

**Council of Governors  
Public Meeting – Thursday 17 October 2024**

For a meeting to be held at 2.20pm – 4.45pm in the Lecture Theatre, Willerby HU10 6ED

<p>Quorum for business to be transacted – one third of Governors present.</p> <p>Key duties of the Council of Governors are outlined in the terms of reference and include:</p> <ul style="list-style-type: none"> <li>• Hold the Non-Executive Directors individually and collectively to account for the performance of the Board</li> <li>• Represent the views of the Trust members and the interests of the public</li> <li>• Approve the appointments and remuneration of the Chair and Non-Executive Directors</li> <li>• Approve the appointment of the Chief Executive and Trust Auditor</li> <li>• Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation</li> <li>• Receive the Annual Report</li> </ul>
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		Lead	Action	Report Format
	<b>Standing Items</b>			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 18 July 2024	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Mental Health Crisis Team – this team provides crisis interventions through telephone support, assessments and intensive community based treatment via the Home Treatment Team.	AE	Note	√
6.	Trust response to the Nottingham Report regarding the care and treatment of Valdo Calocane	PJ	Note	√
	<b>Board Report Backs</b>			
7.	Chair's Report	CF	Discuss	√
8.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	√
9.	Quality Accounts	KB	Note	√

10.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
<b>Governor Items</b>				
11.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities		Note	√
12.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
<b>Performance &amp; Delivery</b>				
13.	Performance Report (available in the latest set of Board papers via this link: <a href="https://www.humber.nhs.uk/combined-public-trust-board-minutes-31-july.pdf">Combined Public Trust Board Minutes 31 July.pdf (humber.nhs.uk)</a>	PB	Discuss	√
14.	Finance Report	PB	Discuss	√
<b>Corporate</b>				
15.	Patient and Carer Experience Annual Report – Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production and David Napier, Complaints and Feedback Manager attending	MD	Note	√
16.	Any Other Business	CF	Note	verbal
17.	Review of the Meeting – Being Humber	CF	Note	verbal
18.	<b>Date, Time and Venue of Next Meeting</b>			
	Thursday 16 January 2025, 2.00pm – 4.00pm via Microsoft Teams Thursday 17 April 2025, 2.00pm – 4.00pm Lecture Theatre Willerby Hill Thursday 17 July 2025, 2.00pm – 4.00pm via Microsoft Teams Thursday 16 October 2025, 2.00pm – 4.00pm Lecture Theatre Willerby Hill			

## Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024																			
Title of Report:	Declarations of Interest																			
Author/s:	Caroline Flint Trust Chair																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.																			
Key Issues within the report:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Governor declarations updated</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	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	√			
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	



### Governors' Declaration of Interests

Constituency	Governor	Interests Declared
<b>Elected – Hull Public</b>	Patrick Hargreaves	<ul style="list-style-type: none"> <li>Member of the Labour Party not active</li> </ul>
	Isabel Carrick	<ul style="list-style-type: none"> <li>None</li> </ul>
	Brian Swallow	<ul style="list-style-type: none"> <li>Member of Hull and East Yorkshire Mind</li> <li>Member of Campus Health Centre Patient Participation Group.</li> </ul>
	Vacant	
<b>Elected – East Riding Public</b>	Ted Burnside	<ul style="list-style-type: none"> <li>Volunteer at the Market Weighton GP Practise and a committee member of the surgery's patient group</li> </ul>
	Vacant	
	Anthony Douglas	<ul style="list-style-type: none"> <li>Wife is employed by Humber</li> <li>Member of the Labour Party</li> <li>work on the Trust bank as an RGN and also as an Investigations Officer for HR.</li> </ul>
	Kimberley Harmer	<ul style="list-style-type: none"> <li>Co/Founder &amp; Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing)</li> <li>Trustee of Bridlington Health Forum</li> <li>VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB.</li> <li>VCSE Collaborative Member of HeySmile Humber &amp; ERY</li> <li>Governor Headlands Secondary School</li> <li>Trustee/Director The Hinge Centre Ltd</li> <li>Force IAG, ERIAG, VAWAG IAG</li> <li>Member Humberside Police</li> <li>Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice)</li> <li>Bridlington Youth Partnership Senior Member</li> <li>Conservative Policy Forum Humber &amp; Yorkshire Regional Ambassador</li> <li>Bridlington and The Wolds Association Deputy Chair Fundraising and Event and CWO Representative</li> <li>Furthermore, I own a property business M K Thomas Properties &amp; a decorating</li> </ul>

		firm Thomas Decorators, although we have no current NHS decorating work at present that may conflict. <ul style="list-style-type: none"> <li>• My brother in law also works as a manager in the maintenance team at Bridlington hospital.</li> <li>• I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst</li> </ul>
	John Morton	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Vacant	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Elected – Wider Yorkshire &amp; Humber Public</b>	Tim Durkin	<ul style="list-style-type: none"> <li>• Member of Hull and East Yorkshire Mind</li> <li>• Member of (National) Mind</li> <li>• Associate Hospital Manager (AHM) for the Trust</li> </ul>
<b>Elected Whitby</b>	Vacant	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Service User and Carer</b>	Anthony Houfe	<ul style="list-style-type: none"> <li>• Wife is the founder &amp; Chair of Hidden Disabilities Charity</li> </ul>
	Marilyn Foster	<ul style="list-style-type: none"> <li>• Member of Patient and Carer Forum (Trust)</li> <li>• Humber Medical Education Committee</li> <li>• Volunteer for Stakeholder Panel Interviewing</li> <li>• ICS/Kings Fund Steering Committee</li> </ul>
<b>Elected - Staff</b>	Vacant (clinical)	
	William Taylor (clinical)	<ul style="list-style-type: none"> <li>• Member of Unite the Union</li> <li>• Wife is an employee of Humberside Police force</li> </ul>
	Jon Duncan (non clinical)	<ul style="list-style-type: none"> <li>• I am in a relationship and live together with a member of staff in the organisation – Marie Dawson Senior Project Manager</li> </ul>
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Vacant (non clinical or Clinical)	
<b>Appointed</b>	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> <li>• None</li> </ul>

	Councillor Jonathan Owen, East Riding of Yorkshire Council	<ul style="list-style-type: none"> <li>• Cabinet Member of East Riding of Yorkshire Council</li> <li>• Partner Member of Humber &amp; North Yorkshire ICB</li> <li>• Vice Chair of Humber &amp; North Yorkshire ICB</li> <li>• Chair of East Riding Health &amp; Wellbeing Board</li> </ul>
	Professor Jacque White Hull University	<ul style="list-style-type: none"> <li>• Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery</li> <li>• lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to develop a research bid related to the role of Pharmacy Technicians across the Trust.</li> <li>• Trustee of the Warren Youth Project Hull</li> <li>• Member of the Labour Party</li> <li>• Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).</li> </ul>
	Emma Dallimore, Voluntary Sector	<ul style="list-style-type: none"> <li>• Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings</li> </ul>
	Jonathan Henderson, Humberside Fire & Rescue	<ul style="list-style-type: none"> <li>• None</li> </ul>
	Gary Foster, Humberside Police	<ul style="list-style-type: none"> <li>• None</li> </ul>

## Agenda Item 3

### **Minutes of the Council of Governors Public Meeting held on Thursday 18 July 2024 at 2:30pm – 4:30pm, via Microsoft Teams**

**Present:**

- Rt Hon Caroline Flint, Trust Chair
- Michele Moran, Chief Executive
- Ted Burnside, East Riding Public Governor
- Isabel Carrick, East Riding Public Governor
- Emma Dallimore, Appointed Governor Voluntary Services
- Tony Douglas, East Riding Public Governor
- John Duncan, Staff Governor
- Tim Durkin, Rest of England Public Governor
- Marilyn Foster, Patient and Carer Governor
- Anthony Houfe, Service User and Carer Public Governor
- Patrick Hargreaves, Hull Public Governor
- Sharon Nobbs, Staff Governor
- Brian Swallow, Hull Public Governor
- Will Taylor, Staff Governor

**In Attendance:**

- Francis Patton, Non-Executive Director/SID
- David Smith, Associate Non-Executive Director
- Mike Smith, Non-Executive Director
- Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
- Priyanka Perera, Associate Non-Executive Director
- Iain Omand, Deputy Director of Finance & Contracting
- Matthew Handley, General Manager, Community & Primary Care Division  
(for agenda item 41/24)
- Laura Roberts, PA to Chair & Chief Executive and BSU (Minutes)
- Katie Colrein, Membership Officer
- Leonie Wright, Administration Assistant

**Apologies:**

- Jon Henderson, Appointed Governor, Humberside Fire & Rescue
- Cllr Linda Chambers, Appointed Governor, Hull City Council
- Emma Dallimore, Appointed Governor Voluntary Services
- John Morton, East Riding Public Governor
- Anthony Houfe, Service User and Carer Public Governor
- Jacquie White, Appointed Governor, Hull University
- Phil Earnshaw, Non-Executive Director
- Pete Beckwith, Director of Finance

The Chair welcomed everyone to the meeting.

38/24	<p><b>Declarations of Interest</b></p> <p>Any changes to declarations should be notified to the Head of Corporate Affairs. If any items on the agenda present a potential conflict of interest, the governor(s) should declare the interest and remove themselves from the meeting for that item.</p> <p>There were no declarations made.</p>
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39/24	<p><b>Minutes of the Meeting held on 18 April 2024</b></p> <p>The minutes were agreed as a correct record of the meeting held on 18 April 2024.</p>
40/24	<p><b>Matters Arising and Actions Log</b></p> <p>The action log was noted.</p> <p>Tim Durkin asked if there had been any progress in relation to minute 31/24 regarding the Performance Report. This was in relation to ADHD waiting times and finances to support this. Lynn Parkinson responded that conversations were ongoing, and the position had been escalated. There were currently no finances to support additional service provision. It was added this was a national issue, and that the Integrated Care Board was aware. The Council of Governors would be kept informed.</p> <p>There was a discussion regarding the format of the Performance Report. Tim Durkin advised this matter had also been discussed in the pre-meeting of governors. Michele Moran outlined the importance of the same format being used as that used for the Board and other groups. This and performance reporting more generally would be discussed further at the Governor Development session on 15 August 2024.</p>
41/24	<p><b>Humber Services Spotlight: Primary Care</b></p> <p>Matthew Handley attended the meeting to present to the Council of Governors on Humber Service Spotlight - Primary Care Accessibility. The purpose of this service story was to demonstrate to the Council of Governors the work undertaken to improve access to the Trust's primary care services for patients.</p> <p>The presentation related to the three GP practice services provided by the Trust, with updates on staffing positions and feedback on the patient experience shared. A detailed overview of the practices and data was also shared.</p> <p>The GP surveys had indicated that the surgeries were meeting the needs of the patient however access to appointments was an area for improvement. An overview of the changes implemented was shared, including the new telephone system. It was noted that access had seen some improvements, this was supported in the Friends and Friend Test results from April 2024.</p> <p>The presentation would be circulated to governors.</p> <p>During discussion, the following key points were highlighted:</p> <p>Ted Burnside advised that the PPG at Market Weighton surgery may not agree with the presentation content. Lynn Parkinson responded that meetings had taken place with members of the PPG. Improvements had been seen and work was ongoing. There had also been a national recruitment campaign for GPs due to issues over the last few years. Improvements had been seen, but there was still work to complete.</p> <p>Will Taylor noted that the data slide showed that moral was lower at Market Weighton Practice than the other practices. Mathew Handley responded that the team had been supporting the practice, working with the Primary Care Network on communications and zero tolerance.</p> <p>Marilyn Foster added that there were historic problems with staff abuse and moral. This had improved, however there were still issues with access. There was a discussion regarding access via technology, and patient uptake.</p>

	<p>Anthony Houfe asked about average GP waiting times for appointments. Mathew Handley responded that national guidance was two weeks for non-urgent appointments. Current performance would be clarified.</p> <p>Isabel Carrick asked if a total triage system was in place and Mathew Handley confirmed this had been implemented.</p> <p><b><u>Resolved: The update was noted.</u></b>  <b><u>Presentation and current GP waiting times for appointments to be circulated to the Council of Governors.</u></b></p> <p style="text-align: right;"><b>MH/LR</b></p>
42/24	<p><b>Chair's Report</b></p> <p>The Trust Chair presented her report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Welcome to Laura Roberts who replaced Jenny Jones as PA to Chair and Chief Executive and Board Support Unit Manager.</li> <li>• Dominic Kelly had resigned as a Governor due to work commitments.</li> <li>• Ruth Marsden had also resigned as a Governor.</li> <li>• There would be 4 vacancies in the East Riding constituency for the next round of elections.</li> <li>• Francis Patton and Mike Smith were thanked for their work as Non-Executive Directors of the Trust and their support of the Council of Governors. This would be Francis' last meeting.</li> <li>• A Governor Development Session would take place on 15 August 2024.</li> </ul> <p><b><u>Resolved: The report was noted</u></b></p>
43/24	<p><b>Outcome of the Fit and Proper Persons Test for Non-Executive Director Board members (including the Chair)</b></p> <p>The Trust Chair presented the Outcome of the Fit and Proper Persons Test (FPPT) for Non-Executive Director Board members (including the Chair) report.</p> <p>Assurance was provided that the Trust continues to comply with the Fit and Proper Person Test requirements.</p> <p>The outcomes of FPPT framework assessments had been shared with the Board.</p> <p><b><u>Resolved: The report was noted and assurance was received.</u></b></p>
44/24	<p><b>Chief Executive's Report and Governor Questions to the Chief Executive</b></p> <p>The report was presented and taken as read. The Chief Executive drew Governor's attention to the following sections:</p> <ul style="list-style-type: none"> <li>• Leadership visibility – visits.</li> <li>• ReSPECT campaign in Cultural Framework.</li> <li>• Health inequalities.</li> <li>• Health Stars update.</li> <li>• Communications update.</li> <li>• Elections.</li> </ul> <p>The Kings Speech from the previous day was also mentioned.</p> <p>The Chief Executive would be undertaking her challenge next week, walking circa 13</p>

	<p>miles for the Trust Health Stars charity.</p> <p>Trust guidance had been released that morning, in response to the rising number of Covid cases.</p> <p>Lynn Parkinson advised that operational pressures were moderate (OPEL 2), due to the acuity of patients. Industrial action involving the Junior Doctors could arise and a ballot would be taking place on 29 July 2024 for GPs working in Primary care. Emergency planning would be stood up if required.</p> <p>The Winter Plan was progressing and would be presented to the Board in September 2024.</p> <p>Tim Durkin raised concerns regarding issues in community service in Scarborough and Ryedale. This related to capacity risks. Lynn Parkinson reported that the capacity matters were due to an increase in demand and resultant staffing requirements continued to be reviewed. Lynn added that both she and Michele Moran were members of the Community Collaborative, where such matters were discussed.</p> <p><b><u>Resolved: The report was noted.</u></b></p>
44/24	<p><b>Non-Executive Director (NED) Chairs of Sub Committees Assurance Reports and Feedback</b></p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p>It was noted there was no report from the Quality Committee within the papers.</p> <p><b>Workforce OD Committee</b></p> <p>The May 2024 report for the Committee had been submitted. Another assurance report would go to the Board on 31 July 2024. Positive assurance had been provided, vacancies were improving as well as Statutory and Mandatory training compliance.</p> <p><b>Mental Health Legislation Committee Assurance</b></p> <p>The report was from the Committee meeting on 1 February 2024. It was highlighted that the consent to treatment audit was progressing as well as record keeping.</p> <p><b>Audit Committee</b></p> <p>The report related to the Committee meeting held on 14 May 2024. The following sections of the report were highlighted:</p> <ul style="list-style-type: none"> <li>• The Board Assurance Framework.</li> <li>• Internal Audit programme – significant assurance.</li> <li>• Counter Fraud programme – completed.</li> <li>• Deep dive</li> </ul> <p>Further details could be found in the report.</p> <p>The handling of service user money at Westlands had been discussed, it was added that controls had been implemented at the Trust.</p> <p><b>Charitable Funds Committee</b></p> <p>The report related to the Committee meeting held on 8 May 2024. Good progress had been made in the transition to internal in-house delivery. It was</p>

	<p>added that the team may require support with higher level donations.</p> <p><b>Collaborative Committee</b> The following sections of the report were highlighted:</p> <ul style="list-style-type: none"> <li>• Cost of packages of care concerns</li> <li>• Effectiveness – working with partners</li> </ul> <p><b>Finance and Investment Committee</b> The last Committee meeting had taken place in May 2024, with another scheduled for next week. The following sections of the report were highlighted:</p> <ul style="list-style-type: none"> <li>• End of year review</li> <li>• Hit plan and strong cash balance</li> <li>• Delivered Budget Reduction Strategy (BRS) plan</li> <li>• Stretch target concerns</li> <li>• EPR – good assurance</li> </ul> <p>Tim Durkin advised that the Integrated Care Board (ICB) financial matters had been discussed in the governor pre-meeting, and the possibility of the financial position of trusts within the system impacting on Humber Teaching NHS Foundation Trust. Tim was informed these were challenging times for the ICB and the Trust was currently in a block contract arrangement.</p> <p>Caroline Flint added that in a meeting with the Integrated Care System (ICS), it had been highlighted that the Trust's BRS approach was a good example to follow.</p> <p><b><u>Resolved: The reports and verbal updates were noted</u></b></p>
45/24	<p><b>Performance Update</b> The Performance update was provided by Iain Omand.</p> <p>Training and the report format had already been discussed. It was added that further discussions would take place at the Governor Development Session in August 2024.</p> <p><b><u>Resolved: The report was noted</u></b></p>
46/24	<p><b>Council of Governor Sub-Groups Feedback ATC &amp; EWM inc Membership Engagement Activities</b> Marilyn Foster advised that the Appointment, Terms and Conditions Committee had met on 23 May and 3 July 2024. The Committee had received updates regarding NED appraisals and interviews for the new NEDs. She added that the interviews had a good outcome. NED working hours in relation to pay would be reviewed going forward.</p> <p>An Engaging with Members meeting had taken place on 16 May 2024. Mike Smith gave feedback in relation to a Staff Governor open session. Governor attendance had been low, therefore meeting dates were being reviewed. Caroline Flint responded that information on the groups and meetings had been circulated to the Governors.</p> <p>The newsletter had been positively received. It was suggested that a Governor should appear in each issue and should provide an update regarding the work they had undertaken as a governor.</p> <p><b><u>Resolved: The reports were noted and arrangements would be made</u></b></p>



	<p><b><u>for Governors to appear in Humber Happenings each month.</u></b> <b>KC/COMMS</b></p>
47/24	<p><b>Annual Effectiveness Review of the Council of Governors, Appointments, Terms and Conditions Committee and Engaging with Members group including Terms of Reference for all meetings</b></p> <p>Caroline Flint presented the Annual Effectiveness Review of the Council of Governors, Appointments, Terms and Conditions Committee and Engaging with Members Group including Terms of Reference (ToR) for each. Caroline advised that there were no recommendations identified during the Council of Governors effectiveness review.</p> <p>Tony Douglas presented the Engaging with Members Governor Group effectiveness review and ToR.</p> <p>The Appointments Terms and Conditions Committee Effectiveness Review and ToR were presented by Marilyn Foster. It was noted that more members were required for the Committee.</p> <p><b><u>Resolved: The reports were noted.</u></b>  <b><u>The Effectiveness Reviews and the Terms of References were approved.</u></b></p>
48/24	<p><b>Governors Questions</b></p> <p>Will Taylor asked about the NHS.net emails being quarantined. Concerns were raised relating to the risk to loss of information / data. It was asked if this was being managed in a safe way. Michele Moran advised that this was due to national systems. This could be discussed further outside of this meeting with Pete Beckwith.</p> <p><b><u>Resolved: The information was noted and would be discussed further outside of this meeting.</u></b></p>
49/24	<p><b>Finance Update</b></p> <p>Iain Omand presented the Finance Update report and highlighted the key points which included:</p> <ul style="list-style-type: none"> <li>• Trust position was breakeven for 2023/24</li> <li>• Healthy cash position</li> <li>• Breakeven target for 2024/25</li> </ul> <p>Work was ongoing with the budget holders as well as forecasting for the year ahead.</p> <p><b><u>Resolved: The report was noted.</u></b></p>
50/24	<p><b>Review of Constitution</b></p> <p>The Review of Constitution paper was presented by Caroline Flint. The Council of Governor were asked to note the changes from 2023, to ensure the Constitution remained fit for purpose and in line with the Health and Care Act 2022. There had been no further changes to the document.</p> <p>Tim Durkin asked if the Public Constituency noted as Whitby, should be Whitby, Ryedale and Scarborough in Annex 4. It was pointed out this was an administrative error and would be amended to read Whitby, Ryedale and Scarborough.</p> <p><b><u>Resolved: The report was noted.</u></b>  <b><u>Constituency on Annex 4 to be amended to Whitby, Ryedale and</u></b></p>

	<b><u>Scarborough.</u></b>	<b>SJ</b>
51/24	<b>Any Other Business</b> Mike Smith advised that he had enjoyed his time working with the Council of Governors.  Francis Patton added that he had also enjoyed his time at the Trust and working with the Council of Governors and the Humber team.	
52/24	<b>Review of the Meeting – Being Humber</b> It was agreed the meeting had been delivered in the Being Humber style. Papers were provided in forms requested.	
53/24	<b>Date and Time of Next Meeting</b> Thursday 17 October 2024, 2.00pm in the Lecture Theatre, Willerby HU10 6ED	

Signed..... Date  
Chair

## Agenda Item 4

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

Summary of actions from July 2024 meeting and update report on earlier actions due for delivery in October 2024						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
18.7.24		No actions identified				
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	Cancelled for 25 April 2024 New date to be agreed once NHS inquiry completed	New date to be arranged as part of the Governor Briefing Session. No further update at this time.
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer						

**Council of Governors Work Plan 2024/25 v6**

Council of Governors Meeting Dates:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	16 Jan 2025
<b>Reports:</b>							
<b>Standing Items</b>							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions List	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB		✓			
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
<b>Performance &amp; Delivery</b>							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	16 Jan 2025
<b>Annual Items</b>							
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF			✓		
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF			✓		
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓			
Formal Presentation of Accounts	Annually	PB	✓				✓
Review of Constitution	Annually	SJ			✓		
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF			✓		
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF			✓		
Declarations for the Provider License (inc under Declarations item)	Annually	SJ	✓				✓
<b>Council of Governors: Other Statutory Duties</b>							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP					
Approve the appointment of the Chief Executive (to approve – support)	As req						
Appointment of the external auditor (to ratify)	As req						

Council of Governors Meeting Dates:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	16 Jan 2025
Reports:							
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req						
Approval of an application for the dissolution of the FT	As req						
<b>Council of Governors Non-Statutory Duties</b>							
Non-Executive Director and Governor Visits	As req						
Receive the Membership Plan	As req	SJ					
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req						
Be consulted on the appointment of the Senior Independent Director	As req	CF					
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req						
<b>Added items</b>							
Patient and Carer Experience Annual Report	Annual	KF/MD				✓	
Operating Plan	As req	PB			✓		
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington						
Trust response to the Nottingham Report		HG				✓	
<b>Spotlight Items:</b>							
ED Streaming							
Adult Mental Health Crisis Team						✓	
Integrated Inclusion, Health and Addictions (Substance Misuse Service)	Andy Partington						✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	16 Jan 2025
<b>Removed Items</b>							

**Agenda Item 5**

Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting 17 <sup>th</sup> October 2024															
Title of Report:	Mental Health Crisis Team – Spotlight on a Service															
Author/s:	Adrian Elsworth – General Manager, Adult Mental Health Services Unplanned															
Recommendation:	<table><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>The purpose of this presentation is to give oversight to the Council of Governors about the work of the Mental Health Crisis service, the challenges it faces and what work is being undertaken to address these in order to improve access to our mental health patients and partners.</p> <p>A presentation will be given which will cover the breadth of the service and its purpose, how it works collaboratively with system partners and patients and the improvement work that is currently underway.</p> <p>Increased accessibility improves patient outcomes which focus on community first, preventing admission to a hospital bed or presenting at the Emergency Department where appropriate. The presentation will summarise the following areas of improvement:</p> <ul style="list-style-type: none"><li>NHS 111 Option 2 – the service piloted the recent introduction of this new National System which has gone live across all other provider partners</li><li>Review of Management Arrangements to ensure effective clinical decision making</li><li>CLEAR Programme of Improvement &amp; Transformation – this has focussed on:<ul style="list-style-type: none"><li>Review of information and activity capture</li><li>Performance of the service</li><li>Capacity &amp; Demand modelling</li><li>Working model with VCSE (MIND)</li></ul></li><li>Service Specification – the Division are working closely with PLACE to review the specification of services to consider if services continue to deliver what they were commissioned for</li></ul>															



Key Issues within the report:					
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Data recording is improving</li> <li>MIND received 19,315 calls over 6 months</li> <li>Call answering rate/call backs at 73.3%</li> <li>MIND Call response time is 53 minutes (median)</li> <li>Crisis Call response time is 41 minutes (median)</li> <li>Crisis Pad utilisation good with referrals at 1276 and 861 seen</li> </ul>			<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Full review of the model of care to resolve the issues identified as part of the CLEAR programme primarily access times</li> <li>Project Plan is being developed to monitor the introduction of the Quick Wins identified as part of CLEAR</li> <li>Improvement programme for Bed Management and Flow through gatekeeping process and Multi Agency Discharge Events</li> <li>Organisation Development work relating to Culture and staff skillsets</li> <li>Identifying options for addressing the geographic issues affecting access</li> <li>Roll out of the NHS 111 Mental Health Support Survey</li> </ul>		
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>There is expected to be an increase in demand based on the National communications regarding NHS 111 Option 2</li> <li>Data recording between MIND and HTFT different systems, difficult to assess service</li> <li>Unable to identify number of calls passed from MIND to Crisis</li> <li>Access times to Crisis to be improved</li> <li>ER Access issues for Crisis Pad limited due to location (Hull)</li> </ul>			<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The council of governors are asked to consider the on-going work to improve patient accessibility to our Crisis Services</li> </ul>		
Governance:			Date		Date
	Appointments, Terms & Conditions Committee			Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group			Other (please detail) Quarterly report to Council	✓
	Trust Board				

**Monitoring and assurance framework summary:**

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

**Agenda Item 6**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024															
Title of Report:	The Care Quality Commission special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust. Summary of recommendations & Humber Teaching NHS FT response.															
Author/s:	Paul Johnson, Clinical Director Lynnette Robinson, Clinical Lead Planned Care															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>X</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	X	To note		To ratify		For assurance			
To approve		To discuss	X													
To note		To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To provide a summary of the recommendations from the CQC review of mental health services at Nottingham Healthcare FT and Humber Teaching NHS Trust response to date.</p> <p>The oversight and governance arrangements for this work going forward are described in the report. The Board are requested to confirm how it wishes to receive future updates regarding this work ie. Via the Quality Committee or direct to the Board.</p>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Clinical lead has attended each MDT across all community mental health services to complete the self-assessment tool.</li> <li>Self-assessment against the recommendations has been completed and actions underway.</li> <li>All Standard Operating procedures have been reviewed to ensure disengagement is not a reason for discharge.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Action plan in place and identified areas of development are in progress</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Further Natural Guidance around assertive engagement approaches is currently being developed. While this is being developed services are exploring the right model to locally to deliver assertive engagement within the National CMHT transformation framework.</li> </ul>		<b>Decisions Made:</b>														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team	17.09.24												
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													

			Other (please detail)	

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

# **The Care Quality Commission Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust.**

## **Summary of recommendations Trust Response.**

### **1 Introduction**

This report summarises the recommendations from the CQC review into the care given by Nottinghamshire Healthcare NHS Foundation Trust (NHCT) to a service user following their conviction for killing of 3 people in January 2024.

The patient had a diagnosis of paranoid schizophrenia and was under the care of the Early Intervention in Psychosis team (EIP), however he was discharged to the care of the GP due to his disengagement from the services offered.

While the review highlighted failures at NHCT, it also warned they were not unique to the Trust and the need for high quality and safe care existed across all community mental health services. CQC have requested a review of the standard of care in community mental health across the country to fully understand the gaps in the quality of care, patient safety, public safety, and staff experience in all community mental health services. CQC have also made recommendations to NHS England around the development of new guidance setting out national standards for high-quality, safe care for people with complex psychosis and paranoid schizophrenia.

### **2 Recommendations and Actions Required**

Following the CQC review a number of recommendations were made for Nottinghamshire Health Care Trust, NHS England and ICB's which are outlined below.

#### **Nottingham Healthcare Trust must:**

(a) Review treatment plans on a regular basis to ensure that treatment prescribed is in line with national guidelines, including from NICE (National Institute for Health and Care Excellence), specifically when it relates to treatment of schizophrenia and medicines optimisation.

(b) Ensure clinical supervision of decisions to detain people under section 2 or section 3 of the Mental Health Act (MHA) 1983 and regularly carry out audits of records for people detained under these sections, which are reported to the NHCT board.

(c) Ensure that regular auditing of medicines monitoring takes place within community mental health teams to identify any themes, trends and required learning.

(d) Ensure that, in line with national guidance and best practice, staff are aware of the importance of involving and engaging patients' families and carers and that they do so in all aspects of care and treatment, including at

the point of discharge, with patient consent. The Trust should ensure that where patients do not give consent, this is reviewed on a regular basis in line with best practice and on all the available information available to the multidisciplinary team.

- (e) Have a robust policy and processes for discharge that consider the circumstances surrounding discharge and whether discharge is appropriate.

### **Recommendations for NHS England:**

- (a) Appoint a named individual to take ownership for the delivery of these recommendations.
- (b) Ensure provider boards fully understand their role in the oversight of the needs of patients who have a serious mental illness and who find it difficult to engage with services. This includes developing local services in partnership with others to provide intensive support to prevent this cohort of patients from falling through the gaps.
- (c) Ensure every provider and commissioner in England undertakes a review of the model of care in place for patients with complex psychosis who typically struggle to engage and who present with high risk.
- (d) Within the next 12 months, provide evidence-based guidance setting out the national standards for high-quality, safe care for people with complex psychosis and paranoid schizophrenia.
- (e) Within 3 months of the publication of the national standards for high-quality, safe care for people with complex psychosis and paranoid schizophrenia, ensure every provider and commissioner develop and deliver an action plan to achieve these.
- (f) Through the providers' boards, ensure delivery of the actions within 12 months of the standards being published.
- (g) Together with the Royal College of Psychiatrists: review and strengthen the guidance to clinicians relating to medicines management in a community setting and review how legislation is used in the community to deliver medication for those patients who have a serious mental illness and where it is known they are non-compliant with medication regimes.

### **Actions required by Integrated Care Boards**

All ICBs to undertake an urgent review to ensure that they have appropriate governance, partnership working arrangements and monitoring systems in place to identify individuals in their communities that require intensive and assertive community care to meet their needs and to keep them and others safe. Identifying individuals who require intensive and assertive community care requires proactive identification across all services, recognising that people with the needs described above may be on caseloads of services that cannot adequately meet their needs.

CQC recommend:

- (a) Regular medicines monitoring takes place within the community and address any issues quickly where problems are identified.
- (b) Ensure all practicable efforts are made to engage patients who have disengaged from the early intervention in psychosis service. This includes referring people who find it difficult to engage with services to a team that provides assertive and intensive support.
- (c) Ensure there is a standard operating procedure in place for early intervention in psychosis and community teams to follow when a patient does not attend for appointments and follow-up actions are defined for care co-ordinators.

### **3. Immediate Actions Required**

As a first step in improving care, NHS England included a requirement in the 2024/25 NHS Priorities and Operational Planning Guidance that all Integrated Care Boards (ICBs) must assure themselves that:

- A. DNAs (Did not Attends) are never used as a reason for discharge from care for this vulnerable patient group. All ICBs are asked to rapidly check that existing service policies, and practice are clear on this issue and confirm this to their NHS England Regional Mental Health Team.

In additions ICBs are required to:

- B. Review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge” ICB Maturity Index Self-Assessment Tool (appendix A) to be collated and returned by 30<sup>th</sup> September.

### **4. Actions taken to date by Humber Teaching Foundation Trust**

Following the publication of the report several actions have been taken to ensure Humber NHS Foundation Trust are addressing the recommendations made and ensuring the delivery of safe and effective care for people with severe mental illness. This includes:

- 1. The Clinical lead has attended all MDT`s across all community mental health services to complete the self-assessment tool against the recommendations.
- 2. The ICB Maturity Index Self-Assessment Tool has been undertaken with all Community mental health teams and is currently being reviewed by the division to inform the development of an action plan in line with the return date of 30th September 2024. This is being completed by the Clinical Lead & Operational Programme Delivery Manager.

3. All SOP's have been reviewed and a response provided to NHSE that the Trust do not have any SOPS which state discharge due to disengagement.
4. Operational Programme Delivery Manager is supporting the operational aspects of the tool, providing the evidence-based information.
5. A "check & challenge" meeting has been scheduled with all service leads to review the self-assessment once it has been reviewed and agreed.
6. The report and recommendations have been reviewed by the Professional AMHP lead and further clarification has been sought from the national AMHP leads forum and CQC regarding the recommendation regarding clinical supervision for people and audits of decisions to detain.

## **5. Summary**

Following the publication of the CQC report on the circumstances concerning the incident within Nottinghamshire Health Care the mental health division has undertaken the required immediate response to ensure no policies or procedures advocate discharge due to non-engagement. Along with this the process of self-assessment has been undertaken and is currently being finalised with action planning underway in line with the deadline for return by end of September 2024. Early indications from the self-assessment suggests that the Trust is in a strong position regarding what is currently in place within existing services although some areas of improvement are clearly indicated which will form the basis of the action plan.

One area identified by the self-assessment is the Trust not having a criteria and pathway for an assertive outreach/intensive case management function in community mental health services, as we don't have a separate assertive outreach team. Currently the CMHT can provide an assertive approach to engaging people whereas the role of assertive outreach services is a specialist service which sits outside of the CMHT whose function is to assertively engage people with severe and enduring mental illness who have difficulty in engaging with services.

Currently it is estimated around 35% of services across the county have a specialist assertive outreach team. The benefits of having a specialist standalone service or alternatively robust assertive engagement case management within existing services is an area of national and local discussion and consideration. This issue is being looked at as part of the work being undertaken by NHS England and will be an area of focus for the Trust and across the ICB and region.

## **6. Next Steps**

Once the self-assessment has been finalised and undergone a thorough check and challenge an action plan will be developed to address any areas of improvement from the self-assessment. The mental health division have identified a lead to undertake this work with dedicated time to support the development of an assertive case management approach in line with the wider CMHT transformation programme. The action plan will be submitted to EMT on Tuesday 24<sup>th</sup> September for review and sign off prior to being submitted to the ICB.



Progress against the actions in the plan will be overseen by QPAS/ODG and EMT prior to being submitted to the Quality Committee.

The Board are asked to note the current position and work underway and confirm how updates should be provided to the Board.

**Agenda Item 7**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024																			
Title of Report:	Chair's Report																			
Author/s:	Rt Hon Caroline Flint Trust Chair																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting.																			
Key Issues within the report:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Annual Members Meeting</li> <li>• Board/Governor Development Session</li> <li>• Continued high level engagement with HNY ICB</li> <li>• Visits to Humber services</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• Governor Elections</li> <li>• Governor Development Plan</li> </ul>																		
<b>Key Risks/Areas of Focus:</b> N/A		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>18.1.24</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24																	
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	√			
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	

## Trust Chair's Council of Governor's Report – 17 October 2024

Welcome to **Keith Nurcombe and Steph Poole** our new Non-Executive Directors who started on 1 October.

Farewell to Associate Non-Executive Director **David Smith** who completed his 12-month programme and shortly begins a new role as Chair of St Leonard's Hospice in York. It has been a pleasure working with David and we all wish him the best.

In line with the discretion permitted to me I agreed with Associate Non-Executive Director **Priyanka Perera** to extend her programme for 6 months to enable Priyanka to develop her experience and knowledge.

Thanks to **Gary Foster** and welcome to **Alex Weeks** who is replacing Gary as the Humberside Police Partner Governor and we also like to thank **John Henderson** and welcome **Dominic Purchon** who is replacing Jon as the Humberside Fire & Rescue Partner Governor

### Trust Board/Governor Development Meeting 15 August 2024

This event with governors replaced the Trust Board Strategic Development meeting for August and was a good opportunity to explore in depth our roles and enhance our knowledge. It was a good turn out and discussion by Board and Governors with slides sent to all who couldn't be present. We focused on two key areas:

- Board/Governor Roles in relation to significant transactions with a presentation from Esther Venning Partner at Hill Dickinson LLP
- Performance Reporting with a presentation by Stuart McKinnon-Evans and Pete Beckwith

### 1. Chair's Activities Round Up

**Freedom to Speak Up Quarterly Meeting** 30 July with Alison Flack, Dean Royles and Michele Moran

**Ask the Board 1 August** – this was our second event for staff in which the whole Board takes part. After every Public Board meeting, I have also been doing a video blog (VLOG).

**Humberfest on the 11 August** - It was great to join staff and their families. The sun shone and both adults and children enjoyed the games and hot dogs. Good to see Governor Tim Durkin there too.

In Liverpool on 6 September, I formally received my **Hon Fellowship Award from the Royal College of General Practitioners** for my contribution as a former Government Minister to public health. It was lovely to meet new GPs, other Fellows, and Award winners.

**On the 12 September I attended with Michele Moran a meeting of the HNY ICS System Chairs and CEOs.** There was discussion about the Darsi Report 2024 and how it correlated with our own ambitions and actions for improving health and wellbeing outcomes. Whilst we await a "ten-year plan" to be produced by the Department of Health and Social Care and NHS England, it was agreed there is no reason for the ICS to not make progress on our own strategic plans and provider collaborative delivery vehicles.

I spent the day with our Health Visitors, School Nurses and others at the “**It’s Never Dull in Hull (0-19 IPHNS) Service Day**” on the **17 September** to meet and hear from our staff, other invited speakers as well as making the closing comments.

With Medical Director Kwame Fofie I made **an unannounced visit to Inspire on 11 September**. Inspire has accommodation in two units to support young people aged 13-17. One ward is a General Adolescent Ward (GAU) with 9 beds and the second ward with 4 beds is currently not in use but there are plans for it to come into service as a short-term inpatient facility.

**The Annual Members’ Meeting took place on 26 September** and governors staffed a stand at the entrance greeting people, publicising governors and the elections. Thanks to Isabel, Ted, Tim, Anthony and Tony Douglas for presenting the Governors’ Report as Marilyn Foster was on holiday. I think it was the best AMM since I joined the Trust. People enjoyed hearing from our guest comedian Lucy Beaumont and our staff in the marketplace as well as the more formal parts of the agenda.

#### **External meetings included:**

Humber and North Yorkshire (HNY) Provider Chairs  
HNY ICB Development Meeting of NHS System Chairs and CEO’s  
HNY ICS Discover and Develop Event for Chairs and NEDs  
NHS Confederation Mental Health Chairs’ Network

#### **Board/Governors Visits**

<b>Inspire CAMHS</b> Inspire Unit Walker Street Hull HU3 3HE	Date - 24 September 2024  Time 2.15pm - 3.30pm	Exec - Stella Jackson Governor - Anthony Houfe
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#### **Director/NEDs Unannounced Visits**

<b>Inspire CAMHS</b> Inspire Unit Walker Street Hull HU3 3HE	Date - 10 September 2024  Time – 6.00pm after mealtime	NED - Caroline Flint Exec - Kwame Fofie
<b>Millview Lodge - Older People Mental Health Inpatient Unit</b> Castle Hill Hospital Castle Road Cottingham HU16 5JQ	Date - 18 September 2024  Time - 6.00pm	NED - Priyanka Perera Exec - Lynn Parkinson

## **2. Governors**

**The Appointment, Terms and Conditions Committee** met (5 September 2024) and discussed the Review of Non-Executive Terms of Office and succession planning. They were also updated on the Associate Non-Executive Directors' progress and programme.

**A Governor Briefing** took place on the 25 July 2024 and the next is due **on 24 October at 0900** on MST.

**Elections 2024** – the campaign has begun with nominations opened on 25 September. I pre-recorded two radio interviews with Yorkshire radio to be aired in the different constituencies where there are vacancies. Flyers and information have been distributed to all governors and the Trust's Communication Team have been leading our promotional activity.

**Governor Development Workplan and 2025 Governor Dates** – with Katie Colrein and Stella Jackson we have pulled together the outstanding governor development/information requests and allocated them as appropriate to either a Governor Briefing, Development Session or Council of Governors as well as agreeing the Governor Calendar for 2025 which has been issued to governors.

**Agenda Item 8**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024															
Title of Report:	Chief Executive's Report															
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:	To provide the Council of Governors with an update on local, regional and national issues.															
Key Issues within the report: To note the scope of work in progress and developing winter plans.																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Work contained within the report</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> Varied and noted in the relevant sections of the paper.														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Nothing to noted.</li> </ul>		<b>Decisions Made:</b> 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 report to Board	X												

## 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	√			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 Chair Award**

The Royal College of General Practitioners (RCGP) has awarded our Trust Chair, Rt Hon Caroline Flint an Honorary Fellowship of their college. On Friday 6 September at their New Members and Fellows' Ceremony in Liverpool, Caroline received her Honorary Fellowship Award.

The Honorary Fellowship celebrates and recognises outstanding career achievements, marking excellence of a distinguished contribution to general practice. The College says, "Honorary Fellowship is an award through which individuals who are not a Member or Fellow of the College, nor eligible to be so, are recognised for outstanding work towards the objective of the College 'To encourage, foster and maintain the highest possible standards in general medical practice'."

In practice, this will mean that individuals receiving the Honorary Fellowship have either made an exceptional contribution to helping the RCGP as a professional body to achieve this objective or have made a direct contribution to improving the working lives of GPs and their care of patients.

### **1.2 Around the Trust**

#### **1.2.1 Leadership Visibility**

I have maintained my usual visibility this month, via both staff team meetings, which cover a lot of staff and staff groups, which are well supported and receive good feedback. I also do regular face to face visits. Challenges remain around staffing and service demand.

#### **1.2.2 Veterans Accreditation**

Our development veteran service has been assessed again this year and I am pleased to report that the Veteran Aware One Year Review has been approved, We will continue to support and deliver our services support our veteran communities.

#### **1.2.3 SEQOHS Re-accreditation**

Following a significant amount of preparation over the course of the last 6 months, I am pleased to advise that our Occupational Health department has successfully achieved SEQOHS Re-accreditation. This accreditation enables the team to deliver external contracts and provides assurance of a gold standard service provision.

#### **1.2.4 Humberfest**

11/8 we held our first 'Humberfest' a fun family day. The weather was superb along with the event which was well attended by our staff and their families. This it is hoped will become an annual event.

#### **1.2.5 Awards**

We have been shortlisted for several awards this month, these include:

- Three Social Worker of the Year Awards! The awards ceremony is being held in London on 8th November 2024.
- Fran Ashton - Mental Health Social Worker of the Year 2024
- Tafadzwa Nathaniel Gonditii - Newly Qualified Adult Social Worker of the Year 2024
- Hull Community Mental Health Team - Team of the Year - Adult Services 2024

## **Health Service Journal**

Two national awards at the Health Service Journal (HSJ) Awards 2024. Our teams have been shortlisted for the 'Patient Safety Award' and the 'NHS Communications Initiative of the Year', recognising outstanding contribution to healthcare services.

The judging panel, made up of a diverse range of highly influential and respected figures within the healthcare community, have shortlisted us from hundreds of outstanding applicants from across the country for the following initiatives:

- Emergency Department Mental Health Streaming – Patient Safety Award
- A 'Humbelievable' Recruitment Marketing Campaign – NHS Communications Initiative of the Year

In the category of NHS Communications Initiative of the Year, the Humbelievable recruitment marketing campaign stood out for its fluid and innovative approach to addressing the staffing issues felt by the entire NHS.

The Emergency Department Mental Health Streaming initiative has been recognised in the Patient Safety award category for its novel approach to addressing care when patients present with mental health concerns in an acute Emergency Department setting.

The streaming pathway enables mental health patients to be treated in a bespoke area of A&E away from patients with physical health concerns.

## **HSJ Patient Safety Awards**

At the HSJ Patient Safety Award Ceremony in Manchester we were highly commended:

Patient Safety Education and Training Award - The Preceptorship Academy - Closed Cultures, Self-Compassion and Anti-fragility.

Congratulations Mel and the Team.

## **Awards for Waste Management**

The Hotel Services, Waste Management Team has been short listed for the Waste Management Team of the Year at The Awards for Excellence in Waste Management for the NHS in England 2024

This award recognises the exceptional collaborative efforts of a secondary care waste management team within NHS Trusts in England that has demonstrated outstanding innovation, efficiency, and environmental responsibility.

It aims to showcase a team that has shown exceptional dedication to educating healthcare staff and the community about the importance of waste management, fostering a culture of responsibility and sustainability.

The winners will be announced at a ceremony to be held on Wednesday 2 October 2024 at The Mercian Suite, The Birmingham Conferences and Events Centre.

## **Parliamentary Awards**

The organisation has made it to the final stage of the 2024 NHS Parliamentary awards in two categories – the Excellence in Urgent and Emergency Care Award and the Excellence in Mental Health Care Award – following more than 900 nomination submissions across the country. Well done teams.

## **1.2.6 Health Inequalities**

Following on from the Trust Board discussion on health inequalities in June 2024, further updates on the health inequalities programme were discussed with EMT. Recent work has included: setting up a series of service level workshops focusing on inequalities data within our mental health services; proposing changes to the Trust's Equality Impact Assessment to cover additional groups who may also be at risk of experiencing inequalities; and progressing system working on the wider determinants of health by establishing a Housing and Health Task and Finish Group and supporting plans for an East Riding Health & Wellbeing Board 'deep dive' session on housing. EMT welcomed the progress made by the health inequalities programme and agreed to further work to embed health inequalities in the Trust's major transformation projects.

### **1.2.7 Gold Accreditation**

Both our East Riding and Hull 0-19 Integrated Public Health Nursing Teams have been awarded the highly coveted UNICEF Baby Friendly Gold Award. This is the first year the Hull team have applied for the award, and we are incredibly proud to say that they achieved it first time.

UNICEF UK's Achieving Sustainability standards are designed to help services to embed Baby Friendly care for the long term. When services are assessed as not only meeting all of the criteria, but demonstrating them being truly embedded within their practice, they can be accredited as a Gold Baby Friendly service. Gold is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

The report issued by UNICEF highly praised the work undertaken and delivered by the Infant Feeding Team and the 0-19 Service. It writes, "There is excellent leadership support for the Infant Feeding Team and the Chief Executive of the Trust is the Baby Friendly Guardian. A new guardian has also been appointed for the Family Hubs. Managers training has been well received and there is notable investment and enthusiasm to ensure core Baby Friendly standards are maintained alongside new initiatives to expand and build on support offered to families".

## **2 Around the System**

The design/blueprint work progress is in progress with more detail due in October. The biggest challenge is finance, with month 5 position awaited.

### **2.1 National News**

I attended a regular national leader meeting in London, which was also attended by the Secretary of State for Health and Social Care. The main headlines were;

- No magic wands
- All has changed and nothing has changed.
- There is no money
- Winter - we have to get through winter

### **Wes Streeting**

One team between NHSE and SoS team

Honesty is central.

Economic growth central aim

Smoking and aging coming down the line

Triple aims;    hospital to home  
                         analogue to digital  
                         treatment to prevention

### **3 Director Updates**

#### **3.1 Chief Operating Officer Update**

##### **3.1.2 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. Visits have included Newbridges and Market Weighton Surgery. 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.

##### **3.1.3 Winter Update**

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. The Emergency Preparedness Resilience and Response (EPRR) Team coordinate the completion of assessment checklists developed to support the trusts preparations for any action. This planning continues to consider the potential and planned strike action by other services and sectors. The Integrated Care System EPRR team continues to work with organisations to prepare and manage the collective action being undertaken by some GP practices and Primary Care Networks. Some impact of this action is being experienced by our services, e.g. electronic referral systems not being used and referrals reverting to letters. 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 action. Tactical/Silver command will continue to meet regularly during any action and report to Strategic/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 earlier in the year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. National work is taking place to develop a standard OPEL framework for mental health and community services, it is expected that this will be finalised prior to winter this year. The Trust has provided feedback on the proposed measures and triggers.

A full review of the Trusts and the systems winter plan for 2023/24 was completed at the end of Q1, a Winter preparedness plan for 2024/25 has now been developed and is included in the September board agenda. Expected national winter requirements usually set out by NHS E are delayed, however the ICS and the Trust have continued to develop plans. Our plan will be revised when the requirements are received, however it is not expected that our plan will need significant change.

## **3.2 Director of Nursing, Allied Health and Social Care Professionals**

### **3.2.1 Leadership Visibility**

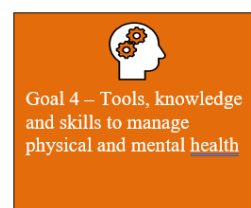
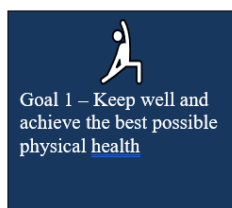
Visits have been undertaken to Townend Court to meet the patients and the nursing staff to see first-hand the work the team are undertaking to deliver high quality services for this patient group.

The Director of Nursing and the Chief Operating Officer continue with their unannounced and out of hours site visits, visiting Newbridges in patient unit during August. Staff were welcoming and keen to talk about their work and some of the challenges they face.

### **3.2.2 Physical Health Strategy**

At its meeting in August the Quality Committee ratified the Physical Health Strategy for the Trust. The strategy builds on the work undertaken to date bringing together existing clinical plans both national, regional and local to set a strategic direction for maximising the physical health of the communities we serve.

In summary the strategy covers birth to end of life, parity of esteem (the principle of valuing mental health equally to physical health), health inequalities and recognising the deteriorating patient across the four following health aims:



In the delivery of these key goals we will ensure:

- All our patients are supported to keep well and achieve the best possible physical health and wellbeing through equitable access to primary prevention, screening, vaccination, and health promotion services.
- Patients who are physically unwell, who have long term conditions or who need end of life care receive seamless, person-centred care which places the patient at the heart of their journey.
- We recognise and respond to a person's changing health needs, acute or progressive deterioration, to maximise health outcomes and patient experience, ensuring people receive timely and appropriate care.
- Our workforce culture recognises that physical health is everyone's responsibility, and our staff have the tools, knowledge, skills, and confidence to manage both physical and mental health.

In addition to the goals the strategy addresses health inequalities among our patients, by recognising when people are at risk of health inequalities and making adaptations, ensuring our physical healthcare is trauma informed, and ensuring that children and adults with mental illness, learning disabilities and autism have equitable access and quality of outcomes within physical health care.

An implementation plan is currently being drafted with progress to be reported to QPAS, EMT and the Quality Committee.

### **3.2.3. Emerging findings and initial recommendations of the review into the operational effectiveness of the Care Quality Commission (CQC).**

In May, the Cabinet Office and Department of Health and Social Care launched a review into CQC's effectiveness. Dr Penny Dash, Chair of North West London Integrated Care Board, was appointed as Chair. The terms of reference for this review were to examine the suitability of the SAF methodology for inspections and ratings, including for local authorities and integrated care systems (ICSs).

The interim findings providing a high level summary of the emerging findings from the review to inform the changes needed to start the process of improving CQC were published on 26 July 2024.

The interim review has found significant failings in the internal workings of CQC which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improved quality - and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much needed improvements in care. The findings are summarised around 5 topics:

- **Poor operational performance**

Back log in registration of new providers. Reduction in inspections undertaken (7,000 in 2023-24 compared to 16000 2019-20. Reinspection of providers awarded 'requires improvement' does not happen in a timely manner. Some providers have not been inspected for 9 years. 1 in 5 have never been rated.

The review concluded that poor operational performance is impacting CQC's ability to ensure that health and social care services provide people with safe, effective, compassionate and high-quality care and is negatively impacting the opportunity to improve health and social care services.

- **Significant challenges with the provider portal and regulatory platform.**

The regulatory platform started in November 2023 for assessment and included registration and enforcement by April 2024. They were implemented with the intention of improving communications with providers, enabling a move to a much more insight-driven approach to regulation, highlighting emerging risks and supporting more risk-informed, responsive assessments and inspections. However, the deployment of new systems resulted in significant problems for users.

The review has concluded that poorly performing IT systems are hampering CQC's ability to roll out the SAF and cause considerable frustration and time loss for providers.

- **Considerable loss of credibility within the health and care sectors due to the loss of sector expertise and wider restructuring, resulting in lost opportunities for improvement.**

As part of a restructuring of CQC, the decision was taken to separate out sectoral knowledge from assessment and inspection teams and move to a far greater reliance on generalists. The review heard of inspectors visiting hospitals and saying they had never been in a hospital before, and inspectors visiting care homes and commenting they had never seen anyone with dementia before. The current

executive team is largely drawn from the social care sector with a noticeable lack of healthcare experience.

The review has found the current model of generic assessment and inspection teams lacking sector expertise and a lack of expertise at senior levels of CQC, combined with a loss of relationships across CQC and providers, is impacting the credibility of CQC, resulting in a lost opportunity to improve healthcare and social care services.

- **Concerns around the Single Assessment Framework (SAF).**

The SAF was rolled out in November 2023 with a small number of providers across sectors as part of the early adopter programme. CQC continued to roll out the SAF region by region and began to apply the new framework in its assessments and inspections in a phased manner.

The review has identified 6 concerns with the SAF:

There is no description of what 'good' or 'outstanding' care looks like, resulting in a lack of consistency in how care is assessed and a lost opportunity for improvement.

There is a lack of focus on outcomes (including inequalities in outcomes).

The way in which the SAF is described is poorly laid out on the CQC website and not well communicated internally or externally.

The data used to understand the user voice and experience, how representative that data is, and how it is analysed for the purposes of informing inspections, is not sufficiently transparent.

There is no reference to use of resources or efficient delivery of care in the assessment framework which is a significant gap despite this being stated in section 3 of the Health and Social Care Act 2008.

The review has found limited reference to innovation in care models or ways of encouraging adoption of these.

- **Lack of clarity regarding how ratings are calculated and concerning use of the outcome of previous inspections (often several years ago) to calculate a current rating.**

The review has been concerned to find that overall ratings for a provider may be calculated by aggregating the outcomes from inspections over several years. This cannot be credible or right. Providers do not understand how ratings are calculated and, as a result, believe it is a complicated algorithm, or a 'magic box'. This results in a sense among providers that it is 'impossible to change ratings'. CQC is seeking to bring greater clarity to how ratings are calculated and is developing materials to facilitate communication and build transparency. Ratings matter - they are used by users and their friends and family, and they are a significant driver of staff recruitment and retention. They need to be credible and transparent.

## **Recommendations**

There are 5 recommendations in line with the findings above:

- Rapidly improve operational performance.

- Fix the provider portal and regulatory platform.
- Rebuild expertise within the organisation and relationships with providers in order to resurrect credibility.
- Review the SAF to make it fit for purpose.
- Clarify how ratings are calculated and make the results more transparent particularly where multi-year inspections and ratings have been used.

Progress against the recommendations will be monitored over the summer and a more detailed report will be published in the autumn.

The Trust continues to have meetings with representatives of the CQC to share Trust performance information and receive updates from the CQC regarding implementation of the Single Assessment Framework.

### **3.3 Associate Director of People & Organisational Development (OD) Updates**

#### **3.3.1 Leadership Visibility and Visits**

The Associate Director of People & OD attended the Eating Disorder Intensive Treatment Team (EDITT) in September 2024 as part of a planned visit. The visit was really positive, providing an opportunity to spend some time with the full team as well as an opportunity to spend some time with an Expert by Experience. The visit was an opportunity to gain greater insight into the work the team does with young people and their families and how they help support people through their eating disorder journey.

The visit also allowed for the chance to discuss some People and OD processes that the team had experience of. The feedback has enabled a real opportunity to take some learning about what does and does not work in practice and has resulted in one of our processes being adapted to meet the needs of the workforce.

#### **3.3.2 Off Framework Agency Use**

In line with the NHS directive to remove off framework agency usage by July 2024 we can report that no off-framework agency has been used since the 11 June 2024.

#### **3.3.3 Recruitment Statistics**

Our recruitment team figures from TRAC benchmarking data covering the period of 1st April – 30<sup>th</sup> June 2024 show that recruitment time had slightly improved: Employment check Total Lapse Time (speed) which took 21 days on average and **ranked 29 out of 193 trusts**.

Conditional to starting letter sent (speed) took 30.1 days on average and **ranked 79 out of 193 trusts**.

The team work alongside recruiting managers to ensure that they can recruit the right people as quickly and efficiently as possible to ensure as a Trust we continue to have a positive impact on patient care and experience by having the right people in posts at the right time.

#### **3.3.4 People Promise Exemplar Update**

In February 2024, the Trust was selected to be one of 116 NHS Organisations to take part in the People Promise Exemplar Programme in collaboration with NHSE&I national



retention team. The Trust was awarded funding to recruit into a 12-month band 8a People Promise Manager (PPM) role to support the roll out of the programme.

The purpose of the People Promise Exemplar Programme is *“To test the assumption that optimum delivery of all of the seven NHS People Promise interventions delivered in one place simultaneously can deliver improved staff experience and retention outcomes - beyond the sum of the individual components”*.

To test the assumption, exemplar sites are asked to:

- Undertake an initial analysis of retention and staff survey data highlighting any key themes
- Complete a People Promise self-assessment in collaboration with key organisational stakeholders
- Develop retention improvement plans and key actions
- Deliver the retention improvement plans across the organisation
- Measure impact of retention improvement interventions
- Embed activity as business as usual

The programme aims to increase overall retention and people engagement across the Trust by implementing targeted interventions identified through a process of self-assessment and analysis of organisational activity to support operational improvement and change. A dedicated regional and national community of practice is available to support the ongoing work.

Since the last update, EMT have agreed the launch of 'Your Health and Wellbeing Plus, Your Flex Plus and a re-launch of Your Leave Plus to further enhance workforce engagement and retention.

### **3.3.5 Being Humber refresh**

Being Humber is our behavioural framework. Launched in 2022, it sets out clear expectations for employees, ensuring alignment with the organisational values and goals. It outlines the specific behaviours and attitudes that are expected from staff, fostering a coherent and positive workplace culture. For a Trust like Humber, such a framework is instrumental in:

#### **Capturing the Culture:**

- Embedding the core values and principles into everyday actions and decisions.
- Providing a roadmap for employees to understand and embody the Trust's ethos.

#### **Guiding Performance:**

- Offering clear standards for behaviour and performance, which aids in appraisals and professional development.
- Ensuring all staff work towards common objectives, enhancing overall efficiency and cohesion.

## **Promoting Inclusivity and Equality:**

- Highlighting the importance of diversity and inclusion, and providing concrete examples of how these can be realised.
- Ensuring a Just Culture where staff feel valued, respected, and treated fairly.

By articulating these expectations and cultural commitments, Being Humber helps to create a supportive and high-performing work environment, ultimately contributing to the Trust's success and reputation as a leading healthcare provider and Humbelievable place to work.

Consultation and development of resources took place throughout July and into August with a full re-launch due in late 2024 following approval by the Board.

### **3.3.6 Respect becomes Business as Usual**

In response to the Islamophobic civil unrest seen across the country in July, we reinforced the Trust's commitment to respect and civility in the workplace. We provided internal communications to staff that reminded all colleagues about our Respect Framework and how to report all incidences of bullying or harassment. Alongside this, the Trust provided a range of pop-up safe spaces for staff to discuss their experiences of the civil unrest and for the Trust to listen to staff and ensure we are providing the correct support to all affected colleagues. Following on from this the Trust is working to embed our Respect Framework across the organisation. Since the launch of the Respect campaign, we have seen a substantial increase in referrals for bullying, harassment, and discrimination. This demonstrates that the Trust is creating a safe space for staff to report bullying and harassment. This gives colleagues in the People and OD team and those across the organisation the opportunity to address these concerns in a fair and consistent manner. Workstreams are underway to embed this across the organisation over the coming year.

### **3.3.7 No Excuse for Abuse Framework**

The recent civil unrest provided the Trust with an opportunity to launch its No Excuse for Abuse Framework earlier than expected. Internal communications were provided that introduced staff to the framework, reinforcing the Trust's zero tolerance stance to abuse and or aggression from patients towards staff. In our recent staff survey, there has been an increase in bullying and harassment from patients towards staff from diverse ethnic backgrounds. To address this, we have developed a no excuse for abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients. The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance is fit for purpose. In July, the guidance was pulled together into a practical toolkit for staff and embedded throughout the organisation over the year. A formal launch event will take place in late September with a communications campaign designed to reach stakeholders across the organisation.

### **3.3.8 Flu Programme 2024**

Seasonal flu vaccination remains a critical important public health intervention and a key priority for 2024/25 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID -19) pandemic.

The 2023/24 Flu campaign saw Humber achieve 53.6% uptake for employed staff and 49.7 staff including our active bank staff. The plan for 2024 follows similar principles

delivered in 2023, with plans ongoing to host a large scale initial vaccination event, followed by peer vaccinator and OH led clinics.

The Trust has been notified that the COVID-19 vaccination will not be offered in autumn 2024 for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression.

However the JCVI advises that a COVID-19 vaccine should be offered to:

- adults aged 65 years and over
- residents in a care home for older adults
- persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book

### **3.4 Medical Director Updates**

#### **3.4.1 Leadership Viability**

A planned visit to the Beverley CMHT on Friday 06/09/24 by the Medical Director. An unannounced visit to Inspire Inpatient Unit with Caroline Flint, Trust Chair on Tuesday 10/09/24.

#### **3.4.2 Medical Education**

- General Medical Council National Training Survey (GMC NTS) results received August 2024.
  - Some triple green outliers which signify good practice and/or initiatives we have implemented.
  - Trainer results excellent - **Top scoring Trust in UK (out of 226 Trusts)**
  - Trainee results good.
  - Review meeting held with NHS England Education Quality Support Manager on 28th August 2024 to understand results fully and to ensure no major areas of concern.
- Executive Medical Director and Head of Medical Education & Medical Directorate Business engaged in Library & Knowledge Service Improvement Conversation with HUTH & NHS England:
  - Shared Performance Improvement Plan (developed by HUTH as provider).
  - Trust recommendations report expected September 2024.
- NHS England Annual Multi-Professional Self-Assessment Report (SAR) for Service Providers 2024 completed (submission deadline 1<sup>st</sup> October 2024). Positive Assurances:
  - The Trust is meeting requirements in relation to the quality of healthcare placements for learners.
  - Set standards are being met which are based on the philosophy of continuous quality improvement, development of action plans, implementation, and evaluation.
  - The SAR offers the opportunity to identify and confirm best practice which may be shared within and across organisations.
  - No key risks/areas of focus identified.
  - Educator Workforce Strategy and how we meet this to be considered across Medical Education.
  - Safe Environment Learning Charter (SLEC) self-assessment completed in Medical Education.

- Safe Learning Environment Charter (SLEC) Self-Assessment completed for Undergraduate & Postgraduate Medical Education and action plan completed with focus on 'Wellbeing'.
- Recruitment for replacement HYMS Team Lead in progress – 2 applications received and interviews being planned.
- Sarah Chew, Nurse Lead, Medical Education – Passed PG Cert in Medical Education.
- Continue to deliver further educational and CPD events which benefit our full medical workforce:
  - Insomnia CBT Course 25th September (fully subscribed).
  - Medical Education Conference 2024 - International Medical Graduate Learning & Development Forum 16th October 2024.

### **3.4.3 Quality Improvement**

**QI Week** – in September, the Trust celebrated its eight QI Week that coincided with the National QI Week. The celebrations will be re-visiting several QI Stories and ad hoc quotes and facts.

**Training** – To date in 2024/25, 188 training places have been provided.

**IMPACT (Improving Patient Care Together) Development Plan** – the Development Plan was approved by the Executive Management Team in June 2024 and combines over 150 tasks that are planned/underway in the Trust that will improve the Trust's improvement offer.

**Charters** – at the end of August 2024/25, 463 Improvement ideas have been registered. Of these, 279 have been completed and 124 are live. Of the charters, 49 charters have been identified as supporting Health Inequalities and 56 supporting Trauma Informed Care.

**Innovation Hub** – following initial approval for funding from the Digital Delivery Group, a workshop is planned for key stakeholders in October 2024 to develop the brief and an overarching logo/identify for all aspects of the hub including the electronic site, roadshows, communications, and events.

**Culture of Care** – four units have been identified to form to be part of the initial pilot to improve the culture of Mental Health, Learning Disability and Autism (MHLDA) inpatient care in England. Quality Improvement Training took place in July with the units receiving coaching. The charter was adapted in June 2004 to capture improvement work linked to the initiative and to date 8 charters have been identified as supporting the programme.

### **3.4.4 Research and Development**

We are delighted to announce that we have been awarded significant grant funding from the NIHR Public Health Research programme, for a 22-month study starting Sep 2024, which is led by Dr Hannah Armitt, Trust Clinical Research Psychologist, and Prof Peter Coventry, University of York. This research is aiming to gather evidence on whether a school-based intervention, known as 'Forest School', which is inclusive and has the potential for widespread delivery, can improve mental health and wellbeing. Forest School provides children with immersive experiences in nature which are non-classroom based and have a core focus on child-led activity and exploration. Despite widespread

implementation, evidence about the best delivery methods of Forest School and the impact on mental health and emotional wellbeing is scarce. This study will generate new knowledge about the feasibility of running a definitive Forest School trial with children aged 7-11. Understanding the effectiveness of school-based interventions in promoting and developing emotional wellbeing is a core research priority.

Following a national contracting process, from 1 Oct 2024 the 15 Local Clinical Research Networks (CRNs) in England will transition to 12 Regional Research Delivery Networks (RRDNs), mapped more closely to the ICS's. Currently the Trust has a Partnership Agreement with the host of the Yorkshire and Humber CRN, Sheffield Teaching Hospitals NHS Trust, but from Oct 2024 this partnership will be with the new Yorkshire and Humber RRDN host, Leeds Teaching Hospitals NHS Trust. As a result of this change in host, four regional research staff, currently hosted by our Trust, will be transferred across to Leeds Teaching Hospitals NHS Trust under the Transfer of Undertakings Protection of Employment rights (TUPE).

### **3.5 Director of Finance Updates**

#### **3.5.1 Leadership Visibility**

Since April the Director of Finance has participated in the PLACE assessment at Mill View Lodge, held the Directorate Senior Leadership Team meeting at East Riding Community Hospital to coincide with the Charitea event for that day, attend the September Trust Induction on line and visited the Childrens Centre to see the commencement of the works to the waiting area.

#### **3.5.2 Estates and Hotel Services Updates**

- The rebrand of the department to Humber Facilities Management is progressing well. Further engagement with Comms and new graphic designer planned for November. Updated Intranet pages have been developed for inclusion within launch material.
- Trust HQ Demolition - Works recommenced in August, with the remaining above ground structure now removed. Works continue to break out the ground structure and services. It is anticipated that the demolition contracted works will complete by end of October, with hoarding to follow as a blank canvass for future comms.
- Recently approved capital applications for Staff Wellbeing Improvements for the CITOP team at Millview; and formation of a multi-faith room on PICU. Both projects are currently being incorporated into the capital programme for completion this financial year.
- Working in partnership with forensic services to showcase our collaborative working achievements with forensic services to have a combined stall at the Annual Members Meeting later in Sept.
- Face to face fire warden training planned to commence from 1 October 2024, with inpatient sites targeted in the first instance and unit managers contacted. Bookings have been requested from Newbridges and Miranda House in the first instance.
- Decorator nominated by training provider for Apprentice of the Year 2024 with results to be announced Thursday 19th September at MKM Stadium.
- Power BI now embedded within the department with specific focus on budget monitoring and financial forecasting.

- All electric vehicles now in place and livered up, which includes for targeted Health Stars branding on one van.
- Patient Led Assessment of the Care Environment (PLACE) assessments commenced week commencing 9<sup>th</sup> September 2024.
- Nominated for a national waste management award.
- Team wellbeing walks continue and the latest one visited the trees that were planted on the Rugby Field at Willerby.
- New cleaning products being rolled out in September which are friendlier to the environment and the packaging and bottles are all recyclable and contribute to our overall carbon footprint reduction; all in line with the Trust Green Plan objectives.
- Staff survey follow on work underway, which has taken further feedback from follow up staff engagement sessions and coffee mornings. Action plan in development.

### **3.5.3 Digital Updates**

- The Community Division continues to pilot the use of SystmOne smartphone app called bridgit. The initial feedback from users is positive.
- Voice recognising software continues to be rolled out to teams.
- The Trust have been part of the NHSE ambient voice AI discovery workshops. NHS E have published a final report concerning the use of ambient voice AI to help the Trust use the technology.
- The Forensic Division have done exceptional well with 95% of staff completed their EPR training ahead of the planned go-live.
- The Forensic Division did not go live with the EPR on the 9<sup>th</sup> September as planned. This was due to several unexpected access issues which did not occur during testing. The Forensic division continue to use Lorenzo as the digital team work with the national access control team to diagnose and fix the issues.
- and will offer the Trust a level of savings.

## **4 Communications Update**

### **• Service Support**

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

As part of the operational planning for 24/25 Communications Partners are working with divisions to put together enabling communications plans.

<b>Division</b>	<b>Campaigns/Projects this month</b>
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none"> <li>• Promotional Video – ED Streaming <a href="https://youtu.be/AqAXL-OwBVM">https://youtu.be/AqAXL-OwBVM</a></li> <li>• 111 Mental Health Roll Out</li> <li>• Person Centred Care Planning</li> </ul>
Community & Primary Care	<ul style="list-style-type: none"> <li>• GP practice website development</li> <li>• Primary Care Addition Service x2 new services</li> </ul>

	<ul style="list-style-type: none"> <li>• Changing Places – Whitby</li> <li>• Artwork in Whitby UTC</li> </ul>
Children's and Learning Disabilities	<ul style="list-style-type: none"> <li>• Divisional website development</li> <li>• Granville Court Build Programme</li> <li>• Youth Mental Health Day</li> </ul>
Mental Health Support Teams (MHST)  This team have a dedicated communications officer in post.	<ul style="list-style-type: none"> <li>• Social Media growth 17%</li> <li>• Engagement rate 10.5%,</li> <li>• Profile reach 4,773 (+ 34%)</li> <li>• New paid content plan.</li> <li>• New free digital resources to support child and young people's mental health and wellbeing.</li> <li>• Co-produced anti-bullying video created to tackle high rates of bullying incidents in secondary schools – view <a href="#">here</a>.</li> </ul>
Forensic	<ul style="list-style-type: none"> <li>• Service User involvement in EDI</li> <li>• A day in the life case studies</li> <li>• Learning and development for staff</li> <li>• EPR training launch</li> </ul>

## Theme 1: Promoting people, communities, and social values

### • Brand Updates

Use of the brand platform remained at a consistent level this month. Brand Workshops, which explain how the Trust brand works and updates to the Brand Centre, continue to be well attended – the most recent attracting 20 attendees. Recent updates to the Brand Centre include:

- Addition of CWP logos to MHST partner brand area
- Improved equipment booking system now fully operational

We are undertaking a three-year brand review, with new internal guidance being developed on how our brand, partner brands, and sub brands interact with each other. This will further strengthen adherence to brand guidelines, control any drift and give consistency to the support offered by our teams.

We have appointed a Band 5 Graphic Designer into the team to further support brand development and campaign delivery. This role was created following a business case to demonstrate where savings could be made from utilising freelancer designers and agencies.

### World Mental Health Day

To mark World Mental Health Day we will be holding an art exhibition for people with lived experience of mental health.

For several years we have worked with Health Stars to deliver art materials to inpatient units on the day and have been inspired by their creations. This year we will be inviting submissions for a short exhibition at a local gallery in Hull.

We are working with activity coordinators and have been supported by the Recovery College and Art Therapists to bring our idea to life.

## **Social media**

- **National Campaigns**

Recent activity has been focused supporting the promotion of NHS 111 for mental health concerns. We have worked with services to develop a supportive level of activity that will not overwhelm services.

Our social media feeds have also supported with information of pharmacy/prescriptions and GP services over the bank holiday, and informing patients who have accessed community mental health services to anticipate a letter inviting them to take part in a national survey.

- **Staff Stories**

In the last month we have featured stories on:

- New NED appointments
- WRES relaunch
- UNICEF Baby Friendly Gold Accreditation
- Humberfest

World Suicide Prevention Day enjoyed prominent coverage across our social media channels, with over 15 posts shared including tips and advice on talking about suicidal thoughts, how to speak to someone who is struggling, where to get help, and more.

## **Media coverage**

Aug - Sept
<ul style="list-style-type: none"><li>• 8 stories covered in press – 6 Positive and 2 Neutral</li><li>• 0 negative</li></ul>

- **Events**

The Comms and Events Officer has been working with several teams to support their upcoming events:

- PACE and QI Celebration Event – Feb 2025
- Children and LD Website Launch Celebration – October 2024
- PROUD Alumni Event – October 2024
- Preceptorship Celebration Event -September 2024
- Humber and North Yorkshire Dynamic Support Keyworker vacancies - Recruitment Event- Aug 2024

Other events:

- Humberfest (Staff Family Fun Day-11<sup>th</sup> Aug 2024)
  - 226 Attendees
  - 96% of staff members would attend the event next year with the remaining 4% saying they 'maybe' would
  - 92% of staff members would encourage colleagues to attend next year if we did a similar event



- Staff Awards Shortlisting
  - Shortlisting took place across each category with support from EMT and NEDs
  - Final shortlisting took place with Michele and Caroline
  - Communications and filming now in the planning for nominees

### Upcoming events:

AMM (26<sup>TH</sup> September 2024) -This year our AMM will have the theme of 'Your Health, Your Community'. 20 stalls will create a marketplace event where teams can showcase their service and innovative work taking place.

As part of the opening of the AMM, we will be inviting British actress, writer, and stand-up comedian Lucy Beaumont for a Q & A. Lucy was raised in Hull and her performance is based largely on anecdotes about Hull, in addition to her comedy work, Lucy is no stranger to supporting her community and charity work and is passionate about helping children in the local area of Hull and ER.

Lucy has also spoken openly about her experience with ADHD and the impact it's had on her career.

The Comms team will be putting together questions that encompass Lucy's early years, career highlights, life in comedy and other local and health inspired subjects. We will also ask colleagues for questions and there will be an opportunity to ask a question on the day!

- World Mental Health Day Art Exhibition (10<sup>th</sup> October 2024)
- Staff Awards Evening (22<sup>nd</sup> November 2024)

### Awareness Days

August	September
Black Breastfeeding Week – 25 <sup>th</sup> -31 <sup>st</sup>	Know Your Numbers Month International Day of Charity (Health Stars Week) - 5 <sup>th</sup> QI Week – 9-13 <sup>th</sup> World Suicide Prevention Day – 10 <sup>th</sup>

### September 5th: International Day of Charity (Health Stars Week)

Our International Day of Charity, part of Health Stars Week, was a highlight of the month, with a global focus on charitable initiatives that promote health equity. The daily emails that went out to staff from the 2<sup>nd</sup>-6<sup>th</sup> September saw 162 total clicks throughout the week, linking people to our Health Stars website as well as our brand-new video on YouTube.

**Theme 2: Enhancing prevention, wellbeing and recovery**

### • Good News

The first edition of our 'Good News' publication is now available on the Trust website. This quarterly release highlights the incredible achievements and uplifting stories from across our NHS community.

Since its launch, the publication has been shared on social media, featured on the Trust website, and distributed via a one-time email to our stakeholder subscriber list. It has also been shared with the board and governors. We will continue to promote it widely including with key contacts at the ICB and other stakeholders.

### Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

The September recruitment campaign is now live, focusing on a message of addressing work life balance and underlining the Trust's commitment to supporting flexible working.

This will be supported by PR activity, Facebook, and LinkedIn and Google Ads, alongside building subscribers to the Jobs Bulletin.

The Jobs Bulletin is continuing to grow at pace with 966 subscribers since it was created in January. This is an audience that anticipates receiving a list of roles available at the trust and are ready to apply for a new job. This email has a high-performing open rate which stands at consistently over 50% against an industry standard of 10%.

Work to support return to practice for nurses has also taken place, with new printed assets provided and photography.

- **'Your Humber Plus'**

Design work is underway to develop the Your Leave plus brand that we created to support the leave policy launch in 2023. This has been extended to incorporate 'Your Wellbeing Plus' and 'Your Flex Plus'. New assets and a campaign will be launch during

- **Intranet Staff Engagement Project**

We have had an excellent response so far to our Staff Intranet Survey with over 220 colleagues taking part in the first week. The survey will remain open throughout the first three weeks of September. The external research agency we have been working with will review the information received and feedback from over 300 staff overall to create a final report for EMT in October.

- **The NHS Staff Survey**

We have supported our Workforce colleagues to develop a plan and design assets to help promote this years NHS Staff Survey. We are all aligned and working towards starting to promote the upcoming survey later this month before it's full launch in early October.

- **Flu vaccines**

We are working with our Pharmacy and Occupational Health Teams to promote the staff vaccination clinics be planned for October.

- **Completion of 100K Your Way**

A full review of this event throughout May has now been completed.

The key stats from the feedback are:

- 96% of participants would take part again next year
- 98% of participants would encourage their colleagues to take part
- The number of days a person will complete 30 minutes of activity each week rose from an average of 3.81 days before taking part, to 5.46 days after completing the challenge.
- We had a 22% increase in members of staff taking part with a total of 546 people registered which equates to roughly 15% of the whole workforce.
-

We had fantastic qualitative feedback including one member of staff who said 'Loved this. I got the benefit out of 100: Your Way as I was able to utilise it into rehab to get me back to work'.

### **Media Training**

Our next two dates are now filled with attendees for Media Training sessions. The upcoming dates are:

12 September 2024

14 November 2024

There has also been an appetite from services across divisions to have bespoke team training in media and public speaking which we are looking into the possibility of. This would involve Sarah Forster attending team meets and delivering bespoke training to the team to meet their individual needs and support increasing the number of trained speakers within the Trust.

## **Theme 5: Innovating for quality and patient safety**

### **Awards Shortlists**

Awards shortlists for this year are now public and we are soon to see teams attending the ceremonies to learn who has won. This year we supported a record number of conversions from application to shortlisting. Ceremony dates are:

- **HSJ Patient Safety Awards:** 6 Shortlisted – Ceremony 16<sup>th</sup> September 2024
- **NHS Parliamentary Awards:** 2 Shortlisted – Ceremony 14<sup>th</sup> October 2024
- **Nursing Times Awards 2024:** 4 Shortlisted – Ceremony 23<sup>rd</sup> October 2024
- **Social Worker of the Year Awards:** 3 Shortlisted – Ceremony 8<sup>th</sup> November 2024
- **HSJ Awards:** 2 Shortlisted – Ceremony 21<sup>st</sup> November 2024

## **Theme 6: Optimising an efficient and sustainable organisation**

### **EPR**

This month is a significant milestone in the EPR programme as the first go live is set to take place in the Forensics division w/c **9 September**.

The team have supported Digital projects throughout the programme so far, ensuring that staff and stakeholders are kept informed and advised on all the important things they need to know.

The team set an ambitious go-live training target of 90%. Communications about e-learning in Aug and early Sept played a significant role in achieving the target.

- 96.5% of recipients read our e-learning announcement in the Forensics Local in August
- 2,804 staff read and interacted with our 'please test S1 on your device' request comms
- E-learning hints and tips article currently at 228 visits
- Support documents such as help guides, videos and e-learning page currently at 1,372 visits

We will complete a similar review of go-live campaign comms at the end of September, so we can take actionable improvements into the subsequent divisional go lives.

As we approached go live, comms support has included help guides and videos, top tips, polo shirts and support packs for floorwalkers, lanyards for super users, scheduling and attendance at drop in sessions, and of course a vast range of internal communications, including our dedicated EPR Hub [on the intranet](#).

Loren continues to lead this project, representing our team at all meetings of significance which includes the current cutover and approval meetings where it is agreed the team can move to the next stage.

### **Interweave**

The main area of focus for our team currently is improving the Interweave website and the way it is hosted/managed. A proposal has been submitted to senior members of staff in the team and we are awaiting approval to proceed.

The team also continue to support Interweave with their newsletter, content, brand and overall management of important communications for our customers and partners.

### **AccessAble**

The Trust partnered with AccessAble to help to alleviate patients' worries about visiting our facilities, giving the information needed to work out if a space is going to be accessible, from parking, to toilets, access, and more. The Communications Team has worked on this project in partnership with the Estates Team and the launch will include PR, social media and internal communications.

The AccessAble platform exists as a web portal, in which every one of the Trust's buildings has been audited by the provider to give detailed accessibility information including extensive photography. This is linked from the Trust website and extensive work has taken place to link service pages to specific buildings, focusing on key accessibility challenges such as parking, access ramps, toilets and various other factors.

### **Trust website service landing pages**

Work has begun to build new pages for some Trust services, particularly on sites where multiple services are offered, to create more of a landing hub where key information can be accessed more readily as opposed to long-form text. A test version of a new page of Whitby Hospital is currently in development.

### **Trust website migration**

The migration of the Trust's website to a new Content Management System is now complete. Migration was necessary as the provider, SiteKit, discontinued its old CMS.

Both the Trust website and intranet are bound by the same contract, with work to migrate the Intranet to a new CMS underway.

The Communications Team chose to remain with SiteKit through to the end of its existing contract in 2026 and migrate to a new CMS with the company, with stability preferred as opposed to a full redevelopment. With the two websites being co-dependent, the option to properly redevelop the Intranet in the long term based on engagement, and avoiding significant upheaval around the SystmOne launch was chosen.

Having reviewed the new system, this is significantly more efficient to work with and offers greater flexibility with page design than the old system, and offers a satisfactory solution to some development obstacles which have arisen. The website updates detailed in this report would not be possible on the old CMS, with the new version unlocking significant potential for the next phase of development.

## **5 Health Stars Update**

### **Theme 1: Be a trusted and engaged charity partner**

- Customer Relationship Management software

### **Theme 2: Improve Patient Care and Experience**

Dreams are our requests for charitable funds over £5000.

- We are currently working with four 'Dream Teams' on the following projects
  - **Walker Street Centre – Waiting Room**
    - Work has started
  - **Fitzwilliam Ward at Malton Hospital - Dementia Friendly Day Room**
    - Designs being worked on
    - Awaiting landlord permission
  - **Fribo Scanner - portable liver scanner for the community (Bridlington)**
    - Partnerships Team working on bigger proposal
  - **Whitby Hospital – children's area in waiting room**
    - First Dream Team meeting in September
- Two other dreams are being developed for submission
  - **Westlands Garden**
  - **Mobile clinic for ISPHNS**
- 32 wishes have been received since we reopened on 20 May 2024, 13 of them in this period
  - 10 have been completed.
  - 7 have been declined or cancelled

### **Supporting Staff**

- We have presented at the Community and Primary ODG
- We had a stall at the Scarborough Prospect Hub Wellbeing Day
- We have initiated talks with HR to discuss how we can support delivery of the People Plan, a wish has been submitted for branded merchandise.

### **Partnerships**

- We have worked with Recovery College to secure a sponsor for the calendar they are creating to raise money for Health Stars
- We are looking forward to the Humber Bridge Half Marathon at the end of September where we are the event's first Charity Partner, we have 7 people taking part for the charity who have raised over £1000 so far.

## Quality Account 2023-24

Humber Teaching NHS Foundation Trust



**Caring, Learning  
& Growing Together**

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If you require any further information about the Quality Account, please contact the Trust Communications Team via email [hnf-tr.communications@nhs.net](mailto:hnf-tr.communications@nhs.net)





## Part One: Welcome to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account.

All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the brilliant work that our staff, patients, and carers have achieved together throughout 2023/24, as well as some of the challenges we have faced along the way.

**This document is divided into three sections:**

**Part One:** Provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran.

This section then includes a patient story and concludes with a celebration of our successes in 2023/24.

**Part Two:** Outlines the progress we have made during 2023/24, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2024/25), which have been agreed with our patients, carers, staff, and stakeholders.

This section then goes on to share our performance against several mandatory performance indicators identified by NHS Improvement.

**Part Three:** Includes a report on key national indicators from the Single Oversight Framework (SOF) and shares performance, in relation to other indicators monitored by the Board.

We also share with you the comments we received in relation to the Quality Account from our Commissioners and other key stakeholders. This section concludes with a glossary of terms used within the document.

### The purpose of Quality Accounts is to enable:

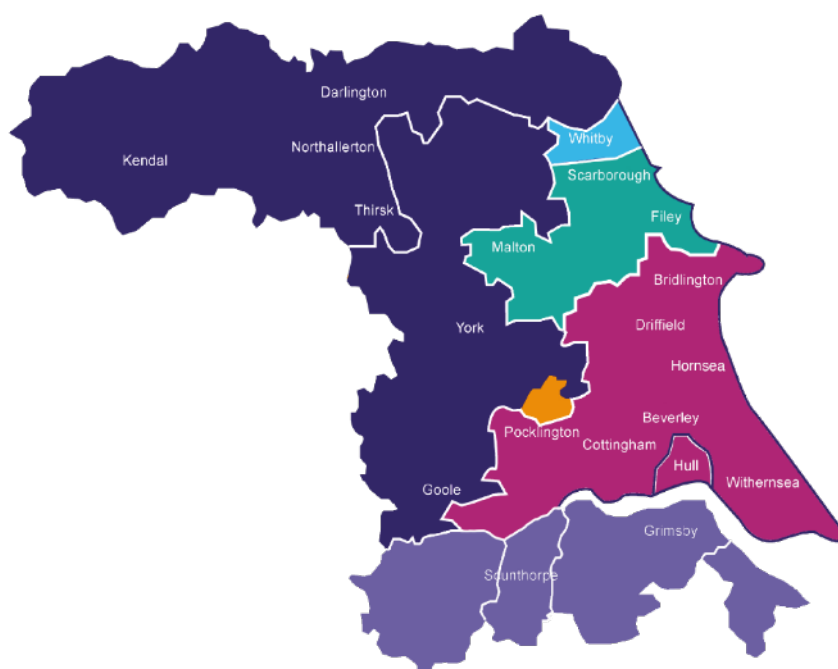
- Patients and carers to make better informed choices
- Boards of providers to focus on quality improvement
- The public to hold providers to account for the quality of NHS healthcare services they provide



## About the Trust

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.



## Our Services

We provide community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health in-patient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

The Trust also runs Whitby Hospital, a community hospital providing inpatient, outpatient and community services to Whitby and the surrounding area, and three GP practices in the East Riding of Yorkshire.

## Our Values

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, integrated care.

Growing our reputation as a provider of high-quality services and a great place to work.

These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect.
- ✓ Achieve excellent results for people and communities.
- ✓ Improve expertise while stimulating innovation, raising morale, and supporting good decision-making.
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation.
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare.
- ✓ Work with accountability, integrity, and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

## 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 valued partner.

## Our Strategic Goals



For further information on our strategic goals, please see Annex 3.

## 1.1 Chief Executive's Statement

I am pleased to present our annual Quality Account, providing a comprehensive overview of our successes and celebrations from the past year. Additionally, we present the challenges encountered and outline the specific areas we've identified for focussed efforts, contributing to our continuous journey of improvement.

Over the past year, our Humbelievable teams have been a constant source of inspiration, facing challenges with unwavering determination. Working alongside these talented and resilient individuals has been a pleasure, as they consistently prioritise placing high-quality patient care at the forefront of their efforts, regardless of the pressures we encounter.

As a Trust, we take immense pride in the accomplishments of the last twelve months, and we find inspiration in the exceptional work consistently carried out by our dedicated teams. Improving the quality of our services comes from innovation and actions. The implementation of good practices within our services has a positive and lasting impact on our communities. Some highlights from this year are as follows.

One way in which we are improving the efficacy of all our services is through our work on Health Inequalities. The Trust is committed to understanding and supporting service users who may have poorer access, outcomes and experiences within our services. In 2023/24, we established a targeted programme of work to increase our understanding of the health inequalities in our services and communities and support staff to address these inequalities. Our programme is based around four workstreams, underpinned by a co-production-based approach and informed by the voice of lived experience.

The innovation which has come through from having a Single Point of Access (SPA) within our Forensics division has immensely improved the quality of service provided. The referrals are now reviewed by a clinical lead who determines the best course of action for each patient. This ensures our patients are cared for within the correct and most appropriate setting. The Humber and North Yorkshire SPA is one of only two nationally which is clinically led, and this has made a profound difference to the service quality.

In April, we were pleased to start the year with the introduction of a new Keyworker Service. The service was made available to children and young people with a learning disability and /or who are autistic with complex needs. This service aims to ensure children and their families get the right support at the right time, and that local systems are responsive to meeting their needs in a holistic and cohesive way.

Further enhancing our digital scope, in the later part of 2023 we announced our new, single supplier of Electronic Patient Records, SystmOne. This change will improve the way our clinicians access patient records and introduce new functionality, as well as the cohesive use of data which will support us with our continued dedication to patient safety.

We were particularly proud to have received accreditation with the National Preceptorship Interim Quality Mark. As one of the first Trusts to be nationally accredited for the high-quality support we provide to newly registered nurses, this was a key moment of achievement. The purpose of Preceptorship is to provide support and guidance for all newly registered practitioners to build confidence and develop full competence as they transition into an autonomous professional.

Throughout 2023/24, we were proud to be shortlisted for a variety of local and national awards. This includes the prestigious HSJ Awards, where we were highly commended for our 'Right Care Right Person' initiative. And the HSJ Patient Safety Awards, which shortlisted our Trust for four awards in total and took home a 'Highly Commended' award for the Follow My Lead initiative. We were pleased to see these great examples being recognised by organisations in the wider system.

We aim to lead in ensuring our staff feel valued, safe, and empowered at work. Our Humbelievable teams and Freedom to Speak Up initiatives, supported by the Trust Board, actively foster a culture of openness, encouraging staff to voice concerns and contribute to continuous improvement. Our goal is for our people to feel confident and well-supported in their work every day.

Demand on our services remains consistently high and we are addressing the needs of our service users across the breadth of our Trust. Children's Autism and ADHD services have seen a significant increase in demand and this has challenged their recovery objective, yet the service has still managed to deliver the assessment level as outlined in their recovery plan.

A number of our service areas have seen growth in demand which has challenged their waiting times. They continue to focus on efficiency and productivity to ensure best possible use of capacity. Services are engaging well with undertaking capacity and demand work where possible, which in some cases has been supported with identifying improvement schemes.

The achievements across our organisation each year are a constant source of inspiration to me. The commitment to placing our communities at the forefront is evident in these accomplishments. As we approach the next financial year, I eagerly anticipate our continued progress, resilience, and the meaningful impact we have on people's lives.

This Quality Account showcases examples of quality improvements achieved across all of our services throughout 2023/24. Our teams consistently work hard to improve, both in their individual roles and as part of their service. Thank you to you all for the Humbelievable work that you do.

To the best of my knowledge, the information contained in this Quality Account is accurate.



**Michele Moran**  
Chief Executive  
Humber Teaching NHS Foundation Trust

## 1.2 Patient Story

In this section, we are honoured to share with you a patient case study from Ruby about her experience as a patient and volunteer at Market Weighton Group Practice.

**Please note: the patient story has been added exactly as written and consented by the service user.**

### Ruby's story

I have been a patient with Market Weighton Practice for fourteen years, my son was with them for ten years prior to this. My Mum was also with the practice for thirteen years, very well cared for and always had home visits to meet her needs, there have been a few changes since then. I have rarely needed appointments however, my son needed many with his many conditions. Being profoundly deaf, communication was never easy, I was his registered carer so always in attendance to support but with patience and respect, the staff at the surgery did a fantastic job. I have lots of lovely memories of these times.

I think the first very noticeable change that caused a stir was when the practice was taken under the umbrella of the Humber Teaching NHS Foundation Trust and the retirement of long serving staff. There were still familiar faces and the practice, in my experience, was running smoothly until COVID arrived. A devastating time for everyone and difficult to know where to go for help, advice and support especially with all the guidelines and restrictions in place. I know by experience that during the usual surgery hours the telephone at Market Weighton practice would be answered. The day before lockdown, my son passed away (not as a result of COVID), it was a devastating time for people everywhere. Living alone with all the restrictions of COVID and lockdown and the realisation I wasn't coping too well, I rang the surgery. I didn't need to explain, the receptionist was aware of my bereavement and was going to request the help of our Community Link Worker. Within half an hour I received a phone call, the support I was given by the Community Link Worker was brilliant, I was supported for quite a long time for which I was very thankful. Coming out of lockdown all the guidelines were adhered to, it wasn't easy for the practice and they had lots of press at times which was totally unnecessary but, in spite of this, all the staff stayed strong and carried on.

I am a member of the practice's Patient Participation Group (PPG) where patients have a voice to air their views and representatives from the practice, attend to give explanations and information where possible, it hasn't been an easy time for either. One of the issues at every meeting is the online system, as not everyone can manage this for various reasons but, there are other options and always help available. I don't mind technology but am no great expert however, I do represent the PPG on a new technology the practice is piloting named 'Scale, Spread and Embed'. I find it interesting and can follow the information and feel comfortable to ask questions. Like I said, I am no expert so please don't ask me to explain but I know a man who can...

I volunteer at the practice on a Monday morning helping patients where I can, using the booking in computer and directing them to where they need to be, answering questions and giving information where I am able. There have been changes in the practice which is not well accepted and sometimes I am able to have a sensible conversation regarding the changes. I do enjoy my volunteering, it is very rewarding and can be funny at times. I am always supported by our Practice Manager and all the staff. They work as a team and make me feel part of the team.

I will end my story on a high for the practice. There was an emergency during one of my shifts, it was amazing how it was dealt with calmly and quickly. A mother came in carrying an unwell child and was directed to the Duty Doctor and a Health Care Assistant. A colleague on duty took the Health Care Assistant's appointments until she was able to return. The ambulance arrived and Mum and child were transported off to the hospital. Amazing team work, quickly and calmly.

## Patient and Carer Experience

Our communities (patients, service users, young people, carers, family and friends) are at the centre of everything we do. There is no better or more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

Involving our communities in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread, which is woven throughout the patient and carer experience agenda.

Due to the range of diverse services we provide, we believe there is an immense wealth of knowledge and experience that we can access from our communities, to help us with our improvement journey and transformation plans.

We aim to involve patients, carers and the public in as many areas as possible – from what services we provide, to how they are delivered and how we can improve them in the future – and we consistently provide opportunities for patients, carers and families to share their experiences and tell their stories.

You can find out more about our Patient and Carer Experience team and the work that they do and how you can get involved, [here](#).

## Our Development and Success Highlights for 2023/2024

2023	
April	<ul style="list-style-type: none"> <li>✓ Your Leave Plus benefits scheme launched to all staff to include new types of paid leave.</li> <li>✓ New Intensive Support Pathway (ISP) launched for young and vulnerable families.</li> </ul>
May	<ul style="list-style-type: none"> <li>✓ Trust begins its transition to NHS England's new Patient Safety Incident Response Framework (PSIRF).</li> <li>✓ Trust launches new Quality, Service Improvement and Redesign (QSIR) Training to support implementing a more efficient person-centred service.</li> <li>✓ The Adult Mental Health Co-production Group co-produced a poster aimed at helping local adults in accessing mental health support.</li> </ul>
June	<ul style="list-style-type: none"> <li>✓ Trust partnered with pregnancy charity Tommy's to provide Pregnancy and Parenting at Work training, supporting pregnancy and parenting at work.</li> <li>✓ Trust shortlisted for Hull and York Medical School Teaching Excellence Awards and wins in Undergraduate Medicine Phase II and III Tutor of Excellence category.</li> <li>✓ BBC's The One Show puts Trust Health Visitors in the spotlight in televised piece featuring Health visitors from the Hull 0-19's service.</li> <li>✓ Trust services shortlisted for four awards at the HSJ Patient Safety Awards 2023.</li> </ul>
July	<ul style="list-style-type: none"> <li>✓ Patients at King Street GP surgery in Cottingham are given the chance to take part in high quality research projects with some of the top UK universities and research teams.</li> <li>✓ Our Social Prescribing Link Worker service supports international medical graduates and trainees to provide Social Prescribing services.</li> <li>✓ Launch of the Youth Wellbeing and Recovery College</li> <li>✓ Trust achieved Pastoral Care Award to recognise the high-quality pastoral care to internationally educated nurses</li> </ul>
August	<ul style="list-style-type: none"> <li>✓ Trust is shortlisted for a HSJ Awards for Right Care Right Person initiative.</li> <li>✓ Kirsten Bingham, AMHP Lead at our Trust announced as finalist for the AMHP (Approved Mental Health Professional) Social Worker of the Year 2023 and is announced the winner in November.</li> <li>✓ Trust announces the launch of Values Based Recruitment</li> <li>✓ Trust accredited with the National Preceptorship Interim Quality Mark</li> </ul>
September	<ul style="list-style-type: none"> <li>✓ Trust is reaccredited as Veteran Aware</li> <li>✓ Trust receives 'Highly Commended' for Follow My Lead project by Hull Profound and Multiple Learning Disabilities Service at the HSJ Patient Safety Awards in Learning Disability Initiative of the year category.</li> </ul>
October	<ul style="list-style-type: none"> <li>✓ Trust teams participating in a national initiative called Scale, Spread and Embed, along with 9 other organisations, win at the Patient Experience Network Awards.</li> <li>✓ Trust marks World Mental Health Day with crafting activity making bunting to</li> </ul>



November	<ul style="list-style-type: none"> <li>show visions of mental health.</li> <li>✓ New garden area at Inspire unit begins work to create new therapeutic outdoor space for patients.</li> <li>✓ Achieved White Ribbon accreditation for the work to address violence against women</li> </ul>
	<ul style="list-style-type: none"> <li>✓ Staff Celebration Event recognises 'Humbelievable' staff and teams.</li> <li>✓ Launch of new Dignity and Respect at Work Campaign developing a safe culture to report 'staff to staff' incidents of bullying, harassment, or discrimination.</li> <li>✓ SeaFit secures 10 life-saving automated defibrillators in Bridlington.</li> </ul>
December	<ul style="list-style-type: none"> <li>✓ Patients from Pine View and Humber Centre receive their awards from their art submissions to the Koestler Arts Awards.</li> <li>✓ Trust collaboration on Research project sees staff attending European Conference in Slovenia to present work on transitioning inpatients from our Forensic division back into the community.</li> </ul>

2024	
January	<ul style="list-style-type: none"> <li>✓ East Riding Mental Health Support Teams announce they are now working with fourteen placement schools across the local area to engage with and better understand the mental health needs of the school's populations.</li> <li>✓ Trust holds Healthcare Support Worker recruitment event at Princes Quay Shopping Centre and receives over 1,000 applications for the role.</li> <li>✓ Trust celebrates one year since the launch of Virtual Wards having now increased the Frailty Ward provision up to 15 beds.</li> <li>✓ Trust launches new Eating Disorder Intensive Treatment Team to provide community-based alternative to unit admission for children and young people.</li> <li>✓ Trust holds its Long Service Awards ceremony to recognise and reward staff for their loyalty and service in the Trust.</li> </ul>
February	<ul style="list-style-type: none"> <li>✓ Trust taking part in a project to revamp crisis referral pathways, enhance collaboration with mental health charity Mind, and streamline services for faster patient treatment.</li> <li>✓ New messaging service launched for parents of 0-5 years olds in East Riding to improve contact Health Visitors called ParentLine.</li> <li>✓ Trust announces it will be the first to offer staff Zero Suicide Alliance Training.</li> <li>✓ Trust is recognised and featured in an editorial by NHS Providers to highlight the work we do on coproduction and inclusion in our children's division.</li> </ul>
March	<ul style="list-style-type: none"> <li>✓ Trust launches Safer Sleep Week campaign in partnership with local services across Hull and the East Riding, to provide welcome to the world card to new parents.</li> <li>✓ YourHealth offers social prescribing workshops and events at locations around Hull and East Riding.</li> <li>✓ Communications team win 'Highly Commended' at NHS Communicate Awards in Health and Wellbeing category for programme of staff health and wellbeing events.</li> </ul>

## Part Two: Priorities for Improvement and Statements of Assurance from the Board

### 2.1 Priorities for Quality Improvement

Our Executive Lead for continuous Quality Improvement (QI) is the Medical Director.

Our QI approach is based on the principle that our staff, patients and carers are best placed to identify and undertake continuous change activities to improve the quality of care and outcomes for our patients. The 'Model for Improvement' is our preferred methodology for undertaking QI as it offers a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams, patients and carers.

Co-production with our patients and carers is central to our approach and, to achieve this, the QI team works closely with representatives from our patients and carer groups. To support the delivery of our Quality Improvement Strategy 2021-2026 we have established a Joint Strategy Group which includes representatives from staff, patients and carers to support delivery and ensure the strategy delivery maintains its focus. At the end of March 2024, there were 403 QI ideas put forward. Of the viable and completed ideas from our teams, 66% have recorded that our Patients and Carers had been involved and 32% had been in partnership with other organisations.

We continue to recognise that developing a culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we have invested in training for our staff and volunteers. From April to March 2024, there were 490 training places provided and 7 short overview sessions to approximately 90 attendees.

During 2023/24, the Trust has participated in the national NHS IMPACT (Improving Patient Care Together) programme. This is a new, single, shared NHS improvement approach which aims to create the right conditions for continuous improvement and high performance to enable organisations to respond to today's challenges, deliver better care for patients and give better outcomes for communities.

For more information about our Quality Improvement work please refer to the Quality Improvement Annual report which can be found on our website.

### Quality Governance

The Board ensures a robust approach to quality governance through the Quality Committee which is a subcommittee of the Board.

The Quality Committee is chaired by a Non-Executive Director. It meets five times a year and its purpose is to:

- Oversee and support quality improvement to support the journey of the Trust becoming a 'high-performing organisation' that delivers excellence in patient care.
- Provide assurance to the Board that appropriate processes are in place to give confidence that quality and patient safety performance and research and quality improvement work are monitored effectively, and that appropriate actions are taken to address any deviation from accepted standards to maximise quality and manage identified risks.

Each clinical division has established quality governance arrangements to address the key elements of quality and safety improvement. These are outlined in divisional Standard Operating

Procedures (SOPs). Divisional Clinical Networks report directly to the Divisional Clinical Governance Meetings to ensure the clinical voice is driving improvements. The overarching divisional clinical governance groups report to the Quality and Patient Safety Group (QPAS) which reports directly to the Quality Committee.




Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans. Formal accountability reviews are held regularly with each division where quality priorities, performance and developments are discussed.

The Trust has embedded a range of Quality Improvement approaches to support effective Quality Governance. These are as follows:

- My Assurance which is an iPad-enabled tool that clinicians use to audit their practice and care environment. Results are immediate, identifying good practice and ensuring any required improvements can be actioned instantly.
- Team level DATIX dashboards enable teams to review patient safety incidents in 'real time' allowing teams to discuss their main safety issues for discussion in team meetings and the established team safety huddles.
- Established methodologies to review and learn from patient safety incidents aligned to the Patient Safety Incident Response Framework, (PSIRF).
- A robust risk management process and electronic risk registers to capture, manage and escalate risks.
- Access to staff training and development opportunities including an in-house skills laboratory with support from our learning centre.
- Health Assure, a data software system to support the dissemination of evidence based. Practice, management of policies and patient safety alerts.
- Utilisation of a range of approaches to gather patient, service user and carer real-time feedback and engagement to inform service improvements.

## Audit of Quality Governance systems.

During 2023-24 the following audits have been undertaken by Audit Yorkshire to provide assurance to the Board in respect of quality and clinical governance across the Trust.

Audit and Objective	Planned Timing	Overall Opinion	No of Recs		
			Major	Moderate	Minor
<b>Quality and Safety</b>					
<b>Patient Safety Governance</b> – to provide assurance on the oversight of patient safety including actions taken and lessons learnt	Q3/Q4	 Significant	0	0	0
<b>Safer Staffing</b> – to provide assurance that the Safer Staffing Framework effectively manages, and controls risks in order to maintain patient safety standards.	Q2	 Significant	0	0	7
<b>Service User Engagement</b> – to provide assurance on the plans in place to improve those areas identified within the latest service user engagement survey.	Q2	 Limited	0	4	4

Service User Engagement: This audit took place in the Summer of 2023 with a key objective to provide assurance on the plans in place to improve areas identified as requiring improvement in the 2022 Community Mental Health Service User Survey. All required actions associated with the audit report were completed ahead of timescale and the Trust has carried out further testing to confirm that actions have been taken as described.

## Closed Cultures

Following the airing of the Panorama programme into Edenfield Centre Prestwich, in September 2022, Humber Teaching NHS Foundation Trust has undertaken significant work with all staff in relation to the identification and management of closed cultures. Regular assurance and progress reports have been presented to the Trust Board, outlining the governance arrangements in place and areas of continuous development to mitigate against closed cultures.

Visibility of senior leaders is key. Post pandemic the Board has re-established visits to teams to include out of hours and unannounced visits to services. The visits and feedback is captured in the Chief Executives report to the Board.

All services leaders are required to ensure a regular presence in teams to encourage staff to raise concerns and provide support whilst also seeking assurance regarding the quality of their services, taking appropriate action where there are concerns.

We have an established peer review programme in place. The reviews are led by the Nursing Directorate with support from divisional staff and increasing involvement from patients/service users to ensure there is a level of independence. There is a standard peer review framework in place, which is inclusive of the new CQC quality statements and closed culture indicators.

Co production is embedded across the organisation to ensure that patient voice and experience informs our service delivery and development. Work to ensure we build and maintain a compassionate, psychologically safe culture is ongoing underpinned by the 'Humber Behavioural Framework' which describes the values and behaviours required from our staff.

We strongly recognise organisations cannot be complacent in respect of closed cultures developing. At Humber we continue to focus on ensuring that we work to mitigate against closed cultures through supporting a skilled, empowered, valued and respected workforce, to deliver safe care to the people we work with.

## Looking Back: Review of the Quality Priorities in 2023/24

The Trust Board approved the continuation of the four quality improvement priorities identified for delivery in 2022/23. Noting the work that had been undertaken in year one of the priorities and the work that needed to be done in 2023/24 to ensure the improvements were embedded in practice.

The delivery of the four quality priorities has progressed well across all four priorities and positive impacts are being achieved as follows.

**Priority One:** To fully implement and embed the Patient Safety Incident Response Framework (PSIRF), in line with national directives, moving away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture, to one of reviewing the systems within which staff work which

facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”.

To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to ‘Think Family’.

#### We said we would:

Ensure the organisation is prepared to commence roll out of the Patient Safety Incident Response Framework (PSIRF) as set out by NHS England. Implementation of PSIRF includes an increased number of patients and carers involved in patient safety discussions and work in the Trust through the established patient forums and establishing the role of the Patient Safety Partners. The outcome from this will result in a strengthened approach to maximising patient safety through co production.

#### What we did:

- Full implementation commenced October 1<sup>st</sup> 2023, with all required policies and plans produced and approved by the Board and the Integrated Care Board.
- Patient Safety Partners in place and actively engaging in the patient safety agenda and participating in the Trusts Peer Review process.
- Thematic review of incidents and complaints undertaken. Patient safety priorities identified and agreed aligned to the themes underpinned with QI methodology.
- Patient Safety level 1a mandated across the Trust. Compliance figures below.

Org L1	338 LOCAL Patient Safety - Level 1 (Board) - 3 Years General	NHS MAND Patient Safety - Level 1 - 3 Years	NHS MAND Patient Safety - Level 2 - 3 Years
338 Humber NHS Foundation Trust	90.00%	92.93%	80.00%

- We have trained over 260 staff in using systems review methodology to investigate patient safety incidents.
- Continued to have in place robust oversight and scrutiny of patient safety issues through daily incident reporting, review at daily huddles, quarterly reporting and undertaking further analysis on areas which require further understanding.
- Plan for ongoing implementation in place, to embed the full range of investigation/review methodologies endorsed by NHS England and to review of implementation to date. In 2024 23 to develop a policy to capture how we learn from patient safety incidents.

**Priority Two:** To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

#### **We said we would:**

Further roll out of the work in 2023 with a specific focus on ensuring data demonstrates that our staff are equipped with the knowledge and skills to support patients and their families in line with national standards

#### **What we did:**

Developed and commenced implementation of:

- An end-of-life strategic plan.
- A Palliative and End of Life Care Training plan.

This has positively impacted patients care by ensuring:

- Timely support to palliative patients dying at home.
- Prompt holistic symptom management.
- Timely care after death and reduced reliance on Out of Hours GP services.

#### **Patient and family feedback:**

Our teams have received very positive compliments and thanks. Here are a few examples:

"I just wanted to thank you for all the care you gave to my dad in the last years of his life. He really wanted to stay in his own home and that was possible because of your amazing team of nurses who responded so quickly when needed. The care you gave during the last few days of his life was so appreciated by .... and myself. many, many thanks"

"...thank you for supporting us and caring for my family member. To be able to keep his wishes of staying at home was a special gift, not easiest living in the middle of nowhere. You are all compassionate, professional, and also fun at a difficult time."

"Thank you very much for your loving care of my mum. Your care enabled her to have a peaceful and dignified death at home, for which we are extremely grateful."

"... you battled with the field gates, the sheep, the bad weather and the ski slope (the drive!). Turning up each time with solid support and advice, positivity and smiles meant so much to my mum and dad. You are amazing people with the biggest hearts."

#### **Training and Education:**

Headlines:

- 400 attendances at Palliative and End of Life Training in 2023
- Evidence of improved confidence and understanding
- Positive feedback with evidence of specific learning and relation to practice
- Full education programme in place for 2024 and beyond

Examples of training feedback comments from staff:

"More knowledge of treating symptoms. Being able to explain the dying process and reassure family and patient."

"I will feel more confident and be better able to "be alongside" a person who is dying and their families and carers."

"Learning techniques to assess pain which doesn't rely on the patient communicating their pain on a number scale, as working in the Learning Disability field this is not always an option."

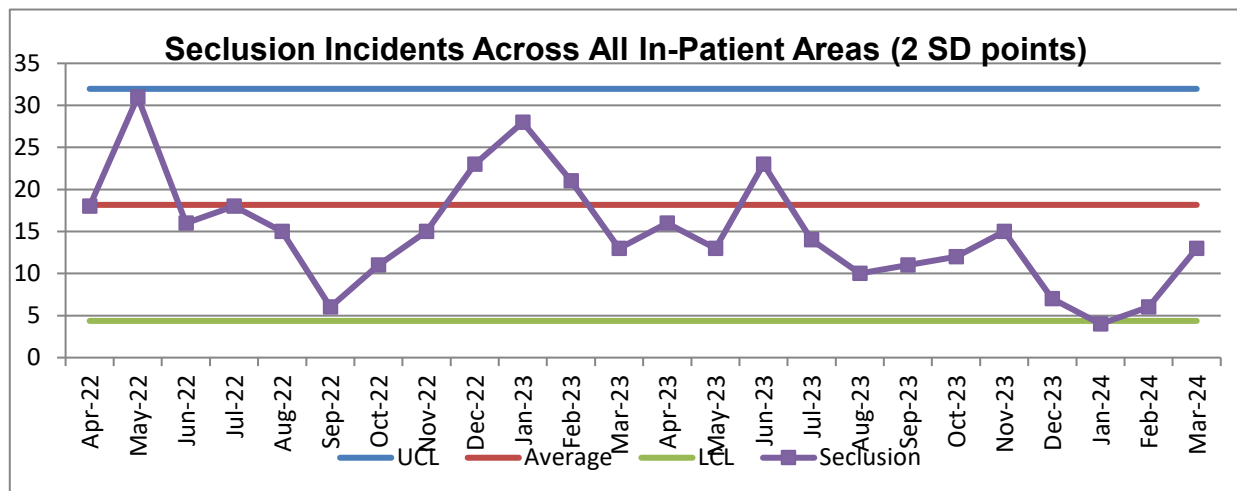
**Priority Three:** As part of our approach to ensuring we are in line with the Use of Force national guidance and avoidance of a closed culture in our inpatient units we will refresh and embed Safewards interventions, which aim to improve safety for both patients and staff by focussing on reducing conflict and reducing restrictive interventions in our mental health, CAMHS and learning disability inpatient units.

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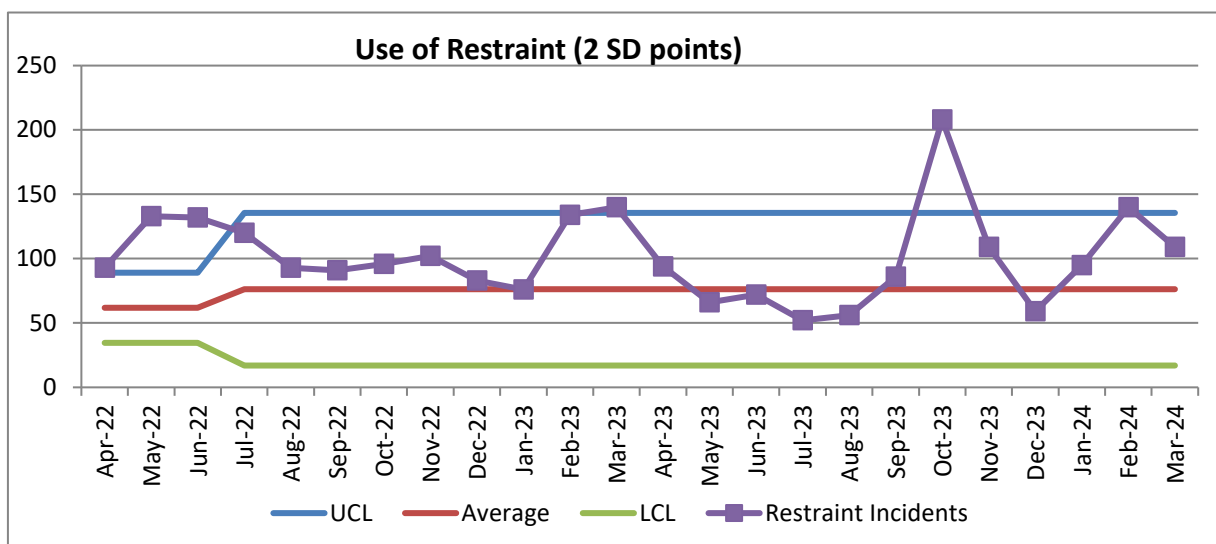


- Established reporting of the use of restrictive interventions. These are reviewed via the daily safety huddle with quarterly reports presented to the Reducing Restrictive Interventions Group for action and the MHA Committee for monitoring purposes.
- Ensured the Use of Force reporting is in place to include self-harm and AWOL and that it is triangulated with a maturity rating for the implementation of the Safeward interventions at ward level.
- Continued to deliver training to our newly registered nurses to establish their knowledge of Safewards and support in further embedding Safewards as standard practice.

During quarter 4 we have continued to see a quarter-on-quarter reduction in the use of seclusion.

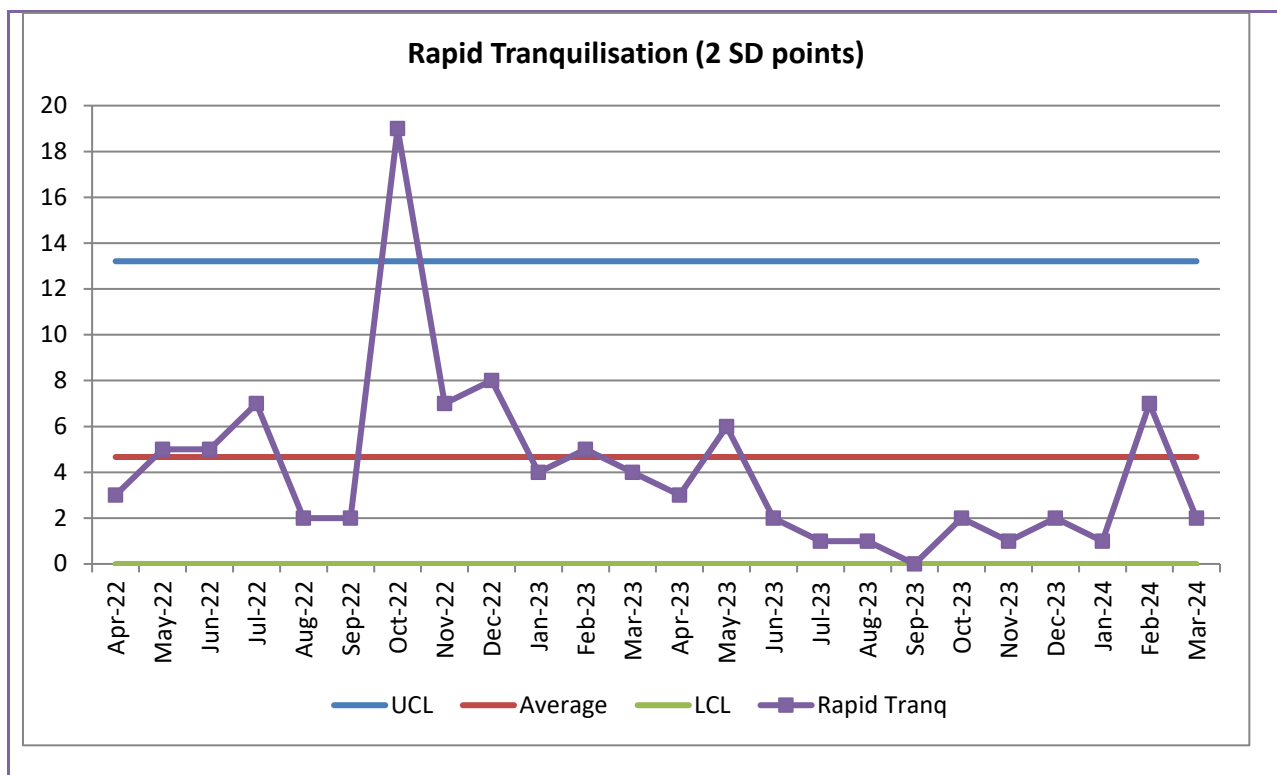


During quarter 4 there has been a reduction in the use of restraint despite an increased number of young people with a complex eating disorder who have planned restraint to support restoring nutritional needs.



During quarter 4 there has been a slight increase in the use of rapid tranquilisation, although this has been used with a small number of people to support reduction in extreme distress.





**Priority Four:** We will ensure that we are undertaking clinical risk assessment and formulation in mental health services in line with best practice and evolving national guidance; providing collaborative person-centred approaches; moving away from a reliance on risk assessment tools to predict future risk, with a focus on using structured professional judgement to inform decisions about support and interventions.

#### We said we would:

Revise our existing policy and guidance in relation to risk assessment practice and develop and implement a project plan to deliver the required changes in practice and culture based on the new national guidance which promotes a move away from using risk assessment tools to assess clinical risk in mental health in conjunction with professional judgement.

#### What we did:

The clinical risk steering group has overseen several workstreams in relation to reviewing and updating our approach to clinical risk assessment, including a revision of our policy. This is in line with several national drivers around the use of risk assessment tools in mental health and a move away from using tools to predict future behaviours and making decisions about treatment in isolation.

Specific improvement work has included:

- A revised policy has been approved with an agreed implementation plan to address some of the significant changes and ensure that during this transition staff feel safe and supported in their practice. The focus of improvement has been on ensuring staff are equipped with the knowledge and skills to confidently assess risk in mental health.
- A training programme has been implemented focusing on clinical risk assessment which also captures learning points from related patient safety investigations. The quarter 4 training compliance for the 2-day clinical risk assessment programme is 72.6%. The training has been running for 2 years with a 3 yearly renewal required. More than enough places have been made available over 2024 to ensure compliance above 85% by the

end of the year with renewal becoming business as usual. Of the remaining non complaint staff 75% are booked onto a date and that will give us 93.3% compliance by the end of 2024.

Building on increased staff knowledge regarding risk assessment a broader piece of work looking at assessment and formulation in clinical practice is now required. This work is captured in Quality Priority 2 - 2024/25.

These four priorities from 2023/24 each have a lead, an implementation plan and established monitoring and reporting arrangements to ensure improvements continue within the established quality improvement and governance frameworks. New priorities have therefore been agreed for 2024/25.

## Looking Forward: Our Quality Priorities for 2024-26

All of our quality priorities aim to deliver the highest quality care for our patients, service users and their families aligned to the best available improvement evidence. The priorities have been identified through the Trusts overarching strategic intentions, national best practice initiatives and learning from patient safety incidents and feedback.

Due to the transformational nature of our new priorities, these will run over two years with year one determining the approaches to be taken, implementing the changes and identifying outcome metrics and year two focusing on reporting against outcomes. Outlined below are the steps we will take during 2024/25.

	Priority	What we will do in 2024-25	Source
1	Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users.	Develop and commence implementation of a Trust wide Physical Health Strategy.	CQC KLOE 5 Year Forward view 2016. National Confidential Enquiry into Patient Outcome and Death 'A Picture of Health?' (2022). Trust Strategy.
2	Maximise quality of care through roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services. Streamline the information we gather to ensure it is relevant, accurate, up to date and accessible and avoids unnecessary repetition for service users and is aligned to person centred planning review process and the introduction of the Dialog+ as our patient reported outcome measure (PROM).	Establish and commence delivery of a project plan to review and update the approaches we take to assessment and formulation. To include local and divisional standard operating procedures for gathering and recording core information, aligned to the PROM and articulate how this will support collaborative safety and care and intervention planning with service users and carers.  Review and streamline the clinical forms and templates as part of the move to the new Electronic Patient Record	National Confidential Inquiry into suicide and self-harm. Trust Suicide Strategy. Long Term Plan Community MH Framework
3	Roll out the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change	Working with partners embed the national Cultural Change Transformation Programme for Adult mental health and learning disabilities.	Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

	Priority	What we will do in 2024-25	Source
	and a new model of care across all NHS-funded mental health, learning disability and autism inpatient settings.	<p>Specifically:</p> <p>Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.</p> <p>Have a clear oversight and support structure that is sustainable and transparent, where issues are identified early. Services that are challenged will have timely, effective, and coordinated recovery support.</p>	

Quality Improvement plans are in the process of being produced for the priorities with monitoring and oversight via the established governance arrangements.

## 2.2 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Progress made in bolstering staff in adult and older adult CMHT services following additional investment
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

### Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

During 2023/24, Humber Teaching NHS Foundation Trust provided or subcontracted 101 relevant health services.

Working with our ICB/Place colleagues and providers, our Trust leads on the provision of a range of services, delivered either directly by the Trust or on behalf of the Trust by our subcontractors.

During 2023/24, the Trust re-established itself within the contracting arrangements that had been previously in place prior to Covid 19 and this focussed on encompassing all activity within contract arrangements including any previous cost per case services that continued to exist. The Trust embarked on undertaking service demand and capacity reviews on a range of its service areas to understand the changes in demand since re-entering into a fixed contract arrangement.

The most significant services provided during 2023/24 are as follows:

- East Riding Health and Care Partnership (formerly East Riding of Yorkshire CCG) – Mental Health, Learning Disability, Primary Care and Therapy Services
- Hull Health and Care Partnership (formerly Hull CCG) – Mental Health, Learning Disability, Primary Care and Therapy Services
- North Yorkshire Health and Care Partnership (formerly North Yorkshire CCG) – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Children's and Adolescent Inpatient Mental Health Services. Primary Care Services

Humber Teaching NHS Foundation Trust has reviewed all data available to them on the quality of care in all of these health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2023/24.

## Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on 'staff who speak up' (including whistle blowers).

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment.

### Response

Our updated Freedom to Speak Up Strategy (2024-2027) is supported by the Freedom to Speak up Policy and Procedure and includes changes made by the National Guardian's Office. Our speaking up policy and procedure has recently been amended in line with the recommendations made by the National Guardian's Office.

Our vision is to work together to provide an open and transparent culture across our Trust, to ensure that all members of staff feel safe and confident to speak out and raise concerns.

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, who is supported by a named Non-Executive Director. The Freedom to Speak Up Guardian is Alison Flack, Programme Director for Humber and North Yorkshire Health and Care Partnership and the Deputy Freedom to Speak Up Guardian is Nikki Titchener. The Guardians have completed the National Guardians Office (NGO) training and participate in the regional networking meetings. Staff have reported that in some instances, they feel more comfortable speaking in confidence to a familiar individual for help and support, we have therefore appointed a number of speak up ambassadors to increase the number of ambassadors across our operational areas.

There are several ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Level 1 National Freedom to Speak up training module is now a mandatory training requirement for all staff to complete.

The Guardians and ambassadors visit Trust bases and team meetings and speak to staff directly, both formally and informally to explain the role of the Guardian and, respond to any issues that are raised and also attend a range of staff meetings to raise the profile of speaking up. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Trust's internal communication processes.

An annual Speak Up report is presented to the Trust Board, and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. Future reports will also contain details of individuals ethnicity, gender and age. This will enable us to identify if underrepresented groups are disadvantaged by our internal processes and to ensure our processes are fully inclusive and widen participation and accessibility. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self-assessment, and regular updates are provided to the Trust's Workforce and Organisational Development Committee which is a sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasions, it is difficult to provide

feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern and provide feedback on what action has been taken.

At the conclusion of a speak up concern being investigated and an outcome report, staff receive a letter from the Chief Executive to thank them for raising their concerns and asking for their feedback on the process by completing an anonymous questionnaire.

It is pleasing to see in the staff survey results for 2023 that the Trust positions better than the national average across all People Promise theme areas with improvements across a range of indicators. The response rate of 55.62% is also an improvement compared to 2022 when the response rate was 43.90%.

Below are the results of the indicators closely aligned to demonstrating a positive FTSU and patient safety culture.

Indicator	National	Humber	Benchmark
Manager listens	71.02	79.15	79.15
Manager takes effective action	67.84	74.13	74.90
Feel secure raising concerns about unsafe clinical practice	71.28	77.46	76.82
Confident that their organisation would address their concern	56.81	64.48	61.79
Feel safe to speak up about anything that concerns them	62.31	70.26	68.14

## Annual Report on Rota Gaps and Vacancies: Doctors and Dentists in Training

The report on safe working hours for doctors in training looked at the period from November 2023 to January 2024. As of January 2024, there were:

- Full-time Core Trainees: 19
- Less Than Full Time Core Trainees: 3 (one at 50%, two at 80%)
- Full-time LAS Doctors: 0
- Foundation Year 1 doctors: 9
- Foundation Year 2 doctors: 4
- 6-month GP Trainees: 7
- 4-month GP Trainees: 0
- Higher Trainees (HT): 7

These numbers include a trainee that we have on maternity leave, and two core trainees on long-term sickness absence.

There have been no significant issues related to the rota. Three exceptions were raised during on call shifts which were all swiftly resolved. A review of the data exceptions raised did not result in immediate patient safety concerns and there was no impact on accessing educational and training requirements. Furthermore, there have been no reported challenges regarding attendance in teaching and training sessions.

There have been no further issues noted with the allocation process.

## Safer Staffing

The Trust is committed to caring, learning and growing and we're equally passionate about supporting our staff to be healthy, engaged and empowered to make a difference.

In response to national workforce challenges the Trust has strengthened the existing approaches to attract new staff and retain our existing workforce. These include:

- An annual workforce planning cycle with all divisions
- Recruitment and Retention Task & Finish group monthly monitoring and annual forecasting
- Grow our own approaches - degree apprenticeships, nurse associate to degree top-up, return to practice.
- Robust process to employing our student nurses and attracting newly qualified nurses from other universities.
- Successful mechanisms to recruit internationally educated nurses, including a bespoke Preceptorship programme.
- Marketing and communication plan including Join Humber page, New Year New job campaign.
- Developed our Trust People Strategy which is guided by our values of caring, learning and growing. It aims to attract and keep our Humber people by harnessing their talents, supporting meaningful development and ensuring positive workplace experiences throughout their employment journey.

We also have a range of Recruitment and Retention Initiatives available to staff who work for the Trust.

Nursing vacancies have reduced through the year and are now at 6.30%. There are 860.57 FTE Nurses in the Trust compared to 845.1 FTE 12 months ago.

Consultant vacancies are improved however remain challenging with 9 FTE vacancies and all of these are covered by agency locums. We have had success in hiring internationally educated medics and this accounts for us having no vacancies at Speciality Doctor level. It is hoped that in the longer term these individuals will be suitable candidates to replace the agency locums and take up substantive Consultant positions.

Safer staffing in our inpatient areas is reported monthly to the Board with a full report produced every six months. Whilst there are challenges, we are consistently above the national benchmark for Care Hours Per Patient Day (CHPPD).

## Staffing in Adult and Older Adult Community Mental Health Services

The scope of Community Mental Health Transformation has increased since the national roll out and now covers:

- A core model spanning primary and secondary care.
- A service for those with a Personality Disorder
- A rehabilitation service.
- Access to Individual Placement Support.
- Early Intervention in Psychosis
- Annual health checks for those who have a severe mental health condition.

The transformation has been underpinned by co-production. There are now 210 people signed up to our Adult Mental Health Involvement mailing list. There are 125 people with lived experience, 56 staff and 29 additional contacts who are receiving regular co-production updates and opportunities to get involved.



Nationally to support improvement a 'Road Map' is in place to guide the elements needed to fully transform services. The last evaluation showed a high level of compliance and priorities were set for 2023/24.

The extended core model spans Primary and Secondary Care across Hull and the East Riding of Yorkshire. This has meant an increase in clients receiving mental health support and treatment across Hull and the East Riding of Yorkshire. At the end of December 2023, performance against the base line set in Q4 2021/22 showed an increase of 17%.

Our Complex Emotional Needs service for people with a diagnosis of a Personality Disorder service has been working to support carers, families and friends by offering the Family Connections programme as well as refining their offer for care leavers and for those transitioning from Child and Adolescent services.

Our Rehabilitation team offers support, treatment and recovery services (STaRS) and deliver a community-based rehabilitation model with a flexible in reach and outreach approach with 5 beds to support transition from inpatient /longer term care placements to community-based care. This approach is seen as an exemplar.

Individual Placement support - 96% of those referred to the service achieve the 13 week 'sustainment' target. The service is also achieving the High-Fidelity Quality Mark.

In our Early Intervention in Psychosis service it is noted that referrals have been the highest since monitoring began in 2018/19. We continue to work to improve timely access and quality of care for people experiencing their first episode of psychosis. Physical Health Monitoring has also been established in the service as well as a new team model for Family Therapy. The service has commenced using the nationally recommended Patient Reported Outcome Measures.

We continue to improve physical health for those with a severe mental illness in the East Riding of Yorkshire by delivering an annual comprehensive physical health check with Health Trainers working in partnership with GP practices to improve uptake. In 2021/22 we made a huge improvement in the uptake of health checks and identified many treatable health conditions. This continued to improve in 23/24. Final 23/24 figures will not be available until July 24. But comparison of performance Q3 22/23 (48.7%) and Q3 23/24 (54.3%) indicates a year-on-year improvement.

Small Grants Scheme – As part of the Transformation programme £150,000 was made available (non-recurrently) to support 'grass root organisations' to support the development of individual and community mental health resilience. To date 32 projects have been supported across Hull and The East Riding of Yorkshire targeting 133,322 individuals and a diverse range of communities. Evaluation shows positive outcomes. The successes have been acknowledged with a Celebration event in April 2024.

The services continue to receive very positive feedback. For example, 100% of those who accessed Peer Support Workers in Hull between September and December 2023 reported a positive experience. 100% of those who accessed Mental Health Wellbeing Coaches across Hull and the East Riding of Yorkshire reported a positive experience between October and December 2023.

## **Emergency Preparedness, Resilience and Response (EPRR) Assurance 2023/24**

A new process was introduced by NHS England for the 2023-24 NHSE EPRR core standards self-assessment for the Humber and North Yorkshire region as part of a phased rollout incorporating an evidence-based check and challenge process requiring NHS organisations to submit evidence to support their annual self-assessment.



The number of core standards applicable to each organisation type is different, Humber Teaching NHS Foundation Trust had 58 applicable core standards to self-assess against and rated itself as partially compliant. On completion of the check and challenge process by NHSE the compliance rating was lowered to non-compliant and, although this does not signal a material change or deterioration in preparedness, it is considered a revised and more rigorous baseline in which to improve plans for preparedness going forward. The Trust has a comprehensive action plan in place to address the improvement and as part of the monitoring process will update the ICB on a monthly basis.

The Trust continues to improve care and service safety, resilience, and response through a programme of training, testing, learning from incidents internally and through work with partners and external networks. Through this work the Trust will increase its compliance with the core standards for the next assurance round for 2024/25.

The Trusts compliance rating was signed off by the Trust Board on 29 November 2023.

## **Improving Care through Clinical Audit**

Clinical Audit enables the Trust Board, our service users, and our regulators to determine whether the care we are providing is in line with recognised standards.

We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) clinical guidelines and quality standards and Care Quality Commission (CQC), Quality Statements. We also audit learning from Patient Safety Investigations and complaints to fully inform our programme of clinical audit.

Each division is expected to complete a minimum of 5 clinical audits across the financial year and contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new clinical audits and service evaluations are reviewed by the Divisional Clinical Network Groups and priority and relevance agreed. Completed project reports are also presented and approved and planned actions reviewed. The Audit and Effectiveness Group provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee.

## **Audits undertaken during 2023/24**

During 2023/24, 11 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides.

During the same period, Humber Teaching NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

## **National audits during 2023/24**

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:

Eligible National Clinical Audits 2023/24	Completed	Progress update
POMH 20b: Valproate prescribing in adult mental health services	√	Report published September 2023. Reviewed at Drug and Therapeutic Group.
POMH 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	√	Report published February 2024. Awaiting review at Drug and Therapeutic Group.
POMH 7g: Monitoring of patients prescribed lithium	√	Report published September 2023. Reviewed at Drug and Therapeutic Group
Learning disability and autism Programme	√	Audit complete awaiting publication of national report
Mental Health Clinical Outcome Review Programme Suicide (and homicide) by people under mental health care	√	Audit complete, awaiting report
Mental Health Clinical Outcome Review Programme – Suicide by people in contact with substance misuse services	√	Audit complete awaiting publication of national report
National Adult Diabetes Audit (NDA) – National Core Diabetes Audit	√	Data extracted by NHS Digital - Report published December 2023.
National Adult Diabetes Audit (NDA) – National Integrated Specialist Survey	√	Data extracted by NHS Digital
National Respiratory Audit Programme (NRAP)	√	Data extracted by NHS Digital
National Audit of Care at the End of LIFE (NACEL)	2023 – no national audit in 2023 as undergoing extensive review of the audit process. 2024 – Audit commenced to be completed in Dec 2024. New audit process will enable more of our patient deaths to be considered	
National Audit of Cardiac Rehabilitation (NACR)	Data submission deadline is 31 May 2024 (January – December 2023 data)	

Eligible National Confidential Inquiries 2023/24	Progress update
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	On-going data collection – HTFT submitted 22 cases from April 2023 to March 2024

The reports of 5 national clinical audits were reviewed by the provider in 2023/24 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2023/24	Actions
POMH 20b: Valproate prescribing in adult mental health services	Audit findings presented and discussed at Drugs & Therapeutics Group, September 2023. One action was identified: Standard template for a Valproate database to be created once SystmOne is in place.
POMH 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Audit findings to be presented at Drug and Therapeutics Group, May 2024.
POMH 7g: Monitoring of patients prescribed lithium	Audit finding presented and discussed at Drugs and Therapeutics Group, Jan 2023. Two actions were identified: The Chief Pharmacist and Deputy Chief Pharmacist to be included in the Lithium Care Plan follow up. The second action to include further discussions around the findings of the audit.
National Diabetes Audit (NDA)	Based on data from 2021-23 in England and Wales Tabled at Primary Care Clinical Network Group. Summary provided of key overall findings and recommendations. Guidance provided on how to access local practice-specific data/results.
National Audit of Inpatient Falls (NAIF) 2022-23	Report published November 2023. Additional work has been completed including a review of the Falls Policy to align with post falls Look: Feel: Move model and NICE head injury guidance. Introduced a delirium clinical skill competency, bed rails audit and assessments, updated falls training package. Report shared with Falls working group, Community Services Division and Older People's Mental Health sub-group.

### Local audits during 2023/24

In 2023/24 a total of 42 local clinical audits were completed across the four divisions. Of these, 37 action plans have been completed and 5 action plans are currently in progress. The actions from clinical audits are monitored by the clinical networks, overseen by the divisional governance groups.

Over the year, the Trust has identified areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or to support a strategic aim. Clinical audit over the past 12 months has covered a broad range of topics. An example of this year's audit themes include:

- Physical health monitoring
- Bed rails risk assessment
- Falls prevention.
- Care plans
- Naso-gastric feeding
- Medication

In addition to clinical audits, the Trust has completed a number of compliance and assurance audits on MyAssurance as follows:

Compliance and assurance audits	Number completed	Overall compliance score
Record keeping audits	4207	≥90%
Mental Health Act audit	833	≥90%
Patients audit	368	≥90%
Mental Capacity and DoLs Safeguards	334	100%
Seclusion audits	191	≥90%
Ward based dispensing	161	≥90%
Controlled drugs audit	148	≥90%
IPC – hand hygiene	105	100%
IPC quarterly inpatient practice compliance	74	≥90%
IPC ward managers – compliance	70	89%
Long term segregation	37	86%

## Research and Innovation

We continue to recognise the importance of investing in research; enabling our staff to be at the cutting edge of new treatments and our community to participate in health improvement. There is evidence that people perform well in organisations that focus on research, therefore ensuring provision of research opportunities for people accessing our services is core business for the Trust.

“ Being involved with research has added a new aspect to my role and is helping to improve patient care at our practice. ”

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2023-24, that were recruited during that period to participate in research approved by a research ethics committee, was 1175.

Of these, 1147 patients were recruited to NIHR Portfolio studies and 28 were recruited to local studies. In total, there were 48 Portfolio studies and 15 non-Portfolio/local studies running in the Trust. Patients accessing Trust services have been offered a breadth of research opportunities spanning numerous health conditions and many types of study design. All of our Trust GP practices have recruited into research studies during 2023-24. Approximately 46% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at <http://www.humber.nhs.uk/research/>.

In 2023-24 the Trust continued to provide core funding for a small number of key research posts, as well as receiving external research funding, including from the Yorkshire and Humber Clinical Research Network to support delivery of NIHR Portfolio studies, grant funding for staff named as applicants in particular research and DHSC Research Capability Funding to support clinicians working with academic colleagues to develop new research opportunities. The Trust is also funded to host various regional posts as part of the Yorkshire and Humber Agile Research Team, providing research support across the Humber and North Yorkshire Health and Care Partnership.

The Research department also continues to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). A refreshed Trust Research Strategy for 2024-26 is in development, which is being refreshed considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally.

Work is ongoing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, with notable successes this year being within our Trust GP practices and involving our Pharmacy team. New collaborations in 2023-24 with Chief Investigators we have not previously worked with, e.g. at Edinburgh Napier University, Sheffield Teaching Hospitals NHS Foundation Trust and Ranvier Health Ltd, demonstrates we are a site that national experts want to collaborate with. Indeed, we were the highest recruiting Trust nationally for the DiSCOVERY study, which is looking at post-diagnostic dementia support within the Recovery College model. Further successes can be found in our quarterly research newsletters available at [Research News and Publications \(humber.nhs.uk\)](https://humber.nhs.uk).

In autumn 2023 we were the first pilot site for a national project 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. In 2023-24 we trained two cohorts of student nurses. This national pilot is backed by Professor Ruth Endacott, NIHR Director of Nursing and Midwifery. The feedback from student nurses has been really positive.

“ A truly brilliant experience and I have to admit that it went well beyond my expectations.

Thank you for inspiring me to regain the passion I had for research in my past career. ”

The Trust's work in research was recognised at the annual Yorkshire and Humber Clinical Research Network awards 2023, where we received 'highly commended' in two categories, the early career researcher and best patient experience, and a regional research group, which included a staff member from our 0-19 services, won the award for best contribution in a non-NHS setting.

Our Research Team is constantly adapting and finding new ways to help reach out to more of our community, to promote the benefits of being involved in research and to change lives.

## Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

A proportion of Humber Teaching NHS Foundation Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, where the NHS payment system rules for the Aligned Payment and Incentive apply.

Further details of the agreed goals for 2023/24 are available electronically on the [Trust webpage, CQUIN page](#).

A consultation on [Proposed Amendments 2023/25 NHS Payment Scheme](#) was published by NHS England on 22/12/2023. It is proposed that the nationally mandated CQUIN scheme is paused for 2024/25, with providers and commissioners having the option to agree CQUINs locally if they choose.

## Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide the following regulated activity:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- Personal Care
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Humber Teaching NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2023/24.

Two targeted responsive assessments in respect of Humber Primary Care and Market Weighton GP practice have been undertaken by the CQC in 2023/24. For both practices the overall rating remains Good, however the rating for both was Requires Improvement in respect of the responsive domain.

The CQC found a breach of regulations for Humber Primary Care. The provider must:

- Ensure that care and treatment is provided in a safe way to patients.

In addition, the CQC identified 2 'should do' recommendations:

- Continue to review and improve patient satisfaction with access by phone and appointment availability.
- Continue to review the amount of patients attending accident and emergency.

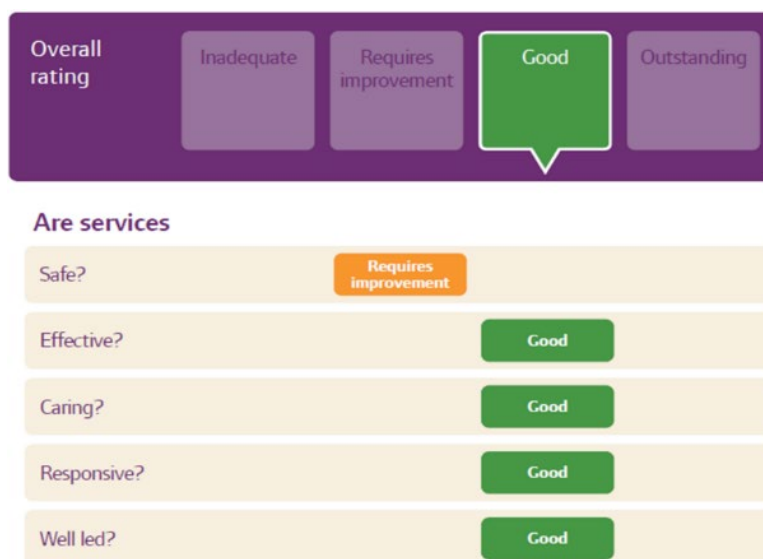
No breaches of regulation were found, in respect of Market Weighton, but there was one 'should do' action.

- Continue to monitor access to the practice, audit and analyse the new appointment system and continue to monitor patient feedback.

An action plan and response has been submitted to CQC to outline the work ongoing in respect of addressing these areas.

Overall, the Trust remains rated as "Good" with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as 'requires improvement' at the last inspection in 2019. The Trust continues to make good progress against the requirements of the safe domain.

## CQC Rating from the last inspection in February 2019



All of the must and should do actions arising from the 2019 inspection were delivered. As a Trust we continually strive to improve, therefore we continue to undertake a series of peer reviews and audits, across the organisation, from which we have developed additional quality improvement plans aligned to the CQC key lines of enquiry.

## Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service, for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100% for admitted patient care.

The percentage of records in the published data which included the General Medical Practice Code was 100% for admitted patient care.

The source is [NHS Digital](#) DQMI published report as of November 2023.

Data quality also forms part of the Trust's Internal Audit programme.

## Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

## Actions to improve data quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Better recording of patient protected characteristics.
- Increase the use of SNOMED coding.



## Information Governance

### Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2023/24 is 30 June 2023. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2023/24 is below. The DSP Toolkit was audited by an independent assessor and the audit assessment is:

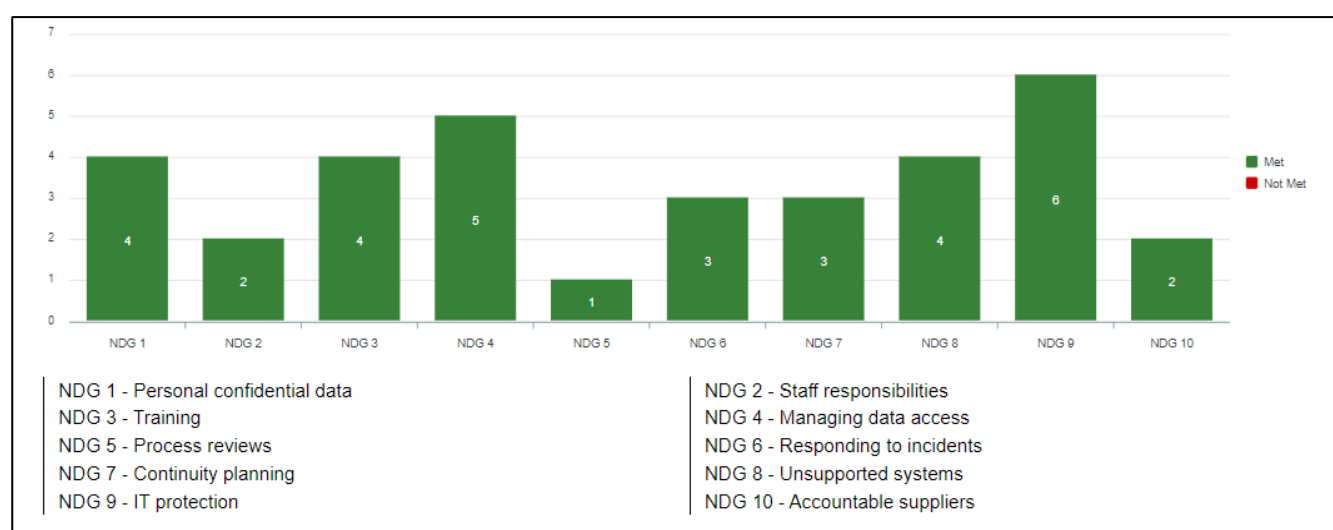
Risk Rating across all 10 NDG Standards	<b>Substantial</b>
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	<b>High</b>

IG provides a framework in which the Trust can deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version, there are 34 assertions and 108 mandatory evidence items relevant to this Trust. For each assertion, the status can be "met" or "not met". The Trust must ensure that all mandatory assertions are "met" for a "Standards Met" DSP Toolkit. If any of the assertions are "not met", the Trust will receive a "Standards not met" DSP Toolkit.

The Trust's submission for the 2023/24 DSP Toolkit is below; all assertions are "Met".





Key areas of development in the year 2023/24 have been:

### Information Governance Awareness Raising

The IG team launched a campaign to raise awareness of all things IG as follows.

- **IG Awareness Survey**  
Test of understanding to support current IG Training needs analysis. Results have informed IG training topics, global communications, policy and guidance.
- **IG Newsletter**  
A bi-monthly IG focused newsletter is produced, updating staff on local and national changes, policy updates, breaches, IG facts and ICO fines and a 'how to'; topic box.
- **IG Q&A Sessions**  
The Q&A sessions have been relaunched and now feature a panel-style discussion, each featuring a guest panellist. Attendees are asked to submit questions in advance. A feedback survey is circulated at the end of the session which has produced some positive feedback for the IG Team.  
**NHS Digital short video campaign**  
Short videos circulated to all staff bi-monthly on relevant IG issues, videos are part of a national campaign. The first short was on Phishing, and others on Tailgating, Social engineering, Protecting NHS data and Messy files followed through the year.
- **Desktop messages/Posters/IG Intranet Banners**  
Wallpaper on risks from phishing, how to spot them and what to do if you receive a suspicious message, was added to every staff desktop. IG banners on weak passwords, unlocked screens, and phishing were added to the Trust homepage intranet banner and posters sent out on protecting patient data.
- **IG Training**  
Short interactive IG training sessions to all new starters to support the online Data Security Awareness Training. The IG Team are available and have delivered bespoke training sessions on specific information governance topics; Understanding the Data Protection Act 2018 and applying the data protection principles, The essentials of confidentiality in line with the duty of confidence, sanctions and breach of duty, Dealing with subject access requests and Safe Haven Practices.

### Cyber Security Awareness

The IG Team has ensured that a Cyber Security awareness campaign has been undertaken. The campaign has included issuing guidance to alert staff on the risks posed by phishing emails and tips to spot them. Information on cyber security and scams has been provided to staff via the IG newsletter *Data Matters*, a specific newsletter for Data Privacy Day in line with the theme 'take control of your privacy', Counter Fraud newsletters, and a podcast-style Q&A session with the Counter Fraud team.

The IG Team supported the launch of a 'phishing' exercise to identify continued weakness in our staff members cyber security awareness. The exercise was a follow-up to an earlier phishing exercise. Post exercise the IG Team ensured;

- Dissemination of a targeted video for the staff who entered their credentials,
- Dissemination of a targeted video for all staff who clicked the link but did not enter credentials,
- Continued and strengthened cyber security communications and IG awareness raising.

A further phishing exercise is planned for 2024/25.

### Cyber Security and Information Governance Learning Platform

The Data Security and Protection Toolkit has been updated this year to ensure that "staff must have an appropriate understanding of information governance and cyber security with an effective range of approaches taken to training and awareness". The IG Team have procured software to allow cyber security and information governance learning campaigns to be developed. The

campaigns will include a range of activities including videos, quizzes, and general communications. As well as the pro-active campaigns, the software will be used as a learning tool in response to IG incidents. The software will also be excellent evidence to demonstrate compliance with CAF Objective B - Protecting against cyber-attacks. The software will be rolled out in the 2024/25 year.

**CareCERT** provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action, where necessary, to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

## Accountability and Transparency

### Privacy Notices

To maintain transparency and accountability, the IG team review and maintain the Privacy Notice ensuring patients are specifically informed how their information is used, and the lawful basis for this. The Notice was updated to include information regarding data sharing within the PCN to support the provision of care and treatment, and information on the trusted research environment 'Open Safely' to support COVID-19 research and analysis.

A new Trust-wide CCTV Privacy Notice has been implemented to provide information on the processing of personal data via CCTV. The privacy notice explains to data subjects why their data is processed, the retention period, and data subjects' rights under data protection legislation. Details of the IG Team and methods to make a complaint or provide feedback are also included.

### Subject Access Requests

The Trust supports the right of data subjects to have access to their personal data and to understand how that is used within the organisation and regularly receives Data Protection Subject Access Requests. The statutory timeframe to respond is one calendar month. Performance against the statutory timescales is monitored and reported to the IG Group.

In 2023/24 1146 patient Subject Access Requests have been processed by the Trust. 30 (2.6%) of these were outside of the statutory one month timescale.

### Supporting New Ways of Working

The IG team has supported the introduction of the OneCall Telephony system to improve patient experience when accessing GP services via the telephone. The system has implemented a call back from queue system to reduce the wait times in answering calls, the system allows the patient to choose the option to hold their place in the queue and receive a call back when they have reached their turn.

The IG team has also supported the effective use of SharePoint and OneDrive to store Trust documentation, moving away from the current practice of using network drives, which will provide a significant cost-saving to the organisation. This supports the NHS's long-term plan for digital collaboration and contributes towards the Trust's attainment of the Cyber Essentials accreditation.

### New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processes involving personal confidential information. The Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and in data protection legislation.

## Information Sharing Agreements

Good work has continued in 2023/24, with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- The sharing of information with the Youth Justice Service to support KPIs
- SystemOne sharing of information with the Yorkshire and Humber Care Record
- Temporary sharing of payroll data with RDaSH NHS
- The sharing of de-identified data for referral analysis to Childrens' Neurodiversity Front Door services
- Provision of referrals to Age UK's befriending service
- Data analytics for Hepatitis C using de-identified data
- Sharing of patient information with HUTH NHS to refer patients who have been identified as having Hepatitis C but have no record of treatment.

## Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register. The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

## Data Security and Protection Toolkit

The Trust published a baseline assessment on 28 February 2023. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.

A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2024.

## Data Quality

Data Quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality.

A clinical coding audit was performed on discharged patient records in December 2023. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 99% primary
- 99% secondary

These results are above the mandatory level set in the Data Security Standard 1 and Standard 3 and would meet a 'Standards Exceeded' attainment level.

## Freedom of Information (FOI)

The Trust supports the principle that secrecy should not be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust received 427 requests for information under the Freedom of Information Act in 2023/24. This is an increase of 10% compared to the previous year. 78 requests (18%) were not answered within the statutory 20-day timescale due to the increase in requests however this is a 1% reduction in comparison to late responses sent in 22/23.

## Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust is part of the Clinical Systems team and has continued to provide ongoing RA support. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

## How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) and Mental Health Services Data Set (MHSDS).

Key Performance Indicators (KPIs) are mapped via the Trust Performance Report (TPR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that particular indicator.

Our internal reporting is split into three levels:

### **Level 1 (Board Level):**

Monthly Statistical Process Control charts (SPCs) via the IBR to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

### **Level 2 (Divisional Level):**

Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their General Managers.

### **Level 3 (Team Level):**

Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g., Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

We also report externally to our commissioners using the following:

## Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The metrics/Key Performance Indicators (KPIs) are included in schedule 4 and 6 of the respective contracts.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance.

These reports are reviewed as part of the Trust's ODG (Organisation Delivery Group) governance arrangements before being circulated to the respective commissioners.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

## Data Quality Improvement Plans

Data Quality Improvement Plans (DQIP) are designed to highlight gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly. Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

## Benchmarking

Each year the Trust participates in national benchmarking data collection projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and a number of large independent sector providers.

The Trust utilises several outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing teams to compare their service nationally across several thousand metrics.
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics.
- The opportunity to attend the various conference to hear from national speakers and member good practice sites.

The findings are shared with the respective Divisions for their consideration and action. Any identical indicators in the Trust's IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

## Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board every month and includes a number of the performance measurements.

## Risk Register

Where performance is not where it is expected and/or there is significant risk, this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register.

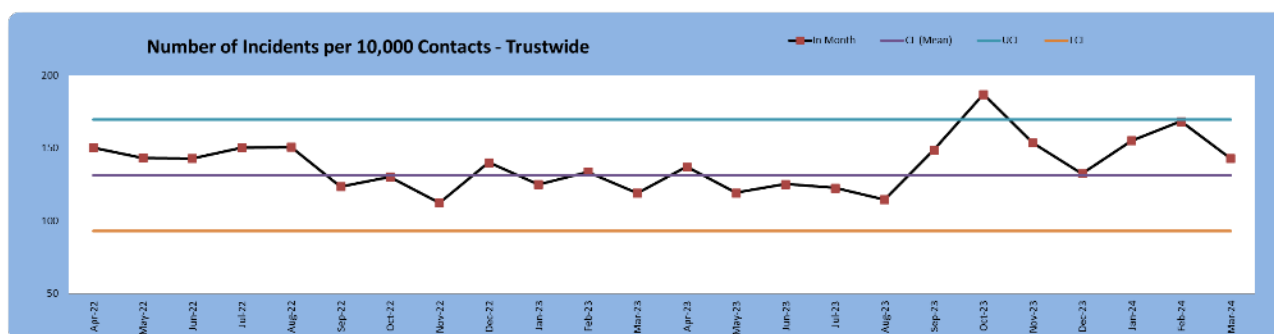
## Performance during the year

Information continues to be presented using Statistical Process Charts for a number of indicators mapped against each of the Trust's Strategic Goals. The use of Statistical Process Charts allows data to be analysed over a period of time to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation /understanding (special cause variation).

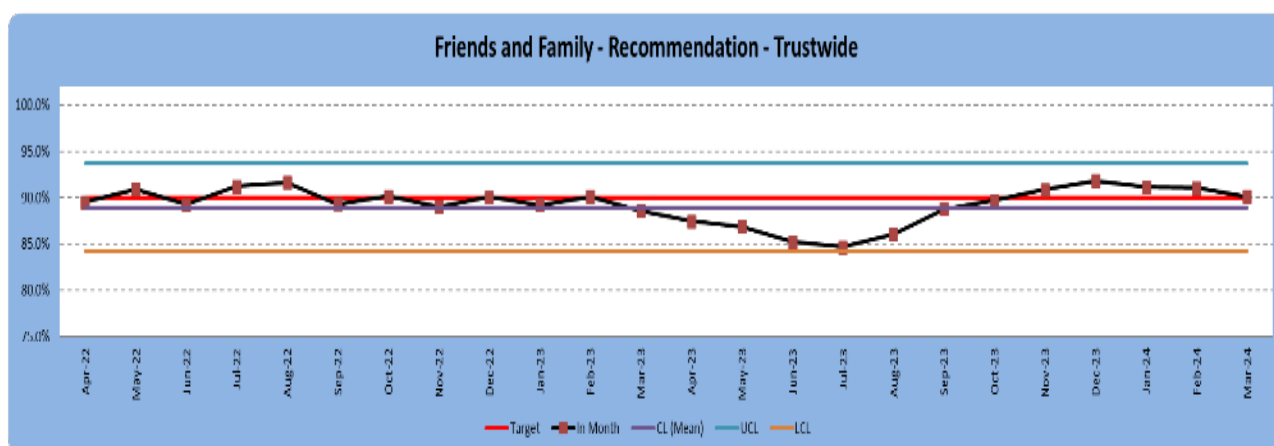
Our performance is reported to the Trust Board and is available on our website. Examples of our performance reported to the Board are below.

## Key Performance Indicators 2023/24

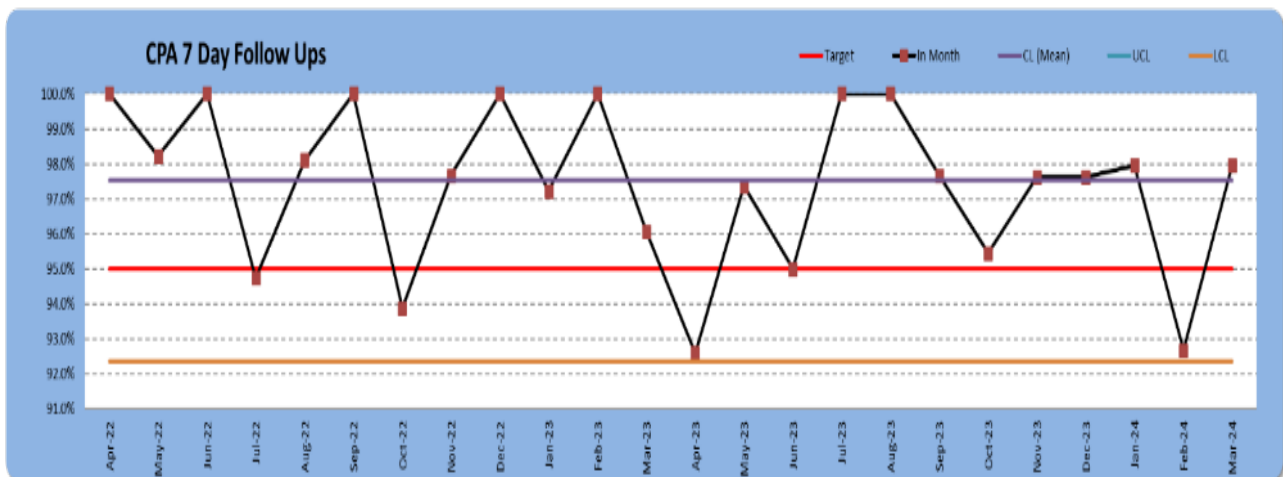
### Patient Safety



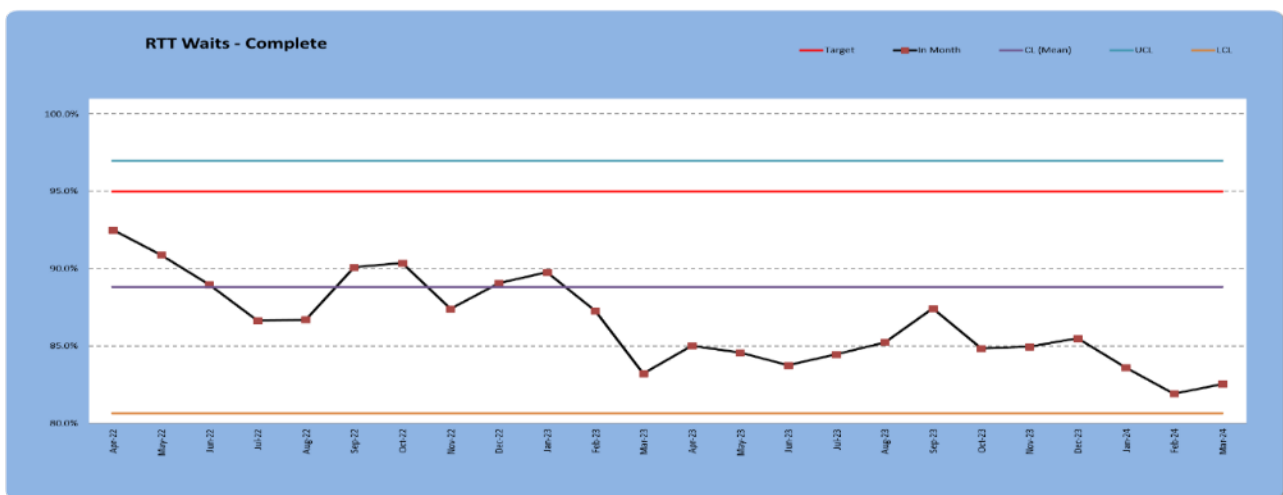
### Patient Experience/feedback



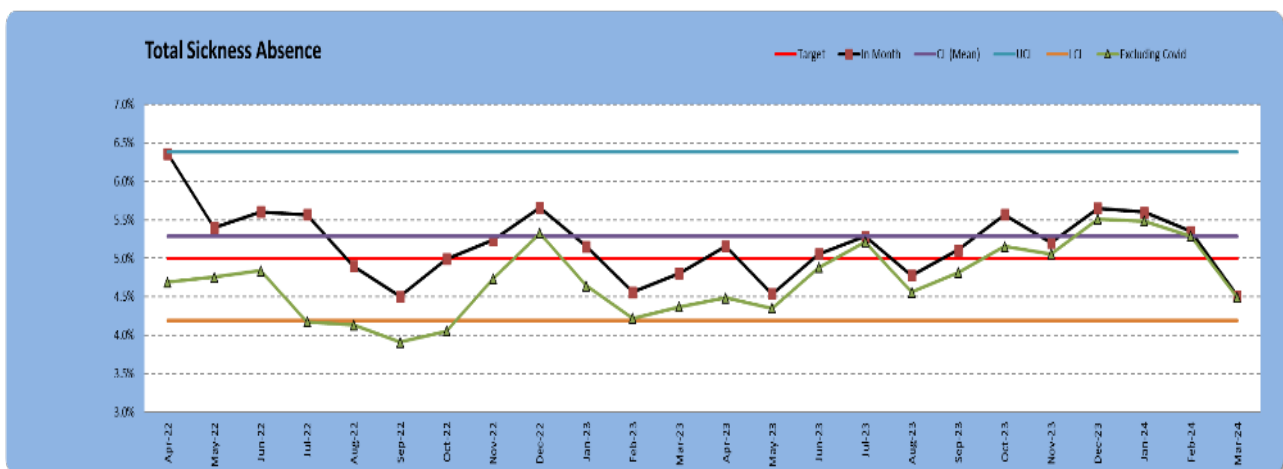
## Mental Health Care Programme Approach (CPA)



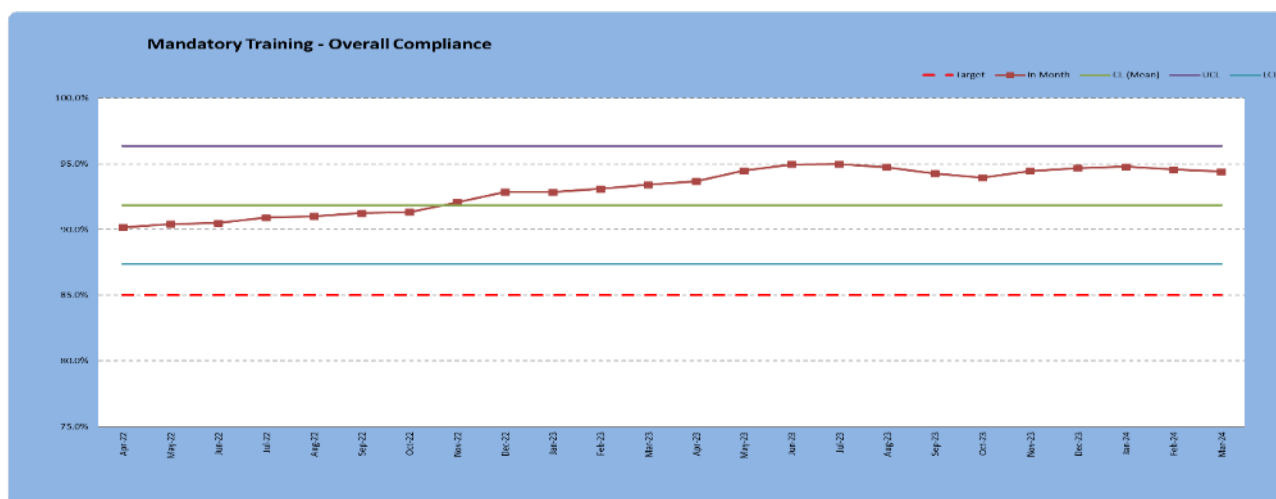
## Access to Services



## Workforce





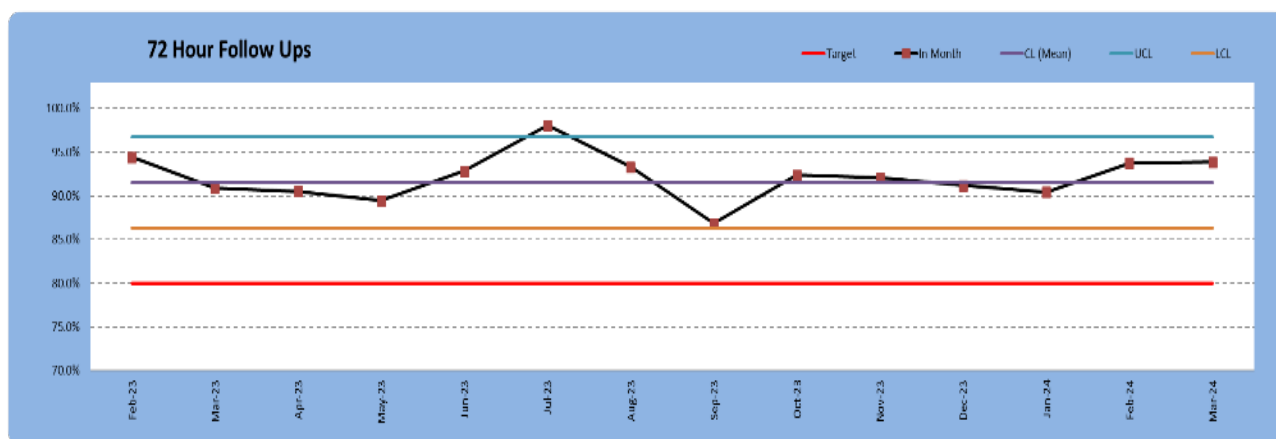


## 2.3 Mandatory Quality Indicators

In this section, we report against a national core set of quality indicators, which were jointly proposed by the Department of Health and Social Care and Monitor for inclusion in Trusts' Quality Accounts from 2012-13 onwards.

### 72-hour follow up

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care should be contacted by a mental health professional within 72 hours of discharge. The Trust has set a local performance standard of 80% of all patients should be seen face to face within 72 hours of discharge. Phone contact is acceptable where face to face is either not geographically viable or safe.



Our goal is to ensure at least 80% of all patients are contacted within 72-hours of discharge each quarter. Exceptions to the national target are:

- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trusts Performance Report. It is also reported to Clinical Directors and clinical leads at individual team level.
- Reported contractually to Commissioners as part monthly contract reports.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 72-hour follow up contact. The Trust Divisional General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The Trust reviews all failed 72-hour follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding because of an unavoidable set of circumstances preventing contact. If a patient is not follow-up within 72-hours the clinical teams will continue with their attempts to contact the patient and provide support.

## Re-admissions (Community Hospitals)

The Trust has two Community Hospital sites, Whitby Community Hospital and the Fitzwilliam Ward in Malton Community Hospital.

### Whitby Community Hospital

For April 2023 to March 2024, there were 213 discharges at Whitby. Of these, there were zero patients with an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

### Fitzwilliam Ward, Malton Community Hospital

For the Fitzwilliam Ward, we do not record an Emergency Re-Admission rate. Instead, we identify and measure how many patients are re-admitted back to an acute setting, otherwise 'stepped back up'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 21/22	4	8	1	4	6	1	5	8	6	8	4	6
Number of Patients Stepped up to Acute Bed - 22/23	10	2	2	4	3	4	2	2	1	3	1	6
Number of Patients Stepped up to Acute Bed - 23/24	6	0	2	6	1	5	0	6	5	7	5	4

The monthly average number of patients stepped up to acute hospital has increased from 3 to 4.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short term (usually no longer than 3 weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step-down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, have been shown to deliver beneficial outcomes for patients nationwide.

## Recommending our Trust as a Provider of Care

The National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (SFFT). The NQPS is implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The NQPS supports the Trust's strategy most notably 'Innovating for quality and patient safety' and 'Developing an effective and empowered workforce'. The NQPS also supports the newly refreshed People Strategy and contributes towards delivering the NHS People Promise, notably giving our staff 'a voice that counts'.

Alongside the annual NHS Staff Survey, the NQPS provides a more regular insight into the working experience of our people. Allowing us to adapt according to what our staff are saying.

### Key metrics for 2023/24

Quarter	Month (survey open for 4 weeks)	Response Rate	% of staff say care of patients / service users is my organisations top priority	% of staff say they would recommend the organisation as a place to work	% of staff say if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
Q1	Apr-23	18%	79%	67%	70%
Q2	Jul-23	19%	79%	69%	69%
Q3	Survey is not undertaken as this is the period the National Survey 2023 is live.				
Q4	Jan 24	15%	82%	71%	74%

The analysis of Q1, Q2 and Q4 NQPS indicates that an average of 71% of our staff would recommend us as a provider of care to friends and family, and 69% would recommend our Trust as a good place to work. This is an improvement on 2022/23 data, with an increase from 66% of our staff recommending us as a provider of care to friends and family and 63% recommending our Trust as a good place to work.

We have taken the following actions to improve this percentage:

- Continued to develop the Trust estate to include improvements to outside areas for staff and provision of food and rest areas
- Investment into the Workforce Wellbeing team providing various health and wellbeing focussed initiatives for employees, including physical and emotional health checks.
- Organisation wide campaign focussed on 28 days of wellness.
- Increase provision for staff engagement
- Increased training and support for staff and managers living with menopause
- Wellbeing initiatives for staff to be actively involved in decreasing work related stress

- Additional provisions within the Trust Leave Policy to provide enhanced leave and pay in the event of pregnancy loss, child bereavement, IVF and supporting dependents through terminal illness.
- Accreditation with Tommy's and The Smallest Things to support pregnancy complications, miscarriage, stillbirth and premature births.
- Staff Benefits hub created and launched, providing a variety of benefits from financial wellbeing, health and mental wellbeing and retail benefits.
- Continuing to develop our Equality Diversity and Inclusion networks to maximise voice, involvement and representation of BAME, Disabled and LTbQ+ groups.
- Introduced enhanced flexible working opportunities as well as flexibility in hours and working location.
- Developed an Autism Strategic Framework supporting autistic staff.
- Developing existing talent and recruiting new with apprenticeships, reviewing promotion and recruitment practices by ensuring staffing is reflective of the community
- Continuation of the talent development programme the Humber High Potential Development Scheme.
- Mentoring scheme including a mentoring hub for mentees and mentor.
- Career and health and wellbeing conversations are incorporated into appraisals, plus tailored CPD and enhancements to e-learning
- Retirement Policy and more pension information is available for our staff, including clarity on all flexible retirement options .
- Programme of work developed to support working Carers within the Trust
- Respect Campaign launched to encourage individuals to report any bullying, harassment or discrimination, creating a safe environment for staff to report incidents.
- Signed up to the Sexual Safety Charter to ensure as a Trust we enforce a zero tolerance approach to any unwanted, inappropriate or harmful sexual behaviours.

## The NHS Community Mental Health Service Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). This year the survey took place nine months later than previous years (between August and December 2023). This was due to several changes to the survey including:

- The survey has changed from a paper based self-completion postal questionnaire to a mixed-mode survey where service users are able to complete either an online or paper version of the questionnaire. In addition, two text message reminders will be sent including a unique link to the online survey.
- Eligibility criteria has changed to include 16–17-year-olds to be eligible to participate, however Memory Clinics have been excluded.
- Major revisions to the questions have been implemented. Twenty-three new questions have been added, nineteen removed, and fourteen amended. A new section has been introduced to capture the experience of younger people transitioning from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- The covering letter to support the survey now offers Trusts to add bespoke information on how they have used the previous survey data to improve care for service users.

This year's survey was sent to 1,250 service users and the 2023 response rate was 18% (216 usable responses from a usable sample of 1250). Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. The Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

5 questions scored in the top 20% of Trusts surveyed and the majority of the scores sat in the intermediate range. 1 question scored in the bottom 20%, 'has your NHS mental health team

asked how you are getting on with your medication` with a response of 73% from 156 responders to the question.

Our Trust has a Community Mental Health Service User Survey working group meets monthly to review the survey results, identify areas of concern, oversee implementation of the actions to address areas where improvements are required. The working group carries out focused work paying particular attention to; the questions were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern ie areas that that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore further work is required.

## Healthcare Associated Infections

Healthcare Associated Infections (HCAI) remain one of the major causes of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infection, such as MRSA bacteraemia, the rates of other HCAI have risen. For example, *Clostridioides difficile* and the continuing emergence of newly resistant organisms.

The Infection Prevention and Control Team have been instrumental in ensuring all infection control policies have been reviewed in line with new guidance, supported by communications to staff, staff training, and audits.

Please refer to the Trusts Annual Infection Control Report 2023-24 for full details of the Trust Performance against our key objectives. Our Trust web page for [Infection Prevention and Control](#) gives further information and the annual report will be available to view once published later in the year

The Trust has a proven track record of performing well against the contractually agreed targets for HCAI and this year has been no exception. Our performance against agreed key performance indicators is outlined below.

### **Clostridioides difficile Infection (CDI) Measure**

The rate per 100,000 bed days of cases of *C. difficile* infection reported within the Trust among patients aged 2 or over during the services reporting period.

The threshold on this regionally agreed key performance indicator is currently:

- Not to exceed 4 Trust apportioned cases within the Trust's Hull and East Riding of Yorkshire inpatient units
- Not to exceed 4 Trust apportioned cases for Whitby Community Hospital inpatient unit
- No target is currently set for Malton Hospital

### **Summary of progress**

During 1 April 2023 to 31 March 2024 there has been 0 CDI cases apportioned to the Trust.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

A *Clostridioides difficile* Infection (prevention and management) Policy is available on the Trust intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin.

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Any CDI cases where the sample is obtained after 3 days from admission are reviewed to determine any areas of learning and whether the case of CDI could have been avoided, regardless of whether the case was attributable to the Trust
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors

### Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia

For the financial year 2023-24, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

### Methicillin-sensitive *Staphylococcus aureus* (MSSA) Bacteraemia

For the financial year 2023-24, it is noted there have been zero MSSA Bacteraemia cases apportioned to the Trust.

### *Escherichia coli* (E.coli) Bacteraemia

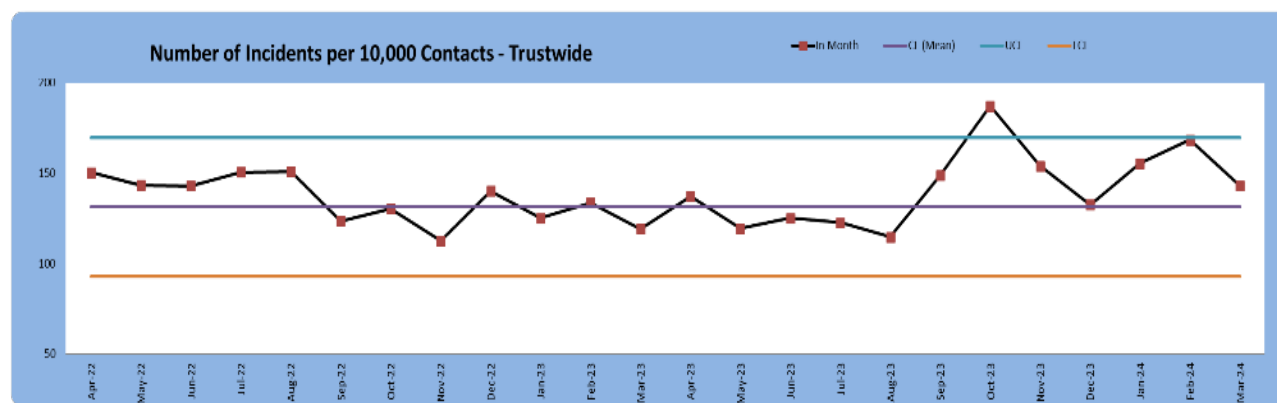
For the financial year 2023-2024, it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

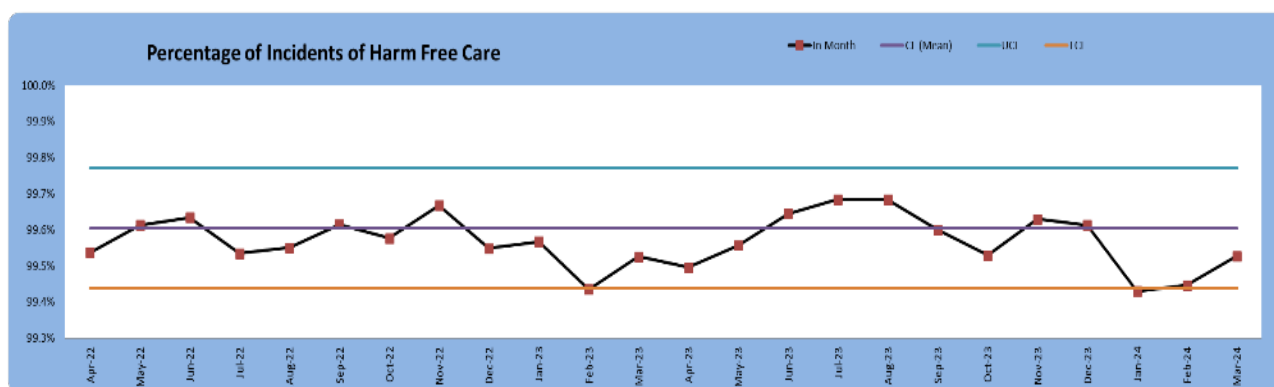
## Patient Safety

### Incident Reporting

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS. Latest reports (September 2022) indicate Humber Teaching NHS Foundation Trust's reporting rate was 120.4 incidents per 1,000 bed days which puts the Trust in the upper quartile with the highest number of incidents per 1,000 bed days reported as 222.1.

In terms of reported level of harm, 75.7% of the Trust's reported patient safety incidents resulted in no harm and 21.9% of the total incidents resulted in low harm. This confirms a positive patient safety culture in that we can demonstrate high reporting and low/no harm.





All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Within this meeting, the severity rating and category of each incident is reviewed to ensure it is correct in line with national patient safety reporting guidance and further investigation is directed as applicable.

### Patient Safety Incident Response Framework

In October 2023 the Trust moved to utilising the Patient Safety Incident Response Framework (PSIRF). The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:

- advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents
- embeds patient safety incident responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Organisations are required to develop a thorough understanding of their patient safety incident profile, ongoing safety actions (in response to recommendations from investigations) and established improvement programmes. To do so, information is collected and synthesised from a wide variety of sources, including wide stakeholder engagement.

To date 207 members of staff have been trained in utilising a systems-based approach to investigating incidents rather than looking for a root cause which can apportion blame.

There is a robust process in place to support staff who are undertaking investigations in line with the national Patient Safety Incident Reporting Framework. Staff report that they feel much better supported and find meeting throughout the process invaluable.

PSIRF focuses on learning from incidents with organisations required to theme up learning, identify safety priorities for delivery underpinned with quality improvement methodology. The thematic analysis of incidents, patient complaints and patient safety performance undertaken in July 2023 resulting in the following patient safety priorities being identified:

- Self-harm and falls related head injuries will be managed as per NICE guidance and local policy/procedures
- Venous Thromboembolism (VTE) assessment to be undertaken within 14 hours of admission to our inpatient units
- Seclusion reviews to be undertaken in line with the Mental Health Act Code of Practice
- Families and carers to be involved in discharge planning (where consent has been given by the patient)



- Medication to be administered to the correct patient (community and inpatient settings)
- Ensure we have systems and processes in place to action onward referrals for patients in our care

All are underpinned with an improvement programme with oversight by the Quality & patient safety Group and the Quality Committee.

### **Learning from Incidents.**

We have established robust processes to ensure recommendations from incident investigations are embedded in practice with all divisions reporting the learning into a central Closing the Loop Group, chaired by the Director of Nursing. This approach serves to approve the evidence to in support of the learning and encourage learning across the divisions.

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix". Each month we recognise the team or individual of the month who has gone above and beyond in terms of maximising safety for our patients/ service users and their families and/or carers, culminating in an overall winner in the patient safety annual staff awards.

### **Patient Safety Culture**

We continue to embed the 'Just Culture' tool launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents, this is reflected positively in our staff survey results 2023 (see staff survey related results in the FTSU and Staff Survey sections in this report).

Further details of our incident reporting, management and learning is presented in our Patient Safety Annual Report 2023/24 which will be available from July 2024.

### **Learning from Deaths**

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2023/24, we have continued to strengthen our approach to learning from deaths.

All incidents (including all deaths) that occur within our services are reported via our Datix incident management system and are reviewed in the daily Corporate Safety Huddle.

Patient deaths are considered for mortality review where they are not subject to a patient safety investigation/review in line with PSIRF.

A quarterly Patient Safety report is produced which is reviewed by the Quality and Patient Safety group. This provides an overview of any Patient Safety Incident Investigations/reviews that are underway or complete. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team via the appropriate risk register.

An Initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as where a potential for further learning is identified. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Following an IIR, as per our Patient Safety Incident Response Plan, further exploration may be required at which point an appropriate investigation/review will be commissioned in line with our PSIRF policy.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and via the Quality & Patient Safety Group.

During 2023/24, 652 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 86.5% were from natural causes.

This comprised the following number of deaths occurred in each quarter of that reporting period:

- 158 in the first quarter
- 156 in the second quarter
- 183 in the third quarter
- 155 in the fourth quarter

By 1 April 2024, no mortality reviews and 28 investigations have been carried out in relation to 652 of the deaths included above. In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 9 in the first quarter
- 10 in the second quarter
- 4 in the third quarter
- 5 in the fourth quarter

### Learning from all incidents

As a result of the learning from investigations/reviews the Trust has completed the following:

Improved family/ carer engagement by:

- Development of leaflets and posters on community nursing to be included in residential homes.
- Undertaken audits on ensuring next of kin details are evidenced.
- Developed and distributed practice notes on the importance of checking contact details with patients and families.
- Development and circulation to families of suicide awareness training and a leaflet on suicide awareness is available on line.
- Audited the involvement of carers and families in admission.
- Developed and disseminated a practice note on the rights of the nearest relative to request a mental health act assessment.
- Developed and disseminated a practice note on information sharing with families and carers.
- Revised the use of interpreters SOP.
- Updated the policy on engagement of families and carers.

Improved physical health support through:

- Reviewing and revising the diabetes review and learning group
- Reviewed and recirculated the physical health policy.
- Ensured in forensic units` physical health is documented in care planning and included in handovers
- Delivered insulin training and training on blood glucose monitoring.
- Reviewed the competency assessments and training packages on physical health.
- Escalated and addressed access to dental appointments for patients in forensic units.
- Provided support and training in respect of sleep hygiene.
- Delivered wound care and body mapping training.
- Delivered MUST training.
- Ensured care plans for inpatients include physical health needs and audited these.
- Developed a diabetes management standard operating procedure.

Improved risk assessment and formulation by:

- Development and delivery of clinical risk training
- Developed and disseminated a practice note on when to complete a Domestic Abuse Stalking and Honour based violence (DASH) risk assessment.
- Updated the seclusion policy.
- Strengthened the MDT arrangements and audited how these are working.



- Strengthen the escalation processes.
- Developed a dual diagnosis protocol.
- Audited staff clinical supervision.
- Audited decision making around discharge.
- Audited care plans and pre and post leave risk assessments.
- Audited that patients have signed up to their care plans.
- Further developed the transition pathway between children and adult services.
- Delivered training on trauma informed care.

## Part Three: Other information on Quality Performance 2022/23

In this section, we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board, and not already reported in Parts 2 or 3 of the Quality Account.

We also share some highlights of our successes throughout 2023/24 and the comments received from our stakeholders.

### 3.1 Key National Indicators

There are three domains which the Key National Priorities fall under for the Trust to report on in Part 3. This is explained in the table below.

Please note: some of these indicators have already been included in Part Two of the report. Where this is the case, reference is made to Part Two.

#### The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Seven day follow up ( <b>Part Two</b> )
	Clostridium Difficile ( <b>Part Two</b> )
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
	CAMHS eating disorders
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Inappropriate out of area placements for adult mental health services
	Improving access to psychological therapies (IAPT)

### Mental Health Delayed Transfers of Care

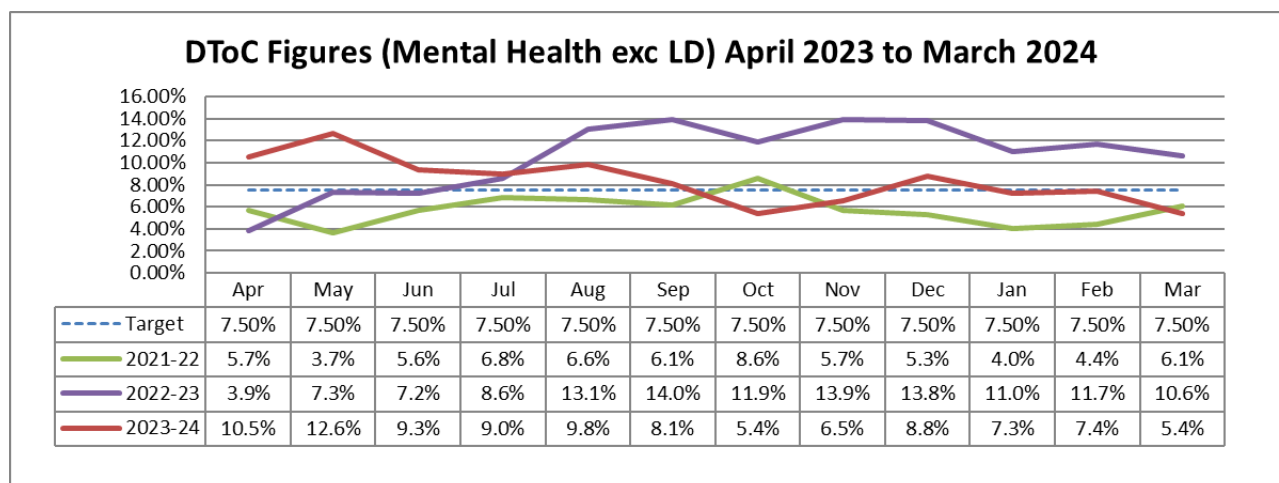
This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

## Summary of Progress

At the end of March 2024, the Trust reported a percentage of 8.4% delayed transfers which is a decrease on the same period last year, 10.2%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients effected, and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.



The graph above compares three years data by month up to the current year.

The table below highlights the number of occupied bed days and the number of patients delayed days per month for the current year.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MH OBDs	4158	4375	4471	4354	4243	4144	4078	4003	4099	4336	4024	4285
MH DToC	436	553	418	391	416	334	221	262	361	315	298	231
	10.5%	12.6%	9.3%	9.0%	9.8%	8.1%	5.4%	6.5%	8.8%	7.3%	7.4%	5.4%

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

Our patients who are delayed transfers of care are waiting for residential accommodation, packages of care or NHS hospital provision not provided by the Trust. Working with our system partners is key to addressing delays.

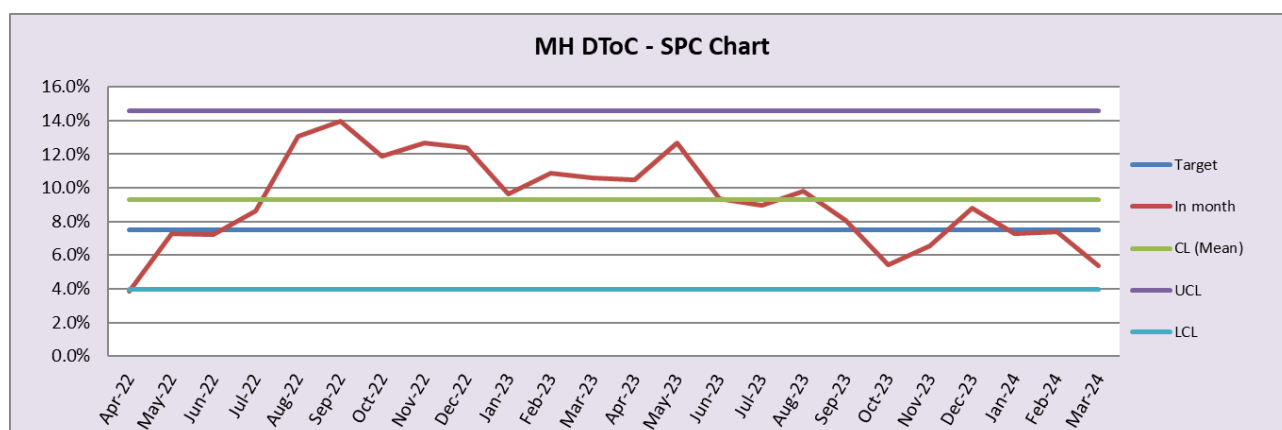
The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Continue with weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Escalation meetings are now established with Kingston Upon Hull City Council and East Riding of Yorkshire Council and representatives from Hull and East Riding Place. These meetings focussed on any patient discharge delay beyond 30 days, but this focus has been reduced to 20 days as progress has been made.
- A system review is taking place to identify any opportunities to improve the discharge planning process for complex cases requiring bespoke packages of care.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.

- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need was explored as part of Winter Plans though suitable alternatives were not identified.
- Similar arrangements are in place to address delays from our community beds at Malton and Whitby hospitals.

Patients who are delayed discharges from our learning disability beds have oversight from the system wide Transformation Programme Board.

The chart below shows the mean results with upper and lower control limits over the last two years.



## Improving Access to Psychological Therapies (IAPT)

The percentage of patients seen for treatment within 6 and 18 weeks of referral.

### IAPT access times and goals

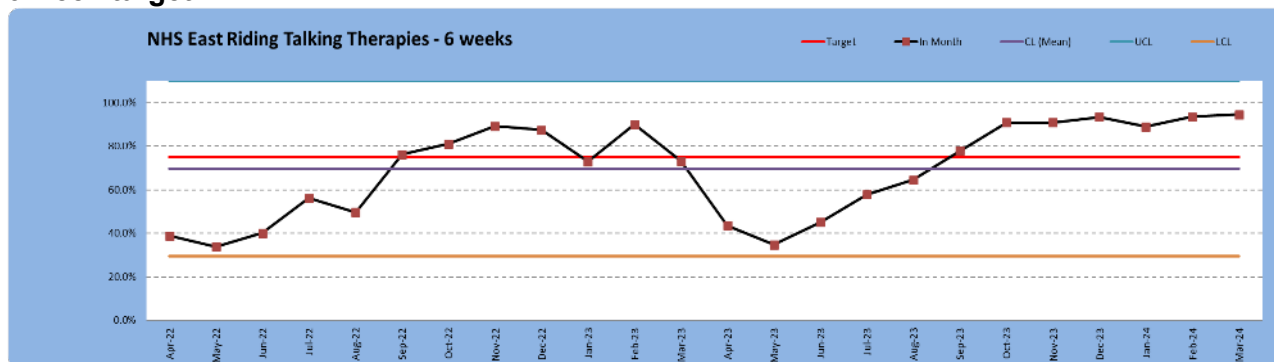
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

### Summary of progress

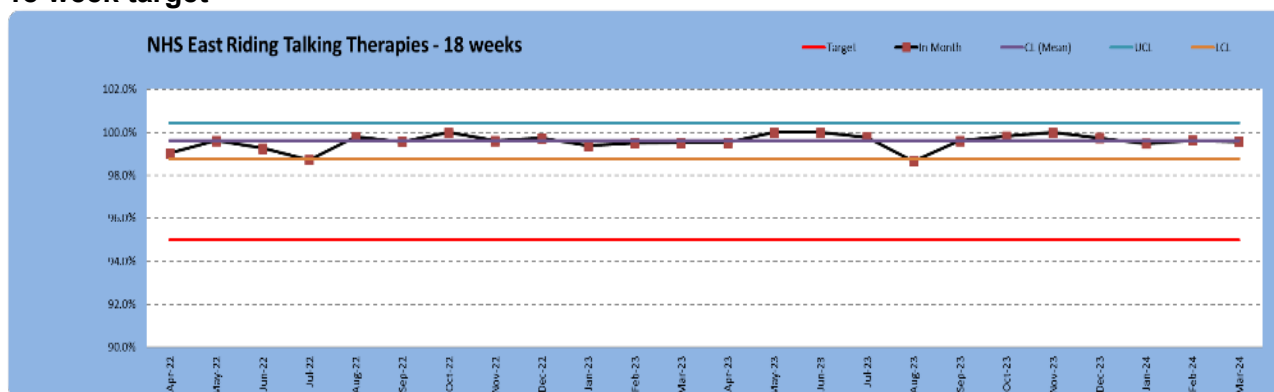
The IAPT team has been measured against this standard for the East Riding catchment area throughout 2023/24. 6 week performance had improved since May-23.

18 week compliance has been above target for the past 2 years.

## 6 week target



## 18 week target



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reason:

- monthly reporting from the Trusts PCMIS system.

## Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.

### Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 67% is above the nationally mandated target of 60%.

The challenges associated with this target are as follows:

- Variation in referral levels in a low volume service
- Recruitment and retention
- Absence of investment

Performance levels have dropped in quarter 4 due to new starters being able to take new cases onto caseload whilst in perceptorship.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust Lorenzo system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated

## Admission of Young People Under the Age of 16 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire, has reduced the need for young people to be admitted to adult inpatient units, however, there are occasions when a bed or other CAMHS alternatives are not available, and an adult bed has had to be used.

The revised Code of Practice (2015) states if a young person is admitted in crisis, it should be for the briefest time possible.

There are some 17-year-olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances, there remains an obligation to ensure that safeguards are in place for someone under 18, in line with their status as a minor.

### Summary of progress

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April 2023 to March 2024 there were no admissions of Under 16's to adult inpatient units.

The Trust took the following actions to improve this percentage and the quality of its service by:

- The Service developed the inpatient skill and workforce to manage eating disorder conditions which has been a significant improvement for the service and its users.
- The Service has worked with the Provider Collaborative to review the use of its commissioned beds and workforce to meet the needs of the regional usage. NHS England has previously commissioned the number of general and PICU beds based on an audit of the regional usage.
- The service continues supports young people from Hull, East Yorkshire, North and North East Lincolnshire.

- The service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.
- The Division ensure that early intervention, crisis and inpatient services work closely together to minimise inpatient admission.

## Out of Area Placements

An out of area placement is when a patient with assessed acute mental health needs who requires non-specialised inpatient care is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- Are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP).
- Are not intended to admit people living in the catchment of the person's local community mental health team (CMHT).
- Are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning.

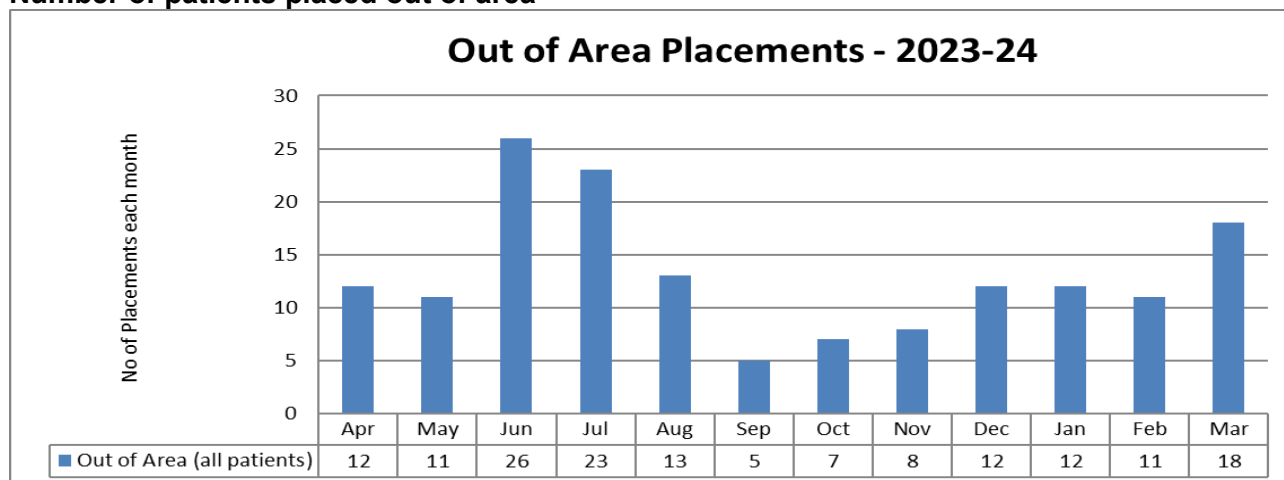
For 2023-24, the results of Out of Area Placements are documented in the Trust Performance Report (TPR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

It was the Trust's intention that there will be zero inappropriate out of area placements for the year 23/24, however, this was not achieved with pressures in two key areas which includes older adult functional bed availability and specific challenges with PICU and the forensic pathway. Proposals are in development with Place colleagues to review the funded provision and determine alternative options for resolving variations in demand.

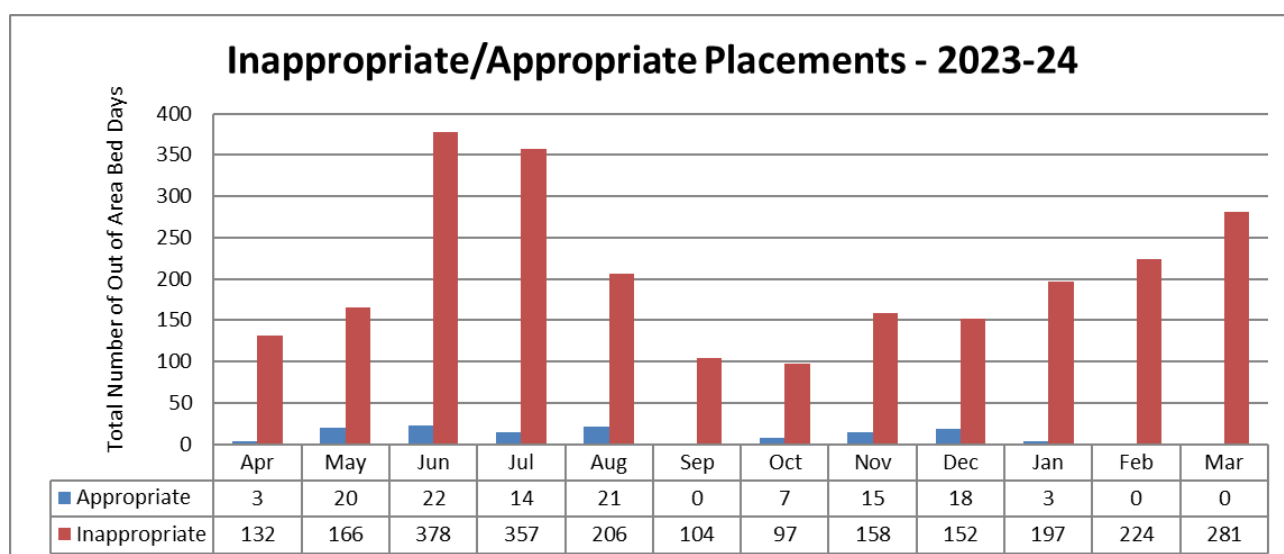
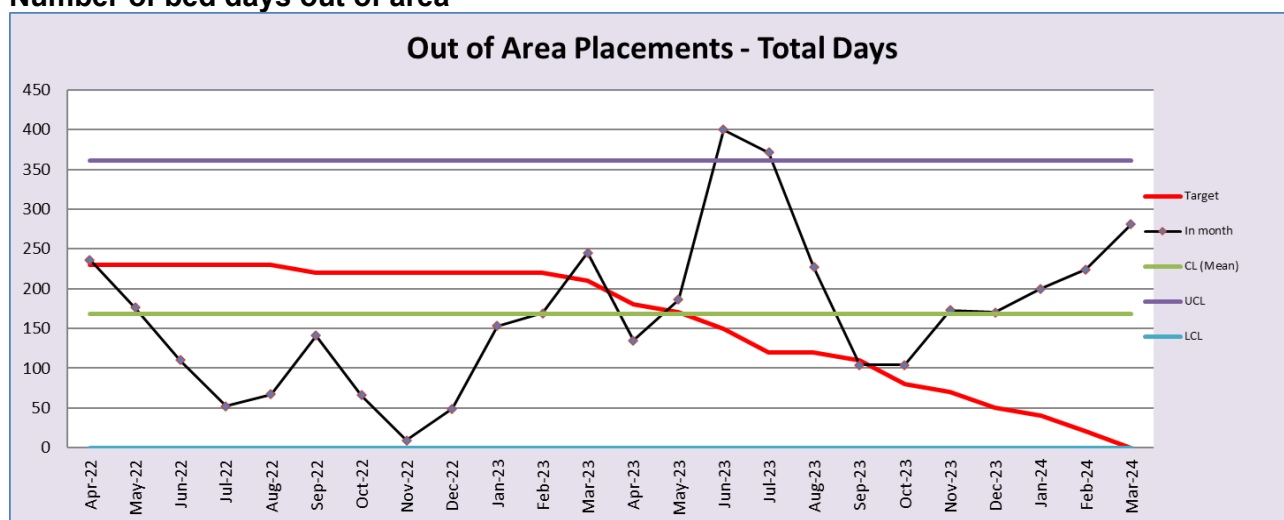
### Summary of progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met. During 2023/24 we have worked with ICB Place colleagues to adjust capacity for older adult functional beds to enable more patients to remain local. Additionally, we are working closely with the MH/LD collaborative working group focussed on Out of Area Placements which will include proposals to review PICU provision to minimise out of areas placements across the wider system.

## Number of patients placed out of area



## Number of bed days out of area





Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements – inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

## CAMHS Eating Disorders

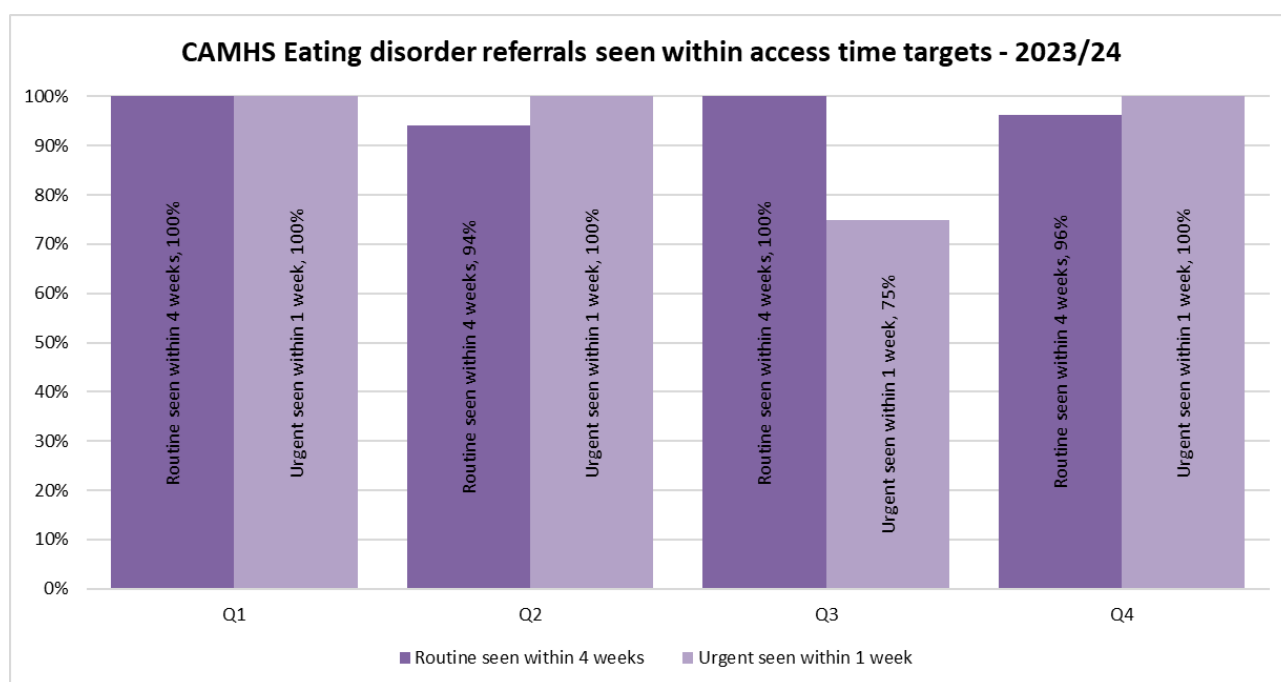
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

The indicators look at the number of children and young people who have accessed, or are waiting for, treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason, the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

### Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.



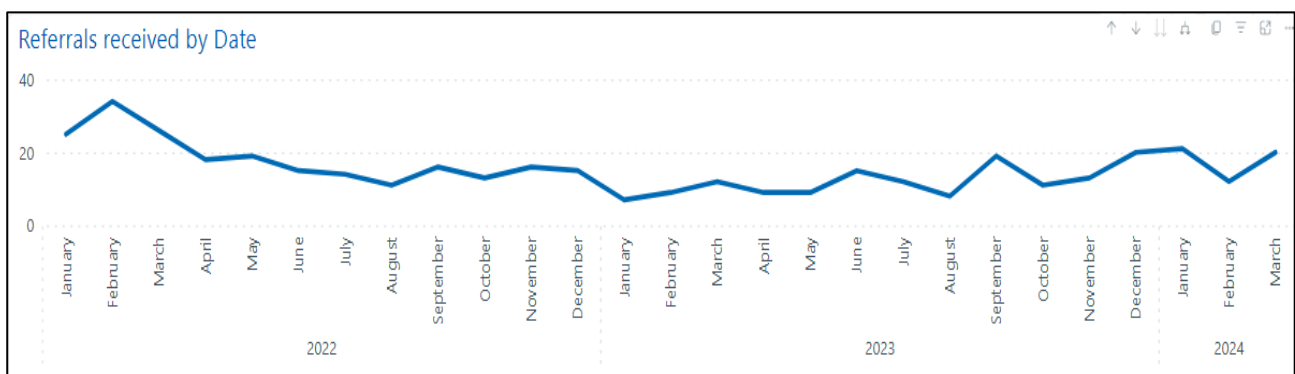
The chart above shows data for April 2023 to March 2024.

As of 31<sup>st</sup> March 2024, 28 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 26 (93%) did so within one week of referral. Urgent referrals are prioritised, and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As of 31<sup>st</sup> March 2024, 73 children and young people started treatment following a routine referral for a suspected eating disorder, of which 71 (97%) did so within four weeks of referral.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge, as even five or six more referrals than usual in a quarter places a much greater demand on the team.

The rate of referral had increased each year since we started to monitor it, with the highest ever number in one month (33) recorded in February 2022. In addition to this, the service has noted a marked increase in the severity/acuity of cases presenting since the start of the Covid-19 pandemic. Referrals for CYP Eating Disorders have started to flatline since it peaked in February 2022. On average the service received 14 new referrals per month.



The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated

The Trust has taken the following actions to improve this percentage and the quality of service by:

- Close monitoring of referral numbers and access times, and recruitment to vacancies

## Percentage of patients seen and discharged or transferred within four hours for Urgent Treatment Centres

The national target for other Accident and Emergency departments, including Urgent Treatment Centres (UTC) and Minor Injury Units (MIU), is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the

reporting, the service must have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one UTC, in Whitby, which has seen 13537 patients in the year April 2023 to March 2024 (an average of 1128 patients a month). The service was designated as a MIU from April 2021 to August 2021 when it changed its status to UTC offering increased opening hours for the local community.

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred, or discharged within 4 hours of their arrival. We can report an achievement of 99.7% for April 2023 to March 2024 at Whitby UTC. This data is sourced via the SystmOne patient administration system.

## 3.2 Performance in Relation to other Indicators Monitored by the Board

In this section, we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

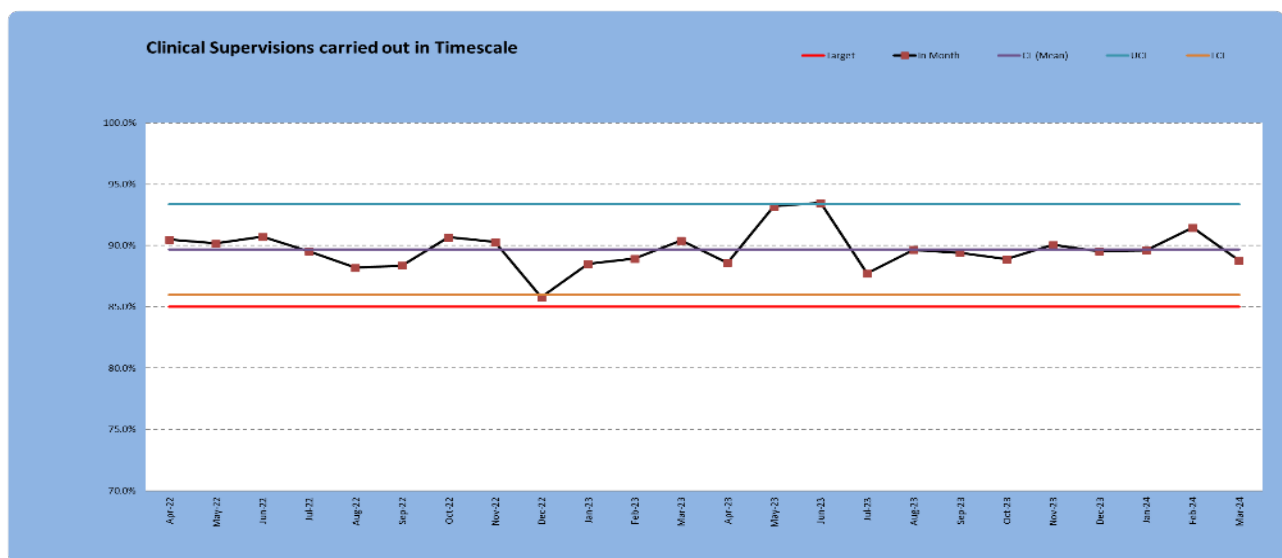
### Clinical Supervision

Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Throughout 2023/24 individual teams have been required to achieve compliance with a target of 85% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The SPC chart below shows clinical supervision compliance for the Trust over the past 24-months, which as can be seen has been consistently meeting and exceeding the Trust target of 85% over the past 2 years.

#### Trust-level Clinical Supervision Compliance

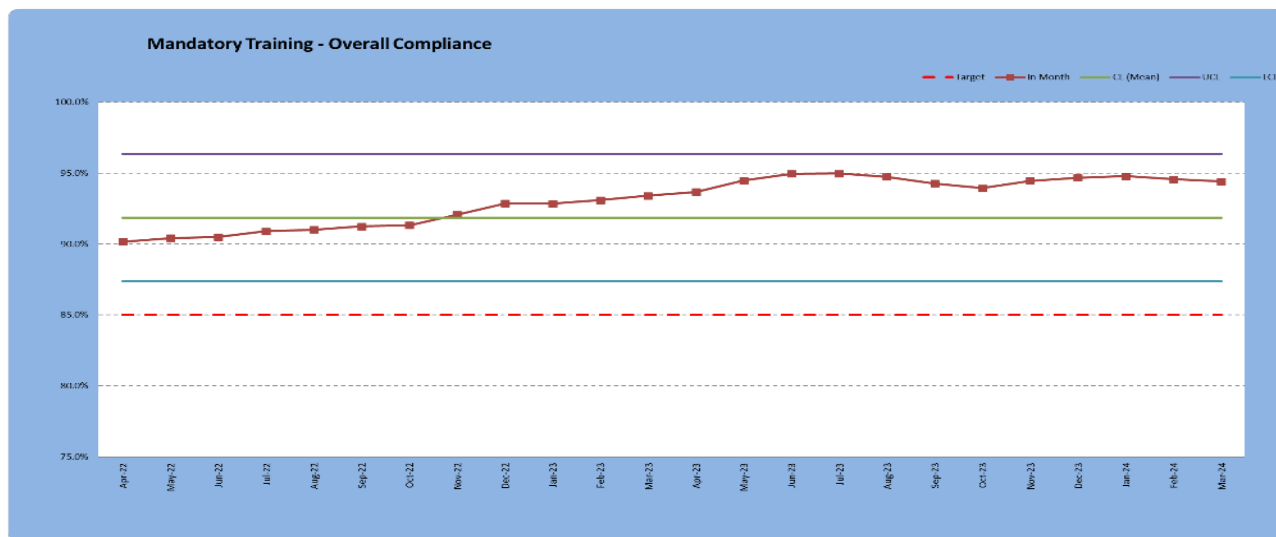


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are in the main due to staff sickness.

## Statutory and Mandatory Training Compliance

The Board places considerable emphasis on statutory and mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.

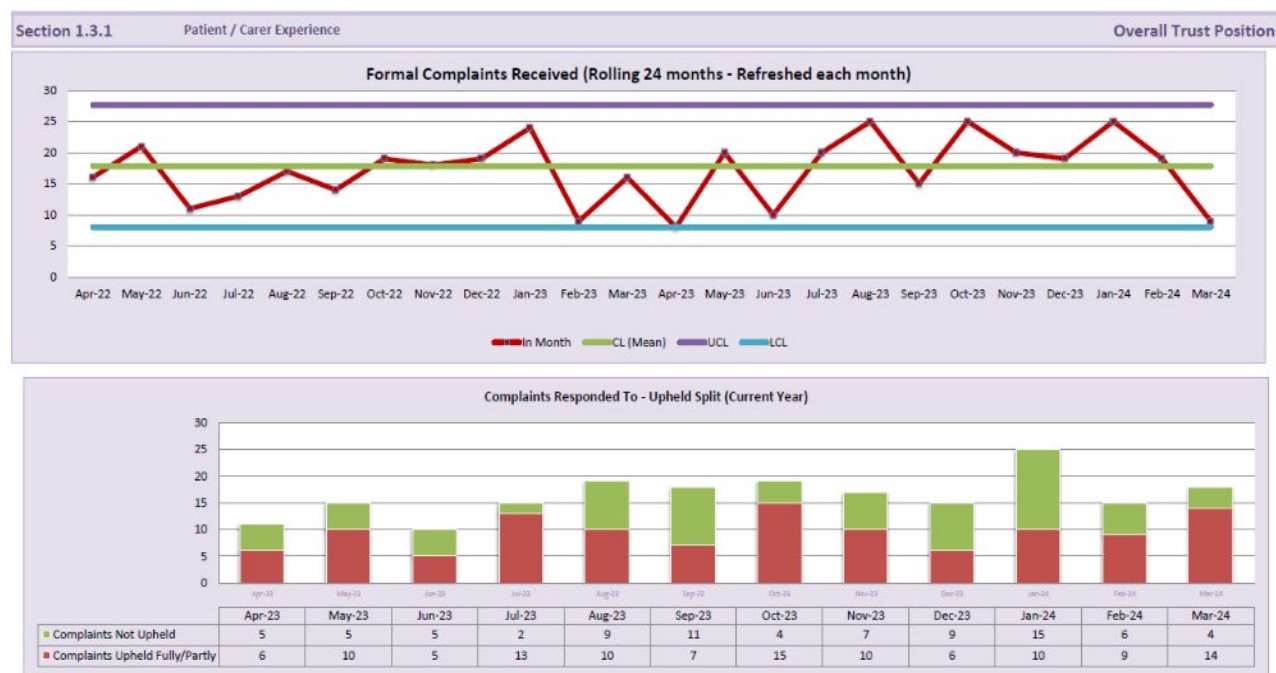
The performance across the Trust has maintained above the 85% target compliance during 2023/24 reporting a compliance rate of 94.61% in March 2024.



## Patient Complaints and Feedback

### Formal Complaints

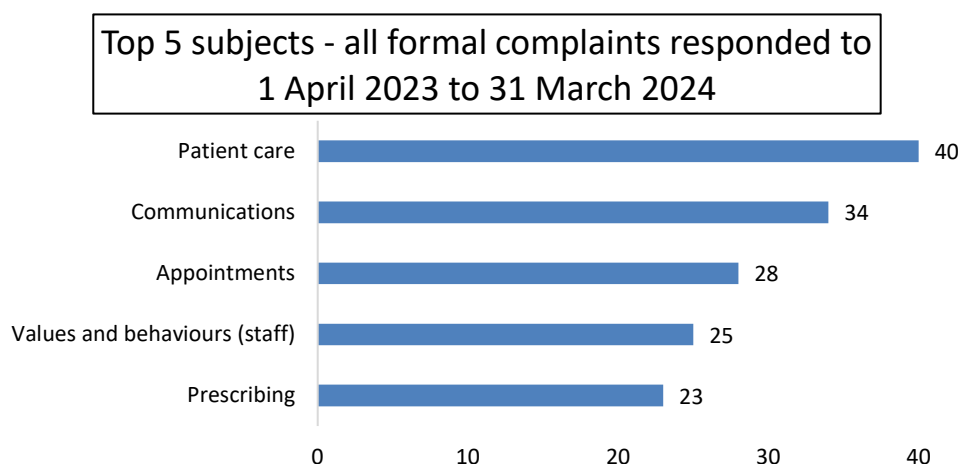
For the period 1 April 2023 to 31 March 2024, the Trust received 216 formal complaints, which compares to 197 for 2022-23 and 229 for 2021-22.



Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 40 working days; occasionally, this timescale is extended to 60 working days dependent on the complexity and nature of the complaint, and the number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

For the period 1 April 2023 to 31 March 2024, the Trust responded to 198 formal complaints which compares to 195 for 2022-23 and 235 for 2021-22.

Of the 198 responded to, 6 of the complainants have, to date, requested their case is reviewed by the Parliamentary and Health Service Ombudsman. One older case that was closed in 2022 is currently under investigation by the Ombudsman.



The actions resulting from upheld and partly upheld formal complaints are monitored by the Complaints and Feedback Team and for each action, evidence is requested from the lead person identified for that action that it has been completed by the specified time.

### Informal Complaints

The informal complaint process gives complainants a swift response to their issue(s). All complaints are triaged on receipt and where appropriate, are recorded as informal in the first instance. If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2023 to 31 March 2024, the Trust responded to 356 informal complaints. This compares to 388 informal complaints in 2022-23 and 300 informal complaints in 2021-22.

## Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better or more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

This year we launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028). This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. We engaged and involved our communities to support with the development and content of the plan together with a plethora of resources including a three minute film, easy read and detailed versions of the plan, pull up banners, posters and information leaflets. To view the full plan please visit [Patient and Carer Experience](#).



### Outcome 1 – Our Care

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

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

### Outcome 2 – Our Partnerships

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

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

### Outcome 3 – Our Workforce and Organisation

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

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

## Forums

The Trust continues to actively engage and involve the community by hosting a variety of face to face and virtual Trust forums across the geographical patch.

### **Hull and East Riding and Whitby & District and Patient and Carer Experience Forums (PACE)**

– our patients, service users and their carers are invited to attend these forums to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

93.1%

of respondents find our staff friendly and helpful

### **Joint Scarborough and Ryedale PACE Forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust)**

– to maximise engagement and involvement with our patients and carers in the Scarborough and Ryedale area, the Trust works in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to host joint forums to listen to patients, service-users, carers, and members of the public who use our services. The first forum took place in May 2023 where attendees worked together to produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards.

### **Staff Champions of Patient Experience (SCoPE)**

**Forum** – staff attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 192 Staff Champions, and most of our teams are represented.

90.1 %

feel they received sufficient information

**Humber Co-production Network** – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve.

**Veterans Forum** - to provide a meeting place for veterans and serving members of the forces, their friends and family members, and staff with an interest in supporting veterans or who currently have/have had friends and family members serving in the forces.

**Humber Youth Action Group** - to bring those aged 11-25 together, with the goal of helping our organisation improve its services for children and young people. Young people have an important part to play in improving NHS services. The group meets virtually every 3 weeks for approximately 1.5 hours, as well as face-to-face workshops across different locations in Hull and East Riding throughout the year.

### **Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group**

Earlier this year saw the introduction of the Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carers voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.



## Co-production Logo Stamp

The Trust has developed a co-production logo stamp. New work which has been developed alongside patients, service users, carers and individuals with lived experience can display the co-production logo to add value and recognition to the hard work that goes into co-produced work and to showcase where co-production has taken place. Since the launch of the coproduction logo stamp, forty-nine pieces of work have been awarded the logo stamp.

## Experts by Experience (EbE)

The Trust has introduced paying Experts by Experience for their time when getting involved in Trust activities. EbE are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Our Trust is committed to involving our communities in its work and values their time and effort to support the Trust in activities. For effective involvement, people need to feel supported, and their contribution valued. The level of involvement that EbE have in supporting the work of the Trust will vary. Engaging EbE in paid work, where appropriate, mirrors the Trust's co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services. Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-seven individuals have completed an application form to join our bank of Experts by Experience.

## Scale, Spread and Embed Friends and Family Test (FFT) National Initiative

Last year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. The project builds on the Imperial College's experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology.

## Veterans Covenant Healthcare Alliance (VCHA) Re-accreditation

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

## Youth Recovery and Wellbeing College

July 2023 saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event which took place in the Trust's Lecture Theatre. The college offers a range of non-clinical, fun, and creative sessions to young people aged 11-18 living within Hull and the East Riding, all with a focus on promoting wellbeing.

## Integrated Care System (ICS) 'A Good Experience' Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. A steering group made up of partner organisations and patient partners has been created to drive forwards the initiative, provide governance and assurance and monitor and review progress. The output of this project will be a co-produced Communications Engagement charter for organisations across the ICS to sign up to. A tool kit will be developed to support organisations when displaying the charter to enable them to measure its effectiveness following implementation.

## Equality, Diversity and Inclusion Priorities for Staff

The Trust is dedicated to attracting, nurturing, and retaining a workforce that mirrors the local demographics and fostering an environment of equal opportunities for all staff members. Our efforts in implementing policy updates and procedures related to disciplinary matters, bullying and harassment, recruitment and selection, as well as other forms of leave support this commitment.

The Trust, as a public sector body, has an obligation to adhere to the Public Sector Equality Duty (PSED). In order to fulfil this duty, the Trust has released its Equality, Diversity, and Inclusion (EDI)

Annual Report, outlining its goals and objectives for the coming year. Moreover, the Trust produces annual reports for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and the Gender Pay Gap Report, including a new Ethnicity Pay Gap for 2024. These reports are made available on the Trust's public-facing website, ensuring that information is easily accessible to the public. By consistently reporting on these key areas, the Trust demonstrates its commitment to promoting equality, diversity, and inclusion within the workforce and the organisation as a whole.

Collaboration and coproduction between the Assistant Director of Patient and Carer Experience and Co-production and the Equality, Diversity and Inclusion Workforce Partner continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the Trust has a motivated, included, and valued workforce to help deliver high quality patient care, increased patient satisfaction and better patient safety. This can be seen through key engagement with events such as Equality, Diversity and Inclusion celebratory Workshop and celebratory events such as Black History Month, LGBT+ History Month, Disability History Month, PRIDE, International Day of Trans Visibility, Ramadan and Diwali.

In working towards EDI objectives set for 2023/24, the Trust successfully developed local targeted action plans. Inclusivity has come from collaborating and coproducing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans with staff networks such as the Race Equality Network and the Disability Staff network, with representation from lived experience.

The EDI Workplan report is taken to the Trust's EDI Steering Group and has allowed improved challenge and support for operational areas to address local equality issues. The introduction of bullying and harassment and recruitment and selection training supports the Trust to underpin inclusive employment processes and further enhances leaders to support positive culture and embrace diversity. Staff networks have been reviewed to ensure consistency in approach and to ensure support and sponsorship from the Executive Team is provided.

Mandatory training through the Trust's e-learning package continues to ensure Equality, Diversity and Human Rights training is mandatory with a completion rate of 98.3%, above the Trust target rate. Non-compliance with training is taken to operational areas via the workforce scorecard into the Workforce & OD Committee, to ensure completion in a timely fashion.

The Trust is a supporter of local and regional EDI committees or working groups such as the ICB led Inclusion Academy, East Riding Equalities Group and the Humber Equality and Diversity Network, a group for EDI practitioners from all public sector organisations in the Humber region.

The Trust continues to build links with EDI teams across the Humber and North Yorkshire ICB system such as with NLAG, HUTH and York and Scarborough Trust. The Trust continues to work with local groups who represent people with Protected Characteristics within communities such as Trans Peer Support Group, Corner House LGBTQ charity, MESMAC, the Disability Action Group and Hull and East Riding LGBT+ Forum and the Humber All Nations Alliance (HANA).

## **Safeguarding and Working with Adult and Children's Safeguarding Boards and Partnerships**

### **Partnership Working**

The Humber Safeguarding team works alongside the Safeguarding Children Partnerships and Safeguarding Adult Boards in three local authority areas, supporting statutory processes to enable the team and wider Trust to identify and share learning. These processes include statutory reviews such as Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. In 2023/24 there has been an increase in the number of statutory investigations across

all areas, particularly for Domestic Homicide Reviews (5 declared or ongoing in 2022/2023 and 9 declared or ongoing in 2023/24 with one month to go).

The Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children attend partnership meetings across all areas on behalf of the Trust, not only to identify and share learning, but to work together to develop policies, procedures, multi-agency training and protocols that support the delivery of an effective safeguarding service to our community. Safeguarding Practitioners attend and support Partnership sub-group meetings on behalf of the Trust, this includes sub-group meetings for statutory safeguarding reviews, sub-groups with specific focusses such as child neglect and exploitation, audits of safeguarding activity across the local authority area and training and development groups.

The Safeguarding team supports staff who are working with patients who are vulnerable to radicalisation, this includes providing guidance for staff making Prevent referrals.

The team attends monthly Prevent meetings across the Humber and often contribute to complex case discussions for high-risk patients, working closely with Humberside Police, Probation and other relevant agencies. In 2023/24 the Home Office updated its Prevent duty guidance; the Safeguarding Team completed a review of this guidance and updated the Trusts Prevent Policy in order to reflect the new guidance.

The Trust also actively participates in other multi-agency safeguarding process, such as the Multi agency risk assessment conference (MARAC – Domestic Abuse) and the Multi agency child exploitation meeting (MACE), both of which are showing increasing numbers of referrals and children, young people and adults being discussed. In 2023/24 two new multiagency partnership meetings were introduced; firstly the Multi agency tasking and coordination (MATAC) group which focusses on perpetrators of domestic abuse, and more recently the Multi agency cuckooing advisory panel (MACAP) which brings professionals together to reduce harmful behaviour associated with cuckooing. The Trust are represented at both Hull and East Riding MATAC, and actively refer into and participate in MACAP meetings where a patient has been open to the process.

Alongside the Boards and Partnerships, the Named Professional and Named Nurse meets on a quarterly basis with Designated Leads of Safeguarding Adults and Children for the Humber and North Yorkshire Integrated Care Board, in all three places, to discuss safeguarding activity across the Trust and provide assurances that the Trust is meeting its statutory safeguarding responsibilities.

### **Humber Trust Safeguarding Plan 2023-2026**

The Safeguarding Plan for 2023-2026 was approved by the Board in 2023, highlighting our priorities for the next three years. These include:

- Recognising and responding appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.
- Recognising and responding appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.
- Recognising signs of self-neglect and responding appropriately whilst adopting a preventive approach.
- Thinking about the whole family when working with a service user, and understanding how trauma can impact families.
- Increasing the safeguarding team's visibility across our patient and staff group.
- Empowering our workforce to prevent, recognise and respond to safeguarding issues confidently and with out patients at the heart of this process.
- Improving efficiency and effectiveness across safeguarding systems and introducing a Trust wide safeguarding information template.

These priorities are delivered through a Safeguarding Development Plan which is monitored at the bi-monthly Safeguarding Business meeting and quarterly Safeguarding Learning and Development Forum. Some of our successes against this plan so far are:



## Domestic Abuse

We are a White Ribbon accredited Trust, and we have just renewed our White Ribbon accreditation for another three-year period. The team continue to deliver Domestic Abuse Champion training to all services across the Trust including non-clinical, with 136 staff now fully trained, and recently hosted a White Ribbon roadshow in November 2023.

During this roadshow the team worked alongside partners such as the Police, Age UK and Sexual Assault Referral Centre to hold a launch event, and then visited several services. This included working alongside the Youth Action Group who were represented at the launch event and who have created a number of resources on Domestic Abuse, Race, Disability and Sexuality.



## Learning from Cases

The Safeguarding team is involved in all related safeguarding Practice Reviews (SPR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout.

The team attends relevant subgroups and is involved in strategic work throughout all three local authorities. Action plans are devised and shared within the panels that reflect all the required learning objectives. Key areas of learning include:

- Support for young people as they transition into adulthood
- Effective communication and information sharing between services
- Application of MCA 2005
- Use of multi-agency protocols when a person is declining services and is at significant risk of harm or death
- Safe sleeping for babies
- Meeting the needs of parents/carers/Think Family

The safeguarding team has been involved in the roll out of the Patient Safety Incident Response Framework and the work to ensure people involved in reviews receive appropriate trauma informed support. Members of the he Safeguarding Team have received training to facilitate the Swarm huddles that are undertaken following a patient safety incident.

### **Training**

The safeguarding training package was reviewed in March 2022 and a refresh of the Level 3 packages is in place. Since the review in 2022 was completed training compliance has steadily increased:

- Trust wide children`s safeguarding training has increased from 82.3% to 92.7%
- Trust wide adult safeguarding training has increased from 81.7% to 90.1%

The safeguarding team are also responsible for the development and delivery of Mental Capacity Act training which Trust wide is currently 92.5%.

As well as the packages above the team support bespoke packages where a learning need has been identified within a service and is developing self-neglect and neglect training packages to deliver across the Trust in the coming year as part of the Development Plan 2023-2026. A safeguarding supervision course has recently been introduced to build on the Trusts supervision training for all supervisors, this course focusses specifically on safeguarding and gives practitioners the skills needed to be able to carry out effective safeguarding supervision.

### **Mental Health Act, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), Mental Capacity (Amendment Act) Act 2019 – Liberty Protection Safeguards (LPS)**

The Mental Health Legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board, in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Health Steering Group reports into the committee and MCA 2005 audits are reported into this group, reviewed and any areas for learning shared.

Mental Capacity Act (2005) training remains in place and is undergoing a training needs analysis to ensure staff are receiving the right level of training and input with regards to complex mental capacity matters. Training compliance continues to be above the expected level as above.

### **The Implementation of the Liberty Protection Safeguards – Mental Capacity (Amendment) Act 2019**

There has been an indefinite delay in the implementation of the LPS due to the Covid-19 pandemic and a new date has not yet been set. The Trust continues to work with ICS colleagues and local authority partners to monitor this and ensure a smooth facilitation of the change process.



## Our Charity, Health Stars

Health Stars is the official charity for Humber Teaching NHS Foundation Trust (FT). As a charity, we are very proud to support our NHS Trust whose services enhance the health of over 800,000 people across the region, through community, primary care and mental health services.



Health Stars is here to provide patients and staff with some added sparkle, to enhance their health service journey. Charitable funds which are raised and donated, are used to pay for items, equipment and services which are over and above what core NHS funding can provide.

We don't do this alone and are so grateful for the support we get from businesses, community groups, grant funders and especially the generosity of our friends and neighbours who help us make things brighter for local patients.

The Trust will be bringing the management of the charity in house from the 1<sup>st</sup> April 2024, our priorities for 2024 include:

- Improving the wish process
- Simplifying Fund Zones
- Launching a programme of fundraising events for staff engagement
- Increasing local governance and oversight
- Relaunching the Staff Lottery

## Celebrating Success – our 2023/24 highlights

In this section, we are pleased to share some of our key successes across 2023/24.

### Launch of the Youth Recovery and Wellbeing College

Following the success of the Recovery and Wellbeing College aimed at supporting adults with their mental health, the service expanded to offer young people the same service. The Youth Recovery and Wellbeing College provides a transitional and supportive service for young people who would benefit from support with their mental health. These young people could be awaiting treatment from services or transitioning back into the community having previously been a service user themselves.

Providing a mix of online and in person courses, the college aims to provide a broad spectrum of support and learning opportunities for the young people.

Co-production was used throughout the process of setting up the Youth Recovery and Wellbeing College, including working with the Humber Youth Action Group (HYAG) to advise on the look and feel of the website and literature. The HYAG was also brought in through the recruitment process when selecting candidates for the course leaders.

### Recruitment

Recruitment remains a priority for the NHS, both nationally and across our local area. Our Trust has taken an increasingly innovative approach to our recruitment efforts. The 'New Year, New Job' campaign combined a mix of paid advertising with organic press and social media content running consistently over the period. This variety of promotion saw the visits to our Join Humber website increase by 66% year on year.

During the campaign, we also ran a Healthcare Support Worker recruitment event in January 2024 which invited local people with an interest in joining our Trust to come and meet teams. It was an unprecedented success with our staff taking in over 1,000 CV's and job application.

The campaign was delivered across all areas of our geographical patch – Hull, the East Riding and North Yorkshire. However, we also targeted beyond this area, including West Yorkshire and North Lincolnshire to invite those currently working further afield to consider Humber with a keen emphasis on our benefits packages.

### **Benefits Website**

In 2023 we added to the Trust's staff benefits offering to include Your Leave Plus which provides staff with more options to purchase and gain additional leave where a need arises.

This new package was encapsulated, along with all other benefits, in the brand-new bespoke Benefits website. The website was created for staff to access all elements of their employment benefits in one place, with easy-to-use sections and pathways.

Around the same time as the launch of the website, we also created a benefits newsletter as an additional way of keeping staff informed of offers and new additions to the packages.

### **NHS Cadets**

At our Trust, we have a way of doing things that makes us, us. For most of us, 'Being Humber' is just who we are and how we approach our work. Our 'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple framework for us all to use.

We launched our refreshed framework in October 2022, following feedback from colleagues that they wanted a simple and more relatable guide. Workshops and feedback sessions helped build the final version of the framework and the campaign to launch started on the 31 October. We continue to embed the framework in all that we do, including in our recruitment, appraisals, and our staff charter.

### **Annual Members Meeting**

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). In 2023 we welcomed Team GB's Lizzie Simmonds to attend and meet teams from services across the Trust. Lizzie then gave a presentation regarding her own personal sporting career experiences, drawing parallels to the focus and drives of our Trust's services.

Chief Executive, Michele Moran, and Trust Chair, Caroline Flint spoke about highlights from 2022/23, how we performed against key targets, and future challenges that lie ahead.

The event began with market stalls where attendees could learn more about our services and teams could exhibit the work they were doing in our local area. Whilst being an in-person event, it was also live streamed so that more attendees could join.

### **Health Inequalities**

We have launched a Trust-wide approach to addressing the health inequalities of our service users, focused on raising awareness and empowering staff at all levels to take action, ranging from individual practice to service and pathway redesign.

In July 2023, our Executive Management Team (EMT) approved the proposal to address health inequalities based on a strategic framework. This framework was informed by conversations with system partners from across Humber and North Yorkshire and aligns with emerging system-wide thinking.

Since then, we have established a Health Inequalities Operational Group with a cross-divisional membership to oversee our health inequalities work and launched a suite of intranet pages to provide staff with accessible resources on health inequalities. Bringing the consideration of health inequalities into Trust systems and process such as business cases, project management documentation and QI Charters, ensures we touch all areas of our service provisions.

To support our staff, we have created a programme of support for teams who are thinking about developing projects to address health inequalities. This includes facilitated workshops, support to utilise data and research, business case writing and supporting development of deeper connections with communities through local voluntary and community sector organisations.

### **Media Training**

As part of our Emergency Planning procedures, in 2023 we ran a number of media training courses to support the Executive Management Team and a number of senior leaders across our divisions. We have since broadened this approach and begun offering staff a bespoke, in-house course.

By bringing the training in house we have been able to improve the quality of its delivery and align it more closely to our internal processes and desired outcomes. The media training offers our staff an education on how our Trust uses media opportunities to garner positive public perception and promoting our Trust reputation. It also empowers them with a range of techniques and skills that can be used when representing the Trust for both positive and negative aspects of media attention.

As part of our commitment to drive quality improvement and sharing of good practice, we know that fostering a good relationship with the media is important. The training aims to instil confidence and skill into a range of potential spokespeople for the Trust, so we are prepared for all eventualities and can put forward our experts for a variety of opportunities.

### **National Preceptorship Interim Quality Mark Accreditation**

We are proud to be one of the first organisations nationally to receive this accreditation. Offering a Preceptorship programme not only sets us apart as an exceptional place to work, it also helps develop and support our newly qualified clinicians.

The purpose of Preceptorship is to provide support, guidance, and development for all newly registered practitioners to build confidence and develop full competence as they transition on to an autonomous professional.

The national Preceptorship Framework for nursing includes a core set of standards for inclusive and multi-disciplinary programmes, with health and social organisations aiming for Gold Standard when developing and delivering their own Preceptorship programmes locally.

### **28 Days of Wellbeing**

The Trust places a great deal of emphasis on supporting the health and wellbeing of its staff. As part of our commitment to providing this support our Communications team, along with the Workforce Wellbeing team, provide a range of ways to improve wellbeing.

Across the 28 days running through January and February, a different task or offering is shared with staff and the uptake is fantastic. Staff can choose from physical workouts provided by trained professionals, creative mindfulness activities or wellbeing tasks, with a different one offered each of the 28 days.

This key initiative in promoting staff health and wellbeing was also part of the Highly Commended award received at the NHS Communicate Awards 2024.

### **Staff Survey Results 2024**

The Trust achieved a response rate of 55.62% overall which represented 1,847 responses from a sample of 3,321. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts is 52% (51 Trusts)

The above represents a 11.72% increase in response rate in comparison to the 2022 survey.

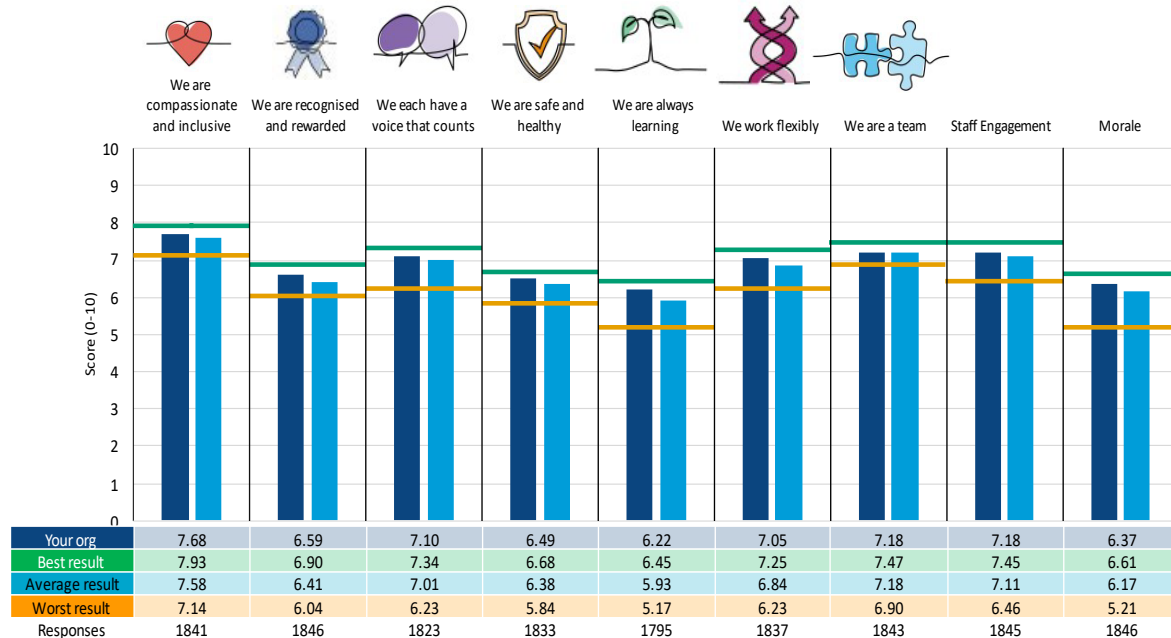


## People Promise Themes Overview

### People Promise elements and themes: Overview

Survey  
Coordination  
Centre **NHS**

People Promise elements, themes and scores are scored on a 0-10 scale, where a higher score is more positive than a lower score



Humber Teaching NHS Foundation Trust Benchmark report

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The Trust is above the national average score in all but one people promise theme areas, where it is equal to the average.

Work will continue during 2024/25 to continue to take action to continually improve both the response rate and the results to ensure Humber Teaching NHSFT remains an employer of choice, attracting and developing great staff who deliver great care.

## Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

### Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council Health and Wellbeing Overview and Scrutiny Commission continues to support the work of the Humber Teaching NHS Foundation Trust. The Commission welcomes the production of the Trust's 2023/24 Quality Accounts, and the priorities identified, with a view to strengthening service delivery and improving patient care. The Commission looks forward to the timely production of the 2025/26 Quality Accounts to enable the full consideration of them at a formal meeting, and the inclusion of informed comments and recommendations in the associated consultation.

**Fiona Harbord**

**Hull City Council Health and Wellbeing Overview and Scrutiny Commission - Scrutiny Officer**  
**21<sup>st</sup> May 2024**

### East Riding Health and Wellbeing Overview and Scrutiny Commission

Humber Teaching NHS Foundation Trust (HTFT) has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2023/24. The Sub-Committee notes the transparency of HTFT's Quality Account and appreciates the opportunity to comment on this draft.

Health inequalities is a significant multifaceted problem in health today. HTFT's efforts to tackle this are to be commended and, as work continues, this Sub-Committee suggested consideration be given to how access can impact to health outcomes for those in areas of higher deprivation.

A growth in waiting times for services can have significant ramifications. Over the last two years, the Sub-Committee have repeatedly examined the impact of waiting services, both primary and secondary, and would note that the detrimental effects to patients' mental health can not be understated. Additionally, the Sub-Committee found that, while efforts to increase service supply should be prioritised, efforts to manage patient expectations should be made as early as possible.

**Robert Close**

**East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Committee - Senior Committee Manager**  
**24<sup>th</sup> May 2024**

### Healthwatch Hull and Healthwatch East Riding of Yorkshire - Joint Response

Healthwatch Hull and Healthwatch East Riding of Yorkshire welcome the opportunity to make a statement on the NHS Humber Quality Account.

It is encouraging to see quotes and case studies from patients and family members embedded throughout the Quality Accounts. On a local level Healthwatch Hull has received generally positive feedback, people feel they have been treated well and supported. Access to Mental Health support due to long waiting lists has been raised as a concern to Healthwatch Hull. Healthwatch East Riding are pleased that both positive and negative patient feedback is reviewed and reported.

The report highlighted key achievements against the Quality Priorities 23/24, particularly the work around ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

The NQPS (National Quarterly Pulse Survey) has highlighted some positive results in terms of staff recommending Humber as a provider of care to friends and family, recommending the Trust as a

good place to work. The results are an improvement on 2022/23 data, although it is disappointing to see that the response rate is low, between 15% and 19%.

A learning culture in the Trust is evident from the accounts, the Trust highlights how they learn from incidents and learn from deaths. It is encouraging to see that the Trust continues to maintain above the 85% target compliance during 2023/24 reporting a compliance rate of 94.61% in March 2024 for statutory and mandatory training.

It is disappointing to hear there continues to be inappropriate out of area placements for patients assessed to require non-specialised inpatient care for acute mental health needs. The intention of zero inappropriate out of area placements was not achieved due to pressures in two key areas which includes older adult functional bed availability and specific challenges with PICU and the forensic pathway, inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards.

We are pleased to see that East Riding of Yorkshire residents are being given the opportunity to take part in research projects with universities and research teams. We receive a great deal of intelligence relating to service users wanting to take a proactive approach to helping progress local healthcare.

It is encouraging to see that the Market Weighton GP practise has retained its CQC rated of good, however there is concern surrounding the breach of regulations relating to the safe provision of care and treatment to patients.

Healthwatch East Riding of Yorkshire is pleased to see that there has been an introduction of a new telephony system to improve the patient experience when contacting the practise. We suspect that this will resolve a reoccurring theme of intelligence that relates to access to appointments.

Information sharing continually proves to be difficult and problematic between trusts and partner organisations. We are pleased with the progressions that have been made in 2023/24 and hope this collaborative approach to information continues and involves a more thorough link with the voluntary and community sector.

**Ellie Whitfield (Kingston upon Hull) and James Dennis (East Riding of Yorkshire)**  
**Healthwatch Hull and East Riding of Yorkshire - Delivery Managers**  
**21<sup>st</sup> May 2024**

## **Healthwatch North Yorkshire**

No response received from consultation

## **Humber & North Yorkshire Integrated Care Board (ICB)**

The Humber & North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2023/24. The Account has been reviewed across the Hull and East Riding of Yorkshire Places and North Yorkshire place. We note the Quality Account provides an informative overview of the Trust and it's services which serves as a helpful introduction to the reader.

Once again, it is pleasing to see the Quality Account begins with a patient story which demonstrates the value the Trust places on working in partnership with people who have lived experience of using Trust services.

The Integrated Care Board note the development and success highlighted for the Trust during 2023/2024 and would like to congratulate the Trust in achieving local and national recognition of its services.

The ongoing commitment of the Trust in recognising and ensuring that staff, partners and carers are collaborative co-production partners in driving forward quality improvements is once again to be applauded. It is pleasing to see the number of quality improvement initiatives which had been identified along with the investment in training staff and volunteers.

The work towards building and maintaining a compassionate, psychologically safe culture underpinned by the 'Humber Behavioural Framework' demonstrates a pro-active approach to mitigate against a closed culture developing.

The Quality Accounts reflect the progress the Trust has been made towards the four quality priorities identified in 2023/2024:

- It is really pleasing to see the excellent progress that has been made in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF). The number of staff that have been trained in the methodology is impressive and it will be interesting to see the impact that PSIRF will have on service users, carers and family experiences of investigation and the impact of Quality Improvement Initiatives aligned to your Patient Safety priorities. We very much welcome the introduction of the Involving Patients, Families and Carers Sub-Group of the PSIRF steering group, ensuring the voice of the patient/ carer is helping to inform the Trust wide approach to supporting the patient safety agenda. The ICB were grateful to have had the opportunity to support the trust in the transition to PSIRF and in approving the Trust's approach to meeting the new policy requirements.
- The development of the End of Life Strategy and associated training is particularly welcome and aligns with the wider strategic intentions of the ICB in relation to end of life care. It is positive to see that emphasis has also been placed on reducing reliance on out of hours GP services. The inclusion of feedback from families in relation to end of life care really shines a light on why the strategy is so important and is making a significant difference to people's experience of care.
- The work which has been undertaken in refreshing and implementing the 10 Safewards interventions at ward and service level is welcomed and we applaud the commitment towards reducing restrictive interventions and the quarter-on quarter reduction in the use of seclusion.
- We recognise the approach the Trust has taken with regards to improving clinical risk assessment and formulation in mental health services. It is positive to see the increasing levels of compliance with regards to staff attending the clinical risk assessment training which will enhance the delivery of care to those in receipt of Trust mental health services.

We note the transformational nature of the Quality Priorities identified for 2024- 2026 and look forward to seeing the outcomes of this work.

The Integrated Care Board recognise the positive approaches taken by the Trust to strengthen the existing approaches to attract new staff and retain the existing workforce. It is pleasing to see the reduction in nurse vacancies over the past year and the ongoing commitment to safer staffing and being consistently above the national benchmark of care hours per patient day. We would like to congratulate the Trust on becoming one of the first organisations nationally to receive the National Preceptorship Interim Quality Mark Accreditation for the work to develop and support newly qualified clinicians.

The Trust's participation in National Clinical Audits is acknowledged and we note the Trusts ongoing participation in the 2023 National Confidential Inquiry into Suicide and Safety in Mental Health. It is reassuring to see each of the four divisions within the Trust have participated in targeted work to improve patient safety.

The Integrated Care Board would like to congratulate the Trust for the work which is being undertaken in research which was recognised at the annual Yorkshire and Humber Clinical Research Network awards in 2023. It is pleasing to see the importance of Research to the community and staff within the organisation and we applaud how research is 'core' business in the

Trust. A positive example of this is the student nurse placement options in Research and Innovation.

We acknowledge the targeted responsive assessments in respect of Humber Primary Care and Market GP practices and the work required in the responsiveness domain. We look forward to hearing more on this work and improvement activity. The Trust has continued to demonstrate how it effectively manages Healthcare Associated Infections (HCAI's). We note the positive contribution of the Trust Infection Prevention and Control Team in ensuring new guidance has been applied into policy and implemented with Trust staff trained accordingly.

The Integrated Care Board would like to thank the Trust for sharing with us a review of the work undertaken by the Trust's Safeguarding team as we acknowledge the associated statutory duties and commend the team on their work across both internal and external multi-agency partners, in protecting vulnerable groups and working into our community partnerships.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate. The Quality Account is an honest and really positive document which demonstrates the Trusts continued commitment to co-production and quality improvement.

The Humber & North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each of our places in order to improve patient care, patient safety and patient outcomes.

**Deborah Lowe**

**Humber and North Yorkshire ICB - Place Nurse Director, Hull & East Riding of Yorkshire Place**  
**28<sup>th</sup> May 2024**

### **Humber & North Yorkshire Health & Care Partnership Provider Collaborative**

From the 1 October 2021, the Humber and North Yorkshire Provider Collaborative (HNY PC) gained the commissioning responsibilities for inpatient services for Adult Secure Care based at the Humber Centre and for Children and Adolescence Mental Health Services based at the Inspire Services in Hull. In addition, HNY PC also commission the Specialist Community Forensic Services and the EDIT (alternatives to hospital admission) for Children and Adolescence Mental Health Services

The HNY PC welcomes the opportunity to provide this statement for Humber Teaching NHS Foundation Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance.

We would like to congratulate the Humber Teaching NHS Foundation Trust on the successes they have achieved during 2023-24. The HCV PC would like to highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with:

- The progression of all the Quality Priorities that were identified for 2023/24
- The Trust transition to NHS England's new Patient Safety Incident Response Framework (PSIRF).
- The Trust services being shortlisted for four awards at the HSJ Patient Safety Awards 2023.
- Patients from Pine View and Humber Centre receive their awards from their art submissions to the Koestler Arts Awards.
- The Trust launching the new Eating Disorder Intensive Treatment Team to provide community-based alternative to unit admission for children and young people.
- The Trust being recognised and featured in an editorial by NHS Providers to highlight the work we do on coproduction and inclusion in our children's division.

- Attaining and demonstrating high quality care through the CAMHS National Commissioning for Quality and Innovation (CQUINs)
- The Trust achieving the goal of no admissions of children into adult wards.
- Within the CAMHS service, the development the inpatient skill and workforce to manage eating disorder conditions.
- The Services joint working with the Provider Collaborative in the review of the Trusts commissioned beds and workforce to meet the needs of the regional usage.
- The CAMHS services shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of young people's Mental Health services locally.
- The services early intervention, crisis and inpatient services working closely together to minimise inpatient admission.

The HNYPC wish to note the Trust's overall high compliance rates for clinical supervision, statutory and mandatory training, and appraisal rates. The PC also wishes to welcome the progress and continued emphasis on culture and values at Humber Teaching NHS Foundation Trust and that the Trust has maintained and enhanced engagement of staff including the national feedback survey.

The HNY PC continues to support the Trust's values and strategic goals of the service users, families, carers, and staff being central to all activities and decision-making processes. This approach has enabled people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions.

We support the identified quality priorities for 2024-26, covering:

- Priority One: Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users.
- Priority Two: Maximise quality of care through roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services.
- Priority Three: Roll out the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change and a new model of care across all NHS-funded mental health, learning disability and autism inpatient settings.

The HNY PC look forward to continued collaboration on the quality agenda and working with Humber Teaching NHS Foundation Trust as they implement the quality priorities and improvements set for 2024/26 and improve the quality of services provided to service users.

**Gareth Flanders**  
**HNY PC Assistant Clinical and Quality Director**  
**16 May 2024**



## Annex 2: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out for the year 2023/24 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2023 to March 2024
  - papers relating to quality reported to the board over the period April 2023 to March 2024
  - feedback from commissioners during May 2024
  - feedback from governors
  - feedback from local Healthwatch organisations, during May 2024
  - feedback from overview and scrutiny committee during May 2024
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Trust Board
  - the national patient survey 2023
  - the national staff survey 2023
  - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board:

DATE 26/06/2024



Caroline Flint (Chairman)

DATE 26/06/2024



Michele Moran (Chief Executive)

## Annex 3: Our Strategic Goals

### Strategic Goal One: Innovating for Quality and Patient Safety

#### How we will achieve this

We will:

- Use patient experience and best available evidence to inform developments;
- Work collaboratively with stakeholders;
- Attain an 'Outstanding' CQC rating;
- Continually strive to improve access to our services;
- Shape the future of health services with research studies.

#### How will we know we have achieved it

We will demonstrate:

- An 'Outstanding' CQC rating;
- Measure health outcomes and inform continuous service improvements;
- Access to our services will be in the top quartile in our region;
- High quality research opportunities will increase;
- Evidence that research and audit are used to promote change.

### Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

#### How we will achieve this

We will:

- Focus on putting recovery at the heart of our care;
- Embed a trauma informed approach to supporting the people who use our services;
- Empower adults, young people, children and their families to become experts in their own self-care;
- Work in partnership with our stakeholders to co-produce integrated services.

#### How will we know we have achieved it

We will demonstrate:

- A recovery focused approach in our policies and procedures;
- Dedicated resources allocated to transformative projects;
- Shared decision making embedded in all services;
- Involvement of people with lived experience in all new or changing services;
- Expanded availability of volunteer roles, including Patient Safety Partners.



## Strategic Goal Three: Fostering Integration, Partnership and Alliances

### How we will achieve this

We will:

- Work alongside our partners and stakeholders to develop integrated services;
- Take a collaborative approach to the provision of modern innovative services;
- Work closely with all six place-based partnerships to empower local systems;
- Empower our staff to work with partners across organisational boundaries;
- Use our system-wide understanding of our local population's health needs.

### How will we know we have achieved it

We will demonstrate:

- A maximised role in leading and supporting provider collaboratives;
- Our ambitions and service delivery aligned with local health and wellbeing strategies;
- System wide solutions to long-term problems;
- A strong ICS and leadership role;
- Data from across the partnership used to inform effective services.

## Strategic Goal Four: Promoting People, Communities and Social Values

### How we will achieve this

We will:

- Take action to address health inequalities;
- Work collaboratively with partners in the voluntary sector;
- Strengthen our relationship with statutory partners;
- Celebrate increasing cultural diversity in our teams;
- Ensure our investments benefit local communities;
- Offer simplified routes into good employment for local people;
- Provide opportunities to people with lived experience.

### How will we know we have achieved it

We will demonstrate:

- A strong understanding and awareness of the principles of health inequalities;
- Strong relationships with voluntary sector organisations and networks;
- A wide range of statutory partners involved in strategic decision making;
- Our organisation will represent the diversity of the communities we serve;
- Information will be gathered about the views of our workforce;
- Our Social Values Report will continue to demonstrate the value our work generates;
- Help people facing barriers to access employment to entry level roles.

## Strategic Goal Five: Developing an Effective and Empowered Workforce

### How we will achieve this

We will:

- Attract, recruit and retain the best people;
- Grow a community of leaders and managers;
- Maximise a diverse and inclusive workforce;
- Enable new ways of working and delivering care;
- Prioritise the health and wellbeing of our staff;
- Engage with schools, colleges and universities to create a highly skills and engaged workforce who want to grow and develop high quality care;
- Create a great employer experience;
- Develop a culture of learning, high engagement, continuous improvement and high performance.

### How will we know we have achieved it

We will demonstrate:

- Score above average for each of the People Promise themes in the NHS National Staff Survey;
- 80% or more staff recommending us as a place to work;
- Positions filled increase to 95% and retention rate to 92%;
- Number of disabled, black and ethnic minority, and LGBTQ+ staff in leadership roles equivalent to the communities we service;
- Sickness rates lower than the ICS average.

## Strategic Goal Six: Optimising an Efficient and Sustainable Organisation

### How we will achieve this

We will:

- Empower staff to contribute to our decision making about the efficient use of resources;
- Work with partners to optimise efficiency;
- Continue to develop our estate;
- Embrace new, safe and secure technologies;
- Work with partners to minimise our effect on the environment.

### How will we know we have achieved it

We will demonstrate:

- A financial position in line with targets set by NHS England;
- In the top 25% for efficiency and sustainability nationally;
- A leader provider role for an increased number of services;
- Score above the national domain for 'Condition Appearance and Maintenance';
- Achieve the Government backed Cyber Essentials accreditation;
- Data Quality Maturity Index (DQMI) scores maintained above the national average;
- Meet our Green Plan Target to reduce CO2 by 25% by 2024/25.

## Annex 4: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety.
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital.
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Term	Definition
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i> ) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Term	Definition
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Term	Definition
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystmOne	An electronic health record for patient records.

## Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024																		
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback																		
Author/s:	Dean Royles, Chair of Workforce OD Committee Steph Poole, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee and Charitable Funds Committee																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																	
To note	✓	To ratify																	
For assurance																			
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting																		
Key Issues within the report:																			
<b>Positive Assurances to Provide:</b> Details included in the reports from <ul style="list-style-type: none"> <li>Quality Committee</li> <li>Mental Health Legislation Committee</li> <li>Audit Committee</li> <li>Charitable Funds Committee</li> <li>Collaborative Committee</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																	
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																	
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td>March 24</td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board	March 24		
	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	March 24																		

## 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	√			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 10a**

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024			
Title of Report:	Assurance Report from Charitable Funds Committee of 13 August 2024			
Author/s:	Stuart McKinnon-Evans			
Recommendation:	To approve		To receive & note	X
	For information		To ratify	
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board as Corporate Trustee, from its 13 August 2024 meeting.			
Key Issues within the report:				
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"><li>Despite the good foundations being laid by the in-house function, the fundraising target of £100K for this year remains ambitious.</li><li>Great progress has been made internally within the Trust; there needs to be more focus externally to support fundraising</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Implementation of the fundraising plan</li><li>Understand in more detail the funding streams benchmark charities are securing</li><li>Development of 5 Dream Schemes</li><li>Renewal of the Charity’s Governing Document</li><li>Clarification of how restricted funds can be unrestricted under Charity Commission guidance</li><li>Closure of 2023/24 account</li></ul>		
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"><li>The Charity’s strategy, “plan on a page”, funding plan and supporting performance measures are in place.</li><li>The internal and external websites have been relaunched, supported by a host of internal communications.</li><li>Engagement by the Charity team with staff in divisions is working, with Dream Schemes emerging.</li><li>The recent Chief Executive Challenge was the most successful ever, with the appeal making the top 1% of Just Giving pages.</li><li>A thorough review of Fund Zone balances, reconciling to total resources held has now been completed.</li></ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"><li>To endorse the work in progress in transition</li><li>To endorse the ambition that to chase fundraising targets of £100K, £200K and £300k per annum over the next three years</li><li>To develop a discrete plan for fundraising from trusts, foundations and wealthy individuals, as distinct from staff and small donors</li><li>For the Board sitting as Corporate Trustee to review the role of the Committee in September.</li></ul>		



<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

The meeting received a suite of related reports, with the Committee noting that they could be combined into one to provide a single update on performance against plan.

**Strategy/Plan:** we signed off a “plan on a page” which sets out how the Charity supports the Trust’s strategy by pursuing these goals and aims:

Charity Goals			
Support the delivery of outstanding patient care	Enhance healthcare experiences and outcomes	Improve staff health, wellbeing and development	Improve the health and wellbeing of our communities
Charity Aims			
Be a trusted charity partner With connected and engaged supporters	Improve patient care & experience By developing and funding projects that have real impact	Support staff To deliver exceptional patient care	Develop partnerships To tackle health inequalities and create healthier communities

Each of the aims is supported by more detailed actions and associated KPIs. The Committee advised to distinguish more clearly between fundraising from trusts, foundations and wealthy individuals, as distinct from staff and small donors.

**Fundraising Plan:** A three year fundraising plan was approved, aiming for a total of £100K for the current year, rising by £100K each year, with an ambition for a steady state income of £300K for year 3 and beyond. This looks ambitious from the current starting point, but is consistent with the charity arms of selected benchmark Trusts, and compares to £77K last year. More analysis of those charities’ funding streams needs to be undertaken. The target for the current year is sub-divided by category (£30k individual donations, £40K grants, £20K events, £10k investment income and legacies).

The **Finance Report** provided a detailed reconciliation of Fund Zone Balances to total resources held by the Charity of £332K, which assured the Committee as this task was long overdue. The closure of the 2022/23 accounts is underway. We are liaising with the Charity Commission to understand how historical restricted funds can be unrestricted where appropriate. The Governing Document needs refreshing. Income raised to year to date is £46K (cf target of £100K). Forecast operating expenditure for the year is £89K, but the Committee asked for a review to ensure all time spent by Trust staff is adequately reflected (which could be accounted for as an in-kind donation by the Trust). Clearly, the Charity needs to generate material net income and other benefits to be viable over the medium term.

An **operational update** was provided by way of the **Insight and Communications Reports**. Much has been achieved by the redesign and relaunch of the website, supported by a host of internal communications. A campaign is underway to encourage staff to round their monthly salary down and donate their spare pennies; the lottery will be relaunched soon. The 100K Your Way walking challenge and the CEO Challenge have been completed (the latter being the best yet, and with the appeal making the top 1% of Just Giving pages). The Humber Bridge Half Marathon in September will support the Charity. Engagement with divisions is effective, with Dream Schemes developing for: a waiting room at Walker Street Centre; Dementia Friendly Day Room at Malton Hospital’s Fitzwilliam ward; Firbo scanner at Bridlington; Whitby Hospital’s children’s area; and Humber Centre visitors room. The redesigned Wishes Process, supporting by easier workflow, has been well well-received, with 16 wishes processed since the re-launch on May 20. The criteria for releasing the Big Thank You have been revised. The completion report for the use of NHS Charities Together grant has been submitted.

**Risk Register:** The risk register was reviewed. The suite of fundraising and operational plans provided to this Committee all provide mitigation to the risks of: not achieving income targets; fund guardian or internal processes holding up wishes processes; and non-compliance with charity

regulation.

**Future of the Committee:** In the light of previous discussions, it was agreed that the Board sitting as Corporate Trustee in September should consider whether this Committee should be stood down, to be replaced by an ad-hoc meeting. It was noted that the Operational Group supporting the charity now established.

Finally, we thanked Francis Patton for his always valuable contribution to this Committee's work.

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024														
Title of Report:	Assurance Report from August 5, 2024, Audit Committee														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</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	X	To ratify		For assurance	X		
To approve		To discuss													
To note	X	To ratify													
For assurance	X														
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of August 5 2024														
Key Issues within the report:															
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"> <li>Procurement is well controlled</li> <li>Insurance arrangements were reviewed, with no new risks to insure. Premiums are in line with expectations.</li> <li>The counter-fraud programme remains active and hitherto effective.</li> <li>The internal audit programme for 2023/24 is now complete, with high/significant assurances being provide for the final 8 reports.</li> <li>The 2024/25 internal audit programme is underway, with a high assurance being scored for the first report.</li> <li>External audit final work in on track, expected to conclude well in advance of next Audit Committee.</li> <li>We probed the Mental Health Division's risk register and risk management arrangements, concluding that risk management is suitably embedded at the right levels of management and leadership.</li> <li>The refresh of the Emergency Preparedness, Resilience and Response (EPRR) plans and arrangements, to ensure they comply with national standards, is being well managed.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>A review of the BAF evidence to ensure all strategic plan sub-objectives are covered, and to review the current risk assessment (which has system-wide threats as having “unlikely” probability, which may be inconsistent with prevailing issues at large)</li> <li>The Trust-wide register needs reviewing in the light of current initiatives to manage waiting lists, and the evolving ICB financial situation.</li> <li>A discussion at EMT of the salient quality/patient-safety risks on the Mental Health Divisional risk register.</li> </ul>													

<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>• The Board Assurance Framework requires constant attention, to ensure the link between strategic and annual objects, risk and performance is consistently reflected in up-to-date assurance data across all activities in relation to Fostering Integration and Partnerships.</li><li>• The salient risks on the Trust-level register are static, with additional emerging uncertainty from the ICB-level financial challenges.</li><li>• The Mental Health Division risk register currently contains 14 risks currently rated at 12+. They relate to staffing resources and skills; patient safety; estates/equipment; process management; EPR implementation; waiting lists/demand/capacity.</li></ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"><li>• To note and welcome the suite of report received, and to endorse the sustained efforts across all teams to maintain the Trust’s systems of internal control.</li><li>• Warm thanks to our outgoing NEDS, Francis Patton and Mike Smith.</li></ul>		
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	29.5.24

### 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	

## Committee Assurance Report – Key Issues

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

- **Procurement activity:** we discussed controls on non-purchase-order activity; the upcoming procurement legislation reforms (with less stress being placed on economy to more general “most advantageous”, which makes the setting of criteria more important); migration to the Atamis tendering and contract management system, and the related more transparent national platforms showing tenders and contracts; social value procurement, especially local suppliers; noted the work on telecoms (and discussed resilience in supply chains); and discussed the schedule of orders over £10K (which will continue to report here)
- **No changes to contracts** or agreements were reported.
- **Insurance:** we received the 6 monthly update. The Trust’s contribution to the national clinical negligence insurance scheme for 2024/25 is £1.071m, a slight decrease on last year’s £1.149m. The third-party liability insurance premium is up marginally at £86k; insurances covering property and vehicles were also discussed. No claims were reported in the last period.
- **Non-audit work:** None has been undertaken.
- **Board Assurance Framework:** We had a substantial discussion on the BAF. We concluded that the current risk assessment needs a review (it has system-wide threats having “unlikely” probability, which may be inconsistent with prevailing issues at large). Moreover, additional positive/negative assurances are needed so that all this year’s sub-objectives in the Trust’s strategic plan are covered. The current version of the strategic plan states, to the question, “how we will know we have achieved [the objective]?”: maximise role in collaboratives; alignment of plans with Place plans; system-wide solutions to long term problems including workforce; influence at national level; data used to inform better services, building on YH Care Record. All these need covering in the BAF.
- **Trustwide risk register:** the risks on the register are static and persistent. We concluded the register needs reviewing to reflect the consequences for performance of the continuing rising demand of neuro-divergent cases and current initiatives to contain that demand; and to reflect the current financial challenges facing the ICS, with their attendant additional uncertainty.
- **Mental Health division risk register:** The current divisional risk register has 14 risks rated 12+, covering a range of internal and external factors (staffing resources and skills; patient safety; estates/equipment; process management; EPR implementation; waiting lists/demand/capacity). Questions were asked about implementation timescales, and progress of actions in hand. The CEX proposed that EMT consider the quality/patient safety-related risks. The Committee took assurance from how clinical and operational risks are dealt with within the Division’s leadership and management fora.
- **Internal audit:** The 2023/24 programme is now complete: final reports with High Assurance (recommendation follow-up and review; Fit and Proper Persons; Major Projects) and Significant Assurance (NHS Green Agenda; Standard Operating Procedures; Board Assurance Framework; Safeguarding). The first 2024/25 report, on Data Security and Protection Toolkit, concluded High Assurance (very few trusts are achieving this standard). The remainder of the programme is on track. No changes to the Audit Plan are required.
- **Counter Fraud:** The inform/prevent programme continues, with regular newsletters, training (21 Masterclass attenders), and welcome letters to new 108 starters in the quarter. The Trust continues to be alerted to frauds being attempted elsewhere in the NHS. Across the Counter Fraud team’s client base, fraud referrals relating to staff predominate (81%), with cyber the next most common (c 10%). No new referrals were made relating to our Trust. A brief discussion about a managed practice phishing exercise ensued.
- **External audit:** we took a verbal update, that the work to complete the 2023/24 VFM/audit is in hand, with written confirmation of the outcome due in advance of the next Committee.
- **Emergency Preparedness, Resilience and Response (EPRR) Core Standards:** We took a

report on the implementation plan to ensure the Trust meets the requirements of the core standards set nationally for EPRR. Following discussion on training roll-out, the role of NEDs, and a reflection on whether recent civil unrest in the locality affects the planning, no areas of concern were noted, with progress on track for all elements.

The Committee and attenders expressed their huge gratitude to outgoing NEDs Francis Patton and Mike Smith for their wisdom, eye to detail, shrewd observations and judgement throughout their contributions to our work, and wished them well for the future.

No items were raised for escalation.



**Agenda Item 10c**

Title & Date of Meeting:	Trust Board Public Meeting – 25 September 2024															
Title of Report:	Workforce & OD Committee Assurance Report															
Author/s:	Dean Royles – Non-Executive Director															
Recommendation:	<table><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>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 02 August 2024 and a summary of key points for the board to note.</p>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>Occupational Health SEQOHS achieved accreditation</li><li>Positive assurance around vacancies at 7.87% and turnover at 10.24%.</li><li>Compliance with statutory and mandatory training remains high</li><li>The Committee welcomed the action about increasing in apprenticeships and looking to enhance research opportunities and a career framework for the AHP workforce.</li><li>LCEAs were paid to eligible Consultant Psychiatrists via equal distribution in a fair and equitable way in their March 2024 Salary. Existing LCEA's (pre 2018) will continue to be paid as per schedule 30 contractual requirements</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Work continues against actions set out to address EDI matters across all annual reports to improve workplace experience of those from minority and disadvantaged backgrounds.</li><li>Organisation work is currently underway to analyse sickness absence trends and draft appropriate actions.</li></ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>Attendance at the EDI steering group has reduced with work under way to address</li><li>Sickness absence rates have plateaued with work commissioned by EMT to explore.</li></ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"><li>The Committee endorsed the proposal to change the name of the Committee to People &amp; OD Committee, and seeks Board ratification</li></ul>														

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	02/08/2024
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

### Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

### Assurance Report 02 August 2024

#### Chairs Logs:

##### **Staff Health & Wellbeing Group:**

The Staff Health and Wellbeing group continues to be an active and engaged group with continued focus on staff health and wellbeing in the workplace with the group looking to develop that further through Schwartz rounds. Keeping a watching brief on the environment changes that the Trust has made and seek to extend that further looking at outdoor spaces for staff. There is a good sense that people are more forthcoming in sharing good practice that is shared via the communications routes.

##### **Equality, Diversity and Inclusion Steering Group:**

Positive assurance in terms of the programmes of work with currently ongoing with active engagement from operational areas.

Some concerns about attendance at the steering group but work is taking place to facilitate improved attendance at the steering group meetings.

##### **Medical Education Committee:**

The committee goes from strength to strength and continues to benchmark well in the national training. Positive assurance around GP training and an excellent visit from the Royal College President. Working solution around the pay expenses issue has been proposed and The MD is also keeping under review the on-call room issue.

##### **People Insight Report – Reflections and Refresh:**

Positive news about Occupational Health SEQOHS accreditation subject to the quality assurance was welcomed.

The Committee endorsed the proposal to change the name of the Committee to People & OD Committee.

Positive assurance around vacancies at 7.87% and turnover at 10.24%. Although this is positive assurance, it also highlighted work to be done in those areas about sickness absence and a further deep dive in terms of some of the inpatient areas that EMT have commissioned.

Noted organisational progress against metrics, trends in EDI, Learning & Development and the 95% compliance rates with some further work required in relation to nursing & midwifery and medical & Dental, and validating ESR to ensure an accurate picture in relation to consultant vacancies.

##### **Risk Register and BAF:**

Overall assurance rating for the strategic goal was applied based on the review of the positive assurance, areas of concern and gaps in assurance identified. The overall rating included on the Board Assurance Framework represent the overall assurance available to the Executive lead at the time of review.

##### **Annual Report on Clinical Excellence Awards:**

LCEAs were paid to eligible Consultant Psychiatrists via equal distribution in a fair and equitable way in their March 2024 Salary. Existing LCEA's (pre 2018) will continue to be paid as per schedule 30 contractual requirements

**AHP Workforce Report update:**

Increases have been in the AHP workforce and decreases in turnover, however we could be more creative and innovative particularly around work on OT's and Physio's in terms of turnover and explore within the context of the workforce plan to enhance the AHP workforce further. The committee welcomed the AHP workforce development opportunities.

The Committee welcomed the action about increasing in apprenticeships and looking to enhance research opportunities and a career framework for the AHP workforce.

Assurance given about enhancing and improving clinical supervision, and good links with universities and also with schools in terms of promoting AHP as a career opportunity.

**Absence Deep Dive:**

Positive assurance in terms of reduction in sickness absence and good discussion around things the Trust can do for workplace related mental health sickness, however there's a significant proportion of ill health that isn't work related which we could understand better.

Update in relation to the Resilience Hub and its potential closing at the end of July 2024 due to the cessation of national funding. Options appraisal around the work of support for staff at work in terms of Schwartz rounds and other ways that can support staff in the event of a trauma at work. Work is also commissioned through Occupational Health departments on EMDR.

**Leavers Deep Dive:**

Welcomed the decrease in turnover, good opportunity to explore some of the issues and the work that's going on. Still seeing work life balance as an issue in terms of people leaving and a programme of work being introduced. Good to see the work by the directorate that's going on and some potential future work around multi-generational workforce and what that means for careers and what a new normal distribution may look like in terms of leavers.

**Thematic review into employee relations casework:**

Good discussion about the implications for culture and our approach and understanding how we triage cases to make sure we're taking appropriate actions at the right time, and how to improve culture in this area and reduce impact upon people wherever possible.

Keep long term suspensions under review, recognising the impact that this has on all involved in these processes and the impact on sickness absence due to additional stress to all those involved. ODG are also keen to make a positive contribution within this area as well.

Title & Date of Meeting:	Trust Public Board Meeting – 25 <sup>th</sup> September 2024															
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 01 <sup>st</sup> August 2024															
Author/s:	Michael Smith Non-Executive Director and Chair of Mental Health Legislation Committee															
Recommendation:	<table><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>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 01<sup>st</sup> August 2024.</p>															
Key Issues within the report:																
<b>Positive Assurance to Provide:</b> <ul style="list-style-type: none"><li>Committee noted Insight report, including update on change ideas implemented following the end of the pilot phase of Mental Health Act Reforms national QI programme; update on work of S136 Project; experts by experience views on proposal to rename instances of seclusion and segregation to ‘solitary confinement’; and new government plans for mental health law reform.</li><li>Committee noted MHL performance report Q1:<ul style="list-style-type: none"><li>All activity within normal variation.</li><li>S3 detentions reducing.</li><li>CTO use continues to reduce.</li><li>No S4 for the quarter.</li><li>No under 18s admitted to adult ward.</li><li>S136 use at 40 on average.</li><li>AWOLs – nearly all due to failure to return from S17 leave – positive risk taking.</li><li>S13 and AMHPs having a preventative role to reduce numbers detained under Mental Health Act.</li></ul></li><li>Committee assured regarding Reducing Restrictive Interventions (RRI) Q1 report:<ul style="list-style-type: none"><li>Slight dip in use of restraint.</li><li>More confident with data quality.</li><li>DMI and CTR/disengagement training compliance under 85% target.</li><li>Working to further reduce number of missed seclusion reviews</li></ul></li></ul>			<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>S136 T&amp;F group ongoing exploring options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Work also focussing on patient experience in terms of S136. Committee to be kept updated on progress.</li><li>Putting into practice the principles of the Mental Health Act reforms: a national QI programme - Humber will be participating in Phase 4 of the programme - Ullswater and Ouse Wards have been selected to take part in this phase.</li><li>Committee discussed Ethnicity of MHA Report Key highlights:<ul style="list-style-type: none"><li>Principal Social Worker, is leading on issue from social work perspective - NHSE funded project around professional practice in relation to anti-racism.</li><li>PCREF work, related to the patient / carer experience, ongoing and looking to</li></ul></li></ul>													

<ul style="list-style-type: none"> <li>○ Co-production continues to go from strength to strength.</li> <li>○ Prone restraint reduced in Q1 with none in June. Alternatives being explored.</li> <li>○ Continue to roll out the use of safety pods across units.</li> <li>○ Undertaking deep dive into restrictive interventions and minority groups.</li> </ul> <ul style="list-style-type: none"> <li>• Committee noted Mental Health Legislation Committee Annual Report and Summary of Ligate Anchor Point Annual Report.</li> <li>• Committee received Closed Culture Board Report for information as recommended at May Committee meeting.</li> <li>• All mental health legislation related policies / procedures / guidance up to date, some currently under review.</li> <li>• MHLSG (Mental Health Legislation Steering group) minutes noted.</li> <li>• MHLSG subgroups and CQC MHA visits updates report noted.</li> <li>• Dr Fofie, on behalf of the Committee, thanked Mr Smith for all his support and all of his insights into Mental health Act that had informed his role as Chair for a number of years.</li> </ul>	<p>benchmark in synchronisation with culture of care work.</p> <ul style="list-style-type: none"> <li>○ Mental Health Act quality improvement work with NHS England on PICU to be embedded and roll out learning to all other areas.</li> <li>○ Review of all cases on small number of ethnic minority patients to identify any areas of learning; no issues identified to date.</li> <li>○ Looking, in terms of enriching, into areas of deprivation where people not accessing help before admission, so looking at Trust practice to make sure there is equity of assessment and detention rate is equal.</li> </ul>
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<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>• Delayed discharges for service users in secure beds – one delayed discharge reported in Q1. Ongoing discussions at fortnightly Multi Agency Discharge Event (MADE) meetings with local authorities to ensure everything is being done to identify appropriate placements.</li> </ul>	<b>Decisions Made:</b>  N/A
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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	01.08.24	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

## Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

- Insight report: - The paper covers key Publications; Policy highlights and summaries of relevant reports and papers as follows:
  - Putting into practice the principles of the Mental Health Act reforms: a national QI programme - pilot phase has now ended. HTFT's PICU took part in the programme. Change ideas implemented: identified Diversity Champions for cultural competence and autism awareness; adopted use of equity huddle cards for daily huddles to prompt discussion around equality; included discussion around spirituality, religious and dietary needs on admission. Humber will be participating in Phase 4 of the programme - Ullswater and Ouse Wards have been selected to take part in this phase.
  - Baroness Hollins final report '*My Heart Breaks*' published 08.11.23 - Independent Care (Education) and Treatment Review 2019 to 2023. Action from February MHL committee meeting for RRI group to consider the recommendation that all instances of enforced social isolation, including seclusion and long term segregation of patients with learning disabilities and autism be renamed solitary confinement. Discussed at the Co-production group on Monday 23<sup>rd</sup> May - the general feeling was that focus should be given to how seclusion is delivered, rather than changing the term to solitary confinement. Discussed at the Humber Centre patient involvement day in June: generally the theme of the feedback was a preference for not having seclusion or long term segregation at all. Safewards initiative has had a positive impact on reducing restrictive interventions.
  - Clinically ready for discharge patients in secure beds – 1 patient currently on waiting list for alternative placement.
  - S136 Project Highlight Report. Aim – to reduce the numbers of people being detained under S136 and improve outcomes for those who present in mental health crisis. Have identified further work with those detained under S136 to try and understand their experience and plan to work with research team to look at service user experience of S136 detention. S136 Outcomes leaflet is being developed to provide a written discharge summary for patients to improve patient experience. This project has brought together all parties who work on Section 136 – increased partnership working in an attempt to improve patient outcomes.
  - Mental health law reform - what are the new government's plans? The King's Speech on 17.07.24 included mental health law reform as one of the new Labour government's legislative priorities: "My ministers will legislate to modernise the Mental Health Act so it is fit for the twenty first century". The next step will be for the government to publish its Mental Health Bill which is likely to be broadly similar to the draft version produced by the previous government, although it remains to be seen how it will look in detail. Implementation may be prolonged because the success of the proposals depends so much on having the necessary resources in place to support them.
- Committee noted MHL performance report Q1:
  - All activity within normal variation; admissions about 120 which is consistent with previous months.
  - Detention on admission shows at just about 40%.
  - S3 detentions reducing.
  - CTO use continues to reduce, although there were 5 in June.



- No S4 for the quarter.
- No under 18s admitted to adult ward.
- S136 use at 40 on average.
- AWOLs – nearly all due to failure to return from S17 leave – positive risk taking.
- S13 and AMHPs having a preventative role to reduce numbers detained under Mental Health Act, working not to be a reactive service but look for alternative support for an individual to try and avoid detention under the Mental Health Act. AMHPs network looking to continue this shift in cultural practice and speak to Baroness Merron, lead for MHA reforms, to suggest investing in AMHP services would be one of keys to preventative agenda. AMHP Lead to provide presentation 'Prevention, not detention' to a future Committee meeting.
- Received quarter 1 report on Reducing Restrictive Interventions key highlights:
  - Despite increased activity with very distressed and very agitated patients and an increase in violence and incidents there had been a slight dip in use of restraint.
  - Undertook data quality work after Q4 report which has slightly changed some of the charts from Q4 and more confident with data.
  - DMI and CTR/disengagement training compliance under 85% target.
  - Number of missed seclusion reviews for both nursing and medical monitoring continues and working to further reduce.
  - Co-production continues to go from strength to strength and continue to review all restrictive interventions.
  - Prone restraint reduced in Q1 with none in June. Alternatives being explored to see a move away from patients assuming prone for medication; as part of this year's QIP looking at different injection sites, such as the arm, which would not require a prone position. A number of Trusts are debating this and going forward the focus would be injection site preference as part of an individual's care plan.
  - Continue to pilot the use of safety pods within Avondale Unit and the 136 suites. RRI group has decided to roll out safety pods across units.
  - Undertaking deep dive into restrictive interventions and minority groups. Data on restrictive interventions within ethnic minority groups has been scrutinised and ongoing monitoring within RRI group and further exploration to be introduced within the new focus group set up to explore anti-racist practice.
- Committee noted Mental Health Legislation Committee Annual Report, which highlights the work of the Committee 2023 - 2024. Summary of Ligature Anchor Point Annual Report made available for noting as part of Committee Annual Report - presents a good picture.
- Committee discussed Ethnicity of MHA Report Key highlights:
  - Humber rates of detention are slightly higher for both male and female (95.56 per 100k and 99.95 per 100k respectively) than the national benchmark.
  - For deprivation, detentions in the most deprived areas has the highest rates of detention showing at 3½ times higher than for least deprived areas. Hull is one of the most deprived areas in the country with annual figures showing Hull to have 115.03 detentions per 100,000 population of over 16s, whilst East Riding is reported to have 67.67 per 100,000 population of over 16s, with East Riding lower in comparison to Hull.
  - For CTOs there was one black / black British person subject to CTO from a population of 0.9% of our region. CTOs in Trust area are lower than national rates.
  - AMHPs are aware of serious concerns around disparity in relation to ethnic minority

group being disproportionately detained, which is being addressed, and Trust is not regionally disproportionate to any other area. There is a gap that ties in with social deprivation aside from race issue.

- Summary outlines actions to be undertaken with review rather than completion dates to reflect as ongoing work.
  - Principal Social Worker, is leading on issue from social work perspective - NHSE funded project around professional practice in relation to anti-racism.
  - PCREF work, related to the patient / carer experience, ongoing and looking to benchmark in synchronisation with culture of care work. This will involve patient representatives from racially, culturally and ethnically diverse groups at very senior levels in Trust decision making and includes rolling out cultural awareness across every level of the Trust giving an appropriate experience for staff and patients.
  - Mental Health Act quality improvement work with NHS England on PICU to be embedded and roll out learning to all other areas.
  - Review of all cases on small number of ethnic minority patients to identify any areas of learning; no issues identified to date.
  - Looking, in terms of enriching, into areas of deprivation where people not accessing help before admission, so looking at Trust practice to make sure there is equity of assessment and detention rate is equal.
- Committee noted amends to Mental Health Legislation Committee Terms of Reference as agreed at May Committee.
  - Committee received Closed Culture Board Report for information as recommended at May Committee meeting.
  - All mental health legislation related policies/procedures/guidance up to date, some currently under review.
  - MHLSG (Mental Health Legislation Steering group) minutes – Committee noted the minutes. One meeting not quorate as one consultant not present; ToR amended as either consultant psychiatrist or approved clinician for quoracy.
  - MHLSG subgroups and CQC MHA visits updates report noted. CQC visit to Ouse this week; awaiting report. Mental Health Legislation Managers undertaking mock CQC visits to units; three completed. Reports and action plans produced following visits.
  - Dr Fofie, on behalf of the Committee, thanked Mr Smith for all his support and all of his insights into Mental health Act that had informed his role as Chair for a number of years.

## Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024																			
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee																			
Author/s:	Marilyn Foster, Chair of Appointments Terms and Conditions Committee																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with an update from the meetings held.																			
Key Issues within the report:																				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Provided in the report and verbal updates</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
<ul style="list-style-type: none"> <li><b>Key Risks/Areas of Focus</b> No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms &amp; Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

## Monitoring and assurance framework summary:

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

### **Appointments, Terms and Conditions Committee – 5 September 2024**

A review had been undertaken around the Associate Non-Executive Directors (ANEDs) and David Smith had decided that he would be leaving us at the end of his 12 months. He has a new role as Chair of a Yorkshire Hospice. Following a review, the Trust Chair agreed a 6-month extension for Priyanka Perera in consultation with the Chief Executive which was reported to the Board on 25 September 2024. A discussion regarding the recruitment of ANEDs could take place at a future meeting.

Two new Non-Executive Directors (NEDs) have been recruited, Keith Nurcombe and Stephanie Poole, they have embarked upon their induction.

Mike Smith and Francis Patton had completed their terms of office. The Chair of the Trust presented a proposal for Dean Royles to be appointed as the Senior Independent Director, the ATC Committee supported the proposal, and an email was sent to the Council of Governors (CoG) for comments, also a paper for approval was presented to Board from the Trust Chair on 25 September 2024.

A proposal for NEDs term extensions was agreed at ATC subject to approval by the COG

**Agenda Item 13**

<b>Title &amp; Date of Meeting:</b>	Council of Governors Public Meeting – 17 October 2024			
<b>Title of Report:</b>	Performance Update			
<b>Author/s:</b>	Name: Peter Beckwith Title: Director of Finance			
<b>Recommendation:</b>	To approve		To receive & discuss	
	For information/To note	<input checked="" type="checkbox"/>	To ratify	
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.			
<b>Key Issues within the report:</b>				
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Mandatory Training</li> <li>Vacancies</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Included within the body of the report</li> </ul>		
<b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>Waiting Times</li> <li>Out of Area Placements</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.</li> </ul>		
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>		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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## **Council of Governors Performance Update**

### **1 Introduction and Purpose**

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

### **2 Background**

Performance is reported monthly to EMT and Bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website. Information in the performance report is presented using Statistical Process Control Charts mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

### **3 Performance Updates**

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

#### **3.1 Mandatory Training**

The Trust has maintained a strong position against the Trust target of 85%, reporting current compliance at 94.6%.

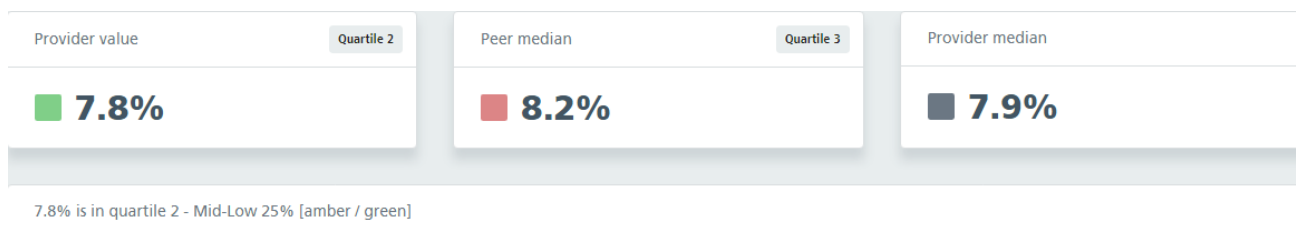
National data from Model Hospital has provider average training compliance at 88%, this is the same figure for the Trusts Peer Group.

#### **3.2 Vacancies**

The overall trust vacancy position is current at the lowest reported level of 6.3%, with Nursing Vacancies maintaining at below target position. Consultant vacancies remain above target but report an improving position.

Nurse Vacancy performance is strong when compared with the latest Model Hospital Data (Recommended Peer average 8.2%, National Average 7.9%, Trust performance 7.8%).





### 3.3 Waiting Times

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. In all these areas demand exceeds commissioned capacity. Additional non-recurrent investment that the Trust was able to commit in 2023/24 has now ceased as it could not be achieved in the financial plan for 2024/25, meaning that the waiting times have started to deteriorate again in these services.

Targeted work continues in all services that are challenged by meeting over 52 week and 18 week waiting time standards to recover and achieve sustainable improvement. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis and is used to inform planning.

Dialogue is continuing with the ICB to agree a way forward on waiting times for 2024/25 and beyond, this is significantly challenging given the wider ICB financial position.

This continues to be an area of national challenge, excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years.

### 3.4 Out of Area Placements

Demand for out of area placements for adult mental health beds and Psychiatric Intensive Care Unit (PICU) has been high and the PICU unit has been 100% occupied.

Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons.

Scheduled estate works are taking place currently to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow, works are due to complete early November.

Focussed work is taking place to address all aspects of adult and older adult acute care inpatient flow.

A proposal has been developed to further transform the older adult acute care pathway and this is being taken forward in the Mental Health. Learning Disability and autism ICS collaborative.

The initial phase of this work has been supported by partners with priority access to Service Development Funding agreed in principle, however all discretionary funding is currently paused by the ICB which is impacting on release of funds to enable this work to progress/.

### **3.5 Safer Staffing Update**

In the last report to board the following was worthy of note:

- 16 units are flagging red for sickness which is an increase from May and June. EMT has asked for a deep dive into sickness in the MH units
- In the last report to Public Board there were no units with 3 or more red flags.
- All units have achieved their Care Hours Per Patient Day (CHPPD) target except for Malton which is currently under review/
- Mandatory training (all) is above 85% for all units.
- Clinical supervision remains in a strong position with the majority of units above 85%. Mill View Lodge and Whitby are slightly under target.

## **4 Recommendation**

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

**Agenda Item 14**

<b>Title &amp; Date of Meeting:</b>	Council of Governors Public Meeting – 17 October 2024											
<b>Title of Report:</b>	Finance Update											
<b>Author/s:</b>	Peter Beckwith Director of Finance											
<b>Recommendation:</b>	<table border="1"> <tr> <td>To approve</td><td></td><td>To receive &amp; note</td><td>✓</td></tr> <tr> <td>For information</td><td></td><td>To ratify</td><td></td></tr> </table> <p>The Council of Governors are asked to note the Finance report and comment accordingly.</p>				To approve		To receive & note	✓	For information		To ratify	
To approve		To receive & note	✓									
For information		To ratify										
<b>Purpose of Paper:</b> <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.											
<b>Key Issues within the report:</b>												
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust recorded a deficit of £1.681m at Month 5 which is consistent with the agreed ICS planning target for the Trust</li> <li>The cash balance at the end of Month 5 was £25.286m.</li> <li>The Better Payment Practice Code figures show achievement of 91.6%.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work on in year monitoring and forecasting continues.</li> </ul>										
<b>Matters of Concern or Key Risks to Escalate:</b> <ul style="list-style-type: none"> <li>ICS Financial position is challenging and requires significant improvement for the remainder of the financial year.</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The Council of Governors are asked to note the Finance report and comment accordingly.</li> </ul>										
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been</i>		Date		Date								
	Audit Committee		Remuneration & Nominations Committee									
	Quality Committee		Workforce & Organisational Development Committee									
	Finance & Investment		Executive Management									

presented to:	Committee		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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Council of Governors Finance Update Report

### 1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

### 2. System Context

The Humber and North Yorkshire NHS system are working to the £50m deficit plan as agreed with NHS England (NHSE). The system has confirmed to NHSE that this position will be achieved in 2024/25 and as such, in line with the new NHS financial framework, expects to receive a non-recurrent deficit support revenue allocation in 2024/25 equal to the £50m deficit limit.

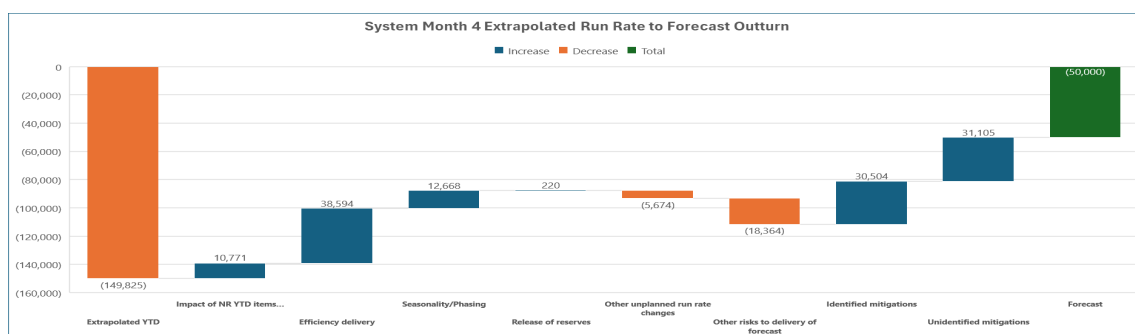
At month 4 the ICS was reporting a balanced position to plan, as per the table below:

Organisation	Year To Date (Month 4)			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Harrogate & District NHS Foundation Trust	(6,297)	(6,389)	(92)	(5,298)	(5,298)	0
Hull University Teaching Hospitals NHS Trust	(18,137)	(18,137)	0	(13,297)	(13,297)	0
Humber Teaching NHS Foundation Trust	(1,495)	(1,495)	0	0	0	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,489)	(10,484)	4	(14,856)	(14,856)	0
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(13,604)	0	(16,551)	(16,551)	0
<b>Provider Total</b>	<b>(50,022)</b>	<b>(50,109)</b>	<b>(88)</b>	<b>(50,000)</b>	<b>(50,000)</b>	<b>0</b>
Humber & North Yorkshire ICB	0	125	125	0	0	0
<b>Full System Position</b>	<b>(50,022)</b>	<b>(49,984)</b>	<b>37</b>	<b>(50,000)</b>	<b>(50,000)</b>	<b>0</b>

Across the ICS a detailed bridge has been developed to demonstrate the movement from the month 4 plan extrapolated, to delivery of the 24/25 planned deficit (£50m), this includes circa £100m of efficiencies or mitigations (*identified and unidentified*) that will need to be delivered over the remaining 8 months of the year.

The detailed bridge is summarised below:

	YTD (M4 24/25)	Extrapolated YTD	Impact of non- recurrent YTD items in extrapolated position	Efficiency delivery	Seasonality /Phasing	Release of reserves	Other unplanned run rate changes	Other risks to delivery of forecast	Identified mitigations	Unidentified mitigations	Forecast
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Harrogate & District NHS Foundation Trust	(6,388)	(19,165)	190	6,000	1,985	0	0	(7,822)	12,722	793	(5,297)
Hull University Teaching Hospitals NHS Trust	(18,137)	(54,411)	1,704	10,000	11,436	0	(5,440)	0	7,540	15,874	(13,297)
Humber Teaching NHS Foundation Trust	(1,495)	(4,485)	1,634	1,300	833	220	0	(500)	290	798	0
Northern Lincolnshire & Goole NHS Foundation Trust	(10,484)	(31,452)	4,733	12,001	(2,430)	0	0	0	0	2,292	(14,856)
York and Scarborough Teaching Hospitals NHS Foundation Trust	(13,604)	(40,812)	2,510	9,293	1,344	0	(234)	(10,042)	10,042	11,348	(16,551)
Humber & North Yorkshire ICB	125	500	0	0	(500)	0	0	0	0	0	0
<b>System Position</b>	<b>(49,953)</b>	<b>(149,826)</b>	<b>10,771</b>	<b>38,594</b>	<b>12,668</b>	<b>220</b>	<b>(5,674)</b>	<b>(18,364)</b>	<b>30,504</b>	<b>31,105</b>	<b>(50,001)</b>



The majority of planned efficiencies/mitigating actions for the ICS are phased into the last quarter of 2024/25 and as such the plan and actual expenditure is expected to exceed the full year planned deficit in the early months reporting until the impact of these actions are realised.

Given the financial position and level of risk a series of escalation meetings have taken place with system Chief Executives, Chairs, Directors of Finance (DoFs) and Directors of Human Resources (HRDs) to review the system financial position with the focus on delivering the 2024/25 financial plan.

The main resultant actions for the system have been:

- Proactively securing additional external capacity to strengthen programme management arrangements and assure the effectiveness of control processes.
- Agreeing workplan through joint DoFs and HRDs meeting to better align finance (efficiency) and workforce data and track delivery.
- Weekly Directors of Finance meetings including NHSE regional representation to review key actions on a weekly basis with focus on profile delivery of financial improvement through to the end of the financial year

### 3. Trust Position as at month 5

For 2024/25 the Trust has a ICB planning target to deliver a breakeven financial position.

Table 1 below shows for the period to 31<sup>st</sup> August 2024, the Trust recorded a deficit of £1.681m, this position is consistent with the Trusts profiled financial plan with increased levels of efficiency savings profiled to be achieved in the second half of the year.

A more detailed summary of the income and expenditure position as at the end of August 2024 is shown at appendix A, this includes a forecast year end position for the Trust which is a breakeven position consistent with the Trusts agreed financial plan, this position is dependant on £1m of ICB financial support which is what the Trust were asked to assume.

Excluded items currently includes donated asset depreciation, these costs are included in the Trusts financial ledger but do not count against the Trust's financial control targets.

**Table 1: Reported I&E Position 2024/25**

	May 2024 £000	June 2024 £000	July 2024 £000	August 2024 £000
Income	25,348	42,256	56,422	71,841
<i>Less: Expenditure</i>	25,201	41,918	55,758	69,602
<b>EBITDA</b>	<b>147</b>	<b>338</b>	<b>664</b>	<b>2,239</b>
Finance/Technical Items	1,096	1,630	2,171	3,936
<b>Ledger Position:</b>	<b>(949)</b>	<b>(1,292)</b>	<b>(1,507)</b>	<b>(1,697)</b>
Excluded items:	(7)	(10)	(13)	(16)
<b>Net Position Surplus/(Deficit)</b>	<b>(942)</b>	<b>(1,282)</b>	<b>(1,494)</b>	<b>(1,681)</b>
<b>EBITDA</b>	<b>0.6%</b>	<b>0.8%</b>	<b>1.2%</b>	<b>3.1%</b>
<b>Deficit (-%)/Surplus %</b>	<b>-3.7%</b>	<b>-3.0%</b>	<b>-2.6%</b>	<b>-2.3%</b>

Key variances are explained in the following paragraphs:

### 3.1 Children's and Learning Disability

Children's and LD is forecasting a pressure of £0.372m. Agency usage at Inspire is contributing to this within 2024-25 however plans are in place to reduce this pressure from Month 8 with a substantive replacement and a further Substantive Consultant is planned to be employed by the end of 2024-25.

Other Agency cost pressures are apparent relating to Nursing cover which is expected to cease by the end of Month 7.

A further pressure relates to Townend Court caused by staffing pressures due to high levels of sickness which has required Agency cover. A deep dive into the financial position is being undertaken with the requirement to work within budget.

### 3.2 Community and Primary Care

Community and Primary Care is reporting a forecast deficit of £0.170m which is made up of a £0.368m pressure relating to Primary Care and in particular the Humber Primary Care Practice in Bridlington.

This is offset by a forecast underspend on Community Services of £0.198m. There are risks associated with this in terms of the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts.

### 3.3 Mental Health

There are forecast pressures across both Planned and Unplanned services. The Inpatient Units are witnessing an increase in staffing costs due to the acuity of patients and the backfill of staff on training courses and sickness to maintain safer staffing levels.

The Trust has placed a number of patients out of area and this actual amount incurred up to Month 5 has been factored into the year end position but it is not possible to provide an annual prediction for this pressure at this stage.

Both Planned and Unplanned areas have pressures due to the use of Agency Medics to cover vacant posts.

Due to the level of forecast outturn pressures the Division has been required to produce a recovery plan through the Executive Accountability reviews and with weekly meetings taking place between the General Managers the COO and DOF. The current position shows a deficit of £1.839m but additional measures that are part of the recovery plan would deliver a further reduction of £0.600m taking the pressure to £1.239m.

A plan to return to balance for 2025/26 has been agreed.

### 3.4 Forensic Services

Forensic Division is highlighting a pressure at outturn due to the acuity of patients and the required staffing on Inpatient wards. In addition to this there is an ongoing pressure regarding the Prison Contracts as the medical provision is being secured through an Agency contract which is more expensive than a substantial post but is required to operate the contract.

### 3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £4.249m, the main factor being items held centrally to offset pressures.

## 4. Cash

As at the end of Month 5 the Trust held £25.286m, Cash balances across the reporting period are summarised below:

**Table 2: Cash Balance**

	May 2024 £000	June 2024 £000	July 2024 £000	August 2024 £000
Government Banking Service	26,452	30,835	23,296	25,060
Nat West	203	126	252	200
Petty Cash	26	26	26	26
<b>Net Position</b>	<b>26,681</b>	<b>30,987</b>	<b>23,574</b>	<b>25,286</b>



## 5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 4. The current position is 93% for non-NHS and 86.0% for NHS, based on the value of invoices. Work is ongoing to improve this position with targeted support to managers.

**Table 3: Better Payment Practice Code**

Better Payment Practice Code	YTD	YTD
	Number	£
<b>NON NHS</b>		
Total bills paid	14,665	46,140
Total bills paid within target	13,481	42,922
Percentage of bills paid within ta	<b>91.9%</b>	<b>93.0%</b>
<b>NHS</b>		
Total bills paid	593	11,625
Total bills paid within target	439	9,990
Percentage of bills paid within ta	<b>74.0%</b>	<b>85.9%</b>
<b>TOTAL</b>		
Total bills paid	15,258	57,765
Total bills paid within target	13,920	52,912
Percentage of bills paid within ta	<b>91.2%</b>	<b>91.6%</b>

## 6. Recommendations

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

**Appendix 1**  
**Income and Expenditure Position including Forecast August 2024**

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
<b>Income</b>							
<b>Block Income</b>	<b>172,017</b>	<b>71,568</b>	<b>71,115</b>	<b>(453)</b>	<b>172,017</b>	<b>172,017</b>	<b>-</b>
YHCR	4,053	1,689	726	(962)	4,053	4,053	-
<b>Total Income</b>	<b>176,070</b>	<b>73,257</b>	<b>71,841</b>	<b>(1,415)</b>	<b>176,070</b>	<b>176,070</b>	<b>-</b>
<b>Clinical Services</b>							
Children's & Learning Disability	40,187	16,978	16,941	37	40,187	40,559	(372)
Community & Primary Care	20,179	8,407	8,400	7	20,179	20,349	(170)
Mental Health	54,314	22,694	23,093	(399)	54,314	56,153	(1,839)
Forensic Services	12,540	5,254	5,397	(142)	12,540	12,698	(158)
	<b>127,220</b>	<b>53,334</b>	<b>53,831</b>	<b>(497)</b>	<b>127,220</b>	<b>129,759</b>	<b>(2,539)</b>
<b>Corporate Services</b>							
	<b>42,197</b>	<b>16,461</b>	<b>15,770</b>	<b>691</b>	<b>42,197</b>	<b>37,947</b>	<b>4,249</b>
<b>Total Expenditure</b>	<b>169,417</b>	<b>69,796</b>	<b>69,602</b>	<b>194</b>	<b>169,417</b>	<b>167,706</b>	<b>1,711</b>
<b>EBITDA</b>	<b>6,653</b>	<b>3,461</b>	<b>2,240</b>	<b>(1,221)</b>	<b>6,653</b>	<b>8,363</b>	<b>1,711</b>
Depreciation	4,995	2,081	2,145	(64)	4,995	5,148	(153)
YHCR Amortisation	1,157	482	482	(0)	1,157	1,157	-
Interest	(1,444)	(602)	(727)	125	(1,444)	(1,523)	79
IFRS 16	1,479	616	783	(167)	1,479	1,615	(136)
PDC Dividends Payable	1,966	-	-	-	1,966	1,966	-
<b>Operating Total</b>	<b>(1,500)</b>	<b>883</b>	<b>(444)</b>	<b>(1,327)</b>	<b>(1,500)</b>	<b>0</b>	<b>1,500</b>
BRS	(1,500)	2,564	1,237	1,327	(1,500)	-	(1,500)
<b>Operating Total</b>	<b>(0)</b>	<b>(1,681)</b>	<b>(1,681)</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>0</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	22	9	16	(7)	22	40	(18)
	<b>(22)</b>	<b>(1,690)</b>	<b>(1,697)</b>	<b>(7)</b>	<b>(22)</b>	<b>(39)</b>	<b>(18)</b>
<b>Excluded</b>							
Commissioning	-	-	(1)	1	-	0	(0)
<b>Ledger Position</b>	<b>(22)</b>	<b>(1,690)</b>	<b>(1,696)</b>	<b>(7)</b>	<b>(22)</b>	<b>(39)</b>	<b>(18)</b>
<b>EBITDA %</b>	<b>3.8%</b>	<b>4.7%</b>	<b>3.1%</b>		<b>3.8%</b>	<b>4.8%</b>	
<b>Surplus %</b>	<b>-0.9%</b>	<b>1.2%</b>	<b>-0.6%</b>		<b>-0.9%</b>	<b>0.0%</b>	

**Agenda Item 15**

Title & Date of Meeting:	Council of Governors Public Meeting – 17 October 2024														
Title of Report:	Patient and Carer Experience Annual Report (2023/2024) including Complaints and Feedback														
Author/s:	Mandy Dawley (Assistant Director of Patient and Carer Experience and Co-production) David Napier (Complaints and Feedback Manager)														
Recommendation:	<table><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: <i>Please make any decisions required of Board clear in this section:</i>	To ask the Trust Board to ratify the Patient and Carer Experience Annual Report (2023/2024) including Complaints and Feedback.  A short film including highlights of the annual report will support this written document: <a href="#">PACE incl C&amp;F Annual Report 23 24 (youtube.com)</a>														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> By listening to feedback, it is helping us to understand and influence our service provision as well as shape the services we deliver. Key highlights from the past year include: <ul style="list-style-type: none"><li>April 2023 saw the introduction of the Involving Patients, Families and Carers Sub-Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carers voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.</li><li>In May we held our annual Equality, Diversity and Inclusion (EDI) where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, priorities were</li></ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Actions continue to be progressed within an Improvement Plan to address areas of concern identified in the National GP Survey (2023). Regular meetings are taking place to seek assurance that the plan is being implemented.</li><li>The Community Mental Health Service User Survey Working Group continues to meet on a regular basis to address the results from the 2023 survey and is working with service users and staff to co-produce actions to improve lower scoring areas and to look at ways to improve the response rate for the 2024 survey.</li><li>In September the Trust launched phase 2 of the Scale, Spread and embed FFT initiative to King Street and Humber Primary Care – and in September the initiative won a national Patient Experience Network “Innovative use of Digital and Technical award” in partnership</li></ul>													

identified for the Trust to progress during 2023/24.

- In July the Trust was proud to announce that we were re-accredited as Veteran Aware where we met the standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). We were initially accredited in 2020.
- July saw the launch of the Youth Recovery and Wellbeing College. The YRWC is a person-centred community for those aged 11 to 18 living in the Hull and East Riding. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.
- In September we launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028) including a suite of resources to support the roll out of the plan.
- In March 2024 the refresh of our Caring for People of Different Faiths guide was approved. It offers an insight into spirituality, beliefs and faiths and we are proud to showcase the Co-production Logo on the front page of the booklet.
- The Trust has five Engagement and Involvement leads within the clinical divisions supporting with day to day operational patient and carer experience, engagement, involvement, and co-production activities.
- The Trust continues to actively engage and involve the community by hosting a range of Trust forums across the geographical patch. In May the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum for Scarborough and Ryedale patients, carers, staff and partner organisations.
- Patients, service users and carers continue to provide feedback by participating in a number of surveys including; Friends and Family Test, Community Mental Health Service User survey and the national GP survey. Feedback is shared with staff and where learning is required, action plans are

with a group of 10 NHS Trusts.

- The Trust has developed a new FFT dashboard in Power BI and it will go live in April 2024. This dashboard will replace the Trust's existing dashboard offer. All staff will be able to access the dashboard to see the results of the FFT surveys received from patients, service users and carers. The information will show how we are performing at an organisation, division and team level including; number of survey forms received, percentage of people who are satisfied with our services, breakdown of positive, neutral/don't know and negative responses and a qualitative feedback. The dashboard will also thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework (each theme attributes to either positive, neutral or negative responses).
- The Trust continues to be a lead Provider in the Humber and North Yorkshire Integrated Care System's (ICS) 'A Good Experience' initiative. In time, this project will develop a Communication Charter identifying several principles around an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS.

<p>produced to make improvements.</p> <ul style="list-style-type: none"> <li>• Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-five individuals have completed an application form to register their interest to join our bank of Experts by Experience.</li> <li>• Fifty-three pieces of work have been approved for the co-production logo stamp since its launch.</li> <li>• During the past year the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. For the previous year, the Trust responded to a total of 582 complaints: 195 formal complaints and 387 informal complaints.</li> <li>• Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. For the previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%).</li> <li>• 34 of the Trusts 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months. For the previous year, 40 (39%) of the Trusts 102 clinical teams did not receive any formal or informal complaints.</li> </ul>	
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• During 2024/25 we will strengthen our approach when developing actions in response to all surveys and will coproduce actions with people who use our services and those who care for people who use our services and we will continue to work with staff across Corporate and Clinical divisions to maximise engagement and involvement to ensure feedback from surveys is understood, acted upon and affectively communicated to all relevant stakeholders.</li> <li>• The National GP Survey 2023 results highlighted all three of the Trust's GP practices are below the national and ICS scores, however the national ICS scores had declined when comparing to 2022 figures. The lowest performing domains across the practices include; poor experience making</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• A Service User Engagement audit has taken place to provide assurance on the plans in place to improve the areas of weakness identified in the 2022 Community Mental Health Service User survey. All actions identified by the audit were completed within a month of receipt of the audit report.</li> <li>• The Quality and Patient Safety Group (QPaS) receives periodic updates where an overview of clinical teams that have not received any complaints (formal or informal) is shared. There are several processes in place to provide assurance that people know how to raise a concern or complaint including posters and information leaflets in Trust bases and on the Trust's website. In-house training is delivered by the Complaints and Feedback</li> </ul>

an appointment, unable to speak to preferred GP, unable to contact the practice via telephone, limited variation of appointment times and mental health needs unsupported.		team and last year the Mental Health Services division developed a short, animated film to support the resolution of complaints as close to service delivery as possible. Clinical leads in the Learning Disabilities service ensure that they have complaints literature in an accessible format and have further enhanced their accessible information including recruitment of a new Engagement Lead who is working closely with patients and families to ensure they have a good understanding of the complaints process. Peer Review questions for 2023/24 were updated to include several questions relating to complaints, aimed at providing assurance that people know how to complain, one question asks if information is displayed clearing advising on how to make a complaint.			
<b>Governance:</b> <i>Please indicate which committee or group this paper has previously been presented to:</i>			Date		Date
	Audit Committee			Remuneration & Nominations Committee	
	Quality Committee	22.8.24		Workforce & Organisational Development Committee	
	Finance & Investment Committee			Executive Management Team	23.7.24
	Mental Health Legislation Committee			Operational Delivery Group	22.7.24
	Charitable Funds Committee			Collaborative Committee	
	Trust Board	25.9.24		Other (please detail) QPAS	27.6.24

### 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	

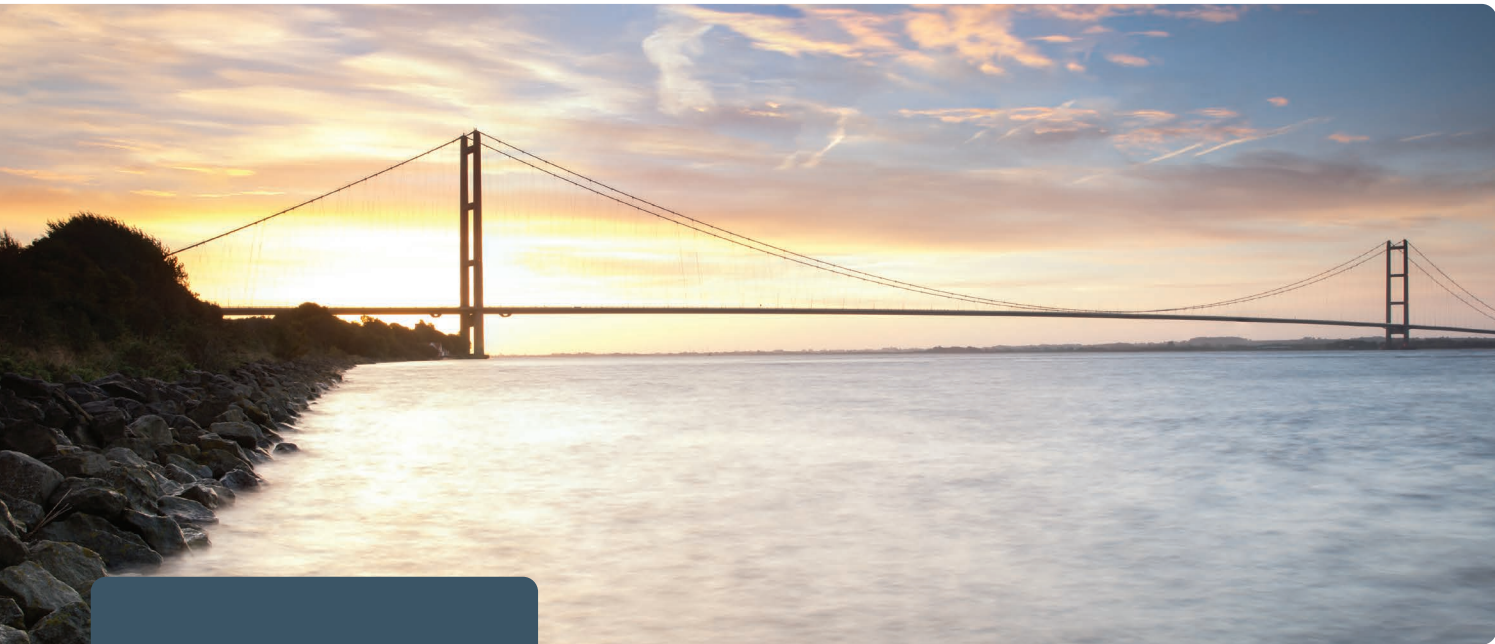


# Patient and Carer Experience

## Annual Report (2023/2024) including Complaints and Feedback







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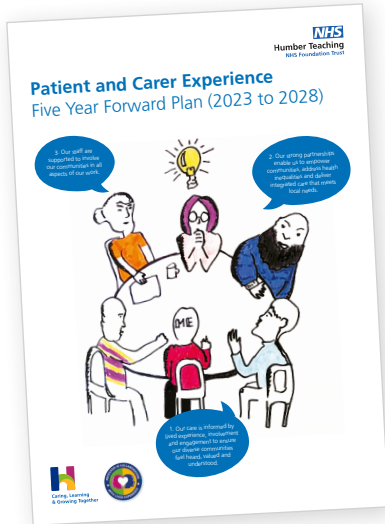
# 1.0

## Executive Summary

**The Patient and Carer Experience Annual Report (Apr 2023 to March 2024) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past twelve months to support the patient and carer experience and co-production agenda.**

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services, we provide we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

During the year we were delighted to launch our Patient and Carer Experience Five Year Forward plan (2023 to 2028).



This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. We engaged and involved our communities to support with the development and content of the plan together with a plethora of resources including a three minute film, easy read and detailed versions of the plan, pull up banners, posters and information leaflets.

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carer stories at Trust Board and Council of Governors and through global communications within the Trust.

Earlier this year saw the introduction of the Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carer voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.

**The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).**



A large array of patient, service user, carer and staff forums and groups continue to meet to enable everyone to have a voice and raise awareness of the patient and carer experience agenda. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards.





Over the past year 34 of the Trust’s 97 clinical teams (35%) have not received any formal or informal complaints.

Our annual Equality, Diversity and Inclusion (EDI) event took place in May 2023, where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, four priorities were identified with a particular focus on enhancing the Trust’s faith offer to ensure inclusivity and educating and supporting people to understand cultural differences by introducing cultural celebration weeks.

which took place in the Trust’s Lecture Theatre. The college offers a range of non-clinical, fun, and creative sessions to young people aged from eleven to eighteen, living within Hull and the East Riding, all with a focus on promoting wellbeing.

The Trust is very pleased to inform that fifty-three pieces of work have been awarded the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.

During the past twelve months the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. On comparing the same period for the previous year there has been an overall decrease of 28 complaints (formal and informal complaints). Communications and patient care are the top primary subjects.

Over the past year 34 of the Trust’s 97 clinical teams (35%) have not received any formal or informal complaints.

For assurance that teams are informing their patients, service users and carers on how to make a complaint, and to ensure we are communicating the complaints process to everyone as effectively as possible, the Complaints and Feedback team continues to work with front line teams to maximise this opportunity.

This year the Complaints and Feedback team refreshed the complaints training programme and launched a new two tier training package designed to ensure that staff are informed with regular and up to date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns effectively. For the two courses, the training was accessed by a total of 299 staff during the year.



July 2023 saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event

1.1 Patient and Carer Experience Five Year Forward Plan (2023 to 2028)

The five year forward plan includes three outcomes (all of which underpin the six organisational goals) and are the focus for the Trust’s patient and carer experience, engagement and involvement agenda. These include:

Our Care



Our Partnerships



Our Workforce and Organisation



**Outcome 1 – Our Care**

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

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

**Outcome 2 – Our Partnerships**

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

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

**Outcome 3 – Our Workforce and Organisation**

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

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



# 2.0

## Achievements over the last year

This report includes achievements made across the organisation to support the patient and carer experience and co-production agenda over the past twelve months. The achievements have been aligned to the three outcomes highlighted in the Trust's Patient and Carer Experience Five Year Forward plan (2023 to 2028) which affiliate to the Trust's six strategic goals.

### 2.1 Trust-wide

#### 1 Our Care

##### 2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

##### 2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the FFT online and hard copy survey forms. From a total of **15,587** completed surveys received during this year, **88.3%** confirmed they are happy with the overall service they received. Here is a snapshot of some of the feedback:

*"You listened made no judgement and gave me the support needed to help me though a very dark place."*

**Mental Health  
Planned Services**

*"You were amazing at quickly building relationships and building my trust."*

**Mental Health  
Unplanned Services**

*"All aspects of care were treated with good humour helping to ease the potential worries."*

**Community Services**

*"The practitioner was experienced and professional. I also liked the play area set out for my child, which helped to keep him entertained during the appointment."*

**Children's and Learning  
Disability Services**

*"Professional and competent from both doctor and nurse. An excellent example to all in the practice."*

**Primary Care Services**

*"Very understanding - never critical always helps, advises or points in right directions if any issues outside of treatment."*

**Addictions Services**

*"Everything, activities are always on the go, I can access the gym when I need too, staff are good listeners."*

**Forensic Services**

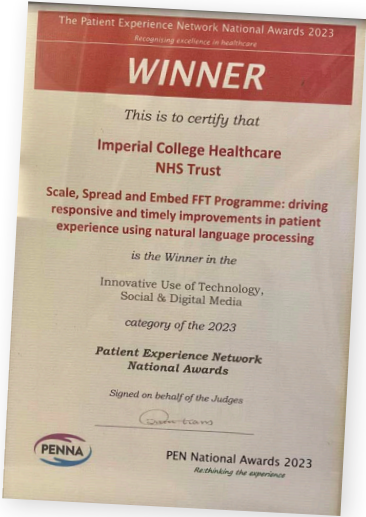
##### 2.1.3 Scale, Spread and Embed FFT National Initiative

The national initiative came to an end in December 2023; however, the Trust's journey continues. Over the past few months, the Business Intelligence, Patient and Carer Experience and Quality Improvement Teams have been meeting with the three pilot teams (Market Weighton, King Street and Humber Primary Care GP Practices) to develop our 'new style' Power BI Friends and Family Test (FFT) dashboard. The dashboard will thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework (each theme attributes to either positive, neutral or negative responses).

On 8 April 2024 the new FFT dashboard will be launched, and all staff will be able to view divisional and teams' data. A series of workshops will take place during April 2024 for staff to learn how to maximise the dashboard data.

##### Benefits realised from participating in the initiative:

- Reduction in the length of time to look at the Trust's existing FFT dashboard to quantify the feedback received, in particular where teams receive a lot of feedback.
- Dedicated project expertise from the Imperial College in London including technical support deploying the algorithm.
- FFT feedback is enabling a streamlined and structured process to determine Quality Improvement (QI) initiatives.
- The Trust was one of ten sites participating in this national project to help shape the future of patient feedback informing QI.
- The Trust profile has been raised through participation in the National Project.
- In September 2023 the initiative won a national Patient Experience Network "Innovative use of Digital and Technical award" in partnership with a group of 10 NHS Trusts.



##### 2.1.4 Patient and carer Stories at Trust Board and Council of Governor Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved, or best practice shared. Patients, service users and carers attend our Trust Board and Council of Governor meetings to share their experiences of either using our services or caring for someone who has used our services.

##### September Trust Board Story: Experiences of Homelessness, Engagement and Co-production

At September's Board meeting, the group was informed that the Trust is listening to patient experience to improve the care provided to those who have experiences of homelessness. A co-produced film has been made and was shared at the meeting to inform on key messages from our homeless community, which include:

- Stigma: People feel cut off from society; a smile and hello can make all the difference.

- Individuals feel ashamed when accessing services.
- To show people that it is possible to recover.
- Anyone can end up homeless.

The film can be accessed by the following link:

<https://youtu.be/Lt33ilap0LM>

The Trust continues to support the Lived Experience of Homelessness agenda through the work of the organisation's Health Inequalities Operational Group.





2.1.5 Co-production Stamp

Fifty-three pieces of work have been approved for the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.



2.1.6 Experts by Experience

Experts by Experience (EbE) are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Our Trust is committed to involving our communities in its work and values their time and effort to support the Trust in activities. For effective involvement, people need to feel supported and their contribution valued. The level of involvement that EbE have in supporting the work of the Trust will vary. Engaging EbE in paid work, where appropriate, mirrors the Trust’s co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services. Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-five individuals have completed an application form to register their interest to join our bank of Experts by Experience.



Townend Court was the first team to use the EbE initiative in May.

An EbE has been employed as a peer researcher on a project to evaluate the Specialist Doctor Service for people with Profound and Multiple Learning Disabilities (PMLD) and is working with a Principle Clinical Psychologist and a Psychology Assistant in Townend Court on the project.

The EbE has carried out interviews with families and care staff in residential homes. She has helped the team to analyse the interview material by pulling out what is important and is helping the team to see the connections. She is now helping with the presentation work.

The Principle Clinical Psychologist highlighted

*“Her experience and insight has been invaluable. She has been able to build relationships with families and people with learning disabilities that meant they were much more open and relaxed in the interviews.*

*She has shared her experience of healthcare this has meant the analysis has focused on what is important. She has also helped build us as a team of researchers. It has been a pleasure and privilege to work alongside [name] in this project. Her insight has changed the way we work, helped our understanding of high quality healthcare and enhanced my own practice as a professional.”*

The EbE explains what it means to be involved in the initiative

*“I can get more experience and meet new people in the service and learn what a peer researcher is”. She goes on to say “I like doing something that helps people and something that is important and learning what the job is all about. It is good to be like other people and have a job and getting out and doing a job I enjoy. I was anxious at the start when I first started doing the job but now I am more confident.”*

2.1.7 Champion/Ambassador staff information leaflet

There are a range of champion/ambassador roles available for staff to develop their skills. This year a leaflet has been designed to inform staff of these opportunities and it is now shared with new staff as part of the Corporate Induction process. Champion/Ambassador roles featured in the information leaflet include; Patient and Carer Experience (PACE) Champion, Staff Champion of Patient Experience, White Ribbon Ambassador, Recovery Champion, Research Champion, Armed Forces Community navigator, Quality Improvement (QI) Champion, Menopause Champion and Domestic Abuse Champion.

The leaflet highlights the purpose and expectations of each role and the estimated time commitment. Here are a few quotes from a few staff who have taken on champion/ambassador roles:

*“Being a Research Champion is a very rewarding role in a massive organisation all connected to make research a success. In my role as Research Champion I support the Research team within the Humber Trust. One of my roles is in promoting the importance of research and putting the need for volunteering out in the community. I also enjoy assisting the team with organised promotion days at various venues, there are many roles to get involved in and I meet interesting people often with a story to tell. Research is interesting, I learn a great deal as I go along and support of the team is always there. Research can only be the future of finding vaccines to prevent, treatments to heal and to save lives.”*

Research Champion

*“Being an Armed Forces Navigator has helped me to better understand the specific needs of this community, and given me a perspective on how relatively minor adaptations to services can make them a far more accessible and welcoming offer for the armed forces community. It has also led to unexpected situations, such as attending an Easter service surrounded by new lambs and hours-old calves!”*

Armed Forces Community Navigator

*“As a QI champion I can advocate for QI projects within my work area and promote areas that would benefit from some quality improvement considerations to improve the patient pathway and reduce blockages or burden in relation to patient flow through our systems - but as a Service Manager who is also a QI Champion, I can do more, including sponsoring, endorsing and advocating for QI across my service area. I also have the ability to remove barriers and communicate the goal and vision around the suggested improvement work my staff may suggest and would advocate more staff receive the bronze training as a minimum.”*

Service Manager, Quality Improvement (QI) Champion

*“Being a QI champion to me means not only reviewing how myself and my team can influence positive change within the Trust but also empowering our colleagues from across the organisation to be inspired to try and have a go to implement change using the plan, do, study act and supporting them as required to drive quality improvement in the Trust.”*

Senior Project Manager

2.1.8 Service User Engagement Audit

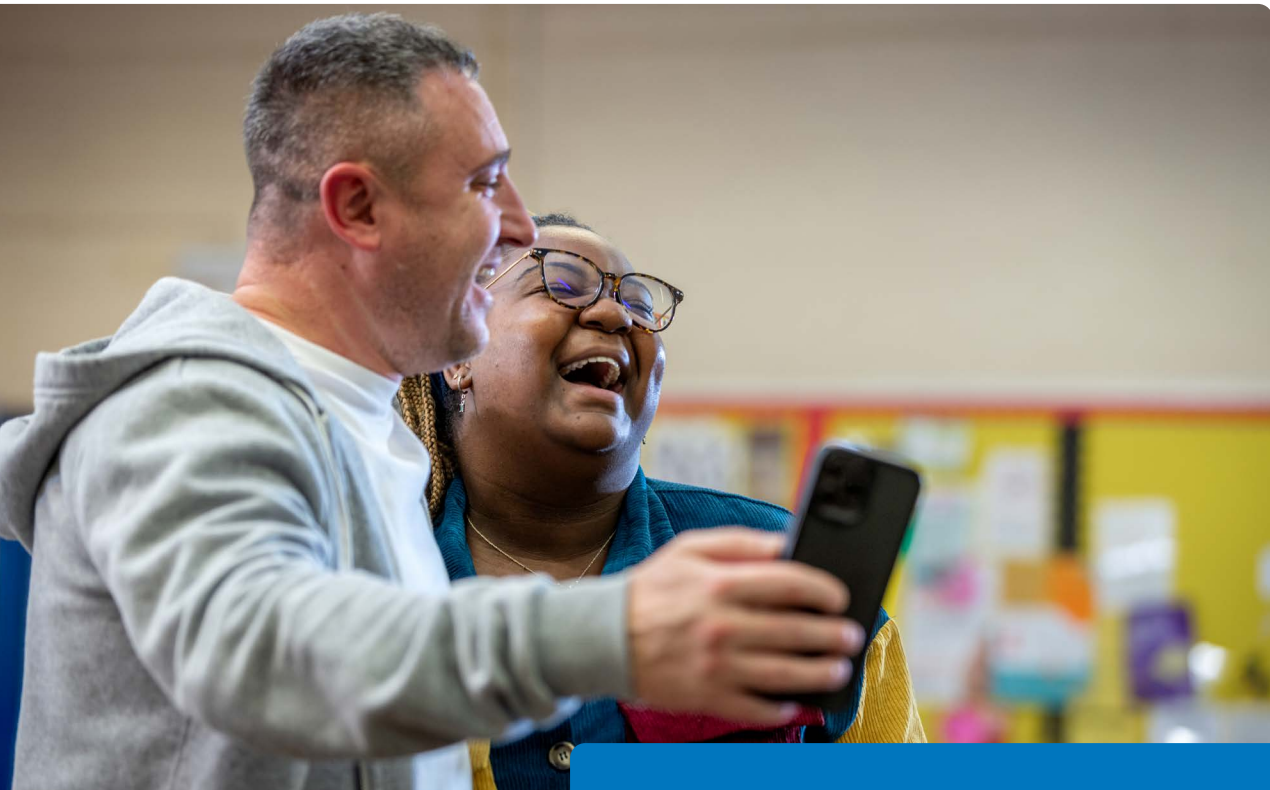
The audit was commissioned to receive assurances that plans are in place to improve areas identified within the 2022 Community Mental Health (CMH) Service User Survey and provide assurance on service user engagement across the Trust.

Key findings informed the outcome of the audit to provide limited assurance and this was because four moderate priorities and one minor priority were identified relating to the governance processes around the CMH Service User Survey. The Mental Health Services division developed an action plan to track actions in relation to the lowest scoring question areas from the survey. The Terms of Reference and process for updating the action plan needed strengthening. Also, recommendations highlighted Trust groups and committee papers needed to have assurances assigned to them. All actions were completed within a month of receipt of the audit paper.

Key findings in relation to service user engagement indicating positive assurance included:

- Several mechanisms are in place across the Trust to obtain involvement and feedback.
- The Five Year Forward Plan (2023 to 2028) including the Trusts involvement and engagement offer – including the looking back at achievements from the past 5 years section.
- Sound processes in place around PACE governance including reporting process.





2.1.9 Making Every Member Count (Involvement in Trust Activities Survey)

During 2023, an Involvement in Trust Activities survey was produced and sent to individuals who had taken part in any of the following Trust activities:

- Sharing their story
- Attended a Patient and Carer Experience Forum
- Volunteering
- Patient Engagement Groups
- Quality Improvement Initiatives
- Research
- Panel Volunteer (supporting the Trust's recruitment process)
- Becoming a Trust Member
- Supporting our Trust Charity
- Recovery College Courses

The aim of the survey was to gather information on what being involved in Trust activities means to individuals and the impact it might have had on their health and wellbeing.

Survey results confirm that when individuals get involved in Trust activities, this has a positive impact on their health and wellbeing.

Please see below a number of comments made via the survey:

*"I find it empowering to feel I can influence the direction of travel and services with my input."*

*"I have enjoyed the activities and learnt about mental health."*

*"I find them stimulating and I gained new knowledge every day."*

*"I feel part of something, I can see changes. Students have valued my input."*

*"It has given me meaningful experiences and allowed me to give back to the Trust. It has increased my self confidence, motivation and resilience. I have hope, enjoy supporting the community and take up different opportunities as they come along."*

Respondents were also asked where they see themselves next, using the skills they have acquired:

*"Possibly returning to employment."*

*"Anything is possible."*

*"I look forward to remaining active within The Trust."*

*"I am retired so I use the skills I gain in any other volunteering work I do."*

The survey will continue to be used to evaluate the Trust activities on offer and make changes or additions where necessary.

2 Our Partnerships

2.1.10 Veterans Aware Healthcare Alliance Re-accreditation

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carers stories at Trust Board and Council of Governors and through global communications within the Trust.

**VCHA Regional Lead Mandy Stokes said:** "Humber Teaching NHS Foundation Trust has clearly imbued the ethos of Veteran Aware accreditation. Some of the work it has developed has been hugely encouraging and I commend them for this. It has been a pleasure working with the Trust Leads for this work and I look forward to continuing to work with them as their agenda moves forward."

**Chief Executive Michele Moran said:** "Our Trust is delighted to once more receive the Veteran Aware accreditation. I would like to thank and recognise the whole team for their exceptional work in gaining this honour. Ensuring our services are accessible and understanding the experiences of veterans is paramount to our inclusive ethos."

2.1.10.1 Armed Forces Covenant E-learning Training

East Riding of Yorkshire Council have developed a 45-minute training package to provide individuals with details on an array of information about the Armed Forces Covenant. The below is not an exhaustive list but provides an overview of some of the areas covered:

- What is the Armed Forces Covenant
- Fact or fiction - challenging common misconceptions about members of the Armed Forces community
- Who is the Armed Forces community
- The differences between military and civilian worlds
- What is expected of our Armed Forces
- Life in and after the Armed Forces

2.1.10.2 Veteran's Aware Principles

To acknowledge our commitment as a Veterans Aware Trust, we have co-produced the following four principles with members of the Trust's Veterans Forum:

- To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.
- To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.
- To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.
- To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.

2.1.11 Integrated Care System (ICS) Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. A steering group made up of partner organisations and patient partners has been created to drive forwards the initiative, provide governance and assurance and monitor and review progress.

We are in the process of defining what 'good communications' looks like and are reaching out to the community to help us to co-produce a charter to ensure that everyone knows what they can expect from all organisations within the ICS. The charter will give staff permission to focus on elements of communication that are a shared, co-produced priority. It will also support staff and organisations in understanding that a good communication is for and about a person's treatment and care and it is a shared responsibility. It is anticipated that by universally agreeing what a good communication should be across the region, and by working to deliver it, measure it and improve it, that over time, people's experiences will remain good, despite system pressures.

Since September the steering group has been collecting views from the community on what good and poor communication looks like (from lived experiences inside and outside of the NHS) using a multifaceted approach including workshops, surveys (MS forms/ hard copy forms) and using existing meetings for a platform.





2.1.12 Hull Pride

This year the Patient and Carer Experience Team brought together staff, patients, service users and carers to celebrate diversity and show our support to the community by attending Hull Pride 2023. We hosted a stand in the Health Marquee and participated in the Pride in Hull march.

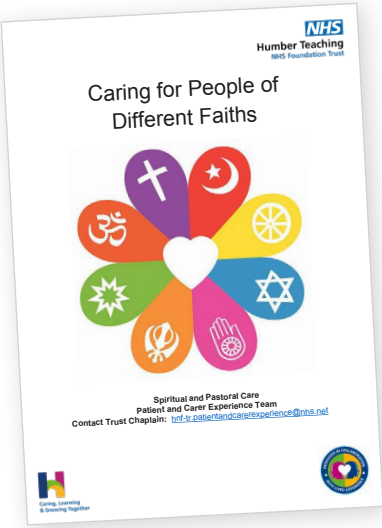


2.1.13 Caring for People of Different Faiths Guide

The Trust Chaplain has refreshed our Caring for People of Different Faiths guide which offers an insight into spirituality, beliefs and faiths and assists staff to recognise the significance of any existing faith practiced or maintained by a patient or service user.

The booklet was reviewed and refreshed with community members of the Peel Project, the Buddhist Centre and the Board of Jewish Deputies. Also, Jehovah Witnesses and members of the Pagan community were consulted with, to help enhance sections of the guide.

We are proud to showcase the Trust's Co-production Logo on the cover page of the guide to represent the engagement and involvement of faith groups in refreshing the document.



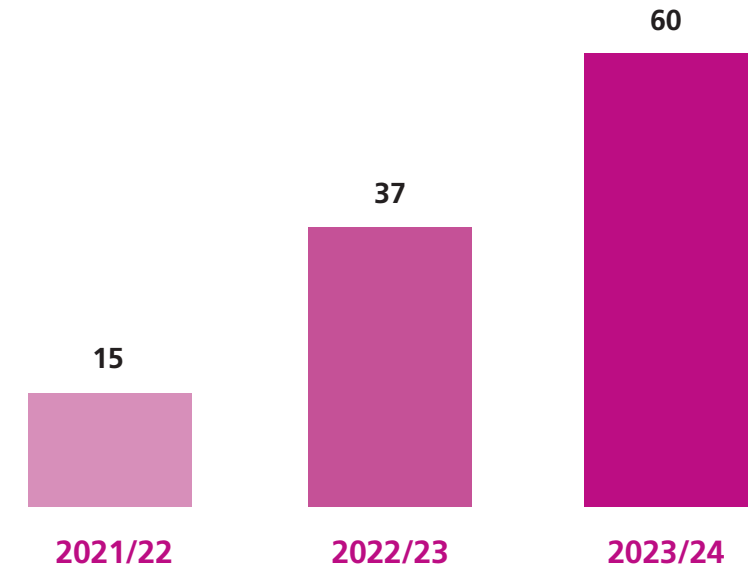
2.1.14 Accessible Information Standard (AIS)

The Trust produces reports for assurance that staff are identifying people with a communication need. For the period April 23 to March 24, 60 individuals were flagged as having a communication need on their Electronic Patient Record.

The graph below highlights that 112 individuals were flagged as having a communication flag added to their Electronic Patient Record over the past three years and there is a significant increase year on year.

The Trust has reviewed and refreshed our Accessible Information Standard Guideline which supports staff to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.

Accessible Information Standard (AIS) Communication Alerts added to Electronic Patient Records: From 1 April 2021 to 31 March 2024



The Trust holds a Brand workshop every six weeks where the Accessible Information Standard is discussed (approximately 30 people attend each session).

2.1.15 Equality, Diversity and Inclusion (EDI) Priorities for Patients, Service Users and Carers (2023/24)

A workshop was held in May where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, the following priorities have been identified for the Trust to progress over the two year period 2023 to 2025. The Trust's EDI Annual Report (2023/24) will provide an update on progress made against each of the priorities below.

Priorities	Outcome
1. To strengthen patient demographical data collection to tailor care that meets individual needs.	An enhanced approach to deliver bespoke tailored care to meet individual needs.
2. To further enhance our faith offer to ensure inclusivity.	A strengthened offer to accommodate individual's religious practices.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	A culture where relationships with our diverse communities are embedded and sustained.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	A greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.



3 Our Workforce and Organisation

2.1.15 Involving Patients and Families Subgroup of the Patient Safety Incident Response Framework (PSIRF)

Over the past year the Trust has been working towards the implementation of the Patient Safety Incident Response Framework with a key focus on how we engage and involve patients and families following a patient safety incident. The Trust has worked closely with our Patient Safety Partners who are members of our PSIRF working and steering groups, to develop the Patient Safety Incident Response Plan and policies.

In April 2023 we introduced our Involving Patient and Families group. This group meets every three months and membership includes patient and carer representatives, those with lived experience, peer support workers, our patient safety partners, and key members of the Patient Safety and Patient and Carer Experience teams. Working collaboratively has enabled the Trust to seek valuable feedback and insight, and ensure we take fully into account the perspective of patients, families and carers. Subsequently our Patient Safety Incident Response Plan and supporting policies have been award the co-production stamp and those involved in the group have provided positive feedback which has contributed to the patient safety agenda.



2.1.16 Virtual Services

Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves.



This year's Easter Service was hosted by our Trust Chaplain at Hall Farm, Messingham. The service was blended (face to face and via MS Teams). Children from a local primary school were in attendance together with a Knit and Natter group, staff from the Trust and farm staff.



2.1.17 Patient Experience to Inform Quality Improvement (QI)

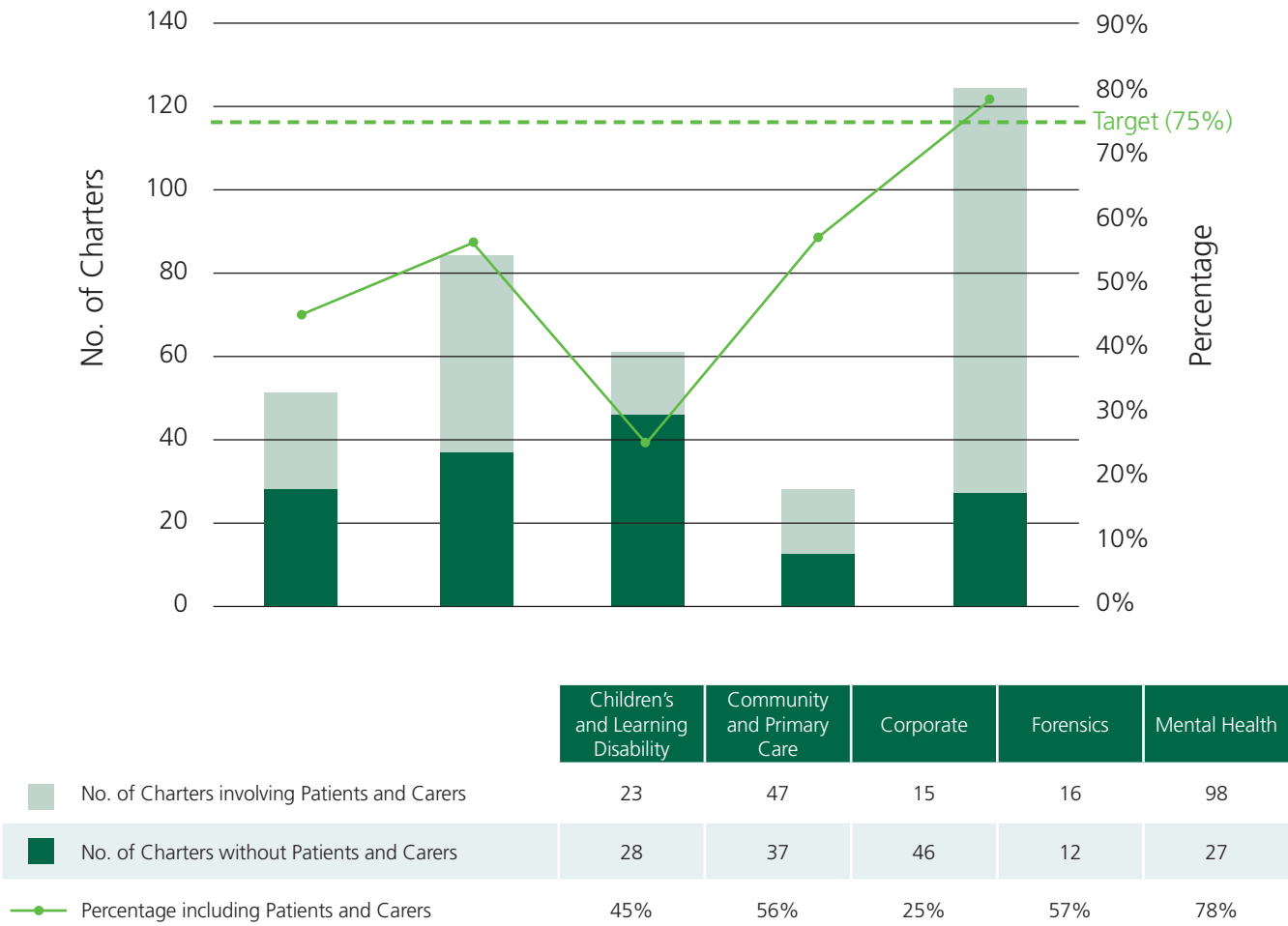
Quality Improvement (QI) and Patient and Carer Experience continue to work closely together. The Joint Strategy Group continues to ensure that both our patients, service users, carers and staff are fully involved in both agendas.

The QI charter continues to provide the tracking of patient and carer involvement within QI activities across the Trust and, at the end of March 2024, 64% (184) of activities from

our Operational Teams were identified by and/or delivered with our patients, service users and carers.

The chart below breaks down the charters for each Division and Corporate Services into those activities developed with our patients and carers and those that were not. The target for the end of the Strategy Lifecycle is to achieve a 75% patient/carer involvement by the end of March 2026 and our Mental Health Division have just exceeded the target. In addition, 99% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

Patients and Carers involved in QI Charters





## 2.2 Children’s and Young People’s Services

1

Our Care

### 2.2.1 Humber Youth Action Group (HYAG) Youth Board

The HYAG currently has 50 young people on its membership and continues to actively engage young people between the ages of eleven and twenty-five. Over the past year, sixteen sessions have taken place.

This year HYAG members were invited to a Child and Adolescent Mental Health Service (CAMHS) Teaching Session with Medical Students by the Trust’s Lead Nurse, Medical Education. The purpose of attending the session was to share their lived experiences and help the medical staff to understand the importance of effective communication, as well as effective patient care when working with young people in their future career.

Several young people have participated in interview panels for senior roles within the division, such as Clinical Manager for Children’s Services and the Deputy Ward Manager for Inspire.

Improving services for young people



*“I would just like to say a big thank you, from myself and all of the medical students. They all spoke about how brave it was to come and speak to them and how they found what you had to say really valuable and impactful.”*

**Lead Nurse, Medical Education**

*“Being a part of an interview panel as a young person has made me feel empowered that we can cause movement for change whilst being supported by the incredible people who work within our services.”*

**HYAG member**

### 2.2.2 Youth Recovery and Wellbeing College (YRWC)

July saw the launch of the Youth Recovery and Wellbeing College. The YRWC is a person-centred community for those aged eleven to eighteen living in the Hull and East Riding. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.

The brand-new NHS service prides itself on co-production meaning that all opportunities are designed by young people and delivered in collaboration with experienced youth workers, NHS professionals, educational providers and creative persons from the arts and other areas. Provision is informal, non-clinical, self-led and non-referral based.

The YRWC celebrates diversity and inclusion providing safe environments and platforms for young people to grow and embrace friendship, relationship, and individuality.

#### YRWC: Facts and Figures

70

young people across Hull and East Riding are registered to the digital platform.

120

young people (who are most at risk of exclusion/thrive) are seen across Hull and East Riding by the Youth Practitioner service each month.

### Impact

- The Youth Practitioner service sees a large volume of young people. On average the provision is having contact with 120 young people each month (since September 23 – see below):

<b>Bishop Burton College – deliver two sessions per month</b> <ul style="list-style-type: none"><li>• The group provides support for around 12-16 young people</li><li>• The group are aged between 16 and 18 years old.</li></ul>	<b>Willberforce College – deliver two sessions per month</b> <ul style="list-style-type: none"><li>• The group provides support for around 12-16 young people</li><li>• The group are aged between 16 and 18 years old.</li></ul>	<b>Kelvin Hall – deliver sessions on a weekly basis</b> <ul style="list-style-type: none"><li>• The group provides support for 7 young people</li><li>• The group are aged between 13 and 14 years old.</li></ul>	<b>Wyke 6th Form College – deliver sessions once a month</b> <ul style="list-style-type: none"><li>• One-to-ones with 4 young people</li><li>• The group are aged between 11 and 18 years old.</li></ul>	<b>Inspire NHS – deliver sessions on a weekly basis</b> <ul style="list-style-type: none"><li>• The group provides support for around 1-4 young people</li><li>• The group are aged between 11 and 18 years old.</li></ul>	<b>Home-Ed Group, Kingston Youth Centre</b> <ul style="list-style-type: none"><li>• The group provides support for around 2-7 young people</li><li>• The group are aged between 13 and 15 years old.</li></ul>
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- The provision Youth Recovery and Wellbeing College provides instant access for young people, where often young people are facing lengthy waiting lists for mainstream services.
- Anecdotally, it is recognised that access to support through the Youth Practitioner and Youth Recovery and Wellbeing College has reduced demand upon mainstream services, through its early intervention and preventative approach.

### Learning

- The value of co-production – involving young people has meant that the service has been truly coproduced. This means that it is able to reach a wider pool of young people through it’s careful consideration of accessibility and activities. This approach has been embedded within the provision and so it is able to continually respond and adapt to the changing needs of young people.
- Young people need specially designed services that work for them, not adult services adapted for children.
- Collaboration with community partners has been important to reach those young people who may not ordinarily access services and support.
- A pilot of the provision was helpful to gain better understanding of the needs of young people and evidence how well the provision could meet these needs. This has led to securing central funding to continue delivery.







Feedback

*“Mez has provided our young people with opportunities to express themselves in alternative ways that feel less scary for them such as through lyrics or poetry. Sessions have been extremely flexible to meet the needs of the young people on our ward and Mez has quickly built relationships with young people who are often slow to trust others.*

*Inspire strives to provide young people with links to services in the community upon discharge and the in-reach sessions from the youth recovery college have been key to this, letting our young people know there is a place for them to continue to build on their skills with staff who are already familiar to them.”*

Inspire Staff Member

*“The students feedback to me has been that they really enjoy the sessions they have with Mez. The boys in the group have loved being part of something and having the opportunity to plan and decide what they do each week. Overall, Mez has been a fabulous addition to our school and we are very grateful to have him working with us.”*

Teacher, Kelvin Hall School

*“If you want my personal experience of Mez sessions, I can say I really enjoy them. They are fun and I am excited to attend. We come up with great activities every week and overall its great.”*

Pupil – Kelvin Hall

*“It’s Fun and good.”*

Young Person, Home Schooled

2.2.3 Children’s and Learning Disability Website

A brand new divisional website is in the design phase. An engagement event took place in March where approximately seventy people were in attendance including; parents/carers, young people, adults accessing the Trust’s Learning Disability services and partnering agencies. Feedback from the event has informed the final draft of the website.

Three young people are now established as key decision makers and are being paid as Experts by Experience to attend all planning meetings. Twenty-eight bespoke animations are being created for each service to share key information about the care delivered. The characters in the animations will be based on real life staff and service users; three staff, nine young people and four adults accessing Learning Disability services are having characters drawn and will provide voice-overs. Completion of the website is planned for September 2024 followed by a celebration event in October 2024.

Benefits of co-producing the new website will lead to a truly innovative, welcoming, highly accessible and inclusive website that supports our services and makes accessing important health information easy to understand and accessible.

*“It was exciting to see the beginning stages of it and to be involved in that way.”*

Staff member after attending the 6th March Stakeholder Engagement event

2 Our Partnerships

2.2.4 Launch of the Humber NHS Cadets Programme in Collaboration with St Johns Ambulance

This programme launched in November 2023 and there are two age groups; fourteen- to sixteen-year-olds and sixteen to eighteen. It provides young people ‘who are less likely to have such opportunities’ the chance to meet our staff, learn about their roles and career choices, examine important health topics, develop beneficial new skills, meet new people, grow in confidence and consider a future career within our organisation.



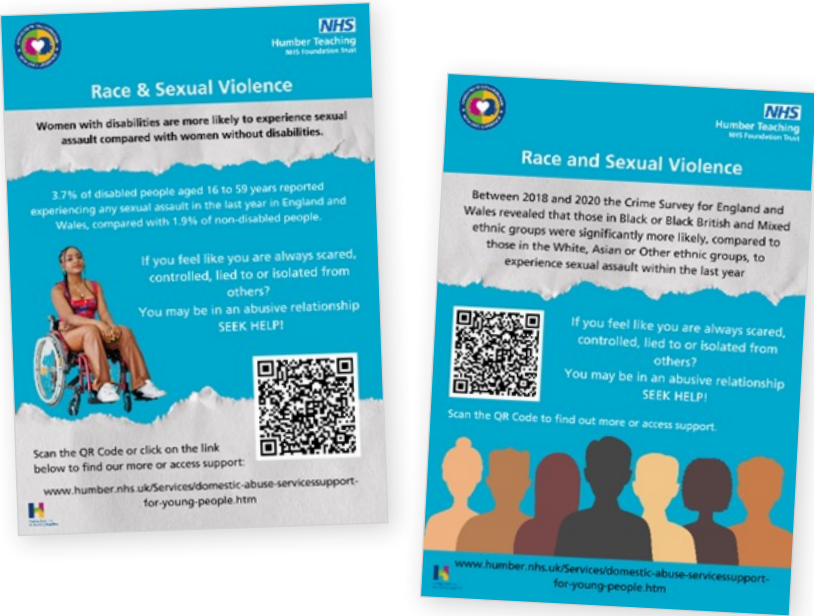
Approximately twenty young people should graduate the full programme!

*“I just wanted to say a massive thank you for last night. Nia thoroughly enjoyed it and said how much better the face to face sessions are. She was very nervous but enjoyed meeting others taking part too. Thanks again.”*

Parent

2.2.5 White Ribbon Campaign – Humber Safeguarding Team

To ensure that young people within the local community recognise signs of abusive behaviour and to enable them to have easy access to reliable sources of information and support, the HYAG have worked in collaboration with the Trust’s Safeguarding Team and Communications Team to devise an engaging marketing campaign which has been shared with local school and colleges. Two new posters have been produced relating to race and sexual abuse and disability and sexual abuse. The HYAG are now working with Community Vision and East Riding of Yorkshire Local Authority to co-produce local support and resources for young people around healthy relationships and domestic abuse.



**The Trust’s Head of Safeguarding and Name Professional for Adult Safeguarding shared the following with the young person who supported with the co-production of the posters.**

*“I wanted to email you to thank you for the posters you have created recently – for Sexual Safety and Disability, Race, and Domestic Abuse – as part of the Youth Action Group. The posters on Sexual Safety and Race and Disability were recently shared at our Trust wide Sexual Safety Group (I co-chair this) and the feedback was incredibly positive, I understand from Chloe you really led the way with this piece of work. The posters are a great resource and something we are going to continue to promote as part of our ongoing work around sexual safety. I like how inclusive they are, clear and to the point but engaging at the same time. It is all too easy to share standardised resources which aren’t aimed or bespoke to certain groups or communication styles, and so having HYAG members like yourself and your peers’ creating resources like these challenges us to make our own work as accessible and engaging as yours are. Though our IT skills probably aren’t as up to scratch as yours!”*



3 Our Workforce and Organisation

2.2.6 Walker Street Community Space

Staff have an awareness of the importance of therapy space used by children, young people, and their families. They appreciate that spaces need to consider reasonable adjustments to ensure they are welcoming, friendly and inclusive. To this end staff have been working with HYAG members, children and young people and families accessing the Walker Street waiting room to co-produce plans and improvements to this space. It is anticipated that the building enhancement work at Walker Street will create a warm, inviting, and engaging space for children, young people and their families' when attending appointments.

2.2.7 Staff Champions of Patient Experience (SCoPE)

SCoPE Engagement meetings are embedded across the Children's and Learning Disability Division. They are held virtually every six to eight weeks. All SCoPE leads are invited, and there is representation from all services across the division. The purpose of the meetings are:

- To gain an understanding and capture the quality of co-production and patient involvement occurring across the division and support the sharing and celebration of good practice.
- To provide a space to enable the Children's and Learning Disability Engagement team to support staff to have expertise, knowledge, and opportunity to engage those with lived experience of their services in high quality participation and co-production.
- To gain a comprehensive understanding of the wider strategic Trust values, vision and aims in terms of patient involvement set out within the Trust Strategy (2022 to 2027) and the Patient and Carer Experience Five Year Forward Plan (2023 to 2028).



*"I really enjoy attending the staff engagement group as it provides a relaxed forum to discuss and share ideas across the division, understand where there are synergies or opportunities to learn from each other and to ensure co-production and the clients remain at the centre of everything that we do."*

**Staff attending the Staff Engagement Groups**

*"I chose to become a SCoPE Champion because our service users are at the heart of everything I do. Being a SCoPE champion allows me another opportunity to ensure that the voices of our service users are being heard within my team and the wider Trust. This way all our work can be more meaningful and serve our original purposes and goals."*

**Staff attending the Staff Engagement Groups**

2.3 Forensic Services

1 Our Care

2.3.1 Patients Council 'Our Voice'

It meets face to face every month and feedback from each session, including a "we said you did" document, is shared with the service operational meeting for a response and actions, which are subsequently fed back in the next council meeting. An average of six to eight patients attend at any one time and the meetings have provided a platform for the service user voice to be heard by senior managers and staff. The council is now recognised as part of the division's governance structure.

*"I think we make a good impact on services".*

*"I feel we are getting somewhere now, and we are being listened to".*

**Feedback from patients attending the council**

2.3.2 The Dining Experience

The division is working in partnership with hotel services and service users and staff to improve both the food and dining experience. There is now a timetable of themed nights whereby every month a dining experience is themed, and everyone has the opportunity to taste new foods and help in preparing for the night. DAB radios have been purchased and are now used in the dining rooms to play background music during mealtimes. This initiative has led to an increased number of people attending the dining room on a daily basis.

**The themed nights are going well and the feedback from service users has been extremely positive.**

*"I've loved every minute".*  
*"The food was fantastic".*

2.3.3 Family Ambassador role

The division is working with a patient to develop a job description and role for a family ambassador. It is hoped that this role will be taken on by patients in the future and that families will have the opportunity to speak with someone who has lived experience of the service.

**The division held a family event in October and the patient working on the family ambassador role spoke with families directly about the role.**

**Here are some quotes from the families:**

*"It was great being able to speak to someone who is in the service."*

*"I was impressed with what I saw at the open day".*

*"It has reassured me a bit more by seeing the rooms where patients stay and also speaking to staff and patients".*





2 Our Partnerships

2.3.4 Upgrade of Computers and Software

Since the upgrade of computers and installation of the equivalent to Microsoft office, the division now has several service users registered for online courses with the Trust's Recovery College and other colleges including Open University degree level courses.

2.3.5 Service User Involvement Events

During the year the division has supported service users and staff to attend two external events in Wakefield.

Benefits realised as a result of the computer and software upgrade

Access to online courses and education has had a massive impact on service users and appears to have increased self-confidence and increased the level of positive engagement with staff and service users.

*"I'm really enjoying my course; I didn't think I could do it but its great".*

*"I really want to work in mental health when I get out, doing my mental health first aid course has really given me hope for the future".*

**Welly Fest** took place in June and is an event organised by the Yorkshire and Humber Involvement team for all low and medium secure services across the region. Fifteen service users attended from our Trust of a total of approximately ninety people across all secure services in the region. The event gives service users the opportunity to socialise and work together and discuss experiences and areas and opportunities to improve and develop.

Service users listened to live bands, a silent disco, participated in activities and ate good food. Feedback included:

*"This is great, I feel normal".*

*"Just wow, I've never seen a live band before".*

*"This is the best day ever".*

2.3.6 NHS England Film

One service user and two members of staff made a film for the Head of Patient Experience Platform (NHS England) which tells the story of the service user's journey and experience of services, including what has helped him along the way and what he has found difficult. The film has since been shared at a national level and was very well received by the national team and is being used to help staff and other service users within the division to understand and share the personal experiences of this service users' journey through the services.



The service user is currently working in the community and is working towards becoming a peer support worker.

3 Our Workforce and Organisation

2.3.7 Involvement and Engagement Manager

A patient led interview process took place in March 2024 to recruit a new full-time Involvement and Engagement Manager. Five patients and two staff interviewed candidates and appointed the successful candidate together.

*"I can't believe we are being trusted to make this decision."*

Patient involved in interview process



2.3.8 Education and Vocational Opportunities

The division has developed links with external providers for education and vocational opportunities for patients. It is also in discussions with the Trust's Recovery College to explore ways in which on site courses can be provided as part of an education timetable.

Good News Stories

- AQA status has been successfully awarded and Probe (local independent service) has delivered a training course to patients about managing finances and budgeting. Eight individuals have received certificates and thirty-two further certificates have been applied for, including money management, mathematical skill, and basic knowledge of the solar system.
- One patient has enrolled on an Open University course and has just started their second term of the first year.
- One patient is working on Open Learn (an Open University free learning platform) to expand their academic skill set with hope to apply for an access course in September.



## 2.4 Community Services and Primary Care

1

Our Care

### 2.4.1 National GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos on behalf of NHS England. The survey is sent out to around 2.65 million people who are aged sixteen or over and are registered with GP practices in England. The survey ran from 3 January 2023 to 3 April 2023. Approximately 760,000 patients completed and returned a questionnaire, resulting in a national response rate of 28.6%. 830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).

The survey assesses patients' experiences of healthcare services provided by GP practices, including experience of access to GP practices, making appointments, the quality of care received from healthcare professionals, experience of services when their GP practice is closed and patients' experiences of NHS dental services. The survey also captures information about patient health, including patients with long term conditions, disabilities, or illnesses, and the support they receive to manage these.

Refer to Appendix 1 which provides an overview of the Trust's GP Patient survey results for 2023 based on the thirteen priority domains defined by Ipsos national reporting, regarding appointment experience and accessibility. This overview offers comparison of in year results against 2023 national results and 2022 practice-level positions.

On comparing the percentage of patients who describe their overall experience of Humber GP practices as good; all three practices are below the national and ICS position. However, the national and ICB responses also have an overall experience decline against 2022 figures. Year on year, two of the three Trust's practices (King Street and Market Weighton) show an improvement, but Humber Primary Care is showing a deterioration of overall experience since 2022. This position correlates with other feedback received from patients since the merge of Practice 2 and Field House Surgery.

The lowest performing domains across the practices include; poor experience making an appointment, unable to speak to preferred GP, unable to contact the practice via telephone, limited variation of appointment times and mental health needs unsupported.

830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).



A significant amount of work has taken place over the past twelve months to address the GP Patient Survey feedback and scores including:

#### Appointment availability

- All practices have implemented Total Triage System using AccuRX which offers same day appointments.
- Patients have been supported and encouraged to utilise the Total Triage System using AccuRX for booking appointments, which is helping the practice to process urgent requests for same day appointments and book routine appointments within a 14-day period.



#### King Street Medical Centre

##### Capacity Increased

- Extended access in place and utilised.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Nurse and phlebotomy appointments remain available on NHS app.



#### Market Weighton Practice

##### Capacity Increased

- Additional mental health support fully up and running in Market Weighton Practice. Providing 1-1 sessions out of the practice.
- Primary Care Network (PCN) social prescriber is now in post at the practice, providing 1-1 patient appointments and has supported 27 patients since the end of Jan-24.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).



#### Humber Primary Care

##### Capacity Increased

- The practice now offers extended access appointments, early morning and evenings. Primary Care Network (PCN) offers weekend and evening appointments.
- Nurse and phlebotomy appointments are now available on NHS app.
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Primary Care Network (PCN) Care coordinators now in waiting areas, to meet and greet patients to improve experience.

#### Practice Accessibility

The Primary Care division has procured a new nationally recommended digital, cloud-based telephone system through N3i (One Point). This offers a queue holding facility (choice to remain on the phone or request a call back with queue position held) and integration with our patient administration system. The telephone system was installed in King Street Medical Centre in December 2023 and work is in progress to install the telephone system in our two other practices (Market Weighton and Humber Primary Care).



2.4.2 Primary Care, GP Practice Website Redesign

Considerable work has been carried out to ensure that the patient voice influences the redesign of our GP Practices' websites. A patient engagement survey was circulated to patients of our three GP practices where they had a say about the current websites' layout and functionality including ease of navigation, relevant and understandable information that is easy to access and recommendations for improvement of the current design. A total of 1150 responses were received. A project group has been working with the Trust's Communications Team on a proposal for a new website design incorporating patient feedback.

The new design was shared with patients so they could make additional suggestions before the final version is approved. The website re-design will enable a swifter access to results, ordering prescriptions and completing online consultations for appointments. It will make it easier for staff to triage non-urgent patient appointments on receipt of consultation forms enabling appointments to be provided more effectively to those requiring an urgent requirement, as well as freeing up phone lines for patients who do not have access to online technology. The Practices' Patient Participation Groups (PPGs) have been informed of the progress along the journey.



Valuable feedback has informed the website redesign. A snapshot of the feedback includes:

- "Could design layout be more like the NHS App."*
- "Cannot access information quickly – too complicated."*
- "Appointments section too complicated and does not let me book appointments."*
- "Want to be able to access appointments and get blood test results, which is frustrating at present."*
- "Needs to be more user friendly and with clearer navigation to get to where I want to get to more efficiently."*
- "Found it difficult to renew my monthly prescription on the website."*
- "It needs to be much simpler in general, appointments, prescriptions, queries, online consultations, contact at the practice."*

The key themes from the survey of most importance to patients include:

- Design to be more like other national NHS websites and Apps.
- Easier to navigate.
- Clearer navigation bars/headings.
- Clearer information on how to book an appointment and complete an online consultation appointment request.
- Clear navigation to test results and ordering of repeat prescriptions.

Patient feedback on the new website redesign proposal includes:

- "New proposed layout looks clear."*
- "New design just looks clearer and easier to navigate."*
- "New design gives me more information about what each subheading is for."*
- "New option very easy to navigate and doesn't look too busy and complicated."*
- "Proposed new layout clearer to understand and select options required."*
- "The design is clear, but in addition it gives an explanation of what each link is for."*



2.4.3 Addictions Service, Opioid Substitution Therapy (OST) Project

This project captured the experiences of patients engaging with the Opioid Substitution Therapy programme and starting injectable Buprenorphine, to help support future patients considering this treatment offer in the future. A feedback questionnaire was developed in consultation with the East Riding Service User & Carer Representative Involvement Group (The Voice) where thirteen patients provided feedback on their experience of OST.

By service users sharing their experiences of the Therapy, has provided both staff and patients with the confidence to try this alternative option which has had positive effects on the individuals. Feedback included:

- "I feel less restricted by not having to consider daily consumption. I feel I am moving in the right direction in my recovery. I enjoy not having to attend the pharmacy as often."*
- "I believe changing daily habits can aid recovery and reduce reliance on medication and this is an excellent opportunity to do so."*

- "Thank you for everything and for giving me this treatment and my life back."*
- "Helped with relationship with fiancé and family. Hopefully progressing back into employment."*
- "Just thank you for saving my life. You have a fantastic team there who are worth their weight in gold. I wish this had come out years ago but I'm so glad it has now."*

Next steps are to look at developing an information leaflet for both staff and patients, producing case study posters to share in public areas and provide information for the Addictions Service website pages.



2 Our Partnerships

2.4.4 Community Services, The Virtual Ward

The Virtual Ward concept went live in May 2023 to help reduce hospital admissions where patients attending the Accident and Emergency department could be virtually treated in their homes opposed to being admitted into hospital.

At the start, five beds were available in Scarborough, which increased to fifteen beds over the course of the year. The Virtual Ward is now supporting patients in Whitby and Ryedale. The intention is to further increase this offering to twenty-five beds from April 2024. The Frailty Ward supports patients both at home and in care homes. Virtual Frailty Wards provide a safe alternative to hospital for patients living with frailty through community-based acute health and care delivery.

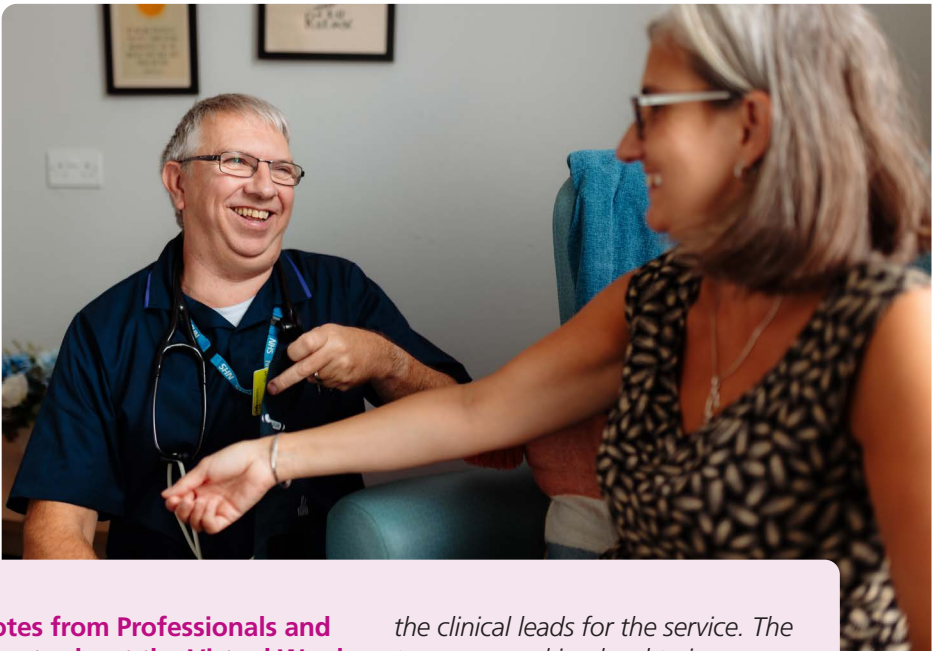
Over the past year the multi-disciplinary team (MDT) has supported over one hundred and fifty patients through this new community service. The Virtual Ward patients are also supported by other Trust services, including the District Nursing team, Therapy Services, Community Specialist Services as deemed appropriate for the care package.

Care at home includes face-to-face visits from community clinical staff, as well as options to use technology to support patient wellbeing and health monitoring from home. It can also support patients following a fall, those experiencing reduced mobility or managing an infection, provide palliative care or end of life support, prevent an admission to hospital where safe and appropriate and enables earlier discharge from hospital. All of which reduce the risk of hospital-acquired infections and enable more time with family or friends at home, especially for people living with frailty.

Top referral reasons include:

- Management of infection at home (including cellulitis, chest, and urine infections).
- Home support following a fall/delirium, to potentially prevent increased confusion in a hospital setting.
- Assessment and management of pain following shingles viral infection.

The average length of a patient stay is four to five days. The service aims to provide care required within fourteen working days, discharging to additional services for ongoing support if required beyond this point.



Quotes from Professionals and Patients about the Virtual Ward:

Feedback from Scarborough Hospital Staff:

“All the acute consultants are very impressed with the Virtual Ward service, and they are all engaged with thinking about whether any of their patients would be suitable. There seems to be a renewed focus with the acute trust to the Virtual Ward and we have had nothing but praise from them.”

Advanced Clinical Practitioner

“The team have helped to avert numerous hospital admissions through the proactive management of the patients in collaboration with

the clinical leads for the service. The team are working hard to increase the admissions to the ward from GP’s by visiting the local practices and promoting the service, utilising the Patient Journey Diagram.”

Virtual Ward Manager

“Since May, the number of admissions from A&E has dramatically lowered. The patient journey process diagram has helped the team to explain the process to GP / partnership organisations patients and carers. This is clearly helping staff to think differently in this case lowering A&E admissions and considering the Virtual Ward alternative.”

Virtual Ward Clerk

Patient / Carer Feedback on the Virtual Ward Service:

“Everything, professional, 100% care, thoughtful”.

“First class, exceptional, given reassurance”.

“I am a care home resident and was provided with after care after being in hospital. Much needed service for a lot of care home residents”.

“After care was good. This is what all elderly residents need after being in hospital”.

“Virtual Ward Team came out to check on my dad in his own house and organising OT to come out too”.

“Spent quite a bit of time with me and were very nice. Felt like I was not rushed, and they had time to listen to me”.

“Friendly people, Supportive. Nothing was rushed and they had plenty of time for me. Referred me to other services, as required”.

Feedback from Service Manager/ Operational Lead for the Virtual Ward

“We have received positive feedback from patients, as well as from other local professionals, around the benefits of proving this additional care at home. We look forward to continuing to grow our community virtual ward and to developing clinical skills and use of technology to support more patients and families.”

2.4.5 Community Services, Joint Scarborough & Ryedale Patient and Carer Experience Forum

May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum with a key aim to strengthen the patient and carer voice across the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards. Working jointly, the two Trust have built a stronger network of community members and partner organisations which has led to a thriving membership.

3 Our Workforce and Organisation

2.4.6 Primary Care, Scale, Spread and Embed Initiative

Refer to item 2.1.3 which informs on the Scale, Spread and Embed initiative where the pilot sites where the GP practices from the Primary Care division.

2.5 Mental Health Services

1 Our Care

2.5.1 Co-production Groups

The division continues to host several co-production groups.

2.5.1.1 Adult Mental Health Co-production Group

This group now has 208 members and was initially set up to support the Community Mental Health Transformation Programme and has since evolved to include all involvement and co-production opportunities across the Adult Mental Health division. The group meets monthly where staff can share their co-production opportunities and invite those with lived experience to support with engagement and involvement activities.

2.5.1.2 Reducing Restrictive Interventions (RRI) Group

This is a new group which commenced February 2023. The group’s initial piece of work was to develop co-produced RRI pledges for the Trust. One service user involved in this work highlighted *“Taking part in RRI work is in a way therapy, I get to talk about my experiences in a unique way with the hope of helping improve others experiences which in itself is ample payment”*.

This work has enabled a change in culture within our inpatient settings whereby recently a Peer Support Worker dialled into a virtual meeting where a patient from Westlands inpatient unit was able to contribute to the meeting.

2.5.1.3 Lived Experience of Homelessness Working Group

During the year this group met to develop a strengthened and joined up approach to listening to and engaging with anyone who has lived experience of being homeless. Refer to item **2.1.4** which provides the link to a film which promotes the Homeless Mental Health Team and the great work it does, together with key messages to break the stigma surrounding the homeless community to improve experiences of care.

2.5.2 Community Mental Health Service User Survey (2023)

This year the survey took place between August and December 2023. The survey captures patient views and perceptions of the care they received whilst receiving community mental health services. The survey was sent to a basic sample size of 1250 service users. There were 33 responses excluded from the survey for the following reasons: patient deceased (4) or moved/not known at the address (29). Therefore 216 responses were usable from a sample of 1217, and the response rate was 18%. Last year’s response rate was 21%, therefore we have seen a 3% decline in responses this year.

Several changes have been made to the survey including:

- The dates in which the survey takes place (up until this year the survey ran from February to June each year).
- The survey has changed from a paper based self-completion postal questionnaire to a mixed-mode survey where service users are able to complete either an online or paper version of the questionnaire. In addition, two text message reminders will be sent including a unique link to the online survey.
- Eligibility criteria has changed to include 16-17 year olds to be eligible to participate, however Memory Clinics have been excluded.
- Major revisions to the questions have been implemented. Twenty-three new questions have been added, nineteen removed, and fourteen amended. A new section has been introduced to capture the experience of younger people transitioning from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- The covering letter to support the survey now offers Trusts to add bespoke information on how they have used the previous survey data to improve care for service users.

In 2023 the Trust scored above the highest 80% threshold in comparison to all Trusts surveyed for five questions as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q6. While waiting, (between assessment and first appointment for treatment), were you offered support with your mental health?	38.3%	54.1%	65.0%	76.5%	73	<b>68.6%</b>
Q10. Did your NHS mental health team consider how areas of your life impact your mental health?	58.0%	60.8%	67.1%	73.9%	200	<b>67.2%</b>
Q18. Do you feel in control of your care?	45.5%	49.1%	55.3%	60.8%	180	<b>56.4%</b>
Q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?	26.3%	38.9%	48.3%	55.7%	48	<b>52.2%</b>
Q32a. In the last 12 months, did your NHS mental health team give you any help or advice with finding support in joining a group / taking part in an activity?	29.0%	39.5%	46.6%	55.2%	157	<b>46.9%</b>

The Trust scored in the bottom 20% of all Trusts surveyed for one question as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q22. In the last 12 months, has your NHS mental health team asked how you are getting on with your medication?	59.7%	73.8%	80.7%	86.7%	156	<b>73.0%</b>

The remaining scores sit in the intermediate 60% of Trusts surveyed.

The Trust’s Community Mental Health Service User Survey working group will continue to meet to implement an action plan to address areas where improvements can be made. The focussed work will pay particular attention to; the question were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust’s bottom five scoring questions and specific targeted questions of concern (rationale for targeted questions of concern include those that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore further work is required). For further information on this survey, visit the website <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2023/>

2.5.2.1 Community Mental Health Service User Survey (2022)

A Service User Engagement audit has taken place to provide assurance on the plans in place to improve the areas of weakness identified in the 2022 Community Mental Health Service User survey. Refer to item **2.1.8** which provides further information on the findings from the audit.



2.5.3 Mental Health Inpatient Survey

The Mental Health Inpatient Survey launched in 2023. It was co-produced internally with staff, service users and carers to give detailed feedback from service users admitted to Trust inpatient units and, in turn, to allow teams to create actions to address any areas of issue which arise from responses to improve the experience of those who use our mental health inpatient services.

During the past year, we have focused on the survey approach and increasing response rates. In order to strengthen feedback rates, a competition was held and the team with the most responses in a set timeframe won a voucher for their team.

During the period 1 April 2023 to 31 March 2024, there were 26 responses received across two units (Mill View Court and Westlands). In the reporting period, on the whole, respondents said:

- That there was nothing else that could be done to improve their admission and that they felt that staff knew about them and any previous care they had received, informed them about routines on the ward and that they felt safe and were given enough privacy on the ward.
- That they were mostly satisfied with the food on offer and said that it meets their dietary requirements.
- That they were mostly satisfied with the support given to their loved ones and felt supported in maintaining contact with them.
- That they felt staff were approachable, they felt listened to and were treated with dignity and respect.
- That they felt their care was centred around them and their needs and that they felt involved in their care and treatment.

- New medication and possible side effects were discussed with them and some people received written information to support this.
- On admission, most people found their rights were explained in an easy-to-understand manner.
- Most people knew how to make a complaint if needed.
- That they did not feel that their care and treatment was affected by their age, gender, ethnicity, sexual orientation, religion or disability.

Looking ahead to 2024-25 we will increase uptake by working closely with the Engagement Lead for the Mental Health Services division alongside Peer Support Workers who are situated within the inpatient units to support teams to offer the survey to all service users and also to strengthen the support given to service users to complete the survey. Any consistent areas of concern which repeatedly appear in the survey results will be addressed with an action plan to resolve.

2.5.4 Primary Care Network Case Studies

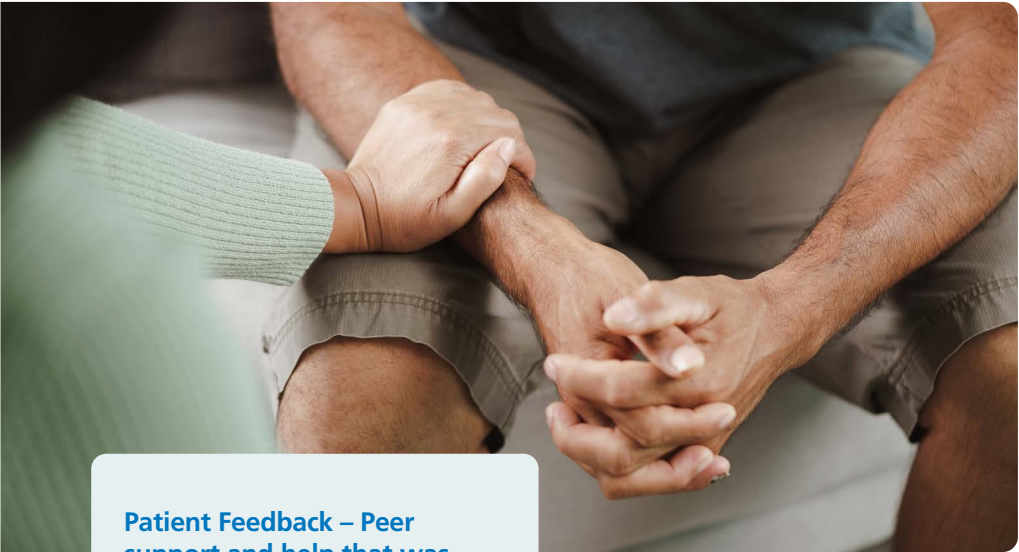
Initially the division started to collect case studies to help inform the development of the Primary Care Networks as part of the Community Mental Health Transformation Programme. Feedback continues to be collected so the division can listen to the experiences of those accessing the Primary Care Mental Health Network. They are collated on a quarterly basis and the Trust's Communication Team then cascade the stories to staff and external partners.

Patient Feedback – They helped me to realise that I was alive:

*"I have suffered from depression for just about all my life. I got to a point where I had given up on everything and I just sat on a chair. I previously had problems with money but this time I was just overwhelmed by what I had to do. I just lost it a bit. I was just reading a book and doing nothing else. I suppose I just shut down. The GP put me in touch with a Mental Health and Wellbeing Practitioner. She started off with asking me what was going on and what I was interested in. I suppose she was fishing for roots into what would wake me up and get me interested in life again.*

*She came to my house initially, but I can't really remember the appointment now. I seemed to gel with her. I liked her because she wasn't challenging. It would have been good if I could have seen her for longer, or if she could get back in touch after 2 months to see how I am getting on and if I'm still doing what I'm supposed to do. I know what to do but I can't always do it. I can believe in the person that's helping me and it was easy to believe in the Mental Health and Wellbeing Practitioner.*

*The support has made an enormous difference, it has made me realise where I was little by little it built up my self-confidence and I realised that I could do things. It made me realise that I was alive and not just sat there. It made me look at things that I could do, I've got some of my interests back and I'm doing things in the house. The lady was so well suited to help me with my situation, she fitted the bill I couldn't have found a better person to look after me. Professionally she's pretty damn good."*



Patient Feedback – Peer support and help that was there when needed:

*I'd had anxiety and OCD for a few years and it suddenly took a big down turn and I needed support to get back to a place to become functional. I'd tried to get support before, but it wasn't helpful, and it was the wrong thing for me. I have no complaints about the support from the Primary Care Mental Health Network. I saw a Peer Support Worker before moving on to see a CBT therapist. It was really nice speaking to someone who understood what I was going through.*

*You can speak to people about what you're going through but unless they have been through it themselves, they don't really understand. To be able to say what was going on and for her to understand fully was really helpful. She pushed me to push myself. It was nice having her there. The communication was good, after an initial assessment I was put in touch with the Peer Support Worker really quickly, I didn't have to wait at all. It was so nice to be taken seriously and for help to be there when I needed it. I was offered other support like seeing a pharmacist to discuss medication and even though I didn't take up offer, knowing that it was there was really good. If I needed extra help, it was there.*

2.5.5 Mental Health Services Divisional Policies

Service Users and Carers have been invited to write trust policies alongside staff which means that the voice of those with lived experience is running through the heart of our services. This is helping to build confidence and trust for those using our mental health services. Examples include; Rapid Tranquilisation policy and Use of Force policy.

Positive feedback from service users and carers on getting involved:

*"It was enlightening to review the rapid tranquilisation policy and nice to be involved. It says a lot of positive things about the Trust."*

Service User, Mental Health Services division, Avondale

*"If I saw the co-production badge on a policy as an inpatient, I would feel comfortable enough with the policy to not feel the need to read it."*

Service User, Mental Health Services division

2.5.6 Adult Mental Health Support Poster

A poster has been co-produced with members of the Trust's Adult Mental Health Co-production group to raise awareness of the support available for people experiencing mental health difficulties. The poster displays options of mental health support from the perspective of what a person needs. It is hoped that the poster will raise awareness of the different support services available, which in time will help to alleviate pressures in the system to help reduce the need to attend Emergency Department facilities for support when for example, the individual would like someone to talk to.





2 Our Partnerships

2.5.7 Emergency Department Streaming Project

Patient's, Service Users and Carers were involved in improving the environment for those attending the Emergency Department with a mental health problem. Ideas from the focus group informed the new space and helped to create a recovery focussed environment which is having a positive impact on those accessing the service.

**A focus group was held to discuss experiences of waiting in the Emergency Department when needing mental health support to identify ideas around creating a supportive environment in the new space and a name for the new waiting area. Quotes from service users involved in the focus group include:**

*"Really enjoyed being part of the meeting and having the opportunity to contribute ideas. We think it is a much-needed way forward for many patients who experiencing mental health. Thank you again."*

*"Great initiative and some brilliant ideas, we all seem to be very much on the same page which makes me believe it will be a success."*

*"I have found this meeting very helpful and informative. I'm pleased about the changes which are to be implemented. I think it will improve my experience of A and E and make a difficult experience more manageable."*

*"Really valuable to have a voice and be heard."*

*"I've enjoyed it & will take part again"*

Patients from the Mental Health Services division accessing the Emergency Department Streaming Service feedback:

*"The blossom on the wall was really calming, I started thinking about things that would be happening over Easter and it helped me to calm, the colours were calming, certain colours tend to anger me like red but the purple and blue colours were relaxing."*

*"It was good that staff are seeing physical and mental health as equally important – the mental health assessor helped me sort out epilepsy medication."*

3 Our Workforce and Organisation

2.5.8 Clinical Risk Training

Staff and three Experts by Experience (individuals with lived experience of mental health) worked together for two full days to refresh the Trust's Clinical Risk training slides.

**Benefits of involving people with lived experience:** The patient voice is now at the heart of the training. Their voices are ensuring that staff are meeting the needs of those experiencing mental health difficulties.

Feedback from one of the Experts by Experience highlights:

*"The two days working with staff and Rebecca and Erin were fab! Long days but I felt fully involved all the way through, and I found the staff members to be extremely helpful and validating throughout the work. Tracy, Sian, Sarah and Claire were brill!"*

2.5.9 Lived Experience to Inform Training Films

Patients and Service users have been involved in developing films that are being included in staff De-escalation, Management, and Intervention training to enhance the training through incorporating the lived experience element. This is improving patient care by bringing the 'human' element into the training room to build knowledge and understanding relating to restrictive intervention.

**Feedback received:**

*"It's reassuring to know that negative experiences are listened to, taken seriously and that the Trust can be seen taking action to improve and reduce these experiences."* Service User, Avondale

*"I learned a lot from hearing what it is like for a person on the receiving end of restrictions, it has made me re consider things from a different perspective."*

**Staff member, Swale ward, The Humber Centre**



2.6 Learning Disabilities Service

1 Our Care

2.6.1 Follow My Lead Project

The Speech and Language Therapy Team have implemented the Follow my Lead project which is an award-based training scheme (providing education) aimed at services who support individuals with profound and multiple learning disabilities (PMLD). The scheme aims to encourage and support care providers to meet, maintain and put into practice 'The Five Good Communication Standards' (Royal College of Speech and Language Therapists, 2013). The scheme focused on enhancing communication and the quality of life for people living with PMLD.

2.6.2 Children's and Learning Disability Services Website

Refer to item 2.2.3.

2 Our Partnerships

2.6.3 Hull Maritime Museum Refurbishment Project

The overall aim of the refurbishment project was to ensure equal access, remove barriers to communication, ensure information is displayed in an easy read format and ensure public spaces are environmentally friendly, inclusive and accessible.

**HSJ Patient Safety Awards 2023: Follow My Lead Project**

The project received 'highly commended' in the Learning Disability initiative of the year category of the HSJ Patient Safety Awards 2023. Co-production was prominent throughout the project with input from the Hull Profound and Multiple Learning Disabilities (PMLD) Focus Group including parents, carers and professionals who support people with PMLD.

**Feedback from several residential home managers who participated in the project:**

*"The Follow My Lead project exceeded our expectations as not only was the project well designed and well delivered, we were fully supported throughout the process."*

*"I wanted to see if the home would benefit from this project and wasn't disappointed."*

*"The audit tool was good to help me as a manager to assess what areas could be improved on in the service to support the clients and staff, it helped me see things differently and therefore opened my mind to trying new things to support communication."*

*"The training has had a positive impact on both the people we support and the team. It's great to see."*

**Service User Involvement**

Twenty service users from CASE Day Service (Hull) and Priory View Day Service (Bridlington) were involved in focus groups to share their experience and opinions on the refurbishment. This included their feedback on which symbols to use, checking the easy read was understood and sharing their ideas for improvements.

**Improved Confidence**

On getting involved in the focus groups, service users fed back that their confidence had improved, and they had a sense of pride in contributing to an important project.

By involving service users and listening to their feedback to inform the changes to the refurbishment of the Hull Maritime Museum will have a big impact on the thousands of people who access the museum when it reopens.



3 Our Workforce and Organisation

2.6.4 Learning Disability Engagement Lead

This is a new post in the Learning Disability division and the successful postholder started in their role in January 2024.

*"I have worked with the Learning Disability team for the last eight years. I am excited to use my knowledge of the service to support me to succeed in my new role. I am looking forward to co-producing with clients, families, and carers to improve and shape the service we offer."*

**Learning Disability Services Engagement Lead**

2.6.5 Oliver McGowan Training

This training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for Health and Social Care staff to have better training. The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive Learning Disability and Autism training appropriate to their role.

**Trust Learning Disability Service Engagement Lead is now trained to deliver the Oliver McGowan training course.**

The Learning Disability Services Engagement lead attended a four day train the trainer Oliver McGowan training course in Birmingham which was co-delivered by trainers with lived experience of Learning Disability and Autism. The Humber and North Yorkshire Integrated Care Board (ICB) is now in discussion with the Trust to see how the Trust's Learning Disability Service can facilitate this training in the future.

3.0

Complaints and Feedback

**During the past year (1 April 2023 to 31 March 2024), the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. For the previous year, the Trust responded to a total of 582 complaints: 195 formal complaints and 387 informal complaints.**

Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. For the

previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%).

On comparing the 2 years there has been an overall decrease by 28 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

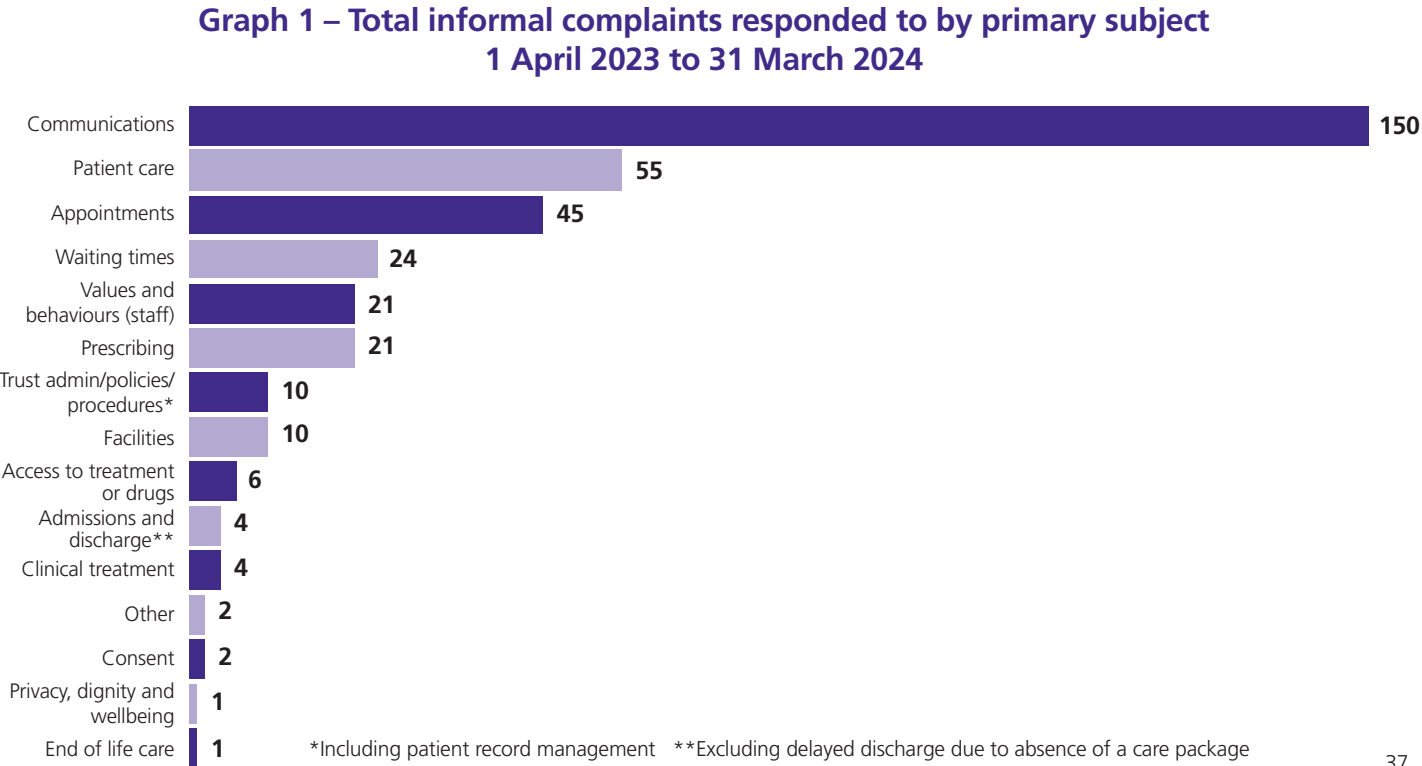
The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from the feedback.



3.1 Informal Complaints

An informal complaint is when a complaint is received and triaged, if it is deemed appropriate for an informal resolution, it is sent to the team/service; most responses are given verbally by clinical staff. Once the issue has been resolved the Complaints and Feedback team is informed of the discussion/action taken, this is recorded, and the case is closed.

For the period 1 April 2023 to 31 March 2024, the Trust responded to 356 informal complaints. The primary subjects/themes are highlighted in Graph 1.





3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2023 to 31 March 2024, a total of 9 informal complaints have been escalated to formal complaints, as follows:

• **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

**Primary subject:** Patient care  
**Reason for escalation:** The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT, despite multiple referrals, contacts and support from other services. However, they did not hear from the CMHT for more than two months from the date of the complaint and when they were ultimately contacted, they spoke to a student nurse who was unfamiliar with their case and stated the team could not help them any further.

• **Community Services and Primary Care – Market Weighton Practice**

**Primary subject:** Communications  
**Reason for escalation:** The patient originally raised concerns regarding the practice’s communication and attitude of staff. The practice did not resolve these concerns to their satisfaction and they subsequently made the decision to escalate to formal after a communication error around their blood test results.

• **Community Services and Primary Care – Physiotherapy**

**Primary subject:** Patient care  
**Reason for escalation:** The complainant wished to raise concerns around the community nursing services provided for their partner, and the Service Manager agreed to meet with them directly and see if the issues could be resolved informally. Following discussion with the service manager, it was agreed to raise the issues regarding community physiotherapy as a formal complaint.

• **Community Services and Primary Care – Humber Primary Care**

**Primary subject:** Values and behaviours (staff)  
**Reason for escalation:** The complainant felt that a locum member of staff at the practice was rude towards them and that there was incorrect documentation in their medical record. The practice was unable to resolve these issues with the complainant on an informal basis, partly because the locum clinician declined to speak to the complainant as requested, and they requested escalation to formal.

• **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

**Primary subject:** Prescribing  
**Reason for escalation:** The complainant raised a concern about being unable to have their mood stabilising medication changed and to gain access to Attention Deficit Hyperactivity Disorder (ADHD) medication. The service was unable to resolve these issues on an informal basis as they could not fulfil these requests to the patient’s satisfaction, and they requested escalation to formal.

• **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

**Primary subject:** Patient care  
**Reason for escalation:** The complainant originally raised a concern via their Member of Parliament (MP) around difficulties getting a medication review and an ADHD assessment for their son. The service was unable to resolve these issues on an informal basis as the complainant did not feel the response to their MP identified a plan in place for the patient and they requested escalation to formal.

• **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

**Primary subject:** Communication  
**Reason for escalation:** The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT. However, they subsequently stated they had not been contacted by the services in spite of repeated attempts to request an update regarding their complaint and they requested escalation to formal.

• **Community Services and Primary Care – Community Dietitians Service**

**Primary subject:** Patient care  
**Reason for escalation:** The complainant originally raised the issue informally of being unable to obtain specialist medical supplies for their condition, stating that no NHS organisation would fund the supply including the Trust. A multi-agency meeting determined that the Trust would not be responsible for provision; the complainant was unhappy with this outcome and requested the complaint be escalated to formal.

• **Planned Care Mental Health Services – Beverley Community Mental Health Team (CMHT)**

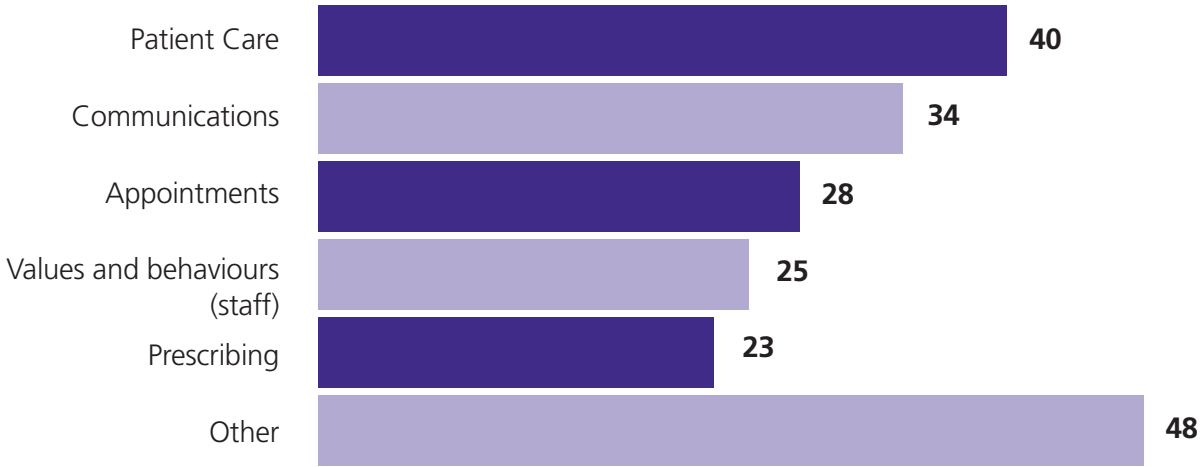
**Primary subject:** Prescribing  
**Reason for escalation:** The complainant originally raised concerns via their MP around community mental health support for their son, a review of medication management, and specialist support for their complex condition. The service held a further conversation with the complainant to attempt to resolve the issues and confirm what could be provided; the complainant was unhappy with the proposals given and requested a formal investigation.

3.2 Formal Complaints

During the past year (1 April 2023 to 31 March 2024), the Trust received 216 formal complaints compared to 197 for the previous year.

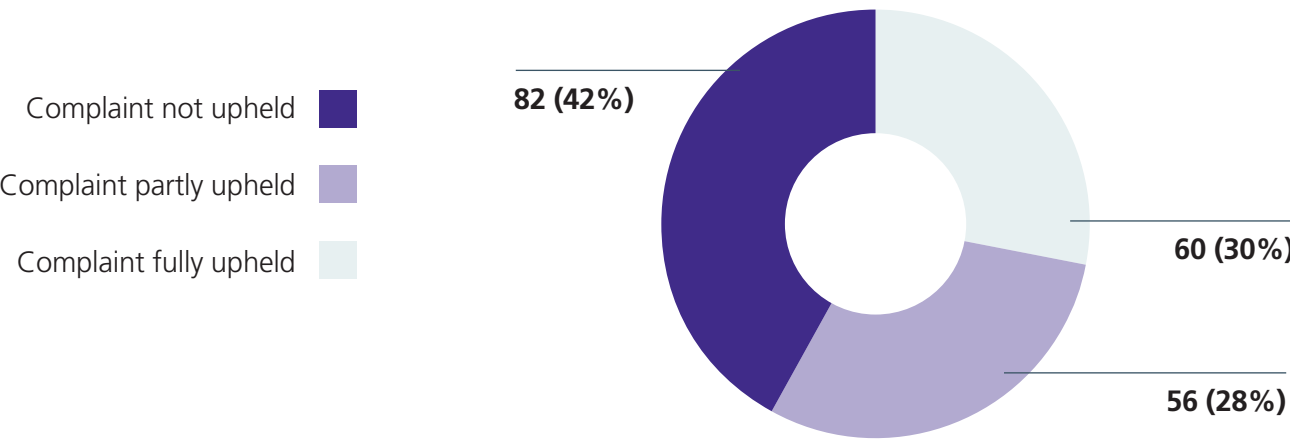
The Trust responded to 198 formal complaints which compares to 195 for the previous year (an increase of 3 formal complaints). The Complaints and Feedback Manager considers that this static position is due to the combination of an increase in formal complaints in Primary Care compared with the previous year and an overall reduction in formal complaints across the majority of other services and divisions. The primary subjects/themes are highlighted in Graph 2.

Graph 2 – All formal complaints responded to – primary subjects including Top 5 1 April 2023 to 31 March 2024



Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. Of the 82 formal complaints not upheld, 9 were withdrawn. For the previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%). The outcomes are highlighted in graph 3.

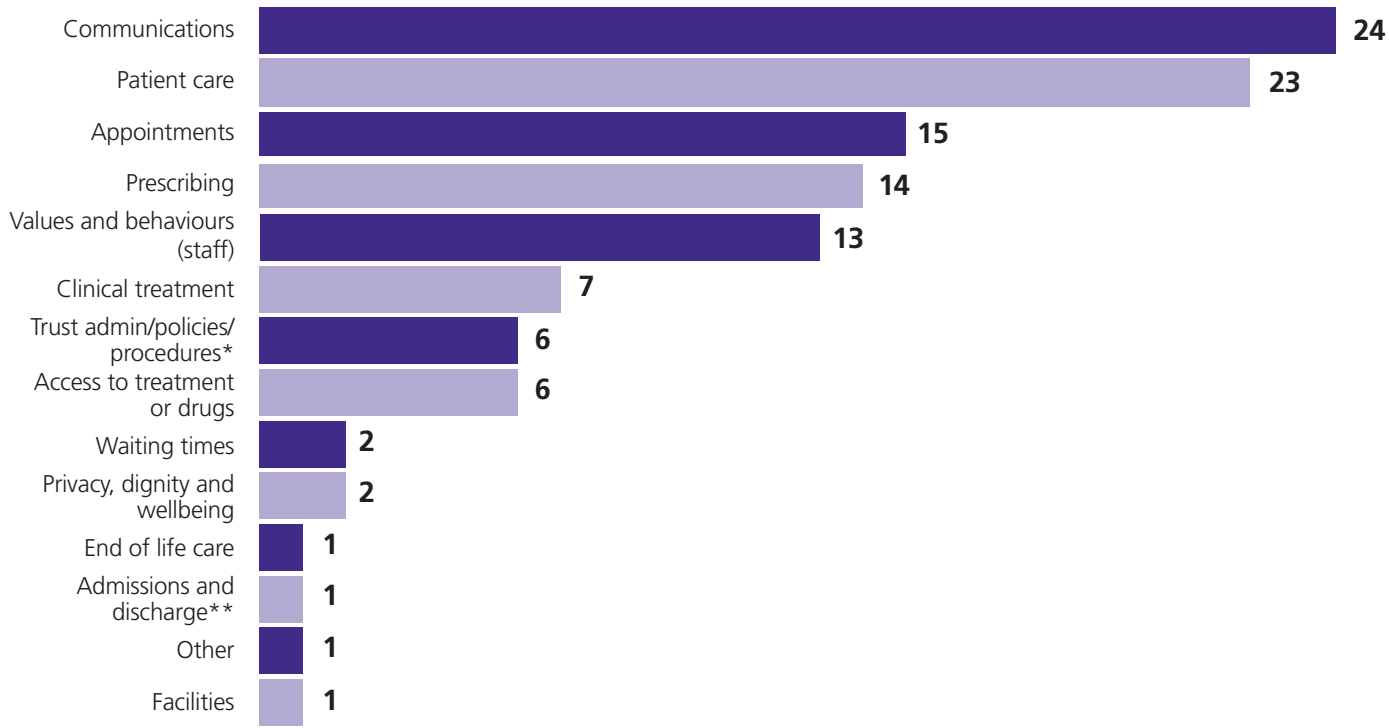
Graph 3 – All formal complaints responded to – outcomes 1 April 2023 to 31 March 2024



3.2.1 Themes and Trends

On analysing the total number of formal complaints responded to over the last twelve months where the outcome was either upheld or partly upheld, Graph 4 highlights that communications is the top subject for the Trust, followed by patient care then appointments.

Graph 4 – Total formal complaints responded to – upheld and partly upheld  
1 April 2023 to 31 March 2024

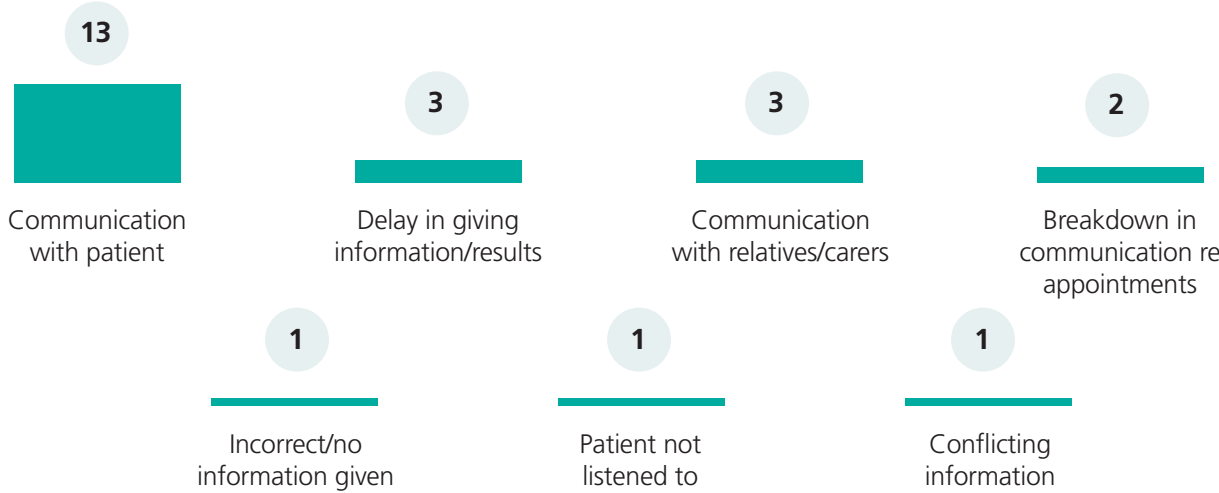


Analysis

Communications

On critiquing the top subject of communications, further analysis (Graph 5) confirms that communication with patient is the highest sub subject for the Trust, followed jointly by delay in giving information/results and communication with relatives/carers. There was a total of 34 formal complaints responded to, with communications as the primary subject during the twelve month period. Of these, 12 were fully upheld following investigation and 12 were partly upheld, with the remaining 10 not upheld.

Graph 5 – Formal complaints responded to – upheld and partly upheld  
Communications – 1 April 2023 to 31 March 2024



Of the 24 complaints that were fully and partly upheld, 15 (63%) were for Community Services and Primary Care and the majority of complaints for this division resulted in a fully upheld outcome.

The top three sub-subject themes highlight:

- 13 had a sub-subject of ‘communication with patient’, and of those, 8 were related to a lack of promised telephone contact from the service.
- 3 had a sub-subject of ‘delay/information in giving results’, and of those, 2 related to issues with a General Practice.
- 3 had a sub-subject of ‘communication with relatives/carers’; no notable trends to observe

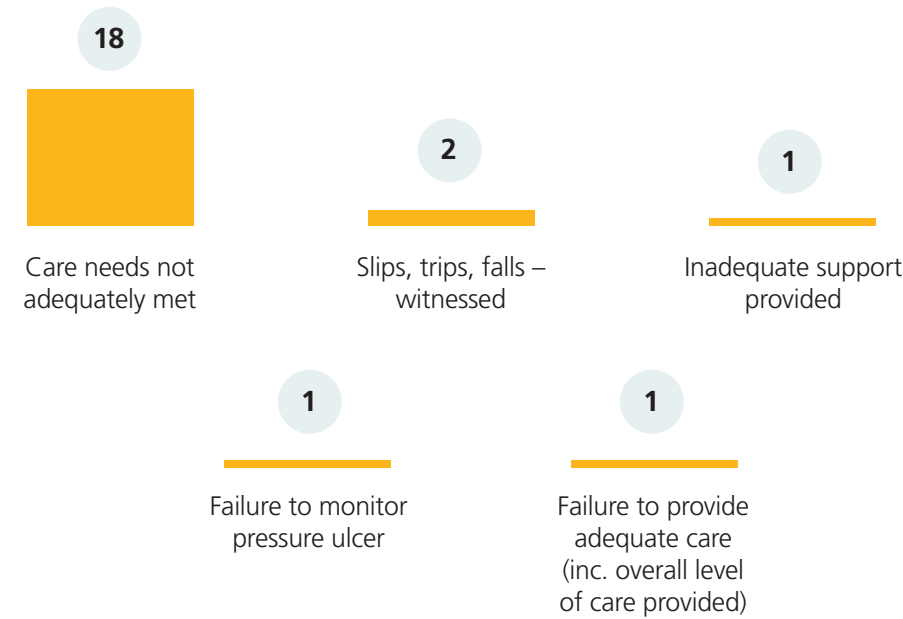
\*Including patient record management \*\*Excluding delayed discharge due to absence of a care package

Analysis

Patient Care

On critiquing the second highest subject of patient care, further analysis (Graph 6) confirms that care needs not adequately met is the highest sub subject in this category; followed by ‘slips, trips, falls – witnessed’. All other sub subjects have one entry each. There was a total of 40 formal complaints responded to, with patient care as the primary subject during the twelve month period. Of these, 11 were fully upheld

Graph 6 – Formal complaints responded to - upheld and partly upheld  
Patient care – 1 April 2023 to 31 March 2024



Of the 23 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 5 were for Planned Care Mental Health Services, 5 were for Children’s and Learning Disabilities Services, and the remaining 3 were for Unplanned Care Mental Health Services.

The top three sub-subject themes highlight:

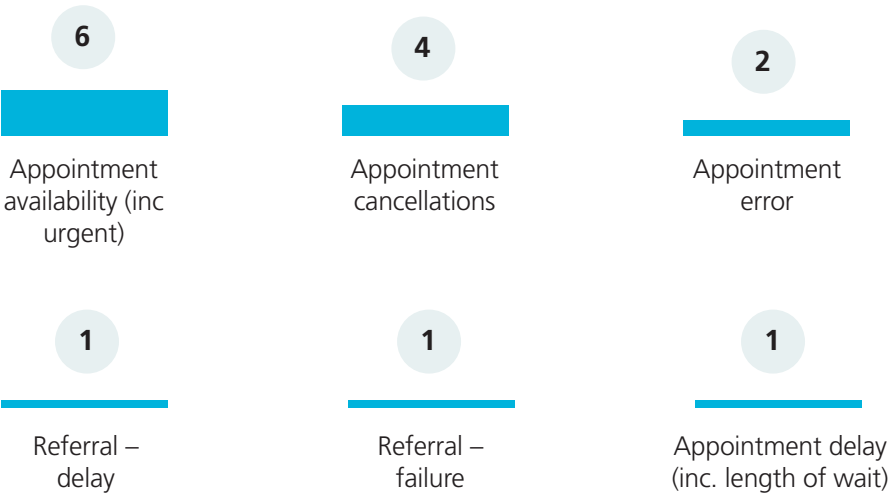
- 18 had a sub-subject of ‘care needs not adequately met’, and of those, 10 were fully upheld and 8 were partly upheld.
- 14 complaints related to an overall lack of care and support from the service, while the remaining 4 related to a specific instance of care.
- 2 had a sub-subject of ‘slips, trips, falls – witnessed’, and there were no notable trends to observe.
- There was 1 complaint for each of the remaining sub-subjects: ‘inadequate support provided’, ‘failure to monitor pressure ulcer’, and ‘failure to provide adequate care (inc. overall level of care provided)’. No notable trends to observe for these categories.

Analysis

Appointments

On critiquing the third highest subject of appointments, further analysis (Graph 7) confirms that appointment availability (including urgent) is the highest sub subject for the Trust, followed by appointment cancellations, then appointment error. There was a total of 28 formal complaints responded to, with appointments as the primary subject during the twelve month period. Of these, 9 were fully upheld following investigation and 6 were partly upheld, with the remaining 13 not upheld.

Graph 7 – Formal complaints responded to - upheld and partly upheld  
Appointments – 1 April 2023 to 31 March 2024



Of the 15 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 4 were for Planned Care Mental Health Services, and 1 was for Children’s and Learning Disabilities Services.

The top three sub-subject themes highlight:

- 6 had a sub-subject of ‘appointment availability (including urgent)’, and of these, 5 included issues with accessing a soon or urgent appointment at a General Practice.
- 4 had a sub-subject of ‘appointment cancellations’, and all 4 related to appointments being rearranged or cancelled at short notice without warning.
- 2 had a sub-subject of ‘appointment error’, and both of these related to incorrect appointment details being given out by a General Practice.



3.2.2 Learning Responses

Each complaint presents a new opportunity for learning and improvement in the Trust. For every formal complaint that has been either fully or partly upheld, an action plan is produced by the Investigating Manager and submitted with the final documentation; all actions are then moved onto an action tracker which is monitored by each division to ensure continuous improvement and transition into the day-to-day business of patient care.

The following are some of our learning responses because of the complaint and the subsequent investigation during the past year.

Theme 1: Communications

Issues upheld	Learning responses
<b>Primary Care</b> – The complainant had enquired several times with the GP practice about whether a procedure is offered and had been promised several follow-up calls but to date have heard nothing back.	The practice has now implemented an improved Total Triage system which will decrease the number of tasks they receive and improve communication timescales.
<b>Children’s Services</b> – The complainant had experienced poor communications between themselves, and the services involved whilst the patient was attending the emergency department and in crisis.	The service is developing a multi-agency process to enhance all the appropriate pathways for patients in crisis, in addition to a new self-harm pathway between the NHS and social care providers to complement this process.
<b>Planned Care Mental Health Services</b> – The complainant was sent a letter for an appointment with the team consultant, but the purpose of the appointment was unclear and made no reference to the complainant’s stated request.	The service is reviewing all their letter templates on the electronic patient record (EPR) to ensure that these more accurately reflect the nature and purpose of each appointment and give sufficient details to the patient.

Theme 2: Patient care

Issues upheld	Learning responses
<b>Unplanned Care Mental Health Services</b> – The complainant had not been happy with the care and support his son had received and had believed he had been discharged too early and had not been given the correct medication that he should have been given.	The service has arranged for the Carers Support Team to come in and provide some additional training about what they offer, and when may be an appropriate juncture to offer a referral.
<b>Planned Care Mental Health Services</b> – The complainant is unhappy with the treatment of their daughter’s mental health conditions, the lack of joined-up care with their physical health condition, Functional Neurological Disorder (FND) and the perceived lack of knowledge in treating the two together.	<ul style="list-style-type: none"><li>• An additional training needs analysis was undertaken in respect of FND for staff to improve their knowledge base.</li><li>• A memo was also sent to all staff to remind them that a piece of outdated terminology is no longer to be used due to its potentially confusing and negative connotations.</li></ul>
<b>Children’s and Learning Disabilities Services</b> – There was a lack of clarity regarding the psychiatry pathway for patients that are currently under the service; this has led to delays as the referral was passed between teams.	The service is developing a clear and defined pathway/provision for a person with a learning disability who requires a psychiatry service and has a specific clinical risk requiring management.

Theme 3: Appointments

Issues upheld	Learning responses
<b>Planned Care Mental Health Services</b> – The complainant had to cancel multiple appointments due to personal reasons and although they had been assured they could cancel at short notice without being penalised, the service treated these as missed appointments, then gave another appointment for a weekday on which the complainant had already stipulated they were working. They then received a letter discharging them from the service.	The service has added a paragraph to appointment letters requesting patients cancel if they cannot attend the appointment or making contact with the service if they have missed an appointment. If they don’t make contact within 14 days, their case will be discussed in a multidisciplinary team meeting and they may be discharged from the service.
<b>Primary Care</b> – The complainant has had multiple appointments cancelled at short notice by the GP practice for various reasons; one due to an administrative error, another due to staff sickness and a further appointment due to test results not yet received.	<ul style="list-style-type: none"><li>• The GP practice has now extended the length of time they have appointments for nurses and Health Care Assistants (HCA) and have increased appointments available to ensure patients have a better experience of booking their treatments - up to twelve weeks in advance.</li><li>• The practice has been reminded to ensure that they inform all patients of cancellations in a timely manner.</li></ul>
<b>Primary Care</b> – The complainant was unable to access appointments for their parents with either the GP or the Practice Nurse; they were told to use the online booking system but lack the IT skills to do so.	<ul style="list-style-type: none"><li>• The current staffing level at the practice has been reviewed from when the complaint was raised, to the present time and can confirm that they have recruited further colleagues to support with call handling.</li><li>• The practice has implemented a newer online system which is easy to use and is happy to offer learning support with this.</li></ul>

3.3 Parliamentary and Health Service Ombudsman (PHSO)

Of the 198 formal complaints responded to from 1 April 2023 to 31 March 2024, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman.

There was 1 case considered by the PHSO which was closed during this reporting period but was not a complaint responded to during 2023/24.

There is currently 1 case currently under investigation by the Ombudsman which relates to a complaint from April 2022.

3.4 Zero Informal and Formal Complaints

The table below highlights the number of teams within each division where no formal or informal complaints have been received during the reporting period (1 April 2023 to 31 March 2024).

Division	Teams in scope	No. of teams with zero complaints	% of teams with zero complaints
Children’s and Learning Disabilities Services	33	16	48%
Community Services and Primary Care	10	0	0%
Corporate Services	3	3	100%
Forensic Services	10	4	40%
Planned Care Mental Health Services	19	3	16%
Mental Health Services - Central	1	1	100%
Unplanned Care Mental Health Services	21	7	33%
<b>Total</b>	<b>97</b>	<b>34</b>	<b>35%</b>

34 of the 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months.

3.4.1 Zero Complaints – recommendations

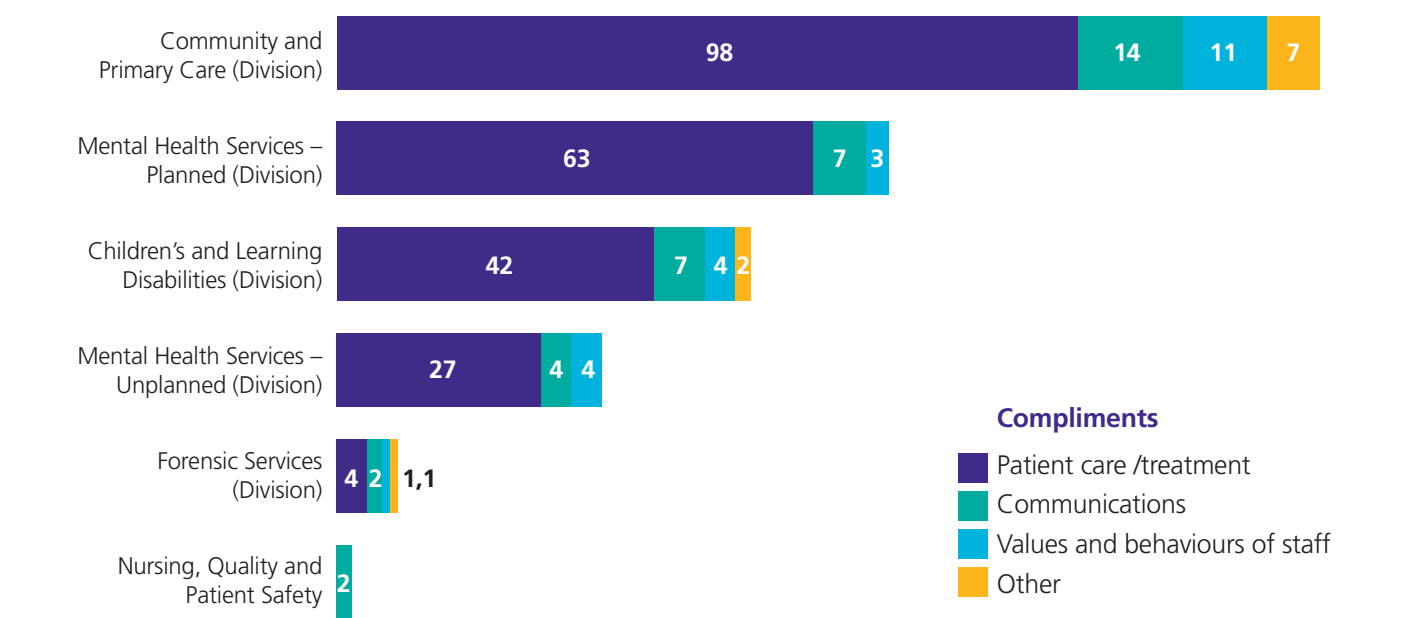
To ensure our teams are communicating the complaints process to everyone as effectively as possible, whilst acknowledging an effective local resolution, the below table details actions taken by the organisation during the past year to address key recommendations relating to teams receiving no complaints.

Recommendation	Activity
Clinical leads to talk to their teams who have not received any informal or formal complaints during the past 12 months to understand the rationale.	The Complaints and Feedback Manager has discussed with service managers/ clinical leads whose services have not received any complaints during the period, and the majority have advised this is due to these services having a holistic and responsive care approach which deals with issues quickly and compassionately and focuses on local resolution. Some have suggested they have been able to effectively resolve all their issues in this way. During the investigating manager training delivered to teams, a discussion takes place to ensure everyone understands the importance of the Trust complaints process being visible to the public.
Clinical leads to check their clinical areas to ensure that they have complaints leaflets and posters in their clinical areas for patients, service users and carers to access.	The Complaints and Feedback Manager has discussed with clinical leads for assurance and confirmed that posters and leaflets are currently available and on display throughout our community and inpatient sites. A new publicity campaign for complaints and patient feedback has recently been implemented in cooperation with the Communications Team, with refreshed posters and leaflets which are designed to strengthen the local resolution process and which join up the complaints process with compliments and giving positive feedback.
Clinical leads in the Learning Disabilities service to ensure that they have complaints literature in an accessible format. The division to enhance their accessible information offer.	The Complaints and Feedback Manager has received assurance from the division that easy read leaflets for making a formal complaint to the Trust are currently available in Learning Disabilities community and inpatient settings. The division has recruited a new Engagement Lead with a clinical background in Learning Disabilities who will work to engage with patients and families around their care, to ensure they have a good understanding of the complaints process and to assist with resolving issues locally.
Peer Reviews questions for 2023/24 have been updated and include several questions relating to complaints. Patients’ questions ask if information is displayed clearly advising on how to make a complaint and if people know how to raise a concern or complaint. Staff ask how teams learn from complaints and how important information about complaints is disseminated to the team.	Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit) staff, team leaders and as part of the closed culture metrics. An estimated 118 reviewers have responded to these in the last year, 1 April 2023 to 31 March 2024.
The new Complaints and Feedback Manager joined the Trust on 5 April 2023. During his induction period to meet with divisional clinical leads and managers to get an understanding of teams’ complaints knowledge and experience and any gaps will be identified and a training offer given.	The Complaints and Feedback Manager discussed each division’s needs with service managers and clinical leads during his induction period and now meets them all regularly as part of the oversight and approval processes for complaints, both 1:1 and in governance meetings, where any gaps and outstanding concerns or suggestions for improvement are identified and acted upon. A full training package has been developed (see 3.6) and group training sessions for investigators, including professional development days, are now being booked on a regular basis.
Complaints and Feedback Team to attend a future Senior Leadership Forum to refresh staff on the complaints and feedback process.	The Complaints and Feedback Manager gave a presentation on the complaints process at a Governor Development Day, which included executive management in attendance. A basic awareness training package has been developed (see 3.6) and the offer is available to all staff, including senior management, every other month via lunch and learn sessions.

3.5 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 303 compliments for the period 1 April 2023 to 31 March 2024, which compares to 243 compliments received for the previous year. Graph 8 below informs on which division the compliment relates to and the type of compliment received.

Graph 8 – Compliments received by division and subject  
1 April 2023 to 31 March 2024



3.6 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise. The *Basic Complaints Awareness* course is a 30-minute lunch and learn session held over Microsoft Teams which runs on a bi-monthly basis (launched September 2023). It is aimed at all staff in the organisation and diary invites are sent out to every staff member by the Communications Team. The objective of the course is to provide staff with a good awareness of the following:

- The different types of complaint.
- The different ways in which individuals can make a complaint.

- The complaints investigation process and how this works, including *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*.
- The importance of local resolution, wherever this is possible.

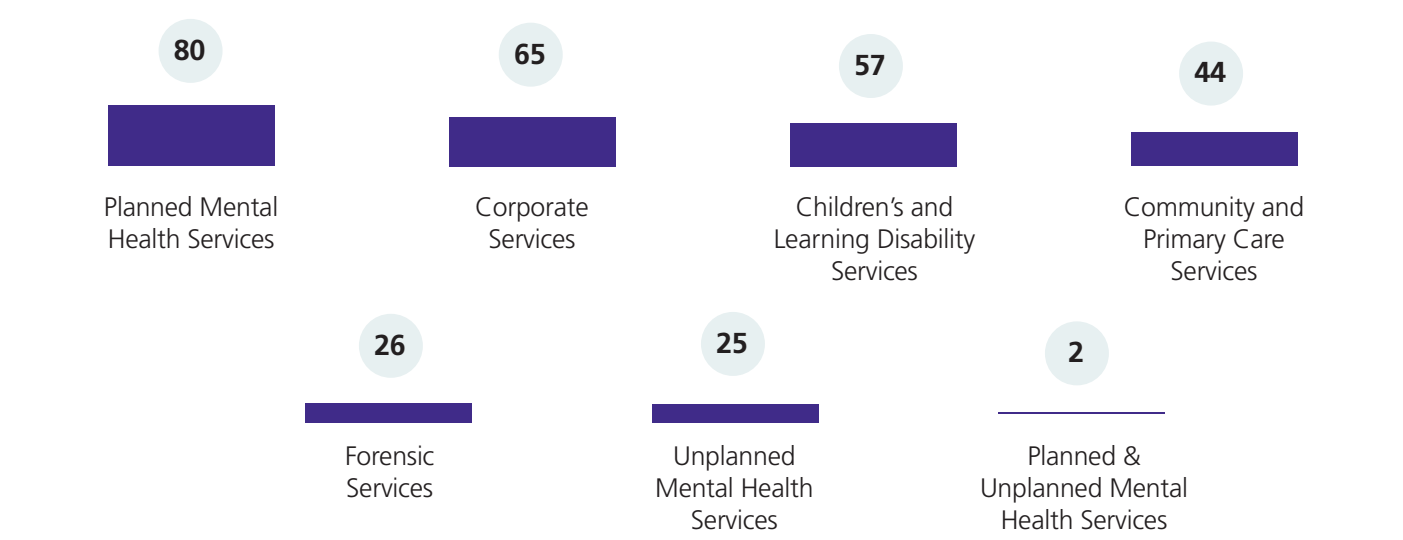
To strengthen the complaints awareness training session, in accordance with the Zero Complaints recommendations (see 3.4.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

Also, to strengthen the recording of compliments in our reporting, there is a section around what constitutes a compliment and a video on how to record a compliment. Please click on the following link to access the film <https://www.youtube.com/watch?v=hTgBttYpjfk>

The *Complaints Investigation and Resolution* course is a more in-depth session aimed at those staff who may lead on or support with formal complaint investigations. Sessions are booked via the Complaints and Feedback Team and can be held either virtually or face to face. The objectives of the course are to ensure that anyone involved with a formal complaint understands:

- The investigation process from beginning to end.
- What a good investigation looks like.
- The rules and process for gaining consent.
- Duty of candour and admitting when we get it wrong.
- The importance of a sincere apology.
- Alignment with Trust policies and procedures including Information Governance (IG), patient safety and safeguarding.

Graph 9 – Total complaints training numbers by division  
1 April 2023 to 31 March 2024





# Priorities for 2024/25

The table below includes a broad overview of some of the patient and carer experience, engagement and involvement priorities that will be delivered over the next twelve months and focuses on key Trust wide priorities together with a snapshot of the divisional priorities which are included in the new PACE Five Year Forward plan.

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will strengthen our approach when developing actions in response to all surveys and will co-produce actions with people who use our services and those who care for people who use our services.		We will continue to support and contribute to the Humber and North Yorkshire Integrated Care Board (ICB) engagement project 'A Good Experience' to help inform the development of a Communications Engagement Charter.		We will continue to work with staff across Corporate and Clinical divisions to maximise engagement and involvement to ensure feedback from surveys is understood, acted upon and affectively communicated to all relevant stakeholders.	
	We will strengthen the recruitment process for the Experts by Experience opportunity where we pay people with lived experience for their time and commitment in supporting service developments and specific projects.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB Experience of Care Group to network and share Place and provider based intelligence and insight across the system to inform quality improvement and share learning.		We will continue to recruit Panel Volunteers to support the Trust's recruitment process.	
	We will strengthen the Trust's Friends and Family Test (FFT) process by monitoring response rates across all divisions and teams with low/no feedback will implement actions to address.		We will (divisional engagement leads and the Patient and Carer Experience team) continue to align annual Patient and Carer Experience Development plan priorities to the Patient and Carer Experience Five Year Forward Plan divisional and Trust wide milestones for year 2.		We will continue to market the Patient and Carer Experience Training programme to raise the profile of involvement in Trust activities.	
	We will launch a new Power BI FFT dashboard which will be accessible for all staff to review thematically analysed feedback. This will enable teams to celebrate positive feedback and implement Quality Improvement Charters where improvements are required.					

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
Trust wide	We will strengthen our Patient and Carer Experience forums membership.					
Children's and Young People's Services	We will improve the space used by children, young people, and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and inclusive in (Walker Street/West End Waiting Room Improvements).		We will co-produce a Children's and Learning Disability Divisional Website that is highly accessible and inclusive.		We will deliver Connect and Share sessions to promote shared learning, innovation and good practice across the children's and Learn Disability Division.	
Forensic Services	We will ensure the patient council "Our Voice" is heard and is part of the division's governance structure.		We will continue to develop links and partnerships with external education and training facilities.		We will continue to develop the recruitment process ensuring service users are involved in all recruitment and interviews for new staff in the division.	
Primary Care, Community Services and Addictions Services	We will increase the number of service users involved in co-production and will discuss progress at the Clinical Network meetings.		We will attend regular (bi-monthly) Partnership meetings led by the Public Health team, East Riding of Yorkshire Council.		We will develop a process to ensure every new volunteer/peer mentor receive the Trust's Trust activities information poster to strengthen our engagement and involvement offer.	
	We will act upon patient feedback received from the 2024 GP survey.		We will continue to attend Patient Participation Groups (PPGs) across all three Trust Practices, to ensure there are effective PPGs in place to support the wider patient population, contributing to a better overall experience.		We will work with volunteers to co-produce a refreshed and strengthened website for our 3 GP practices.	
Mental Health Services	We will embed patient stories within Mental Health services through case study, video and in person options for key meetings such as Crisis Care Concordat, Community Mental Health Team Transformation and Clinical Governance.		We will design a Carers Information Card for Carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities).		We will develop and promote a co-production toolkit for the Mental Health Services division.	
Learning Disabilities	We will work with people with a learning disability and families to continue to develop a range of processes, to collect and collate feedback to ensure that experiences and expertise shape service delivery.		We will collaborate with the Partnership and Strategy team to support the Health Inequalities project (the Learning Disabilities Community Hub).		We will introduce a process to ensure all teams have co-production awareness sessions delivered as part of their training requirement.	



# Appendix 1:

## Overview of the Trust’s GP Patient Survey Results for 2023

DOMAINS												
	1		2		3		4		5		6	
	Good overall experience of this practice		Easy to get through to this practice by phone		Good overall experience of making an appointment		Satisfied with the general practice appointment times available		Helpfulness of receptionists at this GP practice		Offered a choice of appointment when last tried to make a general practice appointment	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
National	72%	↓ 71%	53%	↓ 50%	56%	↓ 54%	55%	↓ 53%	82%	↔ 82%	59%	↔ 59%
ICS	76%	↓ 74%	55%	↓ 52%	60%	↓ 57%	58%	↓ 54%	85%	↔ 85%	62%	↓ 61%
HTFT Practices												
MWP	42%	↑ 51%	23%	↑ 27%	35%	↓ 33%	38%	↓ 33%	64%	↑ 80%	59%	↓ 51%
KS	57%	↑ 66%	20%	↑ 38%	32%	↑ 45%	32%	↑ 43%	83%	↑ 88%	53%	↓ 41%
HPC	68%	↓ 56%	28%	↓ 6%	32%	↓ 26%	79%	↓ 28%	79%	↓ 77%	59%	↓ 39%

DOMAINS													
7		8		9		10		11		12		13	
Patients satisfied with the appointment offered		The healthcare professional was good at giving the patient enough time		The healthcare professional was good at listening to the patient		The healthcare professional was good at treating the patient with care and concern		The patient was involved in decisions about their care and treatment		The patient had confidence and trust in the professional they saw or spoke to		The patient's needs were met	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
72%	↔ 72%	83%	↑ 84%	85%	↔ 85%	83%	↑ 84%	90%	↔ 90%	93%	↔ 93%	91%	↔ 91%
75%	↔ 75%	86%	↔ 86%	87%	↔ 87%	86%	↑ 87%	91%	↑ 92%	94%	↔ 94%	93%	↓ 92%
HTFT Practices													
55%	↓ 54%	66%	↑ 72%	72%	↓ 67%	78%	↓ 75%	93%	↓ 78%	85%	↑ 86%	88%	↑ 91%
55%	↑ 63%	67%	↑ 80%	89%	↓ 84%	90%	↓ 82%	87%	↑ 95%	95%	↓ 91%	92%	↔ 92%
64%	↓ 62%	88%	↓ 81%	86%	↔ 86%	85%	↓ 84%	92%	↓ 87%	92%	↓ 89%	92%	↓ 86%

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


**Humber Teaching NHS Foundation Trust**

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

**Tel: 01482 301700**

**Email: [hnf-tr.contactus@nhs.net](mailto:hnf-tr.contactus@nhs.net)**

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

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

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

**Humber Teaching NHS Foundation Trust**

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

**Tel: 01482 389167**

**Email: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)**



# BEING

# HUMBER



# WHY HAVE BEHAVIOURAL STANDARDS?

We want Humber Teaching NHS Foundation Trust to be ‘a provider of high quality services’ and ‘a great place to work’.

As an organisation we are committed to Caring, Learning and Growing and passionate about supporting our colleagues to be healthy, engaged and empowered to make a difference. Everyone who works for the Trust plays a part in achieving this.

This framework sets out the behaviours expected of all colleagues which are not explicitly described in our job description. The personal skills and attributes around ‘how’ we are expected to approach our work should be combined with professional and technical skills to inform every action we take.





# OUR MISSION, VISION AND VALUES

## OUR MISSION

Humber Teaching NHS Foundation Trust  
- a multispeciality 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 colleagues and known as a great  
employer and a valued partner.

## OUR VALUES

**Caring** for people whilst ensuring 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 GOALS

- Innovating quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Fostering integration, partnership and alliances
- Promoting people, communities and social values
- Developing an effective and empowered workforce
- Optimising an efficient and sustainable organisation

# EXPECTATIONS AT A GLANCE



**BE OPEN  
AND HONEST**

**BE PROUD  
OF THE ROLE  
YOU DO AND  
HOW THIS  
CONTRIBUTES  
TO PATIENT  
CARE**

**VALUE THE  
CONTRIBUTION  
OF EVERYONE**

**BE FRIENDLY  
AND WELCOMING**

**SHARE  
LEARNING  
WITH OTHERS**

**RECOGNISE  
DIVERSITY  
AND  
CELEBRATE  
THIS**

**TEAM WORKING  
ACROSS ALL  
AREAS**

**SEEK OUT  
AND ACT ON  
FEEDBACK**

**ENSURE ALL  
OUR ACTIONS  
CONTRIBUTE TO  
SAFE CARE AND  
A SAFE WORKING  
ENVIRONMENT**

**COMMUNICATE  
EFFECTIVELY:  
LISTEN TO  
OTHERS AND  
SEEK CLARITY  
WHEN NEEDED**

**PUT PATIENTS  
AT THE CENTRE  
OF ALL WE DO**

**SHOW  
SUPPORT  
TO BOTH  
COLLEAGUES  
AND PATIENTS**

**RESPECT  
SHOWN TO  
EVERYONE**





WHAT WE EXPECT TO SEE AND HEAR	WHAT WE DON'T EXPECT TO SEE AND HEAR
<p><b>Being friendly and welcoming</b></p> <p>Simply introduce yourself.</p> <ul style="list-style-type: none"> <li>Explaining who you are and telling them your role helps to put people at ease</li> <li>Smiling, making eye contact, using open body language and appropriate tone of voice helps in building rapport with people</li> </ul>	<p><b>Unfriendly behaviour and ignoring people</b></p> <p>No introductions, including avoiding eye contact with individuals.</p> <ul style="list-style-type: none"> <li>Closed body language where you appear unapproachable and rude</li> <li>This can make people feel vulnerable and invisible. It is inappropriate to ignore people even if you are not the person they need to speak to. It creates a bad impression</li> </ul>
<p><b>Respect shown to and for everyone</b></p> <p>Show empathy, put yourself in their shoes (patients and colleagues) to try to see things from their perspective i.e., understand how they are feeling, their roles and pressures.</p> <ul style="list-style-type: none"> <li>Talk directly with people about their care and any issues you are dealing with</li> <li>Use appropriate language</li> <li>Treat others as they wish to be treated</li> <li>Have an awareness of the different cultural needs and beliefs and provide appropriate resources and support</li> </ul>	<p><b>Disrespectful behaviour including that which constitutes bullying, harassment or discrimination</b></p> <p>Ignoring what the other person is saying and showing no regard for how they are feeling or their perspective.</p> <ul style="list-style-type: none"> <li>Gossiping and talking about people 'behind their back' or talking over people</li> <li>Aggressive behaviour</li> <li>Any behaviour which is humiliating or offensive to others and constitutes bullying or harassment</li> <li>Any use of bad language</li> </ul>

**WHAT WE EXPECT  
TO SEE AND HEAR****Act professionally always**

Present yourself in a professional way, in how you speak to people and your dress code.

- Follow our Trust policies
- Make sure confidentiality is always maintained, be aware of where you're having conversations and the information you have access to
- Speak up and escalate concerns appropriately, either about unsafe practice or inappropriate behaviour
- Be open to challenge and welcome feedback from others
- Regularly review your performance against feedback to ensure you are doing the best in your role and working within current practices

**WHAT WE DON'T EXPECT  
TO SEE AND HEAR****Unprofessionalism**

Being disrespectful to people. Not following the appropriate dress code.

- Inappropriate conduct or failure to follow policies and processes causes undue worry for patients and colleagues
- Breaching confidentiality by discussing patient or colleagues information including leaving documentation visible on desks or in an open environment
- Criticising others for speaking up on behalf of patient safety and any inappropriate behaviour
- Ignoring feedback provided and refusing to take issues on board or make changes to behaviour
- Continue to work as you have done rather than reviewing performance and ensuring you are working within current practices
- Bringing personal issues into the workplace and letting them interfere with your work





## WHAT WE EXPECT TO SEE AND HEAR

### Put patients at the centre of all we do

Care is provided at the right time, by the right people in the right way.

- Patients are involved in decisions about their care
- Time taken to really care
- Time taken to really listen to patients and respond to their needs
- Engage with the patient's family or carer
- Care provided with compassion and empathy
- Information provided to patients in a timely way, keeping them updated about what is happening with their care
- Engage with all members of the multi-disciplinary team to provide care
- Focus on quality of care being given and seek assistance when required

### Value the contribution of everyone in the team

Value and recognise, through praise, the contribution everyone makes to the team

- Share compliments - tell people when they have done a good job and make sure you pass on compliments you have heard and received
- Recognise good practice and behaviour
- Acknowledge ideas and encourage individuals to try new ways of working and practising
- Celebrate success of everyone
- Provide feedback to colleagues when things are going well and when they aren't

## WHAT WE DON'T EXPECT TO SEE AND HEAR

### Patients are not seen as important

Patients and families are ignored and treated unfairly.

- Decisions are made for patients without their involvement
- Apathy, lack of compassion giving the impression you don't care and saying you are too busy to help
- A lack of communication with the patient and their family or carer/s
- Putting individual agendas before patient care
- Lack of or no information provided to patients, so they are left wondering what is happening
- Your mood affecting how you treat patients
- Ignoring other team members involved in the patients care, not working together or passing on essential information regarding the care

### Colleagues are not valued

Ignore and fail to recognise the contribution everyone makes to the team

- Compliments are not shared, and feedback not given to team members
- Ideas are either dismissed or not encouraged
- Feedback only given when things aren't going well and given in public, causing humiliation
- Patronising and judgemental behaviour, including belittling team members
- Ignoring the achievements and successes made by the team and team members




WHAT WE EXPECT TO SEE AND HEAR	WHAT WE DON'T EXPECT TO SEE AND HEAR
<p><b>Effective communication</b></p> <p>Communicate effectively in face-to-face, telephone and written interactions.</p> <ul style="list-style-type: none"> <li>• Show empathy and understanding of your message and consider how it will be taken on board</li> <li>• Keep people informed ensuring communication is timely, is delivered using the most appropriate method and language people understand</li> <li>• Active listening, take time to really listen so the person talking to you really knows you are hearing what they have to say</li> <li>• Show patience and understanding, take time to really understand what someone is trying to tell you so we can take intelligent action as a result</li> <li>• Encourage everyone to have a voice</li> <li>• Give everyone a chance to ask all their questions, remembering there is no such thing as a 'daft question'</li> <li>• To make the most of virtual meetings I have my camera on and participate to the best of my ability</li> </ul>	<p><b>Ineffective communication</b></p> <p>Communication is unclear or blunt and lacks empathy.</p> <ul style="list-style-type: none"> <li>• People are not kept informed, and communication is done in a way which is easiest for you</li> <li>• Jargon, abbreviations, terminology, and language is used which people may not understand</li> <li>• No time taken to listen</li> <li>• No opportunity given for questions which may leave people feeling anxious or unclear</li> <li>• Interrupting people inappropriately in interactions</li> </ul>
<p><b>Open and honest in your actions</b></p> <ul style="list-style-type: none"> <li>• Take responsibility for your own work and tasks</li> <li>• Take responsibility for your own actions</li> <li>• Honesty when things go wrong, take ownership and accountability</li> <li>• Keep promises you make following them through</li> </ul>	<p><b>Being dishonest</b></p> <ul style="list-style-type: none"> <li>• Blaming others when things go wrong, taking no ownership for your actions</li> <li>• Failing to keep promises or make empty promises</li> </ul>


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