS and implications for identity development	Observation	Thomas White Trainee Clinical Psychologist	University of Hull	01/05/2023	Completed
Healthcare professionals' views on the effect of media on self-harm.	Observation	Tharushi Denipitiya Trainee Clinical Psychologist	University of Hull	25/09/2024	Open
Across Multiple Services					
Scale, Spread and Embed: Using Natural Language Processing of Free-text Patient Experience Feedback for Quality Improvement	Observation	Mandy Dawley Patient Experience Lead	Imperial College London	31/01/2024	Open
Living alone with dementia: managing without informal support to contact and navigate services	Observation	No local PI required	Dr Jenni Brooks Sheffield Hallam University	30/11/2023	Open
Which factors do health professionals feel impact on transitions between male medium and low secure mental health units?	Observation	Katie Foy Trainee Forensic Psychologist	Humber Teaching NHS Foundation Trust	31/12/2023	Open
Predictors and moderators of submissive compassion in healthcare: Implications for the NHS	Observation	No local PI required	Lydia Tunstall University of Hull	05/05/2024	Open

Appendix 2: Publications (Trust staff in **bold**)

Wolverson, E., **Appleyard, S.**, Stirland, S. & Gower, Z. (2023). The palliative care symptoms of people with dementia on admission to a mental health ward. *International Journal of Geriatric Psychiatry*, Vol 38 (9), <https://doi.org/10.1002/gps.5995>

Wolverson E L, Harrison Dening K, **Dunning R**, Crowther G, Russell G and Underwood BR (2023) Family experiences of inpatient mental health care for people with dementia. *Front. Psychiatry* 14:1093894. [doi: 10.3389/fpsy.2023.1093894](https://doi.org/10.3389/fpsy.2023.1093894)

Javaid, A., Rasool, S., Hamid, Z., Michael, D. and Amir, A. (2023), Impact of COVID-19 on rate of admissions in the Humber Teaching NHS Foundation Trust in Yorkshire. *Prog. Neurol. Psychiatry*, 27: 39-40. <https://doi.org/10.1002/pnp.793>

Marshall, C., Jones, C., Burt, K., Lappin, V., Martin, C., Jomeen, J. & Webb, A. (2023), Practitioner perspectives on the use of selected fear of childbirth screening tools within a clinical context, *Journal of Reproductive and Infant Psychology*
DOI: [10.1080/02646838.2023.2243286](https://doi.org/10.1080/02646838.2023.2243286)

Mayet S, Gledhill A, McCaw I, **Hashmani Z, Drozdova Z**, Arshad S, **Shahbaz S**, Huang C, and Phillips T (2023) Telemedicine in addictions: Feasibility randomised controlled trial. *Heroin addiction & related clinical problems* 25(3): 2023

Tiba AI, Trip S, Bora CH, Drugas M, Borz F, Miclăuș DC, **Voss L**, Iova SC and Pop S (2023) ~ Positive irrational beliefs are associated with hypomanic personality. *Front. Psychol.* 14:1053486. [doi: 10.3389/fpsyg.2023.1053486](https://doi.org/10.3389/fpsyg.2023.1053486)

Tiba A, Drugaș M, Sârbu I, Simona T, Bora C, Miclăuș D, **Voss L**, et al. (2023) T-RAC: Study protocol of a randomised clinical trial for assessing the acceptability and preliminary efficacy of adding an exergame-augmented dynamic imagery intervention to the behavioural activation treatment of depression. *PLoS ONE* 18(7): e0288910. <https://doi.org/10.1371/journal.pone.0288910>

Wenborn J, Mountain G, Moniz-Cook E, Poland F, King M, Omar R, ...**Hart C**, et al. (2023) Community Occupational Therapy in Dementia intervention for people with mild to moderate dementia and their family carers in the UK: the VALID research programme including RCT. *Programme Grants Appl Res* 2023;11(5). <https://doi.org/10.3310/RGTJ7429>

Title & Date of Meeting:	Trust Board Public Meeting, 31 January 2024															
Title of Report:	Rapid review into data on mental health inpatient settings: action plan progress update															
Author/s:	Stella Jackson, Head of Corporate Affairs															
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>X</td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note		To ratify		For assurance	X		
To approve		To discuss														
To note		To ratify														
For assurance	X															
Purpose of Paper:	The Board is asked to consider whether the action taken is sufficient to meet the recommendations within the report.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> Many examples of good data collection and use of data is described in the report many of which concur with the Trust approaches ie quality dashboard, triangulation of data, real time dashboards The majority of the actions are complete and the remaining actions are in progress. 		Key Actions Commissioned/Work Underway: As presented in Appendix 1.														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Despite the data burden, patients and families and clinical teams told the review that the system is not measuring what matters. They do not consider what is being measured truly has an impact on patient safety and outcomes 		Decisions Made:														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team	Aug 14 th 2023												
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail) Board	Aug 30 th 2023												

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	

Rapid review into data on mental health inpatient settings: Action Plan Progress Update

1. Introduction

At the August Strategic Board Development meeting, Board members were informed about the recommendations arising from the rapid review into data on mental health inpatient settings. At that meeting, it was agreed that an action plan should be produced in response to the recommendations relating to provider trusts and that progress updates would be provided to the Board. It was also noted that a quality improvement training session would be delivered at a future Strategic Board Development meeting and this subsequently occurred in October 2023.

The report contained 13 recommendations for improvements in the way local and national data was gathered and used to monitor and improve patient safety in mental health inpatient pathways.

The review stated that unless specified differently, the recommendations should be implemented by all parties within 12 months of the publication of the report (the report was published on 28 June 2023).

At its meeting in August 2023, the Executive Management Team considered the report findings and assurances that have already been received by both EMT and the Board in respect of data, systems and processes aligned to quality of care and patient safety and agreed actions to be taken to further strengthen our approaches in respect of the recommendations relevant for providers. An action plan has been developed (Appendix 1) and outlines progress made in implementing the recommended actions.

2. Context

The rapid review was commissioned by ministers in response to concerns that the right data and information to provide early alerts to identify risks to patient safety in mental health inpatient settings and prevent safety incidents was not available and was undermining efforts to improve care and keep patients safe.

The purpose of the review was to consider the way that data and evidence relating to mental health inpatient settings and pathways was collected, processed, and used to identify risks early, and mitigate them to protect to the safety of patients. This includes quantitative information and qualitative evidence from patients, carers and staff.

The reviewers consulted with over 300 experts in mental health inpatient pathways, including experts by experience, carers, families, healthcare assistants, nurses, psychiatrists, managers, clinical directors, chief executive officers (CEOs), chief clinical informatics officers, non-executive directors, integrated care systems (ICSs), safeguarding adults boards, regional and national leaders, academics, data experts, regulators, third sector organisations and others, and reviewed roughly 50 submissions, reports and other evidence that have been sent to the review team.

The full report can be accessed via this link: <https://www.gov.uk/government/publications/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations>

3. Recommendations relating to provider trusts

3.1 Recommendation 5 (recommendation in full)

Provider boards have a vital role to play in ensuring safety and quality of care in mental health inpatient pathways. The following actions are recommended to improve boards' capacity to identify, prevent and respond to risks to patient safety:

Every provider board should

- Urgently review its membership and skillset and ensure that the board has an expert by experience and carer representative
- Ensure that its membership has the skills to understand and interpret data about mental health inpatient pathways and ensure that a responsive quality improvement methodology is embedded across their organisations. They should expect those skills to be at least to a level that matches that of financial literacy on the board. They should review and update their recruitment and annual review processes in line with the recommendations of the Kark review of the fit and proper persons test. This should ensure that people with the necessary competencies, including data literacy skills, are appointed to the board and these skills and competencies are updated. Boards should consider annual mandatory training for their members on data literacy, in partnership with their local ICS and other system partners. Every board should provide Mental Health Act training so that at least half their non-executive directors are trained as associate hospital managers under the Mental Health Act and participate in hearings to best understand the clinical care provided, the challenges, and the views of patients, families and clinical teams for the patients
- Urgently review its approach to board reports and board assessment frameworks to ensure that they highlight the key risks in all of their mental health inpatient wards, as set out in the safety issues framework (identified in the Rapid review into Data on Mental Health inpatient settings: final report) and recommendations overview , and that they support the board to take action to mitigate risks and improve care, including both quantitative data and qualitative 'soft intelligence' such as feedback from patients, staff and carers. Provider boards should also set out in writing how they will make sure the voice of carers and family members is heard both at board level and with clinical staff and make sure this information is publicly available.

In addition

- CQC should assess and report on whether the membership of the boards of providers of mental health inpatient services includes experts by experience (including carer) representatives and whether boards are maintaining an appropriately high level of data literacy and quality improvement expertise on mental health inpatient pathways among their membership as part of their assessments
- NHS England should review and update the guidance on board assessment frameworks

3.2 Recommendation 6 (recommendation in full)

Trust and provider leaders, including board members, should prioritise spending time on wards regularly, including regular unannounced and 'out-of-hours' visits, to be available to and gather informal intelligence from staff and patients. Priority should be given to those units where there is a known higher risk of 'closed cultures' including services for people with learning disabilities and autistic people, children and young people, those with cognitive impairment and neurodevelopmental conditions and patients held under powers of detention.

3.3 Recommendation 7 (recommendation in full)

All providers of NHS-funded care should review the information they provide about their inpatient services to patients and carers annually and make sure that comprehensive information about staffing, ward environment, therapeutic activity and other relevant information about life on the wards is available. CQC should assess the quality, availability and accessibility of this information as part of their assessment of services.

3.5 Recommendation 10 (recommendation in full)

Ward visitors, whether unpaid carers, family members, friends or advocates, play an important role in providing feedback regarding the care provided and escalating any concerns. Providers should review their processes for allowing ward visitors access to mental health inpatient wards with a view to increasing the amount of time families, carers, friends and advocates can spend on wards. DHSC should consider what more can be done to strengthen the expectation for all health and care providers in England to allow visiting.

3.6 Recommendation 11 (recommendation in full)

All providers of NHS-funded care should meet the relevant core carer standards set by the National Institute for Health and Care Excellence (NICE) and Triangle of Care, England. Regulators, including CQC and professional regulators, should consider how to monitor the implementation of these carer standards, especially where there is greater risk of unsafe closed cultures developing. ICSs should consider how to routinely seek carer feedback. Inpatient staff training programmes should identify how they can benefit from carer trainers. For patients detained under the Mental Health Act, families and carers should be part of all detention reviews.

3.7 Recommendation 13 (recommendation in full)

Except where specified, these recommendations should be implemented by all parties within 12 months of the publication of this report. Government ministers, through the Department of Health and Social Care (DHSC), should review progress against these recommendations after 12 months.

Action Plan on Rapid review into data on mental health inpatient settings:

Recommendation	Agreed actions to date	Lead	Progress Update
<p><i>Recommendation 5</i></p> <p><i>Every provider board should</i></p> <p>5.1 Urgently review its membership and skillset and ensure that the board has an expert by experience and carer representative.</p>	<p>Given we are a multi-speciality provider we will strengthen the patient voice to the Board and establish a PACE Group as a subgroup to the Board. This group will receive information from all PACE Forums and related activity for reporting to the Board.</p>	<p>KF/MD</p>	<p>We have a regular programme of patient and carer stories at the start of Board meetings to set the tone of the meetings.</p> <p>We also share qualitative PACE information in the six month and annual PACE reports (including Complaints and Feedback).</p> <p>In addition, one of the Associate Non-Executive Directors has lived experience of mental health.</p> <p>In view of the above, it is no longer felt necessary to establish a Board sub-group.</p>
<p>5.2. Ensure that its membership has the skills to understand and interpret data about mental health inpatient pathways and ensure that a responsive quality improvement methodology is embedded across their organisations</p>	<p>QI training for Board members to be undertaken.</p> <p>Patient Safety Training level 1 a – mandated for all staff including the Board.</p> <p>Refresh training regarding the use of SPC charts.</p>	<p>CF/MM</p> <p>PB</p>	<p>Undertaken in October 2023. Further training requirements to be considered at April Strategic Board Development meeting.</p> <p>No further action - complete</p> <p>Draft video circulated to Board for comments.</p>
<p>5.3 Boards should review and update their recruitment and annual review processes in line with the recommendations of the Kark review of the fit and proper persons test. This should ensure that people with the necessary competencies, including data literacy skills, are appointed to the board and these skills and competencies are updated.</p>	<p>Reviewed in line with Kark recommendations</p>	<p>SJ</p>	<p>The Kark review fit and proper person recommendations have been implemented within the Trust.</p> <p>Succession planning at the Trust identifies the skill set requirements of individual Board members and Strategic Board Development meetings are utilised to deliver training to Board members in areas where there are gaps in skills and/or knowledge</p> <p>Action complete</p>

Recommendation	Agreed actions to date	Lead	Progress Update
5.4 Boards should consider annual mandatory training for their members on data literacy, in partnership with their local ICS and other system partners. Every board should provide Mental Health Act training so that at least half their non-executive directors are trained as associate hospital managers under the Mental Health Act and participate in hearings to best understand the clinical care provided, the challenges, and the views of patients, families and clinical teams for the patients.	Mental Health Act (MHA) training to be undertaken by all Board members.	CF/MM	Three NEDS will be Hospital Managers. MHA training mandatory for all board members
5.5. Urgently review its approach to board reports and board assessment frameworks to ensure that they highlight the key risks in all of their mental health inpatient wards,	Recent refresh of the BAF undertaken.	MM	No further action required - complete
	Board performance report recently reviewed and refreshed.	PB	No further action required - complete
	Routine reporting of risk through Board sub committees and the Risk Register.	HG	Ongoing. Action complete
5.6. Provider boards should also set out in writing how they will make sure the voice of carers and family members is heard both at board level and with clinical staff and make sure this information is publicly available.	Patient Safety Partner Policy produced and published on Trust Website	HG	Approved by the Board in November 23. Implementation as part of PSIRF Closed
	Patient and Family Engagement in Patient Safety Incidents Policy produced and published on Trust Website	HG	Approved by the Board September 23. Implementation as part of PSIRF Closed
	Online statement to be co-produced with staff, patients, families and carers describing our	KF	This statement is contained in the Trust's Five Year Forward Plan which was co-produced with a range of stakeholders. It is available on the Trust website at

Recommendation	Agreed actions to date	Lead	Progress Update
	approach.		https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm
<p><i>Recommendation 6</i></p> <p>Trust and provider leaders, including board members, should prioritise spending time on wards regularly, including regular unannounced and 'out-of-hours' visits, to be available to and gather informal intelligence from staff and patients.</p>	<p>Programme of visits including out of hours to be developed for the Board for 2023-24</p>	SJ	<p>Visits programme produced for announced visits until the end of March 2024 and for unannounced until the end of July 2024.</p> <p>Further visits will be organised on an ongoing basis.</p> <p>Action closed.</p>
	<p>Executives to increase the number of unannounced/out of hours visits.</p>	Execs	<p>Director of Nursing and Chief Operating Officer undertaking regular unannounced visits out of hours.</p> <p>Ongoing - close</p>
<p><i>Recommendation 7</i></p> <p>All providers of NHS-funded care should review the information they provide about their inpatient services to patients and carers annually and make sure that comprehensive information about staffing, ward environment, therapeutic activity and other relevant information about life on the wards is available.</p>	<p>PLACE report goes to Public Board</p>	PB	<p>Complete – last considered by the Board in September 2023</p>
	<p>Review content of the six-monthly safer staffing report.</p>	HG	<p>Report reviewed and refreshed with a strengthened focus on safety on the units. Report to January Board.</p>
<p><i>Recommendation 10</i></p> <p>Providers should review their processes for allowing ward visitors access to mental health inpatient wards with a view to increasing the amount of time families, carers, friends and advocates can spend on wards.</p>	<p>The Trust visiting policy describes a flexible approach that maximises access for visitors.</p>	KF	<p>The Visiting Policy has recently been produced which incorporates information regarding flexibility. This was approved at QPAS in November 2023.</p> <p>We also have promotional material which promotes visiting hours.</p>
	<p>Ongoing review of complaints regarding visiting to ensure policy being followed.</p>	KF	<p>This is standard practice and complaints are reviewed on a six monthly basis.</p>

<p><i>Recommendation 11</i></p> <p>All providers of NHS-funded care should meet the relevant core carer standards set by the National Institute for Health and Care Excellence (NICE) and Triangle of Care, England</p>	<p>The Trust continues to deliver on the core carer standards set by the National Institute for Health and Care Excellence (NICE) and Triangle of Care through the work of the Patient Engagement Team.</p> <p>Six monthly reports to Quality Committee</p> <p>Annual reports in the public board.</p>	<p>KF</p>	<p>The Trust continues to deliver on the core carer standards in a number of ways.</p> <p>Standard practice – action complete</p> <p>Standard practice – action complete</p>
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Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024														
Title of Report:	Hull Community Plan 2024 - 2034														
Author/s:	Michele Moran Chief Executive														
Recommendation:	<table border="1" data-bbox="539 584 1528 701"> <tr> <td data-bbox="539 584 938 622">To approve</td> <td data-bbox="938 584 1034 622"></td> <td data-bbox="1034 584 1410 622">To discuss</td> <td data-bbox="1410 584 1528 622"></td> </tr> <tr> <td data-bbox="539 622 938 660">To note</td> <td data-bbox="938 622 1034 660">✓</td> <td data-bbox="1034 622 1410 660">To ratify</td> <td data-bbox="1410 622 1528 660"></td> </tr> <tr> <td data-bbox="539 660 938 701">For assurance</td> <td data-bbox="938 660 1034 701"></td> <td data-bbox="1034 660 1410 701"></td> <td data-bbox="1410 660 1528 701"></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:	Hull's new Community Plan will shape the city for the next decade. It was approved with cross-party support at the November 2023 full council meeting. The plan was created in partnership with local organisations and Hull residents.														
Key Issues within the report:															
<p>Positive Assurances to Provide: The priorities have shaped a set of 6 ambitions and 3 commitments. These will now provide a focus for the council and other organisations in the city as they work with residents and communities to deliver a new vision for Hull over the next 10 years.</p> <p>The 6 ambitions are -</p> <ul style="list-style-type: none"> • safe and welcoming neighbourhoods • a healthier and fairer Hull • reaching our potential • economic growth that works for all • responding to the climate and nature emergency • our culture, our heritage, our city <p>The 3 commitments are -</p> <ul style="list-style-type: none"> • engagement of all residents and communities • strong, united leadership committed to improving outcomes • a focus on inclusion 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Workplan produce and monitored by health and social care committee • Governance structures being developed 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • N/A 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The plan was approved at the full Council 														

		meeting in November 2023		
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)	31.1.24

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	



HULL COMMUNITY PLAN 2024-2034



working in partnership





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Leader, Hull City Council** 5

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FOREWORD



This Community Plan has been shaped by the people of Hull and is for the people of Hull.

It is the result of many months of conversations and feedback from residents and partner agencies and has one key aim: to improve the lives and opportunities of everyone living, working, and doing business in our city.

The plan sets out a new vision for the city as reflected in six ambitions rooted in what residents have said about their lives, streets and city, the improvements they would like to see, their hopes and aspirations for the future. They have also been developed with an understanding of the opportunities and challenges we face as a city and a community.

From good homes and better jobs to cleaner, greener, safer neighbourhoods, residents' priorities are at the heart of this Community Plan. These aims will guide the decisions, plans, and actions of all public services, and our private and voluntary sector partners, over the next ten years.

Crucially, as well as changing what we do, the plan will change how we do things.

The council alone cannot deliver the priorities and ambitions of the Community Plan, so the way we work with partners and the way we collectively involve the people and communities of Hull will be critical. This is why the Community Plan includes a series of commitments from all partners that will put citizens at the forefront of developing the services and plans affecting their lives and their city.

Our shared vision and ambitions will only be achieved by everyone in the city working together. This means that the publication of the plan is just the start of a long-term conversation, and I hope that everyone, in every community in the city, will want to get involved and play a part in creating the Hull we all want to see.

**Councillor Mike Ross
Leader
Hull City Council**





VISION AND AMBITIONS

Our six ambitions represent a new vision for Hull





TOGETHER WE CAN

Achieving our shared ambitions will require commitment from all of us, and most importantly, the active participation of residents and communities.

We will work with citizens so that together we can see the impact of our plans and encourage others to participate in the delivery and on-going development of the Community Plan. New and easy ways for people to have their say and get involved will be developed to ensure everyone can play a part.

Our commitments

Engagement of all residents and communities

- ▶ A network of Community Plan engagement opportunities right in the heart of our communities.
- ▶ Digital engagement across residents' preferred platforms.
- ▶ Citizens take a central role in how we deliver, review, and monitor our services.
- ▶ Securing the commitment of residents, communities and businesses to work with us to achieve the Ambitions of their Community Plan.

Strong, united leadership committed to improving outcomes

- ▶ The Hull Anchor Institutions Group will bring together the major public sector organisations, and other key partners, to provide city-wide co-ordination and challenge.
- ▶ Shared intelligence and evidence-based decision making.
- ▶ Collaborative decision making to make best use of our shared resources.
- ▶ Chief Officers leading by example in their own organisations.
- ▶ Engagement with government to explore and enable greater freedom around use of resources.

A focus on Inclusion

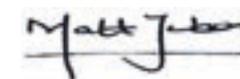
- ▶ Developing a better understanding of different communities.
- ▶ Supporting and celebrating diversity.
- ▶ Working hard to include people who might otherwise be excluded or marginalised so that everyone has an equal opportunity to be happy and to achieve their full potential.
- ▶ A concerted effort to ensure that early help and prevention services reach residents who are most in need.

Strong partnerships are essential to the success of our city and will be key to the success of our Community Plan. Recognising this, everyone who has a stake in the future of our city is being invited to play a part.

The Plan is both the foundation and the catalyst for Hull's key public, private and voluntary and community organisations to develop closer and more sustainable partnerships, and to engage with residents and businesses in new ways, as we all deliver against a shared vision for Hull.

There are several groups and organisations already delivering on many of the aims and priorities set out in the Plan, and we will build on this by coordinating and aligning our efforts to ensure we are meeting the needs and aspirations of local people. Whilst all organisations supporting the Plan will have their own governance to assess their delivery on its priorities, one of the ways we will do this is by bringing together a Hull Anchor Institutions Group. Involving key partners, this group will provide coordination and challenge on a city-wide basis, ensuring our city moves forward based on the priorities of our residents. Crucially, the Plan will be delivered alongside our city's people and communities, ensuring everyone is involved and no-one is left behind.

The major changes and challenges happening locally, regionally, nationally, and globally, mean that having a shared vision for Hull, with everyone working together to deliver on its priorities, has never been more important. All the partners involved recognise this and we are determined to deliver for our people.



Matt Jukes
Chief Executive
Hull City Council





**MY LIFE,
MY STREET,
MY CITY**



How residents shaped the Community Plan

The work to engage residents and communities in the development of the Community Plan began in 2022. Voluntary sector collective Forum invited 30 groups from across the city to take part in conversations about their lives in Hull and their aspirations for the future.

These conversations focused on the broad themes of My Life, My Street, My City, and the detailed feedback received, helped to shape the development of the next phase of engagement early in 2023, when everyone in the city was invited to have their say by completing a paper or online questionnaire.

The statements to the right reflect what people said was most important to them, and what they would like to improve.

MY LIFE

- ▶ A job I enjoy.
- ▶ To be financially secure and in control of my own life.
- ▶ To be happy and healthy - mentally and physically.
- ▶ To live in a way that's good for the environment.
- ▶ Good friends and family relationships.
- ▶ A nice, affordable home.

MY STREET

- ▶ To feel safe.
- ▶ Clean and tidy streets.
- ▶ Pride in where I live.
- ▶ Good public services and facilities nearby.
- ▶ Local shops and centres.

MY CITY

- ▶ Good transport, making it easy to get around.
- ▶ Enjoying Hull's parks and open spaces.
- ▶ An environmentally friendly city.
- ▶ Hull's heritage, culture, and attractions.

IN 10 YEARS' TIME, HULL WILL BE KNOWN FOR BEING:

- ▶ Safe and welcoming.
- ▶ A good place to settle and have a family.
- ▶ An affordable place to live.
- ▶ An attractive city.





AMBITION 1:
**SAFE AND WELCOMING
NEIGHBOURHOODS**



Our ambition is to create safe, attractive, and inclusive neighbourhoods where everyone feels welcome.

With good housing that is economical to run, high quality public services and facilities, thriving local shops and centres, and well-maintained streets and public spaces, all the city’s communities will be stronger and more sustainable places where people are proud to live.

Making it Happen:

1. We will work with communities, local services, and partners to ensure that people feel safe in their home, neighbourhood, and city.

- ▶ Tackle the root causes of crime, making communities more resilient and building confidence in the response to crime and community safety.
- ▶ Encourage community ownership of the local environment, so building neighbourhood pride and improving perceptions.
- ▶ Seek out and listen to those residents and neighbourhoods who feel vulnerable or marginalised, ensuring no community or individual is left behind.

▶ Ensure that people who are affected by crime, abuse, or exploitation have access to the services and support they need and the confidence to reach out for help.

2. We will create cleaner, greener, more attractive neighbourhoods where all feel welcome.

- ▶ Clean, tidy, and well-maintained streets and open spaces, creating a sense of community ownership and wellbeing.
- ▶ Work with communities to encourage biodiversity.
- ▶ Effective waste, cleansing, grounds, and tree services to support a well-maintained local environment and surrounding open space, supported by education, enforcement, community engagement and action.

3. We will provide good quality, affordable homes in neighbourhoods where people are proud to live and are actively involved in decisions affecting their community.

- ▶ Provide opportunities for community engagement and financial investment that puts residents, their homes, and their neighbourhoods first.
- ▶ Revitalise neighbourhoods by working with residents to set local priorities. Secure investment to tackle the issues that matter most to them, and will be the focus of their area plans.



AMBITION 2:
**A HEALTHIER
AND FAIRER HULL**



Our ambition is to create a fairer Hull where everyone benefits from real and sustained improvements in health and wellbeing.

Making it Happen:

1. Prevention - we will support people to be healthy, independent, and more resilient across all age groups.

- ▶ Keep children and families at the heart of our city and build an environment which supports positive health choices.

- ▶ Ensure citizens receive the best preventative services which are easy to access and recognise different needs in our communities.

- ▶ Recognise that our investments in the city, its communities and people can effect change and have a role in preventing ill health and drive the link between the environment and health whilst achieving our carbon reduction ambitions.

2. Reducing health inequalities – we will ensure all communities in our city have equal opportunities to achieve their full health potential.

- ▶ Listen and learn from those experiencing inequalities in our city and use this to effectively design and deliver our services.

- ▶ Develop comprehensive and integrated services ensuring equality of access and targeted support when needed.

- ▶ Ensure we think about inequalities first in all our decision making and secure a fair deal for Hull in national investment.

3. Integrated and sustainable services - we will ensure public, private, and voluntary sector services play a key role in maintaining and improving the health of local people.

- ▶ Services work effectively together to deliver the best services they can whilst developing the workforce to harness opportunities for learning and research.

- ▶ Recognise the impact of trauma and adversity on health and social outcomes, work to prevent trauma happening in the first place, and improve how we respond and reach out when people are suffering.

- ▶ Promote independence and support our residents and communities to stay healthy and active for as long as possible.



AMBITION 3:
**REACHING OUR
POTENTIAL**

Our ambition is to make Hull a Child Friendly City and a place where lifelong learning is valued, supporting access to good quality jobs, and ensuring everyone can reach their potential.

Making it Happen:

1. Make Hull a Child Friendly City.

- ▶ Hull will be a great place to raise a family and for children to grow up in.
- ▶ The voices of children and young people are heard and respected and the contribution to decisions affecting their lives is valued.
- ▶ Children have the best start in life and are ready for school.
- ▶ Children and young people have access to good health, education, and transport.
- ▶ Children feel safe and protected from discrimination and harm; they enjoy well-designed and maintained public spaces where they can meet other children safely and freely.

2. Provide high quality, inclusive, education and skills opportunities. Hull will build a culture where education and skills are valued across all ages and where parents and carers prioritise their child's learning, raising aspirations.

- ▶ All education settings and opportunities are places where all learners' unique talents are celebrated, and they feel they belong.
- ▶ People of all ages participate in the education and lifelong learning needed to access good jobs now and in the future.
- ▶ Reduce the difference between underperforming groups and their peers across all ages, along with the digital divide.
- ▶ Provide a learning offer that enables all children, young people, and adults to meet their potential.

3. Jobs, work and nurturing talent. Partners will work together to increase the breadth and quality of jobs available in the city and wider travel to work area.

- ▶ Young people and adults have the skills and abilities to access quality jobs that they enjoy.
- ▶ Employers create inclusive, family-friendly job opportunities, which support a good work/life balance.
- ▶ Lifelong learning opportunities, learning for enjoyment and support to nurture talent enables young people and adults to thrive in their work and be happy in their lives.





AMBITION 4:
**ECONOMIC GROWTH
THAT WORKS FOR ALL**



Photo credit: University of Hull

Our ambition is to build on the city's role as a regional hub for enterprise, growth, and high productivity and skills.

Working across our diverse population, Hull will be a leading centre of advanced manufacturing, Medi-health, digital inclusion, renewable energy, research and innovation, and culture.

Tackling disadvantage, inequality and exclusion, Hull will be a place where everyone is supported to reach their economic potential, so reducing poverty and inequality in every part of the city.

Making it Happen:

1. People - we will:

- ▶ Provide an environment where people can develop skills at all ages.
- ▶ Improve access to work and connecting people to opportunities.
- ▶ Support in-work progression by improving skills and opportunities.
- ▶ Support all businesses including small, medium and micro-businesses to employ a diverse and inclusive workforce.
- ▶ Ensure the city's workforce reflects the community.

2. Place - we will:

- ▶ Secure investment and a reduction in vacant units.
- ▶ Improve and invest in neighbourhood centres.
- ▶ Provide an environment for businesses to thrive.

- ▶ Continue to support the growth of the city's digital sector.

- ▶ Further investment in the visitor, culture, and leisure offer.

3. Productivity - we will

- ▶ Maximise existing employment land to increase job opportunities and reduce its use for low value storage uses.

- ▶ Support employers and training providers to boost higher level skills.

- ▶ Support investment and growth, research, development, and innovation.

- ▶ Enhance further and Higher education provision to support the growth of green jobs.

- ▶ Work with partners to deliver high-quality, lifelong homes and the creation of new communities.

- ▶ Improve transport and digital connectivity and choice.



AMBITION 5:
**RESPONDING TO THE
CLIMATE AND NATURE
EMERGENCY**



Our ambition is for Hull to be an environmentally friendly city at the forefront of the climate change agenda.

By stopping the pollution causing climate change and protecting and increasing the space for nature, the city will be a place that is easy to travel around and where homes are energy efficient and neighbourhoods are greener.

Making it Happen:

1. We will stop Climate Pollution.

- ▶ Carbon Neutral City by 2030, Net Zero by 2045.
- ▶ Continue to improve air quality.
- ▶ Ensure residents have the skills for new green jobs.

2. We will build Greener Communities – protecting and increasing space for nature.

- ▶ Encourage active travel for leisure, school, work, and short trips instead of having to use the car.
- ▶ Reduce waste and consume less.
- ▶ Create an environmentally friendly city.
- ▶ Create more space for nature and biodiversity in our communities.
- ▶ Make travel other than by car easier, affordable, and accessible.

3. We will adapt to flooding and heatwaves – the impacts of carbon pollution are already being felt in our communities; significant flooding in 2007 and 2013, and the heatwave in 2022 make us realise the impact this can have on ourselves family and friends across all aspects of our lives.

- ▶ Better understanding of the impact of carbon pollution on our communities.
- ▶ Help residents, communities, businesses, and the city be better prepared and able to adapt to flooding and heatwaves.
- ▶ Create stronger more climate resilient homes and neighbourhoods for today and the future.



AMBITION 6:
**OUR CULTURE, OUR
HERITAGE, OUR CITY**

Our ambition is to continue to build Hull's reputation as a leading UK city in community-led culture and heritage.

We will reveal and celebrate the stories we have yet to tell through our exciting Maritime offer and a diverse programme of events, festivals, and cultural experiences that are uniquely Hull.

All of Hull's people and communities will have the opportunity to be at heart of this journey as they play an active role as audiences, performers, makers, and volunteers.

Making it Happen:

1. People will feel they belong, and the culture and heritage offer will be inclusive to all.

▶ Young people, and intergenerational families will be at the heart of our city through the creation and delivery of activity in partnership with them.

▶ We will celebrate our city's diversity through culture and heritage by supporting people to come together and building understanding of having more in common than what sets us apart.

▶ Our culture and heritage will champion accessibility for all.

2. Imaginative communities that celebrate the identity of our different and distinctive neighbourhoods. Our vibrant, safe and welcoming communities will be platforms for creative exploration.

▶ We will tell the story of our diverse neighbourhoods and communities, celebrating pride in our places and the unique character and contribution of each. Culture and heritage will connect our people and neighbourhoods with each other, and with the city centre and beyond.

▶ Our neighbourhoods and community assets will open their doors to new experiences.

3. People feel empowered, and we recognise we are all on our own journey. Culture and heritage will support individuals to develop at their pace, in ways they want.

▶ Partners will collaborate to ensure we maximise our potential and that of people and places.

▶ Opportunities to be creative, enable cultural production and learning to be open and inclusive to all.

▶ Culture is for everyone and by everyone, in communities and in our centres, we will work together to support access, participation, and cultural production at a neighbourhood level.





GETTING INVOLVED



This Community Plan presents a unique opportunity to accelerate change and improve our city.

Driven by what is important to citizens and the opportunities and challenges for Hull in the future, it sets out the ambitions we all hold for the city, and together we will make it happen.

To find out more about how you can be involved in the development and delivery of the Community Plan, please visit our website www.hull.gov.uk



Thanks

Hull City Council wishes to thank all residents, community groups and partners who have been involved in the development of this Community Plan.

Whether you supported or took part in a discussion group, completed a survey, helped with the consultation or attended a committee, stakeholder event or presentation, your support and contribution have been invaluable.

Those listed are just some of the partners who supported the development of the plan. There will be more opportunities to shape its future throughout its development and delivery.

3Cs Yap 'n' Yarn

Active Humber

Active Stroke Group

Age UK

Alzheimers Society

Back to Ours

BAMEEN

Berkeley St Mosque

Better Together Partnership

Bodmin Church

Bora Shabaa Refugee Community

CHCP CISS

Carnegie Heritage Centre

Citizens Advice Hull & East Riding

City Health Care Partnership CIC

Cooperation Hull

Cornerhouse

EMS Ltd

Fitmums and Friends

Forum

Ground / WeAreHere

Hessle Road Network

HEY LEP

Hon Lok Senior Association

HU4 Community Trust

Hull & East Riding Probation Service

Hull & East Yorkshire Back Care

Hull & East Yorkshire
Centre for the Deaf

Hull 4 Heroes

Hull Afro Caribbean Association (HACA)

Hull CVS

Hull Churches Home From Hospital
Service

Hull College

Hull Food Partnership

Hull for Heroes

Hull Minster

Hull Mosque and Islamic centre

Hull University Teaching
Hospitals NHS Trust

Hull Vineyard

Hull's Area Committees

Humber All Nations Alliance (HANA)

Humber and North Yorkshire Integrated
Care Board

Humber Community
Advice Service (HCAS)

Humber Teaching NHS
Foundation Trust

Humberside Fire and Rescue Service

Humberside Police

Jubilee Church

Knit & Natter - The Bank

Lonsdale Community Centre

Matthew's Hub

Men In Sheds

Modality Partnership (Hull)

Outkast Panda Crew CIC

PAUL For Brain Recovery

Pickering & Ferens Homes

Police and Crime Commissioner

PROBE

Rainbow Community Garden -
North Hull

Redwood Glades Stroke Group

Refugee Council New Roots

Sight Support

Solidarity Hull CIC

St Johns Rosmead St

St. Michael's Youth Project

Teeth Team / H6YCU / ArtLink /
wemadethishull

The Humber Social Impact Network

The Learning Partnership

The Peel Project

Thrive Co-operative Learning Trust

Together Women

Two Ridings

Unity In Community

University of Hull

Welcome House

West Hull Community Hub

Welcome to English

Yap & Yarn - Bransholme

Yorkshire Ambulance Service
NHS Trust

Youth Aspire Connect



Photo credit: University of Hull



www.hull.gov.uk



Title & Date of Meeting:	Trust Board Public Meeting – 31 st January 2024														
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log														
Author/s:	Francis Patton, 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>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:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> The ongoing monitoring of plans to deliver the Primary care and Agency recovery plans. The Trust has a high degree of confidence in its year end forecast. The staffing bridge analysis with a focus on productivity. Control of expenditure from analysis of orders over £10k. Actions in relation to the planning feedback letter are well established. Capex is on track to deliver for year end. The financial planning underway for 24/25 which is tightly linked to the overarching strategy. The level of detailed planning within the BeDigital strategy and the fact that the BeDigital plan is on track. The new style BAF shows improvement iteration on iteration. The clear triangulation that is going on at operational level between workforce planning, BRS, productivity and transformation. 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> There are ongoing Primary Care and Agency cost reduction plans in place. There are plans being developed/in place for the EPR migration plus discussions about moving from a big bang to a phased changeover. 													

<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> The financial position of the NHS at all levels remains a concern with forecast outturns looking overly optimistic which could lead to tighter controls in the second half of the year and high asks going into 24/25 particularly with the ask being a breakeven plan for the ICB. The ongoing costs of Primary Care and Agency costs continue to put pressure on our yearend outturn. The future costs of Lorenzo will put a medium-term pressure on the Trust. EPR migration. Significant pressure in the system on referrals for children & young people with autism & ADHD. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> To accept the key papers received at FIC.
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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	31.1.24

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance is on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, monitoring of Primary care and Agency costs, development of the financial plan for 24/25, the BAF and the BeDigital plan.

Concerns were flagged around the NHS financial position, Primary Care & Agency costs, the ongoing cost of Lorenzo, the EPR migration and pressure in the system on referrals for children & young people with autism & ADHD.

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			
x	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications
Compliance	√			

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 10th of January were:

- In terms of the Insight report the key issues raised were: -
 - The committee received an update on finances at national, regional and local level, although for slightly different time periods. That said all showed that there is a large and growing deficit between actual & planned performance. The Month 7 NHSE England board paper reported a £420m overspend (0.4%) compared to plan at month 8 the Humber and North Yorkshire ICB recorded a deficit position of £52m this is a £21m adverse variance to plan (H2 resources have been deployed to providers). Despite this Humber and North Yorkshire ICB are still forecasting that they will hit plan at year end
 - NHS Commercial has launched its first strategic framework for the NHS. As the first of its kind, the framework, developed in partnership with NHS commercial professionals, seeks to bring together the efforts of the NHS commercial community, drive collaboration across commercial teams, Page 7 leverage NHS collective buying power and provide clear, consistent guidance on how to contract with the NHS.
 - The Committee received details of established processes in place to address the plan feedback actions requested by NHS England.
 - The committee received an update of the staff pay bridge seen at the last meeting which had been updated based upon feedback from FIC and gave assurance on how staff levels were being managed and productivity analysed.
 - The committee received analysis of orders over £10k which again gave assurance around the excellent controls in place on spend.
 - There was an update on the pay deal now being expanded to include non-NHS bodies.
- The Trust reported a breakeven position at Month 8, the Trust had released £0.640m of Balance Sheet flexibility in Month 3 to enable the break-even position. No further release of Balance Sheet Flexibility was undertaken at Month 8. The cash balance at the end of Month 8 was £27.237m. The Better Payment Practice Code figures show achievement of 92.8%. The Year-to-Date Agency expenditure totalled £5,291m. This is £0.612m below the same period for the previous year. The committee had a good discussion around whole-time equivalents versus bank and use of agency which is causing financial pressure but were assured that staffing levels are safe which is also cross checked at Quality committee through the safer staffing report. The committee also received the first draft of the forecast outturn and work will continue to refine this, with the month 9 updated forecast being brought to EMT in January. However, we were assured that we are on target to deliver against plan.
- At month 8 Children's and LD reported an underspend of £0.440m; Community and Primary Care reported an underspend of £0.182m although primary care was overspent by £0.221m; Mental Health reported an overspend of £0.374m; Forensic services reported an underspend of £0.407m Corporate Services reported an underspend of £1.423m driven predominantly by finance technical items.

- In terms of BRS at month 8 overall savings amounted to £1.876m which is on plan. That said the yearend forecast shows a £0.178m shortfall driven by Community and Mental Health. The shortfall will be picked via non recurrent savings in Community. The committee had a really good discussion linking BRS with the finance paper and the appendices in the insight report showing the clear links being made between BRS, workforce, productivity and transformation showing a clear and evident triangulation being undertaken at Divisional level. The committee felt that this a new level of assurance gained over the last 12 months reflecting excellent work by finance and operations working in tandem.
- The committee received an update on agency spend. Year to date spend of £5.291m represents a 10% reduction in spend year on year and the forecast spend for the year represents a 21% reduction on 2022/23 spend levels. However current spend year to date is £0.893m over the Trust profiled financial plan and spend needs to reduce in the remaining quarter of the year to recover to target. The current Forecast at Month 8 represent a deterioration from the Month 7 forecast. The level of off framework agency spend has been flagged by ICB Regional Team. That said the PINS for new nurses had not gone through and 57 nurses were recruited in Sept/Oct and an update on consultant and speciality doctors showed a level of detail not seen before with several overseas recruitments about to come on stream. Spend on Agency continues to be picked up at ODG, EMT and Accountability Reviews and Off Framework usage has been picked up in accountability reviews and will be an area of focus.
- The committee received a capex update. Work has commencing on planning and delivery of most schemes within the programme with 30% of the annual budget been spent/committed at the end of September.

The capital programme is now £18.299m following the addition of £6.124m of lease costs (IFRS 16 impact) and additional PDC funding for digital projects of £1.038m. £3.159m has been spent at the end of November and a further £0.967m committed. At £1.624m expenditure on digital projects represents 50% of expenditure to date.

Work is progressing on planning and delivering the 3 major schemes in the programme at Granville, the Humber Centre and Pine View. Replacement alarmed bedroom door sets have been installed and integrated at Avondale, Inspire, and Westlands. Work on the seclusion and extra care facilities are progressing and expected completion is the end of March. Work on the decarbonisation plan is progressing with wall insulation being fitted in preparation for the addition of heat source pumps in 2024/25. A tripartite approach to developing a “blue light” solar farm is being explored with Police and Fire services, and the Yorkshire Ambulance Service, alongside exploring other opportunities to achieve energy security.

Digitisation is progressing with the EPR scheduled for implementation in May 2024 and the Interweave (Yorkshire and Humber Care Record) continues to be developed. • Additional digital funding has been awarded and added to the capital programme in November (£1.032m).

- The committee received a planning update for 2024/25. The planning guidance has still not been published but there are hints that it will ask for more of the same. NHSE has asked all systems to deliver a breakeven position which looks a tall order based upon performance this year particularly for our ICB. Allocations will be the same adjusted for pay awards. SDF and

MHIS will continue and our BRS planning has started but needs further work. This will all go through ODG and EMT coming back to FIC in April. The committee discussed how all of this tied into the overarching strategy and questioned the identification of the gaps that might need highlighting to Board and received good assurance on all areas indicating that planning was well underway.

- The Committee received the BAF, and risk register. No matters of concerns were highlighted or key risks further to those included in the Finance risk register extract and Board Assurance Framework escalated. The 4 risks held on the Finance Risk Register linked to the Board Assurance Framework had remained the same. The committee felt that the new style BAF had improved in quality since its inception and was now looking good. There was a discussion around 3 key areas going forward being the overarching finance risk based on the environment we now face, the quality of the estate and how we deal with that if we cannot proceed with our business case for a redesigned Adult Inpatient Mental Health Services and finally the risks around implementing our new EPR system. These will be discussed at EMT and come forward on the new BAF for 2024/24 at FIC in April.
- In terms of the Be Digital agenda NHS England have approved the Network upgrade investment agreement and the EPR Business change for the current ways of working has been completed in December 2023 as planned. SystemOne non-GP view beta testing has been completed and roll out will start once clinical safety actions have been mitigated. In addition, budget has been allocated to support the replacement of 50 laptops per month.

The key areas of risk are the cost of Lorenzo for the next two years which will create a cost pressure, this significant increase has been escalated with Dedalus who supply Lorenzo, and an EPR risk concerning data migration, reporting and the impact of operational pressures. These are understood and being mitigated. The EPR team has recruited an SME and operational staff and the EPR contract has been signed off by TPP and the Trust. In addition, an Impact assessment of the EPR rollout and data migration has been issued on the 20 December 2023 and the EPR programme board are reviewing the current roll out approach considering a move from a big bang approach to a phased rollout.

- The committee received the final draft of the Pre-Consultation Business case (PCBC) for the Adult Inpatient Mental Health Services following the review and additional work requested by the board when it considered the case in July 2023 for discussion. The extra work on stakeholder engagement and financial modelling had been undertaken reinforcing the original recommendations. Some detailed comments will be forwarded to the author and incorporated before the Business case comes to Board in March. However subject to those tweaks the committee complemented the team on an excellent piece of work and recommend it to Board.

The Board should note that ICB and NHSE endorsement is still required and although there is no allocated capital for the project, a PCBC that has undergone an NHSE gateway review will be in the best possible position to take advantage of funding streams that become available in the future.

- The committee received reports from the Estates Strategy & Capital Delivery Group and the Major Schemes Project Board and were assured that all were working well.

Agenda Item 21

Title & Date of Meeting:	Trust Board Public Meeting, 31 st January 2024			
Title of Report:	Charitable Funds Accounts 2022/23			
Author/s:	Peter Beckwith Director of Finance			
Recommendation:	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			
Purpose of Paper:	The purpose of this paper is for the Trust Board in its role as corporate Trustee to approve the annual accounts for the year ended 31 st March 2023.			
	<p>The unaudited accounts consist of 3 key components, namely:</p> <ul style="list-style-type: none"> • Trustee Annual Report 2022/23 • Independent Examiners Report • Annual Accounts 2022/23 			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> • Accounts have been reviewed by the Director of Finance and the Chair of the Charitable Funds Committee 		<ul style="list-style-type: none"> • Access has been granted to the Charities Commission Website. • Once approved the accounts will be submitted to the Charities Commission. 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> • None identified. 		<ul style="list-style-type: none"> • Trust Board as Corporate Trustee are asked to approve the accounts. 		
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)	

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	

Report of the Trustees and
Unaudited Financial Statements for the Year Ended 31 March 2023
for
Humber Teaching NHS Foundation Trust
Charitable Funds

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Humber Teaching NHS Foundation Trust
Charitable Funds

Contents of the Financial Statements
for the Year Ended 31 March 2023

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Notes to the Cash Flow Statement	12
Notes to the Financial Statements	13 to 19
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Health Stars Charity: Trustee Report for the Year Ended 31 March 2023

Introduction

The purpose of the Health Stars Charity is to provide “extra sparkle” to the work of the Humber Teaching NHS Foundation Trust.

Our Vision: Health Stars envisions contributing to a thriving healthcare environment for NHS teams and their patients by embracing generosity and investing in innovation.

Our Mission: To promote the development of exceptional healthcare beyond NHS core services through investments in people, environments, resources, training, and research.

During 2022/23, the Charity continued to raise and deploy funds, working with Trust staff, supporters and partners.

The Charity served as a catalyst for care and facilities that augmented core NHS services, providing comfort and memorable experiences for patients and their families. Health Stars positioned itself to support both capital projects and small-scale changes to enhance the well-being of patients, carers, and employees.

A number of fund requests to Health Stars were received in 22/23. These “Wishes” came from across the Trust and from every division where staff and patients saw an opportunity to enhance resources. They included items and equipment for those living with dementia, therapeutic garden equipment, seating for outdoor interactions, and support for mental health awareness days and Christmas activities.

Health Stars continued its commitment to the Whitby Hospital Appeal and the hospital officially reopened in Autumn 2022.

A notable event in 2022 was the CEO Challenge, where Michele Moran, the CEO, virtually cycled from Willerby to Whitby. This engaging initiative not only raised funds but also garnered support from generous sponsors, partners, and suppliers. The virtual journey symbolised the collaborative spirit driving Health Stars, with each pedal contributing to the well-being of patients and enhancing healthcare experiences.

The year saw noteworthy changes in the staffing structure at Health Stars Charity. While transitions brought fresh perspectives and talents to the team, they also posed initial challenges in maintaining continuity. Through effective leadership and commitment, the organisation successfully integrated new team members, fostering a collaborative and innovative work environment.

Efforts were made to refresh the charity and enhance staff awareness of its impact, and, as we entered 2023/24, to develop closer working relationship with the Trust communications and operational teams.

Health Stars had to tackle several challenges during 2022/23. The year began with adjustments to staffing, followed by the organisation's efforts to emerge from the lingering effects of the COVID-19 pandemic. Additionally, the charity faced the pressing challenges of the cost-of-living crisis and had to adapt to unexpected circumstances, including the rescheduling of the planned Golf Day due to the passing of Her Majesty The Queen.

As the cost of living increased for many households, the charity looked at new innovative ways to fundraise including increasing engagement with corporate partners and suppliers.

Against this backdrop, a heartfelt thank you is extended to all supporters who contributed to Health Stars during 2022/23. The charity strives to be a testament to partnership working, ensuring beyond-the-norm resources are available for the evolving needs of healthcare across the Humber Teaching NHS Foundation Trust service area. Trustees look forward the Charity's further evolution in 2023/24 and beyond.

OBJECTIVES AND ACTIVITIES

Significant activities

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

The central (Big Thank You) fund has NHS wide objectives and is held centrally and available for the Trustee's to apply the income at their discretion so far as permissible for any charitable purpose relating to the NHS.

As highlighted in the reporting year, a number of requests for enhancements were delivered by the Charity. Work is underway to refresh the charity and grow staff awareness of the charity and how charitable funds can be accessed in order to make a difference to service areas within Humber Teaching NHS Foundation Trust. A close working relationship has been established with the Trust communications team and we anticipate that 2023/2024 will see further growth and evolution for Health Stars.

Public benefit

The public benefit is further tested through the Wish process by posing the the following questions of of each wish;

- Is the Wish an enhancement of the current statutory provision?
- How will the patient or patients see a benefit?
- Would you put a pound in a collection box for this ask (Public perception test?)

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

In the reporting year, the Trustees continued to commission the HEY Smile Foundation to deliver the operations of the charity and provide additional strategic leadership.

Income was raised from individuals, corporate supporters, grant-giving trusts, direct donations from grateful families and our range of fundraising activities, and from interest on fund balances. Health Stars is an active member of NHS Charities Together.

The Charity continues to receive communication from our investment bankers CCLA Investment Management Ltd (COIF Charitable Funds) and from the Charity Commission.

FINANCIAL REVIEW

Financial Highlights

A total of £78,255 was raised in year details of which are included in the accounts, against this income a total of £170,749 was expended, this reduced the net balance of funds to £307,907 as at the 31st March 2023.

Investment policy and objectives

The Charity has a deposit account with CCLA Investment Management Ltd (COIF Charitable Funds). Dividends are paid into a high-interest deposit account which remains greater than a standard current account.

The Charity also has 510 COIF Charities Investment fund income units with a value of £9,556 at the end of March 2023.

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

The Charitable Fund's Committee reviews the investments and banking arrangements taking advice from our professional advisors each year. There were no additional investments or realised investments during 2022/2023.

Accounting Policy

In preparing these accounts, the charity has adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Reserves policy

Our reserve policy aims to ensure a minimum of six months of operating costs in the bank.

FUTURE PLANS

The aims and objectives for the next twelve months are to continue to work to deliver on our three-year strategy. The strategy is framed around five key workstreams:

- Income generation to support a three-year delivery plan
- Internal relationships, awareness and impact maximisation
- External communications, marketing and community positioning
- Improved working with fund guardians
- New more effective Circle of Wishes system and new website

In addition to the workstreams, three key priority areas have been identified for 2023/24 as follows:

- Build a network of Charity Champions
- Greater engagement with clinical teams
- Energising the funds

Our charitable expenditure will continue to be determined by the requests from staff and patients may include the following areas of spend:

- Purchase of Medical equipment
- Enhancement of patient facilities
- Support of research projects

STRUCTURE, GOVERNANCE AND MANAGEMENT

Charity structure

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

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

The charitable funds available for spending are allocated to specialities within the Humber Teaching NHS Foundation Trust's Directorate management structure. Each allocation is managed by use of a designated fund zone with Fund Guardians assigned to each.

The Trust Board are the Corporate Trustee, The Trust Board consists of Executive and Non-Executive Directors. Executive Directors are subject to the Trust's recruitment policies.

The Chair gives new members of both the Humber Teaching NHS Foundation Trust Board and the Charitable Funds Committee a briefing on the current policies and priorities for the charitable funds. A guided tour of the Humber Teaching NHS Foundation Trust's facilities which have benefitted from the Charity, plus any additional training that their role(s) may require, are also offered.

The Charitable Fund's Committee, working closely with the commissioned charity services provided by HEY Smile Foundation, effectively executed the Trustees' responsibilities. Acting for the Corporate Trustee, the Charitable Funds' Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

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

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

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

Principal charitable fund advisor to the board

Under a scheme of delegated authority approved by the Corporate Trustee, the nominated executive director has overall responsibility for the management of the Charitable Funds.

The arrangements for approval of charitable fund expenditure is controlled under the scheme of delegation of the Corporate Trustee, and are as follows:

Delegation limits

Up to £1,000 Authorisation from Health Stars Fundraising Manager and Fund Guardian

£1,001 - £4,999 Further authorisation from Director of Finance and Service Lead

£5,000 - £25,000 Further authorisation from Charitable Funds Committee

£25,001 and above noted by Humber Teaching NHS Foundation Trust Board via an assurance report.

The finance officer acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year. Operational support to the financial administration continues to be provided by HEY Smile Foundation. The Independent Examiners are 360, Chartered Accountants based in Hull. All the financial procedures are operated through the XERO finance system.

Key personnel

The Humber Teaching NHS Foundation Trust Chief Executive and Chair take an active interest in the Charity aiding its delivery and priority alongside the following;

Executive Lead for Health Stars – Director of Workforce and OD Teaching NHS Foundation Trust

Chair of Charitable Funds Committee

CEO of Hull and East Yorkshire Smile Foundation Head of Smile Health

Fundraising manager and Head of Smile Health

Working in partnership

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

Risk management

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

Code of Conduct; Standing Orders;

Standing Financial Instructions and Scheme of Delegation;

Charitable procedures

Fundraising

Grant management;

and Fraud Policy.

In the reported year, no major risks to which the Charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified is the challenge to fundraising in the pandemic environment, whilst we saw us begin to exit the pandemic, events did not go ahead as planned and had to be cancelled resulting in lost income. All risks are carefully considered, and there are procedures in place to review the reserves policy and to ensure both spending and firm financial commitments remain in line with income.

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

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1052727

Principal address

Finance Department
Trust Headquarters
Willerby
East Yorkshire
HU10 6ED

Trustees

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

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

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

The names of those people who serve as agents for the corporate Trustee, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990, is as follows as at 31st March 2022;

Ms C Flint Chair, Non-Executive Director

Mrs M Moran Chief Executive

Mrs H Gledhill Director of Nursing, Allied Health and Social Care

Mr P Beckwith Director of Finance

Mr M Smith Non-Executive Director

Mr F Patton Non Executive Director

Mr D Royles Non-Executive Director

Mr H Malik Non-Executive Director

Mr S McKinnon-Evans Non-Executive Director

Mr S McGowan Director of Workforce and Organisational Development

Mrs L Parkinson Chief Operating Officer

Dr J Byrne Medical Director left 30/6/22

Dr Dasari Michael Medical Director 1 July to 30 September 2022

Dr Kwame Opoku-Fofie, Executive Medical Director Appointed October 2022

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

Independent Examiner

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Bankers

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

Humber Teaching NHS Foundation Trust
Charitable Funds

Report of the Trustees
for the Year Ended 31 March 2023

REFERENCE AND ADMINISTRATIVE DETAILS

Bankers

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

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

.....
Mr P Beckwith - Trustee

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

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

I report to the charity trustees on my examination of the accounts of Humber Teaching NHS Foundation Trust Charitable Funds (the Trust) for the year ended 31 March 2023.

Responsibilities and basis of report

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

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

Independent examiner's statement

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

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

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Andrew Mark Steele FCA FCCA

360 Accountants Limited
18-19 Albion Street
Hull
East Yorkshire
HU1 3TG

Date:

Humber Teaching NHS Foundation Trust
Charitable Funds

Statement of Financial Activities
for the Year Ended 31 March 2023

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/23 Total funds £	31/3/22 Total funds £
INCOME AND ENDOWMENTS FROM						
Donations and legacies		25,144	-	-	25,144	52,988
Charitable activities						
Patient Education, Welfare & Amenities		-	46,500	-	46,500	10,064
Investment income	2	6,611	-	-	6,611	434
Total		31,755	46,500	-	78,255	63,486
EXPENDITURE ON Charitable activities						
Patient Education, Welfare & Amenities	3	168,862	1,887	-	170,749	366,646
Net gains/(losses) on investments		-	-	(360)	(360)	774
NET INCOME/(EXPENDITURE)		(137,107)	44,613	(360)	(92,854)	(302,386)
RECONCILIATION OF FUNDS						
Total funds brought forward		6,096	384,749	9,916	400,761	703,147
TOTAL FUNDS CARRIED FORWARD		(131,011)	429,362	9,556	307,907	400,761

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Balance Sheet
31 March 2023

	Notes	Unrestricted fund £	Restricted fund £	Endowment fund £	31/3/23 Total funds £	31/3/22 Total funds £
FIXED ASSETS						
Investments	7	-	-	9,556	9,556	9,916
CURRENT ASSETS						
Debtors	8	132,090	-	-	132,090	142,480
Cash at bank		11,887	431,249	-	443,136	400,190
		<u>143,977</u>	<u>431,249</u>	-	<u>575,226</u>	<u>542,670</u>
CREDITORS						
Amounts falling due within one year	9	(274,988)	(1,887)	-	(276,875)	(151,825)
NET CURRENT ASSETS/(LIABILITIES)		<u>(131,011)</u>	<u>429,362</u>	-	<u>298,351</u>	<u>390,845</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>(131,011)</u>	<u>429,362</u>	<u>9,556</u>	<u>307,907</u>	<u>400,761</u>
NET ASSETS		<u>(131,011)</u>	<u>429,362</u>	<u>9,556</u>	<u>307,907</u>	<u>400,761</u>
FUNDS	11					
Unrestricted funds					(131,011)	6,096
Restricted funds					429,362	384,749
Endowment funds					9,556	9,916
TOTAL FUNDS					<u>307,907</u>	<u>400,761</u>

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

.....
Mr P Beckwith - Trustee

Humber Teaching NHS Foundation Trust
Charitable Funds

Cash Flow Statement
for the Year Ended 31 March 2023

	Notes	31/3/23 £	31/3/22 £
Cash flows from operating activities			
Cash generated from operations	1	(973)	(204,906)
Net cash used in operating activities		(973)	(204,906)
Cash flows from investing activities			
Sale of fixed asset investments		(360)	774
Revaluation of investments		360	(774)
Interest received		6,611	434
Net cash provided by investing activities		6,611	434
Change in cash and cash equivalents in the reporting period			
		5,638	(204,472)
Cash and cash equivalents at the beginning of the reporting period	2	400,190	604,662
Cash and cash equivalents at the end of the reporting period	2	405,828	400,190

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Cash Flow Statement
for the Year Ended 31 March 2023

1. RECONCILIATION OF NET EXPENDITURE TO NET CASH FLOW FROM OPERATING ACTIVITIES

	31/3/23	31/3/22
	£	£
Net expenditure for the reporting period (as per the Statement of Financial Activities)	(92,854)	(302,386)
Adjustments for:		
Losses/(gain) on investments	360	(774)
Interest received	(6,611)	(434)
Decrease in debtors	10,390	2,350
Increase in creditors	87,742	96,338
	<hr/>	<hr/>
Net cash used in operations	(973)	(204,906)
	<hr/> <hr/>	<hr/> <hr/>

2. ANALYSIS OF CASH AND CASH EQUIVALENTS

	31/3/23	31/3/22
	£	£
Notice deposits (less than 3 months)	443,136	400,190
Overdrafts included in bank loans and overdrafts falling due within one year	(37,308)	-
	<hr/>	<hr/>
Total cash and cash equivalents	405,828	400,190
	<hr/> <hr/>	<hr/> <hr/>

3. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/22	Cash flow	At 31/3/23
	£	£	£
Net cash			
Cash at bank	400,190	42,946	443,136
Bank overdrafts	-	(37,308)	(37,308)
	<hr/>	<hr/>	<hr/>
	400,190	5,638	405,828
	<hr/>	<hr/>	<hr/>
Total	400,190	5,638	405,828
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

The notes form part of these financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements
for the Year Ended 31 March 2023

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

Income

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

Expenditure

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

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

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

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

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

Pension costs and other post-retirement benefits

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

2. INVESTMENT INCOME

	31/3/23	31/3/22
	£	£
Deposit account interest	6,611	434

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

3. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Support costs (see note 4) £	Totals £
Patient Education, Welfare & Amenities	148,803	21,946	170,749

4. SUPPORT COSTS

	Management £	Finance £	Governance costs £	Totals £
Patient Education, Welfare & Amenities	20,660	86	1,200	21,946

5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2023 nor for the year ended 31 March 2022.

Trustees' expenses

There were no trustees' expenses paid for the year ended 31 March 2023 nor for the year ended 31 March 2022.

6. STAFF COSTS

	31/3/23 £	31/3/22 £
Wages and salaries	17,342	32,631
Social security costs	1,549	2,442
Other pension costs	141	704
	19,032	35,777

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

	31/3/23	31/3/22
Employed staff	2	2

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

Employed Staff are employed by The HEY Smile Foundation on behalf of the Charity.

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

7. FIXED ASSET INVESTMENTS

	Listed investments £
MARKET VALUE	
At 1 April 2022	9,916
Impairments	(360)
	9,556
At 31 March 2023	9,556
NET BOOK VALUE	
At 31 March 2023	9,556
	9,556
At 31 March 2022	9,916
	9,916

There were no investment assets outside the UK.

Cost or valuation at 31 March 2023 is represented by:

	Listed investments £
Valuation in 2022	9,916
Valuation in 2023	(360)
	9,556
	9,556

8. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/23 £	31/3/22 £
Trade debtors	132,090	142,480
	132,090	142,480

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	31/3/23	31/3/22
	£	£
Bank loans and overdrafts (see note 10)	37,308	-
Trade creditors	238,367	150,625
Other creditors	1,200	1,200
	<u>276,875</u>	<u>151,825</u>

10. LOANS

An analysis of the maturity of loans is given below:

	31/3/23	31/3/22
	£	£
Amounts falling due within one year on demand:		
Bank overdrafts	37,308	-
	<u>37,308</u>	<u>-</u>

11. MOVEMENT IN FUNDS

	At 1/4/22	Net movement in funds	At 31/3/23
	£	£	£
Unrestricted funds			
General fund	6,096	(137,107)	(131,011)
Restricted funds			
Restricted	384,749	44,613	429,362
Endowment funds			
Endowment Fund	9,916	(360)	9,556
	<u>400,761</u>	<u>(92,854)</u>	<u>307,907</u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

11. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	31,755	(168,862)	-	(137,107)
Restricted funds				
Restricted	46,500	(1,887)	-	44,613
Endowment funds				
Endowment Fund	-	-	(360)	(360)
TOTAL FUNDS	<u>78,255</u>	<u>(170,749)</u>	<u>(360)</u>	<u>(92,854)</u>

Comparatives for movement in funds

	At 1/4/21 £	Net movement in funds £	At 31/3/22 £
Unrestricted funds			
General fund	319,320	(313,224)	6,096
Restricted funds			
Restricted	374,685	10,064	384,749
Endowment funds			
Endowment Fund	9,142	774	9,916
TOTAL FUNDS	<u>703,147</u>	<u>(302,386)</u>	<u>400,761</u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

11. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	53,422	(366,646)	-	(313,224)
Restricted funds				
Restricted	10,064	-	-	10,064
Endowment funds				
Endowment Fund	-	-	774	774
TOTAL FUNDS	<u>63,486</u>	<u>(366,646)</u>	<u>774</u>	<u>(302,386)</u>

A current year 12 months and prior year 12 months combined position is as follows:

	At 1/4/21 £	Net movement in funds £	At 31/3/23 £
Unrestricted funds			
General fund	319,320	(450,331)	(131,011)
Restricted funds			
Restricted	374,685	54,677	429,362
Endowment funds			
Endowment Fund	9,142	414	9,556
TOTAL FUNDS	<u>703,147</u>	<u>(395,240)</u>	<u>307,907</u>

Humber Teaching NHS Foundation Trust
Charitable Funds

Notes to the Financial Statements - continued
for the Year Ended 31 March 2023

11. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	85,177	(535,508)	-	(450,331)
Restricted funds				
Restricted	56,564	(1,887)	-	54,677
Endowment funds				
Endowment Fund	-	-	414	414
TOTAL FUNDS	<u>141,741</u>	<u>(537,395)</u>	<u>414</u>	<u>(395,240)</u>

12. RELATED PARTY DISCLOSURES

During the year there were transactions undertaken with the HEY Smile Foundation, the commissioned supplier of charitable services to Humber Teaching NHS Foundation Trust.

As at 31 March 2023, the charity owed The HEY Smile Foundation £3286 (2022 - £625).

As at 31 March 2023 the charity was owed £330 (2022 - £Nil) by The HEY Smile Foundation.

Humber Teaching NHS Foundation Trust
Charitable Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2023

	31/3/23 £	31/3/22 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	25,144	52,688
Gifts in kind income	-	300
	25,144	52,988
Investment income		
Deposit account interest	6,611	434
Charitable activities		
Grants	46,500	10,064
	78,255	63,486
Total incoming resources		
 EXPENDITURE		
Charitable activities		
Grant funding of activities	106,938	284,721
Governance costs	40,865	40,473
Gift in kind expenses	1,000	300
	148,803	325,494
Support costs		
Management		
Wages	17,342	32,631
Social security	1,549	2,442
Pensions	141	704
Telephone	315	-
Advertising	69	619
Sundries	1,001	2,093
Travel	243	1,379
	20,660	39,868
Finance		
Bank charges	86	84
Governance costs		
Independent examination	1,200	1,200
	170,749	366,646
Total resources expended		
	170,749	366,646
Net expenditure before gains and losses	(92,494)	(303,160)

This page does not form part of the statutory financial statements

Humber Teaching NHS Foundation Trust
Charitable Funds

Detailed Statement of Financial Activities
for the Year Ended 31 March 2023

	31/3/23	31/3/22
	£	£
Realised recognised gains and losses		
Realised gains/(losses) on fixed asset investments	<u>(360)</u>	<u>774</u>
Net expenditure	<u><u>(92,854)</u></u>	<u><u>(302,386)</u></u>

This page does not form part of the statutory financial statements

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 31 January 2024			
Title of Report:	Quality Committee Board Assurance Report – December 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board.			
	The paper provides a summary of discussions from the Quality Committee meeting held on 14 December 2023.			
Key Issues within the report:				
Positive Assurance to Provide: It was agreed positive assurances were received from the following reports: - <ul style="list-style-type: none"> Trust response to the Independent investigation into CAMHS provision in patient at TEWV. Quality Insight Report Quality Committee Risk Register and BAF Divisional QIP Update report Research and Development update report Quality Improvement Annual Report Quality Priorities update 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Update on Clinical Triage Audit to be added to the action tracker for March 2024 meeting as per the Trust Board Action An update on the NHS Impact Action plan to be brought to a future Quality Committee A request that reports be written in a way that puts the patient at the centre of what we are reporting 		
Key Risks/Areas of Focus: It was agreed there were no items at today’s meeting of concern or key risks but a number of items were noted in the minutes for communication and are noted in the report.		Decisions Made: <ul style="list-style-type: none"> The Quality Committee approved the updated QPaS Terms of Reference 		
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	31.1.24

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 key areas of note arising from the Quality Committee held on 14 December 2023 are as follows: -

The minutes of the meeting held on the 28 September 2023 were agreed as a true record and the action log approved noting three actions closed with the remaining item to be completed once QPaS dates has been arranged for the following year, and an additional action to be added in respect of the Clinical Triage Audit for March 2024 meeting, as discussed at Board. The Quality Committee assurance report and the updated work plan were noted. There were no declarations of interest received.

Discussion item – Trust Response to TEWV Independent Report relating to CAMHS in patient provision.

A presentation was given by Cathryn Daley-McCoy giving the background of the report. A key summary of findings with an update on the action plan developed by the Trust in response to the learning was provided. A discussion was held on protective characteristics and training. The Chair thanked CDM for attending with the presentation.

Quality Insight Report – The report highlighted the Terms of Reference for the Letby enquiry have been published. The go live date of 1 October 2023 for the Patient Safety Incident Response Framework (PSIRF) and updates were included in the report along with an update on the Clinical Audit report around overdue audits as requested by the Quality Committee. An update on the success of the Professional Nurse Advocates was given. The increase in reporting of violence and aggression incidents and the work around this to analyse it further was noted by the Committee. The Committee were informed that the definition of Advanced Clinical Practitioner has been published and a Trust working group has been set up to complete the self-assessment. .

Quality Committee Risk Register and BAF Summary – The report was discussed noting 13 quality risks rated nine or above with two risks reduced in rating and four removed from the register as now rated under nine, demonstrating the review and update of ratings for risks. A discussion was held around

the risks that the Trust does not have full control over and the Chair confirmed the information received was good for NEDs to hear noting the outside influences involved.

Division QIP Updates– The Committee discussed the latest highlights of the divisional QIPs, noting how learning is being shared across all divisions such as training and development . It was noted the impressive amount of work being completed.

Research and Development Update Report – The update report was noted with the key areas highlighted and discussed. The report was discussed with positive comments received and noted the work around strengthening the collaboration between local universities and using the opportunity for more research work.

Quality Improvement Annual Report – the Committee discussed the report and noted the impressive content. A discussion was held around maintaining the QI focus and a discussion was held regarding staff being better at capturing this around the work they do every day. It was agreed it was important that culturally we see QI as the day job. It was noted the lead for QI is also leading on the action plan in relation to NHS Impact and agreed it would be good for an update to be brought to the Quality Committee in the future.

Quality Priorities Update – It was noted good progress on the four priorities. It was agreed the paper on Safewards presented to QPaS should also go through to the Mental Health Legislation Committee.

QPaS Terms of Reference – the Terms of Reference for QPaS were approved noting they have been updated to strengthen the approach around the oversight of learning and signing of action plans from patient safety incidents, with a report being presented to QPaS from the newly formed Closing the Loop Group.

Reporting Group Minutes – the minutes were noted with no queries raised.

The Chair felt the following items should be highlighted: -

- Optimising training for protected characteristics – for EMT to note when looking at Trust training to ensure training is required
- Highlight of training for staff without professional qualifications
- The importance of Trauma Informed Care
- To communicate on how vibrant our Quality Improvement and Research and Development approaches are. Being progressive and enrich peoples professional experience and enhance the reputation of the Trust.

It was also suggested it would be good to have a PSIRF session around April onwards to update the Board then a further session Autumn 2024 to discuss what has been learnt.

Title & Date of Meeting:	Trust Board Public Meeting – 31 January 2024			
Title of Report:	Board Strategic Development Meeting Agenda –28 February 2024			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide, for information the agenda for the February meeting			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> Areas of discussion 		<ul style="list-style-type: none"> As per the agenda 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Noting to escalate 		<ul style="list-style-type: none"> N/A 		
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) Board update	✓ 31.1.24

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	

Board Strategic Development Meeting

Agenda

28 February 2024, 10.00am – 3.45 pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 20 December 2023 Meeting and Action Log	CF	Note	✓	
3.	<ul style="list-style-type: none"> • 3a) Prime Provider Selection Update (presentation by Hill Dickinson) • 3b) Strategic questions for the ICB 	PB CF	Discuss	Presentation	10.05
4.	<ul style="list-style-type: none"> • a) Budget Reduction Strategy Update • b) Planning and Productivity 	PB PB/LP	Discuss		11.30
	Lunch with clinicians				13.00
5.	<ul style="list-style-type: none"> • a) Staff Survey Results • b) EDI Objectives Update 	KP	Discuss		13.45
	Coffee Break				14.45
6.	Review of Trust Strategy Strategic Goals	MM/PB	Discuss		14.55
7.	Date, Time and Venue of Next Meeting 24 April 2024, 9.30am, Multi-Use Room, Trust Headquarters				