Trust Board Meeting 26 March 2025
Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 26 March 2025, via Microsoft Teams

Quorum for business to be transacted – at least one third of the whole number of the Chair and Board members (including at least one Executive Director and one Non-Executive Director).

The role of the Board is described in the terms of reference and includes:

- Setting and overseeing the strategic direction of the Trust, having taken account of the views of the Trust's members and public at large
- Ensuring accountability by holding the Trust to account for the delivery of the strategy; and through seeking assurance that systems of control are robust and reliable
- Ensuring compliance with statutory requirements of the Trust (including the Provider License conditions and the Care Quality Commission registration)
- Shaping a positive culture for the organisation
- Monitoring the work of the Executive Directors
- Taking those decisions that it has reserved to itself

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 29 January 2025	CF	Approve	√
4.	Action Log, Matters Arising and Work Plan 2024/25	CF	Discuss	√
5.	Patient / Staff Story – EDIT Team Eating Disorder Service Story	KF/KP	Discuss	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report • Including policies to ratify	MM	Discuss/Ratify	√
8.	Publications and Highlights Report	MM	Note	√
Patient Safety and Quality				
9.	Patient Led Assessment of the Care Environment (PLACE) Update	PB	Note	√

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10.	Health Inequalities Plan 2025-28 Sarah Clinch - Senior Partnerships and Strategy Manager	KF	Approve	√
11.	Learning from the Review of Nottingham Healthcare Paul Johnson, Clinical Director	HG	Note	√
	Building a Shared Purpose and Vision			
12.	2025/26 Board Assurance Against Planning Priorities	PB	Discuss	√
13.	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update Alison Flack, Programme Director attending	MM	Note	√
	Investing in People and Culture			
14.	National Staff Survey Results 2024	KP	Discuss	√
15.	Associate Hospital Manager Appointments and Reappointments	KF	Approve	√
16.	Electronic Patient Record (EPR) Major Projects Strategic Update	LP	Discuss	√
	Developing Leadership Behaviours			
17.	Leadership Competency Framework for Board Members - Update	KP	Discuss	√
	Embedding Improvement into Management Systems and Processes			
18.	Finance Report	PB	Note	√
19.	Performance Report	PB	Discuss	√
20.	Risk Register Update Oliver Sims, Corporate Risk & Incident Manager attending	HG	Approve	√
21.	Board Assurance Framework Update Oliver Sims, Corporate Risk & Incident Manager attending	MM	Note	√

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	Assurance Committee Reports			
22.	People & Organisational Development Committee	DR	Assurance	√
23.	Quality Committee Committee Assurance Report	PE	Assurance	√
24.	Mental Health Legislation Committee Assurance Report	SP	Assurance	√
25.	Audit Committee Assurance Report	SMcKE	Assurance	√
26.	Collaborative Committee Assurance Report	SMcKE	Assurance	√
27.	April Board Strategic Development Meeting Agenda	CF	Note	√
28.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
29.	Any Other Urgent Business	CF	Note	verbal
30.	Review of Meeting – Being Humber • Has the Board focused on the right areas? • Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Board members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)	CF	Discuss	verbal
31.	**Exclusion of Members of the Public from the Part II Meeting**			
32.	**Date, Time and Venue of Next Meeting** Wednesday 28 May 2025, 9.30am via Microsoft Teams			

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Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			

Recommendation:				
	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			

Purpose of Paper:	The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations: • Change to Lynn Parkinson. • Removal from Michele Moran.

Key Issues within the report:

Positive Assurances to Provide: • Updated declarations	**Key Actions Commissioned/Work Underway:** • N/A
Key Risks/Areas of Focus: • No issues to note	**Decisions Made:** • N/A

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly Board report	✓ 29.01.25

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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	

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	• IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation) • Co-opted Parish Councillor – Bamford with Thornhill
Mr Peter Beckwith, Director of Finance (Voting Member)	• Son is a Student at Hull York Medical School • Daughter is a Nursing Student at York St John University
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	• No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	• Director of Bluewaters Healthcare Limited • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive lead for The Trust Research Department – which receives grant and funding to the department • Spouse is Clinical Director Harthill Primary Care Network (PCN)
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	• Husband works for HMRC • Son works for Labour MP as communications lead Son works for Department of Health and Social Care
Mrs Karen Phillips, Associate Director of People and Organisational Development (non voting)	• No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	• Husband is a Doncaster MBC Councillor and Cabinet member • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)
Mr Dean Royles, Non-Executive Director (Voting Member)	• Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director Sheffield Teaching Hospitals NHS Trust
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	• No interests declared
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	• Director of Conexus GP Federation • Owner of Phillip Earnshaw Ltd • Ex- partner Health Care First Partnership • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director

Trust Board Meeting

Minutes of the Public Trust Board Meeting held on Wednesday 29 January 2025, 9:30am via Microsoft Teams

Present:	Rt Hon Caroline Flint, Chair
	Mrs Michele Moran, Chief Executive
	Dr Phillip Earnshaw, Non-Executive Director
	Mr Stuart McKinnon-Evans, Non-Executive Director
	Mr Peter Beckwith, Director of Finance
	Dr Kwame Fofie, Medical Director
	Ms Stephanie Poole, Non-Executive Director
	Mr Keith Nurcombe, Non-Executive Director
	Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
	Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
In Attendance:	Mrs Karen Phillips, Associate Director of People and Organisational Development
	Mrs Stella Jackson, Head of Corporate Affairs
	Rebecca Wilkinson, Service Manager – OpCourage Veterans Mental Health and Wellbeing Service (for item 04/25)
	Fernanda Marbrow, Patient and Carer Experience Manager Staff Champion of Patient Experience (for item 04/25)
	Charlotte (Service User) (for item 04/25)
	Sadie Milner, Patient Safety and Practice Development Lead (for item 11/25)
	Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)
Apologies:	Mr Dean Royles, Non-Executive Director
	Ms Priyanka Perera Associate Non-Executive Director

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

01/25	**Declarations of Interest**	
	The declarations were noted. Board members have been made aware that 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 person should declare the interest and remove themselves from the meeting for that item.	
	The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative	

	Committee.	
02/25	**Minutes of the Meeting held 27 November 2024** The minutes of the meeting held on 27 November 2024 were approved as an accurate record. **<u>Resolved:</u>** **The minutes were approved by the Board.**	
03/25	**Action Log, Matters Arising and Workplan** There were no matters arising. The action log and work plan were noted.	
04/25	**Patient Story** **OpCourage Service - Service provision and Veterans Covenant Healthcare Alliance Reaccreditation - Overview of Service** Rebecca Wilkinson provided a background and overview of the OpCourage service. Charlotte attended the meeting accompanied by Fernanda Marbrow and shared her personal journey and experiences of using the service and working with Rebecca. Lynn Parkinson asked if there was anything that could be improved in the Transition Intervention and Liaison Service (TILS)/Trust service. Charlotte reported that she had left the army over 10 years ago, and she believed support arrangements had improved since then. In response to a question from Keith Nurcombe regarding female veterans in access groups, Charlotte advised that she was attending an NHS England round table meeting in February as an advocate of the service. The Chief Executive asked what more could be done to promote the service, especially on social media. Charlotte suggested that engagement work with services and social platforms could be explored. Rebecca Wilkinson added that the service was considering producing some videos for sharing on social media. The Board thanked Charlotte, Fernanda and Rebecca for attending the meeting.	
05/25	**Chair's Report** The Chairs Report was accepted as read. **<u>Resolved:</u>** **The Board noted the report.**	
06/25	**Chief Executives Report (Including policies to ratify)** The Chief Executive presented the report and highlighted the following key	

areas:

- The Annual Modern Slavery Statement required approval, and a number of policies required ratification.
- Leadership visits had been undertaken.
- Care Plus Group - Jane Miller would be retiring in May. Shaun Stacey would be replacing her.
- Clinical Research Network had been replaced by Regional Research Delivery network. A Research Conference was scheduled for 19 November 2025.
- Mask wearing had been reintroduced to inpatient units.
- Preparation was taking place for a Care Quality Commission visit.
- Much work had been undertaken by staff to reduce agency usage.
- Statutory and Mandatory training – National guidance and Memorandum of Understanding were expected.

Lynn Parkinson reported that wider system pressures had been challenging over the festive period, these have since eased. The wearing of masks had been reintroduced for staff working in inpatient units. Lynn added that improvements had been seen in sickness rates, which continued to be monitored. Virtual Ward occupancy had increased.

Stephanie Poole commented that the impact of the focused work undertaken to improve flow was evident as delayed transfers of care performance had improved.

Stuart McKinnon-Evans referred to page 10 of the report and asked if there were any areas not performing well that were not covered by the initiatives listed. Lynn Parkinson responded that plans should be in place for all areas where there were challenges. Lynn also gave an update regarding the roll out of the Electronic Patient Record system, and the monitoring and reporting processes in place.

Hilary Gledhill advised that staff attitudes regarding the mask wearing for inpatient units had been positive. Staff would receive regular communications in relation to the current position. Hilary added that a Care Quality Commission (CQC) inspection was due during 2025. It was timely, therefore, that Audit Yorkshire would be attending the February Strategic Board Development session, to present on CQC inspections and well led.

Karen Phillips referred to the launch of the national consultation on Manager regulation and reported she was confident that the Trust would comply with requirements.

The Chair encouraged those staff that had not already done so to receive the seasonal flu vaccination.

The following policies were ratified by the Board:

- Attendance Management Policy
- Disciplinary Policy
- Probation Policy

The Annual Modern Slavery Statement was approved by the Board.

	Resolved: **The Board noted the report.** **All the policies listed were ratified by the Board, and the Annual Modern Slavery Statement was approved.**	
07/25	**Publications and Highlights Report** The report provided an update on recent publications and the Chief Executive drew the Board's attention to the following areas of the report: • Right Care, Right Person. • Work undertaken in relation to Insightful Board. This was included on the February Strategic Board meeting agenda. • The Executive Management Team had begun discussions and work in relation to Artificial Intelligence (AI) and potential usage in the Trust. Phillip Earnshaw asked if the General Medical Council report was being reviewed by the Trust. Kwame Fofie responded that a Specialty and Specialist (SAS) tutor had been appointed. Kwame added that a carer portfolio platform was used for SAS doctors. **Resolved:** **The Board noted the report.**	
08/25	**Reforming Elective Care for Patients** Lynn Parkinson introduced the Reforming Elective Care for Patients report and highlighted the following key points: • There would be some implications for the Trust. Community and Primary Care Division and the North Yorkshire Community Services were looking into the impact on the services. • It was anticipated the NHS 18-week wait time standard would be achieved by March 2029. Karen Phillips enquired about the customer care training mentioned in the report. Lynn responded that this would be included in the wider training plan. The Chair advised that waiting times had been discussed in the Joint mental Health Chairs Network meeting. **Resolved:** **The Board noted the report.**	
09/25	**Finance Report** Peter Beckwith introduced the Finance Report as at month 9 and highlighted the following key points: • The Trust had recorded a deficit, which was above the agreed Integrated Care Systems (ICS) planning target and reflected the pay award funding gap.	

	• Work continued with the Integrated Care Board (ICB) on the cost pressures relating to the pay award. • Income of £933k from the ICB had been confirmed but not yet transacted. • The cash position remained stable The Chair asked what the timescales were for the actions on the Actions Checklist included in the report. Peter responded that these were being overseen by the ICS and he would share the details once received. **Resolved:** **The Board noted the report.**	
10/25	**Standing Orders, Scheme of Delegation and Standing Financial Instructions** The Standing Orders, Scheme of Delegation and Standing Financial Instructions report was introduced by Peter Beckwith who highlighted the following key points: • A small number of amendments were proposed; however, a full review was due to be undertaken in May 2025. • The Executive Management Team had agreed the Procurement thresholds should rise to 75k for good and services and to £250k for works. • The Charitable Fund Committee had been disbanded and the documents had been updated accordingly. Stuart McKinnon-Evans asked for clarity in relation to the process for quotes. Peter Beckwith responded that the Trust used Quick Quotes software, which was similar to a mini tendering process. **Resolved:** **The Board noted the report and approved the proposed changes to the Standing Orders, Standing Financial Instructions (SFIs) and Scheme of Delegation.**	
	The agenda was taken out of order after this point.	
11/25	**Six-month Review of Safer Staffing** The Six-month Review of Safer Staffing report for the period April – September 2024 was introduced by Sadie Milner. Sadie advised that all areas remained above the previously agreed targets for Care Hours per Patient Day (CHPPD) except for Malton and Newbridges which were slightly below the target threshold but aligned with guidance. The CHPPD for Townend Court remained high, due to low bed occupancy. Sadie added that the license agreement had been completed for the Community Nursing Safer Staffing Tool. Work had been undertaken with the teams at Malton and Whitby. Sadie then reported that staff sickness rates remained challenging, with some commissioned work taking place. Registered nursing levels had been increased to 7 at the Humber Centre as part of a review of staffing models at night.	

	Phillip Earnshaw asked whether any productivity work was being undertaken. Michele Moran responded that this was being explored and that this report would be presented at the Productivity and Quality Committees. Stuart McKinnon-Evans asked if there were any local leadership manager factors which were impacting upon attendance and sickness rates. Karen Phillips responded that targeted interventions would be undertaken where sickness rates were high. Karen added that this would be reviewed in conjunction with staff survey results and reported to the Executive Management Team meeting in February 2025. Hilary Gledhill reported that targeted work was also progressing for the inpatient units and that Hillary and Lynn Parkinson meet with unit managers at regular intervals. Stephanie Poole asked what the staff response was this approach. Sadie responded that discussions take place with ward managers and the band 6 staff when reviews are undertaken. Sadie added that they were usually positively received, adding that the metrics from the staff survey could be included. **Resolved:** **The Board noted the report.**	
12/25	**Performance Report** **Including Annual Review of Board Performance Report** Peter Beckwith introduced the Trust Performance Report and highlighted the following key points as at month 9: • Performance was similar to previous months. • Incidents had increased. • The roll out of the new electronic patient record had impacted on 52 weeks wait performance. However, this was likely to improve following the roll out. • There had been an improvement in patient flow, this was supported by the Multi Agency Discharge Events (MADE). Stuart McKinnon -Evans asked why the waiting times for assessment and diagnosis for Autism (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) was showing as nil. Lynn Parkinson responded that this was due to the Trust temporarily closing the access to new referrals. Some waiting list analysis had been undertaken and service users contacted to check if support from the service was still required. Information on the right to choose had also been provided to the service users. Lynn added that discussions were taking place with commissioners regarding demand levels. Stuart McKinnon-Evans noted the discussions in relation to waiting times for Paediatric ASD and ADHD data and asked if any progress had been identified. The Chief Executive responded that the Trust was awaiting the planning guidance before progressing conversations on the way forward. There was a discussion relating to waiting times and other resources available to service users. Lynn added that the Trust had a contract with the voluntary sector for support to children and families. Additionally, the Trust's Children and Learning Disabilities page on the website signposted to useful resources and contacts. It was agreed that further conversations were	

	required at system level, including how to maximise resources already available to the Trust. **Resolved:** **The report was noted.**	
13/25	**February Board Strategic Development Meeting Draft Agenda** The agenda was introduced by the Trust Chair, who advised that presentations regarding Insightful Board and the Care Quality Commission well led reviews would be provided at the February meeting. **Resolved:** **The agenda was noted.**	
14/25	**Finance Committee Assurance Report** Keith Nurcombe presented the Finance Committee Assurance Report and highlighted the following key areas not already mentioned by Peter Beckwith through his reports to this Board meeting: • The balance sheet was good and remined unchanged. • There had been positive progress on the Green Plan. • The Finance Committee had recommended that Executive Management Team review the BAF risk scores. • An additional Finance Committee meeting would be scheduled to review financial plans for 2025/26, linking in with Planning guidance. **Resolved:** **The report was noted.**	
15/25	**Collaborative Committee Assurance Report** Stuart McKinnon-Evans presented the Collaborative Committee Assurance Report and highlighted the following key points: • Positive assurance was received regarding provider 'routine monitoring' status. • Three workstream risks now reported at 9 or below. • Financial overspend risk had been lowered, as demand for beds reduced. • • An Eating disorders event had taken place in October. **Resolved:** **The report was noted.**	
16/25	**Items to Escalate including to the High Level Risk Register & for Communication** There were no items to escalate.	
17/25	**Any Other Urgent Business** No other items of business were raised.	

18/25	**Review of Meeting- Being Humber**	
	The Board agreed the meeting had been held in the Being Humber style.	
19/25	**Exclusion of Members of the Public from the Part II Meeting** It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest. The meeting concluded at 11:40am.	
20/25	**Date, Time and Venue of Next Meeting** Wednesday 26 March 2025, 9.30am via Microsoft Teams	

Signed ……………………………………………………… Date ……………….

Chair

Action Log:
Actions Arising from Public Trust Board Meetings

Summary of actions from January 2025 Board meeting and update report on earlier actions due for delivery in March 2025 *Rows greyed out indicate action closed and update provided here*						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
29.01.25	There were no new actions arising from this meeting.					

Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Head of Corporate Affairs						

Board Public Workplan April 2024/March 2025 *(v9)*

Chair of Board: ___Caroline Flint_____
Executive Lead: _____Michele Moran_____

Board Dates:- Reports:	Strategic Headings	LEAD	29 May 2024	31 Jul 2024	25 Sep 2024	27 Nov 2024	29 Jan 2025	26 Mar 2025
Standing Items - monthly								
Minutes of the Last Meeting	Corporate	CF	x	x	x	x	x	x
Actions Log	Corporate	CF	x	x	x	x	x	x
Chair's Report	Corporate	CF	x	x	x	x	x	x
Chief Executives Report includes:- Policy ratification, Comms Update, Health Stars Update, Directors updates	Corporate	MM	x	x	x	x	x	x
Publications and Highlights Report	Corporate	MM	x	x	x	x	x	x
Performance Report	Perf & Fin	PB	x	x	x	x	x	x
Finance Report	Perf & Fin	PB	x	x	x	x	x	x
Work plan	Corporate	SJ	x	x	x	x	x	x
Quarterly Items								
Finance Committee Assurance Report	Assur Comm	KN		x		x	x	�direct
People & Organisational Development Committee (March, May, July, September, November)	Assur Comm	DR	x	x	x	x		x
Quality Committee Assurance Report	Assur Comm	PE			x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	SP	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE		x		x	x	x
Board Assurance Framework (March, May, September)	Corporate	MM	x		x		✗	x
Risk Register (March, May, September)	Corporate	HG	x		x		✗	x
Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Update	Corporate	MM		x		x		x
Six Monthly and Annual Agenda Items								
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research and Development	Corporate	KF		x				
Suicide and Self-harm Strategic Plan (next due September 2025)	Strategy	KF			x			
Recovery Strategy Framework Update (from 2026)	Strategy	LP						
Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028))	Strategy	KF						
Presentation of Annual Community Survey Results	Corporate	KF		x				
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Quality Accounts	Quality	HG	x					
Infection Control (Enabling) Plan (three yearly – next due in Sept 2026)	Strategy	HG						
Infection Prevention Control Annual Report	Quality	HG		✗	x			

Reports:	Strategic Headings	LEAD	29 May 2024	31 Jul 2024	25 Sep 2024	27 Nov 2024	29 Jan 2025	26 Mar 2025
Safeguarding Annual Report	Quality	HG			X			
Annual EPRR Assurance Report	Quality	LP	x					
EPRR Core Standards	Corporate	LP				x		
Patient Led Assessment of the Care Environment (PLACE) Update	Quality	LP						x
NHS England - Annual Self-Assessment for Placement Providers	Quality	KF			x			
Annual Operating Plan	Strategy	PB						x
Freedom to Speak Up Annual Report	Corporate	MM		x	*			
Annual Non-Clinical Safety Report	Quality	PB			x			
Report on the Use of the Trust Seal	Corporate	MM	x					
Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions	Corporate	SJ	x					
Charitable Funds Annual Accounts	Corporate	PB					x	
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance	Corporate	KF			x			
Gender Pay Gap	Corporate	KP		x				
WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board	Corporate	KP			x			
WRES Report reports into Workforce Committee with report to Board	Corporate	KP			x			
Equality Diversity and Inclusion Annual Report	Corporate	KP			x			
Board Terms of Reference Review (inc in Effectiveness review)	Corporate	CF	x					
Annual Committee Effectiveness Reviews & Terms of Reference (one paper)	Corporate	SJ	x					
Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report	Corporate	MM					x	
Fit and Proper Person Compliance	Corporate	CF	x					
Winter Plan	Corporate	LP			X			
Compliance with the New Provider License	Corporate	SJ	x					
Staff Survey Presentation to Board	Corporate	KP	*	x				
Staff Survey Progress Report	Corporate	KP			x			
Annual Non-Clinical Report	Quality	KF			x			
Review of the Constitution	Corporate	SJ		x				
EDS2 Report	Corporate	KP	*	x				
Auditors Letter	Corporate	PB				x		
Annual Members Meeting Minutes		CF				x		
Adhoc/future Items								
Freedom to Speak Up Strategy 2024-2027 (next due May 2027)	Inv in P & C	MM						
Review of Committee Membership and NED Champions (part of Chair report)	Corporate	CF			x	*		
Research Strategy 2024-2026 (next due 2026)	Inv in P & C	KF	x					
Annual Review of Board Performance Report	Emb Imp	PB					x	

Reports: Board Dates:-	Strategic Headings	LEAD	29 May 2024	31 Jul 2024	25 Sep 2024	27 Nov 2024	29 Jan 2025	26 Mar 2025
	into Man Syst &Proc							
Board Annual Effectiveness Review								✶
Update on Community Mental Health Survey Follow Up Action (agreed at Public Trust Board on 31/7/24)		KF				x		
Electronic Patient Record (EPR) Major Projects Strategic Update	Corporate	PB	x	x	x	x	x	x
Health inequalities	Corporate	KF				x		x
Learning from the CQC Review of Mental Health Services at Nottinghamshire Healthcare NHSFT	Quality	LP				x		
Deleted /Removed Items								
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	✶		✶	✶		✶

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Progress report on the Eating Disorder Intensive Treatment Team Service			
Author/s:	Justine Rooke General Manager Nikki Titchener Service Manager			
Recommendation:	To approve		To discuss	x
	To note		To ratify	
	For assurance	x		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this paper is to update the Board on the recent mobilisation and progress on operationalising a children and young peoples (CYP) eating disorder intensive treatment team (EDITT). There has been a recent increase in the number of CYP presenting with an eating disorder causing pressure on CYP mental health inpatient beds both in and out of area. In Spring 2023 Humber and North Yorkshire Specialised Provider Collaborative (NHY SPC) commenced a project to develop alternatives to admission services for CYP with eating disorders. Humber FT developed a business case to provide the service and were successful in gaining NHSE one year mid-term funding. The service is now fully established commencing on 1st December 2023 and has been successful in reducing the need for an inpatient bed on Inspire. The service has now been awarded recurrent funding. Humber NHS Foundation Trust (Humber FT) are the provider of this service as it aligns with Inspire the CYP's mental health inpatient unit. A presentation will be delivered to the Board which demonstrates how the service was set up and the success of this team in delivering outcomes and the impact of the service on reducing inpatient admissions and enhancing the experience of CYP and families by delivering care closer to home.			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Demonstratable outcomes can be illustrated on the services success in admissions avoidance. • Staff are proud of the service and what has been achieved.	• Continue to embed service and work across CAMHS pathway. • Permanent funding has been agreed by the provider Collaborative. • Work continues with the CYP Provider

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& Growing Together

• Continued funding has been secured in Dec 24. • Service user evaluation is positive and input with the HYAG has been included. • Productivity in this team is well established and reaches the NHS waiting times standards.	Collaborative commissioners. • Continued work on reviewing numbers of CYP requiring service. • Continued work on service user feedback and patient journey.

Key Risks/Areas of Focus:	Decisions Made:
• Rise in ARFID cases and no commissioned pathways effecting the demands on this service.	• NA

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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 The EDIT team is a new way of working which has been established due to refreshed commissioning guidance aimed at avoiding admission into an inpatient unit. New ideas and innovations are being brought into service via connections to wider ICB pathway working.
	Enhancing prevention, wellbeing and recovery The EDIT team works to prevent admission of a CYP to an inpatient unit and promote their recovery in the community. This allows CYP to continue to live as normal a life as possible with the resources of family and friends close by.
	Fostering integration, partnership and alliances The new service works in collaboration with the Provider Collaborative and Mill Lodge the sister unit which resides in York. Training and shared resources are enabled by regular weekly meetings to discuss cases and review demands on the services such as bed states.
	Developing an effective and empowered workforce The EDIT team recruited quickly and is supported by the wider team and Inspire unit. There is the opportunity to have combined roles across the Eating Disorder pathway and there are staff working in these roles successfully. The Maudsley training is offered to all staff and the skills development of Naso-Gastric feeding are regularly reviewed.
	Maximising an efficient and sustainable organisation The commissioning of this service takes pressure off other crisis areas and is focussed on the prevention of admission. This allows for the limited number of beds available to be used for those CYP should they need them when an intensive community service is not enough.

Promoting people, communities and social values

The service supports staff, patients and families to work together to meet goals which benefits communities and provide social value. Wider learning and understanding of an Eating Disorder is provided to HUTH via an in-reach service. Support is also available to the wider children's team through consultation and supervision.

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	

Title & Date of Meeting:	Trust Public Board 26 March 2025			
Title of Report:	Trust Chair's Report			
Author/s:	Rt Hon Caroline Flint			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance	✓		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide updates on the Chair, Non-Executive and Governor activities since the last Public Board meeting.			

Key Issues within the report:				

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
- Update from the last Board Strategic Development meeting. - Continued high level engagement with HNY ICS, NHSE and national networks - Digital Board event to enhance knowledge and assurance confidence - CQC Inspection Inspire	- CQC Well Led Review - Mental Health Provider 2025/26 Planning Guidance
Key Risks/Areas of Focus: Changes to NHS England and impacts.	**Decisions Made:** NA

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	✓			
Quality Impact	✓			
Risk	✓			
Legal	✓			To be advised of any future implications as and when required by the author
Compliance	✓			
Communication	✓			
Financial	✓			
Human Resources	✓			
IM&T	✓			
Users and Carers	✓			
Inequalities	✓			
Collaboration (system working)	✓			
Equality and Diversity	✓			
Report Exempt from Public Disclosure?			No	

Trust Chair's Board Report – 26 March 2025

On behalf of the Board our thanks and best wishes to Hilary Gledhill who is retiring this month. Her hard work, dedication and leadership is evident throughout Humber.

NHS England Update: There have been significant Senior Leadership changes at NHS England (NHSE) since we last met including Chief Executive Amanda Pritchard replaced by Jim Mackey. The new Chair is Dr Penny Dash. I attended an NHSE Leadership event with Michele Moran on 13 March where it was confirmed that the Government had decided that NHSE is to be absorbed into the Department of Health and Social Care over the next year with the combined staffing for both organisations being reduced to around 10,000 – a 50% reduction. A loss of confidence in financial grip and patient experience by Government was reflected with a renewed focus on:

Productivity – current levels not acceptable. Focus on getting best practice spread while developing new models of care.
Quality – examples were given of the variation in diabetes primary care and NHS administration errors.
Organisational Changes – Integrated Care Boards will stay but functions-based approach enabling Trusts through robust data to achieve optimal productivity.

There was concern that system deficit plans seem to drift without clear plans for performance goals and there needs to be more transparency about clinical variation. He cited the following areas for the NHS to address:

- Deal with growth of corporate overheads. [To note Humber does not have a top-heavy corporate centre.]
- Permission to challenge reviews insisting on more staff.
- Expect conversations about risk and elective care
- Go and resolve our problems – NHS has a budget of £200 billion.

On the Care Quality Commission it was acknowledged that one size fits all single assessment framework doesn't work, the regulatory platform had proved costly and delivered little benefit and re-organisation away from specialist expertise was not effective. Action is underway to tackle backlog notification, simplify and straighten out the Assessment Framework, focus on outcomes not just inputs, including holding Boards to account.

I also attended workshops on the 10 Year Health plan and Board's role in authorising Trust plans and what to be looking for and will circulate slide information to Board.

It was a sobering event and the focus as usual on the acute sector. But there are opportunities for Humber with one focused, enabling national centre which incentivises Trusts like ours and supports earned autonomy.

The CQC undertook inspection of Inspire and the whole process worked effectively. Whilst the inspection report is awaited, initial feedback from the CQC has been positive. Congratulations to our staff who demonstrated confidence and capability throughout. Board members want to express their appreciation to staff for the professional and effective way in which they responded to the inspection of Inspire.

Staff within the Trust have been provided with a suite of information (via the intranet) in preparation for a CQC inspection of their services and the Board have met to discuss our readiness and increase our learning about the new CQC inspection regime.

A free Digital Board Development Session provided by NHS Providers and delivered by Public Digital took place on 11 February. The session helped us to understand better the need to take collective and individual ownership of Humber's digital transformation, better understand what good looks like and confidence in assuring the delivery of digital programme and setting priorities. We will be working through the next steps identified on the day. I also attended a **webinar on the role of a Digital NED.**

I and other Non-Executive Directors attended **the Humber North Yorkshire Discover and Develop Event on 20 February** where we had briefings on the development of the NHS App and take up as well as data collection on newborn babies as part of the BaBi project to support future child health.

I have continued my introductory meetings with new Governors as well as seeing them at our Governor Briefings. Unfortunately, **Patricia Reid-Hoggarth** who was elected as a Public Governor for East Riding has resigned but John Moreton who came second takes her place and begins his second term. **Welcome back John.**

At the time of writing this report I am due to attend **an Equalities, Diversity and Inclusion (EDI) event at the Humber Centre** on 25 March which I am looking forward to.

Trust Board Strategic Development Meetings

These meetings include a small number of key items on the agenda which enable Board members to have a detailed discussion regarding matters of strategic importance. Time is also allocated, as appropriate for the Board to work on its own development. In addition, at each meeting over a sandwich lunch we meet and hear from a group of staff.

Trust Board Strategic Development Meeting 25 February 2025

The Board discussed:

- **CQC Well Led – Generic Approach and What Well Led Looks Like -** Mike Gill, Audit Yorkshire gave a presentation regarding the new CQC inspection regime. Board members considered each of the quality statements in turn and the areas underpinning each of these which the CQC gathered information about. Following the detailed discussion that ensued it was agreed to further consider the evidence Humber can provide at a future meeting.
- **Insightful Board -** An Insightful Board briefing had taken place with senior managers at the Trust, particularly regarding the quality of information provision. It was agreed the Board Sub-Committees would seek assurance regarding the sub-sections within the Insightful Board document.
- **Budget Reduction Strategy Including Update on Planning Guidance –** the Board discussed recently published 2025/26 planning guidance (and considerations for the current planning round), the high-level ICB Plan

submission and an update regarding the current position in relation to the 2025/26 Budget Reduction Strategy.

- **Mental Health Host Provider Update -** a full discussion took place on progress talks with providers and governance.
- **Meeting Staff -** over a sandwich lunch we met with Communications colleagues and discussed the specific areas of focus of each team member and how the team might support the Board through the provision of information.

1. Chair's Activities Round Up

As part of a Freedom to Speech Up (FTSU) internal audit 4 February I met with Kate Bisset Senior Auditor to discuss how the Board and myself seek assurance and promote FTSU.

At Humber's Caring Together in person event on 13 February we celebrated continuous improvement with our patients and carers, and I gave the closing speech. We heard some great case studies from Avondale Ward, Forensic Services Division, Humber Youth Action Group, Community and Primary Care, Mental Health Services Division and Children's Learning Disability Division and how much co-producing with service users and carers can achieve. A fantastic marketplace show cased the huge diversity of innovative services and ways to get involved. Special recognition awards were given to a range of people who have made a difference. It was good to see so many people including governors who attended.

Rebecca Grey has been appointed as the **Mental Health Director for the NHS Confederation**. I met Rebecca for an informal in person coffee and later with CEO Michele Moran online in February.

At Yorkshire and Humber's NHSE Public Health Winter School in Leeds on 12 February the theme was 'Working in a Political Environment'. With former MP Paula Sheriff we presented on best ways to engage politicians and facilitated a practical workshop on communicating with MPs, Councillors and Ministers during a measles outbreak.

External meetings included:
Humber and North Yorkshire (HNY) Provider Chairs
HNY System Chairs and CEO
HNY Discover and Develop Event
East Riding Health and Well Being Board
NHS Confederation Mental Health Chairs' Network
NHS Confederation Chairs' Network event for NEDs

Director/NEDs Unannounced Visits
- **Townend Court**
  Karen Phillips and Priyanka Perera

- **Avondale**
  Kwame Fofie and Stephanie Poole

2. Governors

Due to new Governor Patricia Reid-Hoggarth being unable to take up her role, John Morton having come second in the ballot will become a Public Governor for East Riding for a second term.

The Council of Governors (CoG) met on 16 January. As well as standing items they received presentations from Bekki Whisker in our Community Forensic Service Team and Emma Dallimore our Voluntary Sector Partner Governor.

The Appointments, Terms and Conditions Committee met on 23 January and supported Governor Marilyn Foster to continue as Chair. It also recommended to the CoG that **Associate Non-Executive Director (ANED) Priyanka Perera's** term be extended for a further six months. This was approved at a CoG meeting on 30 January 2025.

Governor Development and Information

Governor Briefings 2025 are open to all governors including our Partner Governors. They take place ten times a year from 0900-1000 online with time for an informal catch up and for a bitesize brief on a specific service or topical issue relevant to governors.

Governor Briefing 30 Jan - governance and liability for services we commission.
Governor Briefing 27 Feb – Yorkshire and Humber Care Record

The Governor Development session on 13 March covered how we collect feedback from our patients and service users and handle complaints. NEDs Dean Royles, Dr Phillip Earnshaw and Steph Poole talked about the assurance role of the Board Sub-Committees they chair.

Governor Elections 2025

The Governor election process began on 6 March as nominations opened for 2 Hull Public, 2 Staff and 2 Service User and Carer vacancies. Publicity is underway including a local radio interview I gave which was heard across our patch. Nominations close on 3 April and if they are contested elections will open on 29 April and close on Friday 23 May. We will move to annual elections every year from 2026.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Board with an update on local, regional and national issues. Areas of note include: Reporting Groups Proposal. Ratification of policies for: • Complaints and Feedback Policy • Nutrition and Hydration Policy • Antimicrobial Stewardship Policy			

Key Issues within the report:

Positive Assurances to Provide: • Work contained within the report	**Key Actions Commissioned/Work Underway:** • Contained within the paper
Key Risks/Areas of Focus: • Nothing to escalate	**Decisions Made:** • Ratification of Policies

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Monthly report to 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	

Chief Executive's Report

1 Policies for Approval

1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Complaints and Feedback Policy	11/03/2025	Medical Director	The policy has been subject to a review of all 9 sections and has been strengthened to reflect the current operational procedures. The refreshed policy provides the opportunity for complainants to co-produce formal complaint action plans as part of the investigation process. It recognises the significance of both operational and clinical assurance in the complaint process.
Nutrition and Hydration Policy	25/02/2025	Director of Nursing, Allied Health and Social Care Professionals	This is a new overarching policy that defines the procedures, protocols and guidelines to be followed within the Trust to ensure that the Trust provides high quality, safe and appropriate nutritional care and food service to all patients and recognising the National Standards for Healthcare Food and Drink (NHSE, 2022) and Nutrition and Hydration Digest (BDA, 2019) for best practice.
Antimicrobial Stewardship Policy	25/02/2025	Medical Director	This new policy supports and promotes evidence-based, clinically effective treatment for infections.

1.2 Leadership Visibility

It has been another busy month with visits, including Newbridge and Westlands.
I have also seen in person some of the Proud Cohorts. I continue to welcome staff to the programme, check in with them at the halfway mark and meet for their final evaluations of the programme. Consistently the programme is found to be of value and thoroughly enjoyed staff.

My team calls also continue and are well supported as was 'Meet Michele' an informal way for me to meet with staff.

The Long service awards took place this month and we had over 600yrs NHS employment in the room. Staff always making a difference.

The Patient and Carer conference took place during the month and was jointly lead with the Quality Assurance team. The hybrid event was well supported, and it was great to hear of the varied and excellent work taking place across the organisation.

Apprenticeship week was a huge success, and we will continue to fully support apprenticeship programmes across the organisation.

1.2.1 Around the Trust

Staff Side AGM
The staff side AGM took place during the month and the following roles were appointed:

- Staff Side Chair: Ian Sommerville
- Staff Deputy Chair: Rona Gaffney
- Staff Side Sectary: Yvonne Hepworth
- Staff Side Deputy Sectary: Vanessa Newby Demetrius

Happy Birthday

Progressing our work to value staff we have developed a new birthday email. This will be sent to staff on their Birthday, thanking them for their work and reminding them of the extra 'Humber' annual leave day.

The team have secured an opt out to pick up on IG concerns which will allow you to opt out of future birthday emails (everyone will receive the first one).

These will be sent out weekly using a manual pull from ESR as there is no automatic option on our current email system.

https://humberteachingnhsfoundationtrust.newsweaver.com/1u0t862adk/wt1i02d9i3n1hedy4jpwfk?email=true&lang=en&a=6&p=4609889&t=2115699

Award

I am delighted to announce that our Interweave team have won an award in the Shared Care Record category at the Health Teach News (HTN) Now Awards 2025.

The awards celebrate digital teams, programmes, innovations, and suppliers that have made a difference throughout the year. Interweave won this award for their meaningful work with shared care records and digital maturity across the health and social care system.

Equality and Diversity

Following on from the NHS Employers roundtable about the EDI Improvement Plan, the EDI Policy Development Principal Lead at NHS England has asked if Humber want to be a part of a best practice EDI case study regarding Respect, No Excuse for Abuse and our approach to implementing the HNS EDI Improvement plan.

The team were impressed with our approach, and how we worked with the board on the Improvement plan.

Reporting Groups Proposal

EMT also took the opportunity to review which operational groups report into which Committees and the results are captured in Table 1 below. This shows that operational reporting groups report into half of the Board Committees, whilst no operational reporting groups report into the other half. EMT discussed this anomaly and agreed to propose to the Board that as the Committee's role is to seek assurance, the provision of reporting group minutes (which often focus on operational matters) should be forwarded to EMT (rather than Committees) in future, with any exceptions escalated to the relevant Committee through a paper in the usual way. EMT also proposed that the Committee Chairs should periodically observe a meeting of the reporting groups as appropriate in order to gain assurance whether those groups are focussing on the right areas.

This approach would have a number of benefits: only key issues are escalated to Committees, more time is given at Committee meetings to consider other matters as the number of papers would reduce and the operational issues arising from the reporting groups would be escalated to EMT and responded to in a timely manner.

Should Trust Board agree to this proposal, then the Committee terms of reference will be updated accordingly.

Table 1: Committee Reporting Groups

Audit Committee	Collaborative Committee	Finance Committee
None	• Quality Assurance and Improvement Group Workstreams which report to the Committee: • CAMHS • Adult Eating Disorders • Financial Risk and Gain Share	None
Mental Health Legislation Committee	**Quality and Safety Committee**	**Remuneration and Nominations Committee**
• Mental Health Legislation Steering Group • Reducing Restrictive Interventions Group • Associate Hospital Managers Forum	QPaS	None

People and Organisational Development Committee		
• Workforce, Equality and Diversity Inclusion Group • Medical Education Committee • Staff Health and Wellbeing Group		

Sickness Absence Internal Audit Recommendation: Group Chair Reports

A recommendation arose from the Sickness Absence Internal Audit that consideration be given to Committees receiving Group Chair reports rather than minutes from reporting groups.

This recommendation was considered at the Formal EMT meetings in January where it was agreed that the provision of Reporting Group Chair reports rather than minutes would require additional work for the Group Chair. Consequently, minutes should be provided.

2 Around the System

Chair Role

Sue Symington, Chair of Number and North Yorkshire ICB has announced her leaving from the ICB. Mark Chamberlain, current Deputy Chair will take over in the in meantime.

The Hull and East Yorkshire Combined Authority

The Hull and East Yorkshire Combined Authority can now officially begin its work after the final steps were taken by the Government to create the new body.
The signing of the relevant order by the minister moves the area closer to unlocking a £400 million investment fund, alongside powers that will move from Westminster to local decision-makers.

The Combined Authority will be led by an elected Mayor, with voters going to the polls on Thursday, 1 May 2025.

Tees, Esk and Wear Valleys (TEWV)

Brent Kilmurray is moving to a new role and leaving TEWV, to take up the Chief Executive Officer (CEO) Post at Mid Yorkshire NHS Trust. The interim CEO for TEWV will be Patrick Scott, currently Deputy CEO.

Consultation Regarding York and Scarborough Teaching Hospitals NHS Foundation Trust's Draft Strategy

In December last year, we were invited to comment on York and Scarborough Teaching Hospitals NHS Foundation Trust's draft Strategy. They had refreshed this and realigned their priorities for the next five years. We were asked to provide any comments/feedback in January as they were looking to formally approve it at the January Board meeting. We provided a number of comments as outlined below:

Thank you for giving our Trust the opportunity to provide comments on your Strategy. We provided the following key comments:

1. We welcomed the focus on Health Inequalities and the recognition of the deprivation across Scarborough and other coastal areas. We believed the commitment to working with other NHS providers around streamlined pathways could be strengthened.
2. We said we'd like to see more emphasis on collaborative working with partner organisations to address system issues including other community services providers, the VCSE and North Yorkshire Council.
3. There was a strong emphasis on reflection. We said we'd like to see the strategic objectives be the main focus of the document, providing a clearer picture of what the Trust was planning to do to achieve these ambitions and how they might evidence achievements to stakeholders.
4. We said we would welcome the opportunity to work with the Trust to ensure efficiency and effectiveness of pathways between our community services and the acute trust. We also said we'd like to work together with them on promoting health lifestyle choices and ill health prevention.
5. We felt it would be better if elements of the Strategy could be more visual
6. We believed the context section would be enhanced if it gave a summary of the workforce context, as this would help staff engage with the Strategy if they felt reflected in it.

2.1 National News

The Prime Minister has announced the abolition of NHS England (NHSE). Amanda Pritchard, Julian Kelly (Chief Finance Officer) Dame Emily Lawson (Chief Operating Officer) Steve Russell (Chief Delivery Officer) and Professor Sir Stephen Powis (Medical Director) will all be stepping down as the NHSE transitions into its new form. Sir Jim Mackey will be the Interim CEO from April and look at the transition arrangements for NHSE.

Integrated Care Boards (ICB) being told to reduce their running costs by a further 50%, in line with the recent proposals announced for NHSE.
50% reduction in NHSE and DHSC by start Q3.
50% reduction in ICB running and programme costs by start Q3.
50% reduction in corporate cost growth (e.g. corporate posts, clinical posts not patient facing) by start Q3.
50% reduction in Provider Collaborative, Operational Delivery Network and other costs by start Q3.
Judgement on staffing levels and any reviews that recommend cost growth/increased staffing.
Publish a model MARS/VR scheme and expect to open for Q1 (subject to HMT approval)

Expect all providers to have or use a Wholly Owned Subsidiary, publish a model and close down approval process.

NHS Providers

Daniel Elkeles will take over as the next chief executive of NHS Providers. Daniel, who is currently chief executive at the London Ambulance Service NHS Trust, will take up his new role with NHS Providers, in late May.

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. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Recent visits include Pine View and Hull Community Mental Health Team bases at The Grange and Waterloo Centre. Overall staff are motivated and committed to service improvement.

3.1.3 Operational, Service Planning and Winter

This update provides an overview of the operational, winter and service 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 Integrated Care System EPRR team continues to work with organisations to manage the collective action being undertaken by some GP practices and Primary Care Networks. Contractual discussions are taking place currently to address this and we expect this to resolve the issues with our shared care prescribing protocols. Our Tactical/Silver command will be stood up as necessary to continue to respond to any further industrial action and report to Strategic/Gold command via sitrep reports.

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 arrangements came into effect last 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 to develop a standard OPEL framework for acute hospitals, mental health and community services was implemented via a "soft launch" on 19th December and was fully implemented in February 2025. We are now reporting via the new framework onto the national UEC-RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system).

The Trust has followed our Winter preparedness plan for 2024/25. System mechanisms are now in place over the next month to review the effectiveness of the winter plans across the ICB and providers.

Operational service pressures have been challenged in some areas of the Trust in February and early March. The highest pressures were seen in our Adult Mental Health Division with a high demand and increased mental health presentations in the Emergency Department, this is a usual seasonal variation. Our Hospital Mental Liaison team dealt with the high level of demand and successfully avoided any significant ED delays occurring. The Trusts overall operational pressures in the last two months using the new UEC-RAIDR have been OPEL 2/3 for mental health and OPEL 3 for community services (community service metrics are still under review by the ICB).
System pressures reduced in the Humber and North Yorkshire areas during February and early March. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during this period but have been predominantly OPEL 3.

Based on performance data and local insight methodology Humber and North Yorkshire was escalated to **Tier 1** oversight by NHS England. This reflected the increased challenge in achieving the UEC targets for this system, the distance from targets, together with a deterioration on the enabling metrics. As a Tier 1 system the highest level of support is being provided and overseen by the national Integrated Urgent and Emergency Care (IUEC) team, to help achieve improvements. Tier 1 site visits have taken place in recent weeks to Hull Royal Infirmary and York Hospital, we were invited to participate and support the York visit.

System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by pressures. Local UEC Boards continue to focus on prioritised plans to address and expedite Urgent and Emergency Care (UEC) performance in our integrated care system.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services.. In all these areas demand exceeds commissioned capacity. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2025/26 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. The national Operational Planning guidance for 2025/26 did not provide a solution as to how providers and ICB commissioners are expected to address this. ODG and EMT continue to oversee the position and work to reduce waiting times. 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. Unfortunately, some children on the neurodiversity wating lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to improve. Focus continues on our children's early intervention services, particularly embedding the support teams in schools which have received additional funding withing the Planning Guidance for 2025/26.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this and our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved. Our daily bed occupancy has been between 75.7 – 85.6%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans now supported by Service Transformation Funding (STF) to expand the use of the Older Peoples Acute Community Service (intensive community support) and to provide the use of step up/step down community-based beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has been high

and the 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. PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being impacted by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Following support from EMT plans are being progressed to change our current PICU based at Miranda House to an all male unit and to make alternative provision for female patients. This will improve patient flow, reduce the need for out of area placements and provide a further improved position to address mixed gender safeguarding risks.

Patients who are Clinically Ready for Discharge (CRFD) from our mental health beds remains a key priority. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had previously achieved in reducing out of area placements.

By continuing to use the nationally recommended rapid improvement methodology for multiagency discharge event (MaDE) a reduction in the number of bed days lost due to delayed transfers or discharges for those patients who are clinically ready for discharge is being achieved

The overall staff absence position due to sickness is currently at 7.08% (inclusive of 2.25% maternity leave). Reduced sickness absence enabled EMT to cease the use of universal mask wearing in our inpatient on the 18th February.

The Trust continues to effectively manage the impact of high system pressures within its ongoing arrangements. Reducing the number of patients who are clinically ready for discharge/patients with no criteria to reside (NCTR) and reducing out of area placements remains a key operational priority in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index, each service has a target plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

During the last quarter work has been undertaken to develop draft service plans for each of the divisions for 2025/26 which incorporate service transformation, workforce, finance and budget reduction plans (BRS). These have been recently reviewed by EMT/ODG and will be finalised prior to the end of Quarter 4. The plans were further reviewed following the publication by NHS England of the Operational Planning Guidance 2025/26 on 30th January to ensure they fully align with this.

Three divisions are impacted by the implementation of the new **Electronic Patient Record** (EPR) System, Forensics, Children & Learning Disabilities and the Mental Health Division go-live took place w/c 3rd February 2025. Ongoing consideration is given to this alongside operational challenges.

3.1.4 Multi Agency Public Protection Arrangements (MAPPA) – Update

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

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

There are also several system meetings related to the MAPP arrangements and Humber Teaching NHS Foundation Trust continues to be represented at the MAPPA Strategic Management Board (SMB) and the Humberside Criminal Justice Board (HCJB) by the Chief Operating Officer or delegate. Clinical and operational leadership in the Trust is provided by Paul Johnson, Clinical Director and Helen Courtney, Forensic Division Clinical Lead. The nominated single points of contact (SPOCs) for the divisions provide senior practitioner representation at relevant panel meetings, and other system meetings such as the Performance and Quality Assurance meeting (PQA) are attended by one of the SPOCS. The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

There are 4 categories of MAPPA-eligible individual:

- Category 1 –subject to sex offender notification requirements
- Category 2 – mainly those convicted of violent offences and sentenced to 12 months or more imprisonment or a hospital order
- Category 3 – individuals who do not qualify under Categories 1, 2 or 4 but whose offences pose a risk of serious harm.
- Category 4 – terrorism convicted and terrorism risk individuals

To support the delivery of MAPPA requirements within the trust and to ensure support is available within the divisions there is a clear structure in place to carry out our duties to cooperate.
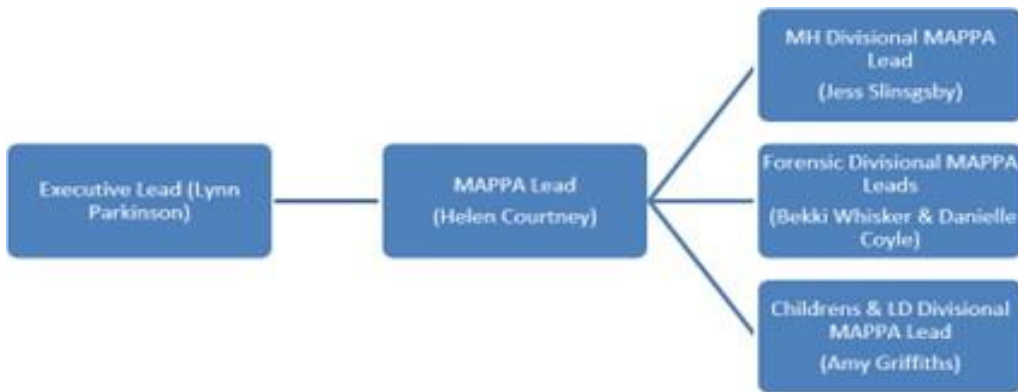
The MAPPA divisional leads routinely attend all MAPPA level 2 and 3 meetings as a core panel member and are the link between MAPPA panel and clinical areas in the trust. The leads support gatekeeping and quality checking of referrals to MAPPA and are the link to the clinical teams to support decision making and understanding of MAPPA and its application. As part of the governance arrangements in place the divisional leads also support the auditing process of MAPPA to provide quality assurance

To support the interface between MAPPA and the trust an operational interface meeting takes place every quarter between the trust and the MAPPA co-ordinator and MAPPA administrator. The purpose of these meetings is to share information and update on any changes or challenges within the MAPPA system and procedures and an opportunity to raise any issues or concerns regarding applying the duties as a duty to cooperate agency.

Annual MAPPA foundation level training is delivered by the MAPPA coordinator from the responsible authority. The training is delivered on MS teams and is also available as a recording through a link obtained from the responsible authority's MAPPA internet page. The next live session is planned to be delivered on 30th April 2025 and any interested board members are welcome to attend: (https://events.teams.microsoft.com/event/5ba4c316-0c47-4324-9b55-af5f827ba09f@c6874728-71e6-41fe-a9e1-2e8c36776ad8).

The annual training is promoted across the trust and through all the divisions by the divisional MAPPA leads.

The Humberside MAPPA Foundation Training event will:

- provide a basic introduction to the principles, purpose and procedures of MAPPA.
- introduce participants to MAPPA Guidance and other materials to familiarise themselves with their use and application.
- ensure participants understand the purpose and function of MAPPA.
- ensure participants understand the language and terminology of MAPPA.
- explore the framework for identification, information sharing, risk assessment and risk management.

- assist Professionals in understanding their role and responsibilities within MAPPA.

Feedback from the MAPPA co- ordinator and SMB remains positive about the trust and the level of responsibility it takes to ensure compliance with MAPPA procedures and undertaking its duties as a duty to cooperate agency. The Trusts MAPPA protocol was last updated in October 24 and continues to be reviewed regularly in line with any changes to national or local procedures.

MAPPA Protocol for Managing Mentally Disordered Offenders Prot523.pdf

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

A joint visit has been undertaken to Hull CMHT by the Director of Nursing and the Chief Operating Officer. Waterloo and The Grange were visited on separate days. Staff were welcoming and keen to talk about their work and some of the improvements underway. The Deputy Director of Nursing has also visited Granville Court in Hornsea to meet staff and patients and has led a CQC mock inspection visiting Hull CMHTs as part of the Trust preparation for a CQC inspection.

3.2.2 Safer Staffing Assessment

The Trust recently completed a safer staffing and workforce planning self-assessment as part of a new schedule of annual compliance audits conducted by NHSE and the workforce lead from the Integrated Care Board (ICB). The audit covered the standards outlined in the National Quality Board Safe Sustainable and Productive Staffing Guidance (2016) and the Developing Workforce Safeguards (DWSS) document (NHSI, 2018).

The self-assessment covered the following:
- Trust approach to Safer Staffing
- Ward to Board reporting
- Rostering
- Temporary Staffing
- National programmes: Health Care Support Worker Programme; International recruitment and Professional Nurse Advocates

Following the self-assessment the Trust safer staffing and workforce planning leads met with the ICB lead and NHS England regional safer staffing leads to review the findings and evidence to support the self-assessment and agree any actions required.

We were the first Trust to complete this new audit regionally and we received very favourable feedback from NHSE and the ICB in relation to the maturity of our approach to establishment reviews and ward to board reporting. They were particularly positive about our safer staffing dashboard.

We are currently awaiting the final report which will be shared with the regional NHSE Chief Nurse and the ICB Chief Nurse.

3.2.3 Culture of Care - Update

The Culture of Care programme is a national initiative that has been established to support cultural change with a reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. A set of co-produced standards for inpatient wards are being embedded across the country, with the national programme providing support to a group of selected wards (over 200) from 60 providers.

An illustration summarising the 12 culture of care standards
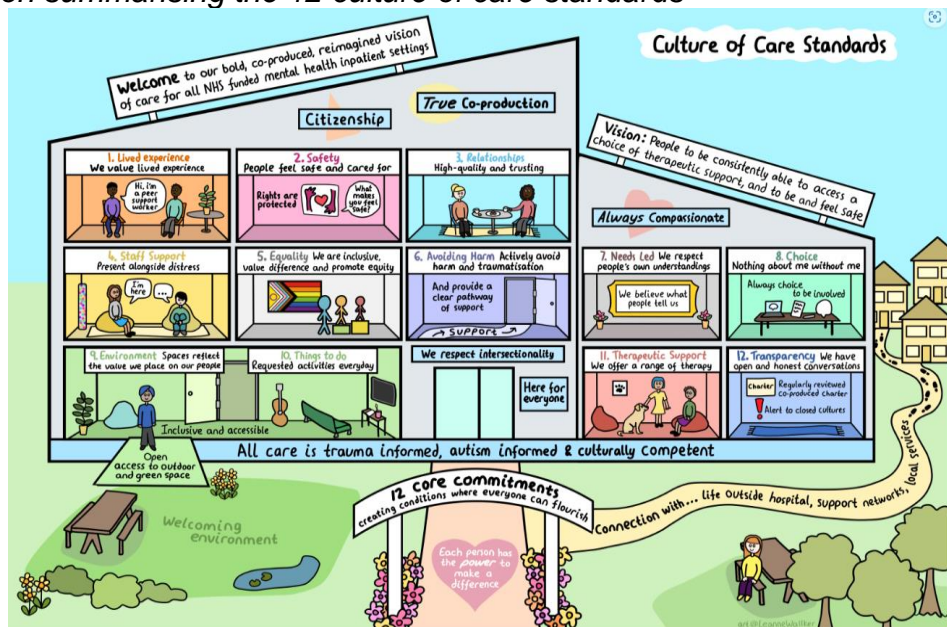
The culture of care standards for mental health inpatient care supports all providers to realise the culture of care within inpatient settings everyone wants to experience – people who need this care and their families, and the staff who provide this care. They apply across the life course to all NHS-funded mental health inpatient service types, including those for people with a learning disability and autistic people, as well as specialised mental health inpatient services such as mother and baby units, secure services, and children and young people's mental health inpatient services.

At present we have four wards participating (Westlands, Avondale, Townend Court and Swale ward) with support offered by NHSE via the Royal College of Psychiatry and the National Collaborating Centre for Mental Health, using a Quality Improvement (QI) Methodology.

The wards have been receiving training on the principles underpinning the 12 standards and are being supported with generating and implementing multiple co-produced QI initiatives over a two-year period to drive change aligned to the standards.

The wards are embracing the work and between them have designed and commenced implementing QI's such as:

- Redesigning the welcome pack for new patients at Avondale
- Setting up a patient forum at Townend Court
- Developing systems for supporting carers and families at Westlands, including an information pack for carers and one-to-one support sessions led by a peer-support worker
- Developing better understanding of Equality, Diversion and Inclusion issues for patients and staff on Swale

A further two wards, Inspire and Pine View have just submitted their application and have been accepted for inclusion in a new strand of support from the Culture of Care programme. Over the next six months these wards will be supported by Public Service Consultants (PSC) via a Staff Care and Development offer to coproduce effective support for their ward staff, with the same aim of creating the culture described in the model of care.

In order to share the learning as we progress through the programme, we are planning a celebration and showcase event on the 15th of May 2025 which Board members are invited to attend. This will take place in the Lecture Theatre and will include a morning of presentations to introduce the principles underpinning the model, and a marketplace event in the afternoon where each of the wards will be presenting the quality improvements they have been working on.

This work supports our closed culture work, providing some key service improvements to continually support the embedding of a positive culture across Trust services.

A progress report will be submitted to EMT and the Quality Committee in May 2025.

3.2.4 Work with Coroners

The work of the coroner's office can be distressing and involves exposure to the trauma and distress of other people, potentially resulting in vicarious trauma and challenges to the well-being of this dedicated group of staff who oversee the work of the coroner's office.

The Trust (via the Director of Nursing) have been approached by the coroner's office to see if we could provide some support for staff to help them manage the effect of vicarious trauma. Psychologists from Humber have agreed to provide some sessions for the coroner's office staff, to help them understand the impact of vicarious trauma and moral injury, recognise the effects of stress and trauma on the brain, and provide them with strategies to help cope with the challenges presented by their work. The psychologists are pleased to offer their expertise in this area to support local partners and support the vital work of the coroner's office.

3.2.5 Prevent Update

Prevent is about safeguarding and supporting those susceptible to radicalisation. The Trusts Prevent policy provides guidance to colleagues to help them identify susceptible individuals who may be at risk of being radicalised into violent extremism and to make sure the appropriate safeguarding actions and reporting is undertaken where concerns for the individual are identified.

On 23rd January 2025 Axel Muganwa Rudakubana was sentenced to life for the murder of 3 young girls, ten counts of attempted murder and possession of a bladed article following a serious incident in Stockport on 29th July 2024. An independent learning review report was published on 5th February 2025 with the aim of identifying effective practice, organisational learning and any further areas for development. The reviewer considered there to be a high level of compliance and adherence to Prevent policy at the time, however, did also identify areas for learning around understanding risk indicators of radicalisation where a coherent ideology is not present and recognising the potential risk from repeat referrals. A recommendation was also made by the reviewer that Prevent training should be mandated to take place every three years (instead of just once).

Following publication of the independent report we have reviewed our Prevent Policy and processes in line with the recommendations for improvement made in the report.

Trust Response to the Recommendations
Of the 14 recommendations, many of them are the responsibility of Counter Terrorism Police or Home Office. These include recommendations on reviewing training and guidance for Counter Terrorism Case Officers and Supervisors to support them in their specific functions, reviewing and implementing training for Prevent staff in other areas to support their specific functions, considerations around how repeat referrals can be combined with previous ones to reflect repeat nature, and a review of the access and use of the Prevent Case Management Tracker System.

The first recommendation; to have a standardised sharing of information product for national use when sharing the results of checks conducted for Prevent, would have a minor impact on the Trust. This is because there are currently Information Sharing Agreement's (ISA's) in place for the Hull and East Riding Channel Panel and if the information sharing product was to change then the ISA's would need renewing. The information shared would remain the same as under the current agreements.

The Specialist Safeguarding Practitioner for Prevent has undertaken a review of the Trust`s policy. It is not felt there are any significant changes required following the Stockport incident and subsequent learning review recommendations. Minor changes suggested are to make it more engaging and linked to the required statutory duties and current guidance. The refreshed policy is currently going through the Trust governance process for approval.

Prevent training compliance is consistently high (Prevent awareness Jan 98%, Level 3 training 93.5%) with reporting of cases within expected parameters. The NHS Prevent training and competencies framework advises that training should be refreshed every 3 years. The current training requirement across the Trust is completion once, with refreshers contained in the Safeguarding Adults training program and several resources available online. The Executive Management Team have agreed to change the frequency of the training to every 3 years. A training needs analysis has been requested to determine the staff in scope.

3.2.6 Care Quality Commission (CQC) Inspection – Orion, CAMHS inpatient unit

An unannounced inspection by the CQC was undertaken in our CAMHS inpatient unit on February 4th, 2025. CQC informed the Trust that the inspection was undertaken as Orion had never been inspected by CQC as it wasn't open when they last inspected.

Five inspectors undertook the inspection over two days. Information was requested in relation to staffing rotas, training, supervision, staff sickness, patient/carer feedback and engagement, discharge planning, risk management, safeguarding and use of restrictive interventions. The timescale for the data return was met. Verbal feedback from the lead inspector was as follows:

'We have really enjoyed our 2 days on site at Inspire. Feedback was positive from staff who have been passionate and enthusiastic about the service they provide, and we have observed some good practice. We wanted to extend a really big thank you to the whole team for making us feel welcome and keeping us hydrated with cups of tea`

Since the inspection CQC have contacted patient families and carers for feedback. We will receive a report in due course which will be based on compliance with the CQC Quality Statements.

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

3.3.1 Leadership Visibility and Visits

Humber Centre 30th January – A wonderful opportunity to tour the unit and meet with staff and patients to understand experience. It was a joy to be able to speak to some passionate employees who were proud to work for the Trust and at the Humber Centre. This visit culminated with a discussion with the General Manager to discuss findings but also seek some reciprocal feedback on the People and OD service.

Townend Court – 6th March – The Associate Director of People and OD and Priyanka Perera, Associate Non-Executive Director, carried out an unannounced visit at Townend Court. The opportunity was taken to explore with staff their experience in light of high acuity of patients. Whilst the environment is challenging, the staff conveyed that they were proud of the care that they deliver. There were some opportunities discussed to be further explored with fellow colleagues.

3.3.2 Off Framework Agency Use

There has been a strive to eradicate all off-framework agency usage by the Flexible Workforce Team (FWT), in line with the NHS mandate. The FWT team have not booked any off-framework agency staff since June 2024. Since then, a reduction across general agency usage has been seen, whilst still maintaining safer staffing levels.

As of January 2025, the combined bank and agency fill rate was 89% (95% bank, 5% agency). There is less reliance on agency for HCA shifts, contributing to only 1% of the fill rate when broken down into staffing type. With that said, there is a higher prevalence of agency usage for Nurses meaning a targeted recruitment campaign is being implemented to bolster the bank, in addition to focusing on clearing the existing Nurses who remain non-compliant for statutory mandatory training.

Since this data was obtained, 16 bank staff have been cleared for work (combined Nurses and HCA's), therefore increasing the pool of active 'bank only' workers. In addition to the focus around clearing bank staff for work, FWT are progressing with a bank cleanse for those workers who do not engage after an 8 week-period. This will ensure the bank figures are reflective of those who are engaged and booking shifts.

3.3.3 Recruitment Statistics

Recruitment data from Trac is monitored on a monthly basis to ensure the service provision is robust and meeting the needs of both recruiting managers and candidates alike.

In the month of February 2025, the following metrics were achieved:

- **'Conditional offer to checks ok'** was an average of 17.6 days, below the 20-day target.

- **'Closing date to start date'** was an average of 63.3 days, below the 65-day target. This figure has been consistently below target since April 2024 with the exception of September and January when the figure rose slightly to 69.5 days and 66.6 respectively.

The Recruitment team have recently been involved in supporting the recruitment process for student nurses. Subsequently, offers of employment have been made to 25 students due to qualify in Summer 2025.

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

Since the launch of the 'Plus' initiatives in November 2024 showcasing what is available for our people in terms of our approach to flexible working and our extensive offer of health and wellbeing initiatives the conversation around these areas has continued.

In terms of flexible working, open sessions for managers have been held throughout February allowing for Q&A and appropriate challenge – these have enabled us to adapt the support and messaging accordingly as well as updates to the intranet pages and resources available. In addition, the Flexible Working Policy is currently being reviewed to ensure that the overall initiative is embedded into policy and practices.

Since the launch of the Your Health and Wellbeing Plus initiative we have seen a good participation level in the '14 days to a Humbelieveable new you' campaign and the team are working on devising a Health and Wellbeing passport which will enable our people to 'own' their wellbeing journey in one place keeping all records of interventions and conversations with managers about what they need to be able to thrive in the workplace.

Since the official launch of this body of work, we have seen immediate increases in both uptake (formally logged) and enquiries. Where we have reliable data to demonstrate the impact of this work and the ongoing engagement, this is included below.

3.3.5 Flexible Working Requests (2024-25)

The following data show the number of flexible working requests made by Trust colleagues, with highlighted months illustrating those from the point at which our offer was pro-actively discussed and shared around the Trust geography.

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
No of Requests in Month	32	21	60	51	35	31	29	35	51	54	35	64
Rolling 12 Months	453	456	471	480	466	445	440	439	459	483	494	516

3.3.6 Workforce Wellbeing

The following data show the uptake of the Workforce Wellbeing Team's services, with highlighted months illustrating those from the point at which our 'Your Health and Wellbeing Plus' offer was pro-actively discussed and shared around the Trust geography.

We can see that there is a significant rise in the numbers for February (63 Physical MOT appointments) and this is largely due to the team's attendance at Wellbeing drop in events across the Trust.

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25
Number of new referrals for MOT appointments – physical health and wellbeing	44	74	51	55	37	88	80	54	62	48
Total number of physical health MOT appointments	60	49	44	41	29	62	60	62	52	48
Total number of wellbeing MOT appointments	3	3	9	5	2	9	3	3	3	8
Number of new referrals for 1-2-1 appointments	17	18	12	14	6	14	8	9	14	17
Total number of 1-2-1 appointments	46	44	36	37	19	38	45	36	31	33

In January 25 the Trust launched the '14 days to a Humbelievable new you' campaign which encompassed a range of health and wellbeing initiatives and saw good levels of engagement.

On 22nd January 2025 the 'Menopause Collective' was launched. This initiative gives us recognisable brand that all of our people can become familiar with. The initiative encompasses a suite of initiatives that support our staff with anything related to the menopause.

Workforce metrics show us that we have 1090 females who are aged between 45 and 60 in employment. Menopause symptoms can reach either side of this age group and in addition we will have a proportion of our workforce supporting a loved one with their menopause journey. Symptoms can be extremely difficult to navigate and nationally it is reported that 1 in 10 females leave their job role as a result of not being able to manage their symptoms. This support initiative is therefore far reaching and high impact.

The launch of this initiative included familiarisation with the branding, refresh of the intranet pages and resources available, delivery of training sessions for managers and employees, introduction of our 10 Menopause Advocates who are available for support and they also deliver the training. In addition, there is a menopause support group who meet monthly and feedback tells us that they are a great source of connection and a space to come together and support each other.

The next steps for the initiative are to attain the 'Henpicked' menopause friendly accreditation and we hope to achieve this by early summer as we continue to gather feedback and aim to level up this high impact support.

3.3.7 Flu Programme 2024/25

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

As of 7th February 2025, overall uptake of the flu vaccine in the organisation is 60.38% with frontline uptake at 42.96%. Although work continues to try and increase uptake of the flu vaccine, particularly amongst, frontline staff, the current uptake for this year 24/25 exceeds the overall figure for 23/24.

As we approach the last month of the flu season for 2024/25 the final figures will be released after 31st March 2025.

3.3.8 Statutory and Mandatory Training Update

Our compliance for statutory and mandatory training is showing consistent month-on-month high performance across the Trust. Recent access to benchmarking data confirms that we remain one of the highest performing Trusts within our region and indeed across the whole of the NHS.

In January, our compliance remains steady at 94.12%, against the Trust target of 85%. These figures emphasise the effectiveness of our training strategies and our collective commitment to maintaining high standards.

Despite these achievements, we recognise that there are still opportunities for improvement. At Humber, we're aware of the importance of not overburdening our staff with unnecessary training and remain dedicated to providing the right training for the right people, ensuring that all training is relevant and deemed essential.

We will continue to focus on these areas, leveraging our data to tailor our training programs more precisely and support our staff in fulfilling their roles effectively. Our goal is to sustain and build upon our current performance, ensuring that our Trust remains a leader in statutory and mandatory compliance and training excellence.

3.3.9 Leadership and Talent Development Update

- **Humber Talent Programme Update**

The 10 delegates of the Humber Talent Programme 2025 began their journey on January 29th, 2025. They kicked off with a self-discovery day, using their Lumina Profiles to gain valuable insights into themselves.

As part of the programme, participants meet monthly for a day of structured development. In February, they focused on Quality Improvement (QI) through a bespoke session designed and delivered in partnership with our QI Lead, Cath Hunter.

We are delighted to welcome them to the programme and wish them every success along the way.

- **Alumni Programme**

The Organisational Development Team successfully delivered the first PROUD Alumni workshop, *Managing and Leading Change*, which was fully booked and received excellent feedback from participants.

Building on this success, we are now busy designing our next round of Leadership CPD, which will focus on *Compassionate Leadership*.

The PROUD Leadership Development courses continue to run, with a new cohort having started in January. Since the launch of the PROUD Alumni in October 2024, we have also issued our first newsletter in December, which was shared with all Alumni members.

3.3.10 Career Development Update

In celebration of National Apprenticeship Week, we went all out to showcase the incredible range of careers within our Trust and spotlight the amazing journeys of our staff. We highlighted how our Trust supports staff in their career progression, from the PROUD programme to apprenticeships, mentoring, coaching, and our Ambassador programme. It was an exciting opportunity to demonstrate how we empower our people to grow and succeed.

We also shone a light on the countless ways our staff help guide young people in choosing their career paths, offering a range of entry-level opportunities and an invaluable work experience programme. We heard firsthand from managers who have provided work

experience opportunities and from young people who have had the chance to learn and grow with us.

To top it off, we promoted our Ambassador programme, showcasing the incredible impact it has. It was a week full of inspiration, growth, and the endless possibilities that come with being part of our Trust!

The team are currently planning a bigger and better programme for the Year 10 day which will be part of our anchor institution focus for 2025.

3.3.11 E-Rostering the Clinical Workforce

As of February 2025, all clinical teams in scope for the roll out project are now live at 100%.

The team are currently working through transitioning all rostered staff from Employee Online to Loop. We are aiming for all staff to be moved across by 31 March 2025, currently we have approximately 2200 staff already switched over.

3.3.12 Launch of the national consultation on manager regulation

The NHS wants to make sure that its current and future managers and leaders have the right skills and values to support colleagues to improve and deliver services, engendering a culture of openness and honesty in which all NHS staff are encouraged and supported to raise concerns. Managers and leaders need access to the right learning and training opportunities throughout their careers and patients and staff alike need to be confident that leadership in the NHS is effective and accountable.

That is why NHS England is developing a leadership and management framework, which will introduce a code of practice, a set of core standards and a development curriculum for managers. This will support managers and leaders to undertake further training to improve their effectiveness and to progress in their careers.

The development of the management regulation has been driven by the messenger review and by other reports that reference leadership and management effectiveness (Darzi, Berwick, Mid Staffs, Kark, Snowy White Peaks, People Plan etc).

What will be produced: consistent standards for all NHS leaders and managers. Developed in partnership with the CMI, social care and Professional standards authority (as well as in consultation with the HPMA/CIPD).

Framework will include:
- o A code of practice (which is a step beyond the Messenger review recommendations)
- o Standards and competencies with defined levels; entry to exec (consultation on these starting soon)
- o Core Curriculum at every level from aspiring manager to Board level leaders.

How will it be produced:
- o Co-designed with multi stakeholder involvement
- o Will be heavily consulted upon
- o Various surveys and feedback opportunities over the coming months

A comprehensive consultation document is now in circulation seeking feedback on the development of core competencies that are under development.

Whilst this is yet to conclude and with key stakeholders at the Trust providing feedback, we are making traction regardless on reflecting these competencies into our internal Leadership Development proposition.

3.3.13 Leadership Competency Framework

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed.' The Leadership Competency Framework (LCF) responds to that recommendation and forms part of the NHS England Fit and Proper Person Test (FPPT) Framework. NHS England » NHS leadership competency framework for board members

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all, now and into the future.

The Leadership Competency Framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders,
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce,
- help organisations to develop and appraise all board members,
- support individual board members to self-assess against the six competency domains and identify development needs.

Whilst 2024 saw the provision of the resources to support delivery of Chairs appraisals, we still await the resources to support wider Board assessment. There are expected by 15th March 2025.

3.3.14 Sexual Violence and Misconduct Update

Further to the Worker Protection (Amendment of Equality Act 2010) Act 2023 coming into force on 26th October 2024 which places a duty on employers to "take reasonable steps" to prevent sexual harassment of their employees, the Trust has appointed Karen Phillips, Associate Director of People and OD as Executive level sponsor for this programme of work. In addition Rosie O Connell – Head of Safeguarding and Alison Meads – Head of People Experience have been appointed as the Trusts leads for Sexual Safety.

In addition, the following work is currently underway:

- A new Sexual Misconduct Policy has been drafted and consulted upon and is currently at the final stages of governance prior to launch.
- A training needs analysis has been carried out and approval sought for all of our line managers to carry out the e-module that is available on ESR to raise awareness and gain basic knowledge about how to respond to a report.

- Risk assessments are currently underway across the Trust and a central risk register will be compiled by the Sexual Safety Group
- The sexual safety group will assess progress against the national assurance framework in 2025 and establish priority actions from the outcomes.
- A review of the data available has been carried out and a new Sexual Safety report will be compiled and submitted to QPAS and elements of it included in the People Insight report
- A launch plan is currently being developed for this programme of work to include provision of intranet pages and a summary of support available for employees. This will include presentations to raise awareness and open sessions with staff to ensure that they are aware of the policy, how to report incidents and what support is available.

EMT are fully cited on the programme of work and the next steps are to plan for the launch of this work across the Trust.

3.3.15 Equality, Diversity and Inclusion

Respect
The objective for the original respect campaign was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. The most statistically significant improvement in the 2024 National Staff Survey is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. If we look in more detail, we can also see that staff from ethnically diverse communities are reporting at higher rates of than their white peers. As such, we can see the impact of the Respect campaign in the staff survey, it has worked as intended, we have addressed under reporting and driven up the reporting of these incidents.

We are continuing to work on embedding Respect, working with the Trust's designer and commissioning four new Respect posters based on the protected characteristics, so there will be one for anti-racism, homophobia, disability discrimination and to support our new sexual misconduct polices a sexual harassment poster. These posters will then be consulted upon with the networks and EDI steering group with a relaunch of the Respect framework across the organisation in the Spring.

No Excuse for Abuse
No Excuse for Abuse was designed to support managers and staff when subjected to abuse by service users in their care. Since the December launch of the No Excuse for Abuse Toolkit, it was recognised as QI Charter of the Month in Dec 2024, it has subsequently been inspected and endorsed by UNISON who found it to be very comprehensive and proactive and we will be adding their logo to the posters and documentation. Also, NHS England are keen to include our work in an EDI Best Practice Case Study, alongside Respect and our approach to implementing the NHSE EDI Improvement Plan.

However, we have taken learning on board, and we know that No Excuse for Abuse is focused on post incident support for staff, and work is underway to better understand the Datix data, so we can see which areas have a higher prevalence of such incidents and look to work with colleagues such as the OD team to provide bespoke support for those areas.

Our Staff Networks have been active in supporting the organisation to be more inclusive, this includes:

1. Rainbow Alliance Network
- The network has contributed towards articles for the global email for LGBT+ History Month in February where information about becoming the new chair of the network has been shared.

- The network undertook a review of the Eliminating Mixed Sex Accommodation policy and supported the review of the PACE Supporting Trans Patients Policy review.

2. Disability Network

- The network piloted of out of hours meetings to reach a wider audience.
- New badges and posters were designed by the network, one for disability and the other for hidden disabilities.
- The network contributed towards articles in the global email for Disability History Month (Nov/ Dec) and International Day of Persons with Disabilities (December 3)

3. Race Equality Network

- Supported the EDI lead in the development of navigating racial microaggressions guidance.
- Held virtual Black History Month event in October with guest speakers from Show Racism the Red Card, the event was well attended.
- Added quarterly Race Equality Development session into their schedule to include guest speakers from around the Trust to share work on that includes race equality, such as Patients and Carer Race Equality Framework (PCREF), Trauma Informed Care, Culture of Care, Respect and No Excuse for Abuse.

3.4 Medical Director Updates

3.4.1 Leadership Viability

The Medical Director joined the Ullswater Team at the Humber Centre for a morning interactive session on the Mental Act Quality Improvement on the 28 February 2025. The focus was on improving the MDT meeting to address sensitively the needs of patients with learning disability and autism.

On the 13 March 2025, Stephanie Poole (Non-Executive Director) and I visited Avondale Unit unannounced. The passion of the staff on improving patients experience on the unit was evident throughout. In addition to Avondale Unit, we also saw the 136 suite and had a brief discussion with the Bed Management team.

3.4.2 Patient and Carer Experience & Quality Improvement

Caring Together Event: Celebrating our Patients and Carers
On 13 February the Patient and Carer Experience and Continuous Improvement Teams hosted the Trust's first "Caring Together". The event showcased how patient and carer experience has informed continuous improvements across the Trust. Over 150 people

including patients, service users, carers, staff and partner organisations attended the event in person as well as people attending virtually.

The audience listened to excellent presentations from staff who in some instances were supported by our patients, service users and carers from teams across the Trust. A special recognition section rewarded four of the Trust's Patient and Carer Experience Champions and the Humber Youth Action Group who have all dedicated numerous hours over the past few years to support the Patient and Carer Experience and Continuous Improvement agendas.

3.4.3 Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) is a mandatory initiative for NHS mental health trusts and providers in England, designed to help them become actively anti-racist organisations.

It aims to reduce racial inequalities in mental health services by ensuring leadership accountability, data transparency, and effective patient feedback mechanisms. National evidence highlights disparities in mental health care experiences based on ethnicity, particularly in restrictive interventions. The framework promotes co-production, where diverse communities play a central role in shaping services.

Piloted since 2020 in select NHS Trusts, including Sheffield Health and Social Care NHS Foundation Trust, the framework has involved collaboration with minority-led voluntary organizations. Overseen by NHS England's PCREF Steering Group and Advancing Mental Health Equalities Taskforce, the national rollout began in 2023. The Care Quality Commission (CQC) will consider PCREF implementation in their quality assessments, reinforcing its importance.

All NHS mental health trusts must have a PCREF in place by the end of the 2024/25 financial year, integrating it into standard operations.

Significant progress has been made in the following three of the four key domains:
- Governance and Leadership (SA01 to SA03)
- Policy and Practice (SA05 to SA09)
- Legislative & Statutory compliance (SA11 to SA14)

Further work is needed in the last domain on Data & Information (SA15 to SA18). Mainly in gathering data, research and evidencing measurable outcomes. To address this, part of our plan is to partner with a nearby pilot site for support.

A Draft PCREF Action Plan has been developed, aligning with NHS Futures PCREF Toolbox guidance. Efforts are underway to enhance communication strategies to inform staff, patients, and carers about the framework's impact. The initiative is a crucial part of the Advancing Mental Health Equalities Strategy and was a key recommendation from the 2018 Independent Review of the Mental Health Act, ensuring ongoing accountability and systemic change.

The executive lead is the Medical Director. Governance will be through Operational Delivery Group (ODG) with oversight and lead assurance from the Mental Health Legislation Committee.

3.4.4 Medical Education

- Medical Education Department Workplan 2025-26 in final form, for ratification at April's Medical Education Committee (MEC).
- Dr Ferdinand Ogbe and Dr Tahmina Haque approved as HYMS Honorary Senior Lecturer.
- Prospective consultant career discussions being held individually with Higher Trainees on 5th June 2025. Includes 1:1 with the Director of medical Education (DME) and a meeting with the Executive Medical Director, Higher Training Tutor, and Head of Medical Education & Medical Directorate Business.
- Involved in discussions around development of Library Services as a combined 'super service' across the ICB patch.
- Planning for Medical Education Awards, the awards event will be held on the 18th June 2025, with guest speaker Professor Subodh Dave - Dean, RCPsych, presenting on "The Future of Psychiatric Education".
- Continue to deliver further educational and CPD events which benefit our full medical workforce (these events are in addition to, and compliment, our existing weekly Postgraduate Teaching Programme). Events which have taken place this year include:
  - Good Medical Practice Update by the GMC, 29th January 2025
  - Relational Prescribing session with guest speakers, open to all Trust staff, 12th February 2025

Events being held before the end of the academic year (31st July 2025):
- Trust/HYMS Psychiatry Society Collaboration event – 'Psychedelics and Other Drugs', 20th March 2025.
- Appraisal Forum with guest speaker, Paul Rafferty, GMC, Employer Liaison Adviser, 27th March 2025.
- Sleep Lecture delivered by guest speaker, Dr Kirstie Anderson, open to all Trust staff (audience of 123 to date), 30th April 2025.
- 'Build your Health and Wellbeing', Gary Jennison, Health and Wellbeing Specialist, 21ST May 2025.
- HM Coroner, Professor Paul Marks, and Dr Mel Levy, Consultant Histopathologist, Hull Medical Examiner Service, 28th May 2025.

3.4.5 Pharmacy

Medicines Optimisation Mandatory Training Review
There are currently two key elements within the Medicines Optimisation mandatory training which are recorded on ESR:
1. A one-off session that underpins the *Safe and Secure Handling of Medicines Procedures* - this element consists of an eLearning module and a face-to-face session.
2. An annual Medicines Administration competency assessment which can be carried out peer-to-peer as long as the person signing off is already signed off themselves. This was part of an action to reduce medicines administration errors which were our highest sub-category of reported medicine-related incidents.

The second element, i.e. the annual Medicines Administration competency assessment will now be changed to once every three years, with individual targeted training in response to incidents and trends.

3.4.6 Research

The Trust's 8th annual research conference is now confirmed and will take place on Wed 19 Nov 2025 at the MKM Stadium. This is expected to be another great day for our annual celebration of research and will include national and local speakers, as well as hearing from those for whom research has changed their lives. This will be held as a hybrid event again, with people being able to book to join in person or online. As with previous years, this conference will be open to anyone to attend.

3.4.7 Mental Health Act

- Interviews have been held for 4 new Associate Hospital Managers and recommended to Board.
- A mock CQC visit has been carried out at Mill View Lodge, as they are likely to be high up on the list for next to receive an unannounced MHA visit from the CQC. Issues found have been shared with the ward and asked to complete an action plan.

3.4.8 Psychology

Trust-Wide Updates
A workshop was held with over 40 psychological professionals to contribute to the NHS Change Consultation, focusing on digital, community, and preventative shifts. Staffing shortages continue to impact Adult Mental Health, with key leadership vacancies adding pressure. Interim measures have been arranged to ensure supervision and patient safety. Additionally, research is underway to assess the psychological well-being of nurses and healthcare assistants, aiming to address high sickness levels and improve access to post-incident support.

Forensic Services
The ESSENCES evaluation cycle, which assesses in-patient climate and culture, continues and is now being introduced at HMP Hull's Wellbeing unit. Prison psychology teams will soon be fully staffed, easing clinical pressures, though infrastructure challenges persist. Despite staffing gaps due to secondments and maternity leave, the team is managing well under interim leadership, maintaining service delivery while pursuing new projects

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

Since September the Director of Finance has attended the in person Senior Leadership Forum at Driffield and also visited Rosedale Community Unit in Hedon where he had the opportunity to meet with staff attend a team meeting and hear feedback from members of the team.

3.5.2 Cyber Security Updates

NHS England's Cyber Security teams release several alerts each month. These are (currently) referred to as CareCERT advisories and the trust must ensure that action is taken to deploy the remediation for each

There are two types of CareCert notifications,

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

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

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

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.
In terms of CareCerts
- CareCERT notices issued during 2025: 29 (*Incl 13 in February*)
- High Priority CareCERT notices Issued during 2025: 5 (Incl 2 *in February*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during July or August 2024.

3.5.3 Facilities Management Updates

- Works progressing to relocate services from Beverley Health Centre to the East Riding Local Authority property (Block H). This will provide additional corporate accommodation to the Beverley Locality – paper appears in Part II today.
- Process of establishing a design team to progress the Redesigning Mental Health Inpatient Accommodation scheme is being finalised. A separate commission is being developed for a Project Manager and Trust Cost Advisor to the scheme.
- Bids submitted for reduction of CIR (£900k) and reducing mental health out of area beds (£2.075m).
- Replacement Ascom system replacement (new KAM Alarm system) complete, tested and ready to go live at the Humber Centre, Pineview and Miranda House PICU.
- Building evacuation exercises and weekly fire safety checks are included in the safety reports that are issued to the H&S Group. These will be extracted and issued to EMT on a monthly basis to provide assurance and as an escalation route if required.
- EV charging network – Currently reviewing a potential migration to new provider, this follows performance and service support issue from the current provider, and the successful pilot of Mer for the Estates and Hotel Services fleet.
- PLACE results released. Performed well against national averages and other local Trusts/Providers. Increase in Food score which was highlighted in the HSJ placing us 4th in the mental health league table (food domain), a report appears later in the agenda.
- Following a recent food scare (listeria detected in some desserts) all ice-cream products had to be withdrawn from menus. The catering teams were diligent in following the advice of East Riding Council, Hull City Council, Environmental Health Officers and the Trusts catering lead, which eliminated the risk associated with an outbreak of food poisoning.

- Currently reviewing the impact that the national "Simpler Recycling" scheme (Government Legislation) will have on our day-to-day operations. A plan is currently being drawn up that will take us on a journey to meet the scheme requirements.
- York LLP are being engaged to enable the dementia room (Charitable Funds Dream) to progress. Also to formalise the long term use of Rydale ward for the community team. This includes adjustments to the accommodation to improve its suitability for service delivery.

3.5.4 Partnerships and Strategy Update

Divisions have been working on their Annual Operation Plans following the publication of the NHS Operational Planning Guidance.

The LD screening team working with Bridlington and Goole PCNs are producing a video to support service users know what to expect when they undergo investigations. The trust was approached by the Cancer Alliance to see if we could co-produce an additional video with experts by experience demonstrating the Lung Cancer screening process. This has been supported using a combination of additional funding from the Cancer Alliance and topped up with HealthStars funding following the submission of a Wish by the Team.

3.5.5 Digital Updates

- All services have successfully migrated from Lorenzo to the new SystmOne Electronic Patient Record (EPR) system, enhancing our digital capabilities.
- The EPR extension is on track, with Phase 1 providing access to historical patient data from March 3, 2025, improving clinical information availability.
- We are developing an EPR optimisation plan to ensure continuous improvement, incorporating staff feedback to refine workflows and system functionality.
- Key digital tools are being rolled out across the Trust, including Accurx for enhanced patient communication and Lexacom for voice recognition, increasing efficiency.
- The BeDigital programme is progressing within its allocated budget, demonstrating effective financial management of our digital investments.
- The Trust is committed to realising the benefits of our digital investments, with a focus on improved staff efficiency, patient safety, and overall service delivery.
- Interweave have been shortlisted for the HSJ digital awards.
- Our CIO, Lee Rickles, has been appointed as the chair of the BCS special interest group for electronic health care record.
-

4 Communications Update

Progress against strategic objectives over period.

Theme 1: Promoting people, communities, and social values

Aims	Activity Over period	KPI	Feb position
Uphold our strong and distinctive brand to create greater awareness, confidence, and relationship with	Six new brand champions added (12 total). Producing local branded content to support central efforts. New graphic designer trained on digital	Increase visits to online brand portal by 20% demonstrating staff engagement and usage of brand	+95%

stakeholders	screens now in place in all inpatient units. Process in place with IT to manage and ensure utilisation.		
Protect and promote the Trust's external reputation	Media highlights • GP Veteran Aware Accreditation – national news, local news and two radio interviews. • Miles for Smiles – local news and radio • ADBB 2nd Phase study – local and national news • Menopause Advocates – radio and TV • Health Stars Golf Event – radio, local press	Track and manage positive V negative messaging and ensure balance of coverage is in Trust favour Establish in house media training	15 Positive and 2 Neutral Negative 38 staff now trained. (saving £5760 to the Trust)
Share and celebrate our successes to inspire confidence raise our profile	New content planner reducing single use content and maximising impact of our stories.	Social media engagement +4% Linked in channel growth - 2872 followers	Facebook – 4.69% X – 6.17% Linked in - 6,048 +1264 new followers in month
Ensure that patients, the public and their representatives know what to expect from us and have high levels of confidence in our service	Communications Champions Forum established with Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs). Aim is to share intelligence, insights, and expertise to develop reactive campaigns addressing health concerns affecting children, young people and families. New campaigns include bereavement and loss support for young people in Hull and East Riding and temporary accommodation being linked to infant deaths in Hull 0-19 service areas, aerosol drug abuse and vaping in young people. Other campaigns - Mental Health Support Team to host 'Miles For Smiles' charity walk during Children's Mental Health Week - Hull Live	Meet individual campaign objectives.	Accessing clinical impact with services

Theme 2: Enhancing prevention, wellbeing and recovery

Aims	Activity over period	KPI	Feb Position
Ensure that patients and service users have accurate information that meets their needs	Connect Website - now live and fully operational. SOP established to ensure updates keep content accurate and up to date. Trust website content changed to	TBC after 6 months live	22,000 active users 32,000 sessions

	direct to it.		28%
	Stakeholder newsletters continue to be sent to audiences monthly	Newsletter open rate +30% Newsletter subscribers – up 40% (from 141)	Email and linked in combined subscribers - 6052
Develop and participate in campaigns that support the prevention agenda	Children's Mental Health Week, 3-9 February - East Riding Mental Health Support Team (MHST) completed a 7-mile walk for charity, visiting 10 schools. Delivered 200 Emotional Wellbeing Kits. Time to Talk Day, 6 February – Social media promoting NHS Talking Therapies	Campaign target – complete walk and raise £500 Engagement with social media	Achieved 103 engagements
Support national NHS communications campaigns aimed at illness prevention, demand reduction and self-care, personalising them for our audiences.	NHS app communications	No measures set for national messaging. Reported as part of overall social media KPI's	

Theme 3: Developing an effective and empowered workforce

Aims	Activity over period	KPI	Feb Position
Attract excellent candidates	Humbelievable - Spring Clean Your Career campaign now live	New campaign Annual campaign target to improve on previous years visits to Join Humber website Launch jobs email newsletter	Sending 600 visits per day to the Join Humber website +30% on 2023/4 campaign, 39,000 website sessions on the Join Humber +2000 subscribers
Be the employer of choice for professionals pursuing a rewarding career.	Staff survey results communications – creating range of designs, communications and press release to support results	Staff survey results	Improved position on 23/24

	"14 Days to a Humbelievable You" health and wellbeing campaign ran over period.	10% staff engaged Post event survey Net Promoter Score in top quartile +73%	9.7% staff engaged 71%
Have easy to access, high quality digital internal communications that our teams can access how, when and wherever they are.	The Global Newsletter redesign following staff feedback – aims to be easier to read and encourage more in depth reading. Example: The Global - 7 March 2025 Final issue of each month will become a round up to reduce missed stories. Intranet	Global Click Through Rate (CTR) - + 7% Intranet visits - +77101 p/m Bounce rate < 50%	CTR - 8.2% 93,576 18.1% (excludes homepage)
Promote internal messages to enable shared understanding, inspire commitment to their achievement, and support the achievement of Trust priorities	CQC readiness – responsive dedicated communication in response to inspections. Daily emails, staff handbook, desktop messaging, posters and quick reference guides sent to all inpatient areas. Report it and No Excuse for Abuse campaign refresh with EDI team. Extended to includes patients and service user target messaging	CQC outstanding achieved Staff survey result - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it.'	TBC 2024 result +6.89%

Theme 4: Innovating for quality and patient safety

Aims	Activity over period	KPI	Feb Position
Promote excellence, innovation and where early adoption is taking place	2025 Awards shortlistings to start shortly will start shortly, with HSJ Digital Awards.	4 national/2 local shortlists annually per year	Submissions for 2024/25 have closed, finalising our most successful year to date with a 67% increase in shortlisted awards (12 to 20).
Demonstrate how supporting, enabling and participating in the development of the health research evidence base benefits the health and	Loneliness study in partnership with University of Hull	1 story p/m	1 story

Aims	Activity over period	KPI	Feb Position
wellbeing of the people we serve, and the services we provide			

Theme 5: Optimising an efficient and sustainable organisation

Aims	Activity over period	KPI	Feb Position
Use digital communications to enhance patient care, health management and patient experience.	An independent accessibility audit will be run on the Trust website to ensure we meet and exceed all current guidelines. An audit has also been done by the accessibility Monitoring Team at the Government Digital Service. Work is underway to address areas of noncompliance and reassess the site.	Reduce bounce rate – whole site <50% Average page visits/views per session < 3 Increase average session duration > 1 min	46.9% 1.9 2 min 42
Support the Trust's Business Development, Projects & Innovation strategies.	Final EPR go live supported. Interweave Communications Strategy for 2025-27 is now complete, joined-up piece between comms project team and Interweave leadership Events Officer supporting Shared Care Record Summit in Birmingham	EPR communications plan measure of success As per Interweave communications plan	5,000 visits to EPR Hub on the intranet +1,000 new visits to the training support page between 1 Jan and 25 Feb Not yet launched

5 Health Stars Update

See Appendix 1

Health Stars Board Report

Including:
* ★ KPI tracker
* ★ Finance update
* ★ Wishes and Dreams update
* ★ Fundraising update

Reporting on:
February 2025

Health Stars

Better Healthcare, Brighter Futures

KPI Tracker

Theme 1: Be a trusted and engaged charity partner

★ Anita spent a morning on Fitzwilliam Ward, speaking to staff and sharing ideas around the Better Days Appeal.

★ Anita met with staff at Whitby Hospital to re-engage them about the Dream for a new Children's Waiting Area.

★ Anita worked with Georgia Campbell (Comms Partner for Community and Primary Division) and the Practice Nurses at Market Weighton Surgery to support the LD nurses at Alfred Bean Hospital working with patients nervous about attending a cervical smear test.

★ Anita attended the Chartered Institute of Fundraising Yorkshire Conference and shared her learnings with the team.

KPI	Measure of success	Actions this month
Funds raised	£100K	YTD: £119,736 This month: £2,448
Health Stars is a household name	Staff survey	Survey closed, results to be analysed and presented next month.
Annual review against Charity Commission principles	Complete review in March 2025	Initial discussions re: design and content

KPI Tracker

Theme 2: Improve patient care and experience

★ Malton Hospital appeal is progressing, press release sent re: Golf Day – picked up by 3 newspapers and Anita recorded a radio interview with Coast and County Radio.

★ Capital Application drafted for Whitby Hospital

★ Attended the Caring Together event to talk to staff about how they can apply for funding to complete their PACE / QI projects.

KPI	Measure of success	Actions this month
Each division has a Dream	4 dreams 'completed'	Community and Primary: Malton Golf Day launched Working on dreams for Children and LD and Mental Health
All Dreams have a measurable, positive impact on patients and service users	Positive response to post-appeal survey – over 80%	Evaluations to be sent out following first Dream
All estates capital projects to have a Health Stars workstream	Dreams delivered in line with estates projects	Anita and Dan have met, flow chart drafted for Estates/Dreams process
Increase wishes approvals	Approval target: 82 wishes (20% increase)	YTD: 41 wishes approved (+37 legacy dreams)
Case studies	1 per week	Following training we are changing the way we write stories to encourage fundraising and further support

KPI Tracker

Theme 3: Support staff

★ Have welcomed staff members onto events, sending fundraising packs and instructions on setting up fundraising pages.

★ Supported the MHST who raised £518 through their Miles for Smiles sponsored walk. We shared their progress on social media throughout the day, with the posts gaining 5700 views.

★ Have successfully applied to Hull City Council and East Riding Council for permits for bucket collections for the Safer Sleep Week Walk.

★ Have continued to promote the wish process at events, induction and training sessions.

KPI	Measure of success	Actions this month
Charity Champions across the trust	50% of services to have a Charity Champion	Team to focus on this as priority
Work with HR to identify how charitable funds can support delivery of People Plan	Identify and support a relevant project	Project = Trial of a psychologist to work across the Occupational Health / Workforce Wellbeing Team. Currently looking at funding options with Partnerships and Strategy Team.
Visits to charity guidance on Health Stars website = Access Funding page		32 sessions (January 2025 = 38 sessions)

KPI Tracker

Theme 4: Develop partnerships

★ Working with the Partnerships and Strategy Team to establish a Community Grants project

★ Corporate partnership package has been developed and shared with local businesses.

★ Stakeholder mapping for Malton is continuing.

KPI	Measure of success	Actions this month
Social media increase	4% social media engagement rate from followers	February =5% (January 2025 = 4%)
Social media increase	30% social media growth Facebook: April 2024: Followers = 829 / Visits = 61	Facebook: Followers = 883 (6.5% increase) Visits = 265 (334% increase)
Social media	1% increase in click-through rate from content and stories	46 sessions to website from organic social = 1050% increase from June 2024
Email clubs	360 sign-ups to internal email clubs	104 sign-ups = 28% of target
Stakeholder newsletter	TBC	Not launched yet

KPI Tracker

Theme 4: Develop partnerships

★ We are aware that the number of people signed up to both Microhive and the Lottery is not increasing. Whilst we will continue to promote these initiatives, they will not continue as a priority as we concentrate on alternative income streams going forward.

KPI	Measure of success	Actions this month
Microhive sign-ups	20% of staff = 700 members	382 members = 55% of target
Lottery sign-ups	700 numbers	124 numbers = 18% of target
Corporate sponsors		New corporate support package has been developed, alongside specific corporate partnership package for the Better Days Appeal.
Supporters in CRM	TBC	Support of the Better Days Appeal will form the test data for inputting to the new CRM
Dreams launched	4 Dreams launched	Better Days Appeal (Malton Hospital Day Room) has had a soft launch via the Golf Day.

Financial position as at: 28ᵗʰ February 2025

Total funds raised this period
£2,448

Other operating costs YTD
-£29,930

Wish costs YTD
-£61,835

Opening balance 24/25
£358,885

Total funds raised YTD 24/25
£119,736

Overall costs YTD 24/25
-£147,370

Current Commitments
-£23,477

Current balance of funds
£307,774

Staff Costs 24/25
-£55,605

Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

As per trial balance at 28/02/2025	£
Bank account balance NHS Foundation Trust	10,000
Bank account balance NHS FT Fund Deposit	158,506.82
Charities Investment Fund (CIOF)	355,000.00
Investment – H Butler Shares	9,556.00
Total resources held	**533,062.82**
Accrual (to be reviewed)	(1,200)
Debtors	350.00
Prepayments	2,745.00
Other liabilities - Humber Teaching NHS FT (Wish recharges)	(203,437.26)
24/25 Commitments	(23,476.61)
Net funds at DATE	**307,773.95**

Cash Flow

Account	Apr 24 - Feb 25	Forecast Mar 25
Opening Balance (24/25)	**506,467**	**-**
Income		
Interest Income	102,940	111,258
Total Income	18,086	19,686
Total Income	**121,026**	**130,944**
Less Expenses		
Operating Costs	(30,530)	(30,678)
Donations / Grants / Events	(63,900)	(63,900)
Total Expenses	**(94,430)**	**(94,577)**
Net Cash Movement	**26,596**	**36,366**
Cash Balance (28-02-25)	**533,063**	**542,833**
Payable Invoices	(202,162)	(204,912)
Gifts In Kind Expenses	0	(658)
Receivable Invoices	350	15,350
	331,251	**352,613**
Commitments	(23,477)	(24,235)
Closing Balance (24/25)	**307,774**	**328,378**

Fund Zone Restructure

Figures based on balances as at 28-02-25

BUILDING HEALTHY COMMUNITIES
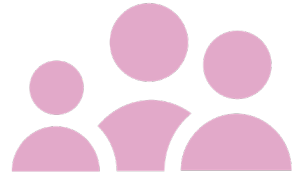
CHILDREN, YOUNG PEOPLE & FAMILIES

MENTAL HEALTH AND WELLBEING

NEURODIVERSITY

Health Stars

Fund Zones	Sub Fund	25/26 Opening Balance (FOT)
Building Health Communities	General	101,356
	Malton	1,058
	Whitby	30,189
	Betty Whatling Legacy	40,383
	Bridlington	25,449
		198,434
Children, Young People & Families	General	29
	Inspire	31,903
	Learning Disabilities	353
		32,285
Mental Health and Wellbeing	General	6,928
	Westlands	342
	Maister Lodge	773
	Newbridges	60
	Mill View Court	284
	Mill View Lodge	18
	Avondale	1,582
	Forensics	0
		9,987
Neurodiversity	General	0
		0
Health Stars – Central Fund	General	85,391
	Volunteers	4,728
	Recovery College	354
	DBT	72
		90,546
Total:		**331,252**

In Year Financial Performance:
Year 1 income target £100,000

Individual donations: £30,000	Grants: £40,000	Events: £20,000	Other: £10,000
Individual fundraising Major gifts Corporate sponsorships Planned giving (in memory, celebration General donations	NHS Charities Together Grants, Trusts and Foundations	Health Stars own events or hosted by third parties Seasonal campaigns and appeals	Investment income Legacies / gifts in wills

As at the end of February 2025 actual year to date income of £119k had been received.
The following graph shows the year to date performance against the annual target for the four fundraising pillars.

To note: 7 iPads and 6 iPhones have been gifted to Healthstars. In Mar-25 these items have been recognised in the Charity accounts as Gifts In Kind – Totalling £6,497

Year 1 Income Target vs Actuals received YTD (28th February 2025)

Other — 10,000 / Other, 64,189
Events — 20,000 / Events, 11,061
Grants — 40,000 / Grants, 35,778
Individual Donations — 30,000 / Individual Donations, 8,984

■ Year 1 - Target   ■ Achieved YTD
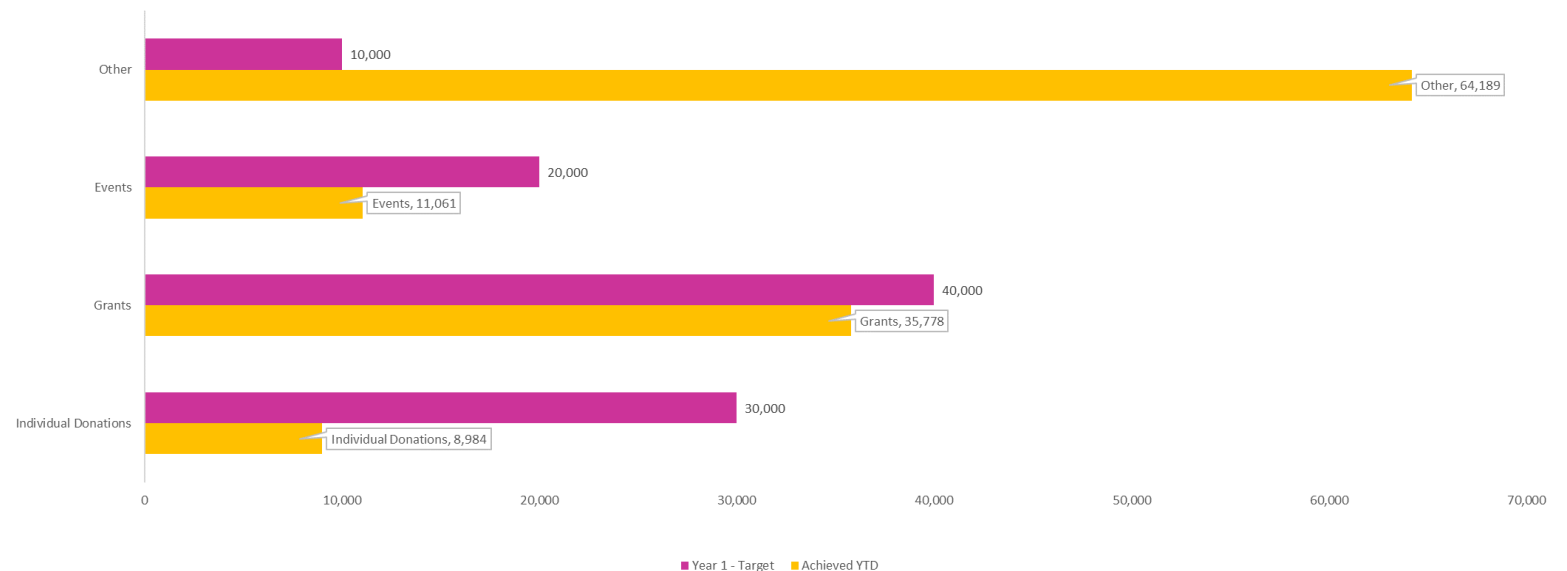
Fundraising: Individuals

Individual donations: £30,000
Individual fundraising
Major gifts
Corporate sponsorships
Planned giving (in memory, celebration)
General donations
Total to date: £8,984

Lottery

Players April 2024:
125
Players in this period:
124

Target = 700 numbers: 18%

**Money received:
£3,001**

Microhive

Members in April 2024:
350

Members in this period:
383

Target = 720 members: 53%

**Money received:
£2,081**

Corporates

We are developing a corporate sponsorship package to cover:

**Golf Day
CEO Challenge
Staff Awards
Christmas raffle**

Fundraising: Events

Events: £20,000

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

Total raised to date: £11,061

Staff events: 2025

MHST raised £518!

Safer Sleep Week Walk: 11th March

**2025
Sign-ups**

East Yorkshire 10K – 2
Hull 10K – 1
Get Caked – 2
Night Walk - 3

Fundraising: Other

Other: £10,000

Investment income

Legacies / gifts in wills

Total to date: £64,189

Investments income to date: £16,277

Legacy

In January we received £46k in legacy funds for Alfred Bean Hospital

Fundraising: Exciting plans!

Night Walk

Get Caked

Skydive GB

East Yorkshire 10K and Half Marathon

Hull 10K

Health Stars Charity Golf Day

York 10K

York Inflatable Runs

Chief Exec Challenge 2025

Humber Bridge Half Marathon 2025

Haltemprice 10K 2025

Special events for Staff interest clubs – i.e. craft events

2025 Events target prediction:

£30,000

Fundraising: Golf Day

Fundraising: Golf Day – corporate support

Fundraising: Yorkshire Three Peaks

overlimits.co.uk

Initial idea came from one member of staff who has since encouraged at least one other staff member to take part.

Saturday 14th June

Joining a trek already taking place with another NHS charity, no minimum number needed.

Cost: £45 per person

Ref fee: £30

Fundraising target: £200 (with £100 raised 4 weeks before trek)

Profit: £185 per person minimum

Wishes

77 wishes received

Month	Wishes submitted
May 2024	5
June	4
July	8
August	8
September	11
October	7

Month	Wishes submitted
November	9
December	8
January	5
February	9
March	

41 complete

23 declined

7 in process

5 closed

Community and Primary Care	Humber Primary Care	Coffee Morning Refreshments	£64.05	In progress	Event postponed
Community and Primary Care	Humber Primary Care	Printing for practice info booklet	£500.00	Declined	Project being re-evaluated
Community and Primary Care	King Street Medical Centre	Photo Shoot/Printing for practice info booklet	£1,450.00	Declined	Project being re-evaluated
Community and Primary Care	Holderness CMHT	Summerhouse	£4,380.00	In progress	Might become a dream - in excess of £5000
Childrens and Learning Disability	Partnerships and Strategy Team	Film production - Lung Cancer Screening	£4,670.00	In progress	
Childrens and Learning Disability	ER CTLD - Cancer Screening Project	Easy read posters of cancer screenings. Sensory toys for waiting room and clinic area. Items to support difficult conversations	£625.23	In progress	
Childrens and Learning Disability	Youth Recovery and Wellbeing Service	Arts and Crafts Supplies	£196.37	In progress	
Childrens and Learning Disability	Inspire Orion ward	Cinema Projector	£1,528.99	In progress	Looking into licences
Mental Health Services	Hull Mental Health	Fidget Toys/Resources	£712.36	In progress	

We were contacted by the LD nurses at Alfred Bean asking 'is this a wish?'. They wanted a speculum and brush to use with their patients when talking about the importance of having a smear test and doing desensitisation work.

Instead of going through the wish process, I spoke to the Comms Partner for Community and Primary who contacted the GP surgeries asking for help.

Nurses from Market Weighton have not only provided the equipment but also said they are happy to help with speaking to the patients whenever they need.

We are funding the production of a video being co-produced by the Cancer Alliance, LD nurses and Experts by Experience to show the pathway for lung cancer screening.

We will be one of the first organisations to produce this potentially life-saving video.

Our favourite wish of the month

Our mission is to transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire.

Good News

Check out our latest news stories:

healthstars.org/news
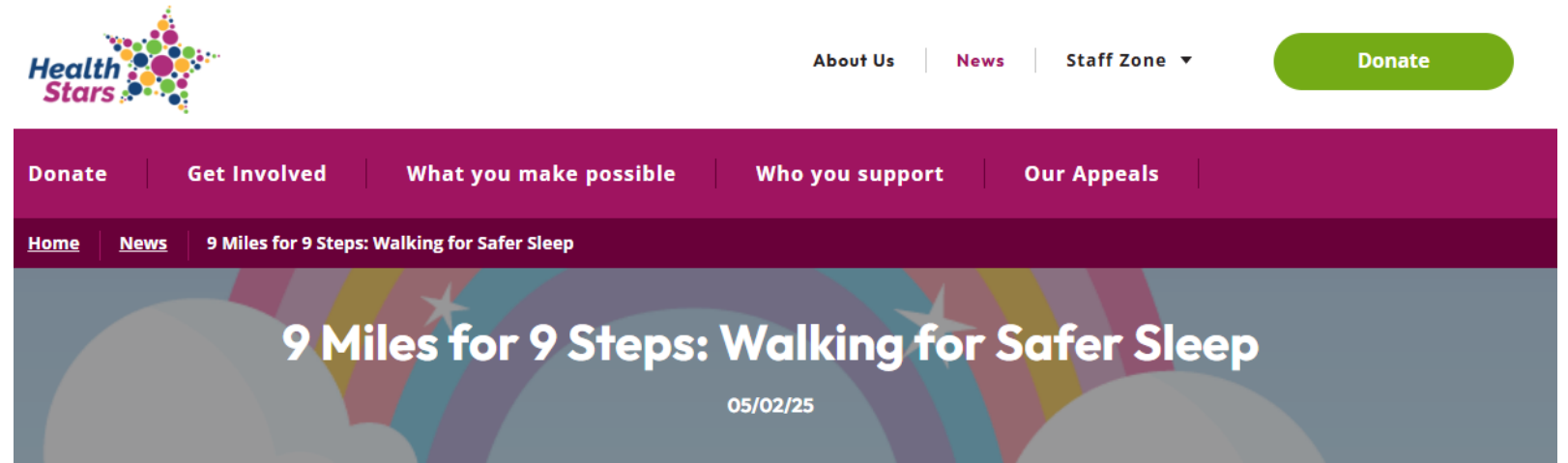
Fundraiser for Safer Sleep Week

During Safer Sleep Week this year, our Trust's Hull and East Riding 0-19 integrated specialist public health nurse services (ISPHNs/IPHNs) are planning to complete a 9-mile walk raiisng money for Health Stars, visiting children's centres across the local area. **9 Miles for 9 Steps: Walking for Safer Sleep** is aptly named for the journey which will raise awareness of safer sleep best practice to reduce the risk of sudden infant death syndrome. For more information on the 9 steps click **here**. In Yorkshire and Humber in last 5 years ending 31/3/24, 9.5% of deaths reviewed were sudden unexpected and unexplained. 77% had modifiable factors.

The 0-19 ISPHN/IPHN service is involved in this Trust wide initiative with the aim of promoting public health messaging around safer sleep and providing support for families. The teams will be visiting children's centres in the Hull and East Riding area and hosting family-friendly activities and competitions, designed to raise awareness of safer sleep.

The Hull team will cover 4 miles across several locations in the city centre starting at Octagon Family Hub and visiting Hull Royal Women and Children's Hospital, St Stephens Shopping Centre and the Hull Milk Trail.

Actions

We are aware of the large number of wishes we are declining and are planning to do more education to staff in the New Year.

The majority of wishes are declined because:
★ Item should be purchased through team's own budget
★ Not enough information is given on the wish, usually no actual product details

Continue to offer support and guidance when wishes are declined. For example, explaining that we don't fund projector screens, but the money can be applied for through DDG.

We gave ourselves the target of granting 10 wishes every month giving a target of 146 in the year which is a 20% increase on 2022/2023. We are currently behind this target.
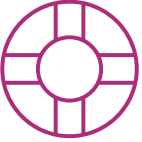
Current dreams

	Malton Day Room	Creating a dementia friendly day room on the Fitzwilliam Ward	Preliminary costs show Health Stars contributing £50,000	Launch appeal: Better Days Golf Day: LAUNCHED	Community and Primary
	Whitby Hospital Children's Area	Creating a fun and child-friendly space within the waiting area	£36,000 in fund	Dan to send Anita capital application form to complete	Community and Primary
	0-19 Mobile Clinic	To provide services within communities	Unknown cost	Great initial meetings with 0-19 team, ideas sent to Pete Osborne. Also met with a GP team from Newcastle who have our ideal vehicle and gained a huge amount of info.	Children and LD
	People Promise	To provide a psychologist for staff as part of the Workforce Wellbeing Team	Unknown cost	Waiting to see criteria for NHSCT Staff Wellbeing Grants which will be launched in Feb/March	Corporate

Current dreams

	Flojac - Scarborough	An inflatable bed which could be used to assist in palliative care. A lot of patients when nearing the end of life need to have a mattress upgrade but due to their condition it is difficult to move them. This often includes having to use the fire brigade and as many staff as possible, which can be difficult to organise and can cause a delay.	Around £7000 Freemasons? Rotary?	Community and Primary
	Granville Court	Huge transformation of Granville Court – Anita finding out how Health Stars can be involved	Anita visited and spoke to Activity Coordinators. Will be attending Project Group meetings going forward.	Children and LD

On hold

	Goole Health Hub	Transform the current building to make it more welcoming	Initial info with Estates, questions around future of particular building	Discuss with Estates
	Newbridges	Transform the activity space, lounge and garden	Estates doing basic ground work, work with team to see what they want to achieve	Dream to be officially submitted – may end up being a wish depending on items requested.
	Westlands Visitor Garden	Creating a calming, therapeutic and multi-use space for patients and visitors	Estates doing basic ground work. Team keen to fundraise.	Team keen to fundraise. Dream to be officially submitted
	Elephant Kiosk – Market Weighton Practice	Machine in waiting room for patients to be able to take their own blood pressure and weight	A bid was submitted to the PCN but funding was declined. Cost = £9500.	Around £9000 Freemasons?

Actions

Have met with Dan in Estates to establish a timeline for processing 'Estates Dreams'.

Waiting for this to be finalised so we can confirm process.

Launch Malton Day Room Appeal
-   Appeal name: Better Days
-   Health Stars in Malton
-   Anita working in Malton once a month

Launch Whitby Hospital Appeal
-   Work with Dan re applications to: Capital/Estates Board
-   Appeal name: TBC
-   Health Stars in Whitby

Appendix A: Fund Zone balances

Fund Zone	Sub Zones	Sub Zone Reference	Area	Fund Guardian	Current Fund Zone Balance	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Commitments	Link to tab
Alfred Bean Hospital	ABH 1	ABH1	Comm. Hosp.	Matthew Handley	57,974.69	12,409.62	12,409.62	12,409.62	12,409.62	12,192.12	12,192.12	12,063.12	12,063.12	58,124.69	58,124.69	-150.00	ABH1'!A1
	ABH2r	ABH2 R	Comm. Hosp.	Matthew Handley	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	20,348.04	0.00	ABH2 R'!A1
Bridlington	B1r (General)	B1 R	Comm. Hosp.	Sarah Bradshaw/Matthew Handley	934.75	17,581.49	17,581.49	17,581.49	17,581.49	10,795.75	10,795.75	8,023.75	8,023.75	6,297.03	6,297.03	-5,362.28	B1r (Gen)'!A1
	B1rH	B1 RH	Comm. Hosp.	Sarah Bradshaw/Matthew Handley	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	18,309.43	0.00	B1rH'!A1
	B2r (Mini bus)	B2 R	Comm. Hosp.	Sarah Bradshaw/Matthew Handley	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	4,697.27	0.00	B2r (Mini Bus)'!A1
	B3 (Macmillan Unit)	B3	Comm. Hosp.	Sarah Bradshaw/Matthew Handley	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	52,046.86	0.00	B3 (Macmillan)'!A1
Community Nursing	C1	C1	Community	Matthew Handley	1,921.96	10,037.09	10,037.09	10,037.09	10,037.09	9,211.90	1,921.96	1,921.96	1,921.96	1,921.96	1,921.96	0.00	C1'!A1
	C1r	C1 R	Community	Matthew Handley	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	1,848.53	0.00	C1 R'!A1
CAMHS	CAMHS1 (Hull)	CAMHS1 Hull	Children & YP	Justine Rooke	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	-14.53	0.00	CAMHS 1 (Hull)'!A1
	CAMHS1 (East Riding)	CAMHS1 East Riding	Children & YP	Justine Rooke	33.11	33.11	33.11	33.11	33.11	33.11	33.11	33.11	33.11	33.11	33.11	0.00	CAMHS 1 (ER)'!A1
	CAMHS3 (Impact Appeal)	CAMHS 3 (Impact Appeal)	Inpatient	Justine Rooke	36,735.82	37,365.21	37,365.21	37,365.21	37,365.21	37,365.21	36,735.82	36,735.82	36,735.82	36,735.82	36,735.82	0.00	CAMHS 3 (Impact)'!A1
ERCH	ERCH1	ERCH1	Comm. Hosp.	Matthew Handley	4,401.62	5,045.02	5,045.02	5,045.02	5,045.02	5,045.02	4,401.62	4,401.62	4,401.62	4,401.62	4,401.62	0.00	ERCH1'!A1
	ERCH2	ERCH2 R	Comm. Hosp.	Matthew Handley	1,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	11,024.30	-10,000.00	ERCH2 R'!A1
Forensics	F1 (Humber Centre / Pine View)	F1	Forensics	Paula Phillips	0.00	32.94	32.94	32.94	32.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	F1'!A1
Learning Disabilities	G1 Granville Court Inpatients	G1	Learn. Disab.	Justine Rooke	0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	0.00	G1'!A1
	MH1 (Learning Disabilites)	MH1	Learn. Disab.	Justine Rooke	170.96	170.96	170.96	170.96	170.96	170.96	170.96	170.96	170.96	170.96	170.96	0.00	MH1'!A1
	HD1	HD1	Learn. Disab.	Justine Rooke	126.83	126.83	126.83	126.83	126.83	126.83	126.83	126.83	126.83	126.83	126.83	0.00	HD1'!A1
	LD1 - Comm LD Townend Court ER	LD1	Learn. Disab.	Justine Rooke	108.59	108.59	108.59	108.59	108.59	108.59	108.59	108.59	108.59	108.59	108.59	0.00	LD 1'!A1
GP Surgeries	GP - General	GP	GP	Matthew Handley	861.07	861.07	861.07	861.07	861.07	861.07	861.07	861.07	861.07	861.07	861.07	0.00	GP'!A1
	GP2 - Market Weighton	GP2	GP	Matthew Handley	145.38	145.38	145.38	145.38	145.38	145.38	145.38	145.38	145.38	145.38	145.38	0.00	GP2'!A1
	GP5 - Princes Medical - CLOSED Funds Moved to GP GP5 ***NEW ***Humber Primary Care BRIDLINGTON (Station and Providence)	GP5	GP	Matthew Handley	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	23.00	0.00	GP5'!A1
	GP7 - Balance ransferred from GP6 Hallgate MERGED with Chestnuts to become KINGS STREET MEDICAL CENTRE, COTTINGHAM	GP7	GP	Matthew Handley	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	5.98	0.00	GP7'!A1
Pock	POCK1 - Purse Fund	POCK1	GP	Matthew Handley	4,817.89	5,037.34	5,037.34	5,037.34	5,037.34	5,037.34	5,037.34	5,037.34	5,037.34	4,817.89	4,817.89	0.00	POCK1'!A1
Hornsea	H1	H1	Comm. Hosp.	Justine Rooke	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	2,184.26	0.00	H1'!A1
	H2r	H2 R	Comm. Hosp.	Justine Rooke	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	1,032.17	0.00	H2r!A1
Big Thank you - Humber	THKY1	THKY1	General	Rachel Kirby	63,706.43	27,065.53	27,411.46	30,894.66	67,735.47	57,742.44	70,851.35	67,059.03	67,161.86	67,300.15	68,063.12	-4,356.69	THKY 1'!A1
	BAME	BAME	General	Rachel Kirby	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	7,282.14	0.00	BAME!A1
	COVID19	COVID19	General	Rachel Kirby	310.45	310.45	310.45	310.45	310.45	310.45	310.45	310.45	310.45	310.45	310.45	0.00	COVID19!A1
	THKY - WOW	THKY R	General	Rachel Kirby	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	-2.29	0.00	THKY R'!A1
	Staff Engagement Fund	Staff Engagement Fund	General	Rachel Kirby	5,927.80	6,454.69	6,454.69	6,150.20	6,150.20	5,927.80	5,927.80	5,927.80	5,927.80	5,927.80	5,927.80	0.00	Staff Eng'!A1
	DBT	DBT	General	Rachel Kirby	82.89	-50.80	37.89	82.89	82.89	82.89	82.89	82.89	82.89	82.89	82.89	0.00	DBT'!A1
Malton	M1	M1	Ward	Matthew Handley	1,218.38	971.14	971.14	971.14	971.14	971.14	971.14	971.14	971.14	1,171.14	1,218.38	0.00	M1'!A1
Mental Health	MH2 Inpatients General	MH2	Adult MH	Adrian Elsworth/Sarah Bradshaw	995.30	1,238.24	1,238.24	1,238.24	1,238.24	995.30	995.30	995.30	995.30	995.30	995.30	0.00	MH2'!A1
	MH3 Community Mental Health	MH3	Community MH	Adrian Elsworth/Sarah Bradshaw	-500.00	129.20	129.20	129.20	129.20	0.00	0.00	0.00	0.00	-500.00	-500.00	0.00	MH3'!A1
	MH5r	MH5 R	Adult MH	Adrian Elsworth/Sarah Bradshaw	383.90	383.90	383.90	383.90	383.90	383.90	383.90	383.90	383.90	383.90	383.90	0.00	MH5r!A1
	MH6r - Legacy	MH6 R	Adult MH	Adrian Elsworth/Sarah Bradshaw	6,001.66	2,106.48	2,106.48	2,106.48	2,106.48	3,606.48	3,606.48	3,606.48	3,606.48	3,606.48	3,606.48	2,395.18	MH6r!A1
	MH8 Psypher	MH8	Community MH	Adrian Elsworth/Sarah Bradshaw	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	-266.88	0.00	MH8'!A1
	MH9 Holistic Therapies	MH9	Comm. Therapy.	Adrian Elsworth/Sarah Bradshaw	0.00	3,554.70	3,554.70	3,554.70	3,554.70	2,848.82	2,848.82	2,848.82	2,848.82	2,848.82	2,848.82	-2,848.82	MH9'!A1
	MH10 - External Training	MH10	Adult MH	Adrian Elsworth/Sarah Bradshaw	116.48	116.48	116.48	116.48	116.48	116.48	116.48	116.48	116.48	116.48	116.48	0.00	MH10'!A1
	MH11 - Westlands	MH11	Adult MH	Adrian Elsworth/Sarah Bradshaw	394.08	360.95	360.95	360.95	360.95	276.36	276.36	276.36	276.36	394.08	394.08	0.00	MH11'!A1
	MH12 - Maister Lodge	MH12	Adult MH	Adrian Elsworth/Sarah Bradshaw	890.56	890.56	890.56	890.56	890.56	890.56	890.56	890.56	890.56	890.56	890.56	0.00	MH12'!A1
	MH13 - Newbridges	MH13	Adult MH	Adrian Elsworth/Sarah Bradshaw	69.23	69.23	69.23	69.23	69.23	69.23	69.23	69.23	69.23	69.23	69.23	0.00	MH13'!A1
	MH14 - Millview Court	MH14	Adult MH	Adrian Elsworth/Sarah Bradshaw	326.73	327.63	327.63	327.63	327.63	288.69	288.69	288.69	288.69	326.73	326.73	0.00	MH14'!A1
	MH15 - Millview Lodge & Maister Court	MH15	Adult MH	Adrian Elsworth/Sarah Bradshaw	20.94	20.94	20.94	20.94	20.94	20.94	20.94	20.94	20.94	20.94	20.94	0.00	MH15'!A1
	MH16 - PICU	MH16	Adult MH	Adrian Elsworth/Sarah Bradshaw	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	-84.88	0.00	MH16'!A1
	MH17 - Avondale	MH17	Adult MH	Adrian Elsworth/Sarah Bradshaw	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	1,821.59	0.00	MH17'!A1
	Cardio Walls R	Cardio Walls R			20.00	17,820.00	17,820.00	17,820.00	17,820.00	20.00	20.00	20.00	20.00	20.00	20.00	0.00	Cardio Walls R'!A1
Recovery College	PA1 Positive Assets	PA1	General	Sarah Bradshaw	388.20	388.20	388.20	388.20	388.20	388.20	388.20	388.20	388.20	388.20	388.20	0.00	PA1'!A1
	RC1	RC1	General	Sarah Bradshaw	19.99	19.99	19.99	19.99	19.99	19.99	19.99	19.99	19.99	19.99	19.99	0.00	RC1'!A1
Perinatal	Perinatal	Perinatal Mental Health		Adrian Elsworth/Sarah Bradshaw	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	0.00	Perinatal!A1
Physiotherapy	PH1	PH1	Comm. Therapy.	Matthew Handley	254.14	254.14	254.14	254.14	254.14	254.14	254.14	254.14	254.14	254.14	254.14	0.00	PH1'!A1
Scarborough & Rydale	SR1 - Scarborough & South	SR1		Matthew Handley	64.53	118.47	118.47	118.47	118.47	118.47	118.47	118.47	118.47	64.53	64.53	0.00	SR1'!A1
Speech & Language Therapy	SLT1	SLT1	Comm. Therapy.	Justine Rooke	0.00	0.88	0.88	0.88	0.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	SLT1'!A1
Stroke	?	ST1	Comm. Therapy.	Matthew Handley	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	-1.08	0.00	ST1'!A1
	ST2 (General)	ST2	Comm. Therapy.	Matthew Handley	123.87	123.87	123.87	123.87	123.87	123.87	123.87	123.87	123.87	123.87	123.87	0.00	ST2'!A1
Withernsea	W1	W1	Comm. Hosp.	Matthew Handley	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	3,980.79	0.00	W1'!A1
Whitby	WH1	WH1	Comm. Hosp.	Matthew Handley	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	34,761.57	0.00	WH1'!A1
Volunteering	VOL 1	VOL 1	General	Val Higo	5,444.71	6,099.91	6,099.91	6,099.91	6,099.91	5,444.71	5,444.71	5,444.71	5,444.71	5,444.71	5,444.71	0.00	VOL1'!A1
Unassigned	Unassigned	Unassigned			13,980.50	13,508.01	13,604.01	13,980.50	13,980.50	13,994.26	13,980.50	13,980.50	13,980.50	13,980.50	13,980.50	0.00	Unassigned!A1
Central Charges	Central Charges	Central Charges				-1,433.29	-6,363.80	-1,012.41	-70,982.65	-67,307.67	-65,810.35	-64,589.93	-63,290.94	-51,154.17	-49,701.78		
Funding Programme	Funding Programme	Funding Programme			0.00	28,650.00	61,530.00	56,580.00	10,482.00	3,182.00	3,182.00	3,182.00	3,182.00	3,154.00	3,154.00	-3,154.00	Funding Programme'!A1
				Total:	357,475.73	357,456.44	385,936.55	389,938.14	310,710.71	269,592.23	276,894.76	271,421.86	272,823.68	328,949.92	331,250.56	-23,476.61	305,473.31
																		Fund Zones Total (Less Commitments)
				P&L balance:		357,456.44	385,936.55	389,938.14	310,710.71	269,592.23	276,894.76	271,421.86	272,823.68	328,949.92	331,250.56		
				Difference:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025
Title of Report:	Publications and Policy Highlights
Author/s:	Name: Michele Moran Title: Chief Executive

Recommendation:					
	To approve		To discuss		
	To note	x	To ratify		
	For assurance				

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To inform and update the Trust Board on recent publications and policy since the January 2025 Board meeting (as detailed below): • New Hospital Programme • UK Health Security Agency – Emergency Preparedness, Resilience and Response Concept of Operations. • Social Care Institute for Excellence (SCIE) - Tackling inequalities in care for people with learning disabilities and autistic people. • Healthwatch England: A Pain to Complain • NHS Providers - Mental health services: the NHS trust perspective • Lessons for changing the mix of professions in NHS service • Are Integrated Care Systems (ICS) improving population health? • Alternatives to Hospital Based Mental Health care • NHS Providers Annual Governance Survey • NHS England's 2025/26 Priorities and Operational Planning Guidance • Principles for using digital technology in mental health inpatient treatment and care • Green Plan Guidance • Leveraging Digital Transformation to Tackle the System-Wide Productivity Challenge.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• n/a	• n/a
Key Risks/Areas of Focus:	**Decisions Made:**
• n/a	• n/a

Caring, Learning & Growing Together

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Publications and Policy Highlights

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

1. New Hospital Programme (NHP)

On Monday 20 January, the Secretary of State for Health and Social Care made a statement on the outcome of the NHP review. This briefing summarises the outcome of the review, covers key aspects of the NHP to date, and the perspective of trusts:

Lead: Director of Finance

The Trust were unsuccessful in its previous application for the New Hospitals Programme, whilst plans have been developed for the first phase of the Adult Inpatient Design Programme the Trust eagerly awaits guidance on longer term capital solutions for the NHS.

2. UK Health Security Agency – Emergency Preparedness, Resilience and Response Concept of Operations

This guidance sets out the UK Health Security Agency's approach to systematically preparing for, responding to and recovering from health security incidents. These include: infectious diseases; pandemics; chemical, biological, radiological and nuclear events; extreme adverse weather events; business continuity challenges; and cyber security events.

Link: Emergency preparedness, resilience and response concept of operations - GOV.UK

Lead: Chief Operating Officer

The UK Health Security Agency is a designated category 1 responder under the Civil Contingencies Act 2004. The Trusts Accountable Emergency Officer and the EPRR team continues to work with the ICB Local Health Resilience Partnership (leads on implementing national strategy and guidance) in order to ensure that we meet the EPRR standards and expectations. The areas of health security incidents in this plan are reflected in the Trusts EPRR policies and procedures and will be updated as required.

3. Social Care Institute for Excellence (SCIE) - Tackling inequalities in care for people with learning disabilities and autistic people

People with learning disabilities and autistic people continue to experience unacceptably poor health outcomes in comparison to the rest of the population, leading to lower life expectancy and a higher number of avoidable deaths. This guidance aims to close the gap in skills and knowledge across the adult health and social care workforce. It gives commissioners and practitioners the practical steps, confidence, and legislative awareness needed to improve experiences of care and support for people with learning disabilities and autistic people.
.
Link: Tackling inequalities in care guidance - SCIE

Lead: Medical Director

The Trust has been at the forefront of initiatives aimed at addressing health inequalities for people with learning disabilities and autism in care. Key efforts include the development of the CLD Connect website, improvements to assessment and formulation processes, and the implementation of a reasonable adjustment policy, along with a dedicated flag on patients' electronic records to ensure their needs are recognised.

Additionally, there are specific workstreams focused on specialised support. These include the Learning Disability Epilepsy Team, which provides targeted support for adults with both a learning disability (LD) and epilepsy, as well as the Profound and Multiple Learning Disability (PMLD) Doctor initiative, ensuring access to specialist learning disability medicine for individuals with PMLD and their families across the City of Hull.

4. Healthwatch England: A Pain to Complain

Written complaints in the NHS reached a record high in 2024. This report finds that low public confidence is preventing people from taking any action after experiencing poor care, meaning that current complaints numbers could just be the tip of the iceberg. There is also little evidence that complaints are being systematically used to improve care. The report states that action is needed to:

- make the complaints process easier for patients and their families to navigate;
- monitor and improve the performance of organisations that handle complaints; and
- develop a culture of listening to and learning from complaints.

Link: Briefing

Lead: Medical Director

Processes in Place to Address Concerns Raised in the Briefing

1. Enhancing the Complaints Process for Patients and Families

The Trust is committed to making the complaints process more accessible and user-friendly. Complaints can be submitted via telephone, letter, email, or an online form. The **Complaints Policy**, along with guidance for patients, service users, and carers, is available on the Trust website, which features **ReachDeck software** to support translation and communication needs.

Every complainant receives clear information on how their complaint will be handled. Formal complainants receive an **acknowledgment letter** and an **information leaflet** detailing the process. Additionally, they are offered an initial discussion with the investigator, who will accommodate any necessary support wherever possible.

2. Monitoring and Improving Complaint Handling Performance

The Trust systematically tracks complaints to drive improvements. Formal and informal complaint data— including volume, response times, recurring themes, and outcomes— are reported at the senior level via **IQPT reports** and the **Quality Dashboard**. Each clinical division also receives a **quarterly governance report** summarising complaints, themes, outcomes, and lessons learned.

The **Patient Safety Team** conducts a **quarterly accountability review**, collecting data from the Complaints and Feedback Team to ensure continuous oversight and improvement.

3. Fostering a Culture of Listening and Learning from Complaints

The Trust's **Complaints Policy** prioritizes local resolution wherever possible, encouraging direct and efficient resolution of concerns at the service level before formal escalation. When formal complaints proceed, **actions are tracked at the divisional level** to ensure implementation and long-term change.

Complainants can choose their level of involvement in the process. To strengthen engagement, the policy is evolving to actively promote **co-production of action plans**, ensuring complainants have a meaningful role in shaping solutions.

5. NHS Providers - Mental health services: the NHS trust perspective

This briefing provides an outline of mental health services in the NHS, the current levels of demand that NHS trusts are facing, and what trusts need in order to deliver a more proactive and co-ordinated community-based model of mental health care.

Link: mh-parliamentary-explainer_january25_final.pdf

Lead: Chief Operating Officer

This helpful briefing summarises the data in relation to mental health demand and perspectives of NHS Trusts on some of the key challenges, it provides some examples of how they are being responded to. This information is being considered in conjunction with other national and local guidance to support the Trusts service and operational planning for 2025/2026 and beyond.

6. Lessons for changing the mix of professions in NHS services

The NHS workforce has gone through shifts and rebalances of roles since the service began, driven by changing needs as much as financial constraints and staff shortages. In recent years there has been a rebalancing through expanding roles like nursing associates, advanced practitioners, physician associates and clinical pharmacists, and further growth of these roles is planned. This report, commissioned by NHS Employers, reviews the evidence around introducing these new roles and offers a set of lessons for how emerging roles could be better implemented and integrated.

Link: In the balance

Lead: Associate Director of People and OD
This report is under review by the Associate Director of People & OD and is being considered in accordance with internal workforce planning processes, which this year reflects limitations to establishment growth. New and emerging roles are considered by the relevant professional leads and in line with best practice guidance and approaches. Nursing Associate training is supported widely at the Trust, with our focus on growing our own workforce and creating talent pipelines through apprenticeship pathways, work experience opportunities and T-levels.

7. Alternatives to Hospital Based Mental Health care

A report by the Centre for Mental Health Care outlines a need for an overhaul of mental health care to achieve the government's goal of shifting treatment from hospitals to communities. It finds that inpatient care is too often characterised by unsafe levels of bed occupancy, chronic staffing

shortages and dilapidated facilities that risk re-traumatising patients. Black people, neurodivergent people and children are among the most poorly served. It concludes that the NHS 10-year plan must boost investment across the mental health system to drive a 'safe and sustained shift' towards community care, and to provide inpatient care that is high quality, close to home and adequately staffed.
.Link: CentreforMH_CareBeyondBeds.pdf

Lead: Chief Operating Officer

This is a helpful report and makes a number of recommendations for the NHS 10-year plan. This is being considered by the relevant service divisions and aligns with work that the Trust has undertaken and continues to do, to make the shift from hospital to community based care. There are now many service changes that demonstrate this e.g. out of hospital crisis and home based treatment teams in children and adult services. Other recommendations align with the work and ambition of the Trust e.g. adopting trauma informed principles, committing to the Patient and Carer Race Equality Framework (PCREF), close and integrated working with the VCSE

8. NHS Providers Annual Governance Survey

The NHS Providers annual governance survey was completed by chairs, company secretaries and other corporate governance leads in NHS trusts and foundation trusts (FTs) in November and December 2024.

It sought to explore views in relation to boards, their assurance processes and how trusts are developing in relation to the systems they are part of. This summary distils the key messages from the survey results and highlights notable themes and areas for further exploration.

Link: Governance survey 2024

Lead: Chief Executive/Head of Corporate Affairs

The report contains five key findings as highlighted below – the Trust response is also included below in italics:

1. Quality of board governance is holding up, despite trusts being under significant, sustained pressure. *The Trust continues to review good governance practice guidance, including the recently published Insightful Board, and implements best practice where appropriate.*
2. Recent national guidance has been broadly positively received (the chair appraisal, fit and proper persons test, leadership competency frameworks, and the insightful provider boards guidance). Respondents were most critical of the chair appraisal framework. *The Chair and Chief Executive submitted a response regarding the leadership competency framework and the fit and proper person test.*
3. Respondents consistently expressed concerns about proposals to introduce league tables and pay linked to performance, noting that the factors driving performance are inherently complex, and withholding pay is contrary to a supportive improvement culture. *The Trust has in place committees (one considers Non-Executive Director pay and the other considers Executive Director pay) which reviews nationally published guidance and benchmarks prior to approving any pay award for its Board members.*
4. Some trusts are experiencing difficulty recruiting executive and non-executive directors, including chairs. Respondents reported a reduction in the number and quality of applicants. *The Trust received a good level of interest in the recently advertised Non-Executive and Executive director roles at the Trust.*

5. Trusts' experience of system governance remains variable, but is improving overall. Further detail can be found in the full report. *The Trust continues to be a key system partner and system governance continues to evolve.*

9. NHS England's 2025/26 Priorities and Operational Planning Guidance

NHS Providers has published [a briefing](#) highlighting the key points from NHS England's 2025/26 priorities and operational planning guidance.
Lead: Director of Finance

The Board discussed the Operational Planning Guidance at is February Strategic Board Meeting, a paper also appears on todays Agenda highlighting the Trusts position against operational priorities in the published guidance.

10. Principles for using digital technology in mental health inpatient treatment and care

NHS England has developed eight principles to guide decision-making on procurement, implementation and use of digital technologies in mental health inpatient settings, where such technologies are to be used for the care and treatment of mental health needs.

NHS England has advised that the principles should be applied across all NHS-funded mental health inpatient service types, including those for patients with a learning disability and autistic people, children and young people and older adults; as well as specialised mental health inpatient services, such as mother and baby units and secure services.

Link: [NHS England » Principles for using digital technologies in mental health inpatient treatment and care](#)

Lead: Director of Finance

These principles will be taken to the Trusts Digital and Data Group for consideration in how they are applied to future decision making and investment considerations for the Trust.

11. Green Plan Guidance

NHS England has published updated guidance to help NHS organisations develop robust plans to support world-leading patient care, save money and minimise waste – continuing the NHS's journey to achieving net zero.

Refreshed green plans should be approved by the organisation's board or governing body, published in an accessible location on the organisation's website and shared with NHS England by 31 July 2025.

Link: [NHS England » Green plan guidance](#)

Lead: Director of Finance

The Estates Team are currently working on the updated green plan which is due to be presented to EMT and Finance Committee ahead of the July 2025 deadline.

12. Leveraging Digital Transformation to Tackle the System-Wide Productivity Challenge

In this briefing, NHS Providers explores how integrated care system leaders (ICS) are harnessing digital tools, data and system-wide collaboration to drive productivity and share key questions ICS leaders can ask to promote more efficient system working.

Link: https://nhsproviders.org/media/700115/digital-ics-insights-febuary-2025.pdf

Lead: Director of Finance

The Trust are fully engaged with the ICS on such proposals, some of which are currently being discussed as part of the planning round. Any such opportunities would follow the established Trust Governance Processes.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025				
Title of Report:	2024 PLACE Results				
Author/s:	Peter Beckwith, Director of Finance Jayne Morgan, Operations Manager, Soft FM				
Recommendation:	To approve			To discuss	
	To note	√		To ratify	
	For assurance				
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this report is to provide the Trust Board with the results from the 2024 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.				

Key Issues within the report:

Positive Assurances to Provide:
- PLACE assessments were completed for all inpatient facilities.
- The process was fully supported by the Trusts volunteers who took an active part in the assessments.
- Patients had the opportunity to be involved in the assessments.
- Dashboard has been created to track and report on progress

Key Actions Commissioned/Work Underway:
- £150k of resource set aside in 2025/26 capital plan to address PLACE priorities.
- £100k of resource set aside in 2025/26 capital plan for statutory compliance.

Matters of Concern or Key Risks:
- None to escalate

Decisions Made:
- Trust Board are asked to note the report and actions been taken.

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	11.03.25
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

2024 PLACE Results

1   Introduction and Purpose

The purpose of this report is to provide the Trust Board with the results from the 2024 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.

2   Background

PLACE assessments are the annual appraisal of the non-clinical aspects of NHS (and independent/private) healthcare settings, undertaken by teams which are made up of staff and members of the public (*known as patient assessors*) and in our Trusts case registered volunteers and individuals for the Lived Experience Team. The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards.   The environment is assessed using a number of structured questions dependent on the services provided.

Questions are assessed (scored) against one or more domains which cover

- Cleanliness
- Food
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

A total score (as a percentage) is produced for each domain at site and organisational level, as well as national and regional results.

3   Process

PLACE assessments are led and coordinated by Hotel Services with all findings reported to the Trusts Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team.

Key stakeholders at each site are given advanced notice of PLACE assessments, once assessments have been completed the results are entered onto the NHS Digital Portal.

4   National Results

PLACE Results for 2024 were published on the 20th February 2024.

At a national level 1,107 assessments were undertaken in 2024, this is similar to the number of assessments completed in 2023 (1,106).

A small number of assessments were excluded due to insufficient number of patient assessors, national findings are therefore based on 1,093 assessments.

The results for the Trust are summarised in the graph below, alongside prior year comparative data.
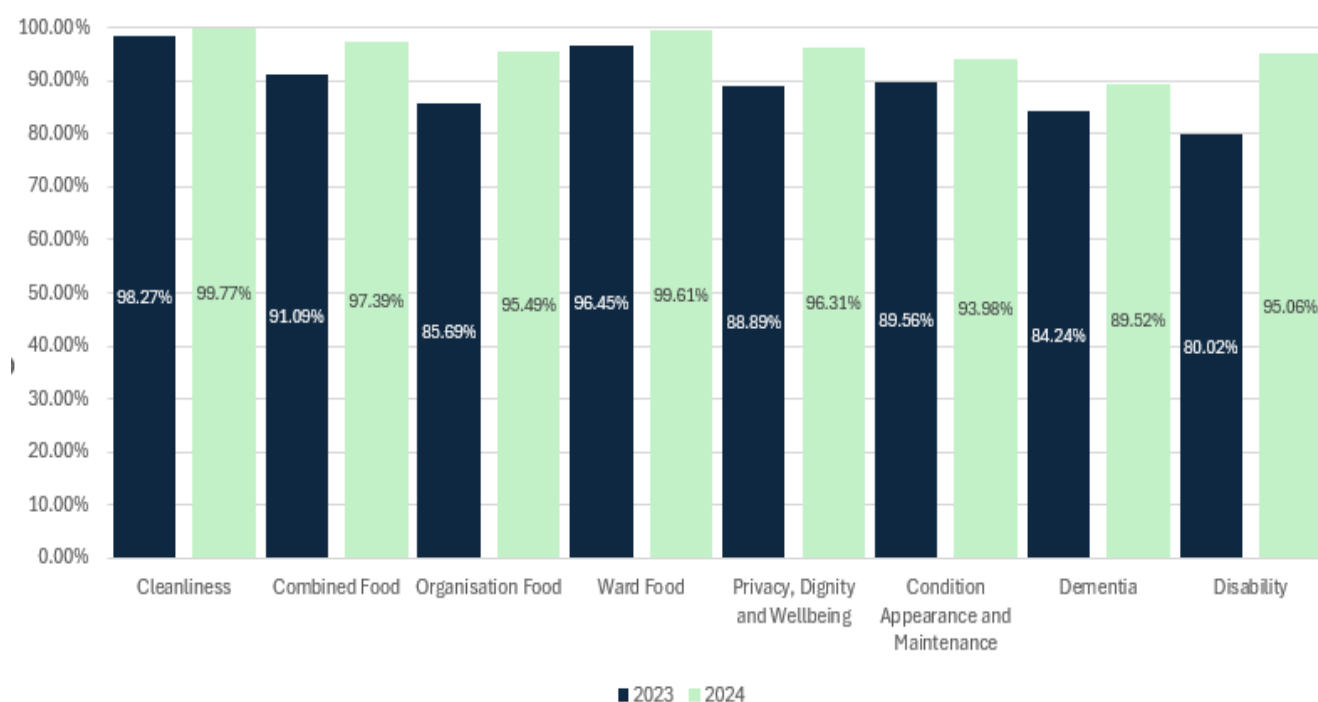
5   Organisational Scores

Organisational scores for the Trust are summarised in table below, this also provides a comparison with the National Average and sector averages for Mental Health and Community.

Domain	Trust Score	Natinal Score	MH Trust Score	Community Trust Score
Cleaniness	99.77%	98.31%	98.07%	99.16%
Food	97.39%	91.32%	92.09%	92.46%
Organisation Food	95.49%	91.32%	89.52%	90.77%
Ward Food	99.61%	91.32%	94.33%	94.30%
Privacy, Dignity and Wellbeing	96.31%	88.22%	95.67%	89.51%
Condition Appearance and Maintenance	93.96%	96.36%	95.91%	96.65%
Dementia	88.52%	83.66%	91.33%	84.88%
Disability	95.06%	85.20%	90.39%	84.26%

Scores for each unit are summarised at Appendix A, at aggregate level the Trust scores are above the national average, however the following are worthy of note:

5.1 Food

The Trust has exceeded the national Score for Food and this year, for the first time, we have achieved higher than the national average for "organisational food" which is a result of the introduction of the electronic patient menu ordering system.

It will be difficult for the Trust to make further improvements to this score owing to the size, physical space and environment of our kitchens.

5.2 Condition, Appearance and Maintenance

The Trust is slightly below the national average for this domain, this is influenced by the scores recorded at Granville Court and Newbridges. The score for Granville Court has significantly improved from the previous year, which is reflective of the current environment, whilst recognising that further work is required. The score for Newbridges has however reduced from the 100% score in the previous year, when the assessment followed a recent redecoration programme at the site.

The planned redevelopment of Granville is due to commence in the coming months, with the first phase of works concluding to provide temporary decant accommodation at Hawthorne Court. The works that are programmed at Granville Court are therefore expected to further improve the scores for this domain, once the facility reopens in 2026/27

Generally, the scores for this domain were reflective of the decorative state of the facilities at the point of assessment. The score for Newbridges was illustrative of the ongoing challenges associated with the patient environment, which is being addressed as part of the action plan for the site.

5.3 Disability

Scores for Disability have significantly approved as all sites now have completed accessibility audits in place with plans to address accessibility issues identified, for 2025/26 £150k has been set aside in the Trusts Capital Programme to progress works.

6 Next Steps

Following completion of assessments and review of exception reports actions plans have been developed for each site. A dashboard has been introduced which tracks the status and progress of actions identified.

Action plans will be prioritised against the resource set aside in the 2025/26 capital programme, specifically £150k for PLACE and £150k for statutory compliance.

The dashboard will be presented to and monitored at each Health & Safety Group.

7 Recommendation

Trust Board are asked to note the report and actions being taken.

Organisation Code	Organisation Name	Site Name	Organisation Type	PLACE Site Type	CLN Score %	Combined Food Score %	Org Food Score %	Ward Food Score %	PDW Score %	CAM Score %	DEM Score %	DIS Score %
RV9	HUMBER TEACHING NHS	INSPIRE – WALKER STREET CHILDRENS	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	97.97%	94.51%	90.07%	100.00%	100.00%	98.81%	N/A	98.08%
RV9	HUMBER TEACHING NHS	TOWNEND COURT	MENTAL HEALTH AND LEARNING DISABILITY	Both mental health and learning disabilities provided from the same	100.00%	97.00%	94.44%	100.00%	100.00%	95.50%	N/A	95.45%
RV9	HUMBER TEACHING NHS	MALTON HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	Acute/Specialist	100.00%	96.43%	94.79%	98.00%	86.21%	91.43%	83.33%	92.42%
RV9	HUMBER TEACHING NHS	WHITBY COMMUNITY HOSPITAL	MENTAL HEALTH AND LEARNING DISABILITY	Community	100.00%	98.13%	96.45%	100.00%	96.67%	100.00%	97.67%	96.83%
RV9	HUMBER TEACHING NHS	GRANVILLE COURT NURSING HOME, HORNSEA	MENTAL HEALTH AND LEARNING DISABILITY	Other inpatient	99.31%	N/A	N/A	N/A	89.33%	89.32%	N/A	93.33%
RV9	HUMBER TEACHING NHS	WESTLANDS	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	100.00%	97.57%	95.49%	100.00%	94.59%	92.50%	N/A	96.30%
RV9	HUMBER TEACHING NHS	NEWBRIDGES	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	100.00%	97.66%	95.66%	100.00%	100.00%	85.00%	N/A	91.67%
RV9	HUMBER TEACHING NHS	HUMBER CENTRE FORENSIC UNIT	MENTAL HEALTH AND LEARNING DISABILITY	Both mental health and learning disabilities provided from the same	100.00%	99.09%	98.26%	100.00%	96.77%	90.88%	N/A	97.73%
RV9	HUMBER TEACHING NHS	MAISTER LODGE	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	99.22%	98.21%	97.57%	98.89%	100.00%	98.59%	97.87%	97.62%
RV9	HUMBER TEACHING NHS	MILL VIEW	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	100.00%	94.48%	90.96%	98.72%	97.78%	95.16%	82.64%	89.58%
RV9	HUMBER TEACHING NHS	MIRANDA HOUSE	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	99.44%	96.93%	94.44%	100.00%	94.92%	96.59%	N/A	93.42%
RV9	HUMBER TEACHING NHS	PINE VIEW	MENTAL HEALTH AND LEARNING DISABILITY	Mental Health Only	100.00%	98.16%	96.70%	100.00%	100.00%	100.00%	N/A	97.50%

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Draft Health Inequalities Plan 2025-28			
Author/s:	Sarah Clinch, Senior Partnerships and Strategy Manager			

Recommendation:	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To present the draft Health Inequalities Plan 2025-28 for approval.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• Development of the plan has been informed by engagement with staff, system partners and Experts by Experience. • The draft plan is aligned with regional and national policy and the Trust Strategy.	• The Heath Inequalities Plan 2025-28 builds on and develops the current health inequalities programme of work.
Key Risks/Areas of Focus:	**Decisions Made:**
• The plan identifies seven key health inequalities actions: Understanding health inequalities in our services and communities; Change happens at all levels; Health inequalities at the heart of our biggest programmes of change; The way we communicate and interact with patients and service users is welcoming to all - Health literate and culturally appropriate information and reasonable adaptations improve access to our services; The way we deliver care supports health equity; Tackling the wider causes of inequality; Working with partners • The timescale for publishing the plan may need to move backwards to allow for alignment with the national 10 Year Health Plan, expected to be published in spring 2025	• In November 2024, Trust Board approved a scoping document which set out a framework for a Trust-wide Health Inequalities Plan. • Following review by the Board in March, we will work with the Comms Team to improve the design and layout of the document prior to publication.

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	28/01/25 25/02/25
	Mental Health Legislation Committee		Operational Delivery Group	24/03/25
	Collaborative Committee		Other (please detail): Health Inequalities Operational Group	14/01/25

Caring, Learning & Growing Together

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	

Draft Health Inequalities Plan 2025-28

1. Background

In October 2024, EMT approved a scoping document which set out a framework for a Trust-wide Health Inequalities Plan and in February 2025 approved a draft plan for submission to Trust Board. This plan is now presented to Trust Board for approval.

2. Plan Development

The Heath Inequalities Plan 2025-28 builds on and develops the current health inequalities programme of work, which has been shaped through collaboration with clinical, operational and corporate representative from across the Trust. Development of the plan has been informed by engagement with staff, system partners and Experts by Experience including:

- Co-production workshop with members of the Health Inequalities Operational Group and Experts by Experience.
- Staff engagement sessions (2 online and one face to face drop-in session)
- Online survey
- 1-1 meetings with staff and Experts by Experience/PACE Forum members
- Engagement with Professional Leads (psychology, nursing, social work, arts therapy)
- Consultation with leads for aligned programmes of work (PCREF, Culture of Care, Trauma Informed Care, Recovery Strategy, draft Communications Strategy)
- East Riding Population Health Community of Practice and Hull Health Inequalities Innovation Hub
- Formative review and sign off by the Health Inequalities Operational Group

3. Plan Structure

The plan identifies seven key health inequalities actions that will ensure that the Trust maximises its impact on health inequalities within our own services and within the communities we serve:

- Understanding health inequalities in our services and communities - Our staff use accurate data and community insights to identify inequalities in access, outcomes and experience.
- Change happens at all levels - Health inequalities are everyone's business - people in all parts of our Trust are empowered to make change happen within our services.
- Health inequalities at the heart of our biggest programmes of change - Our policies and the way we deliver our biggest programmes of change put addressing health inequalities at the heart of our approach to delivering care.
- The way we communicate and interact with patients and service users is welcoming to all - Health literate and culturally appropriate information and reasonable adaptations improve access to our services.
- The way we deliver care supports health equity - Work to support health equity is embedded in our clinical and professional practice.
- Tackling the wider causes of inequality - We strive to tackle the wider causes of inequality such as poverty, racism, stigma, lack of opportunity and poor living environments.
- Working with partners - We work with partner organisations across the Humber and North Yorkshire to maximise our collective impact on health inequalities.

The actions described in the draft plan are a mixture of continuations of established workstreams and ambitious new areas of work:

- Actions to continue already established workstreams - training and information for staff, supporting teams to understand and address health inequalities through QI approaches, embedding health inequalities in service specifications, rolling out the new Equality and Health Inequalities Impact Assessment.
- Evolutions from existing programmes of work – using Trust and population health data to drive change, embedding health equity in our clinical and professional practice, working with system partners at place and ICB
- New areas of work –Trust-wide approach to health inequalities data and assurance, using Health Stars to support health inequalities work within the Trust and in our communities, communications and accessible information, building closer connections with our communities to support health and wellbeing, information or signposting to wider support for social issues, using our system leadership role as host entity to put addressing health inequalities, prevention and working with communities at the heart of the Humber and North Yorkshire Mental Health Collaborative.

For each health inequalities action, the plan identifies supporting and enabling work which is aligned to and supports delivery of the plan. This section recognises that addressing health inequalities is interconnected with multiple programmes of work that are being delivered within the Trust and across the health and care system, but seeks to avoid duplication in reporting and delivery with these programme by focusing on the core health inequalities actions described in the "what we will do" section on each slide.

4. Alignment with Trust Strategy

The plan takes as its starting point the health inequalities statement from the Trust Strategy:

> The Trust takes action to address health inequalities and the underlying causes of inequalities, both in our role as a developing anchor institution and a system leader, supporting the long-term aim of increasing life expectancy and healthy life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.

The document is structured around the Trust Strategy goals and explicitly links each health inequalities action to a Trust Strategy priority.

5. Alignment with regional and national policy

NHSE 2025/26 priorities and operational planning guidance

The NHS England 2025/26 priorities and operational planning guidance were published on 30th January 2025. Addressing health inequalities continues to be a strong theme within the planning guidance, identifying "addressing inequalities and shift towards secondary prevention" as one of the underlying principles guiding the work of ICBs and providers. Boards are instructed to "wherever possible take actions that are consistent with narrowing existing health inequalities including inequalities in access" when making local prioritisation decisions.

There are specific references to reducing local inequalities in access to CYP mental health services between disadvantaged groups and the wider CYP population and ICBs and providers working together to reduce inequalities in line with the Core20PLUS5 approach. The Trust has already analysed access data in CAMHS by deprivation and ethnicity and this work will continue under the Health Inequalities Action on "Understanding health inequalities in our services and communities". HTFT does not directly deliver across the majority of the areas of clinical focus within CORE20PLUS5, although some are delivered within primary care. However, the CORE20PLUS population focus will be used to shape our approach to health inequalities data, for

example, by analysing data on DNAs or access to services (and outcomes where data is available) by deprivation level and protected characteristic.

Accompanying guidance on Neighbourhood Health and health inequalities emphasises the importance of:

- getting the basics right (such as ensuring services are accessible to people with disabilities and implementing reasonable adjustments as needed).

  o Accessible communications and reasonable adjustment is covered in our plan under the Health Inequalities Action that "The way we communicate and interact with patients and service users is welcoming to all"

- engaging with local communities and working with them as equals to design and deliver services, working particularly closely with specific communities that have been historically underserved.

  o Our draft plan references co-production with local communities under "Understanding health inequalities in our services and communities"

  o We also commit to "Use our communications with our communities for health promotion, supporting health literacy and to proactively reach out to under-served communities", "Use our Trust premises to offer community wellbeing and outreach activities in partnership with the voluntary and community sector" and "Use our voluntary and community sector small grants programme to support projects that address health inequalities, as well as building closer relationships with our communities."

- analysing outcomes by population demographics, deprivation, age, ethnicity, disability (supported by the reasonable adjustment digital flag) and inclusion health groups

  o As noted above, our approach to health inequalities data will be based on the CORE20PLUS5 population focus groups (most deprived 20%, protected characteristics, inclusion health)

National 10 Year Health Plan

The national 10 Year Health Plan is expected to be published in spring 2025 and will be underlined by 3 big shifts in healthcare: hospital to community, analogue to digital, sickness to prevention. These themes are refenced in Humber's draft Health Inequalities Plan, which notes the importance of avoiding digital exclusion during the shift to digital services and emphasises the importance of working within and alongside local communities to prevent ill health and maximise wellbeing.

The national plan is expected to be informed by Lord Darzi's report on the state of the National Health Service in England, published September 2024. This report identified health inequalities as one of the major challenges facing the NHS, highlighting the impact of poverty, homelessness, ethnicity, living with a learning disability and caring responsibilities on health. Improving outcomes for underserved groups within health services and tacking the wider causes of inequality are likely to be key themes in the 10 Year Plan. Both these aspects of health inequalities are explored within Humber's draft Health Inequalities Plan.

Enabling wellbeing, health and care equity is one of three partnership ambitions of the Humber and North Yorkshire Integrated Care Board. The ICB is not planning to develop a standalone health inequalities plan or strategy, instead focusing on addressing health inequalities though its Joint Forward Plan. Operationally, health inequalities sit with the ICB's Population Health and Prevention Programme and with Place. Key initiatives have included the expansion of the Centre for Excellence for Tobacco Control into a Centre for Excellence in Risk Factors and Prevention of Ill Health, the development of an inclusion health plan and allocating health inequalities funding to Place. We have engaged with key ICB representatives during the process of developing this plan to gain assurance that our direction of travel is in alignment. The plan emphasises the importance of system working and references some specific areas of joint work such at the East Riding Inclusion Groups programme and the Trust's involvement in Integrated Neighbourhood Teams.

6. Timeline

The initial proposed development timeline for the plan was:

Scoping document approved by EMT	Oct/Nov 2024
First draft produced	Nov 2024
Strategy workshop with Health Inequalities Operational Group and other interested staff	Early Dec 2024
Second draft for review by HI Ops Group	Jan 2025
Draft Health Inequalities Strategy approved by EMT and ODG	Feb 2025
Final Health Inequalities Strategy approved by Trust Board	Mar 2025
Strategy launch	Apr 2025

Development of the plan has proceeded in line with agreed timeline.

When the scoping document was presented to Trust Board in November 2024, it was noted that the Trust may wish to delay formal adoption of the plan until after the publication of the government's 10 Year Health Plan to ensure the plan aligns with national. Publication of the national plan is expected in Spring 2025, but a firm date has not yet been set. There is a risk that delaying publication of the Trust plan will result in a loss of momentum on delivery of the programme. However, this could be mitigated by agreeing that delivery against the plan should commence prior to publication.

Following review by the Board in March, we will work with the Comms Team to improve the design and layout of the document prior to publication.

7. Recommendation

- That Trust Board approve the draft Health Inequalities Plan 2025-28
- That Trust Board consider whether publication of the plan should be delayed until after publication of the government's 10 Year Health Plan (see section 6)

Introduction

Health inequalities are unfair, systematic and avoidable differences in health across the population, and between different groups within society. In our Trust Strategy 2023-28, we committed to taking action to address health inequalities and the underlying causes of inequalities. Our Health Inequalities Plan builds on this approach and sets out the actions we plan to take over the next three years to make our services accessible, trauma informed and welcoming to all our communities.

The services we provide are very diverse, including universal services such as primary care, health visiting, social prescribing and community services as well as targeted services which support groups within our communities who are at the highest risk of experiencing health inequalities. This includes people with severe mental illness, autism, learning disabilities, addictions, people in contact with the criminal justice system and those experiencing homelessness. As a result, we have not chosen to identify specific conditions or services as the focus of our activity on health inequalities.

Instead, our approach to addressing health inequalities is deeply intertwined with our organisational culture and our commitment to being a trauma informed and recovery focused organisation.

We need to start by understanding the health inequalities experienced by our communities and how this intersects with any barriers to access or poorer outcomes and experiences that different groups might have within our services. This might include people with protected characteristics such as older people, minoritised groups or people with disabilities as well as people who experience poor health outcomes due to poverty or experiences of trauma.

Understanding this picture will help our staff to identify potential inequalities within our services and work with our communities to co-produce solutions.

Health inequalities is everyone's business: we want to empower people in all parts of our Trust to make change happen within our services, ranging from front line staff to strategic leaders.

At a Trust wide level, we will put a commitment to addressing health inequalities at the heart of our biggest programmes of change, by routinely and systematically assessing the impact of any changes to services, policies and processes on groups of people who commonly experience inequity. Alongside this, we will review the way we communicate and interact with patients and service users to make sure our services are welcoming and accessible to all our communities.

To ensure that the way we deliver care supports health equity, we will embed holistic, trauma informed and person-centred approaches into our clinical and professional practice. This includes making conversations about health equity and the wider, social determinants of health a routine part of the care we deliver. At the same time, we will make sure our staff have the right tools, connections and information to support our patients, service users and carers with social issues and proactively support our communities to improve their health and wellbeing.

Finally, we recognise that health inequalities is a complex issue which needs a collaborative response from a wide range of organisations. We are therefore committed to working with public and voluntary and community sector partners across the Humber and North Yorkshire to maximise our collective impact on health inequalities.

Caring, Learning & Growing Together

Rt Hon Caroline Flint.
Trust Chair

Michele Moran,
Chief Executive

Kwame Fofie,
Executive Medical Director

Health Inequalities Plan on a Page: How our approach supports delivery of the Trust Strategy

HEALTH INEQUALITIES IN OUR TRUST STRATEGY: The Trust takes action to address health inequalities and the underlying causes of inequalities, both in our role as a developing anchor institution and a system leader, supporting the long-term aim of increasing life expectancy and healthy life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience and outcomes.

TRUST GOALS

- Optimising an efficient and sustainable organisation
- Developing an effective and empowered workforce
- Innovating for quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Promoting people, communities and social values
- Fostering integration, partnerships and alliances

HEALTH INEQUALITES ACTIONS

- Understanding health inequalities in our services and communities
- Change happens at all levels
- Health inequalities at the heart of our biggest programmes of change
- The way we communicate and interact with patients and service users is welcoming to all
- The way we deliver care supports health equity
- Tackling the wider causes of inequality
- Working with partners

HEALTH INEQUALITIES OUTCOMES

- Our staff use accurate data and community insights to identify inequalities in access, outcomes and experience.
- Health inequalities are everyone's business - people in all parts of our Trust are empowered to make change happen within our services.
- Our policies and the way we deliver our biggest programmes of change put addressing health inequalities at the heart of our approach to delivering care.
- Health literate and culturally appropriate information and reasonable adaptations improve access to our services.
- Work to support health equity is embedded in our clinical and professional practice.
- We strive to tackle the wider causes of inequality such as poverty, racism, stigma, lack of opportunity and poor living environments.
- We work with partner organisations across the Humber and North Yorkshire to maximise our collective impact on health inequalities.

DEMONSTRATING IMPACT

Measuring impact at Trust level
- Trust level data analysis
- Investment in health inequalities projects
- Trust involvement in research
- Evaluations of major transformation projects
- Trust Social Values Report

Measuring impact at service level
- QI projects to address health inequalities
- Service plans, business cases, PIDs and co-production projects
- Health Stars funding for Trust and VCSE health inequalities projects

Tracking activity and changes to processes
- Completed EHIIAs
- Trust and system strategies and policies with health inequalities content
- Changes to clinical documentation

Staff, patient and carer experience
- Insights from services and communities
- Case studies demonstrating innovation, collaboration and working with lived experience
- Support in place for staff

IMPACT: Inequalities of access, experience and outcomes within our services are reduced. Our services are accessible, trauma informed and welcoming to all our communities. Our communities are equal partners in addressing health inequalities and the causes of health inequities.

Glossary

BAU – Business As Usual

CAMHS – Child and Adolescent Mental Health Services

CORE20PLUS5 – national approach to health inequalities focusing on the 20% most deprived communities ("CORE20"), plus other groups at risk of experiencing health inequalities such as people from minoritised communities, homeless people or people facing digital exclusion.

CQC – Care Quality Commission, the organisation responsible for inspecting health and care providers

Culture of Care – a national quality improvement programme which aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work

DIALOG+ - a holistic, patient led outcomes scale for assessing people entering secondary mental health services

DNA – when a patient "Did not attend" an appointment. For children and other people who would be unable to attend independently, the equivalent is "Was not brought"

EHIIA - Equality and Health Inequalities Impact Assessment

ICB – Integrated Care Board, the NHS body responsible for planning and commissioning care for a geographical area, in our case Humber and North Yorkshire

LGBT+ - Lesbian, Gay, Bisexual, Transgender and other sexualities and gender identities

MADE/Super MADE – Multi Agency Discharge Event, a meeting focusing on preventing delayed discharge

MDT – a multi-disciplinary team, where people from different professions come together to support a patient or service user

HI – Health inequalities

Humber and North Yorkshire Health and Care Partnership – a partnership that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across Humber and North Yorkshire

INT – Integrated Neighbourhood Teams, initiatives to bring together healthcare, social care and voluntary organisations who support communities in a local area

PACE – Patient and Carer Engagement

PID – Project Initiation Document, a document which collects relevant information before the start of a project

PMO – Programme Management Office

Provider Collaboratives - partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations.

QI – Quality Improvement, a structured approach to continuous improvement of health and care services

Reach Deck – an online tool which improves the accessibility of websites through simplification, reading aloud or translation

VCSE – Voluntary, Community and Social Enterprise

HI Action: Understanding health inequalities in our services and communities

Where we are now

- We have undertaken some significant health inequalities data projects including workshops with CAMHS and Talking Therapies to understand health inequalities data.
- Our strong focus on patient, carer and community engagement supports our health inequalities programme
- However, due to the diversity of our services, we do not have a Trust-wide approach to reporting on health inequalities within our services.

What we will do

- Develop and promote accessible, easy to use tools to analyse Trust wide and service level data alongside population health data, focusing on people from the most deprived communities, protected characteristics and inclusion health in line with CORE20PLUS5
- Use insights from patient, carer and community engagement and co-production and from thematic analysis of patient safety incidents to identify areas of focus
- Agree a robust reporting and assurance framework for health inequalities data, aligned with data collection requirements for other culture and health equity programmes of work (Culture of Care, Trauma informed, Patient and Carer Race Equality Framework)
- Work with our Staff Health and Wellbeing Group and our Disability, Rainbow Alliance LGBT+ and Race Equality staff networks to understand and address health inequalities and cost of living challenges experienced by our staff

What this will achieve

- Our staff use accurate data and community insights to identify inequalities in access, outcomes and experience within our services and put in place co-produced plans to address them.
- Our approach to service design uses data and the voice of lived experience to identify and address health inequalities
- Our Board are assured that we can identify and take action on health inequalities
- All our staff are supported to improve their health and wellbeing and develop in their careers

Supporting and enabling work

- Supporting staff to develop the skills to access and use population health data
- Improving the quality of our protected characteristics and demographic data
- Supporting research on addressing health inequalities, including our collaboration with the Centre for Addiction and Mental Health Research at the University of Hull which provides targeted research into addictions and mental health, focusing on those often most hidden or excluded from treatment
- Working with the Humber and North Yorkshire Health and Care Partnership to co-ordinate regional work on the use of health inequalities data.
- Using local national datasets such as Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)

Trust Strategy Goal: Developing an effective and empowered workforce

HI Action: Change happens at all levels

Where we are now
- We have created a set of health inequalities resources on our staff intranet
- Health inequalities has been made an integral part of our organisational culture through our Being Humber behavioural framework
- We support and encourage our staff to do training on health inequalities through online platforms and through our Proud Leadership programmes.

What we will do
- Empower leaders and managers to make change happen by supporting QI projects and leading cultural change
- Continue to provide easy to access training and information for our staff on health inequalities and the causes of health inequalities
- Support our teams to co-produce solutions to health inequalities with people with lived experience to develop plans to address inequalities in access, experience and outcomes within our services
- Use our Trust charity, Health Stars, to fund activity which addresses health inequalities

What this will achieve
- Health inequalities are everyone's business - people in all parts of our Trust are empowered to make change happen within our services.
- Our organisational culture supports and empowers staff to make change happen
- Our staff understand the barriers and challenges our communities face to accessing and getting the best outcomes from the services we provide.
- Investment in health inequalities projects increases

Supporting and enabling work
- Build a supportive community of people who are passionate about addressing health inequalities through our Innovation Hub
- Increase the number of Quality Improvement projects within our services which address health inequalities
- Visible leadership commitment to health equity from the Trust Board and senior leaders

HI Action: Health inequalities at the heart of our biggest programmes of change

Where we are now

- We have recently adopted an Equality and Health Inequalities Impact Assessment, but this has not yet been systematically applied to all areas of work
- Health inequalities is already a golden thread running through our Trust Strategy and is covered by some supporting strategies, such as our Physical Health Strategy.
- Our business case and project management documentation ask about health inequalities

What we will do

- Use our Equality and Health Inequalities Impact Assessment (EHIIA) to understand and address the impact of all new changes to our policies and services on groups that are at risk of experiencing health inequalities.
- Use our understanding of our communities to inform the design of future change programmes, e.g. by designing services to support under-served communities
- Deliver a transformation project focusing on reducing DNA levels as well as understanding health inequality related reasons for DNAs
- Embed health inequalities in all Trust plans and strategies as they are renewed, including the Trust's new Access Policy.
- Work with commissioners to embed tackling health inequalities in service specifications

What this will achieve

- Our policies and the way we deliver our biggest programmes of change put addressing health inequalities at the heart of our approach to delivering care.
- Our services will be designed around the needs of our communities
- Health inequalities are routinely and systematically considered during service development and delivery
- Trust strategies and policies actively promote health equity
- Work to address health inequalities is part of all our major transformation schemes

Supporting and enabling work

- Implement national and Trust level transformation programmes to make sure our services are trauma informed, autism informed, person centred, and anti-racist. These include NHS England's Culture of Care Programme [Culture of Care Programme], the national Patient and Carer Race Equality Framework [NHS England » Patient and carer race equality framework] as well as our own work towards becoming a trauma informed organisation.
- Maintaining the Trust's Veteran's Aware Hospital Status and delivering the associated work plan
- Evidencing our health inequalities work against the CQC quality statements

HI Action: The way we communicate and interact with patients and service users is welcoming to all our communities

Where we are now

- Our websites use Reach Deck tools for translation and to improve readability
- Interpretation and translation services are available across our services, but provision is not as good as we would like
- Some of our Trust documents and information for patients is available in accessible formats, but we do not have a comprehensive approach to supporting services with this

What we will do

- Ensure that all our Trust documents and information for patients and are accessible, trauma informed and welcoming to all our communities, considering digital exclusion and access to health information for carers and families
- Improve access to interpretation and translation services
- Embed robust processes to ensure that our patients' and service users' need for reasonable adjustments are recorded and adjustments are offered, alongside supporting people to access adjustments beyond our services
- Use our communications with our communities for health promotion, supporting health literacy and to proactively reach out to under-served communities.

What this will achieve

- Our patients, service, users, carers and families understand our services and are supported to be equal partners in their care
- Our communities have access to easy to understand, health literate and culturally appropriate information about health and wellbeing
- Our services do their utmost to offer reasonable adjustments so that people's needs are met
- Our staff are empowered to adapt the day-to-day delivery of care to take each individual's needs into account

Supporting and enabling work

- Developing a new system wide approach to commissioning interpretation and translation services
- Use of self-assessment by services as part of our ambition to become a trauma informed organisation will inform changes to patient communications
- In implementing the national shift towards a digital NHS, we will be mindful of digital inclusion

HI Action: The way we deliver care supports health equity

Where are we now

- We have a strong commitment to providing trauma informed, recovery focused care.
- Our Physical Health Strategy stresses the importance of primary, secondary and tertiary prevention to address inequalities
- Some of our services have already embedded health equity and a focus on the social determinants of health into their assessment and care planning processes.
- Other services are still in the process of transitioning to person centred approaches

What we will do

- Embed needs and strengths based, holistic, trauma informed, person-centred approaches to delivering care across all our physical and mental health services. This will help our staff to offer support based on people's needs rather than their diagnosis.
- Continue work to embed health equity in our clinical and professional practice by ensuring our assessments, care plans and outcome measures recognise the role the social determinants of health play in supporting or preventing recovery
- Make health inequalities a routine part of conversations with staff at all levels within team meeting agendas, MDT discussions and supervision.
- Involve patients, services user, their carers and families in decisions about their or their loved one's care

What this will achieve

- Our clinical processes and documentation support staff to explore, understand and address our patients' and service users' strengths, aspirations and wider social needs
- Conversations about health equity and the social determinants of health are a regular and routine part of the care we deliver.
- Patients, service users, carers and families are equal partners in decisions about their care where appropriate

Supporting and enabling work

- Review of assessment and formulation tools
- National focus on transition to Person Centred Care
- Delivery of the Culture of Care programme and sharing learning across the Trust
- Use of self-assessment tool by services as part of our ambition to become a trauma informed organisation

HI Action: Tackling the wider causes of inequality

Where we are now

- We recognise the impact on our communities of the wider causes of inequality such as poverty, racism, stigma, lack of opportunity and poor living environments (often called the social determinants of health)
- Some of our services provide additional support for service users to address the social determinants of health, for example, offering employment support alongside mental health treatment
- Some of our services provide information and signposting to support with wider social issues but this is not universal.

What we will do

- Provide the people we support with information or signposting to wider support for issues such as housing and homelessness, access to financial support, social isolation and healthy lifestyles (smoking cessation, healthy weight services and alcohol advice)
- Help our staff to build community connections and increase their knowledge of sources of support in local communities
- Use our Trust premises to offer community wellbeing and outreach activities in partnership with the voluntary and community sector
- Use our voluntary and community sector small grants programme to support projects that address health inequalities, as well as building closer relationships with our communities.

What this will achieve

- Our patients, service users, carers and families are supported to address wider issues that may impact on their health and wellbeing
- Our communities find it easier to access our services and partner organisations' services through welcoming, trauma informed and accessible community hubs
- The Trust has strong, collaborative relationships with voluntary and community sector partners which we use to deepen our understanding of our communities and deliver projects which reduce inequity

Supporting and enabling work

- Our approach to Social Values and developing as an Anchor Institution, including our focus on supporting the local economy through our spending, how we use our estate and reducing our impact on the environment.
- Providing employment opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.
- Supporting local delivery of the Prevention Concordat for Better Mental Health [Prevention Concordat for Better Mental Health - GOV.UK]

Trust Strategy Goal: Fostering integration, partnerships and alliances

HI Action: Working with partners

Where we are now

- The HNY Specialised Provider Collaborative for Mental Health, Learning Disability and Autism, for which Humber is the lead provider, has as one of its strategic aim that "inequalities in access, experience and outcomes are understood and tackled"
- We discuss the impact of social issues such as housing at system meetings such as the Multi-Agency Discharge Event
- Humber provides executive sponsorship and leadership for the delivery of the East Riding Health and Care Committee programme to improve access to and experience of services for inclusion health groups
- We support and champion place-based action to address inequity such as the Hull Poverty Truth Commission

What we will do

- Proactively raise concerns that affect our patients and service users and work with other organisations partners to tackle complex issues, for example, preventing housing crisis and reducing the neurodiversity wating list
- Support the transition to neighbourhood health services which support under-served ("core20plus") communities
- Put addressing health inequalities, prevention and working with communities at the heart of the Humber and North Yorkshire Mental Health Collaborative, as host entity and delivery partner

What this will achieve

- We use our role as a system leader to promote impactful work to address health inequalities
- We work with partner organisations across the Humber and North Yorkshire to maximise our collective impact on health inequalities.
- Our work on addressing health inequalities aligns with national and regional policy

Supporting and enabling work

- Alignment with Humber and North Yorkshire Population Heath and Prevention programme, East Riding Inclusion Health workstream and neighbourhood NHS initiatives such as Integrated Neighbourhood Teams
- Close collaborations with the Humber and North Yorkshire Health and Care Partnership, Place, Provider Collaboratives and Mayoral Strategic Authorities to support delivery of their duties in relation to health improvement and health inequalities.
- Supporting the East Riding Inclusion Champion scheme
- Supporting the delivery of community wellbeing hubs for people with learning disabilities across Hull and East Riding

Demonstrating Impact

Most changes in population level profiles of health inequalities, such as changes in life expectancy or prevalence of illness, are only measurable over long periods and are usually monitored through public health data.

However, it will be possible for us to demonstrate the impact of the actions described in this plan within our own services and for our own patients and service users in the following ways:

Measuring impact at Trust level – within the first year of the plan, we have committed to developing a reporting framework which covers health inequalities, Culture of Care, Trauma informed organisation and the Patient and Carer Race Equality Framework. Going forward, we will be able to measure progress against this set of metrics, which is likely to cover key health inequalities measures such as access to services and DNA rates by deprivation and protected characteristics. Example evidence: Trust level data analysis, Investment in health inequalities projects, Trust involvement in research, Evaluations of major transformation projects, Trust Social Values Report

Measuring impact at service level – a lot of the changes we make will take place within an individual service, for example, building relationships with voluntary sector groups to improve access to a service for our diverse communities. The impact of these changes can be measured at service level, for example, though increased referrals from the communities we have engaged with. Example evidence: QI projects to address health inequalities, Service plans, business cases, PIDs and co-production projects, Health Stars funding for Trust and VCSE health inequalities projects

Tracking activity and changes to processes – demonstrating that we are taking action to address health inequalities, e.g. by tracking the number of relevant QI projects we deliver or showing that we have incorporated measures to promote health equity in our policies or processes. Example evidence: Completed EHIIAs, Trust and system strategies and policies with health inequalities content, Changes to clinical documentation

Staff, patient and carer experience – the insights we gather through engagement, co-production and evaluation with our staff, patients, service users and carers are the most valuable evidence of the difference we make to the people and communities we support. Example evidence: Insights from services and communities, Case studies demonstrating innovation, collaboration and working with lived experience, Support in place for staff

Delivery Timescales

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
Understanding health inequalities in our services and communities	Continue to promote use of existing trust, ICB and public health data. Implement approach to analysing incident data for HI aspects. Promote use of the HNY ICB Insights Bank Continue to work with PACE Team to promote co-production for HI and identify emerging themes from engagement Agree and implement combined Care, Culture and Equity reporting Actions to understand and address staff health inequalities incorporated into Staff Health and Wellbeing Group 2025-26 workplan	Review options for developing a self-service dashboard based on agreed Trust-wide reporting.

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
Change happens at all levels	Establish process for identifying QI projects with a HI focus at an early stage and connecting them to wider HI work	Ongoing monitoring, BAU
		Evaluate impact of Health Start funding on health inequalities, continue to promote HI related Wishes and Dreams
	Continue to promote uptake of HI training via ESR.	
	Continue to deliver informal HI training based on webinars and as part of existing formal training (Preceptorship, PROUD)	
	Continue to work with PACE Team to promote co-production for HI	
	Raise awareness among staff of use of Health Stars funding to address HI	

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
Health inequalities at the heart of our biggest programmes of change	EHIIA guidance and best practice examples published by Mar 25. Identification of health inequalities in divisional service plans. Agreed project plan for analysis of DNA data and initial pilot of interventions PMO processes (PID) reviewed to identify future change programmes. HI embedded in new Access Policy and Communication Plan. Review of Trust Strategy following publication of 10 Year Health Plan. Children's and Learning Disability Service Specification all include HI content 11 out of 18 Mental Health Service Specifications include HI content	Pursue opportunities to influence commissioning at ICB, Place and Provider Collaboratives. Delivery/roll out to additional services of further initiatives to reduce DNAs Strategies and Plans due to end in this period: Recovery Strategy (2026), QI Strategy (2026), Research Strategy (2026), Estates Strategy (2027) The remaining 7 Mental Health Service Specifications include HI content Evaluate impact of Health Stars funding on health inequalities projects

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
The way we communicate and interact with patients and service users is welcoming to all our communities *Deliverables aligned to Trust Communications Strategy*	Updated style guide to include trauma informed language and strengthened accessibility guidance Trust-wide approach developed to accessing Easy read documents. Tools developed to support writing in plain English and at an appropriate reading age All Trust corporate documents and centrally delivered marketing/communication campaigns are available in easy read and translations. Assess the viability of setting up an internal network of staff with language translation skills. Trust wide policy in place on recording and implementing Reasonable Adjustments Searchable online library created of easy to understand, health literate and culturally appropriate health & wellbeing/signposting information	Continue to support teams to review their patient communications. Run staff workshops on accessibility in patient material for clinical staff. Increased number of services commit to reviewing patient letters. Further promotion of translation and interpretation services to staff & patients Staff training and promoting best practice on Reasonable Adjustments Create local distribution network for materials to tackle issues of digital inclusion e.g. faith centres, children's centres, local noticeboards etc

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
The way we deliver care supports health equity *Action aligned to Care, Culture and Equity programme (health inequalities, trauma informed organisation, Culture of Care, Patient and Carer Race Equality Framework.*	Establish structures to ensure strong clinical voice and leadership with the Care Culture & Equity programmes. Implementation of the NHSE minimum standards for personalised care once published (expected March 2025). Build on learning from DIALOG+ pilots. Work with professional lead for Psychology to understand assessments used within the Trust. Work with CC&E group to embed health inequalities, anti-racism and trauma informed approaches in routine care documentation	Share learning and spreading best practice from Culture of Care QI projects and Trauma informed self-assessments. Support staff to work with a range of system partners to meet patients and service users' broader needs. Embed use of holistic assessment and formulation tools through training and changes in clinical process

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
Tackling the wider causes of inequality	Promote information for staff on supporting patients and service users with housing issues and financial inclusion.	Work with system partners to develop shared approach to providing information for people on social needs.
	Optimise the Trust's relationships with community organisations through the small community grant scheme.	Share knowledge of community connections across services via the Innovation Hub.
	Relationship/stakeholder mapping of the Trust's connections with VCSE groups. Agreed locations for community wellbeing activity.	Use stakeholder mapping to develop and implement engagement strategy.
	Deliver new round of small community grants	Delivery of Whitby community wellbeing hub and activity at other locations tbc
		Ongoing evaluation of small community grants scheme, further grant rounds if funds available

HI Action	Year 1 (to March 2026)	Years 2-3 (April 2026-March 2028)
Working with partners	Monitor the effectiveness of system conversations on housing via the Housing System Working Group.	Undertake systematic review of additional issues in partnership with system leaders.
	Escalate housing issues via Super MADE and establish route to jointly designing solutions.	Continue to work with Mental Health, Learning Disability and Autism collaborative partners to deliver An Equitable Future
	Work with senior leader to identify topics for future reviews, e.g. employment.	
	Develop a regular PMO highlight report on trust INT involvement to provide assurance and measure impact.	Identify additional opportunities as host entity to reduce inequalities and variation in provision.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025
Title of Report:	Review of the Independent Investigation report into the care and treatment provided to the service user involved with the tragedies that occurred in Nottingham.
Author/s:	Paul Johnson, Clinical Director Lynnette Robinson, Clinical Lead

Recommendation:				
	To approve		To discuss	
	To note	X	To ratify	
	For assurance			

Purpose of Paper:	The Independent Mental Health Investigation was published on the 5th of February 2025 making 12 recommendations for Nottinghamshire health care trust, which all mental health providers have been asked to review and assure themselves against. This paper provides an outline of the recommendations, our initial review and next steps regarding further assurances required for Humber Teaching NHS foundation Trust. The Board are requested to note that NHSE have requested updated action plans should be discussed in both trust and ICB board meetings held in public no later than 30 June 2025 and progress against plans should be regularly reported to ICB boards.

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
- Initial review of the recommendations has been undertaken by the Mental Health Division who are responsible for the services in scope. - Good assurance has been noted in several areas with existing work currently underway. - Plans are in place to undertake further review with stakeholders and people with lived experience to ensure true coproduction takes place. This further review will inform an updated action plan. - Good engagement with stakeholders is already in place with a commitment to work together to ensure appropriate	- In depth stakeholder review of recommendations and the existing action plan underway. - Work is continuing to progress the original actions as part of the agreed action plan following the CQC review of Nottinghamshire Health Care.

actions are taken and assurances received.	

Areas of Focus:	**Decisions Made:**
▪ Further improvement work required to strengthen our approaches regarding co production of care plans and ensuring the voice of all those involved in care and treatment of an individual is heard and considered. These areas are already a focus in our existing development plan.	The Board are asked to note the content of this report and next steps.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	Report produced for the 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	

Review of the Independent Investigation report into the care and treatment provided to the service user involved with the tragedies that occurred in Nottingham

1. Introduction

The following paper presents the recommendations from the independent investigation into the care and treatment provided to the service user involved with the tragic incidents that occurred in Nottingham published in January 2025. The paper builds on the outcome of the previous CQC review of mental health services at Nottingham which made several recommendations for improvement against which Humber Teaching NHS Trust has an existing improvement plan.

2. Background

On the February 5th 2025 NHS England published the independent investigation into the care and treatment provided to the service user involved with the tragedies that occurred in Nottingham where 3 people tragically lost their life.

The purpose of the independent investigation is to identify learning for NHS delivered care to understand if there are lessons that could be learned that could prevent something similar occurring in the future.

The Independent review made 12 recommendations for NHS England, Integrated Care Boards and Nottinghamshire health care NHS Trust. Following the publication of the review, NHS England have requested that all ICB's and NHS mental health providers review their existing local action plans in place following the CQC review of mental health services at Nottinghamshire Health Care NHS Trust in line with the 12 recommendations.

NHS Trust's providing mental health services have been asked to pay particular attention to the following:

- Personalised assessment of risk across community and inpatient teams

- Joint discharge planning arrangements between the person, their family, the inpatient and community team (alongside other involved agencies)

- Multi-agency working and information sharing

- Working closely with families

- Eliminating Out of Area Placements in line with ICB 3-year plans

NHSE have requested that updated action plans should be discussed in both trust and ICB public board meetings no later than 30 June 2025 and progress against plans should be regularly reported to ICB boards.

3. Recommendations from the Independent Investigation

There are twelve areas of improvement identified.

The first two are national recommendations led by NHSE.

1. There are unmet needs/insufficient support for people with serious mental illness from mental health services, particularly for those who struggle to maintain engagement with services.
2. The risks to patients and others are not always fully understood, managed, or documented.

NHS Provider recommendations.

The following recommendations are made with the anticipation that there will be collaboration across the healthcare system to achieve the required change. Whilst these recommendations are directed at Nottingham Trust, All NHS providers of mental health services need to assure themselves in the following areas.

3. Review existing action plans to implement recommendations.
4. Serious incidents - ensure that Patient Safety Incident Response is in line with NHS England's new patient safety framework (PSIRF).
5. Family engagement – develop/enhance.
6. Clinical information sharing - develop interoperable systems and processes to enable sharing of necessary clinical and risk-related patient data across clinical care settings.
7. Across organisational working - review and evidence effectiveness & reliability of communication processes across all system partners.
8. Governance arrangements - develop the ability to triangulate safety critical information to inform existing and emerging issues.
9. Policy development and review - all Trust policies are current, updated and written in a manner that enables staff to practice in line with the policy.
10. Peer support - ensure that there is a robust peer support offer.
11. Care Planning- ensure care planning arrangements are co-produced.
12. Joint clinical decision making between community and inpatient teams.

4. Action taken.

Following the publication of the independent investigation findings the mental health division have undertaken an immediate review of the recommendations and have identified areas where assurances are already in place, where action plans for improvement are already in place as part of the work undertaken to address the learning from the CQC review into Nottinghamshire health care, and where new actions are required to be taken aligned to the additional learning from the Independent Review.

Table 1 below summarises the current position.

Table 1.

	Recommendation	Summary from the Independent Report	Current Position
3.	Review any previous action plans to implement recommendations.	Trusts should undertake an audit of their implementation of recommendations from previous reviews including from Serious Incidents and the CQC to evaluate the outcomes following implementation. Also, they should seek to understand if the changes made have had a positive impact on the quality and safety of care delivered, including the views of those with Lived Experience.	Good assurance from audits undertaken following learning from patient safety incidents in terms of implementation but requires further review to capture positive impact on the quality and safety of care delivered.
4.	Ensure the trust has an overarching Serious incident policy	The trust wide Patient Safety Incident Response is in line with NHS England's new patient safety framework (PSIRF) which captures procedures to be taken to examine all patient safety incidents (PSIs).	The Trust has fully implemented PSIRF utilizing a range of validated methodologies to examine PSIs. Internal Audit of the process to be undertaken in 2025
5.	Family engagement develop/enhance.	The Trust should define what positive family engagement looks like. The offer should be developed with people with lived experience. The Trust should then develop processes, in line with national guidance to support effective family engagement.	Ongoing improvement work in relation to engaging families/carers is being progressed via the existing action plan. Actions to be revisited to ensure the requirements of this recommendation are captured.
6.	Clinical information sharing	Develop interoperable systems and processes to enable sharing of necessary clinical and risk-related patient data across clinical care settings.	Needs further review in line with the implementation of SytemOne and Yorkshire shared care record. To be added to the existing action plan to progress.
7.	Across organisational working	Review and evidence effectiveness & reliability of communication processes across all system partners.	Partial assurance, but further review required and requires adding to the existing action plan
8.	Governance arrangements	Develop the ability to triangulate safety critical information to inform existing and emerging issues.	Triangulation processes in place ie closed cultures dashboard, Performance Reports, Accountability Review Process, Thematic reviews of incidents triangulated with complaints, claims and workforce data from which priority areas for action are identified.
9.	Policy development and review	All Trust policies are current, updated and written in a manner that enables staff to practice in line with the policy.	Policies are either in date or under review. Assurance paper produced by the Head of Corporate Affairs and reviewed by EMT (last review March 2025).

Recommendation	Summary from the Independent Report	Current Position
10. Peer support	Ensure that there is a robust peer support offer within community mental health services. With appropriate recruitment, support supervision and leadership.	Peer support offer in place giving access to peer support within community mental health teams. Review of the service is underway to include strengthened support and supervision which will be added to the existing action plan.
11. Care planning	Ensure care planning arrangements are co-produced with the voice of service users, families and or support networks	Further improvement work required to strengthen our approaches regarding co production of care plans. This is already an action in our existing plan.
12. Joint clinical decision making	Ensure the voice of all those involved in care and treatment of an individual is heard and considered within the context of planning for care and treatment	Further improvement work required to strengthen our approaches regarding ensuring the voice of all those involved in care and treatment of an individual is heard and considered. This is already an action in our existing plan.

5. Next steps

Following the initial immediate review of recommendations a more in-depth review will be undertaken involving wider stakeholders including people with experience of using services to ensure we have a clear understanding of our position, and any further work required from a range of perspectives.

The existing action plan developed following the CQC review into Nottinghamshire Health Care will be reviewed and updated to incorporate the recommendations from this independent review and any further actions identified from engagement with stakeholders.

Progress against the existing plan is underway with progress reports scheduled with the Executive Management Team and the Quality Committee. Board reporting will be via the Quality Committee as previously agreed by the Board.

6. Conclusion

Following the initial immediate review of recommendations from the independent investigation report, good assurance has been identified in several areas with further work to strengthen our approaches identified in others. The Board are asked to note the content of this paper, and the next steps outlined above.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	25/26 Board Assurance against planning priorities			
Author/s:	Peter Beckwith, Director of Finance Jon Duckles, Head of Partnerships and Strategy			
Recommendation:	To approve		To discuss	✓
	To note		To ratify	
	For assurance	✓		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this paper is to provide the Board with assurance against each priority area as described in the NHS England 25/26 Priorities and Operational Planning Guidance, this is attached at Appendix A (version 1). The paper also outlines gaps in assurance/negative assurance where these have been identified.			

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**
• This paper has been refined as part of the service planning and operational planning process with extensive input from divisional and corporate colleagues. • This approach follows the process and format that was approved by EMT and Trust Board in 2024/25.	• All gaps in assurance are being actively managed in collaboration with system partners. • This document will be used to update the Trusts Board Assurance Framework. • Version 1 attached may be subject to further amendments as we progress through the planning round.
Key Risks/Areas of Focus:	**Decisions Made:**
• Key risks and areas of focus are identified within the document.	• Not applicable

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	✔
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) (Feb Strategic Board)	✔

Caring, Learning & Growing Together

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	

NHS Operational Priorities and Planning Guidance Area	NHS Operational Priorities and Planning Guidance Objective	Linked to Strategic Goal	Positive Assurance	Gaps in Assurance/Negative Assurance
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement	**Innovating for quality and patient safety**	Improving community waiting times, reducing the backlog and adopting new Key Performance Indicators (KPIs) are all part of the new community services contract and associated Service Development Improvement Plans (SDIP). Performance is monitored through the Divisional performance meetings and action plans initiated. As at Jan 2025 (based on a rolling 12 months) the Community Service has: 278 patients waiting longer than 18 weeks with 154 in physiotherapy. A capacity and demand exercise has taken place for this service and improvements are being made. In addition the Partnership and Strategy team intend to undertake a Lean workshop on the referral to treatment process. - 3 over 52 week waiters. Significantly below the 1% target but we report on these cases as a 'zero tolerance' and manage them accordingly. Within Scarborough and Ryedale (S&R) Community Services (as of April 24) there are 192 patients waiting longer than 18 weeks across all services (down from 228 in March 24). Most services are maintaining their waiting lists; the key outlier is physiotherapy with (105 >18 weeks in March 24). However, significant capacity and demand analysis and a pathway review has been undertaken to improve this position.	There are 77 patients waiting longer than 18 weeks for Speech and Language Therapy (SLT) this trajectory is moving in the wrong direction. As yet SLT hasn't had the supported focus that physio has had.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement			
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026			
	Improve performance against the headline 62-day cancer standard to 75% by March 2026			
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026			
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	**Enhancing prevention, wellbeing and recovery** **Innovating for Quality and Patient Safety**	The team are working with Emergency Department colleagues to constantly review the criteria for Mental Health Emergency Department Streaming. The Division have introduced and are embedding the Mental Health Opel Framework using RaidR (*RAIDR is a Business Intelligence Tool*). The Division are working to review of Approved Mental Health Profession (AMHP) provision to better support more timely assessments for patient waiting in ED.	A recent capacity and demand exercise has demonstrated that demand for AMHPs within Hull outstrips current capacity. The Division is working with Hull City Council as the commissioner to address this shortfall.
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26			
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey	**Enhancing prevention, wellbeing and recovery**	The Trust are delivering the Primary Care Network (PCN) Designated Enhanced Service (DES) in line with national guidance. Several initiatives implemented, including: · New telephony system.	This is a subjective measure based on patient experience. Reliant on the initiatives that have been introduced translating to improved survey results.

NHS Operational Priorities and Planning Guidance Area	NHS Operational Priorities and Planning Guidance Objective	Linked to Strategic Goal	Positive Assurance	Gaps in Assurance/Negative Assurance
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more	**Innovating for Quality and Patient Safety**	· Enhanced access appointment slots over and above PCN targets. · Care home teams helping to free up capacity in practice. · Hybrid appointing model enabling tele and F2F appts. · Online appointing enabling triage of appts. · NHS App promotion supported by digital volunteers in practices increasing App utilisation, improved digital access to appointments, care navigation and Total Triage. Friend and Family Test (FFT) feedback showing improvement in satisfaction.	
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds	**Innovating for Quality and Patient** **Enhancing prevention wellbeing and recovery**	The Introduction of Weekly Multi Agence Discharge Event (MADE) meetings has improved system flow and better develop system relationships. The Trust will continue to support the introduction of Optica to improve patient flow. Wards are commencing discharge planning at the point of admission (estimated discharge dates set). A project has commenced using Service Development Funding (SDF) to introduce Older Adult step up beds and expand Acute Community Service (ACS)/Crisis Intervention Team for Older People (CITOP) to avoid acute admission The Division continues to hold daily bed escalation meetings. A review of Psychiatric Inpatient Care Unit (PICU) bed usage and impact on Out of Area (OOA) placements (include forensic pathway) is currently underway	Accommodation for the Older Adult step up beds is proving challenging to identify. The Trust are working with 3rd sector partners to address this however this may be more medium term aspiration.

NHS Operational Priorities and Planning Guidance Area	NHS Operational Priorities and Planning Guidance Objective	Linked to Strategic Goal	Positive Assurance	Gaps in Assurance/Negative Assurance
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019		Workshops have been taking place since June 2024 to look at the Children and Adolescent Mental Health Services (CAMHS) access health inequalities data. We aim to re-run the data on access and outcomes by ethnicity and deprivation decile to compare with last year's data and finalise the draft health inequalities access action plan with CAMHS to identify barrier to accessing services. The new CONNECT website for the Children's and Learning Disability Division has a focus on accessible language and content and brings all the services in the Children's and Learning Disability Division in one place to ensure information about services are more accessible to children, young people and families. The Youth Recovery and Wellbeing College was developed as a need was identified for preventative and creative support (reducing need for future use of services), reducing risk of declining wellbeing whilst on waiting lists (wellbeing while waiting) and maintaining wellbeing (joined up discharge pathways). The provision provides instant access for young people, where often they may be facing lengthy waiting lists for mainstream services.	
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction		System wide discussions continue around the Townend Court development. The Trust is proposing the redesign of one of the wards into 2 bespoke Complex Care placements, as well as the development of a Home-Based Treatment Team (HBT). The HBT Team would provide specialist support into a person's home to either prevent admissions or to support earlier discharges. The HBT Team would also provide specialist support to people within the Assessment and Treatment Unit to support a timely therapeutic community discharge. A pilot of an Learning Disability (LD) and Autism Spectrum Diagnosis (ASD) Community Hub event in collaboration with a significant number of system partners has taken place in Hull and the East Riding (ER). These events were successful and the Trust is actively looking for funding opportunities that would allow us to make these regular events across the 7 PCN areas in the ER and across 4 localities in Hull.	
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26	Optimising and efficient and sustainable organisation	The Trust is expected to deliver a breakeven position in the 2024/25 financial year.	The current ICS plan does not deliver a balanced financial position. The current funding for the expected Agenda for Change Pay Award, received through the uplift to block contracts is not sufficient to cover the

NHS Operational Priorities and Planning Guidance Area	NHS Operational Priorities and Planning Guidance Objective	Linked to Strategic Goal	Positive Assurance	Gaps in Assurance/Negative Assurance
				expect impact of the pay award based on modelling.
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems		The Trust is forecasting to deliver a 29% reduction in Agency spend compared with spend in 203/24. The Trust a forecasting a further reduction in Agency spend in 2025/26 based on modelled recruitment for consultants.	
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)			
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'			
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	Promoting people, communities and social values	The Trust has adopted a Trust wide approach to addressing health inequalities aligned with our organisational culture and our commitment to being a trauma informed and recovery focused organisation.

A Health Inequalities Plan is being developed and will be brought to Trust Board for approval in March. The Trust does not directly deliver across the majority of the areas of clinical focus within CORE20PLUS5, although some are delivered within primary care. However, the CORE20PLUS population focus will be used to shape our approach to health inequalities data, for example, by analysing data on DNAs or access to services (and outcomes where data is available) by deprivation level and protected characteristic.

We aim to re-run the data on access and outcomes by ethnicity and deprivation decile for CAMHS to compare with last year's data and finalise the draft health inequalities access action plan with CAMHS. | |
| | Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance | | ICB Target to incorporate this target (and others) into their Joint Forward Plans. This target's broad aims are around lifestyle and behavioural interventions to address inequalities in cardiovascular disease (CVD) prevention; e.g. smoking and alcohol cessation; diabetes prevention; weight management; and diabetes remission, with improved participation rates in the most deprived quintiles of the population. As a Primary Care provider we will support the ICB in their ambitions. | |

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025		
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative – Programme Update March 2025		
Author/s:	Michele Moran, Chief Executive Alison Flack, Programme Director		
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance			
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.		

Key Issues within the report:

Positive Assurances to Provide:
N/A

Key Actions Commissioned/Work Underway:

- **Developing the Future Mental Health, Learning Disabilities and Autism Collaborative**
  Work is progressing in developing the future collaborative arrangements with all partners.

- **Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disabilities and Autism Strategy Development**
  The draft strategy and core offer has been circulated widely for consultation. The aim is to seek final executive approval at the end of April 2025.

- **Operational Planning 2025/2026**
  Our draft plan was submitted to the ICB on 20th February. Plans are compliant with current guidance in relation to adult acute length of stay (plans show slight reduction), reliance on inpatient care for adults with learning disabilities and/or autism (plans meet required 10% reduction), reliance on inpatient care for children with learning disabilities and/or autism (plans show a reduction) and children and young people mental health access (plans show no reduction from 2024/25 out turn).

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	The final submission will be due on 27th March and will include additional metrics. A headline checklist has also been completed, including narrative in relation to delivery across key areas of focus, such as mental health flow through acute crisis pathways, Children and Young People's mental health (including delivery of Mental Health Support Teams), talking therapies and Individual Placement and Support (IPS). Changes to the Service Development Funding (SDF) process being rolled into baseline allocations, with recalculation of Mental Health Investment Standard (MHIS).
	• **Autism and ADHD scoping work**
	• **Out of area capital funding** £76m of national funding has been made available to reduce out of area placements within 2025/26. The collaborative are working with providers to finalise proposals to submit to the regional team by 14th March 2025. Proposals being developed for submission are: - Reconfiguration of PICU estate - Humber FT - 12 bed specialist community rehabilitation. facility – NAVIGO. - Reconfiguration of CAMHS inpatient (Nova and Orion) - Humber FT.
	• **Mental Health, Learning Disabilities and Autism Performance** Detailed in the paper.

Key Risks/Areas of Focus: • Work to develop future collaborative arrangements. • Mental Health, Learning Disabilities and Autism Strategy development and core offer. • Operational Planning. • Outcome of capital bids.	**Decisions Made:** N/A

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Humber and North Yorkshire Health and Care Partnership
Mental Health, Learning Disabilities and Autism Collaborative

Humber Teaching NHS Foundation Trust Board Update – March 2025

This report provides a summary of the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative and provides an update on performance across the Humber and North Yorkshire Integrated Care System.

- **Developing the Future Mental Health, Learning Disabilities and Autism Collaborative**
Work is continuing to be progressed for the new collaborative arrangements with all partners. This includes developing the appropriate governance and structures to support the future collaborative work.

- **Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disabilities and Autism Strategy and Core Offer Proposals**
The draft strategy and core offer proposals have been circulated widely across partners for consultation. Further work is progressing to develop this further with our Local Authority partners.

  The aim is to seek final executive approval at the end of April 2025.

- **Operational Planning 2025/2026**
Our draft plan was submitted to the ICB on 20th February. Plans are compliant with current guidance in relation to adult acute length of stay (plans show slight reduction), reliance on inpatient care for adults with learning disabilities and/or autism (plans meet required 10% reduction), reliance on inpatient care for children with learning disabilities and/or autism (plans show a reduction) and children and young people mental health access (plans show no reduction from 2024/25 out turn). The final submission will be due on 27th March and will include additional metrics. A headline checklist has also been completed, including narrative in relation to delivery across key areas of focus, such as mental health flow through acute crisis pathways, children and young people's mental health (including delivery of Mental Health Support Teams), talking therapies and Individual Placement Support (IPS).

- **Autism and ADHD Provision**
At the latest Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Executive meeting, a paper was shared outlining the current position with regard to Autism and ADHD provision across the ICB footprint. Key points can be found below:

  National context
  - Increased demand on ADHD and Autism assessments started in 1998.
  - The amount of medication prescribed for ADHD has increased by 51% from 2019/20 – 2022/23.
  - NHS England (NHSE) established an ADHD task force in 2024 to provide national guidance and direction.

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<u>Local commissioning</u>
- No commissioned service for adult autism assessment in North Lincolnshire.
- No commissioned services for adult ADHD assessments in East Riding.
- Services commissioned for adult ADHD assessment in Hull, but currently running a limited service due to levels of demand vs commissioned provision.
- A total of 9 providers are commissioned to deliver autism and ADHD assessment services across Humber and North Yorkshire.

At the time of data analysis (October 2024), the total number of referrals in the system for either an autism or ADHD assessment stood at over 23,000. This figure continues to grow each month and is for those that have not yet started their assessment.

As demand and waiting lists have grown, the numbers of those utilising the right to choose pathway and the number of independent providers offering autism and/or ADHD assessments is growing.

- **Out of area capital funding**
  £76m of national funding has been made available to reduce out of area placements within 2025/26. The collaborative are working with providers to finalise proposals to submit to the regional team by 14th March 2025. Proposals being developed for submission are:
  - Reconfiguration of Psychiatric Intensive Care Unit (PICU) – Humber Teaching NHS Foundation Trust.
  - 12 bed specialist community rehabilitation facility – NAVIGO.
  - Reconfiguration of Child and Adolescent Mental Health Service (CAMHS) inpatient (Nova and Orion) – Humber Teaching NHS Foundation Trust.

- **Inpatient quality and safety transformation**
  The programme continues to develop and increase understanding of drivers for Out of Area placements. 12 patients have been identified to be repatriated under North Lincolnshire's new rehabilitation service. There is an introduction and engagement event planned with the independent sector as part of the market development project. Review of PICU data is ongoing to support modelling of beds across Humber and North Yorkshire.

- **Mental Health, Learning Disabilities and Autism Performance**
  - **NHS Talking Therapies – Reliable Improvement**: ICB have exceeded the planned target in December 2024.
  - **Learning Disability Annual Health Checks**: ICB have exceeded the in-month target in December 2024.
  - **Inappropriate Out of Area Placements (adults**): ICB are over target by 5 patients. 5 out of 6 Places achieving target.
  - **Dementia Diagnosis Rate (DDR)**: ICB are 1.4% under target (December 2024). 2 out of 6 Places achieving local target.
  - **Children and Young People Mental Health Access**: ICB are 1,630 patients under target and continue a reduction in access numbers. Hull and East Riding of Yorkshire have been asked for a recovery plan and Tees, Esk and

Wear Valleys NHS Foundation Trust (TEWV) are conducting a deep dive into York access numbers. 2 out of 6 Places are achieving target.

- **Perinatal Mental Health Access**: Technical issues with Humber submission at NHSE; Humber have issued a resubmission of data to combat previous data quality issues. NHSE have not implemented these changes; Humber and ICB continue to flag with NHSE and request resubmission backdated. ICB actual for Mental Health Perinatal Access is 98% of target achieved at 1,305 against a target of 1,334. 3 out of 6 Places are achieving target.
- **Talking Therapies – Reliable Recovery**: ICB are under target by 1.9%. Only 1 Place achieving target.
- **Severe Mental Illness (SMI) Physical Health Checks**: The ICB are only required to monitor against the quarterly data submission. Quarter 2 target not achieved. Quarter 3 data available for next performance report.
- **Adult Learning Disability and/or Autism Inpatients**: ICB had 70 adults with a Learning Disability and/or Autism in an inpatient setting in January 2025, this is against a target of 45; NHSE express these figures as a rate per million adult population (51.5 against a target of 33.1). The ICB are 25 patients above expectations at this point in the year. Only 1 Place achieving target.
- **Children Learning Disability and/or Autism Inpatients**: ICB had 12 children with a Learning Disability and/or Autism in an inpatient setting in January 2025, this is against a target of 3; NHSE express these figures as a rate per 100,000 population (36.04 against a target of 9.01). The ICB are 9 patients above expectations at this point in the year. 2 out of 6 Places are achieving target.

Recommendation/Action

The Board is asked to note the information presented in the paper.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025				
Title of Report:	National Staff 2024 Results				
Author/s:	Karen Phillips - Associate Director of People and OD				
Recommendation:					
	To approve		To discuss		X
	To note	X	To ratify		
	For assurance				
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide the Board with the full suite of 2024 National Staff Survey results following the publication of National results on 13th March 2025.				

Key Issues within the report:

Positive Assurances to Provide:

- The Trust improved upon it's response rate compared to 2023, and reported a better response rate compared to benchmark and national figures.
- The Trust reports better than average scores across all people promise theme areas and sub themes compared to benchmark and national results and an improved position across our own scores of 2023 across each core people promise area
- Staff recommending the Trust as a place to work has increased from 49% in 2019 to 69% in 2024 – significantly above the benchmark and national averages
- The number of staff positively reporting that we 'act on concerns raised by patients and service users' has also risen from 66% in

Key Actions Commissioned/Work Underway:

- HR Business partners are collating all divisional and directorate responses and sharing with leads to allow them to undertake analysis of their initial results.
- The results will be reported to Board by IQVIA in May 2025
- Work being undertaken to analyse each people promise area, with leads from the people team consulting on actions with wider stakeholders.

2019 to 79% in 2024. Also significantly better than our benchmark group and national averages.	
• The statistically most significant improvement in the survey by 6.6% was for the question 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it,' which would correlate with the Trust efforts launching the Respect campaign.	
• We have demonstrated a positive improvement in 8 out of the 9 line management questions and above average benchmark scores on all questions.	
• We are in the top three in our region for the themes, we are safe and healthy, we are a team and morale.	
• 10 out of the 14 divisions and the directorates within the Trust improved on their response rate when comparing 2023 with 2024.	
• The greatest improvements were in *We are Safe and Healthy* and *We Work Flexibly*, with the associated sub scores for those themes also showing the most significant improvements.	
• Four out of the five questions have improved scores when comparing 2023 to 2024, with the question *25c 'I would recommend my organisation as a place to work'* having increased by nearly 2% when compared to 2023 results.	
• Q9. *We are a Team - subtheme - Line Management saw* a positive improvement in *all* of the questions. The Trust also scored above the average benchmark on *all* questions.	
• *Q9h My immediate manager cares about my concerns* improved on 2023 scores by 1.75% and scored better than the benchmark group by 1.57%. *Q9i My immediate manager takes effective action to help me with any problems I face* improved on 2023 scores by 1.93% and scored better than the benchmark by 1.98%.	

Key Risks/Areas of Focus: • 4 out of the 14 divisions and directorates saw a decrease in their response rates of at least 6% when comparing 2023 with 2024. • Of the five key questions, Question *6a. I feel that my role makes a difference to patients / service users* was the only one where the scored reduced, this was by 0.4% in comparison to 2023 and is also lower than the benchmark group and the national average	**Decisions Made:** • N/A	

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	11/03/25 25/03/25
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) EMT/ODG Board	05/03/25 26/03/25

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	√			
Legal	√			To be advised of any future implications
Compliance	√			

Communication	√			as and when required by the author
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

National Staff Survey results 2024

1. Introduction

This report below sets out the results from the 2024 NHS National Staff Survey (NSS), administered on our behalf and undertaken by IQVIA between September and November 2024. This report includes comparisons drawn from the benchmark group and national datasets following publication on Thursday 13th March 2025.

2. Headlines

- Improved response rate compared to 2023, and better response rate compared to benchmark and national figures.
- Humber Teaching NHS Foundation Trust reports better than average scores across all people promise theme areas and sub themes compared to benchmark and national results and an improved position across our own scores of 2023 across each core people promise area
- Our results are the best across our Integrated Care System
- Staff recommending the Trust as a place to work has increased from 49% in 2019 to 69% in 2024 – significantly above the benchmark and national averages
- The number of staff positively reporting that we 'act on concerns raised by patients and service users' has also risen from 66% in 2019 to 79% in 2024. Also, significantly better than our benchmark group and national averages.
- The statistically most significant improvement in the survey by 6.6% was for the question 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it,' which would correlate with the Trust efforts launching the Respect campaign.
- We have demonstrated a positive improvement in 8 out of the 9 line management questions and above average benchmark scores on all questions.
- We are in the top three in our region for the themes, we are safe and healthy, we are a team and morale.

3. Response rates

The Trust achieved a response rate of 56.23% overall which represented 1,959 responses from a sample of 3,558. This is a 0.61% increase from 2023 response rate.

NationalBreakdown1	Total Sent	Completed	2023 Response Rate	2024 Response Rate	Response rate difference
Chief Executive	23	22	90.00%	95.65%	5.65%
Chief Operating Officer	23	19	40.19%	82.61%	42.42%
Childrens and Learning Disability	896	479	52.32%	54.49%	2.17%
Commissioning	14	14	92.31%	100.00%	7.69%
Community Services	421	233	63.09%	56.69%	-6.40%
Finance	348	204	66.98%	58.79%	-8.19%
Forensic Services	251	139	62.30%	56.05%	-6.26%
Medical	186	92	73.53%	54.12%	-19.41%

Mental Health Planned Care	515	285	50.51%	56.21%	5.70%
Mental Health Unplanned Care	617	275	41.18%	45.53%	4.35%
Nursing and Quality	60	50	81.25%	84.75%	3.50%
People and OD	78	68	90.41%	91.89%	1.48%
Primary Care	108	64	57.80%	59.81%	2.01%
Sustainable Transformation Programme	18	15	68.75%	83.33%	14.58%
Total	**3558**	**1959**	**55.62%**	**56.23%**	0.61%

At 56% we achieved a response rate above the average for our benchmark group (54%) and above the national response rate of 50%.

Organisation type	Top	Bottom	Average
Mental Health Learning Disability Community Trusts	68%	39%	54%

4.   People Promise Theme Summary

The Trust has improved across *all* People Promise themes compared to 2023. The Trust has scored higher across *all* People Promise themes and subthemes when comparing to the average responses in the benchmark group and compared to the national average.

The greatest improvements were in *We are Safe and Healthy* and *We Work Flexibly*, with the associated sub scores for those themes also showing the most significant improvements. The Trust also positions in the top three in our region for the themes we are safe and healthy, we are a team and morale.

People Promise themes and subthemes	Humber 2023	Humber 2024	Average Benchmarking group	National Average
We are Compassionate and Inclusive	**7.68**	**7.69**	**7.55**	**7.28**
Compassionate Culture	7.36	7.45	7.24	7.08
Compassionate Leadership	7.48	7.57	7.54	7.08
Diversity and Equality	8.56	8.54	8.28	8.08
Inclusion	7.29	7.20	7.19	6.88
We are Recognised and rewarded	**6.59**	**6.62**	**6.35**	**5.99**
We each have a voice that counts	**7.1**	**7.12**	**6.94**	**6.69**
Autonomy and Control	7.27	7.23	7.16	6.94
Raising concerns	6.92	7.00	6.74	6.45
We are safe and Healthy	**6.48**	**6.55**	**6.40**	**6.14**
Negative Experiences	8.12	8.16	7.98	7.82
Health & Safety Climate	5.95	6.09	5.87	5.56
Burnout	5.39	5.41	5.29	5.04
We are always learning	**6.22**	**6.28**	**5.93**	**5.67**
Development	6.83	6.81	6.66	6.44
Appraisals	5.6	5.73	5.15	4.88

We work flexibly	**7.05**	**7.11**	**6.83**	**6.31**
Support for Work life balance	6.98	7.06	6.84	6.36
Flexible Working	7.12	7.16	6.84	6.26
We are a team	**7.18**	**7.20**	**7.15**	**6.80**
Team working	7.01	6.97	6.92	6.69
Line management	7.36	7.44	7.39	6.91
Staff engagement	**7.18**	**7.20**	**7.07**	**6.85**
Motivation	7.22	7.18	7.14	6.96
Involvement	7.19	7.16	7.09	6.81
Advocacy	7.13	7.27	6.96	6.77
Morale	**6.36**	**6.40**	**6.20**	**5.96**
Thinking about leaving	6.60	6.59	6.29	6.06
Work pressure	5.67	5.80	5.62	5.40
Stressors	6.82	6.8	6.72	6.42

It is worth noting that any variations across all themes and sub scores are regarded statistically insignificant, specifically negative scores that only saw a reduction in score between 0.1 and 0.02.

5. Five core questions

Below are the five core questions used to determine how the workforce view their own experience and that of the organisation regarding the care and treatment patients.

Question/Statement	2023 score	2024 score	BMG 2024	National
Q6a. I feel that my role makes a difference to patients / service users	88.33%	87.51%	87.59%	87.76
Q25a. Care of patients / service users is my organisation's top priority	80.13%	80.91%	78.36%	74.38%
Q25b. My organisation acts on concerns raised by patients / service users	77.52%	79%	76.20%	70.92
Q25 c. I would recommend my organisation as a place to work	66.96%%	69.05%	65.21%	60.80%
Q25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	69.61%%	71.76%	64.84%	64.28%

Four out of the five questions have improved scores when comparing 2023 to 2024, with the question *25c 'I would recommend my organisation as a place to work'* having increased by nearly 2% when compared to 2023 results (and risen from 49% in 2019).

Question *6a. I feel that my role makes a difference to patients / service users* was the only one where the scored reduced, this was by 0.4% in comparison to 2023, and whilst statistically insignificant, is regarded a continued area of focus in 2025.

The Trust scored higher than the benchmark group on four out of the five questions. The Trust scored over 2.5% higher on all four scores, with *Q25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation* scoring 6.91% higher than the benchmark group.

The Trust shows significantly better scores across four of the five key questions compared to national averages;

- Care of patients / service users is my organisation's top priority – 6.53% better
- My organisation acts on concerns raised by patients / service users – 8.08% better
- I would recommend my organisation as a place to work – 8.25% better
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation – 7.48% better

6.   People Promise Theme Breakdown

We are compassionate and Inclusive

- The greatest improvements were in *Compassionate culture* and *Compassionate leadership*, with the associated sub scores for those themes also showing the most significant improvements.
- 10 out of 17 scores Trust scores are higher than the 2023 scores.
- The Trust scores better in 14 out of 17 questions when compared to the benchmark group and in all but one question when compared to the national scores.
- Q6a scored worse when compared to the Trust 2023 scores, the benchmark group and the National score. It is worth noting that the deterioration was not more than 1%, therefore statistically insignificant, with questions 7h and 7i demonstrating deteriorating 2023 and lower than the benchmark group. This will be considered alongside wider areas of focus in 2025.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q6a	I feel that my role makes a difference to patients / service users (Agree/Strongly agree).	88.33%	87.51%	87.59%	87.76%
Q7h	I feel valued by my team (Agree/Strongly agree).	75.29%	74.22%	75.06%	69.88%
Q7i	I feel a strong personal attachment to my team (Agree/Strongly agree).	65.53%	64.29%	66.08%	63.19%
Q8b	The people I work with are understanding and kind to one another (Agree/Strongly agree).	79.48%	76.94%	76.72%	70.53%
Q8c	The people I work with are polite and treat each other	80.95%	79.01%	78.17%	71.68%

	with respect (Agree/Strongly agree).				
Q9f	My immediate manager works together with me to come to an understanding of problems (Agree/Strongly agree).	76.44%	77.35%	76.76%	70.02%
Q9g	My immediate manager is interested in listening to me when I describe challenges I face (Agree/Strongly agree).	79.15%	79.59%	78.78%	72.57%
Q9h	My immediate manager cares about my concerns (Agree/Strongly agree).	77.46%	79.21%	77.64%	71.23%
Q9i	My immediate manager takes effective action to help me with any problems I face (Agree/Strongly agree).	74.15%	76.07%	74.09%	68.11%
Q15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes).	63.81%	64.89%	58.80%	55.93%
Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (Yes).	4.93%	5.58%	8.56%	9.25%
Q16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (Yes).	5.22%	5.88%	7.63%	9.22%
Q21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) (Agree/Strongly Agree)	76.39%	77.90%	74.75%	70.70%
Q25a	Care of patients / service users is my organisation's top priority	80.13%	80.91%	78.36%	74.38%
Q25b	My organisation acts on concerns raised by patients / service users (Agree/Strongly agree).	77.52%	79.00%	76.20%	70.92%

Q25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	66.96%	69.05%	65.21%	60.80%
Q25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	69.61%	71.76%	64.84%	64.28%

We are recognised and rewarded

- Of the 5 questions relating to reward and recognition 3 improved on 2023 scores
- All questions relating to this people promise scored better than the national and benchmark group
- There are no statistically significant deteriorations with each of the Questions 4a and 8d seeing less than a 1% deterioration from 2023 and in both cases the benchmark group average score has also deteriorated by less than 1%
- Q4c How satisfied are you with each of the following aspects of your job? My level of Pay (45.58%) represents the best result across the benchmark group.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q4a	The recognition I get for good work (Satisfied/Very satisfied).	64.07%	63.51%	62.01%	53.98%
Q4b	The extent to which my organisation values my work (Satisfied/Very satisfied).		54.95%	51.11%	44.41%
Q4c	My level of pay (Satisfied/Very satisfied).	45.18%	45.58%	36.38%	32.05%
Q8d	The people I work with show appreciation to one another (Agree/Strongly agree).	76.32%	75.70%	74.59%	67.73%
Q9e	My immediate manager values my work (Agree/Strongly agree).	79.62%	80.37%	79.43%	72.72%

We each have a voice that counts

- Of the two subthemes in this people promise, both scored higher in 2024 than the benchmark group. In the 'autonomy and control' subtheme the 2024 score was 0.04% lower than 2023 therefore not statistically significant.

- Of the 11 questions relating to "We each have a voice that counts" 4 improved on 2023 scores and 7 deteriorated.
- The largest deterioration against the 2023 scores was in the Q5b I have a choice in deciding how to do my work which showed a 1.33% deterioration against the 2023 score
- Of the 11 questions relating to "We each have a voice that counts" 9 scored better than the national position
- Q3a scored lower than the national position, however the difference was less than 0.1% therefore not statistically significant, but will be considered as an area of focus in 2025.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q3a	I always know what my work responsibilities are (Agree/Strongly agree).	85.10%	84.04%	84.14%	86%
Q3b	I am trusted to do my job (Agree/Strongly agree).	90.77%	90.62%	90.43%	89.73%
Q3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	78.15%	77.75%	76.77%	73.22%
Q3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	77.83%	76.85%	76.48%	70.83%
Q3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	57.48%	56.19%	54.06%	50.11%
Q3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	61.01%	59.79%	59.86%	55.18%
Q5b	I have a choice in deciding how to do my work (Often/Always).	67.03%	65.70%	63.11%	53.69%
Q20a	I would feel secure raising concerns about unsafe clinical practice (Agree/Strongly agree).	77.53%	78.92%	76.27%	71.53%
Q20b	I am confident that my organisation would address my concern (Agree/Strongly agree).	64.47%	65.24%	61.06%	56.83%
Q25e	I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	70.25%	70.95%	66.58%	61.82%

Q25f	If I spoke up about something that concerned me I am confident my organisation would address my concern (Agree/Strongly agree).	59.54%	60.93%	54.93%	49.52%

We are safe and healthy

- Of the 26 questions relating to health and wellbeing 16 improved on 2023 scores
- 22 out of 26 scored better than the benchmark group.
- This People Promise theme positions the Trust worse than the national score in only one question Q3g, I am able to meet all the conflicting demands on my time at work
- There are no statistically significant deteriorations
- Q14d 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?' represents the statistically most significant improvement across the entire survey by 6.6%.
- The results from this theme have already been considered by the Health and wellbeing steering group and associated actions formed as a result.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	49.74%	47.03%	49.24%	47.26%
Q3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	66.18%	68.46%	63.23%	58.08%
Q3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	35.79%	38.72%	37.16%	34.01%
Q5a	I have unrealistic time pressures (Never/Rarely).	31.93%	32.71%	31.24%	27.01%
Q11a	My organisation takes positive action on health and well-being (Agree/Strongly agree).	71.08%	72.71%	63.72%	57.06%
Q11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (yes).	20.84%	19.44%	23.32%	29.24%

Q11c	During the last 12 months have you felt unwell as a result of work related stress(yes).	39.96%	40.33%	39.09%	41.63%
Q11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties (yes).	52.34%	52.35%	54.53%	55.77%
Q12a	How often, if at all, do you find your work emotionally exhausting (always/often).	32.39%	33.29%	34.02%	34.07%
Q12b	How often, if at all, do you feel burnt out because of your work (always/often).	23.10%	22.05%	25.89%	30.24%
Q12c	How often, if at all, does your work frustrate you (always/often).	30.11%	29.06%	30.44%	35.47%
Q12d	How often, if at all, are you exhausted at the thought of another day/shift at work (always/often).	20.89%	21.70%	21.68%	27.41%
Q12e	How often, if at all, do you feel worn out at the end of your working day/shift (always/often).	37.72%	37.00%	37.29%	42.22%
Q12f	How often, if at all, do you feel that every working hour is tiring for you (always/often).	13.97%	13.49%	14.37%	18.95%
Q12g	How often, if at all, do you not have enough energy for family and friends during leisure time (always/often).	25.31%	25.10%	26.08%	29.30%
Q13a	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public (yes).	12.81%	12.33%	14.05%	14.38%
Q13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (yes).	0.30%	0.25%	0.41%	0.78%
Q13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues (yes).	0.55%	0.65%	1.14%	1.89%

	Question				
Q13d	The last time you experienced physical violence at work, did you or a colleague report it (Yes).	92.74%	88.93%	98.99%	74.69%
Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (yes).	22.27%	19.99%	23.64%	25.08%
Q14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (yes).	7.02%	7.65%	7.86%	9.46%
Q14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (yes).	12.49%	12.59%	13.81%	17.56%
Q14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	58.63%	65.52%	63.98%	54%

Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q17a	Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public (yes)	9.50%	8.51%	9.52%	8.82%
Q17b	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues (yes)	2.17%	2.50%	2.87%	3.66%
Q22	I can eat nutritious and affordable food while I am working (often always)	57.77%	59.23%	58.41%	54.13%

We are always learning

- Of the 10 questions relating to this theme 4 improved on 2023 scores (one question was new for 2024 and therefore has no comparison for 2023).
- All questions relating to this people promise scored better than the national and benchmark group
- There are no statistically significant deteriorations with the questions 23b, 23c with less than 1% deterioration on 2023 scores.
- Questions 24a, 24b and 24e have over 1% deterioration from 2023, with 24b having 2.75% deterioration in the score.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q23b	It helped me to improve how I do my job (Yes, definitely).	26.66%	26.13%	25.07%	26.06%
Q23c	It helped me agree clear objectives for my work (Yes, definitely).	40.69%	40.55%	36.69%	35.53%
Q23d	It left me feeling that my work is valued by my organisation (Yes, definitely).	36.35%	38.35%	35.76%	33.43%
Q24a	This organisation offers me challenging work (Agree/Strongly Agree).	77.23%	76.05%	73.84%	68.95%
Q24b	There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	59.77%	57.02%	55.65%	54.63%
Q24c	I have opportunities to improve my knowledge and skills (Agree/Strongly agree).	77.02%	77.37%	74.56%	70.32%
Q24d	I feel supported to develop my potential (Agree/Strongly agree).	64.69%	65.05%	62.01%	56.90%
Q24e	I am able to access the right learning and development opportunities when I need to (Agree/Strongly agree).	66.46%	64.47%	64.44%	60.04%
Q24f	I am able to access clincial supervision opportunities when I need to (Agree/Strongly agree).	n/a	81.29%	78.28%	59.17%
Q23a	In the last 12 months, have you had an appraisal, annual review, development	94.36%	94.94%	88.02%	85.45%

review, or Knowledge and Skills Framework (KSF) development review? (yes)				

We work flexibly

- The Trust score on this people promise "We work Flexibly" has improved year on year since 2021 (6.80) and has consistently been above the benchmark group score.
- Of the 4 questions relating to "We work flexibly" 3 improved on 2023 scores. The one question that has deteriorated since 2023 is Q6c I achieve a good balance between my work life and my home life and in this case the score has deteriorated by 0.37% therefore is statistically insignificant.
- All questions relating to this people promise scored better than the national and benchmark group. In the case of Q6b *My organisation is committed to helping me balance my work and home life*, the Trust score is 5.77% higher than the benchmark group and 15.04% higher than the national data.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q4d	The opportunities for flexible working patterns (Satisfied/Very satisfied).	70.97%	71.16%	67.11%	57.65%
Q6b	My organisation is committed to helping me balance my work and home life (Agree/Strongly agree).	64.39%	65.38%	59.61%	50.34%
Q6c	I achieve a good balance between my work life and my home life (Agree/Strongly agree).	65.18%	64.81%	62.65%	56.61%
Q6d	I can approach my immediate manager to talk openly about flexible working (Agree/Strongly agree).	79.55%	81.63%	79.39%	71.29%

We are a team

- Of the 12 questions relating to 'We are a Team' 7 improved on 2023 scores.
- 10 out of 12 scored higher than the national benchmark group and 11 out of 12 scored higher than the national scores.
- 9b and 9d all score over 8% higher than the national scores, demonstrating an improvement in line management support.

- Question 7d, The team I work in often meets to discuss the team's effectiveness, will be considered as an area of focus for 2025.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q7a	The team I work in has a set of shared objectives (Agree/Strongly agree).	77.17%	77.37%	76.46%	73.57%
Q7b	The team I work in often meets to discuss the team's effectiveness (Agree/Strongly agree).	71.29%	71.60%	71.79%	62.74%
Q7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	77.64%	75.49%	76.71%	71.55%
Q7d	Team members understand each other's roles (Agree/Strongly agree).	72.56%	70.27%	70.68%	71.16%
Q7e	I enjoy working with the colleagues in my team (Agree/Strongly agree).	85.41%	84.48%	84.10%	80.77%
Q7f	My team has enough freedom in how to do its work (Agree/Strongly agree).	65.04%	65.83%	63.82%	59.62%
Q7g	In my team disagreements are dealt with constructively (Agree/Strongly agree).	64.56%	62.40%	61.26%	56.75%
Q8a	Teams within this organisation work well together to achieve their objectives (Agree/Strongly agree).	57.66%	56.69%	54.05%	54.34%
Q9a	My immediate manager encourages me at work (Agree/Strongly agree).	79.10%	80.59%	79.73%	73.01%
Q9b	My immediate manager gives me clear feedback on my work (Agree/Strongly agree).	74.45%	74.53%	74.02%	66.27%
Q9c	My immediate manager asks for my opinion before making decisions that affect my work (Agree/Strongly agree).	66.29%	67.85%	67.49%	59.98%
Q9d	My immediate manager takes a positive interest in my health and well-being (Agree/Strongly agree).	79.22%	80.10%	79.08%	71.47%

Staff engagement

- The Trust score on this theme of engagement has improved year on year since 2021 (7.01)
- Of the 9 questions relating to engagement 3 improved on 2023 scores
- All questions relating to this people promise scored better than the national score for all questions, it scored lower than the benchmark group for one *Q3f I am able to make improvements happen in my area of work* which scored 0.07% lower than the benchmark average therefore statistically insignificant.
- Of the 6 questions that saw a deterioration in scores against 2023, only 2 out of the 6 saw a greater than 1% deterioration (Q2b 1.46% deterioration and Q3f 1.22% deterioration)
- Q25c I would recommend my organisation as a place to work saw a 2.09% increase against 2023 which is 3.84% higher than the benchmark group score
- Q25d if a friend of relative needed treatment I would be happy with the standard of care provided by this organisation saw a 2.15% increase against 2023 which is 6.92% higher than the benchmark group score and 8.35% higher than the national scores.

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q2a	I look forward to going to work (Often/Always).	58.79%	58.25%	57.71%	54.24%
Q2b	I am enthusiastic about my job (Often/Always).	73.79%	72.33%	71.44%	68.05%
Q2c	Time passes quickly when I am working (Often/Always).	75.31%	74.58%	73.76%	70.53%
Q3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	78.15%	77.75%	76.77%	73.22%
Q3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	77.83%	76.85%	76.48%	70.83%
Q3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	61.01%	59.79%	59.86%	55.18%
Q25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	80.13%	80.91%	78.36%	74.38%

		Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	66.96%	69.05%	65.21%	60.80%
Q25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	69.61%	71.76%	64.84%	64.28%

Morale

- Of the 13 questions relating to Morale 6 improved on 2023 scores
- 10 out of the 13 questions relating to this theme scored better than the benchmark group and 12 out of the 13 questions scored better than the national scores
- The three questions (Q3a I always know what my work responsibilities are, 3g I am able to meet all the conflicting demands on my time at work and Q7c I receive the respect I deserve from my colleagues at work) all show a worsening position compared to 2023, with a worse position compared to the benchmark and national scores.
- Of the 7 questions that saw a deterioration in scores against 2023, the greatest deterioration was in Q3g I am able to meet all of the conflicting demands on my time at work (2.71% deterioration) followed by Q7c I receive the respect I deserve from colleagues at work (2.15% deterioration)
- Q3i There are enough staff at this organisation for me to do my job properly saw a 2.93% increase against 2023 which is 1.56% higher than the benchmark group score
- Q3h I have adequate materials, supplies and equipment to do my job saw a 2.28% increase against 2023 which is 5.23% higher than the benchmark group score

	Question	Organisation 2023	Organisation 2024	Benchmark Group 2024	National
Q3a	I always know what my work responsibilities are (Agree/Strongly agree).	85.10%	84.04%	84.14%	86%
Q3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	57.48%	56.19%	54.06%	50.11%
Q3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	49.74%	47.03%	49.24%	47.26%

Q3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	66.18%	68.46%	63.23%	58.08%
Q3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	35.79%	38.72%	37.16%	34.01%
Q5a	I have unrealistic time pressures (Never/Rarely).	31.93%	32.71%	31.24%	27.01%
Q5b	I have a choice in deciding how to do my work (Often/Always).	67.03%	65.70%	63.11%	53.69%
Q5c	Relationships at work are strained (Never/Rarely).	58.29%	57.11%	55.54%	47.92%
Q7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	77.64%	75.49%	76.71%	75.11%
Q9a	My immediate manager encourages me at work (Agree/Strongly agree).	79.10%	80.59%	79.73%	73.01%
Q26a	I often think about leaving this organisation (Strongly agree/Agree).	24.37%	23.35%	26.04%	28.83%
Q26b	I will probably look for a job at a new organisation in the next 12 months (Strongly agree/Agree).	16.35%	16.44%	20.35%	21.43%
Q26c	As soon as I can find another job, I will leave this organisation (Strongly agree/Agree).	11.02%	10.45%	13.43%	16.08%

6. AREAS OF FOCUS

The below sets out the question areas that demonstrate a deterioration against our own scores and show a worse than the benchmark/national position.

The Executive team will review this and consider the organisational priorities to focus upon between now and the 2025 survey.

Theme	Question area of focus
We are compassionate and inclusive	6a. I feel that my role makes a difference to patients / service users. Q7h I feel valued by my team.

	Q7i I feel a strong personal attachment to my team.
We are safe and healthy	Q11c During the last 12 months have you felt unwell as a result of work-related stress?
	Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?
	Q13d The last time you experienced physical violence at work, did you or a colleague report it?
	Q3g I am able to meet all the conflicting demands on my time at work.
We are always learning	Q24a This organisation offers me challenging work
	Q24b There are opportunities for me to develop my career in this organisation
	Q24e I am able to access the right learning and development opportunities when I need to
We work flexibly	Q6c I achieve a good balance between my work life and my home life (Agree/Strongly agree).
We are a team	Q7c I receive the respect I deserve from my colleagues at work.
	Q7d Team members understand each other's roles.
Staff engagement	Q3f I am able to make improvements happen in my area of
Morale	Q3a I always know what my work responsibilities are (Agree/Strongly agree).
	Q7c I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).

7. EDI Assurance Report – Staff Survey 2024

Positives and areas of assurance

- *People Promise 1 - Diversity and equality* – Score 8.54 down 0.02 on the previous year, but 8.56 continues to be the highest scoring People Promise theme. This score is just 0.14 below the best results in the country. Despite the drop this still represents a continuous improvement since the 2021 figure of 8.21. The national figure for this theme is 8.08.

- *People Promise 1 - Compassionate culture* – Ethnically diverse staff score 8.14 which is significantly higher than White staff (7.42) and above the organisational average of 7.45. The overall 2024 figure of 7.45 represents a year-on-year improvement since 2021 of 7.14. The national figure for this theme is 7.08.

- Overall, questions around bullying and harassment have improved on 2023 scores, with the exception of harassment, bullying or abuse by their manager, which decreased to 92.4% a decline of 0.4%.

- In the last 12 months, *have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public.* Organisation 5.58%, an increase on 2023 figure of 4.93%. However, this is significantly better than the benchmark figure of 8.56%.

- In the last 12 months, *have personally experienced harassment, bullying or abuse at work from other colleagues*. Organisation 12.59%, a slight decline on the 2023 figure of 12.49%. This better than the national figure of 13.81%

- *The last time you experienced harassment, bullying or abuse at work, I or a colleague reported it.* Organisation 65.52%, an improvement of 6.89% on the 2023 figure of 58.63%. This is better than the benchmark figure of 63.98% This is higher for ethnically diverse staff (79.2%) than white staff (65.2), as such we can argue that the Respect Campaign has contributed to improving rates of reporting. This increase represents the most statistically significant improvement in the survey.

- *My organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age*. Organisation 64.89%, an improvement of 1.08% on the 2023 figure of 63.81%. This is significantly better than the benchmarking figure of 58.8%

- *On what grounds have you experienced discrimination? Age (Yes).* Organisation 22.57%, a significant improvement of 7% on the 2023 figure of 29.57%. However, this is higher than the benchmark figure of 20.27%.

- *In the last 12 months, I been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public*. Organisation 8.51%, an improvement of 1% on the 2023 figure of 9.5%. This is better than the benchmark result of 9.52%.

- *I agree/strongly agree that my organisation respects individual differences* (e.g. cultures, working styles, backgrounds, ideas, etc). Organisation 77.9%, an improvement of 1.5% on the 2023 figure of 76.39%. This is significantly better than the benchmark figure of 74.75%.

Additional Positive Assurance for 2024

- Female staff report higher satisfaction rates for People Promise sub scores for *Equality and Diversity*, and *Inclusion* than the organisational average.

- 91.7% of ethnically diverse staff said they were not discriminated against based on gender. This is 16.5% better than for White staff. Also, ethnically diverse staff are not experiencing any discrimination on the basis of sexual orientation, age or disability when compared to white staff. This suggests that intersectional discrimination is not occurring.

- Female staff report higher rates of never experiencing discrimination from patients at 81.4% than male colleagues where the figure is 76.6%.

- LGBTQ+ staff are reporting higher rates for the organisation acts fairly regarding career progression / promotion, regardless of sexual orientation. 72.2% for LGBTQ+ compared to 66.4% for Heterosexual staff.

Areas of risk

- For discrimination questions on the grounds of a specific protected characteristic, there was a decrease in 8 out of the 9 questions.

  - *On what grounds have you experienced discrimination? Ethnic background (Yes).* Organisation 30.34% a decline of 4% on the 2023 figure of 26.3%. However, this is significantly better than the benchmark figure of 48.48%. Just 4.2% of ethnically diverse staff reported that they had never been discriminated against on the basis of Ethnic background.

  - *On what grounds have you experienced discrimination? Gender (Yes).* Organisation 19.92% an improvement of 0.47% on the 2023 figure of 20.4%. The is better than the national benchmark of 21.34%

  - *On what grounds have you experienced discrimination? Religion (Yes).* Organisation 4.81% a decline of 1.32% on the 2023 figure of 3.49%. However, this is better than the benchmarking figure of 5.20%.

  - *On what grounds have you experienced discrimination? Sexual Orientation (Yes).* Organisation 9.24%, a decline of 0.53% on the 2023 figure of 8.71%. This is significantly higher than the benchmark figure of 5.62%

  - *On what grounds have you experienced discrimination? Disability (Yes).* Organisation 17.71%, a decline of 2.4% on the 2023 figure of 15.3%. This is significantly higher than the benchmark figure of 13.43%

- *In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.* Organisation 7.65%, an increase of 0.63% on the 2023 figure of 7.02%. This is better than the benchmark figure of 7.86%.

- *In the last 12 months have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.* Organisation 5.58%, an increase of 0.65% on the 2023 figure of 4.93%. Its

worth noting that the No Excuse for Abuse Framework toolkit has encouraged the reporting of discrimination by patients. The 2024 figure is significantly better than the benchmark figure of 8.56%

- *In the last 12 months I have personally experienced discrimination at work from a manager / team leader or other colleagues.* Organisation 5.88%, a decline of 0.66% on the 2023 figure of 5.22%. However, this is better than the benchmark figure of 7.63%.

- *In the last 12 months, I have been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues.* Organisation 2.5% a decline of 0.33% on the 2023 figure of 2.17%. This is better than the benchmark figure of 2.87%.

Additional areas of risk for 2024

- Ethnically diverse staff reported higher rates of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public. 85.5% said they had never experienced such behaviour compared to 92.1% for White staff.

- Staff with a disability or long-term condition report lower rates for my organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Staff with a long-term condition 59.2% compared to 68.1% of staff without a long-term condition.

- LGBTQ staff are generally reporting lower rates of never experiencing bullying, harassment and discrimination.

Ethnicity

For the NSS questions about bullying, harassment and discrimination, generally speaking Asian/Asian British staff are having a positive experience when compared to White British and Black/African/Caribbean/Black British staff. For the question, does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes). Asian/Asian British staff report the highest satisfaction.

For the People Promise 1 - We are compassionate and inclusive - Subscore 3: Diversity and equality – Asian/Asian British staff the score is 8.82, which is higher than the organisational Score 8.54. Whereas for Black/African/Caribbean/Black British staff the score drops to 7.16.

We can see that within ethnically diverse communities Asian/Asian British staff are having an overall positive experience, whereas for Black/African/Caribbean/Black British staff we are reporting higher rates of a poor experience.

For compassionate culture we see ethnically diverse staff score 8.14 which is above White staff (7.42) and above the organisational average of 7.45.

8. CONCLUSION

The Board are asked to note the content of this report, with next steps to disseminate this detail organisationally and agree divisional and organisation areas of focus. IQVIA will be attending the Board in May to present the full results.

Title & Date of Meeting:	Trust Public Board Meeting – 26 March 2025
Title of Report:	Associate Hospital Manager appointments and reappointment
Author/s:	Name: Michelle Nolan Title: Mental Health Legislation Lead

Recommendation:					
	To approve	✓	To discuss	
	To note		To ratify	
	For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To ask the Public Board to approve the appointment of 4 new Associate Hospital Managers (AHM), and the reappointment of 1 Associate Hospital Manager. Under s 23(6) of the MHA 1983 the Trust delegates its power of discharge to individuals authorised by the Board for that purpose.

Key Issues within the report:

Positive Assurances to Provide: The following person has a contract ending on 01 May 2025: • Jenha Denman The re-appointee has been observed and fully appraised. They are recommended for reappointment for three years, expiring on 01.05.28. The mental health legislation department held an AHM drop-in day in November last year with a view to increasing the diversity within our AHM group as well as increasing availability of AHMs who are willing to carry out face to face hearings and also to act as panel Chair. The following applicants were recently interviewed (including a patient/carer representative on the panel) and deemed appropriate candidates for the role as well as potentially improving diversity within the current group: • Martha Brons • Leyan Elyas • Maureen Graham • Alison Cotterill	**Key Actions Commissioned/Work Underway:** Current AHMs are continually encouraged to take on the role of panel Chair and all newly recruited AHMs will be expected to take on the role when competent.
Key Risks/Areas of Focus: • N/A	**Decisions Made:** • Recommendation to Board for reappointment of 1 AHM (Jenha Denman) for a further 3 years.

| | | | Recommendation to Board for appointment of 4 new AHMs (Martha Brons, Leyan Elyas, Maureen Graham, Alison Cotterill) for a 3-year honorary contract, incorporating a 6-month probationary period. |

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Electronic Patient Record (EPR) Programme Update – February 2025			
Author/s:	Julie Crockett, Deputy CIO Lynn Parkinson, Chief Operating Officer Lee Rickles, CIO			

Recommendation:				
	To approve		To discuss	✓
	To note		To ratify	
	For assurance	✓		

Purpose of Paper:	The purpose of this paper is to provide the Trust Board with an update on the EPR programme.

Key Issues within the report:

Positive Assurances to Provide:
- The EPR Programme Board continues to meet fortnightly.
- Training and training task and finish group meets weekly.
- Risk registers co-ordinated with divisional risk registers.
- The EPR programme is within budget.

Key Actions Commissioned/Work Underway:
- EPR System stabilisation is taking place.
- The EPR optimisation plan is being developed with the SystmOne User and Report Group.
- Accurx patient communication system is being rolled out.
- Lexacom voice recognition system is being rolled out.
- Revising the BeDigital governance now we have migrated Lorenzo services onto SystmOne.

Key Risks/Areas of Focus:
- Embedding agreed processes with services and divisions to ensure all staff are aware of changes to current ways of working and how they will use SystmOne.

Decisions Made:
- EPR extension (archive solution) went live on 3 March 2025.
- The clinical safety case and hazard log has been approved for the Trust and EPR extension.
- The board are asked to note the implementation of the final go-live phase and the focus now on stabilisation and system optimisation.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee	✓	Executive Management Team	✓
	Mental Health		Operational Delivery	✓

	Legislation Committee		Group	
	Collaborative Committee		DDG, IGG, EPR programme Board, IMB	✓

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	

Electronic Patient Record (EPR) Programme Update – February 2025

1. **Introduction and Purpose**

   The purpose of this paper is to provide the Trust Board with an update on the Electronic Patient Record (EPR) Programme.

2. **What the new EPR Provides**

   The Trusts future EPR is based upon a set of requirements developed with operational and corporate services, this is summarised below:

Functional Requirements and Principles	• Patient Administration • Clinical Functionality • Departmental Functionality • Electronic Prescribing and Medicines Administration (EPMA) • Order Communications & Results Reporting • Integration and interoperability • Reporting and Business Intelligence
Non-Functional Requirements	• Information Governance • Data Migration & Data Quality • Contract & SLA Management • Application Support and Development

3. **Programme Update**

   All division have now migrated from Lorenzo to SystmOne and the EPR programme is now focussed on stabilisation to embed the new system, the go-live dates were;

   - Forensics Division went live on the 1 October 2024
   - Children's & Learning Disabilities Division went live on the 11 November 2024
   - Mental Health Division went live on the 3 February 2025
   - EPR extension (archive solution) phase 1 to provide historic patient record from the 3 March 2025

4. **Lessons Learnt from Lorenzo to SystmOne migration**

   The programme has carried out lessons learnt for each of the three EPR go-live phases. The table below summaries the key lessons learnt from the EPR programme. Each of these were addressed and improved for the subsequent go-live phases.

Area	What Went Well	Could Have Been Better	Lesson Learned and implemented
Communication & Engagement	Tailored comms for divisions. EPR Hub on intranet. Daily sitrep meetings. Clinical engagement from the Clinical Oversight Group	Lack of engagement from some services. Insufficient comms support from some senior staff. Some Teams not aware of crucial go-live information.	Invest in proactive engagement strategies and resources. Ensure senior leadership actively engage as champions for EPR. Prioritise clear, consistent communication through multiple channels.

Preparedness & Training	Document creation and approvals. Staff helping each other.	Delays in staff logging on. Inadequate training for some roles. Services/teams not prepared for go-live.	Ensure staff have system access and training completion before go-live. Provide role-specific training and opportunities for system familiarization. Emphasise early engagement and understanding of "day one" functionality.
Support & Resources	Floorwalker support and teamwork. Staggered go-lives within each of the 3 phases. Staff stepping in to cover shifts.	Floorwalker workload and fatigue. Insufficient floorwalkers at some sites. Too many communication methods during floorwalking.	Allocate adequate resources for floorwalking and support. Manage staff workload effectively. Streamline communication channels for support staff.
Data Migration & System Functionality	Successful RPA migration. BI reports for document migration.	Document standardisation challenges. Conflicting messages about document use. Inconsistency in functionality.	Establish clear document standardisation policies and processes. Ensure consistent system functionality and user-friendly design. Utilise RPA for efficient data migration.

A detailed breakdown of the lessons learnt has been developed and will be reflected in the future benefits realisation report.

5. EPR stability and optimisation

The next phase of the programme will focus on the following.

- **EPR stability**
  - o Address outstanding data migration issues.
  - o Resolve reported system bugs and glitches.
  - o Refine workflows based on initial user feedback.
  - o Optimise system performance
- **Lorenzo Read-Only:** Move all required users to Lorenzo read only access.
- **Complete roll out of new EPR**: transfer Granville Court, Talking Therapies, Health Navigators to the new SystmOne EPR.
- **Lexacom Voice Recognition Implementation:** Roll out voice recognition to improve clinical documentation efficiency. We have rolled out this technology to 257 staff and the uptake by team continues.
- **Accurx Patient Communication :** Continue to roll out of Accrux for enhanced patient communication. Our 0-19 services have already replaced 5,500 letters each month with electronic communications.
- **EPR Extension Phase Two:** Implement the second phase of the EPR extension to include medication.

- **Yorkshire & Humber Care Record:** Replace the Upstream portal with the Yorkshire & Humber care record non-GP SystmOne feed.
- **System Reporting Completion:** Complete the setup and testing of all required system reports.
- **Lorenzo Full Data Repatriation:** Begin the process of the full data repatriation from Lorenzo into SystmOne.

6. Data Migration, Training and Go-live

The data migration for the migration from Lorenzo to SystmOne has been completed. Training modules have been amended following feedback from testing this includes additional modules for protective characteristic and snomed coding. The training compliance is shown below;

- Operational 97%
- Medical Staff 99%
- Bank staff 100%

The Mental Health division went live on the 3 February 2024 and 1230 issue were raised during early life support. 1203 of the issues had been resolved during early life support and 27 were still open at the end of early life support on the 14 February 2025. This was lower than the predicted number of issues and suggested that lessons learnt from the prior go lives has been effective. The open issues have been moved into system stability work and a majority have now been resolved A plan is in place to take training forward as business as usual.

7. Programme Risk

There are currently **30 risks** reflected on the EPR Programme risk register which records all risks linked to the programme and are reflected in table below in terms of breakdown by current risk score:

Total EPR Programme Risks (Inclusive of Divisional EPR Risk) by Current Risk level

Current Risk Level	Number of Risks – 27 February 2025
20	0
16	0
15	0
12	4
10	0
9	3
8	3
6	12
5	0
4	2
3	4
2	2
Total Risks	**30**

9 risks have been closed since the January 2025 report. A detailed breakdown of the programme risk is provided in appendix A.

8. Electronic Patient Record (EPR) Funding

The Trust have received the NHS England full EPR programme funding allocation for 2024/25. The EPR programme 2024/25 revenue budget is £1.503m and capital budget is £1.388m and the spend will be in budget. EPR optimisation funding is being included in the 2025/26 financial plan.

9. Benefits

A summary of the benefits identified as part of the full business case (FBC) which was approved by the board are detailed in Appendix B. A full report will be provided to the board at the end of the programme to demonstrate achievement against the expected benefits.

10. Governance

Now we have moved from Lorenzo to SystmOne the BeDigital governance is being reviewed and expected to change to reflect EPR optimisation. The key priorities of the governance change will be to focus on user requirements & experience, optimisation & productivity, assurance and oversight to move the Trust forward to be a national digital leader.

11. Conclusion

All services have now migrated from Lorenzo to SystmOne. The EPR extension is now live to access the historic record and Lorenzo. Accurx and Lexacom are being rolled out at pace to gain the benefits of faster communications and removal of paper. The BeDigital governance will be reviewed and enhanced to focus on optimisation, the experience and innovation.

Appendix A EPR Risk Register Summary Report – Feb 2025

EPR Programme Risk Register Update

1. **EPR Programme Risk Register (Inclusive of Divisional EPR Risks)**

   There are currently **30 risks** reflected on the EPR Programme risk register which records all risks linked to the programme and are reflected in **Table 1** below in terms of breakdown by current risk score:

   Table 1 - Total EPR Programme Risks (Inclusive of Divisional EPR Risk) by Current Risk level

Current Risk Level	Number of Risks – 27 February 2025
20	0
16	0
15	0
12	4
10	0
9	3
8	3
6	12
5	0
4	2
3	4
2	2
Total Risks	**30**

2. **EPR Programme Risk Register (Inclusive of Divisional EPR Risks) breakdown by risk theme**

   The EPR risk register has been updated to reflect the identified risks with alignment to the identified risk themes so that the Trust can better quantify the current challenges with the rollout of the programme and the mitigations / further actions planned to address these areas. The six theme areas are included below with a summary of the aligned risks with risk descriptions and associated risk scoring.

   Table 2 – Staff Training Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
MH156	**Mental Health Division:** Humber NHS Teaching Foundation Trust is migrating to a new EPR and there is an operational risk to the MH Division if 80% of the staff have not completed the training in readiness for the planned go live date of 25th November 2024.	20	8	4

Table 3 – Effectiveness of Staff System Usage Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA49	Capacity within Pharmacy department to provide support to Community Teams (specifically around areas such as Clozaril and depot monitoring)	8	6	2
CD-DA7	Trust operational pressures and backlogs prevent clinical staff having sufficient time to engage with the programme	9	6	3

Table 4 – Completeness / Accuracy of Data Migration Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA6	The Trust lacks the skilled resources which may impact on ability to deliver this complex programme alongside other key digital priorities	12	3	3
CD-DA30	Existing S1 data (Community/UTC) is not onboarded to the TDP prior to go-live impacting internal reporting (performance, costing, routine). This will also impact post-go-live integration of MH data from S1.	6	4	2
CD-DA31	Minor issues with data extract processes could mean short-lived gaps received data or exceptions during integration/loading.	6	4	2
CD-DA32	Gateway's require a Microsoft Desktop VM **per unit** to be operational 24 x 7 for Near Real Time reporting and EPMA fall-back, plus possibly other services. These VMs need to be logged in and managed by an individual via username and password rather than a reliable system-to-system service account style approach. It's not uncommon for gateway machines to fail and managing more than a handful of VMs tedious and error prone.	6	2	2
CD-DA33	Not all reports, KPIs, data flows and information currently produced from Lorenzo will be available from go-live and there may be an unexpected change to numbers reported from S1	16	12	4
CD-DA40	Services are using manual spreadsheets and storing these and other patient identifiable documents on the V Drive.	12	9	3
FD 28	**Forensics Division:** The new EPR SystmOne is being rolled out in stages across the organisation. Forensic are live, some clinical cases may be open to service lines system Lorenzo. There is a risk of missing clinical information through access to multiple systems.	16	8	4
CD-DA50	Handwritten prescriptions are scanned into current Lorenzo system and will not be correctly migrated to S1 as scanned documents are not within MVP/ labelled incorrectly within Lorenzo. Internal or external staff who are able to access the data miss information about the medication patients are taking.	8	6	2
FC 7	Due to the phased introduction of the new EPR, there is a risk that some community forensic patients who attend the Clozapine Clinic at Miranda House will have their blood test results and plasma levels scanned into the legacy EPR until the MH Division go live in February 2025.	20	12	4

Table 5 – Impact on Performance Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA12	Proposed new solutions and architectures are too complex which may result in technical issue resolution slowing progress and associated benefits.	9	3	3
CD-DA15	Suppliers do not deliver the outcomes expected by the Trust within the contract and planned timescales, resulting in project extension and/or rework	12	9	6
CD-DA19	The ICS has overall control of the allocation of funds for the programme and may redirect funds which could result in the Trust having insufficient funds to support the chosen option	9	6	3
CD-DA22	The solution functionality does not support the complex workflows required by the Trust which may affect support of the programme.	9	6	3
CD-DA28	Delay in receipt of finances for future years (2-3) impacts Trusts ability to optimise the new EPR and Integration capabilities	9	3	3
CD-DA38	Two significant projects underway in the Trust regarding clinical documentation - MAST and Assessment and Formulation	12	6	3
LDC107	**Children's and LD Division:** Lorenzo to SystmOne Impact on performance - the current BITeam is connected to Lorenzo; this will need transfer to SystmOne, which may impact on performance reporting - this will have an impact on reporting for the purposes of waiting list management, contract meetings and data analysis	12	6	3
FD 26	**Forensics Division:** The new EPR system (SystmOne) is in place in the forensic division. There is a risk in the 'cutover' and early period of loss of data or differences in data availability/ collection that may impact on reporting. Reporting may be inaccurate.	15	9	3
FD 27	**Forensics Division:** The new EPR system (SystmOne) is in place in the forensic division. There is a risk in the 'cutover' and early period of loss of data or differences in data availability/ collection that may impact on reporting. Reporting may be inaccurate.	15	6	3
CD-DA48	Network faults with external supplier cause the EPR extension and data platform inaccessible	8	8	2
CD-DA52	SystmOne does not currently have the ability to pair referrals to create a pathway/referral spell which prevents us monitoring measures such as waiting lists for our contract reporting requirements.	6	2	2
FD 30	Following the Transition to the new EPR, it has become apparent that some of the documents/templates for the Division have either not been built/configured or they have been configured with errors that require amendment.	15	12	3
CD-DA54	CAMHS Division is wishing to utilise personalised tasks. This is against agreed trust process of assigning tasks to teams. If staff are unavailable due to shift pattern/ Annual Leave/ Sickness, the tasks is not flagged to other staff to action.	12	12	4

Table 6 – Staff Resistance to Future State System Working Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA3	Lack of early improvements for staff erodes confidence and enthusiasm, leading staff to dis-engage with Programme	9	3	3
CD-DA4	The proposed programme does not deliver tangible improvements to current solution or enable care pathway transformation which may impact user buy-in and confidence in the programme.	9	6	3
CD-DA16	If key stakeholders do not support the implementation of new systems and/or functionality then they may not make full use of it, resulting in a reduction in benefits realisation.	9	6	3
CD-DA25	Clinical issues with changing systems, this can have an adverse effect on Operational Services and have various impacts on delivering patient care and safety	12	6	3

Table 7 – Engagement of External Providers/Agencies Requiring Access to EPR Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA20	The EPR solution may not be aligned with neighbouring organisations which reduces sharing capabilities.	9	6	3

Table 8 – Closed EPR Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA27	Current system is not upgraded during the 2-year extension	9	3	3
CD-DA29	Delays in completing business change process mapping due to limited resources delays programme	12	3	3
CD-DA39	Trust wide review of clinical documentation	12	3	3
CD-DA44	Physical data migration may lead to staff being unable to access data on the date of go live	12	3	3
CD-DA45	Release of staff to undertake training, resulting in clinical services unable to go live if untrained.	12	3	3
CD-DA51	Minimum Viable product documents are in scanned form and not Lorenzo format-no process to distinguish these scanned documents are MVP as naming/ labelling is inconsistent in Lorenzo. Internal or external staff who are able to access the data miss information about the patient.	10	2	2
CD-DA53	Department of psychological medicine are using spreadsheets to hold waiting lists. These waiting lists may not have corresponding access plans in Lorenzo. The risk is that the patients held in the spreadsheets will not be transferred to waiting lists in S1.	12	3	3
CD-DA55	Upon patient registration in mental health S1 Units Consent to share out patient records is recorded as implied dissent. This means no organisation (including HTFT teams) that do not	12	3	3

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
	have access to the MH S1 units cannot see patient information/notes.			
CD-DA56	External Providers unable to access S1 via their IT infrastructure	12	4	4

Appendix B – Benefits Realisation Table

ID	Benefit Name	Benefit details What is the benefit and who will be the beneficiaries	National Objectives	Digital Maturity Capability / Category	Quality Improvement Dimension	Benefit Type	Source of Measurement	Financial Value and Assumptions	SUGGESTED Calculations used to monetise the benefit	Indicative costs p.a.
B01	Increased staff efficiency and efficacy	Single access point for staff and improved UI will accelerate staff capability to deliver services. Leading to service improvement, scaling, and increased staff satisfaction	1: Better Health + 2: Better Care	Asset & Resource Optimisation	Efficient	NCR	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B02	Improved access to records	Reduced time contacting provider organisation to query/clarify medication, PMH and other relevant clinical information. The ability for clinicians to remotely access up to date medical information about patients (across all care settings) enables quicker and more accurate decision making around patient care and pathways. Reduces double keying errors and requests for information from other care settings	1: Better Health + 2: Better Care	Decision Support	Safe	NCR	Number of Clinical adverse incidents	Current adverse incidents 9300 in FY 21/22	Current cost to Trust for adverse incidents based on LoS and cost of bed days.	£2,455,200

B03	Reduced time contacting provider organisation to query/clarify discharge medication - Community Services i.e., District Nurse	The electronic discharge summary will accurately define the patients discharge care plan. This will enable Community Service/DN setting to instantly continue discharge care plan without the need to call the provider organisation	2: Better Care + 3: Financial Sustainability	Transfers of Care	Efficient	NCR	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B04	Reduced Hospital Clinician time dealing with telephone queries from GP Practices querying discharge medication	By the production of the electronic discharge summary, GP's will have clear and accurate information at the point of transfer. This will reduce the requirement of contacting the provider for clarity	2: Better Care + 3: Financial Sustainability	Transfers of Care	Efficient	NCR	NHS Employers pay scales Time spent responding to discharge summary queries. Current volumes are - 4165 days for 211 patients in FY 2021/22	Cost of bed days £264	Cost of hospital clinician (minute) x time taken chasing for information (minute) = cost of chasing for information. Include bed day cost x volume of days	£1,098,650
B05	Reduce the number of 52+ week unseen waits	Throughout FY21/22 there remained an average of 1100 unseen 52+ week waits	1: Better Health + 2: Better Care + 3: Financial Sustainability	Remote & Assistive Care	Acceptable/Patient Centred	Public	Current 52+ week wait volumes against forecasted reduction. Along with any Trust fine data	£2,500 NHS fine per patient that has breached the 52-week window		£2,750,000

B06	Stop the use of out of system methods for recording data	Remove dependency on Excel and other means (including paper) for record keeping/recording of difficult to collect data. This data has varying degrees of importance and therefore needs to be accessible by all relevant care teams.	1: Better Health + 2: Better Care	Standards	Safe	Qual	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B07	Improved patient experience	The most influential factor in patient experience is staff satisfaction. This benefit will follow once staff satisfaction is improved	2: Better Care	Standards	Acceptable/Patient Centred	Qual				£0.00
B08	Improve staff satisfaction	Staff satisfaction surveys have shown that some staff responded that they can feel exhausted and worn out (both physically and emotionally) after their shifts. This has a negative impact on their homelife. Improved EPR functionality and the ease of use of the proposed solution would work to remedy this.	1: Better Health + 2: Better Care + 3: Financial Sustainability	Asset & Resource Optimisation	Efficient	CR	Average recruitment costs	£12,000 = cost of replacing a fully trained nurse (NHS) £6,371.41 = cost of recruiting a Nurse from overseas (NHS) £8,477.80 = cost of recruiting 21 Staff Nurses (NHS)	Review of staff retention levels	£501,200

B09	Reduced environmental impact by reducing the paper/printing/postage requirements of sending a discharge summary to the GP	The electronic discharge summary will be sent to the GP via integration services, this will eliminate the need for a paper copy, which is often carbonated with 4 sheets that are then distributed to the patients' medical file, pharmacy (to process TTO's), GP and patient	2: Better Care + 3: Financial Sustainability	Transfers of Care	Effective	CR	Cost of second-class post Cost of discharge summary £0.08	Assumed each discharge letter is 4 sheets, with 1 sheet posted to GP. Cost of information leaflets given to patients (50% posted)	(Number of discharge letters posted x Cost of postage) + (Cost of paper @£0.08 per patient x number of discharge letters) = cost of paper transmission.	£14,293
B10	Reduced environmental impact by reducing the paper/printing/postage requirements of sending a discharge summary to the GP	Patient information packs that would either be handed in person to the patient or sent in the post	2: Better Care + 3: Financial Sustainability	Transfers of Care	Effective	CR	Cost of information packs	Assumed each patient receives one 'information pack' (50% to be posted)	Number of discharges x cost of 'information packs' (£5)	£893,325
B10	Reduced administration time processing the patient discharge summary	The implementation of the electronic discharge summary will reduce administration time with tasks associated with sending the discharge, thus streamlining administrative processes	3: Financial Sustainability	Transfers of Care	Efficient	NCR	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	(Cost of Band x per minute x time taken to process discharge letter) x number of discharge letters	£196,187
B11	Reduction in bank, agency, locum, and overtime costs	The introduction of improved UI and applications will increase existing staff efficiencies and reduce the reliance on bank, agency, locum, and overtime spend.	1: Better Health + 2: Better Care + 3: Financial Sustainability	Asset & Resource Optimisation	Efficient	CR	Trust held data on agency and locum costs.	Average annual total cost of bank, agency, locum, overtime costs = £9,743,856.00	20% saving from £9,743,856.00	£1,940,771

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025				
Title of Report:	Leadership Competency Framework for Board Members				
Author/s:	Karen Phillips – Associate Director of People and OD				
Recommendation:	To approve		To discuss		✓
	To note	✓	To ratify		
	For assurance				
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This paper provides an update following the launch in 2024 of the Leadership Competency Framework, which is aligned to the Fit and Proper Persons Test (FPPT).				

Key Issues within the report:

Positive Assurances to Provide:
- Actions are on track pertaining to the Fit and Proper Person Test, following revised guidance published in September 2024.
- NED recruitment in 2024 full adopted the principles and role descriptors were updated to include LCF references and competencies.

Key Actions Commissioned/Work Underway:
- Preparations are underway to deliver the Chair appraisal in accordance with the framework for 2025.
- Should the resources not be published by the end of March 2025 principles will be followed for wider board member appraisals using the addendum created in 2024

Key Risks/Areas of Focus:
- Full implementation of the LCF was not possible for 2024 appraisals, due to delay in the release of supporting documentation, which was expected in Autumn 2024. This has been further delayed with notification that this would be released on 14th March. As yet the supporting resources have not been forthcoming.

Decisions Made:
- For Board members to note the content of the paper and meet individual responsibilities outlined.

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	26.03.25

Caring, Learning & Growing Together

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

Leadership Competency Framework for Board Members

1.0 Background and Context

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed.' The Leadership Competency Framework (LCF) responds to that recommendation and forms part of the NHS England Fit and Proper Person Test (FPPT) Framework. [NHS England » NHS leadership competency framework for board members](#)

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all, now and into the future.

The Leadership Competency Framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders,
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce,
- help organisations to develop and appraise all board members,
- support individual board members to self-assess against the six competency domains and identify development needs.

It is worth noting that the updates to the FPPT published in September 2023 saw the introduction of a standardised board member reference and changes to the recording of FPPT checks as part of an individual's Electronic Staff Record (ESR) as well as a requirement to undertake social media checks. This element of the FPPT has been communicated previously, with an action plan in place to ensure delivery within the timescales and as such will not be further addressed in this paper.

2.0 General Principles of the Leadership Competency Framework

The Framework encompasses six competency domains to support board members to perform at their best;

- **Working together for patients -** Building a trusted relationship with partners and communities.
- **Compassion -** Creating a compassionate, just and positive culture.
- **Respect and Dignity -** Promoting equality and inclusion and reducing health and workforce inequalities.
- **Improving lives -** Setting strategy and delivering long term transformation. Driving high quality sustainable outcomes.
- **Commitment to quality of care -** Driving high quality and sustainable outcomes. Setting strategy and delivering long term transformation.
- **Everyone Counts -** Promoting equality and inclusion and reducing health and workforce. inequalities. Creating a compassionate, just and positive culture.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board.

All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

3.0 Actions arising from the framework

1. *The competency domains should be incorporated into all NHS board member* job/role descriptions and recruitment processes.* They can be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

* 'Board member' refers to all board members – executive and non-executive.

2. *The competency domains should also form a core part of board member appraisals and the ongoing development of individuals and the board as a whole*.

Chairs should:
- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives.
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills knowledge and behaviours to undertake their roles.
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board and ensure that appropriate development takes place where this is not the case.
- Ensure the findings feed into the personal development plans of non-executive directors.
- As and when required, include relevant information in the Board Member Reference.

Chief executives should:
- Carry out individual appraisals for the executive directors based on the framework and other objectives.
- Ensure the findings feed into the personal development plans of the executive directors.

The senior independent director (or deputy chair) should:
- Carry out the appraisal for the chair based on the framework and other objectives.
- Ensure the findings feed into the personal development plan of the chair.

Board members should:
- Self-assess against the six competency domains as preparation for annual appraisals.
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles.
- Review the self-assessment with their line manager and obtain feedback.
- Consider completing the optional Scoring guide.

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

It is worth noting that a revised Chair appraisal framework (with supporting documentation) was published for use in 2023/24 Chair appraisals and includes the competencies outlined in the LCF – this can be utilised for 2025.

A new Board Member Appraisal Framework is yet to be published and repeated dates have been communicated by NHSE, with the 14th March 2025, the most recent expected date for launch.

3.1 Locally agreed approach to implementation

Should the documentation not be published prior to the 2025 appraisal window, it is recommended that we follow the principles adopted in 2025;

- Any upcoming NED recruitment process will see the framework embedded into role descriptors as outlined in section 3.0 above as will any future recruitment into Board level roles. This was adopted for recruitment in 2024.

- The Chair appraisal for 2025 will follow the principles of the framework and will utilise the supporting documentation published in March 2024.

- Wider board level appraisals (NED, Executive and CEO) for 2025, will utilise the locally agreed appraisal form, with an addendum created to support the documentation, outlining the LCF principles.

- Should the resources be published, the Trust will endeavour to see the full implementation of the LCF, utilising the full suite of supporting documentation expected to be published in Autumn 2024, timescales permitting.

- Note that the new Leadership and Management Regulations are currently under consultation nationally, and this may alter the requirements of the LCF.

Recommendations

The Board is asked to note the content of this paper and carry out any individual responsibilities as detailed in section three of the report.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025				
Title of Report:	Finance Report Month 11 (February 2025)				
Author/s:	Peter Beckwith, Director of Finance Iain Omand, Deputy Director of Finance				
Recommendation:	To approve		To discuss		
	To note	✓	To ratify		
	For assurance				
	Trust Board are asked to note the Finance report for February 2025 and comment accordingly.				
Purpose of Paper:	This report is being presented to the Board to provide the financial position for the Trust as at the 28 February 2025 (Month 11). The report provides assurance regarding financial performance, key financial targets, and objectives				

Key Issues within the report:

Positive Assurances to Provide:
- The cash balance at the end of Month 11 was £17.003m.
- The Better Payment Practice Code figures show achievement of 91.7%.
- Agency expenditure year to date at Month 11 is £5.304m, which is £1.915m below the same period in the previous year
- The Trust recorded a deficit of £0.480m year to date and is forecasting a breakeven position, which is in line with the agreed ICS planning target

Key Actions Commissioned/Work Underway:
- An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.
- The Mental Health Division is on target to improve on the 2024/25 outturn position agreed in the recovery plan and expects to achieve a balanced budget in 2025/26

Matters of Concern or Key Risks:
- The wider ICS financial position remains challenging with risk to deliver of the NHSE agreed position.

Decisions Made:
- The Board are asked to note the Finance report for February 2025.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

1. Introduction and Purpose

This report is being circulated to The Board to present the financial position for the Trust as at 28 February 2025 (Month 11). The report provides assurance regarding financial performance, key financial targets, and objectives.

The Board are asked to note the financial position for the Trust and raise any queries, concerns, or points of clarification.

2. ICS Context

The Humber and North Yorkshire NHS system are working to the £50m deficit plan as agreed with NHS England (NHSE). In line with the NHS financial framework, the system received a non-recurrent deficit support revenue allocation equal to the £50m deficit plan.

The month 10 position for the system is showing a variance of £26.4m (*£26.1m of which is with providers*) against a year-to-date plan deficit of £28m, this overspend reflects the impact of all cost pressures to date.

Detailed review and assurance work has been undertaken with all organisations and updated for risks, mitigations and savings opportunities. Further in-depth assurance meetings and dialogue with organisations who had reported significant risk to plan delivery (high level of unmitigated risk), have concluded.

Following this work, the ICB Board has agreed with NHS England a 2024/25 allowable deficit of £34.4m *(as per table below)*. This is in addition to the planned deficit of £50m and will have implications in future years for repayment.

ICS providers Month 10 Position

Table 3:	Summary System Provider I&E Position - 2024/25 (M10)					
		Year to Date Position			Forecast Outturn	
Organisation	2024/25 Plan	YTD Budget	YTD Actual	YTD Variance	FOT	FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Harrogate and District NHS FT						
Income	362,426	299,700	307,576	7,876	372,675	10,249
Agency	(5,000)	(4,160)	(3,223)	937	(3,453)	1,547
Other pay	(258,921)	(216,025)	(227,501)	(11,476)	(272,498)	(13,577)
Pay	(263,921)	(220,185)	(230,724)	(10,539)	(275,951)	(12,030)
Non-Pay	(93,559)	(78,460)	(89,568)	(11,108)	(109,357)	(15,798)
Non Operating Items (exc gains on disposal)	(4,946)	(4,158)	(2,792)	1,366	(3,767)	1,179
Provider Surplus/(Deficit)	**0**	**(3,103)**	**(15,508)**	**(12,405)**	**(16,400)**	**(16,400)**
Hull University Teaching Hospitals NHS Trust						
Income	891,491	742,746	780,217	37,471	935,492	44,001
Agency	(10,358)	(8,632)	(12,300)	(3,668)	(14,842)	(4,484)
Other pay	(499,357)	(416,795)	(439,739)	(22,944)	(521,806)	(22,449)
Pay	(509,715)	(425,427)	(452,039)	(26,612)	(536,648)	(26,933)
Non-Pay	(365,092)	(316,042)	(328,370)	(12,328)	(381,599)	(16,507)
Non Operating Items (exc gains on disposal)	(16,684)	(13,910)	(14,350)	(441)	(17,245)	(561)
Provider Surplus/(Deficit)	**0**	**(12,633)**	**(14,542)**	**(1,909)**	**0**	**0**
Humber Teaching NHS FT						
Income	256,424	212,917	221,873	8,956	266,912	10,488
Agency	(5,583)	(5,035)	(5,039)	(4)	(5,642)	(59)
Other pay	(161,175)	(134,339)	(138,805)	(4,466)	(166,898)	(5,723)
Pay	(166,758)	(139,374)	(143,844)	(4,470)	(172,540)	(5,782)
Non-Pay	(88,804)	(74,396)	(79,055)	(4,659)	(94,019)	(5,215)
Non Operating Items (exc gains on disposal)	(862)	(63)	(407)	(344)	(353)	509
Provider Surplus/(Deficit)	**0**	**(916)**	**(1,433)**	**(517)**	**0**	**(0)**
Northern Lincolnshire and Goole NHS FT						
Income	596,711	496,407	490,215	(6,192)	588,017	(8,694)
Agency	(14,949)	(13,345)	(13,621)	(276)	(15,977)	(1,028)
Other pay	(386,606)	(327,470)	(324,678)	2,792	(381,540)	5,066
Pay	(401,555)	(340,815)	(338,299)	2,516	(397,517)	4,038
Non-Pay	(187,885)	(156,304)	(155,555)	749	(185,623)	2,262
Non Operating Items (exc gains on disposal)	(7,271)	(6,056)	(3,245)	2,811	(4,877)	2,394
Provider Surplus/(Deficit)	**0**	**(6,768)**	**(6,884)**	**(116)**	**0**	**0**
York and Scarborough Teaching Hospitals NHS FT						
Income	788,068	655,931	703,483	47,552	835,146	47,078
Agency	(16,015)	(13,367)	(12,588)	779	(15,023)	992
Other pay	(504,451)	(422,281)	(447,893)	(25,612)	(532,128)	(27,677)
Pay	(520,466)	(435,648)	(460,481)	(24,833)	(547,151)	(26,685)
Non-Pay	(255,450)	(214,767)	(251,049)	(36,282)	(296,738)	(41,288)
Non Operating Items (exc gains on disposal)	(12,152)	(10,120)	(7,771)	2,349	(9,257)	2,895
Provider Surplus/(Deficit)	**0**	**(4,604)**	**(15,818)**	**(11,214)**	**(18,000)**	**(18,000)**
TOTAL ICS PROVIDER SURPLUS/(DEFICIT)	**0**	**(28,024)**	**(54,185)**	**(26,161)**	**(34,400)**	**(34,400)**

At month 10, the overall residual system risk/challenge of delivery of the forecast allowable deficit is £8.8m. The system plans to manage this residual risk in 2024/25 and continues to ensure that grip and cost control measures remain in place and that efficiencies are being maximised

3   Trust Position as at 28 February 2025

The Trust's ICS target is a requirement to achieve a break-even position for the year.

The table below shows for the period ended to 28th February 2025 the Trust recorded a deficit of £0.480m which in line with the ICS target.

The forecast outturn position is a break-even position which remains consistent with the agreed plan, details of which are also summarised in the table.

- o   The Trust has also calculated that the pay award funding for the NHS element of the Agenda for Change pay award is £0.620m below the required position, non recurrent resource has been secured for this financial year.

2024/25 (Income and Expenditure and Forecast)

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	178,308	162,567	161,471	(1,095)	178,308	177,488	(820)
YHCR	4,010	3,676	4,006	330	4,010	4,133	123
Total Income	182,318	166,243	165,477	(765)	182,318	181,621	(697)
Clinical Services							
Children's & Learning Disability	43,364	39,442	38,415	1,026	43,364	42,640	724
Community & Primary Care	20,930	19,184	17,985	1,200	20,930	21,016	(85)
Mental Health	57,806	52,788	53,505	(717)	57,806	58,727	(921)
Forensic Services	14,130	12,891	13,100	(209)	14,130	14,153	(23)
	136,231	124,305	123,005	1,300	136,231	136,536	(306)
Corporate Services							
	39,458	36,158	35,660	498	39,458	36,783	2,675
Total Expenditure	175,689	160,463	158,665	1,798	175,689	173,319	2,370
EBITDA	6,629	5,779	6,812	1,033	6,629	8,302	1,673
Depreciation	4,995	4,579	4,718	(139)	4,995	5,146	(151)
YHCR Amortisation	1,157	1,061	1,061	(0)	1,157	1,157	-
Interest	(1,468)	(1,346)	(1,533)	188	(1,468)	(1,650)	182
IFRS 16	1,479	1,356	1,569	(214)	1,479	1,797	(318)
PDC Dividends Payable	1,966	1,803	1,477	326	1,966	1,851	115
Operating Total	(1,500)	(1,673)	(480)	1,193	(1,500)	0	1,500
BRS	(1,500)	(1,194)	-	(1,194)	(1,500)	-	(1,500)
Operating Total	(0)	(479)	(480)	(1)	(0)	0	0
Excluded from Control Total							
Grant Income	-	-	(37)	37	-	(788)	788
Donated Depreciation	22	20	36	(16)	22	40	(18)
	(22)	(499)	(479)	20	(22)	749	770
Excluded							
Commissioning	-	(0)	(0)	(0)	-	0	(0)
Ledger Position	(22)	(499)	(479)	20	(22)	748	770

2.2 Income

Income is showing a forecast underachievement of £0.820m which relates to an agreement to utilise the balance sheet.

2.3 Divisional Expenditure

The overall operational divisional net expenditure position is showing a forecast overspend of £0.306m.

2.3.1 Children's and Learning Disability

Children's and LD is forecasting an underspend of £0.724m.

There have been a number of non-recurrent benefits which have improved the forecast position for the division, including additional income and the release of deferred income from the prior year.

Agency use to cover staff absences and vacancies has caused a pressure for Children's and LD, Agency Nurses at Inspire and Townend Court and Agency Medics in CAMHS have been used. However, the position is much improved from the beginning of the financial year when 3 Agency Doctors were being used. There is now 1 Agency Medic at Inspire and Agency Nursing at Townend, with the later forecast to stop in March as the requirement for 2:1 care reduces, and discharges take place. Vacancy savings across the community areas offset the agency pressure and pay is underspent in totality.

2.3.2 Community and Primary Care

Community and Primary Care is forecasting an overspend of £0.085m.

The overspend forecast is due to Primary Care which is forecasting an overspend of £0.359m which is partly due to patients choosing to move away from Humber Primary Care reducing the income received. This has improved by £0.111m, primarily due to practices receiving income from PCN's.

Community Services are underspent to budget by £0.274m, £0.182m of which is a result of vacancies, mainly on newly commissioned services such as the Virtual Ward, Urgent Community Response & Intermediate Care.

There are risks associated with the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts. There is a pressure of £0.118m on non pay expenditure mainly because of demand for continence products (£0.230m adverse variance to budget).

2.3.3 Mental Health

The Mental Health Division are forecasting an overspend of £0.921m

Since Month 4, due to the level of forecast outturn pressure highlighted at the time, the Division has been following an Executive approved recovery plan. The Division is currently forecast to outturn better than the agreed planned overspend of £1.247m.

The improved forecast since last month is mainly due to maximising the EPR project grant funding to cover clinical time lost when staff have been undertaking the training and supervising the rollout of the move to System One.

Whilst the Division will meet the recovery plan overall target, this is due to an overachievement on the Planned side of the Division.

The inpatient units continue to ensure additional staffing above budgeted establishment is scrutinised however, staff sickness and patient acuity remain at high levels meaning they are still unable stay within budget and this remains a significant risk to the ability for the Division to achieve a balanced position in 2025-26.

The Planned area of the Division has offset the slippage in 2024-25 firstly through management of the vacancy position and secondly through accelerating the replacement of Agency medics. 2 Agency medics remain in this area with both these posts currently out for recruitment.

2.3.4 Forensic

The Forensic Division are forecasting a overspend of £0.023m

The outturn forecast has improved due to funding from HNY Specialist Provider Collaborative for additional staffing required to support clinical acuity and a number of new admissions on Derwent Ward. The new prison contract has been invoiced in March which improves the position from month 11 to month 12.

2.3.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.370m, the main factor being items held centrally to offset pressures.

3. Cash

As at the end of Month 10 the Trust held the following cash balances:

Cash Balance

Cash Balances	£000s
Cash with GBS	16,641
Nat West Commercial Account	334
Petty cash	28
Total	17,003

The actual bank statement balance was £25m and didn't reflect the monthly pay of £8m due to timing of payments in February.

4. Agency

Actual agency expenditure year to date at Month 11 is £5.304m, which is £1.915m below the same period in the previous year.

<p style="color:red">Agency Spend by Staff Group</p>

Staff Type	Apr-24 £000	May-24 £000	Jun-24 £000	Jul-24 £000	Aug-24 £000	Sep-24 £000	Oct-24 £000	Nov-24 £000	Dec-24 £000	Jan-25 £000	Feb-25 £000	Total £000
Consultant	32	739	336	493	450	406	462	296	200	311	236	3,960
Nursing	115	135	98	232	144	119	120	77	66	56	25	1,186
AHPs/Clinical Support	19	14	6	41	(16)	27	34	2	3	12	4	144
Administration & Clerical	2	2	3	2	2	1	1	-	-	-	-	14
Grand Total	169	890	442	767	580	553	617	375	268	378	265	5,304

The above shows the agency spend by staff type by month, the majority (75%) of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.318m year to date at the end of Month 11 and no expenditure has been incurred off framework since September 2024

Agency spend against target and previous years is shown in the graph below:
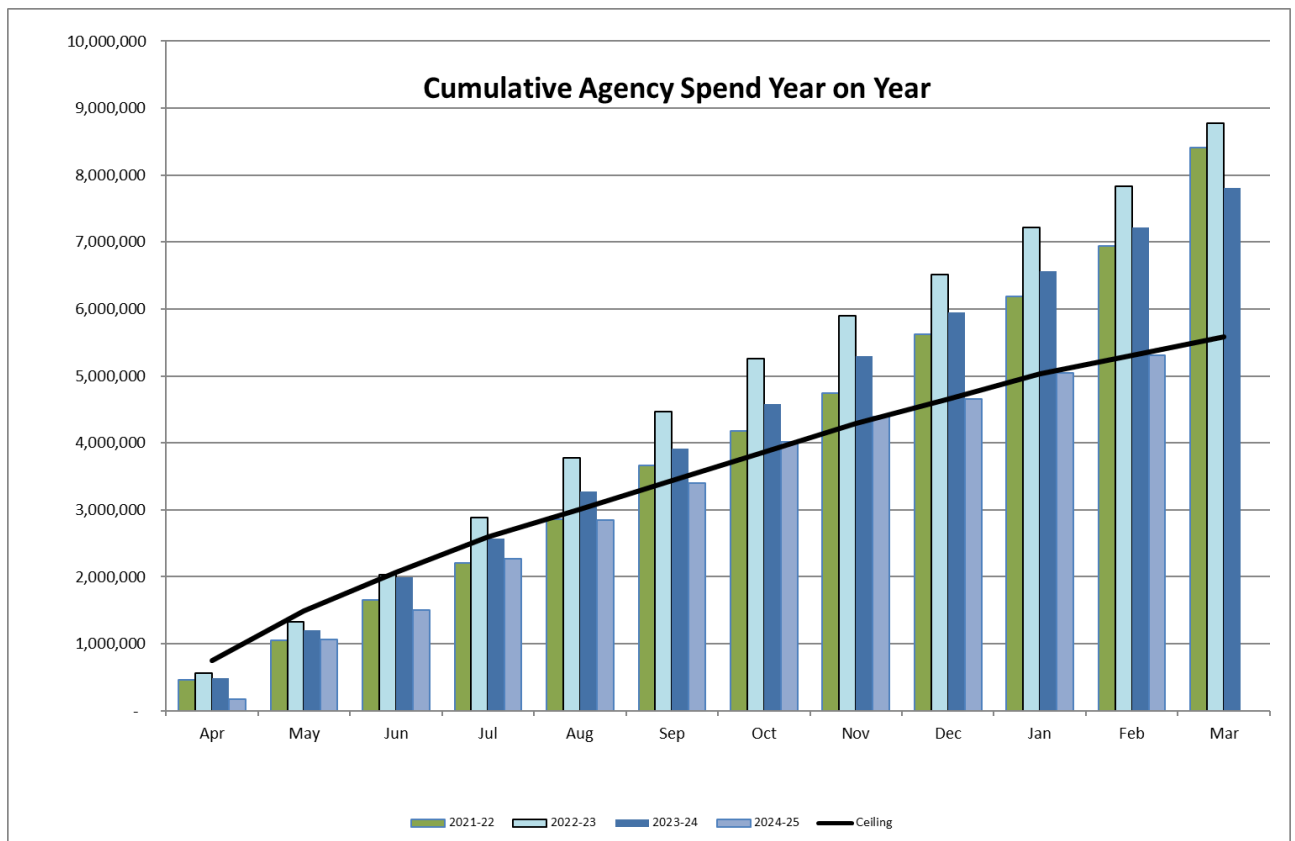
5. Better Payment Practice Code BPPC

The BPPC figures are shown below, the current position is 92.1% for non-NHS and 81.2% for NHS. Work is ongoing to improve this position with targeted support to managers.

Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	34,311	113,705
Total bills paid within target	31,597	106,652
Percentage of bills paid within ta	**92.1%**	**93.8%**
NHS		
Total bills paid	1,251	28,994
Total bills paid within target	1,016	26,551
Percentage of bills paid within ta	**81.2%**	**91.6%**
TOTAL		
Total bills paid	35,562	142,699
Total bills paid within target	32,613	133,203
Percentage of bills paid within ta	**91.7%**	**93.3%**

6. Recommendations

The Board are asked to note the Finance report for February 2025 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Trust Performance Report – February 2025			
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead			
Recommendation:	To approve		To receive & discuss	
	For information/To note	☑	To ratify	
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to inform on the current levels of performance as at the end of February 2025. The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format. Long Term Plan performance dashboard is attached at appendix B.			

Key Issues within the report:

Positive Assurances to Provide:

- Mandatory Training – the Trust maintained a strong position against the Trust target of 85%, reporting current compliance at 93.8%
- The overall trust vacancy position is 6.7%, consultant vacancies remain above target but continue to report an improving position. The Nurse vacancy position is maintaining a strong position.
- Clinical Supervision continues to perform above target, in month performance was recorded at 90%.
- Turnover continues to demonstrate an improving position, with the Trust currently at the target of 10%
- Virtual Ward occupancy has increased to 72% (*previous performance 42%*).
- Both CYP and Adult MH access targets are above the agreed target.

Key Actions Commissioned/Work Underway:

- In response to the high levels of sickness absence reported in inpatient areas, a bespoke targeted intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings. This work is being reported into EMT and the People & OD Committee. This is being reviewed in relation to the Trust Wide Risk Register
- Service Development Funding has recently been confirmed by the Integrated Care Board, this will enable recruitment to increase the Acute Community Service (ACS) and Crisis Intervention Team for Older People (CITOP) operating hours, the impact of which is expected to reduce out of area placements.
- Following the change of clinical systems, reports are currently being developed for EIP seen within 14 days (*which remains above threshold*), Reports are on the development plan and future performance reports will be backdated once reports built.
- Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work

Caring, Learning & Growing Together

	across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. We are awaiting the planning guidance for 2025/26 but the work on capacity and demand will continue to inform the operational planning discussions taking place with commissioners.
Matters of Concern or Key Risks: • The recording of incidents per 10,000 contacts indicator is directly linked to the harm free indicator in that there was a continued reduction in the number of contacts in month, however the recording of the number of incidents remained similar to previous months , the rate per 10,000 contacts therefore remains in the upper quartile. • Care Pathway Approach (CPA) metrics remain above Threshold, reduction in performance is linked to change of clinical system in February for the Mental Health Division, exception reports are produced and distributed to teams on a weekly basis. • Sickness absence has continued to be above target, with specific work undertaken to focus on inpatient sickness absence which is showing the highest prevalence of sickness. • Safer Staffing Dashboard – there are no units with 5 or more Red flags however 17 units are flagging red for sickness in January – hence mask wearing in the inpatient units was initiated in January. Further detailed commentary is provided in the dashboard • Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. • Inappropriate MH Out of Area Placements has increased by 4 to 18, a high proportion of days relate to older people and PICU for which solutions are being actively progressed to reduce usage. • Perinatal access - the service is currently achieving 8.2% of the birth rate when compared to the target of 8.6%, 2 of the 4 areas are below target for the reporting period	**Decisions Made:** • None (report is to note)

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Financial Year 2024-25

NHS
Humber Teaching
NHS Foundation Trust

TRUST PERFORMANCE REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Chief Executive: Michele Moran

Reporting Month:

Feb-25

Prepared by: Business Intelligence Team

Caring, Learning and Growing

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**February 2025**	

Purpose	This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).
What are SPCs?	SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set. The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference. They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:
Example SPC Chart	S – statistical, because we use some statistical concepts to help us understand processes. P – process, because we deliver our work through processes ie how we do things. C – control, by this we mean predictable.

Strategic Goal 1	Innovating Quality and Patient Safety		Strategic Goal 4	Developing an effective and empowered workforce
Strategic Goal 2	Enhancing prevention, wellbeing and recovery		**Strategic Goal 5**	Maximising an efficient and sustainable organisation
Strategic Goal 3	Fostering integration, partnership and alliances		**Strategic Goal 6**	Promoting people, communities and social values
Key Indicators	The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts			

Humber Teaching NHS Foundation Trust
Trust Performance Report

For the period ending:	**February 2025**	

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

For the period ending:	**February 2025**	

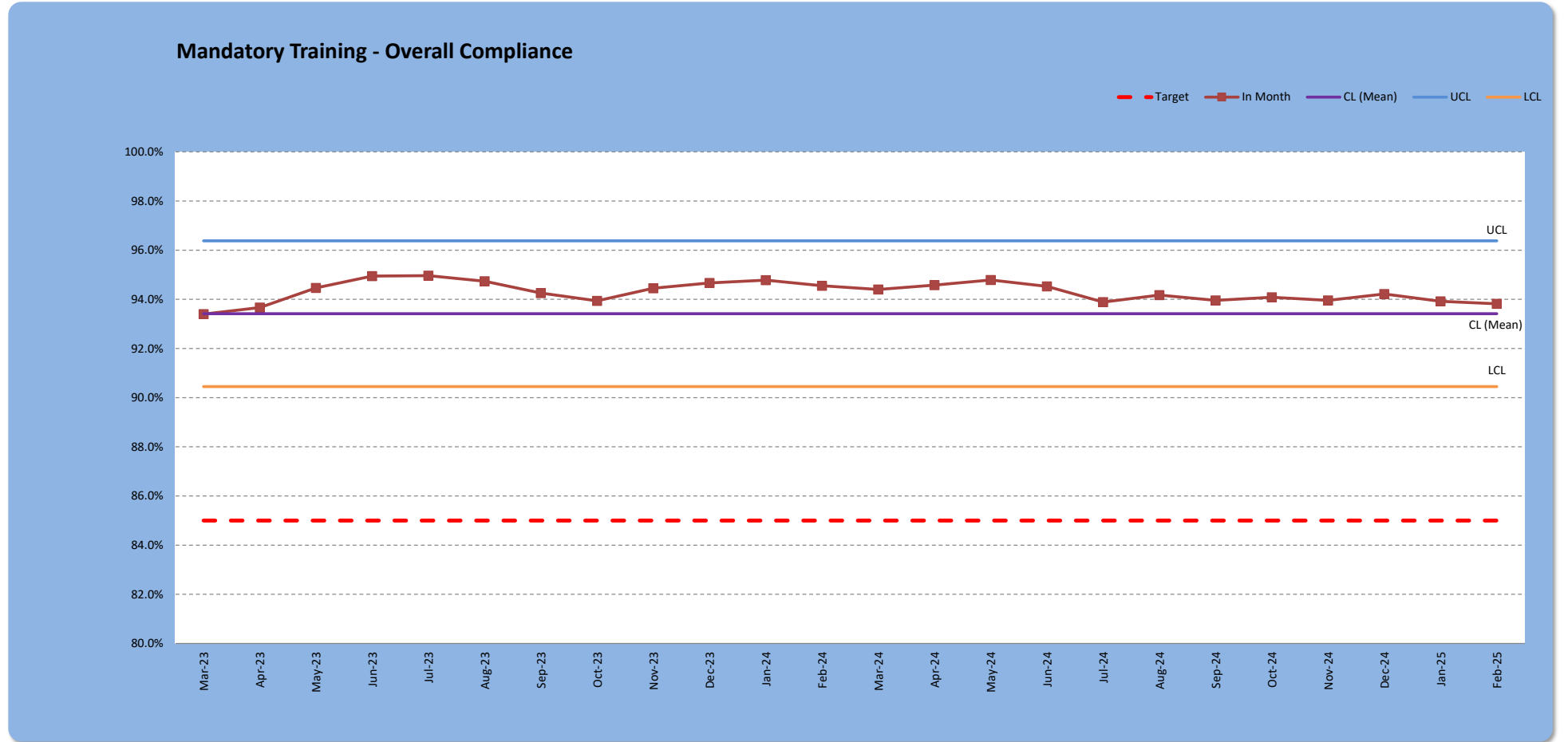| Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes ADHD but excludes ASD and LD (National guidance)*
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: February 2025

	Target:	Amber:	Current month stands at:
	85%	80%	93.8%

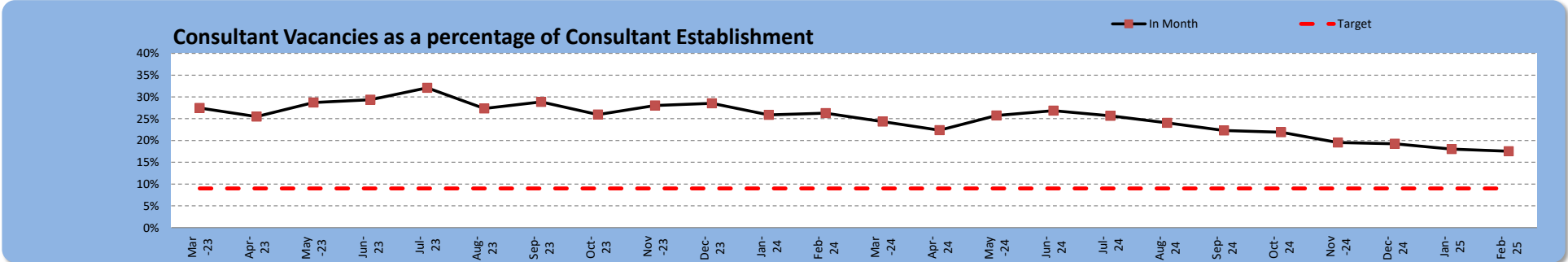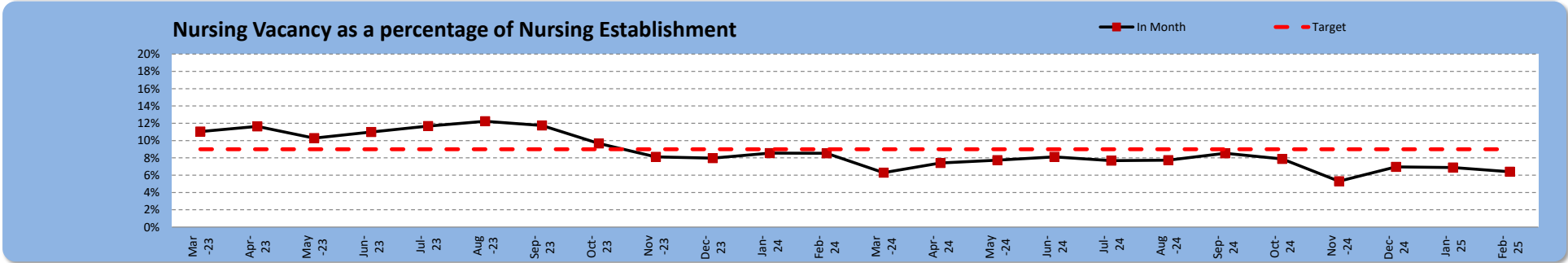| Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Karen Phillips	WL 5

Mandatory Training - Overall Compliance

Legend: Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: February 2025

	Target:	Amber:	Current month stands at:
	N/A	N/A	6.7%

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

All Vacancies as a percentage of Trustwide Establishment %

Nursing Vacancy as a percentage of Nursing Establishment

Consultant Vacancies as a percentage of Consultant Establishment

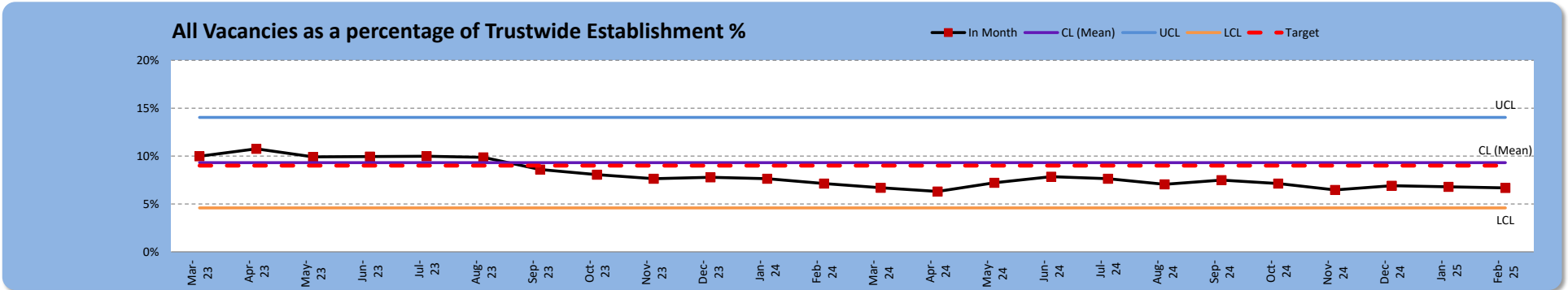**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2025**

	Target:	Amber:	Trustwide current month stands at:
	0	0	183

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

Number of Incidents per 10,000 Contacts - Trustwide

Legend: In Month | CL (Mean) | UCL | LCL

Percentage of Incidents of Harm Free Care

Legend: In Month | CL (Mean) | UCL | LCL

Please refer to the accompanying front sheet/report for any relevant commentary
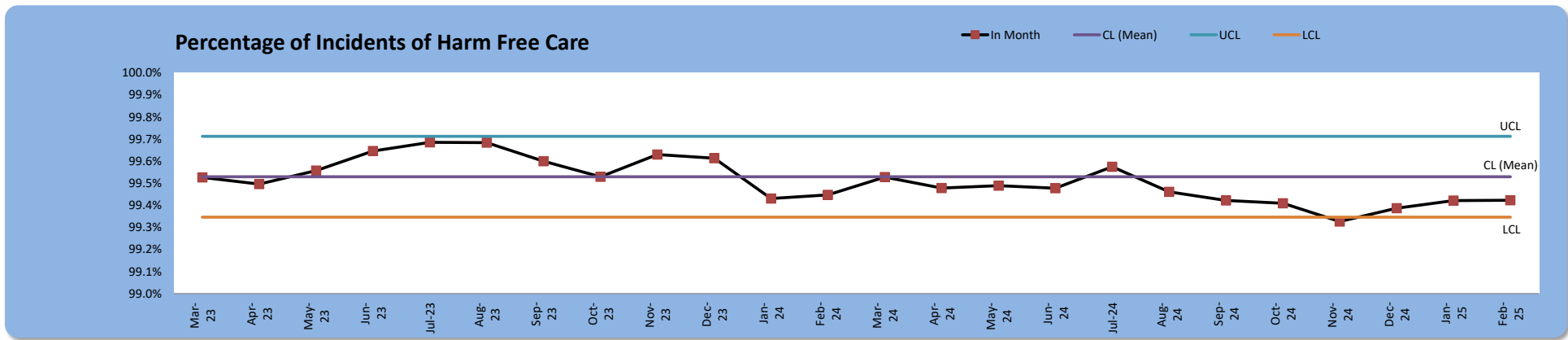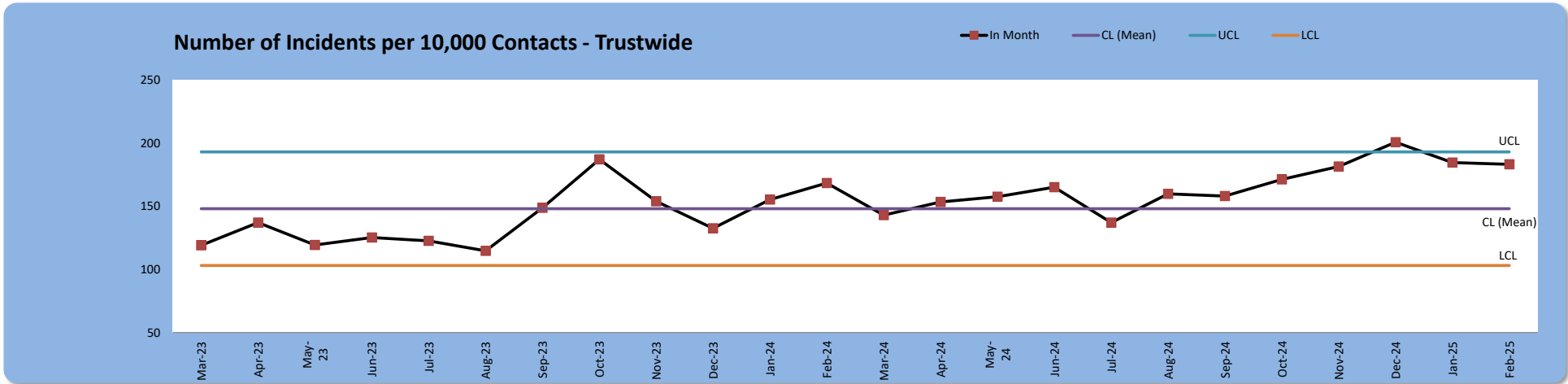
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: February 2025

	Target:	Amber:	Trustwide current month stands at:
	0	0	183

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

Number of Incidents per 10,000 contacts — CHLD

Number of Incidents per 10,000 contacts — Primary Care and Community

Number of Incidents per 10,000 contacts — Mental Health Planned

Number of Incidents per 10,000 contacts — Mental Health Unplanned

Number of Incidents per 10,000 contacts — Forensic Services
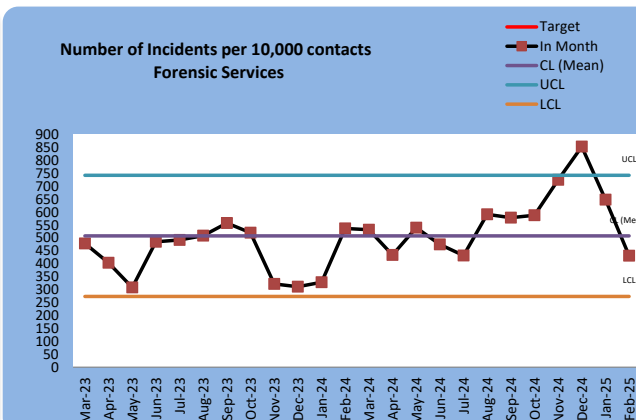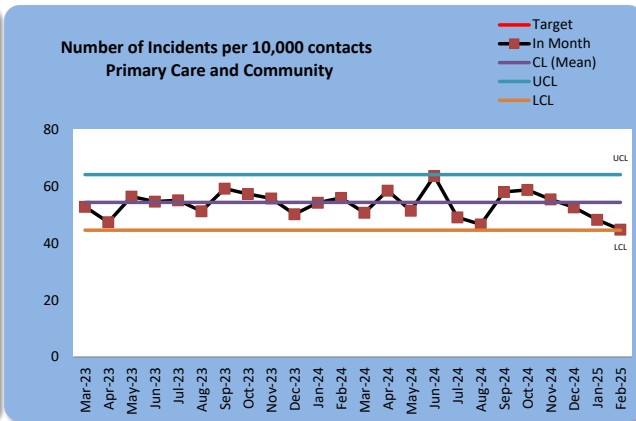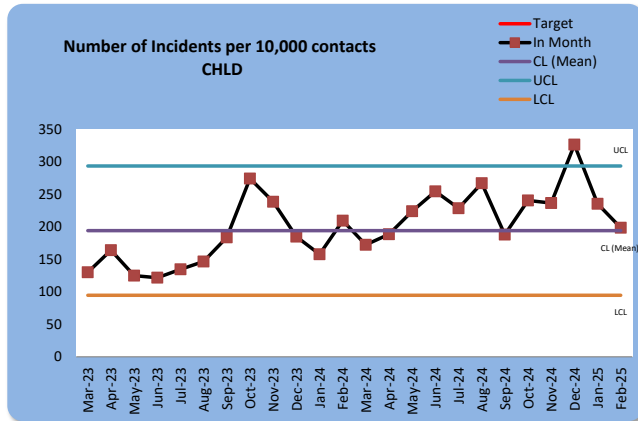
Current Month per Division

Children and Learning Disability	198
Primary Care and Community	45
Mental Health Planned	64
Mental Health Unplanned	843
Forensic Services	431

Incident Analysis

	Jan-25	Feb-25
Never Events	0	0
% of Harm Free Care	99.4%	99.4%
% of Incidents reported in Severe Harm or Death	0.3%	0.3%

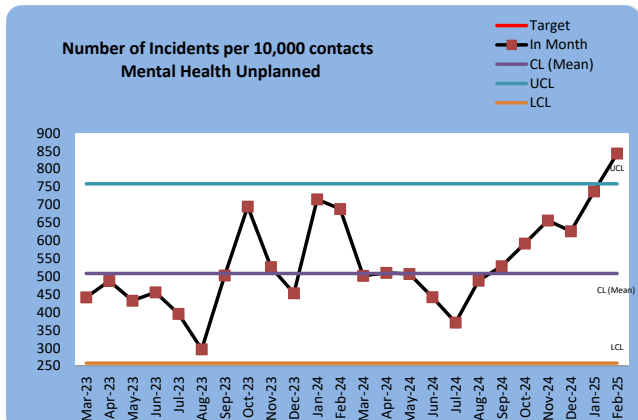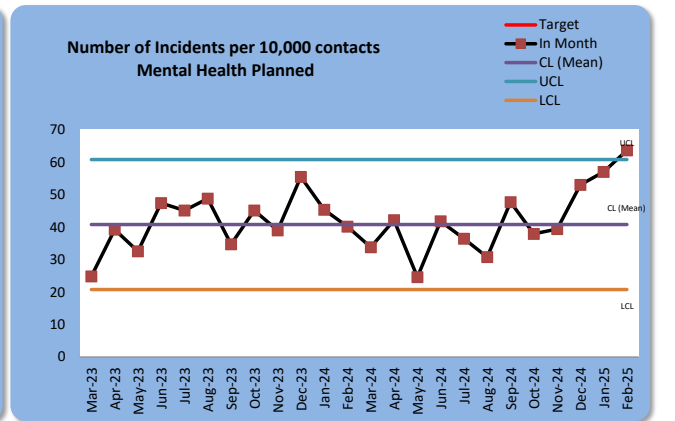**Please refer to the accompanying front sheet/report for any relevant commentary**

PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2025**

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

Clinical Supervisions carried out in Timescale

Please refer to the accompanying front sheet/report for any relevant commentary
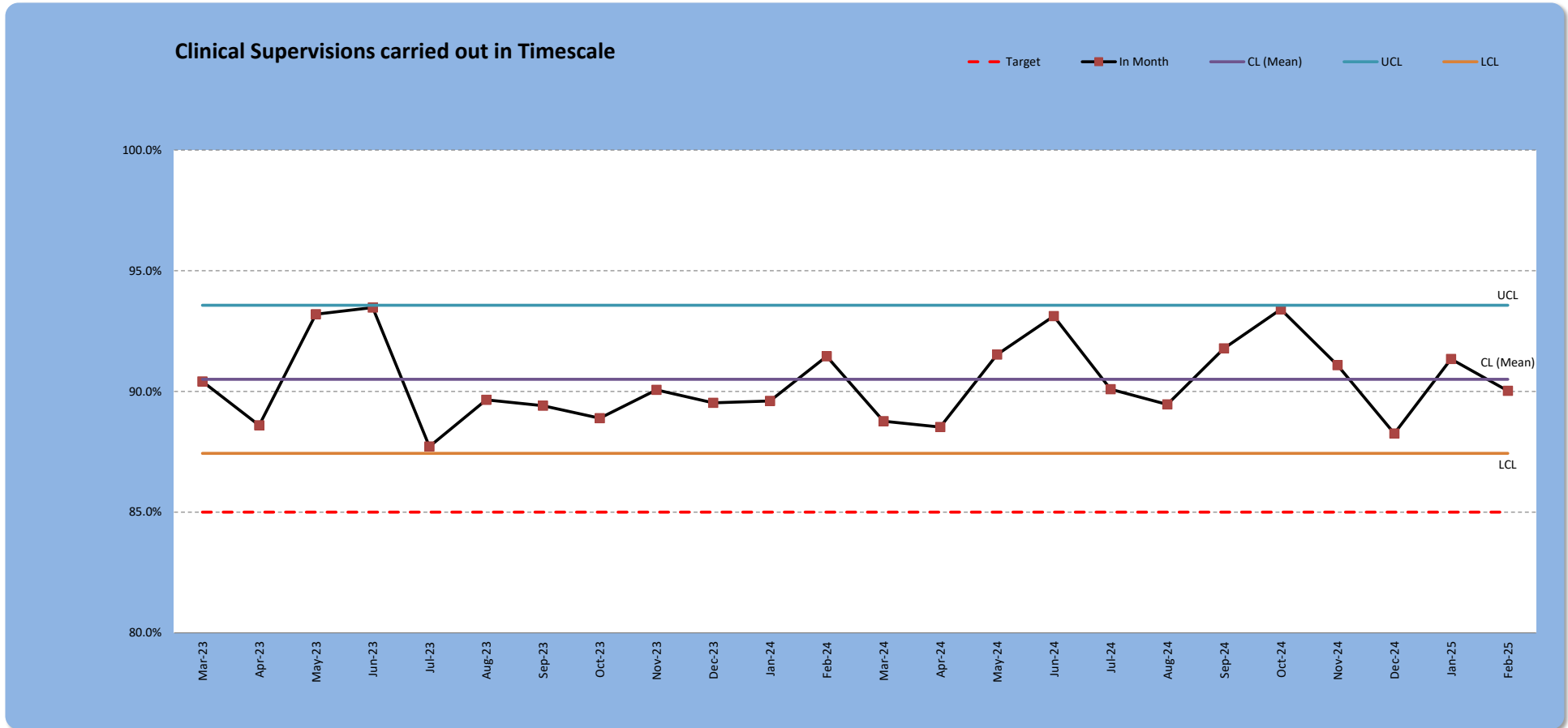
HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

	Staffing and Quality Indicators
Contract Period:	2024-25
Reporting Month:	Jan-25

Shown one month in arrears

Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Impr.	Bank % Filled	Impr.	Agency % Filled	Impr.	Day Registered	Day Un Registered	Night Registered	Night Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Dec-24	Jan-25
Adult MH	Avondale	Adult MH Assessment	32.0	79%	12.1		19.4%		2.6%		102%	119%	102%	121%	0	41	4	0	80.6%	91.1%	93.3%	81.3%	6.9%	0.0	1	1
	New Bridges	Adult MH Treatment (M)	37.0	100%	8.4		24.0%		0.6%		95%	106%	107%	110%	1	33	4	0	88.9%	96.8%	88.9%	94.7%	8.5%	-1.0	2	2
	Westlands	Adult MH Treatment (F)	36.0	97%	7.9		29.3%		1.2%		92%	81%	99%	107%	2	50	3	0	89.7%	89.5%	88.2%	83.3%	4.8%	-1.6	1	1
	Mill View Court	Adult MH Treatment	33.4	100%	7.4		20.9%		2.8%		103%	93%	98%	102%	4	34	2	0	93.3%	87.8%	83.3%	81.3%	8.6%	0.8	2	2
	STARS	Adult MH Rehabilitation	16.8	100%	16.5		33.0%		0.9%		110%	85%	100%	108%	7	6	1	0	68.8%	92.8%	50.0%	83.3%	18.1%	1.0	2	4
	PICU	Adult MH Acute Intensive	33.3	94%	22.3		37.6%		1.6%		100%	117%	94%	146%	0	94	1	2	N/R	91.2%	87.5%	94.1%	10.8%	1.6	0	3
OP MH	Maister Lodge	Older People Dementia Treatment	31.8	75%	16.1		26.0%		0.9%		124%	89%	100%	137%	1	122	0	0	N/R	94.4%	100.0%	91.3%	9.9%	1.5	1	1
	Mill View Lodge	Older People Treatment	31.1	102%	13.6		18.6%		2.2%		66%	80%	101%	107%	1	22	0	0	67.9%	96.9%	91.7%	80.0%	14.4%	4.0	2	4
	Maister Court	Older People Treatment	15.4	100%	14.2		38.1%		3.8%		84%	82%	100%	97%	0	6	0	0	94.1%	89.0%	57.1%	90.0%	10.2%	2.0	2	3
	Pine View	Forensic Low Secure	26.9	73%	9.3		33.8%		0.0%		102%	51%	97%	92%	2	1	0	8	100.0%	90.8%	78.6%	81.3%	16.2%	1.1	2	1
	Derwent	Forensic Medium Secure	29.9	63%	23.3		36.2%		0.0%		108%	89%	101%	163%	8	21	0	0	92.3%	93.5%	91.7%	77.8%	11.5%	-1.0	1	1
	Ouse	Forensic Medium Secure	25.6	88%	7.7		15.4%		0.0%		95%	112%	106%	95%	5	4	4	0	95.5%	94.9%	100.0%	80.0%	12.4%	-0.8	2	1
	Swale	Personality Disorder Medium Secure	25.5	87%	10.0		32.3%		0.0%		99%	93%	104%	106%	3	4	2	0	96.0%	97.9%	90.0%	100.0%	7.7%	1.0	2	1
	Ullswater (10 Beds)	Learning Disability Medium Secure	28.2	90%	16.3		34.6%		0.0%		106%	156%	120%	149%	3	38	1	2	96.4%	93.6%	81.8%	76.5%	12.5%	-0.7	1	1
Child & LD	Townend Court	Learning Disability	49.1	43%	31.3		17.7%		4.9%		49%	95%	100%	101%	7	597	0	0	100.0%	92.3%	75.0%	68.6%	13.2%	2.4	2	2
	Inspire	CAMHS	50.0	44%	38.6		13.6%		4.4%		97%	121%	105%	132%	1	19	0	0	N/R	91.9%	89.5%	85.7%	5.3%	-0.5	2	2
	Granville Court	Learning Disability Nursing Care	51.1	70%	19.6		24.6%		0.0%		111%	96%	106%	103%	0	2	0	0	95.8%	97.2%	78.6%	92.5%	17.7%	-1.4	1	1
CH	Whitby Hospital	Physical Health Community Hospital	30.1	95%	7.7		4.4%		0.0%		81%	83%	99%	97%	6	1	0	0	90.0%	91.2%	76.5%	36.8%	9.1%	1.3	1	3
	Malton Hospital	Physical Health Community Hospital	31.8	94%	6.7		13.1%		0.0%		83%	91%	106%	95%	2	1	1	0	100.0%	90.5%	93.3%	82.4%	2.3%	0.7	0	2

Key:
- ✅ Target met
- ⚠ Within 5% of target
- ❌ Target not met

Staffing and Quality Indicators	
Contract Period:	**2024-25**
Reporting Month:	**Jan-25**

NHS
Humber Teaching
NHS Foundation Trust

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jan

17 units are flagging red for sickness in January, up from 16 in December. The number of units with sickness rates above 10% has increased to 10 from 8 in December with 3 units with a sickness rate above 15% (STaRS, Pine View and Granville Court).

There are no units with 5 red flags.

CHPPD is strong for most units however Westlands, MVC and Whitby inpatient unit are slightly below their target in December. 6 month averages for these units remain strong. Malton, as noted in previous months, continues to flag red for CHPPD but benchmark positively against model health system peers. The introduction of the revised Safe Nursing Care Tool (SNCT) during 2025 will support HTFT in determining an evidence based CHPPD on local acuity/dependency data.

Despite challenges with sickness, fill rates remain strong with the exception of MVL and TEC who are under the lower target threshold of 75% for RNs on days. TEC continue to have low bed occupancy (43%) and a strong CHPPD (31.3) and MVL CHPPD remains consistently above their CHPPD target. Pine view are under target for unregistered staff on days, however their RN fill rates exceed 100%, CHPPD is strong, and bed occupancy stands at 73%.

Mandatory training (all) is again above 85% for all units.

Whitby is below the lower threshold for BLS, however the resuscitation team have carried out ILS and BLS training at Whitby over two days in March so these figures will show an improvement in March's data. Westlands and MVC have recovered their position to above 80% for BLS. ILS compliance is above target for all unit with the exception of STaRS which remains under target for the third month, impacted by consistently high level of sickness (above 15%) and Maister Court has fallen below target in December.

Clinical supervision has to date remained consistently strong however there were a number of units with nil returns in December which has been escalated to the matrons.

Registered Nurse Vacancy Rates (Rolling 12 months)

Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
11.00%	9.56%	9.10%	9.59%	9.66%	10.20%	10.28%	8.92%	6.80%	6.30%	7.39%	7.77%

Slips/Trips and Falls (Rolling 3 months)

	Nov-24	Dec-24	Jan-25
Maister Lodge	17	16	5
Millview Lodge	1	4	2
Malton IPU	4	1	2
Whitby IPU	3	5	5

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

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:
Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

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

PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	90%	80%	90.0%

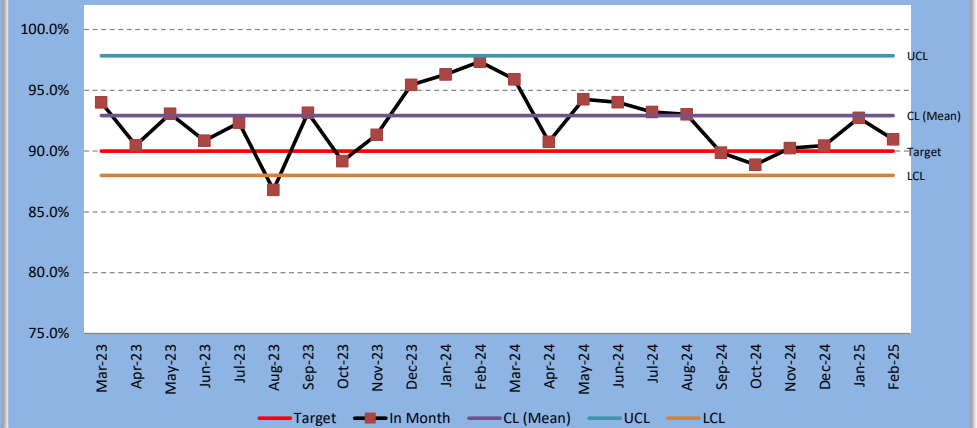| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Executive Lead Kwame Fofie	FFT %

Friends and Family - Recommendation - Trustwide
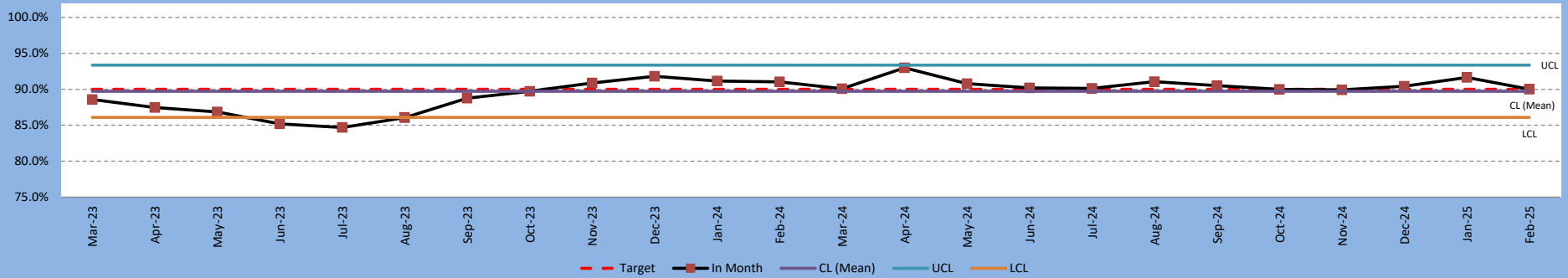
Friends and Family - Recommendation - GP
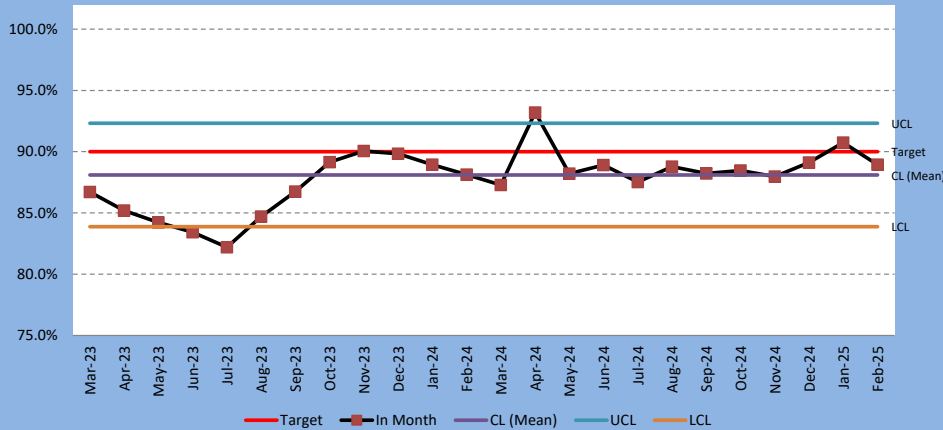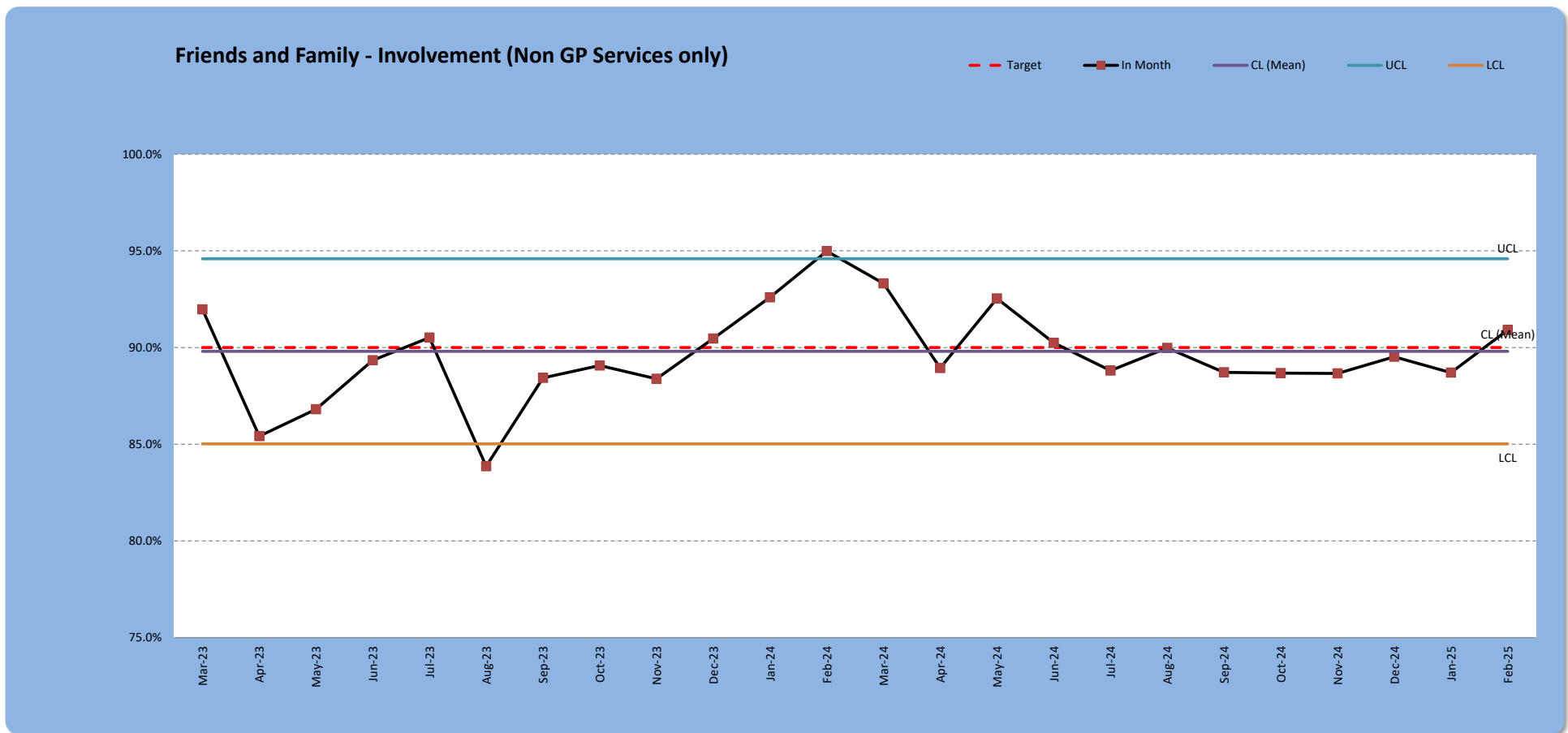

Friends and Family - Recommendation - Non GP

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	90%	80%	90.9%

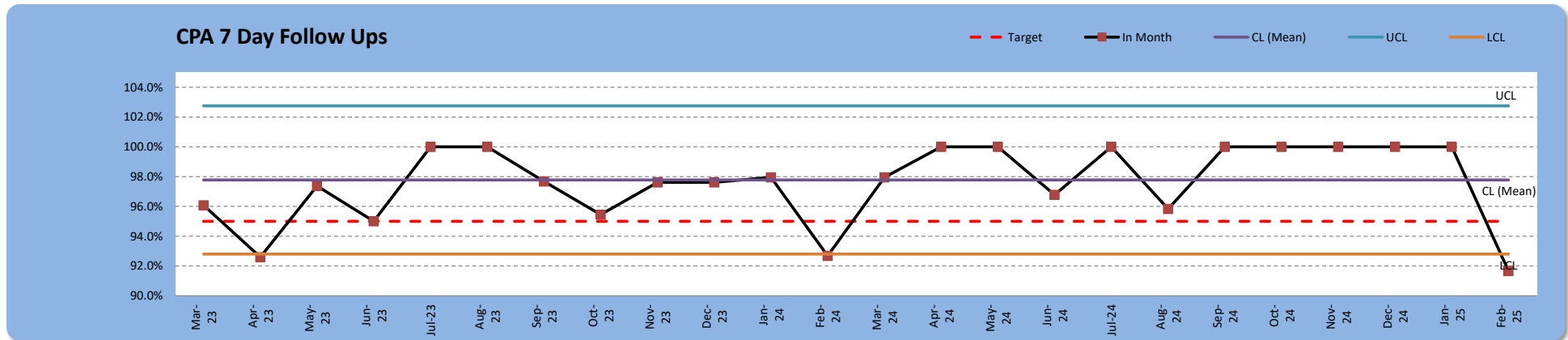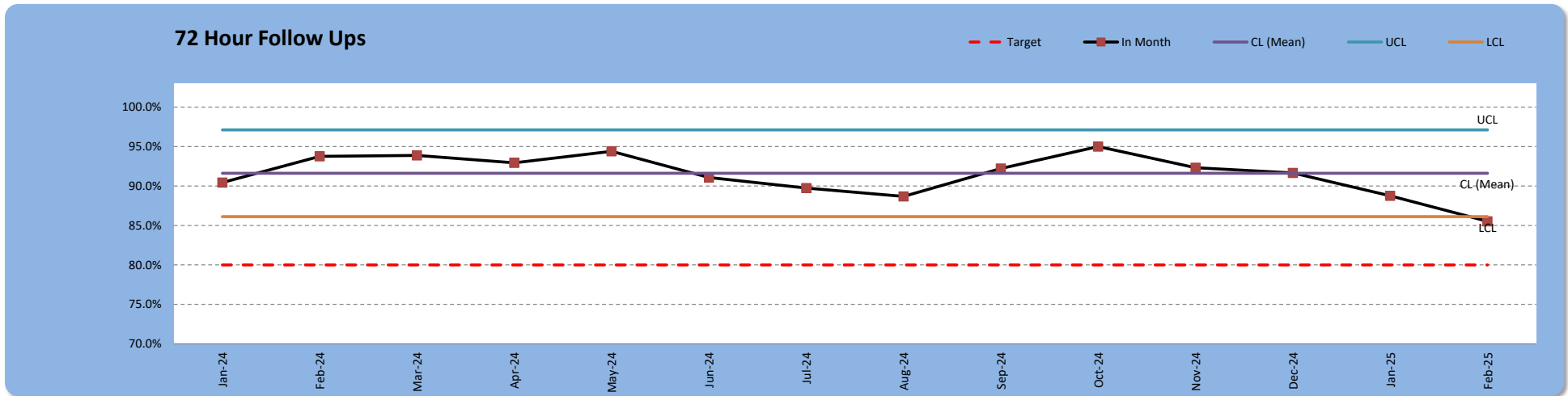| Indicator Title	Description/Rationale		KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	**Executive Lead** **Kwame Fofie**	CA 3c %

Friends and Family - Involvement (Non GP Services only)

Legend: - - Target · In Month · CL (Mean) · UCL · LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

	Target:	Amber:	Current month for 72 hour stands at:
	80%	60%	85.5%

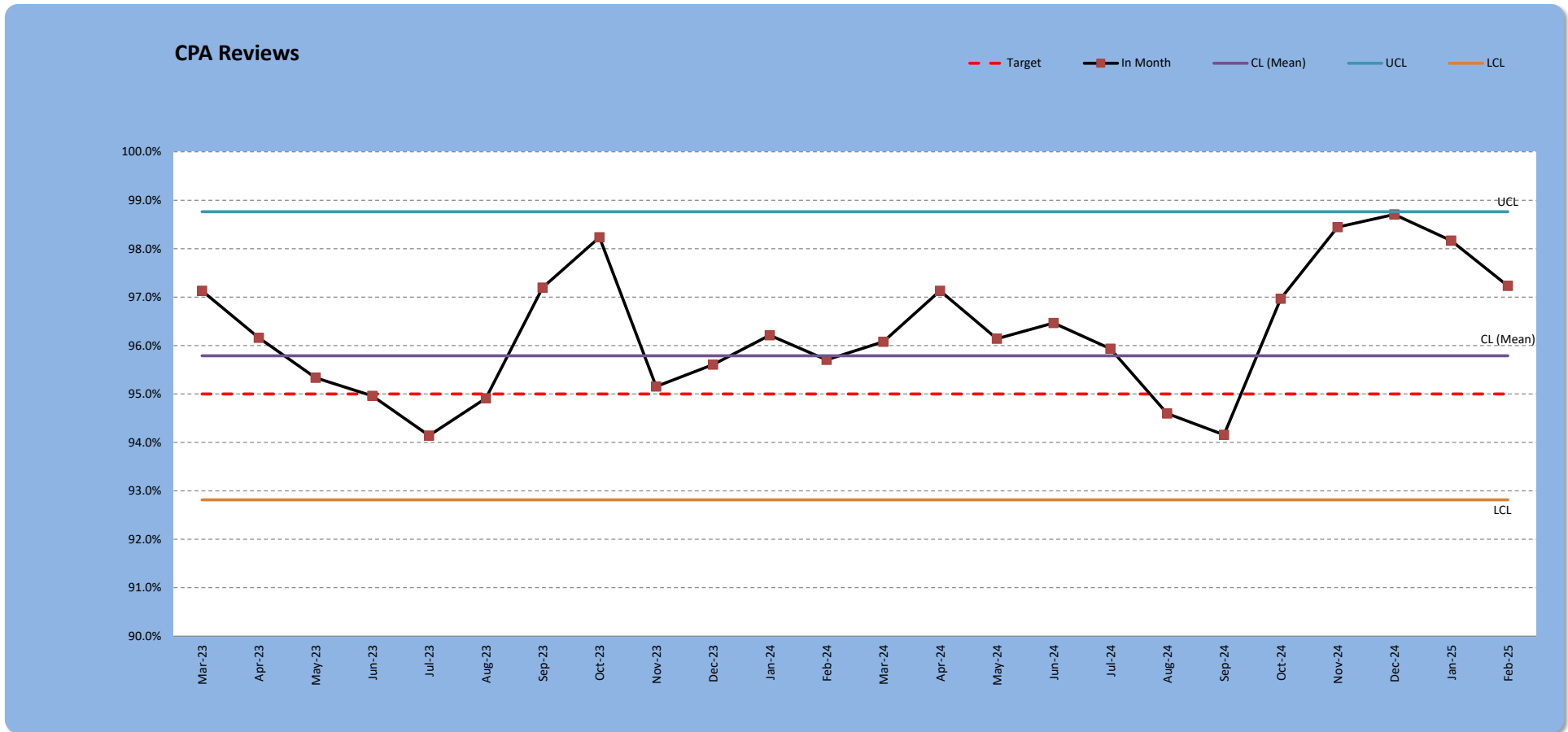| Indicator Title	Description/Rationale		KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	**Executive Lead** Lynn Parkinson	OP 12

72 Hour Follow Ups

Legend: Target, In Month, CL (Mean), UCL, LCL

CPA 7 Day Follow Ups

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	95%	85%	97.2%

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

CPA Reviews

Legend: - - Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	n/a	n/a	657

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

Memory Diagnosis - Waiting >18 weeks from referral

Please refer to the accompanying front sheet/report for any relevant commentary
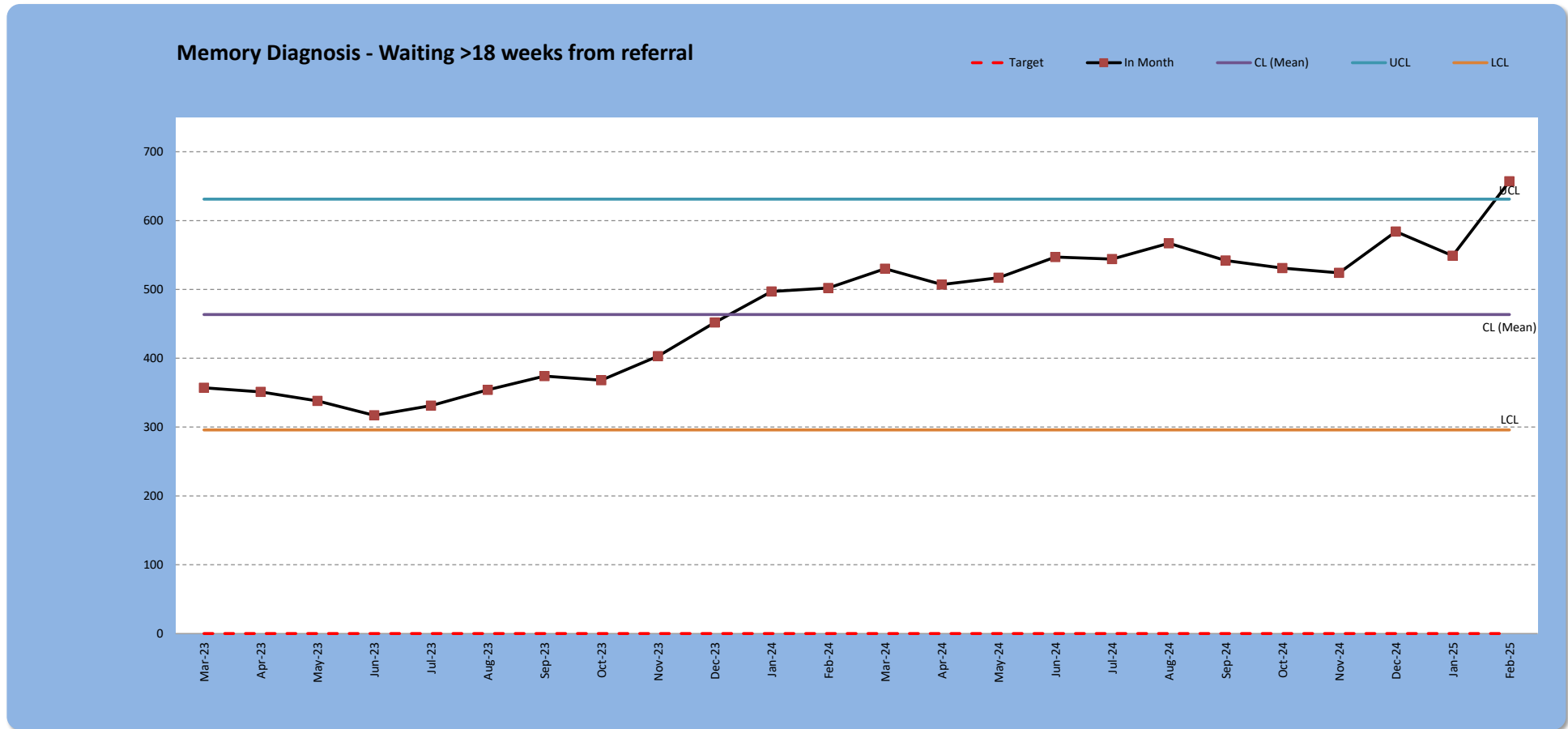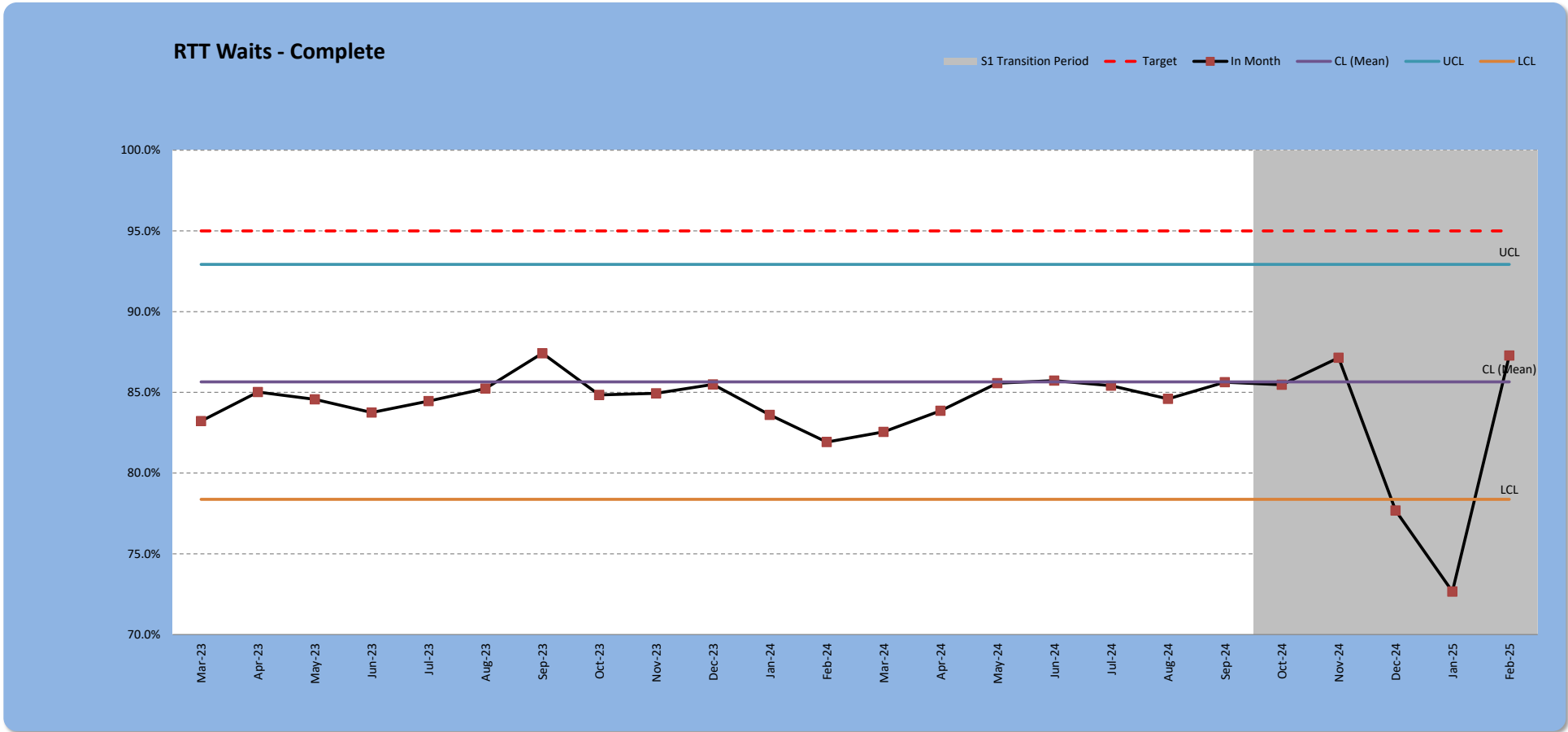
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	95%	85%	87.3%

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

RTT Waits - Complete

Legend: S1 Transition Period — Target — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
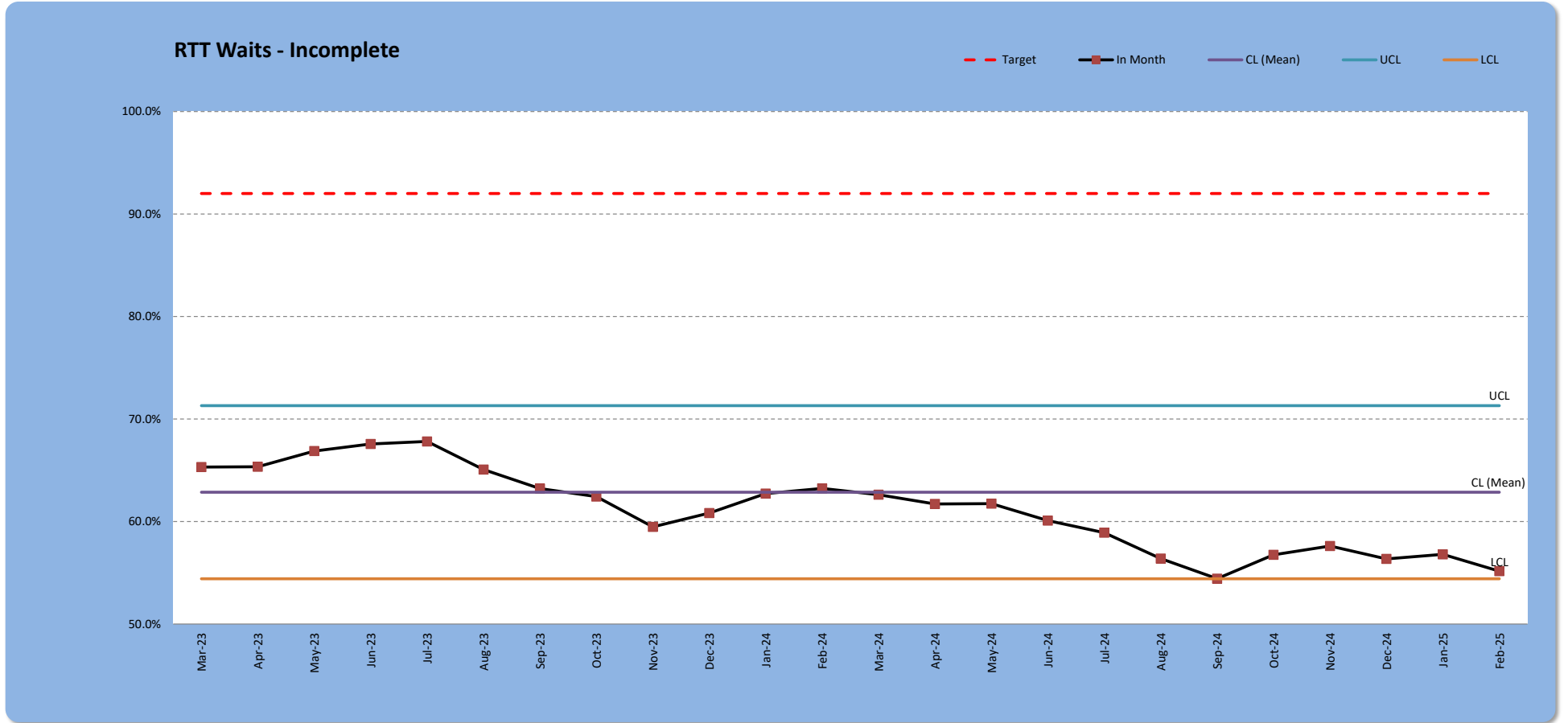
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	92%	85%	55.2%

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

RTT Waits - Incomplete

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary
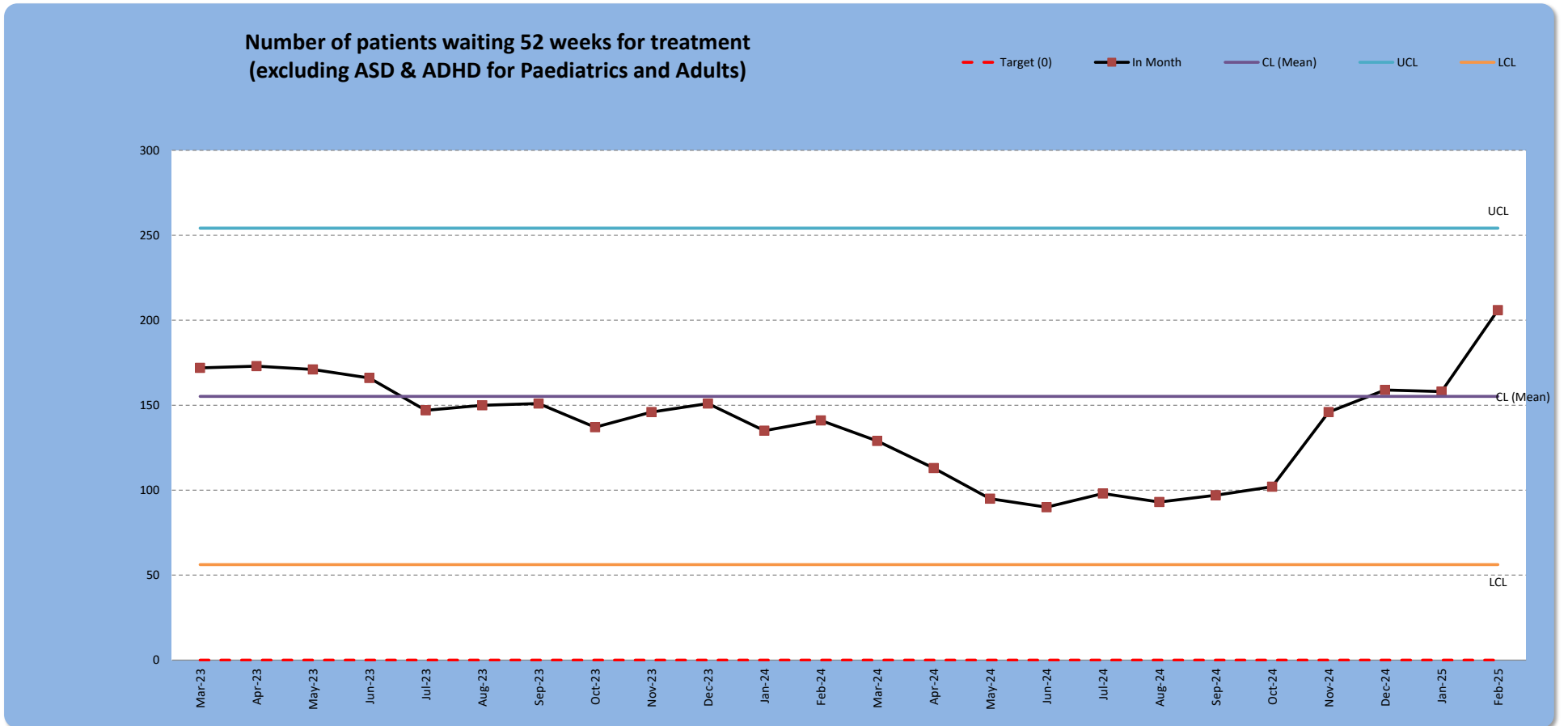
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	0	0	206

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

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary
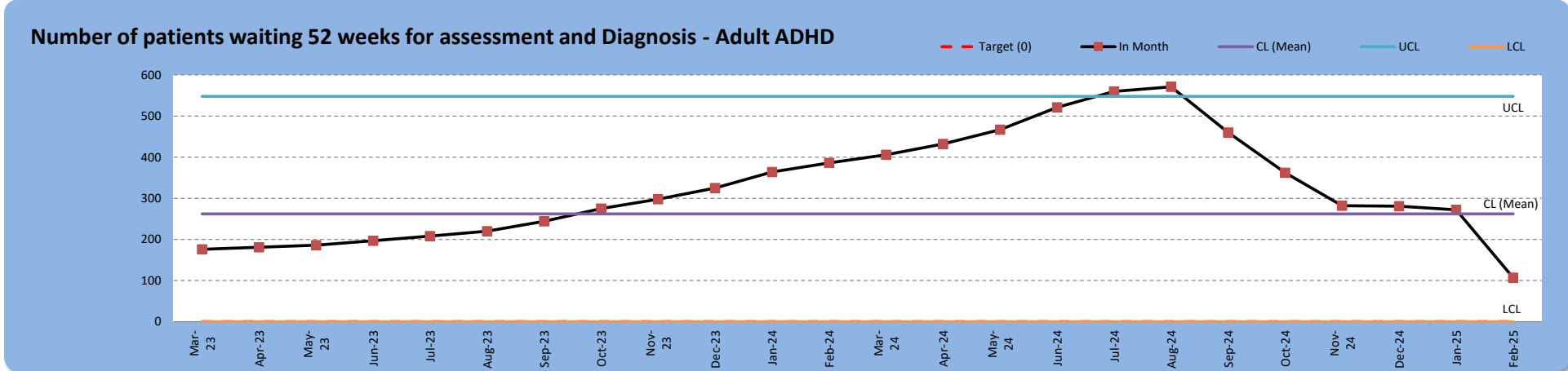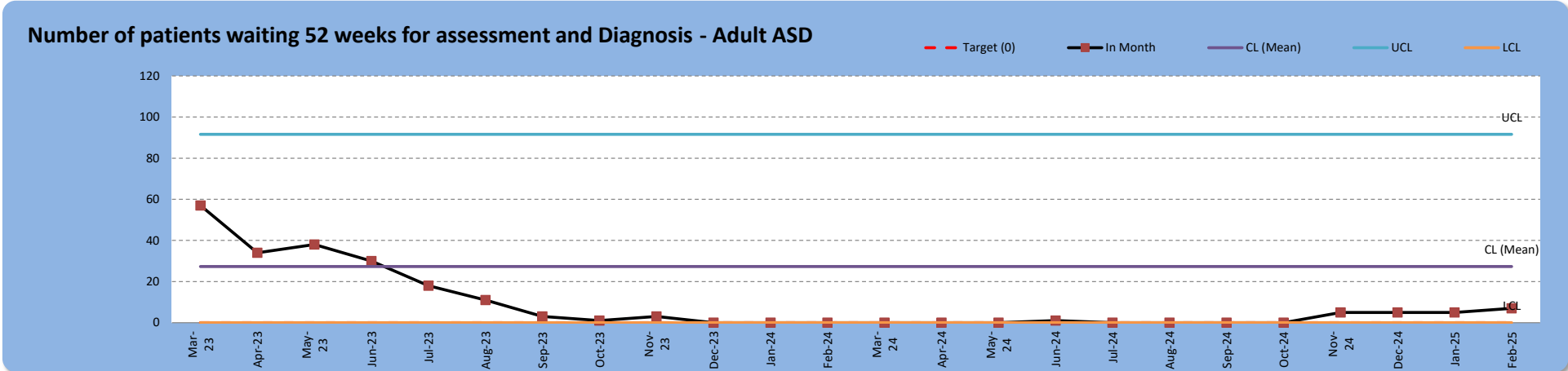
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

Target:	Amber:	Current month stands at:
0	0	114

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

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

Number of patients waiting 52 weeks for assessment and Diagnosis - Adult ADHD

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

Target:	Amber:	Current month stands at:
TBC	TBC	5955

Indicator Title	Description/Rationale		KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. *Includes ADHD but excludes ASD and LD (National Guidance)*	**Executive Lead** Lynn Parkinson	MHS95.2

CYP Access

Legend: In Month, CL (Mean), UCL, LCL

Data points:
- Feb-24: 6259
- Mar-24: 6224
- Apr-24: 6233
- May-24: 6189
- Jun-24: 6035
- Jul-24: 5769
- Aug-24: 5727
- Sep-24: 5647
- Oct-24: 5614
- Nov-24: 5658
- Dec-24: 5709
- Jan-25: 5850
- Feb-25: 5955

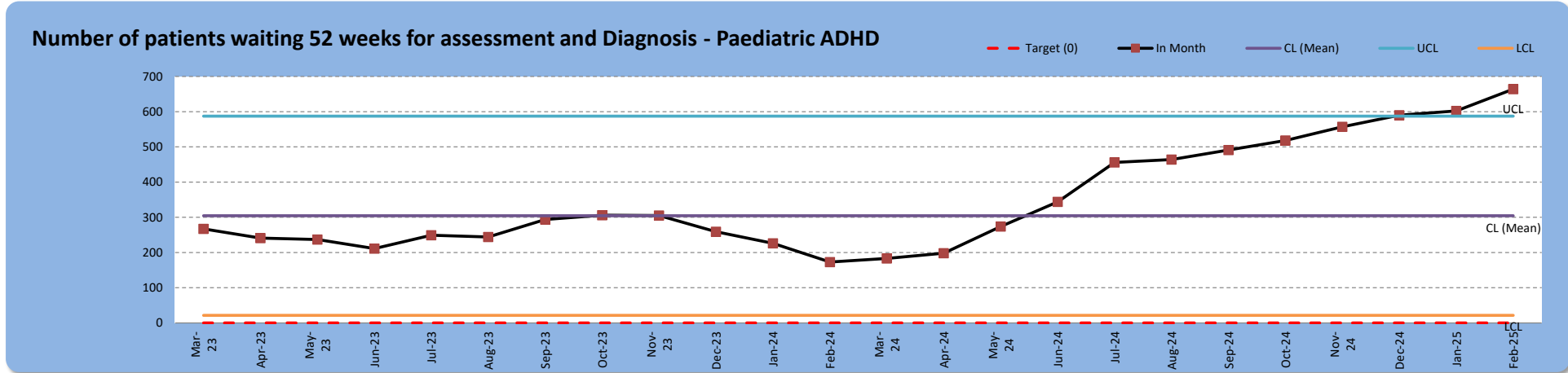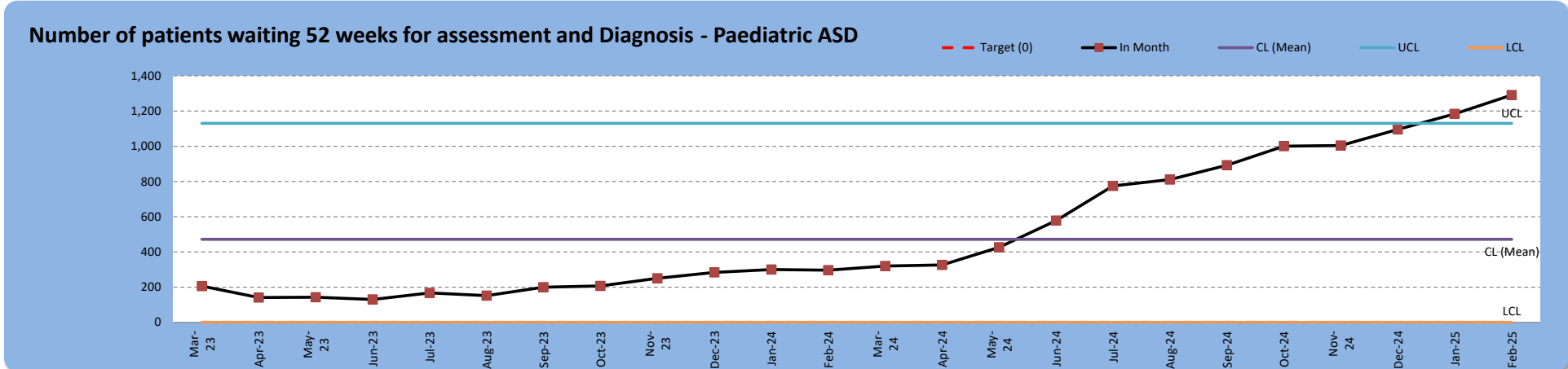**Please refer to the accompanying front sheet/report for any relevant commentary**
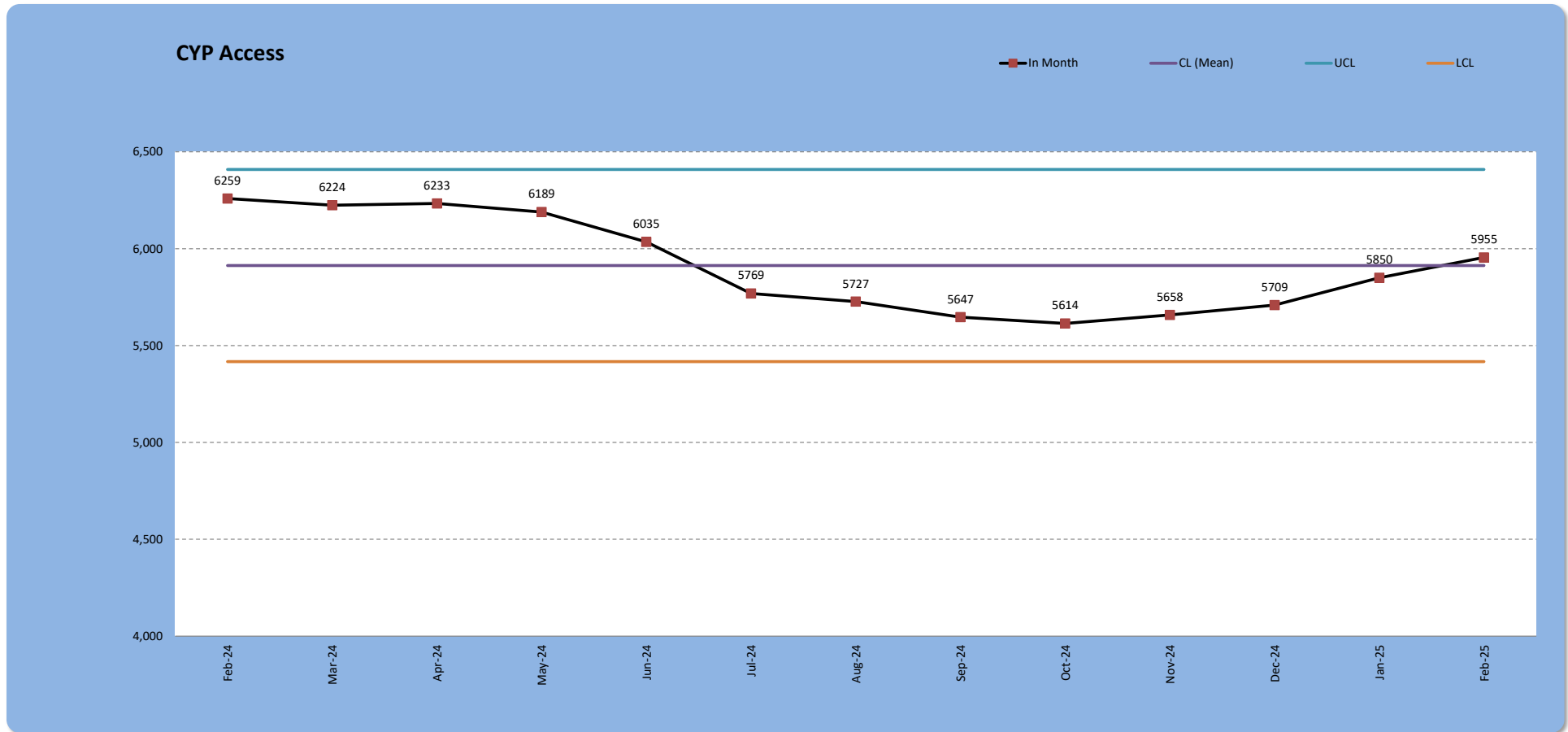
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

Target:	Amber:	Current month stands at:
0	0	1955

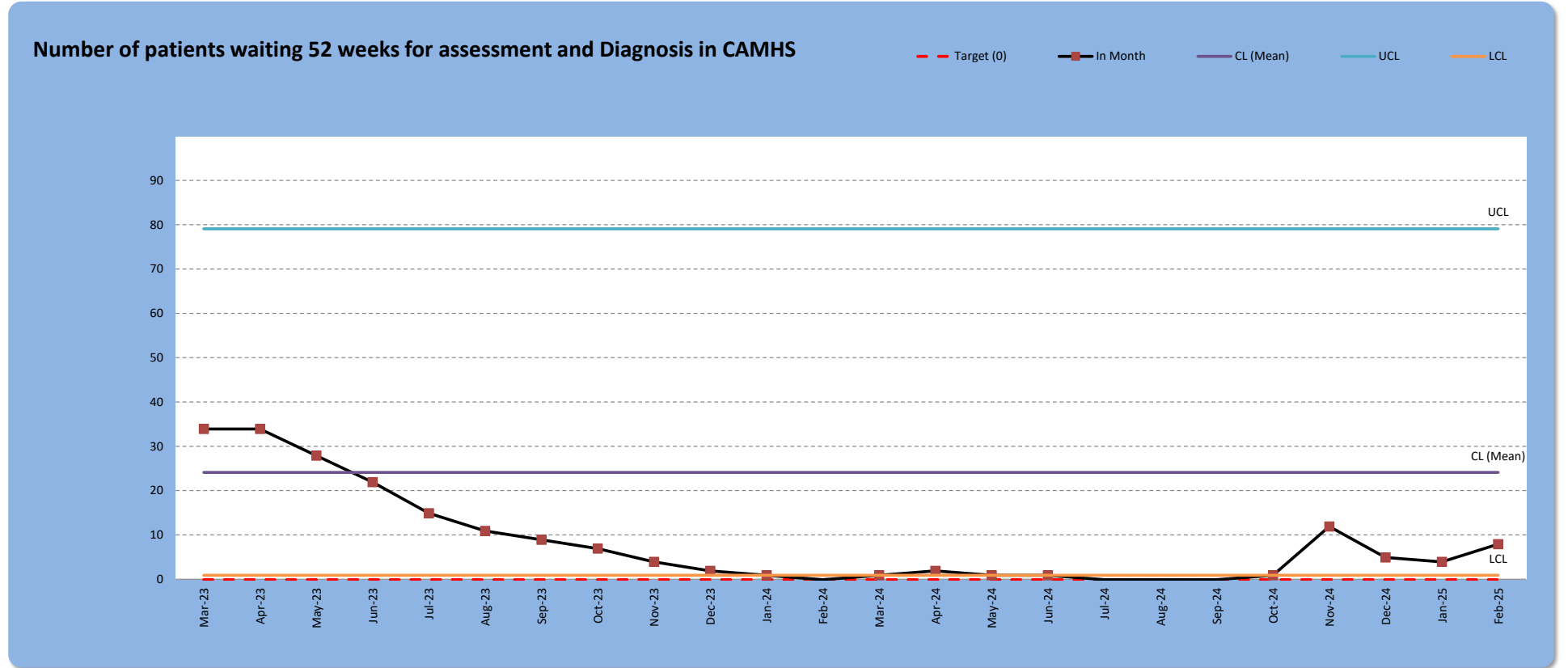| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	**Executive Lead** Lynn Parkinson	OP 22s

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

Legend: Target (0) · In Month · CL (Mean) · UCL · LCL

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

Legend: Target (0) · In Month · CL (Mean) · UCL · LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

Target:	Amber:	Current month stands at:
0	0	8

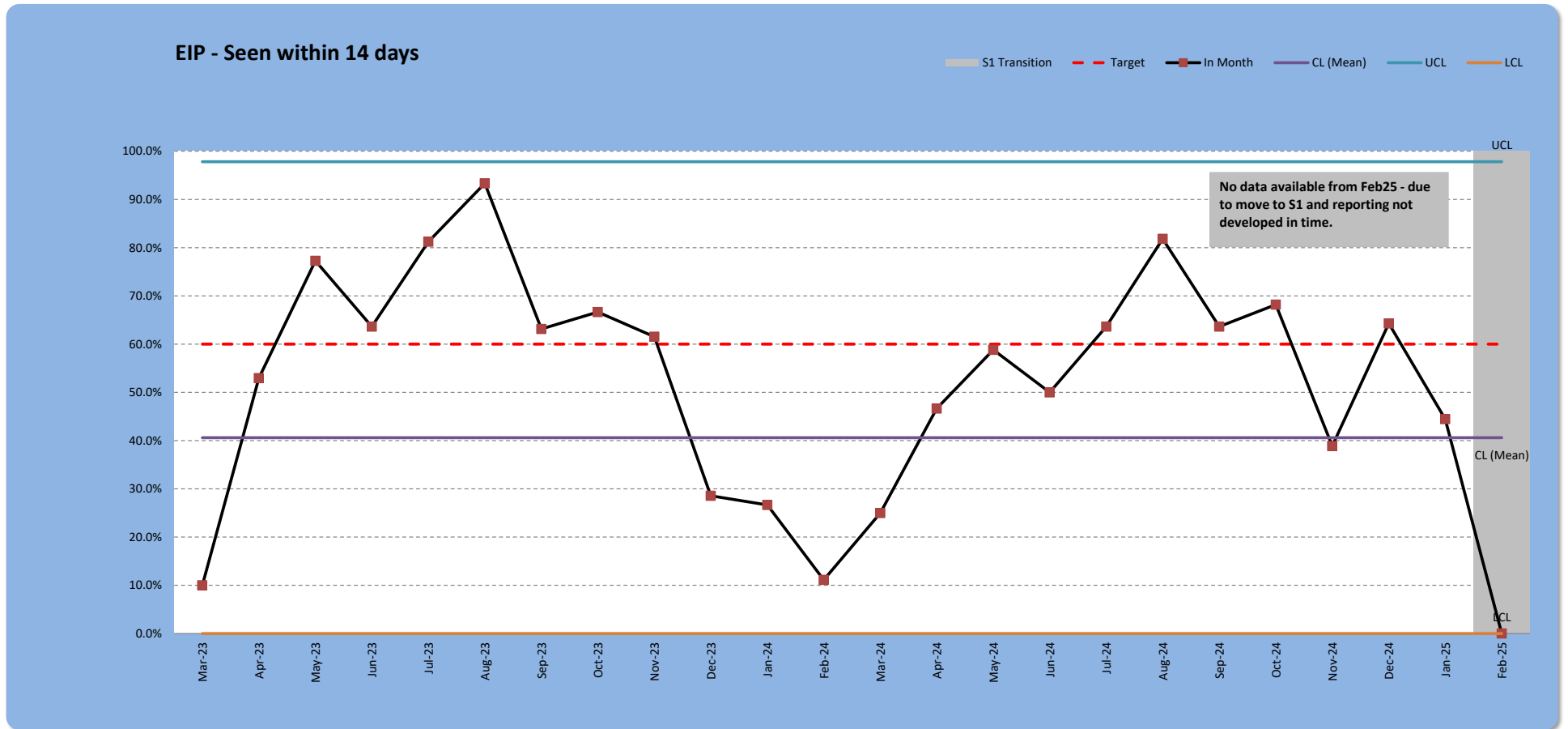| Indicator Title	Description/Rationale		KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD)	**Executive Lead** Lynn Parkinson	OP 22j

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

Legend: Target (0) — In Month — CL (Mean) — UCL — LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

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

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

EIP - Seen within 14 days

Legend: S1 Transition — Target — In Month — CL (Mean) — UCL — LCL

No data available from Feb25 - due to move to S1 and reporting not developed in time.

Please refer to the accompanying front sheet/report for any relevant commentary

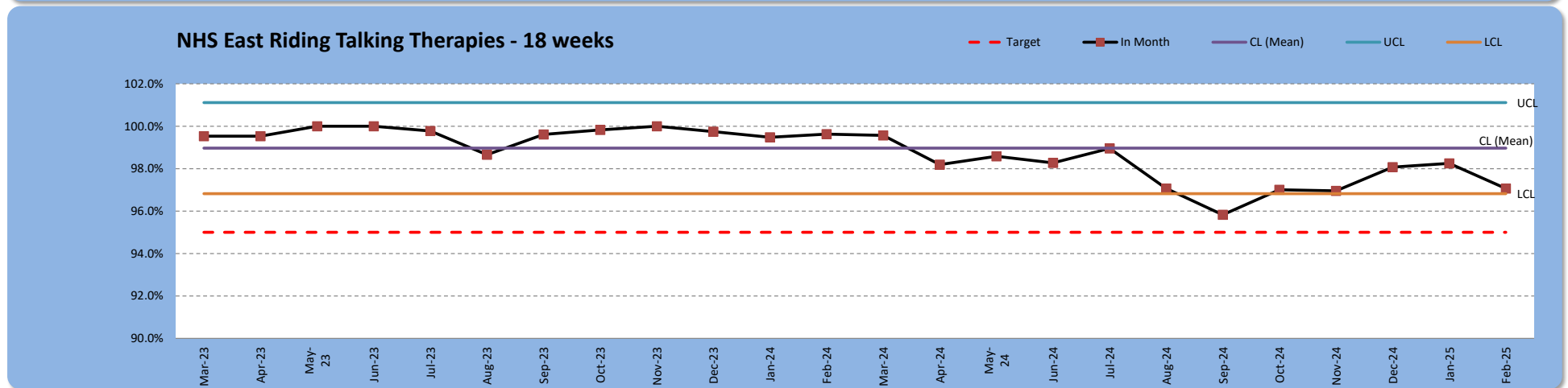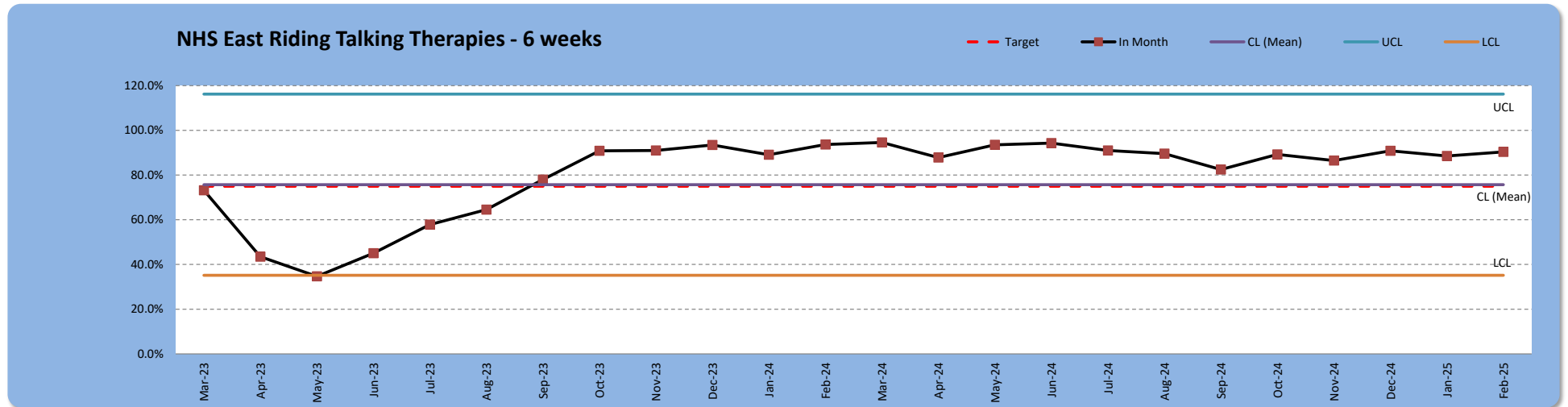# PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

		Current month 6 weeks stands at:			Current month 18 weeks stands at:
Target:	Amber:		Target:	Amber:	
75%	70%	90.4%	95%	85%	97.1%

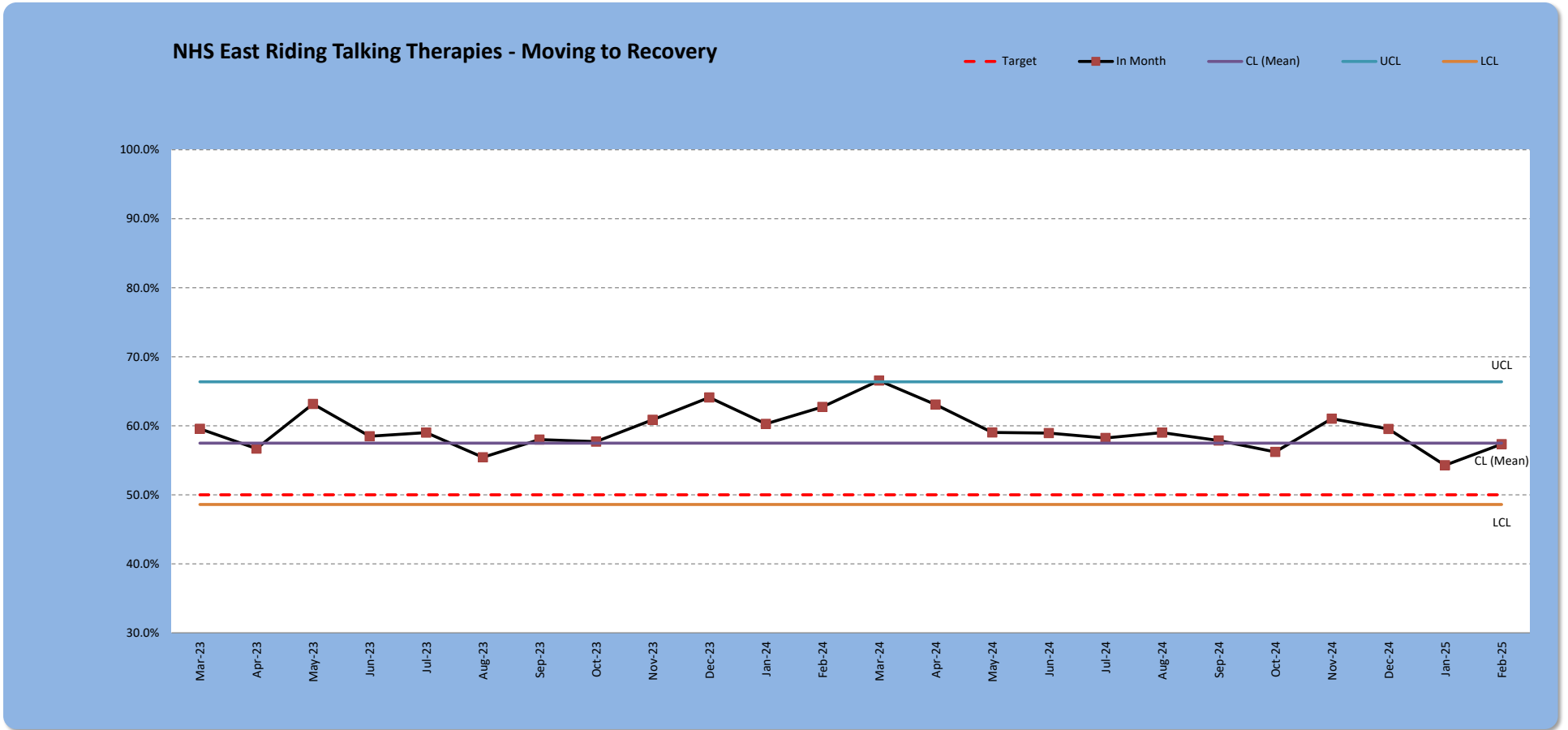| Indicator Title	Description/Rationale		KPI Type
NHS East Riding Talking Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral (East Riding)	Executive Lead Lynn Parkinson	OP 10a

NHS East Riding Talking Therapies - 6 weeks

Legend: Target, In Month, CL (Mean), UCL, LCL

NHS East Riding Talking Therapies - 18 weeks

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary
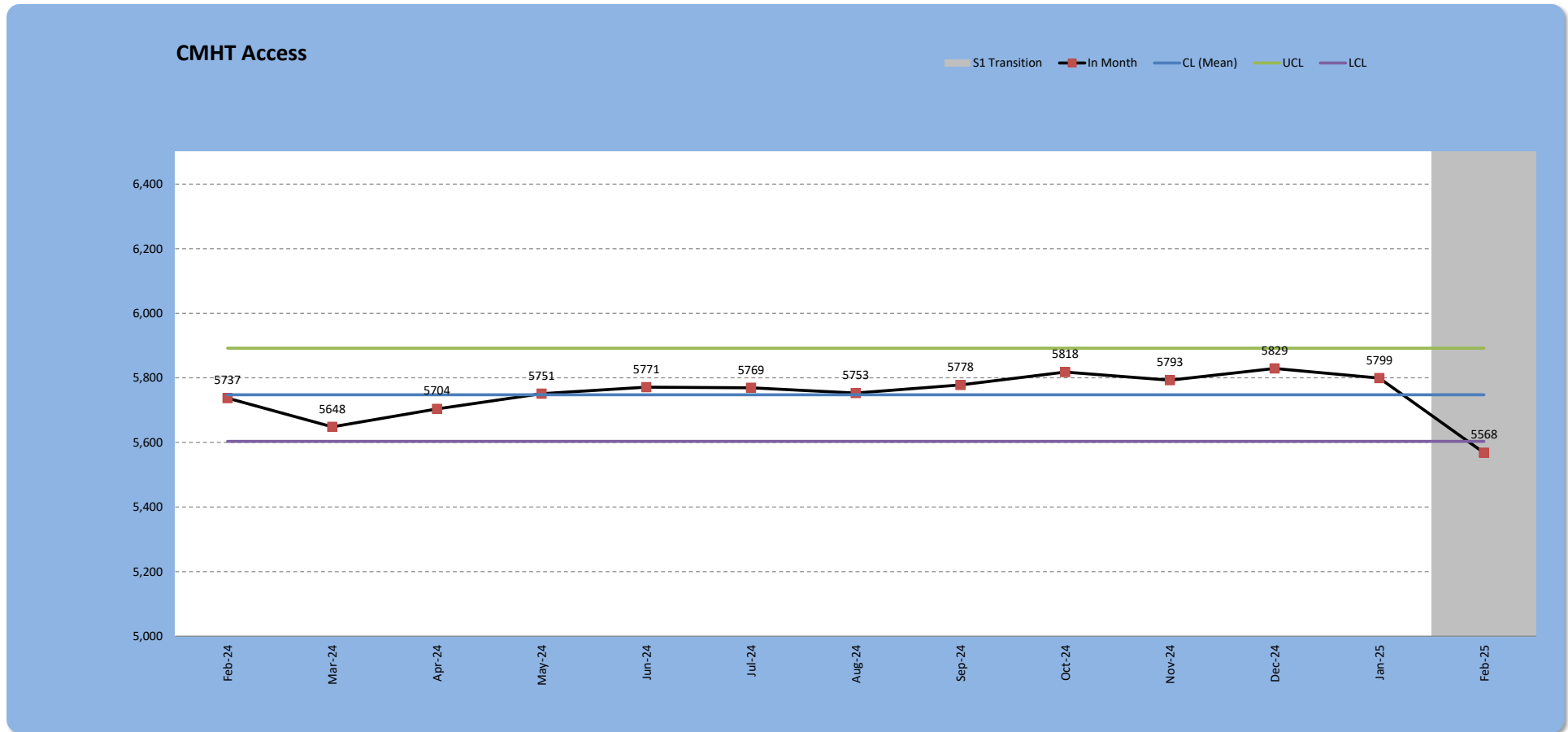
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

	Target:	Amber:	Current month stands at:
	50%	45%	57.3%

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

NHS East Riding Talking Therapies - Moving to Recovery

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **February 2025**

Target:	Amber:	Current month stands at:
TBC	TBC	5568

Indicator Title	Description/Rationale		KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	**Executive Lead** **Lynn Parkinson**	MHS108.1

CMHT Access

Legend: S1 Transition, In Month, CL (Mean), UCL, LCL

Data points:
- Feb-24: 5737
- Mar-24: 5648
- Apr-24: 5704
- May-24: 5751
- Jun-24: 5771
- Jul-24: 5769
- Aug-24: 5753
- Sep-24: 5778
- Oct-24: 5818
- Nov-24: 5793
- Dec-24: 5829
- Jan-25: 5799
- Feb-25: 5568

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: February 2025

Target:	Amber:	Current month stands at:
TBC	TBC	600

Indicator Title	Description/Rationale		KPI Type
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months *(Hull, East Riding & North Lincs only)*	**Executive Lead** Lynn Parkinson	MHS91.1
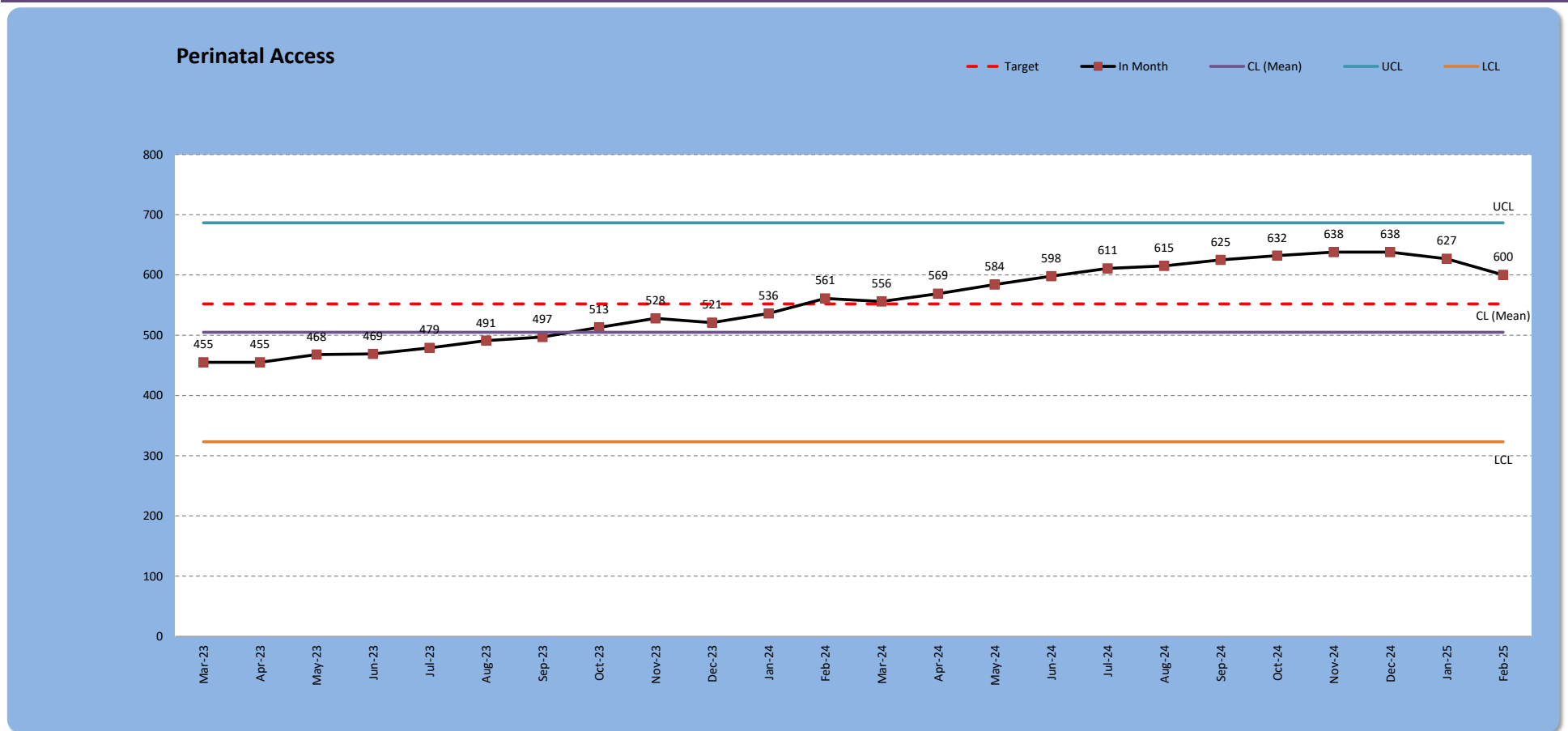
Perinatal Access

Legend: Target, In Month, CL (Mean), UCL, LCL

Data points (In Month):
- Mar-23: 455
- Apr-23: 455
- May-23: 468
- Jun-23: 469
- Jul-23: 479
- Aug-23: 491
- Sep-23: 497
- Oct-23: 513
- Nov-23: 528
- Dec-23: 521
- Jan-24: 536
- Feb-24: 561
- Mar-24: 556
- Apr-24: 569
- May-24: 584
- Jun-24: 598
- Jul-24: 611
- Aug-24: 615
- Sep-24: 625
- Oct-24: 632
- Nov-24: 638
- Dec-24: 638
- Jan-25: 627
- Feb-25: 600

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: February 2025

	Target:	Amber:	Patients OoA within month:
	0	0	24

Split:	# days	# patients
Adult	141	10
OP	197	9
PICU	122	5
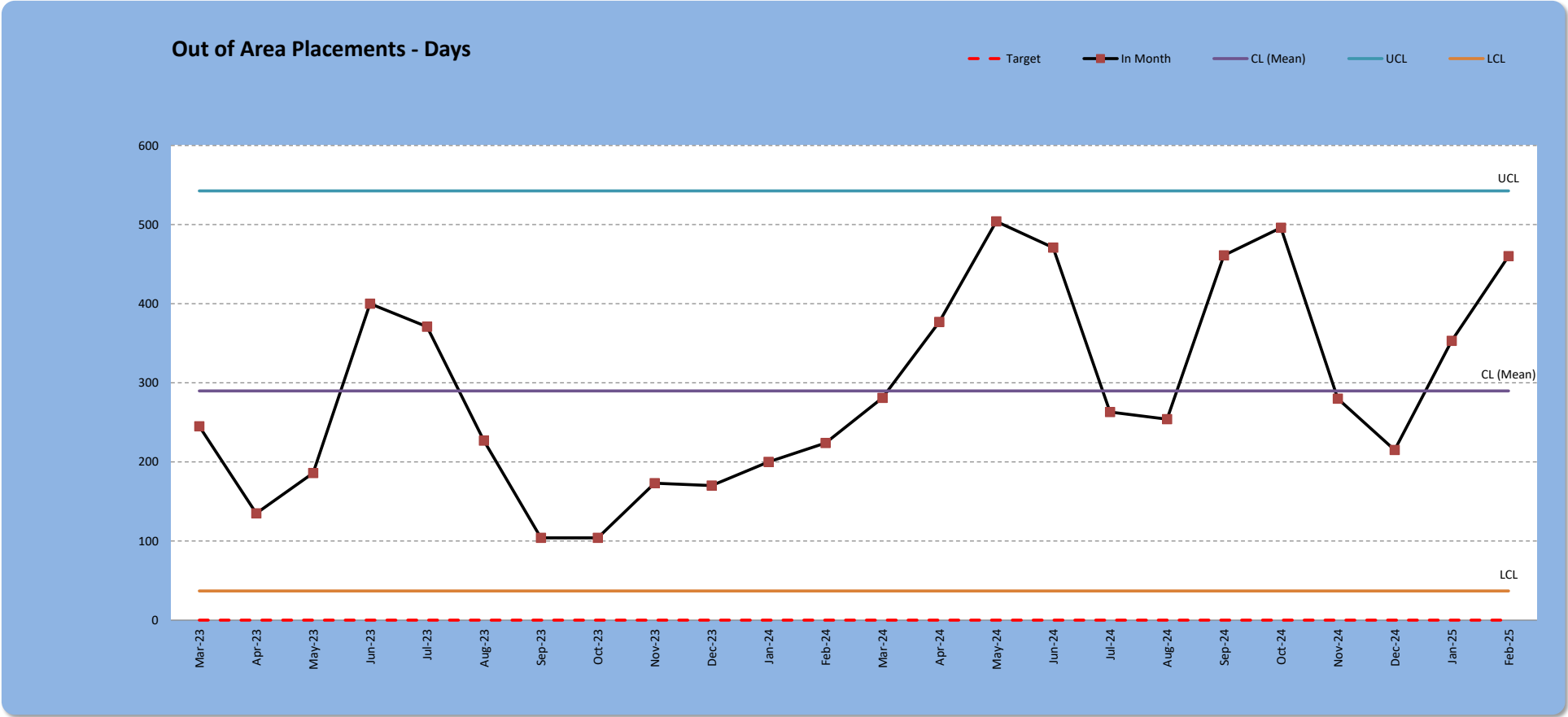
Indicator Title	Description/Rationale		
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Executive Lead Lynn Parkinson	KPI Type ST 4b

Out of Area Placements - Days

Legend: Target, In Month, CL (Mean), UCL, LCL

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **February 2025**

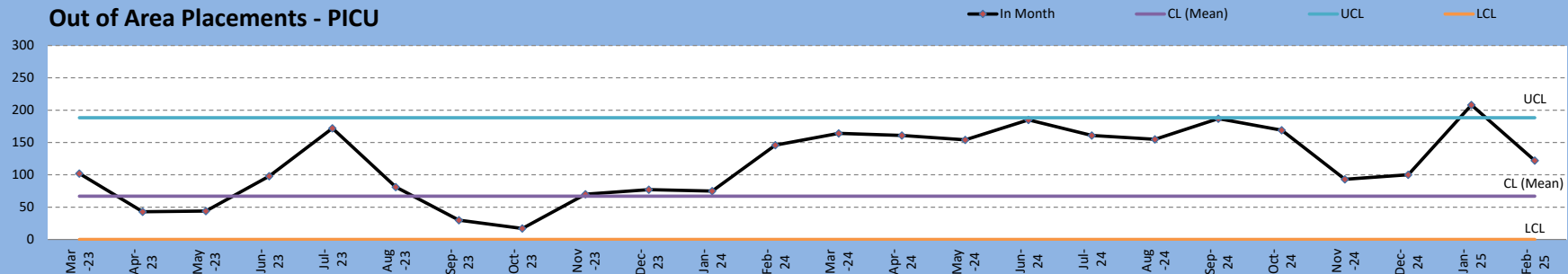| Indicator Title	Description/Rationale		KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service	Executive Lead Lynn Parkinson	ST 4 split

Out of Area Placements - Adult
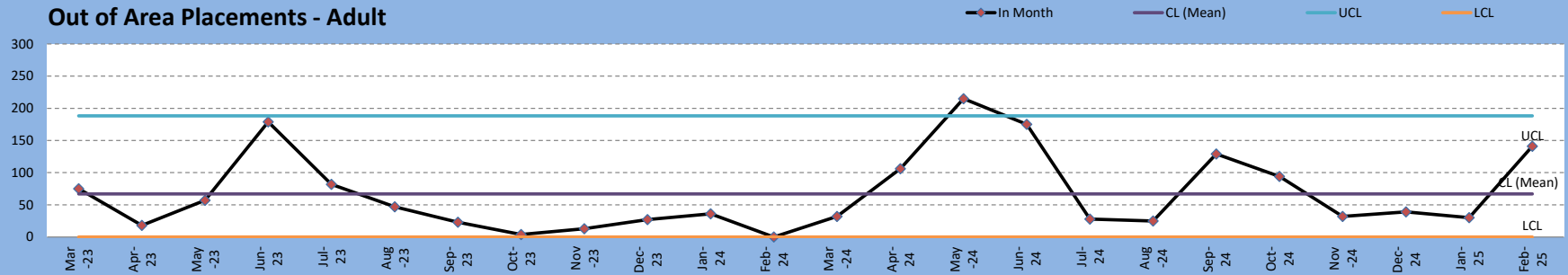
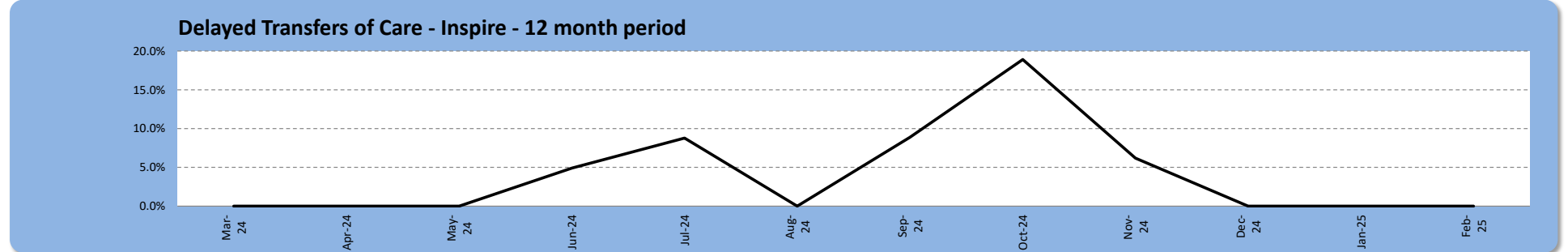### Out of Area Placements - Older People
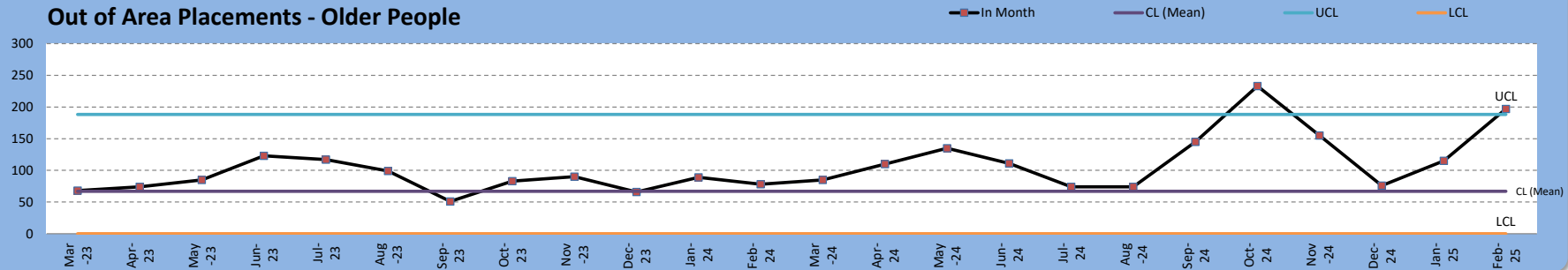
Out of Area Placements - PICU

Please refer to the accompanying front sheet/report for any relevant commentary

PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: February 2025

Target:	Amber:	Current month stands at:
7.5%	7.0%	6.8%

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

Delayed Transfers of Care - Adult and Older People Mental Health

Delayed Transfers of Care - Inspire - 12 month period

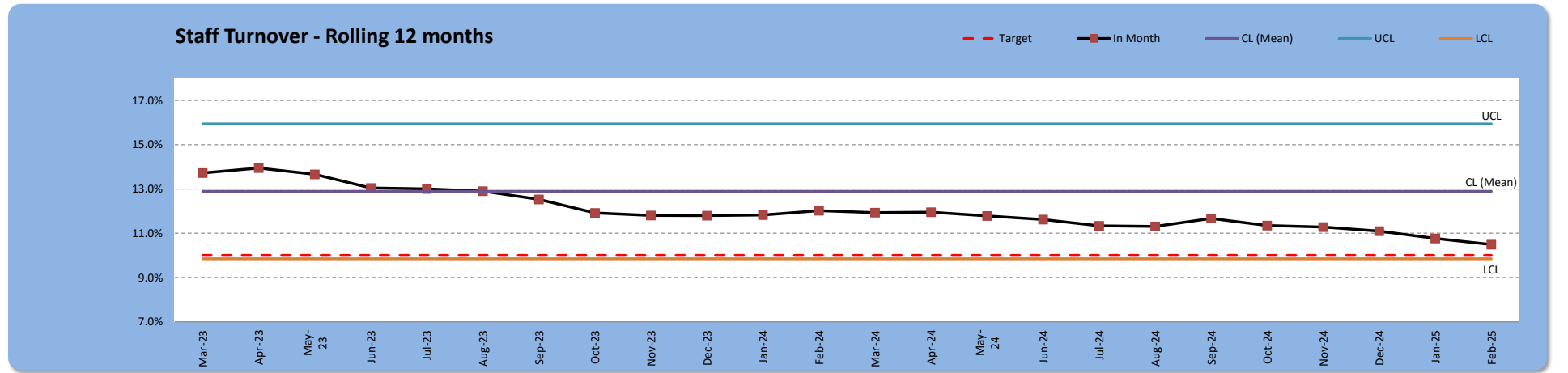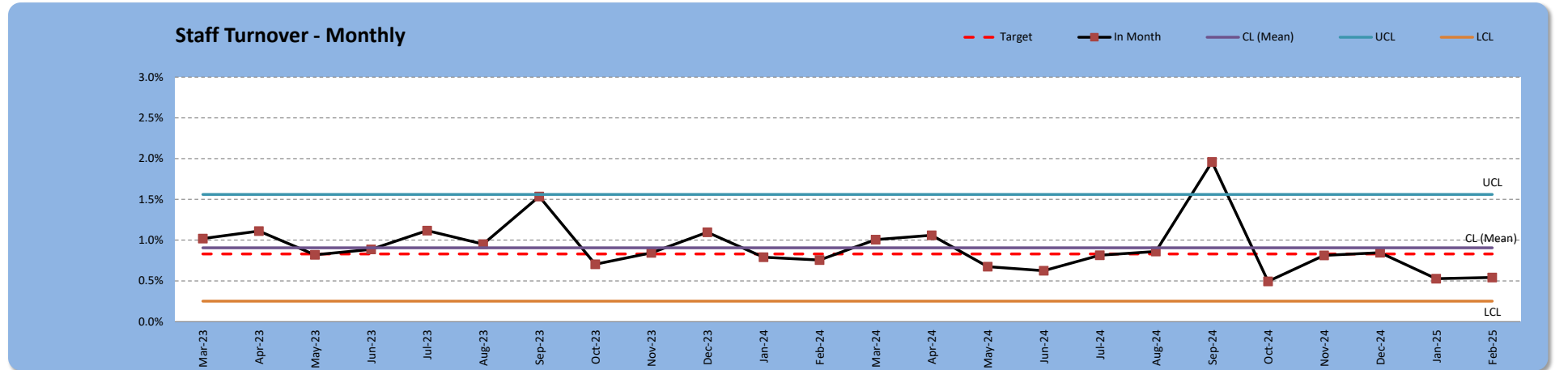**Please refer to the accompanying front sheet/report for any relevant commentary**

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **February 2025**

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.7%

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

Total Sickness Absence

Legend: Target · In Month · Excluding Covid · CL (Mean) · UCL · LCL

Total Sickness Absence (Rolling 12 months)

Legend: Target · In Month · Excluding Covid · CL (Mean) · UCL · LCL

Please refer to the accompanying front sheet/report for any relevant commentary
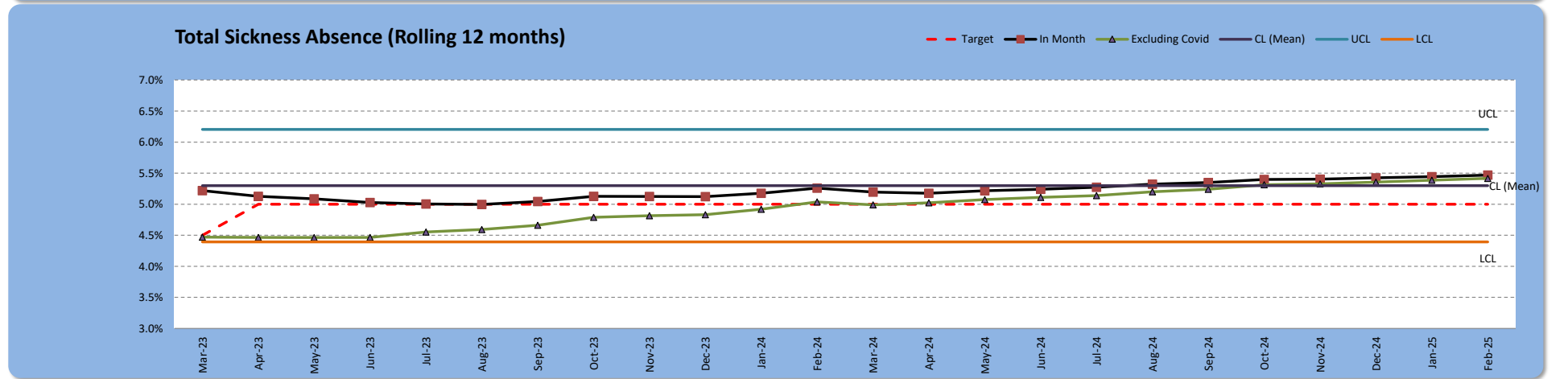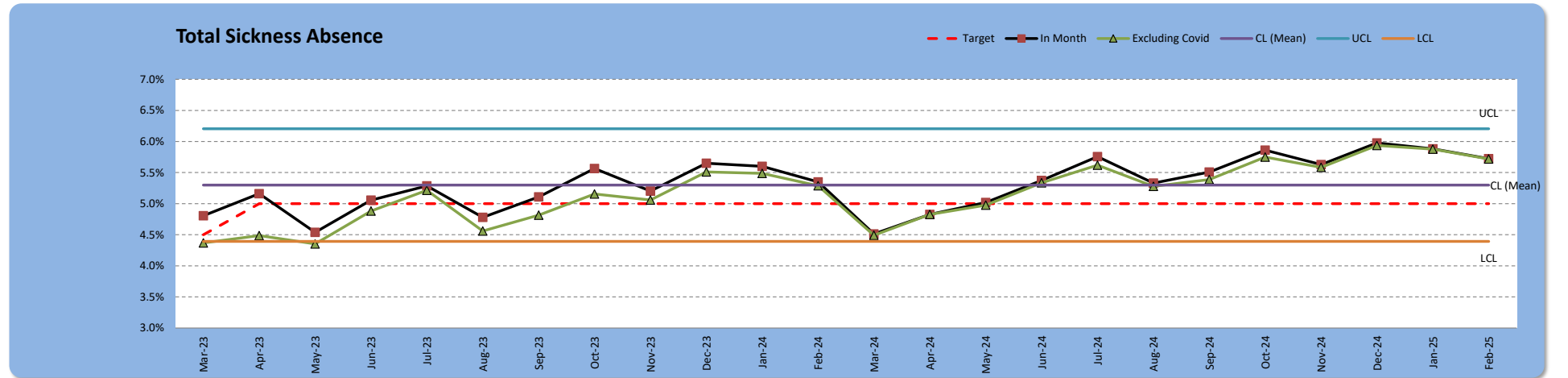
PI RETURN FORM 2024-25

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: February 2025

	Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
	0.8%	0.7%	0.5%	10%	9%	10%

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

Staff Turnover - Monthly

Staff Turnover - Rolling 12 months

Please refer to the accompanying front sheet/report for any relevant commentary

Humber Teaching NHS Foundation Trust
Trust Performance Report

GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
FFT	Friends and Family Test
F2F	Face to Face
ILS	Immediate Life Support
LCL	Lower Control Limit
LD	Learning Disability
NHSER	National Health Service East Riding
OBD	Occupied Bed Days
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
STaRS	Specialist Treatment and Recovery Service
TPR	Trust Performance Report
UCL	Upper Control Limit
WTE	Working Time Equivalent

Financial Year 2024-25

NHS Prioritises Operational Planning Metrics

This document provides a high level summary of the performance against the NHS Priortises (Operational Planning) Mental Health and Community Services Operational Planning targets/objectives.

The purpose of this report is to present to EMT Members a review of the performance for a select number of indicators included in the Mental Health Long Term Plan, it includes data for the last 12 months.

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing

Mental Health Operational Planning Metrics

Entry	Indicator Definition	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** - SNAPSHOT at Reporting Month End	5	12	15	22	12	8	8	20	12	8	5	14	18
E.A.4a	Access to **NHS talking therapies** for anxiety and depression - reliable recovery	59%	66%	63%	59%	59%	58%	59%	58%	56%	61%	60%	54%	57%
E.A.4b	Access to **NHS talking therapies** for anxiety and depression - reliable improvement	76%	75%	75%	76%	72%	73%	75%	74%	74%	78%	79%	72%	74%
E.H.31	Overall Access to **Core Community Mental Health Services for Adults and Older Adults** with Severe Mental Illnesses *(Excludes MH Wellbeing coaches)* **Rolling 12months**	5600	5745	5802	5854	5865	5870	5847	5875	5920	5896	5932	5897	5658
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (ALL 4 PLACE AREAS)**	865	748	762	780	803	814	823	830	848	862	866	859	820
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months**	5200	6290	6299	6254	6101	5831	5788	5708	5685	5729	5784	5937	6043

Community Services
Operational Planning
Metrics

NHS Humber Teaching NHS Foundation Trust

Entry	Indicator Definition	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
E.T.6	Community bed occupancy/availability	85%	92%	94%	89%	89%	86%	78%	86%	89%	86%	81%	94%	89%
E.T.2	Community Services Waiting list	3833	🔴 4240	🔴 4193	🔴 4229	🔴 4131	🔴 4114	🟢 3821	🟢 3327	🔴 3960	🟢 3738	🟢 3806	🔴 4078	🔴 3900
E.T.2a	Number of CYP (0-17 years) on community waiting lists per system	1709	🟢 1573	🟢 1586	🟢 1644	🟢 1624	🟢 1508	🟢 1375	🟢 1341	🟢 1533	🟢 1594	🟢 1695	🔴 1787	🟢 1642
E.T.2b	Number of Adults (18+ years) on community waiting lists per system	2124	🔴 2667	🔴 2607	🔴 2585	🔴 2507	🔴 2606	🔴 2446	🟢 1986	🔴 2427	🔴 2144	🟢 2111	🔴 2291	🔴 2258
E.T.5	**Virtual Wards** - Number of Bed Occupancy	84%	🔴 20%	🔴 17%	🔴 25%	🔴 28%	🔴 21%	🔴 18%	🔴 27%	🔴 25%	🔴 30%	🔴 35%	🔴 42%	🔴 72%

Mental Health
Long Term Plan Targets
Dashboard - PLACE data

NHS Improvement
Humber Teaching NHS Foundation Trust
2024/25
14 March 2025

Entry	Indicator Definition	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** bed days **Rolling 3 months (HULL PLACE ONLY)**	3	🔴 4	🔴 8	🔴 12	🔴 5	🔴 5	🔴 4	🔴 14	🔴 5	🔴 4	🟢 3	🔴 7	🔴 8
E.A.5	Inappropriate adult acute mental health **Out of Area Placement (OAP)** bed days **Rolling 3 months(EAST RIDING PLACE ONLY)**	2	🔴 5	🔴 5	🔴 7	🔴 5	🟢 2	🟢 2	🔴 4	🔴 5	🔴 4	🟢 2	🔴 7	🔴 10
E.H.31	Overall Access to **Core Community Mental Health Services for Adults and Older Adults** with Severe Mental Illnesses **Rolling 12months (HULL PLACE ONLY)**	2100	🟢 2369	🟢 2388	🟢 2387	🟢 2398	🟢 2401	🟢 2412	🟢 2404	🟢 2389	🟢 2366	🟢 2377	🟢 2341	🟢 2252
E.H.31	Overall Access to **Core Community Mental Health Services for Adults and Older Adults** with Severe Mental Illnesses **Rolling 12months (East Riding PLACE ONLY)**	3500	🟢 3296	🟢 3338	🟢 3391	🟢 3398	🟢 3404	🟢 3373	🟢 3401	🟢 3459	🟢 3455	🟢 3476	🟢 3477	🟢 3335
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months (HULL PLACE ONLY)**	2900	🟢 3463	🟢 3427	🟢 3374	🟢 3272	🟢 3127	🟢 3116	🟢 3052	🟢 3041	🟢 3050	🟢 3110	🟢 3169	🟢 3218
E.H.9	Access to **Children and Young People's** Mental Health Services **Rolling 12months (East Riding PLACE ONLY)**	2300	🟢 2687	🟢 2731	🟢 2741	🟢 2694	🟢 2574	🟢 2542	🟢 2530	🟢 2519	🟢 2519	🟢 2501	🟢 2583	🟢 2632

Perinatal Dashboard - PLACE data

Entry	Indicator Definition	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (HULL PLACE ONLY)**	345	🔴 263	🔴 266	🔴 273	🔴 283	🔴 291	🔴 294	🔴 298	🔴 304	🔴 304	🔴 309	🔴 300	🔴 287
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (EAST RIDING PLACE ONLY)**	282	🔴 222	🔴 220	🔴 224	🔴 225	🔴 232	🔴 234	🔴 237	🔴 234	🔴 237	🔴 226	🔴 220	🔴 210
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (NORTH LINCS PLACE ONLY)**	78	🟡 75	🟢 85	🟢 89	🟢 93	🟢 92	🟢 90	🟢 91	🟢 97	🟢 102	🟢 107	🟢 111	🟢 107
E.H.15	Women Accessing Specialist Community **Perinatal Mental Health Services** **Rolling 12months (NORTH EAST LINCS PLACE ONLY)**	160	🟢 188	🟢 191	🟢 194	🟢 202	🟢 199	🟢 205	🟢 204	🟢 213	🟢 219	🟢 224	🟢 228	🟢 216

Issue Date: 14/03/2025

Caring, Learning
& Growing Together

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025
Title of Report:	Q3 Risk Register Update
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals. Oliver Sims Corporate Risk and Incident Manager

Recommendation:				
	To approve	X	To discuss	
	To note		To ratify	
	For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in November 2024.

Key Issues within the report:

Positive Assurances to Provide:	Key Actions Commissioned/Work Underway:
WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce. Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment plan in place for consultant vacancies which is monitored by the Executive Management Team and the Workforce and OD Committee. There has been a continued reduction in the total vacancy rate and the risk will continue to be monitored via Executive Management Team and Workforce and OD Committee with a view to reduce in Q1 2025/25 when the vacancy rate is representative of the actions completed inQ4 2024/25. **FII236 – Due to the lack of available capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.** Mitigations are in place around annual capital	• Please see actions and mitigations contained in the risk register.

Caring, Learning & Growing Together

allocation being ringfenced for inpatient estate improvements with specific schemes underway for the inpatient settings. The Trust's existing estate is maintained through ongoing maintenance and capital investment. Further longer strategies to be developed and alternative funding options are being explored.

OPS17 – Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.

Recovery plans remain in place to reduce waiting times and achieve 52-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week wating times, particularly in the children's autism service which previously had the highest number of patients waiting over 52 weeks.

FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.

The ICB have initiated a Medium-Term Financial Plan with the Trust input. There has been agreement through the ICS to increase capital expenditure of £0.900m that was originally a revenue cost. The Trust maintains robust arrangements for the monitoring of its financial position via the Executive Management Team and Finance Committee.

FII239 – As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.

The Trust is involved in contractual discussions with commissioners and is taking all necessary actions to ensure appropriate funding is in place. The Trust maintains a budget reduction strategy up to 2026/27 financial year and there is a small amount of contingency / risk cover provided for in-plan. The Trust will continue to work with commissioners to highlight the requirement for funding through MHIS and Service Development Funds and will bid for national resources as and when available.

Matters of Concern or Key Risks:	**Decisions Made:**
• No matters of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.	• There are currently **5 risks** held on the Trust-wide Risk Register. The current risks held on the Trust-wide risk register are summarised below:

	Risk Description	Current Rating	Movement from prev. quarter
	WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	16	
	FII236 – Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	16	
	OPS17 – Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	16	
	FII223 - Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.	15	
	FII239 - As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	15	**Newly scoped risk**

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee	02/2025	Remuneration & Nominations Committee	
	Quality Committee	02/2025	People & Organisational Development Committee	02/2025
	Finance Committee	01/2025	Executive Management Team	03/2025
	Mental Health Legislation Committee		Operational Delivery Group	03/2025
	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	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required
Legal	√			
Compliance	√			
Communication	√			

Financial	√			by the author
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Quarter Three Risk Register Update

1. Trust-wide Risk Register

There are currently **5** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score	Movement from prev. quarter
WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	20	16	8	⬌
FII236	Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	20	16	8	⬌
OPS17	Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8	⬌
FII223	As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	20	16	8	⬆⬌
FII239	As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	20	15	5	**Newly scoped risk** ⬌

2. Closed/ De-escalated Trust-wide Risks

There is **one** risk that was previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to the Trust Board in November 2024.

| Risk ID	Description of Risk	Update
WF47	Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.	Risk closed and new entry added to Workforce risk register to capture difficulties within the ICS to meet challenging financial targets and associated impact to workforce as a result (WF51). The new risk is currently scored at unlikely x severe (8 High) and will be monitored via the Workforce and OD Committee.
FII238	As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	Risk reduced to reflect 2024/2025 financial position and new entry added to Finance directorate risk register and Trust-wide risk register to capture financial challenges linked to 2025/2026 difficulties within the ICS to meet challenging financial targets (FII239).

3. Wider Risk Register

There are currently **149** risks held across the Trust's risk registers. The current position represents an overall decrease of **6** risks from the **155** reported to Trust Board in November 2024. The table below shows the current number of risks at each risk rating:

Table 2 - Total Risks by Current Risk level

Current Risk Level	Number of Risk – November 2024	Number of Risk – March 2025
20	0	0
16	4	4
15	1	1
12	45	43
10	5	6
9	31	26
8	33	31
6	28	33
5	0	0
4	6	4
3	1	1
2	1	0
Total Risks	**155**	**149**

Chart 1 – Total Risks by Division/ Directorate
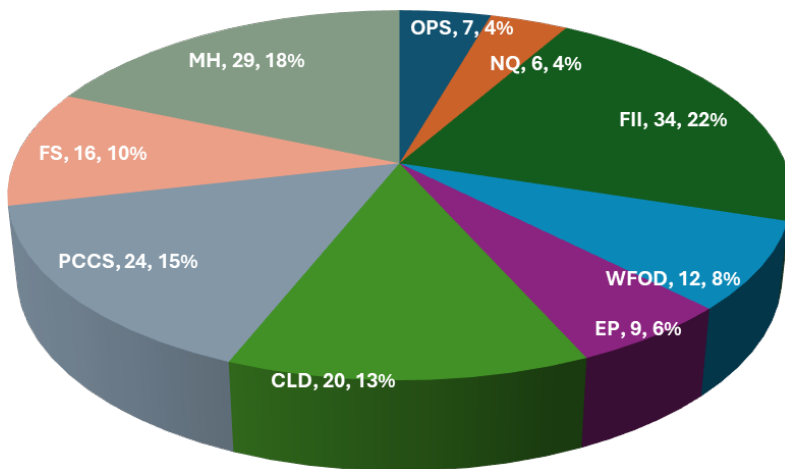
Key:

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

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	WF38	As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce.	Objectives	Almost Certain	Severe	20	Significant	1. Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee). 2. 'Humbelievable' recruitment branding set up. 3. GMC sponsored International recruitment programme in place for Speciality Doctors (who may train to become Consultants). 4. Workforce planning process and overarching plan delivered for 23/24 5. Trust Workforce planning process in place for the past 4 years. 6. Additional investment in recruitment, marketing and communications targeted at Consultant recruitment 7. Talent Acquisition specialist role in place until March 2024 working on consultant posts with some success to date 8. Rolling adverts out for consultant posts 9. Medical Workforce Plan approved 10. All medical vacancies are covered with agency workers. 11. Humber representatives to attend the ICB ANCIPs recruitment event in India in January 2024, with 5 vacant consultant posts identified to be filled by SAS Drs / Two substantive appointments January 2024	1. Workforce and OD Committee (insight reports). 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. DATIX reports	1. Not all vacancies currently advertised 2. Commencement of remaining international recruit.	1. Consultant vacancy rate January 2025 – 24.74% reduced from 26.02% in December 2024 .	Likely	Severe	16	Significant	1. Advertisement and appointment of remaining consultant vacancies (31/03/2025). 2. Qualified consultants into HICTOP and the Prison service removing agency doctors to commence in roles (31/03/2025) 3. Review of application for MAS post (in shortlisting) and completion of interviews for the S/D post at Maister Lodge (31/03/2025)	12/03/2025	Kwame Fofie	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High
2	FII236	Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	Severe	20	Significant	1. The Trust is utlising annual capital allocation with ringfenced budget for inpatient Estates improvement. 2. 2023-24 scheme for improvement of bathrooms in inpatient setting. 3. Trust maintains existing states as far as is possible through ongoing maintence and capital investment 4. Over 4-year period, capital is being ring fenced to fund improvements, with EMT-agreed provisional focus on Westlands enabling start of programme despite national funding issues.	1. Estate Strategy and Capital Delivery Group 2. EMT 3. Service Planning and Transformation Group 4. Major Schemes Project Board	1. Operationl plans are annual, which do not allow for long term capital planning. 2. Increase in backlog maintenance as Trust estate deteriorating over time due to age and not meeting performance requirements toward net zero targets. 3. Inability to change suitability of existing buildings to accomodate improvements such as en-suite bathroom facilities.	1. Trust was not successful in application for new hospitals scheme. 2. RAAC issues nationally further affecting availability of centralised funding. 3. Trust compliance with Health Technical Memoranda and Health Building Notes -Estate does not meet current guidance (all en-suite facilities)	Likely	Severe	16	Significant	1. Longer term strategies for services to be recognised (31/03/2025) 2. Finance Director exploring alternative funding options (31/03/2025)	17/03/2025	Rob Atkinson	Peter Beckwith	ODG / EMT	Trust Board	Unlikely	Severe	8	High
3	OPS17	Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	Objectives	Almost Certain	Severe	20	Significant	1. Work underway with Divisions to address three areas of challenge 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements 8. Planning round and discussions taking into acute waiting times position 9. Paused Adult ADHD pathway approved by EMT – offering patient right of choice to access other providers. 10. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system 11. RTC for Adult ADHD being offered to all patients waiting	1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group. 2. Quality impact on key identified areas monitored via Quality Committee. 3. Weekly divisional meetings with Performance & Access Mgr around waiting list performance. 4. Introduction of Monthly Performance & Productivity Group chaired by DCOO. 5. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement.	1. Opportunities to revise pathways to increase productivity or reduce demand into services. 2. Additional funding available to support demand ceased at end of March 2024. 3. EMT approval of options paper to Pause waiting list to referrals, encouraging patients to exercise RTC	1. Adult ADHD number of patient waiting >52 weeks - 274 2 .Children's ASD number of patient waiting >52 weeks - 1165 3. Childrens ADHD number of patient waiting assessment >52 weeks - 601 4. Operational planning guidance does not provide instructions in relation to neuro services.	Likely	Severe	16	Significant	1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures (31/03/2025) 2. CYP ASD /ADHD Options paper approved by EMT to support potential Pause of the Waiting Lists encouraging Right to Choose (31/03/2025) 3. Confirmation on levels of funding available to support demand (31/03/2025)	12/03/2025	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High

Row	Risk ID	Description of Risk	Impact/ Consequence Type	Likelihood (Initial)	Impact (initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
4	FII239	As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery .	Objectives	Likely	Catastrophic	20	Significant	1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding. 2. Budget Reduction Strategy in place up to 2027-28 and small amount of contingency/risk cover provided for in plan.	1. Monthly reporting to EMT 2. Quarterly Reporting to Finance Committee monitoring of performance against plans. 3. Monthly reports and Quarterly Accounts Returns to NHS I with quarterly feedback. 4. ODG and Divisional ODG reports monitoring financial position and performance against plans. 5. Accountability Review monitoring of financial position and discussed with budget holders (regular confirm and challenge).	1. The overaching ICS financial position and the ability for Commissioners to invest up to MHIS and the lack of full deployment of Mental Health Service Development Funding 2. Short term nature of Financial Planning from an ICS perspective	1. Longer-term planning guidance is awaited. 2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth	Possible	Catastrophic	15	Significant	1. Ongoing maintenance of relationships with Commissioners (31/03/2026) 2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds (31/03/2026) 3. Continue to bid for national resource as and when it becomes available (31/03/2026)	17/03/2025	Iain Omand	Peter Beckwith	Directorate Business meeting/ Executive Management Team	Board	Rare	Catastrophic	5	Moderate
5	FII223	Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base	Objectives	Almost Certain	Severe	20	Significant	1. Draft Financial Plan in progress. 2. BRS 2025/26 developed 3. Monthly reporting, monitoring and discussion with budget holders. 4. Small contingency / risk cover provided in plan. 5. MTFP in development to inform plans. 6. Service and Operational plans. 7. Regular reviews with NHSE/I and relevant Commissioners 8. Non-recurrent savings identified	1. Monthly reporting to EMT. 2. Bi monthly reporting to Board 3. Quarterly Reporting to Finance Committee 4. Monthly reporting to NHSE/I and feedback 5. ODG monitoring progress of Financial Position and BRS plans. 6. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board. 7. External / Internal Audit on financial controls/systems. 8. Regular input through Humber and North Yorkshire ICS 9. Cash Position for the Trust is strong	1. Current draft plan is a deficit for 2025/26 financial year 2. Current underlying position of the ICS is a deficit of £146m 3. There has been no deployment of MHIS which was previously annual investment of £2m 4. There is Risk in the assumption of the receipt of 2024/25 Income from the ICS 5. The level of funding the Trust has received to fund the 2024/25 Pay Award is below the level required (£0.900m gap) in addition to this the 2025/26 pay award and NI pressures have created a further £2.600m Gap	1. Longer-term planning guidance is awaited 2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth	Likely	Severe	16	Significant	Medium Term Financial Plan to be developed when guidance is issued (31/03/2026). The ICB have initiated a MTFP with the Trust inputting to. Agreement through the ICS to increase	17/03/2025	Iain Omand	Peter Beckwith	Directorate Business meeting/ Executive Management Team	Board	Unlikely	Severe	5	Moderate

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Board Assurance Framework Q3 2024/25			
Author/s:	Executive Lead: Michele Moran, Chief Executive Oliver Sims Corporate Risk and Incident Manager			
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance			
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The report provides the Trust Board with the Q3 2024/25 version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.			

Key Issues within the report:

Positive Assurances to Provide:
- Progress against the identified risks to each of the Trust's strategic goals is reflected within the framework to allows for consideration to be given to assurances in place, which enables focused review and discussion of the challenges to the delivery of the organisational objectives.

- Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.

- Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal. The overall rating is applied based on the overall assurance available to the Executive Lead at the time of review.

Key Actions Commissioned/Work Underway:
- No specific key actions commissioned / work underway to highlight further to information included in the Board Assurance Framework document for Q3 2024/25.

Key Risks/Areas of Focus:
- No matter of concerns to highlight or key risks further to those included in the Board Assurance Framework to escalate.

Decisions Made:
Current assurance ratings for each section of the Board Assurance Framework:

Strategic Goal – Innovating for Quality and Patient Safety
- Overall rating 8 - High for Quarter 3 2023/24

Caring, Learning & Growing Together

	Strategic Goal – Enhancing prevention, wellbeing, and recovery. - Overall rating 12 - High for Quarter 3 2023/24 **Strategic Goal – Fostering integration, partnerships, and alliances.** - Overall rating 8 - High for Quarter 3 2023/24 **Strategic Goal – Promoting people, communities, and social values.** - Overall rating 6 - Moderate for Quarter 3 2023/24 **Strategic Goal – Developing an effective and empowered workforce.** - Overall rating 8 - High for Quarter 3 2023/24 **Strategic Goal – Optimising an efficient and sustainable organisation.** Overall rating 12 - High for Quarter 3 2023/24	

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee	02/2025	Remuneration & Nominations Committee	
	Quality Committee	02/2025	People & Organisational Development Committee	02/2025
	Finance Committee	01/2025	Executive Management Team	02/2025
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Board Assurance Framework
Quarter 3 2024/2025

Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

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

RISK APPETITE

Strategic Goal	Executive Lead	Risk Appetite (Agreed by Trust Board June 2024)	Threshold Risk Score
Innovating for quality and patient safety	Director of Nursing	SEEK	15
Enhancing prevention, wellbeing, and recovery	Chief Operating Officer	SEEK	15
Fostering integration, partnerships, and alliances	Chief Executive	MATURE	15+
Promoting people, communities, and social values	Chief Executive	SEEK	15
Developing an effective and empowered workforce	Director of Workforce and OD	MATURE	15+
Optimising an efficient and sustainable organisation	Director of Finance	SEEK	15

RISK APPETITE DEFINITIONS

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

BOARD ASSURANCE FRAMEWORK SUMMARY

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

				Lead Director:	Lead Committee:
Innovating for quality and patient safety				Dir. Nursing	Quality Committee

Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.	**Risk Score: 8**

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15	15	15

Positive Assurance

- The Trust's current CQC rating is 'Good' (2019 assessment)
- Trust is rated green for 24 of 29 aspects of statutory and mandatory training and amber for the remaining 5
- No incidents relating to medicine safety, safer staffing or relating to waiting lists that have caused harm moderate and above.
- PSIRF Policy and plan approved by ICB and Trust Board (September 2023)
- Peer review process in place aligned to CQC fundamental standards.
- 337 recorded Quality Improvement (QI) activities of which 212 were complete, 3 at idea stage/awaiting charters and 66 underway. There are 54 activities which have been closed as no longer viable.
- QI training increased with 1241 total places delivered.
- 175 (62%) QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- 86 (30%) QI activities have indicated that they have collaborated with organisations outside the Trust.
- NHS National Staff Survey 2022, 60.9% of staff said they strongly agreed/agreed to the statement 'I am able to make improvements happen in my area of work' (compared to the benchmark of 60.4%).
- The Trust is currently delivering against its Clinical Audit Plan
- Waiting Time position – Trust exceeding target for RTT – Early Interventions (93.3% against target of 60%), RTT – IAPT 18 weeks (98.7% against target of 95%) and RTT – IAPT 6 weeks (78.5% against Trust target of 75%)
- Significant assurance given by Audit Yorkshire for Trust Safer Staffing audit.
- Significant assurance given by Audit Yorkshire for Trust Patient Safety Governance audit.
- Performance management system (EDGE) used to monitor recruitment to studies and Assistant Director R&D and Research Support Manager maintain monitoring dashboard to review progress and troubleshoot as issues arise, directing researcher capacity to research studies that are under-performing where appropriate. Yorkshire and Humber Clinical Research Network (CRN) performance manage the Trust's recruitment to time and target (RTT) via fortnightly reports.
- FFT response rate and feedback mechanisms

Negative Assurance / Gaps in Assurance

- Trust CQC rating for 'Safe' domain remains requires improvement (2019 assessment) *(Risk OPS18)*
- Annual Medicine Administration compliance rate 70% (August 2024) improved from initial risk assessed position of 17.74% in May 2023, but with target of 85% Trust compliance *(Risk NQ56)*
- Trust Waiting Time position *(Risk OPS17))*

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Mitigating actions to manage waiting lists in place with regular reports to Board (Neuro diversity and Adult ADHD)	March 2025	Lynn Parkinson	Adult ASD/ADHD Assessment waiting times are improving. Capacity and Demand work ongoing to identify areas for further support.
Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures	March 2025	Lynn Parkinson	ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.
Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward.	March 2025	Lynn Parkinson	Multi-disciplinary pathway for adult ADHD under development with pathway re-design. Waiting list for adult ADHD paused to limit current demand and halt additional referrals.

Clinical-led work to determine gaps within services and determine pathway improvement works	March 2025	Lynn Parkinson	
Patient Safety Priorities identified following thematic review of incidents.	March 2025	Hilary Gledhill	QI projects in place for each priority. Monitoring in place with reports to QC commencing December 2023.

Enhancing prevention, wellbeing, and recovery

Lead Director: Chief Operating Officer

Lead Committee: Quality Committee

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

Risk Score: 12

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	12 HIGH	12 HIGH	12 HIGH	12 HIGH
Risk Appetite Threshold	15	15	15	15

Positive Assurance

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

Negative Assurance / Gaps in Assurance

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

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions.	March 2025	Lynn Parkinson	Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions.
Development of Trauma in Care Strategy Task and Finish group.	March 2025	Lynn Parkinson	Trauma in Care Strategy Task and Finish group has been set up. The group is in its early stages and is currently in the process of producing an action plan for key pieces of work.
Development of trauma service principles within Mental Health Division	March 2025	Lynn Parkinson	Work is ongoing in the Mental Health Division to apply the principles to the Trauma Service.

Fostering integration, partnerships, and alliances		Lead Director: Chief Executive	Lead Committee: Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	Risk Score: 8

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15+	15+	15+

Positive Assurance

- The mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups was undertaking and taken to January ODG. This is to be repeated in 6 months' time.
- Integration of services continues including working with community forensics subcontractors to reduce variation of provision between services and the delivery of virtual ward in collaboration with North Yorkshire Council, Nimbuscare Ltd CIC, York and Scarborough Teaching NHS Foundation Trust and primary care.
- As of end Q3 there was an average of 20 out of area patients (including PICU).
- The Trust's work with Place includes:
  - Continuing to provide Exec Lead and SRO for the East Riding Health and Care Committee Inclusion Groups programme. The programme launched an Inclusion Champions Scheme in Jan 2025.
  - Representation on the East Riding Place health inequalities funding panel
  - Trust staff are represented on the Hull Poverty Truth Commission as statutory commissioners.
  - Supporting the delivery of Integrated Neighbourhood Teams through operational and clinical representation
  - Successfully gaining the UNICEF Gold Infant Feeding Award in partnership with Hull City Council and local businesses.
  - Working with patient groups, North Yorkshire Council, HNY ICB and PCN to gather ideas for optimising utilisation of Whitby Community Hospital
- The Trust continue to work jointly with our partners. Various collaborative projects include:
  - Hosting two specialist learning disability nurses who are embedded with PCNs to improve uptake of cancer screening among people with learning disability, commissioned by Cancer Alliance.
  - Joint working with TEWV and Rethink Mental Health to deliver mental health services in HMP Hull, Humber, Full Sutton and Milsike and improve integration with forensics pathways
  - Collaborative work to create a video to support the parents of children with nighttime bedwetting with patients and carers, primary care, North and North Yorkshire ICB Place, North Yorkshire Council, York and Scarborough Teaching NHS Foundation Trust and Harrogate and District Teaching NHS Foundation Trust.
- The Trust is part of a system wide collaboration to establish a HNY collaborative bank with LP as The SRO for the programme. The Trust has signed a portability MOU that we improve staff mobility across the system with all partners signed up in collaboration. It provides joined up working across partners to respond to workforce planning requirements at a regional level. Humber's Associate Director of P&OD acts as chair of The MHLDA Culture and workforce steering group that oversees the delivery of collaborative workforce projects: current focus on reciprocal mentoring, collaborative Job evaluation and exploring feasibility of international talent pipelines. A system level dashboard has been developed that provides cross reporting on workforce and health inequalities metrics.
- There were 502 QI charters as at Q3. 147 out of 437 Live/Completed activities resulted in 34% in partnership with 275 out of 437 benefitting (63%). This remains relatively similar compared to Q2. This does not include the projects that were not viable. There were 287 in training which is an increase of 49 (21%) compared to the last quarter.
- Contributions to Trust joint strategies include:
  - Engagement with system partners on the development of the Trust Health Inequalities Plan 2025-28

Negative Assurance / Gaps in Assurance

- The average % of delayed transfer of care patients were 8.5% for Adults/OP (9.0% if you include PICU) which is 1% below the 7.5% target threshold and 9.3% (1.8% below) in Childrens.

- Supporting development of the HNY ICB Inclusion Health Plan through attendance at workshops and joint working with the ICB Inclusion Health lead
- YHCR is part of the ICS IRIS programme and the Yorkshire & Humber Secure Data Environment Programme. YHCR is sharing date between YAS, EMAS, Acutes, GPs, Community, Mental Health, Local Authorities and a number of care homes.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	March 2025	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	March 2025	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023. Divisions are being asked to contribute to this piece of work.
The Trust is represented at all strategic PLACE meetings, is a member of the relevant collaborative and influential within both these areas	March 2025	Michele Moran	
The Trust is leading the Mental Health and Learning Disability Collaborative work and is a member influences in the Community Collaborative	March 2025	Michele Moran	
Regular meetings are taking place within the Collaborative and the CEO Leadership tea	March 2025	Michele Moran	
Work continues with Carnel Farrer regarding the future model and an external convener has been commissioned to work closely with the Trust	March 2025	Michele Moran	

Promoting people, communities, and social values		Lead Director: Chief Executive	Lead Committee: Quality Committee
Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.			Risk Score: 6

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	6 MODERATE	6 MODERATE	6 MODERATE	6 MODERATE
Risk Appetite Threshold	15	15	15	15

Positive Assurance

Trust Health Inequalities (HI) Programme:
In April 2024, the HI Operational Group agreed a delivery plan for the coming year covering:
- Communications and Knowledge Transfer - Building on the successful launch of the HI intranet pages by delivering a programme of webinars and communications to increase staff awareness of HI
- Data analysis - Working with clinical/operational teams to develop action plans in response to data published in the annual report on HI in access to mental health services, use of the Mental Health Act and restrictive interventions. A clinical and operational workshop is scheduled for 26th June 2024.
- Supporting teams to address HI - Running reflective workshops to help teams identify potential inequalities of access, outcomes, and experience within their services.
- Integrating HI into Trust strategies/policies inc the new Access Policy and associated SOPs and EIAs.
- Ensuring that approaches to HI are embedded in clinical practice via the implementation of Person-Centred Planning and the Culture of Care standards for mental health inpatient services. Incorporating content on HI in revised service specs for CAMHS, Children's Therapies and Mental Health services.
- System working to address the wider determinants of health including reviewing the impact of housing issues on service users, patients', and Trust services.

Inclusion Groups Programme of the East Riding Health and Care Committee:

Positive Assurance (continued)
- The Trust's Five-Year Estate Strategy 2022-2025 continues and is shared with ICB members and informs the ICB Estate Strategy. Priorities include redesigning MH Inpatient Services. Estate Plans are refined on a locality basis. Current areas of focus are Hull, Beverley and Driffield. The Estate Strategy and CDG provides a forum at which progress is monitored and reviewed against service need. The Estate Strategy is influenced by the organisational Green Plan which focuses on carbon reduction and use of local suppliers where appropriate and within procurement guidelines. The Trust aids the ongoing delivery of healthcare to the region inc coordinating as a landlord organisation for partner Trusts and third sector organisations. This is evident in the ongoing Hull Place Pilot, following the One Public Estate projects.
- Since Jan 2024, the Trust has embraced new regulations of the Social Value Agenda. The PSR regulations require commissioning bodies to apply key criteria when assessing suppliers for their suitability to deliver health care. These criteria include an assessment as to whether what is proposed might improve economic, social, and environmental well-being in relevant the geographical area.
- The Trust now considers the extent to which suppliers have acted to increase social value within their own activities and how these can improve health outcomes. The Trust also procures a wide range of supplies, non-health care services and works. The introduction of the Procurement Act aims to streamline and improve procurement of these type of goods. When the Act comes into force in October 2024 the legal requirement for public sector buyers shifts from awarding contracts based on MEAT (Most Economically Advantageous Tender) to MAT (Most Advantageous Tender). This means considering the wider benefits for the community in which the contract will be delivered.
- The spend with local suppliers for 23/24 was £32.5million.

- Work continues the ERYC inclusion health needs assessment and Smile VCSE mapping exercise. A delivery plan for 2024-25 has been agreed which focuses on completing the needs assessment and developing a system wide Inclusion Champions scheme.
- 17 VCSE organisation representatives are part of the Humber Co-production Network (June 2024)
- No significant change in the demographic 'profiles (see table). EDI data for governors is still not yet collected as they are external to the organisation.

	% BAME	% disabled	% LGBTQ+	% female	% part-time	% aged 50+
Q3 24/25	8.44%	9.52%	4.54%	79.09%	33.32%	34.50%
Q2 24/25	7.35%	9.30%	4.55%	79.36%	33.50%	34.83%

- EDI data for governors is not yet collected as they are external to the organisation, however discussions are being held about the feasibility of doing this moving forward.
- The demographic profile of SCOPEs has not changed by any significance since Q4 23/24.
- EMT reviewed the ToR for each staff network. Changes include a provision of an Executive Sponsor to support the group in escalating areas of concern. Additionally, network chairs have protected time to attend meetings. EMT now receive regular activities reports and will review their impact later in the year. Substantial budgets are allocated to each network to facilitate engagement and activities and are currently working on plans to support Hull PRIDE in July, and Black History Month in October.
- The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend 'A Good Experience' steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.

- A video was created that features students and staff promoting T Levels in Health, that we will be showcased across the Trust and at events. We introduced an "Induction into Health" week for students, which includes support, guidance, and careers advice for when attending work experience and help them to understand the variety of job roles within our Trust and how they can apply. There were 26 work experience placements for 2023/24 compared to 16 for 2022/23.
- At the end of Q1 24/25, there were 11 Peer Support Workers within the Trust compared to 10 in Q4 23/24. There were also 12 Expert by Experience staff and two Programme Facilitators. There was a total of 70 recorded shifts: 49 by B3 and 21 by programme facilitators.
- There were 23 Band 2 to 4 roles recruited to from May 23 to May 24. 65 Band 2 to 4 roles were exempted, significantly lower than previous years. Our 'apprenticeship first' approach is not yet embedded in all areas. The career development team are working with H&NY careers hub to attract people to careers in our services.

Negative Assurance / Gaps in Assurance

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal and external stakeholder surveys to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level.	March 2025	Michele Moran	Stakeholder surveys were run during October – November 2023. This exercise will be carried out again in October/November 2024, and work will be done to promote the surveys. Good qualitative responses were received.
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	March 2025	Michele Moran	The Trust is to review representation at HNY ICB meetings. A paper was taken to EMT in December 2023. Divisions are being asked to contribute to this piece of work.
Social Values Report to be launched at Annual Members Meeting	March 2025	Michele Moran	

Developing an effective and empowered workforce

Lead Director: Associate Dir. of People and OD	**Lead Committee:** WFOD Committee

Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes	**Risk Score: 8**

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15	15+	15+	15+

Positive Assurance
- 6.90% vacancy rate (December 2024)

Gaps in Assurance / Negative Assurance
- Consultant vacancy rate January 2025 – 24.74% (WF39 – Significant risk – in scope for review by Medical Director)

- A rolling 12 monthly turnover rate figure of 9.59% (December 2024), which is below the turnover rate this time last year (10.55% December 2023).
- Registered *Nursing* vacancy rate November 2024 – 6.96% (WF39 – High)
- Pharmacist vacancy rate December 2024 of 8.14%, this has reduced from 18.81% in January 2024
- Appraisal completion rate at the end of the window 92.6% (30th June 2024) The rate is currently at 98.48%.
- In the 2023 NHS National Staff Survey.
  - The Trust positions better that the national average across all People Promise theme areas.
  - The Trust positions better the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)
  We are compassionate and inclusive – 7.6 out of 10
  We are recognised and rewarded – 6.59 out of 10
  We each have a voice that counts – 7.1 out of 10
  We are safe and healthy – nationally unreported
  We are always learning – 6.22 out of 10
  We work flexibly – 7.05 out of 10
  We are a team – 7.18 out of 10 (equal to the average)
  Engagement 7.18 out of 10
  Morale 6.37 out of 10
  - The Trust the most improved in the country for Trusts of its kind and second most improved in the NHS for the question 'would recommend the organisation as a place to work.
- Medical Workforce Plan approved.
- Trust workforce plan for 2024 complete with 2025 workforce plan in development as part of annual planning cycle.
- Ongoing monitoring of hard to recruit roles in the recruitment and retention task and finish group.
- Overall statutory / mandatory training compliance 94.34% (December 2024).
- Trust People Strategy ratified which sets strategic direction for next four years which is underpinned by an accompanying delivery plan.
- Workforce representation - ethnic diversity 8.44% (December 2024) which is better than the regional demographic in East riding, Humber and NY
- Workforce representation - LGBTQ+ 4.75% (December 2024) which is better than the regional demographic in East Riding, Humber and NY
- The breadth of the apprenticeship standards we offer has increased dramatically, the start of 2024 shows 32 different apprenticeship standards currently being undertaken across the Trust and this is continually expanding. On average we have 130 staff undertaking an apprenticeship at any one time from level 2 (GCSE) to level 7 (masters) apprenticeships. 52 apprenticeships have been completed in the previous rolling 12 months.
- Subsequent to the national band 2 – 3 job matching reviewing a scoping exercise has been completed and relevant actions taken with limited risk to the Trust.
- In the absence of guidance around the Band 5 – 6 national review of job matching profiles preparatory work is underway to understand the organisational position.

- The Workforce Scorecard (December 2024) reported a rolling sickness rate figure of 5.42% (Trust target 5%), and above national and regional benchmarks.
- Representation of ethnically diverse staff in Band 7 or above roles has improved by 11% in the past year but is still an area of focus for the Trust.
- Representation of disabled staff in Band 8c-VSM roles has improved by 14% in the past year but is still an area of focus for the Trust.
- Workforce representation - Disability 9.52% (Dec 2025) which is lower than the regional demographic of 20% in East Riding, Humber and North Yorkshire.
- For discrimination questions on the grounds of a specific protected characteristic, there was a decrease in 8 out of the 9 questions.
- Ethnically diverse staff reported higher rates of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public. 85.5% said they had never experienced such behaviour compared to 92.1% for White staff.
- Staff with a disability or long-term condition report lower rates for my organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Staff with a long-term condition 59.2% compared to 68.1% of staff without a long-term condition.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels.	July 2025	Karen Phillips	Trust has comprehensive improvement plan which is monitored via EMT and People and OD Committee on a regular basis. Trust is fully compliant with moving forward actions in regard to the national EDI improvement plan. Ring fenced places on internal leadership programmes for each staff network/those from underrepresented groups. For 2025 2 people from underrepresented groups have representation on the Humber Talent programme. The Trust is leading a programme to establish a regional reciprocal mentoring programme. **Improved Workforce Representation** • The Trust has increased representation with ethnically diversity communities to 8.76% an increase from 8.44% in September 2024, which continues to be better than the regional demographic in East Riding, Humber and North Yorkshire

			• The Trust has seen the overall workforce representation from staff with a disability or long-term condition increase to 9.9% and increase on 9.52% which is significantly higher than the overall NHS figure nationally. However, it is still below the local demographic where the figure is nearer to 20%. • The Trust LGBTQ+ representation has increased to 4.75% an increase from 4.54% in September 2024 which continues to be better than the regional demographic in East Riding, Humber and North Yorkshire. **Improving underrepresentation in senior roles.** • In March 2024, there were 78 staff from ethnically diverse communities in clinical and non-clinical roles of Band 7 and above, a focus on improving this number was made part of the Trusts Workforce Race Equality Standard (WRES). In January 2025, there are 87 staff, this represents an improvement of 11%. • In March 2024, there were 12 staff with a disability or long-term condition working in clinical or non-clinical roles of Band 8c and above. In January 2025, there are 14 staff, this represents an improvement of 14%. • Demonstrative impact of the Respect Framework improving the reporting of discrimination or bullying and harassment by staff. • No Excuse for Abuse Framework Launched in Dec 2024, targeting unacceptable abuse form patients towards staff, won QI Charter of the Month for December 2024, well received by staff, further work being developed to analyse Datix information to offer bespoke support to areas affected. • Strengthened support for staff network chairs by developing guidance and induction training for new staff network chairs. Future Staff Network Chairs Webinar event to be held in January 2025. • Bi-annual EDI assurance update reported to EMT to update on all EDI related activity as determined by the WRES, WDES, EDI annual report and Gender Pay Gap report.
Ongoing sponsorship of ethnically diverse colleagues and those with disabilities and long-term conditions at all levels for involvement with Humber Talent Programme and other leadership development programmes.	July 2025	Karen Phillips	Refresh and relaunch of the Humber Talent Scheme with ring fenced places for sponsorship by the staff networks/individuals from underrepresented groups, and access to the Trust Leadership (Band 3-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this. For 2025 2 people from underrepresented groups have representation on the Humber Talent programme.
Focus on succession planning to address underrepresentation particularly in band 7 and above roles	July 2025	Karen Phillips	New succession planning processes embedded into workforce planning for 2024, with actions in place to enhance for 2025, with explicit focus on addressing underrepresentation across all protected characteristics. Recruitment deep dives and divisional EDI insight reports developed with recommended actions to address specific areas of underrepresentation in each division/corporate function. EDI Lead enhanced visibility in Divisional meetings to support development of bespoke actions.
Ongoing review and development of a sustainable Medical Workforce Plan to show improvement trajectories and feasible pipelines for recruitment/grow your own initiatives.	September 2025	Kwame Fofie	As at January 2025, we have 4 consultant vacancies being advertised. We have appointed 2 qualified consultants into HICTOP and the Prison service removing agency doctors. Both will be taking up their role in March 2025. We have a S/D taking on the role at Holderness from February 2025 removing an agency doctor. We have 2 ST6 doctors Acting Up for 3 months (qualify Aug 2025) in Haltemprice and Beverley, they will be interviewed, and hopefully appointed to the roles substantively. We have received an application for the MAS post (in Shortlisting) and interviews pending for the S/D post at Maister Lodge. Both Specialty Doctors recruited from India, commenced in post in December 2024 (1 at Inspire & 1 at Beverley/Haltemprice, both appointments will remove an agency doctor from the service). This is monitored and overseen by the Executive Medical Director and progress and initiatives monitored in the Recruitment and Retention Task and Finish Group.
Refocus of the Recruitment Task and Finish Group to also focus on the retention of staff in light of Trust turnover being outside of target levels. In addition, the scope of the group broadened to focus on hard to recruit roles outside of nursing and consultant positions, now including Pharmacists.	July 2025	Karen Phillips	Changes to recruitment task and finish group underway to focus on recruitment and retention of Trust staff with terms of reference for the group approved by EMT. The Group will focus on hard to recruit roles beyond Nursing and Consultants. RRP agreed at EMT for Pharmacists for the next two years as well as enhanced targeted recruitment campaigns, with Pharmacist vacancy rate reduced to 8.14% in December 2024. Nursing vacancies have reduced now to below the 9% target set withing the recruitment plan.

Sickness absence is monitored at Divisional Accountability reviews and six-monthly deep dives completed to assess absence trends and develop appropriate target actions to address areas of concern.	July 2025	Karen Phillips	Deep dive due in November 2024 with an overview of data for the 1st April 24 – 31st September 24. Divisional accountability reviews monitoring and exploring absence on a monthly basis. Reports continue to feed into EMT and People & OD Committee. Recent audit into management of sickness absence processes gave low assurance that processes are being effectively managed by managers. An audit action plan was developed actions to be monitored in the People Insight report and via EMT/P&OD committee with actions completed by the target deadline of 30/11/24. In response to high levels of sickness particularly in inpatient areas a collaborative programme of work has commenced that offers target intervention to the teams in scope. Progress on this work is reported into EMT.
The Equality, Diversity and Inclusion agenda has been reviewed and expanded to include a number of actions to improve workplace experience of those in underrepresented groups with specific focus on age, sexual orientation and ethnically diverse staff, as highlighted as areas of focus within the National Staff Survey 2023.	July 2025	Karen Phillips	The Respect Campaign was launched in Nov 2023, and work has been undertaken to embed the framework as business as usual. The No Excuse for Abuse Toolkit Framework had a formal launch event in December 2024 to address post incident support to staff subjected to abuse from patients in their care. Subsequently, the framework won QI Charter of the month in December 2024. The EDI Annual Report, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender and Ethnicity Pay Gap were reports completed for 2024 and associated action plans reflect organisational priorities to address EDI areas of focus. People Promise Manager funded by NHSE in post and supporting EDI Lead to enhance compassionate policies to support those in underrepresented groups to feel supported and included, driving up a sense of belonging. Organisational interrogation of staff survey data at team level (where possible) to identify hotspot areas and provide bespoke actions. Disability representation addressed in divisional ODGs via the EDI workforce lead, with focus on inclusive recruitment and selection practices. Establishment of the People & OD working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement. Establishment of the People & OD staff experience working group which will examine issues of discrimination and belonging and implement proportionate actions to address via multi stakeholder involvement.

Optimising an efficient and sustainable organisation

Lead Director:	Lead Committee:
Dir. Finance	FI Committee

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

Risk Score: 8

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

Risk Analysis	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)
Current Risk Rating	8 HIGH	8 HIGH	8 HIGH	8 HIGH
Risk Appetite Threshold	15+	15	15	15

Positive Assurance

- The Trust has a breakeven financial plan that meets the ICS planning target set for it.
- Overall, the Trust has a high level of sustainability with a good cash position.
- The cash position at Month 9 stands at £21.6m.
- Lead Provider: Month 5 position breakeven, according to plan and annual forecast.
- The Trust is above plan with a deficit position of £1.926m at Month 9 £0.465m above the ICS Target
- Our current PLACE scores are as follows:
  - Cleanliness – 98.27% (National average – 98.01%)
  - Food and Hydration – 91.09% (National average – 90.23%)
  - Privacy, Dignity and Wellbeing – 88.89% (National average – 87.5%)
  - Condition, Appearance and Maintenance – 89.56% (National average – 95.9%)
  - Dementia – 84.24% (National average – 82.5%)
  - Disability – 80.02% (National average – 84.3%)
- Trust has moved the tenant for Power BI and now has 20 users up and running Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- Annual Internal Stakeholder Survey - Q: Over the past 12 months, have you been involved in reading the "Humber Financial Times" e-newsletter to learn about finance matters? - 33% of respondents said that they had read the "Humber Financial Times" e-newsletter to learn about finance matters.
- Annual Internal Stakeholder Survey - Over the past 12 months, have you been involved in using finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services? - 33% of respondents said that they had used finance or Patient Level Information and Costing Systems (PLICS) data to make decisions about changes to services. (*Examples given: Use PLICS data daily/weekly in relation to capacity/demand productivity and part of the new MH Payment model expert reference group to roll out this further, capacity and demand work that influences planning discussions, productivity of services and a "Value Maker" and used to be part of an expert reference group with NHSE at Portcullis house in a previous role around PBR etc*)

Negative Assurance / Gaps in Assurance

- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust's National Cost Collection Index (NCCI) is 121 for 2022/23 for 2023/24 the NCCI is 103 The national average is 100.
- The Trust's organisational use of resources score is not currently available.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655.
- Wider ICS Financial Position under pressure
- Level of unidentified efficiencies across the ICS (£55m).
- ICS Stretch Income target (£25m)

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Trust is commissioning an updated Conditional Survey of the estate which will establish an updated position. Backlog is addressed with the capital programme	March 2025	Pete Beckwith	Updated Conditional survey being commissioned
Deliver a balanced net system financial position for 2024/25.	March 2025	Pete Beckwith	System Pressure of £12.700m at Month 8
Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25.	March 2025	Pete Beckwith	System pressure of £2.165m at Month 8
Medium Term Financial Planning has been initiated across the ICB	March 2025	Pete Beckwith	Underlying Deficit of £144m across the ICB

RISK SCORING MATRIX

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

RISK TERMINOLOGY DEFINITIONS

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

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025				
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 12 February 2025.				
Author/s:	Dean Royles – Non-Executive Director				
Recommendation:					

To approve		To discuss	
To note	✓	To ratify	
For assurance	✓		

Purpose of Paper:	The People and Organisational Development Committee is one of the sub committees of the Trust Board. This paper provides an executive summary of discussions held at the meeting on 12 February 2025 and a summary of key points for the board to note.

Key Issues within the report:

Positive Assurances to Provide:	**Key Actions Commissioned/Work Underway:**

Key Risks/Areas of Focus:	**Decisions Made:**

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Trust Board	26/03/2025

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

Committee Assurance Report – Key Issues

Assurance Report 12 February 2025

Chairs Logs:
Staff Health & Wellbeing Group:
The group remains positive, engaged and enthusiastic, and continues to review risks and data relating to staff health and wellbeing to ensure a focus on that work. Good discussion taken place within the group around health inequalities. Work plan being developed for the next 12 months to include the psychological support work. Concerns raised about the low flu vaccine update and actions being reviewed by the Executive Team.

Equality, Diversity and Inclusion Steering Group:
Reported on improved attendance from operational colleagues and the traction in relation to the race equality network activity, with focus on the recent conference. The disability network is building energy with the chair trying to be creative in building engagement. Good to see a range of activity taking place across all the networks.

No Excuse for Abuse framework launched in December 2024. Discovery work taking place on the multigenerational workforce and work taking place in relation to horizon scanning which gives a focus for future workplans.

Medical Education Committee:
Remains vibrant and with good attendance from people wanting to make a difference to medical education in the organisation. Work continues to be undertaken in terms of delivery of CPD events and the development of next year's work plan. International Medical Graduates (IMG) conference taken place and recognised the contribution that IMGs are making to the organisation. Self-assessment document been submitted for the Hull York Medical School (HYMS) annual monitoring visit due to take place in May 2025.

The issue in relation to accommodation for doctors teaching on a Wednesday morning had been resolved with the Lecture Theatre being used for teaching every Wednesday morning going forward.

People Insight Report:
Reducing vacancy rate now at 7.3%, and also the excellent work in terms of recruiting to nurse vacancies. Turnover rate is below 10% with medical and dental turnover the lowest professional group. The E-Rostering roll out project has been completed with a period of optimisation now underway. Solid appraisal rate noting that the focus on the next Appraisal window will be on the quality of appraisals.

The following areas of focus; consultant vacancy rates although it's improving it remains a concern. Sickness absence, within inpatient areas with focussed work taking place between Operations and HR colleagues. Statutory and mandatory training DNA's focussed work taking place between Operations and Learning & Development colleagues to address any issues.

Finance and Workforce Controls Assurance Report:
A developing piece of work that continues to enhance this report, with triangulation between workforce, finance and productivity planned for the next iteration. Received an update on focused work in terms of agency reduction following direction by NHS England and the bank rate reductions. The committee were content in the push back by the Trust on directions to reduce bank rates.

Although we still have agency spend higher than we would like, improvements had been made with a £2 million reduction over the previous year.

Risk Register and BAF:
Discussion took place on the risks that where 9+ which included the consultant vacancies and agency spend. In respect of consultant vacancies, the Medical Director to reflect on whether actions have been appropriately taken as we continue to reduce the figure.

In relation to risk WF39 Nurse vacancy figures, the committee supported the re-rating of this risk, due to the work that had been undertaken to reduce vacancy figures.

In terms of the board assurance framework a piece of work is required to look at those areas that are red against the trust strategy to ensure we've captured everything appropriately within the BAF.

Guardian of Safe Working Hours Report:
Received the report and saw a reduction in exceptions reporting compared to the last report and now at a very low level. Also saw an improvement in the quality of those reports and understand more about the reasons for why they came about.

All exceptions raised have been reported and there are no outstanding payments, and work is ongoing to try to improve the experience for resident doctors and looking at monitoring throughout the year to see if we can anticipate stress points or hot spots at particular times of the year when we can be pro-active in resolving issues.

Mental Health Social Work in the NHS:
New guidance that originated from NHS England and supported by skills for care was presented to the committee with assurance that the Trust had been involved in this of work since 2017 with around 30 people going through the programme.

A discussion took place in relation to the oversight of the work and recommendations had been suggested that could be via QPaS and then into Quality Committee and also into ODG to be confirmed outside of the meeting to get the appropriate sort of governance and oversight of the implementation of the guidance.

Audit Plan:
The committee were content that there were no specific audits for workforce for the coming year and noted that if the audit around off framework use went ahead the workforce team would be involved in the audit.

Thematic review into employee relations casework & organisational development contracts:
The report was well received and recognised that an enormous amount of work had gone into the report and was good to see the work being picked up with the OD contracting. Suspension rates were discussed, and it was also noted that suspension is not the Trust's first response and other options are explored first.

The Freedom to Speak Up Reflection Planning Toolkit:
Assurance was given and the committee endorsed and approved the Toolkit for the Improvement Plan to go to Trust Board in March 2025 for final sign off

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Quality Committee Board Assurance Report – February 2025			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on February 19th, 2025, with a summary of key issues for the Board to note.			

Key Issues within the report:

Positive Assurances to Provide:

The Committee received positive assurances through the following reports.
- CQC preparedness discussion item
- Quality Insight Report
- Quality Committee Risk Register Summary and BAF
- Quality Accounts Development Programme
- Annual Ligature Report
- National Confidential Enquiry on Suicide Briefing
- Falls Report and development plan
- Notes of the Quality and Patient Safety Group

Key Actions Commissioned/Work Underway:
- A report on the recommendations from the independent investigation into the Nottingham Homicides to be presented to the Trust Board in March. The Committee agreed they will retain oversight of this work.
- An update on the Falls Thematic Report to be presented to the Committee in six months to present progress against the improvement plans.

Key Risks/Areas of Focus:
- It was agreed the discussion on risk profiling of the estates which arose from presentation of the Annual Ligature Report discussion would be with EMT.

Decisions Made:
- There were no documents required approving at this meeting.

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Caring, Learning & Growing Together

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 19th February 2025 are as follows:

The minutes of the meeting held on the 14th November 2024 were agreed as a true record and the action log approved noting all items closed. The November Quality Committee Assurance report was noted. The Committee work plan was reviewed and updated.

The following papers were discussed.

CQC Preparedness (Discussion Item)
The Committee received a presentation and information on the recent CQC inspection at Inspire CAMHS inpatient unit and the comprehensive work being undertaken in preparation for future CQC inspections. The Committee discussed the comprehensive updates and thanks were given to all staff involved in the recent inspection with assurance on the ongoing work. It was noted update reports will be included in future Quality Insight reports.

Quality Insight Report
The headlines from the report included the working group update for the Thirlwell Enquiry which considers culture in the NHS, outlining the work being undertaken as a result of the findings of this review.

An update following the publication of the National Primary Care Patient Strategy noting the work of the task and finish group to strengthen patient safety reporting and learning in this area. It was noted Humber GP Practices were compliant with the national Patient Safety Incident Reporting Framework (PSIRF).

The NHSE commissioned independent investigation review into the Nottingham homicides was noted with a report to be presented to Trust Board in March and an update report to the next Quality Committee.

An update on the service improvement plans for Townend Court and Westlands showing the progress made and the summary of the dashboard data on incidents, patient safety investigations and compliance with policies. The committee agreed the comprehensive report gave good assurance.

Quality Accounts Development Plan
The timeline was presented to the Committee to show the key dates for drafting, reviewing and approval of the Trust Quality Accounts.

Quality Committee Risk Register Summary and BAF
The Committee reviewed the Q3 Quality Risk Register and BAF, noting 11 risks on the register rated nine or above which have been reviewed through QPaS. It was noted there were four waiting list related risks and two inpatient risks which had been discussed in the Quality Insight Report. The Risk Register and BAF were discussed, and assurances received.

Annual Ligature Report
The Committee received the annual ligature report which details the position and outcome from the Q3 audits completed last year with a summary of work undertaken as a consequence of the audits from the prior year and a list of priorities for this year which will be updated with the agreed work once approved through EMT. It was agreed good assurance was received, noting the reduction in outstanding issues over the past years

National Confidential Enquiry on Suicide Briefing
The Committee received the briefing report on the National Confidential Enquiry on suicide. A discussion was held regarding the work ongoing with Humber with positive assurances given to the Committee regarding how this is embedded in practice.

Falls Report and Development Plan
The Committee received a thematic report on inpatient falls which was undertaken following a noted increase of falls and harm in one of the units. The in-depth report was welcomed by the Committee and a good discussion was held, with an agreement for an update report to the Committee in six months to review progress against the development work being undertaken.

The Chair noted it was HG's last meeting of the Quality Committee she was thanked for her support and input over the years and wished all the best for the future on behalf of the Quality Committee. The meeting reflected on HGs thought regarding the development of the meeting and how it had progressed since its origins.

Title & Date of Meeting:	Trust Public Board Meeting – 26 March 2025		
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting of 6 February 2025		
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee		
Recommendation:	To approve		To discuss	
	To note	√	To ratify	
	For assurance	√		
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 6 February 2025.		

Key Issues within the report:

Positive Assurances to Provide:

- The Mental health Bill 2024 was introduced into parliament in November 2024 and is expected to receive royal assent in summer 2025. Once enacted it is likely to be phased in over 8 – 10 years to enable services to prepare for the changes. The committee will monitor the Bill's progress and implementation. Among the key issues will be consideration of additional resources needed along with plans for alternative provision for autistic people and people with LDs. The implementation of PCREF is key to reducing racial disparities and requires board level endorsement.

- The Committee received Q3 performance report to end December 2024. The number of admissions/detentions has reduced since the last quarter and remain within normal control limits - 119 patients detained. Acuity remains high. No Under 18s were admitted to an adult ward. There was no use of Section 4 in the quarter. At the end of Q3, there was only one delayed discharge patient in a secure bed, due to waiting a bed at another facility. AWOL figures reviewed in detail – within normal control limits.

Key Actions Commissioned/Work Underway:

- National QI programme related to MHA reforms – Following on from PICU, Ullswater and Ouse Wards are participating in Phase 4 of the programme which runs from July 2024 – February 2025. This involves focus on race, neurodiversity and culture and involves radical redesign of ward processes and the development of a range of improvement ideas priorities according to effort and impact.

- Performance Reports - BI team have advised the new report is work in progress now we are transitioning everyone across to the new EPR and everyone is working hard to ensure the Q4 report will be fully completed by the time the next MHLC committee is held.

- RRI/Use of Force Act – there is continued focus on training compliance. Review the post incident audit of Rapid tranquilisation and compliance. Explore further the increased use of rapid tranquilisation particular restrictive options are being used. Continued rollout of the use of safety pods across in patient. Coproduction of safety pod SOP (standard operating procedure) and patient information.

Caring, Learning & Growing Together

• RRI/Use of Force Act - DMI training compliance has increased to over the target 85% throughout Q3. The use of restraint has slightly reduced over Q3. Positive National benchmarking in regard to % of people subject to restrictive interventions. Accuity is high during Q3 and, although seclusions are within normal control limits, there has been a marked increase in the quarter. This is in line with a national spike. Co-production - lived experience representatives are established as key members of the wards culture of care programme. Most areas now have safety pods in place or on order. Resource have been produced to support people with a learning disability to understand restrictive interventions. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). • Crisis Care/ s136 - The committee received a presentation on the work of the Hull and East Riding Crisis Care Concordat, which is made up of key partner organisations. The partnership drives specific developments and improvement to service users access to crisis support. It also has oversight of the Right Care Right Person programme given the areas role as a very early adopter. There is ongoing focus on addressing S136 detentions, which are subject to regular review by the division and the partnership. • MAPPA - The committee received a further assurance report on the Governance arrangements around MAPPA. • Committee effectiveness review – the committee reviewed of the results of an annual survey of its members. • All mental health legislation related policies/procedures/guidance are up to date. • MHLSG (Mental Health Legislation Steering Group) minutes – Committee noted the minutes. • MHLSG subgroups and CQC MHA visits assurance report noted.	• Crisis care concordat - Systemic focus on pre-crisis and post crisis intervention to prevent crisis mental health demand rising further and enhancing people's outcomes underpinning the 2025/2026 work plan.
Key Risks/Areas of Focus: • In relation to Mental Health Bill 2024, the Board will need to consider and commence planning for any additional resource requirements. The Committee recommended this be considered for risk register/BAF.	**Decisions Made:**

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	

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

Committee Assurance Report – Key Issues

Mental Health Bill
Changes to mental health legislation are likely to have implications for workforce and organisation configuration, albeit numerous details are still being discussed. For example, provisions for autistic people and people with learning disabilities, the demands on AMHPs and the number of psychiatrists needed. These are being worked through at a national level but the trust will also need to give consideration to the impact locally. It was recommended that this to be considered for incorporation in risk register/BAF.

Performance
No significant issues identified in the Q3 report. It was noted that there has been some inevitable short term disruption this quarter in the collection of patient data due to the migration from Lorenzo to SystmOne. This has led to need to do some manual counting for the reports. This is being monitored but may impact Q4 reports.

Reducing Restrictive Interventions
The Committee noted several good practice stories regarding RRI from PICU, Townend Court, Orion and Newbridges. There is high acuity across all inpatient areas throughout Q3. Thus has resulted in an increase in incidents of violence and aggression (Q2 – 406; Q3 – 579) and the use of seclusion (Q2 – 38; Q3 – 54), especially in December 2024. The use of rapid tranquilisation has also increased. These all remain within normal control limits. This chimes with the national picture and will be kept under review. The number of incidences of restraint has reduced during Q3.

Crisis Care/ s136
The Concordat is a well attended group and partners engage well. It was noted that that the trust's streaming service in A&E has had an impact on waits. Benchmarking figures for s136 are not easily available. However analysis of detentions in areas of similar deprivation would suggest Humber performs well. S136 is around 35/36 per month in Q3 compared with a peak of 48 in July 2024.

MAPPA
Having received substantial assurance around the trust's governance arrangements, the committee is keen to gain a greater understanding of how the partnership is working in practice and making a difference to patients and the public. The committee will return to this at its meeting in August 2025 once the results of an audit are available.

CTOs
The next meeting in May 2025 will receive a report on the use of CTOs within the Trust. The number currently in place is low at 24 (compared with 28 a year ago).

Committee Effectiveness
The annual survey of committee members has been completed and the raw results reviewed by the committee. There are lots of positives to continue to push forward along with some helpful suggestions for improvement.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025
Title of Report:	Assurance Report to Board from Audit Committee 25 February 2025
Author/s:	Stuart McKinnon-Evans

Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Report to the Board of the outcomes of the Audit Committee, for information and assurance.

Key Issues within the report:

Positive Assurances to Provide:

- The BAF continues to provoke discussion about how the Trust's leadership assess composite performance and risks
- Much evidence of how intelligent risk management is applied by the Children's and LD Division is applied, in considering how to tackle enduring workload pressures and resource constraints
- The 2023/24 accounts are now fully closed, with no exceptions raised in the Value for Money report by external audit
- The implementation of the 2024/25 Internal Audit plan is on track with good results
- Accounting policies have been reviewed, without revision
- Recommendations from internal audits are all being implemented as planned
- The counterfraud programme remains active, with reported incidents being appropriately managed
- Insurance arrangements have been reviewed and are adequate

Key Actions Commissioned/Work Underway:

- Consider inclusion of additional positive assurances in the BAF
- Review how a poor performance/high risk score in one service domain affects the composite score for the whole Trust

Key Risks/Areas of Focus:
- The salient risks on the Trust-wide register score 15 or above relate to consultant vacancies; neurodiversity waiting lists; and revenue and capital funding

Decisions Made:
- Approval of the 2025/26 Internal Audit Plan, subject to ensuring the financial sustainability audit looks at productivity as part of cost improvement/waste reduction

Caring, Learning & Growing Together

• Some risks in the neurodiversity services are long-standing and de facto being tolerated/accepted, despite continuous efforts by management to secure additional funding/resources			

Governance: *Please indicate which committee or group this paper has previously been presented to:*		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	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	√			
Quality Impact	√			
Risk	√			
Legal	√			To be advised of any future implications as and when required by the author
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Assurance Report to Board from Audit Committee February 25 2025

The Committee was quorate, and considered the following:

Terms of Reference, Work Plan were endorsed.

Board Assurance Framework:

The Committee noted good evidence of the continuous iteration of the BAF's positive and negative assurances and mitigating actions. The Committee had a good discussion about the composite risk scorings across the BAF: specifically whether the impact of neurodiversity service issues was fairly reflected in the composite score for impact/consequence across all Trust services. The Committee concluded that while the judgements being made were appropriate, a further review of the methodology for scoring was timely. We were assured that Partnerships/Alliances page was in good shape, with all 5 sub-objectives of the strategic objective being addressed through positive assurances and further action.

Trust-Wide Risk Register: the 5 highest residual risks (scores)15/16 relate to consultant vacancies; neurodiversity service waiting times; and money (capital; and short-term financial performance and medium term financial sustainability). The waiting time and financial risks are de facto being tolerated, since mitigating actions at system level, now long standing, are not reducing the residual risk levels.

Risk Register of the Children's and LD Division: a deep-dive into this register discussed the residuals risks. Residual high risks (12) relate to: staff sickness/availability; speech and language therapy waiting list; capacity constraints in children's neurodiversity arising from increased demand in ADHD and Autism funding (and therefore capacity) for CLA assessments; dysphagia waiting lists; insufficient MDT staff for ADHD assessments. We noted that many of these divisional risks relate to the Trust-Wide Register, and are very enduring (eg one opened in 2018). We received a very eloquent exposition from the Division on how risk management is used across teams, to support action planning, performance discussions, patient-handling strategies, and resource deployment – this really brought to life how risks are part and parcel of management, and well documented too.

Completion of 2023/24 external audit: Forvis Mazars confirmed the completion of the 2023/24 external audit, with an unqualified report as expected. Now that the local government pension scheme audit is closed, one adjustment to the balance sheet was made (to correctly state the value of the pension fund asset). All Value for Money work is complete, with no issues brought to the Committee's attention. All audit recommendations are being followed up. Planning for 2024/25 is in hand. Despite the new government's policy priorities for the NHS, the external audit regime remains unchanged.

Internal Audit: The internal audit programme is progressing satisfactorily. We approved a further amendment to the plan, to defer till next year the PSIRF audit (to allow process to be bed in before they are audited. It is unfortunately too late in the cycle for a replacement audit to be conducted, as all field work needs to be complete by end March. Completed audits are National Cost Collection (High); cyber security/business continuity with a focus on telephony (Significant). Follow up recommendations from previous audits continue to be very well managed – in this report, all recommendations tested were implemented, with supporting evidence available. We reflected on arrangements by which Audit Committee can be assured about the effectiveness of other Committees, concluded that the current methods are satisfactory.

Internal Audit Plan: The draft plan for 2025/26 was considered. We will again use 208 days. The Committee heard how the plan has been compiled, considered the composition of the total days, noting more focus on financial sustainability, less on data/digital and the inclusion of a system working audit. We discussed the proposals relating to financial systems, system-level issues, and asked that productivity matter be considered in the audits on financial sustainability (cost improvement/waste reduction). We welcomed the incoming Internal Audit Manager, who will take over after May, to ensure good practice of periodic rotation of personnel.

Counterfraud: Arrangements to counter fraud remain effective, with information, alerts, training, case studies, and background systems operating. Incidents reported include: a fraudulent invoice, (identified and not paid); two pay-related cases; and phishing attempts. Referrals tend to relate to staff; and it is still suspected that cyber-related referrals are under-reported. The Committee considered why levels of referral fluctuate, concluding that there appear to simply be statistical variations in the patterns of referral.

Procurement Activity: The Committee welcomed a comprehensive report into current activity and developments in the procurement function. We noted that the recent reforms to procurement regulations (provider selection regime, shift from most economically advantageous to most [generally] advantageous tender) have been landed by the Trust team.

Insurance: The annual insurance report confirmed that the Trust is appropriately insured. The premium for the Clinical Negligence Scheme for Trusts has reduced by £0.2m to £0.8m for 2025/26, reflecting our current risk profile.

Accounting Policies: No changes were recommended to accounting policies to be applied to the 2024/25 accounts, which the Committee endorsed.

Annual effectiveness review: we agreed the approach to the review, to be completed by May 2025.

Finally we reviewed the meeting, asking each attender to give individual feedback. We concluded it had been effective, supported by good quality papers, and in the spirit of Humber value.

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025
Title of Report:	Collaborative Committee Assurance Report Collaborative Committee meeting held 3 March 2025
Author/s:	Stephanie Poole, Non-Exec Director – Vice Chair of Collaborative Committee On behalf of Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee

Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance	✓		

Purpose of Paper:	This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Thursday 5 December 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.

Key Issues within the report:

Positive Assurance to Provide:
- Work Streams have all reviewed and refreshed Terms of Reference (ToR) for 2025/26
- Risk Register - 1 risk rated at 12 or higher.
- Working group established to consider future use of Nova at Inspire – reviewing last 12 months admissions and the NHS England (NHSE) draft commissioning guidance.
- All maternity community MH providers have signed the Perinatal Provider Collaborative Partnership Agreement.
- All HNY providers routine monitoring for quality assurance.

Key Actions Commissioned/Work Underway:
- New priorities for work streams in 2025/26 are in development.
- Continued close oversight of all patient placements to ensure prompt and safe discharge. Case Managers ensure service users are fully engaged in their discharge planning.
- Financial planning for 2025/26 has commenced.

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Key Risks/Areas of Focus:	Decisions Made:
• Length of clinical ready for discharge in Adult Secure and Child and Adolescent Mental Health Services (CAMHS) is under close review due to number of people and length of delay in discharge from specialised hospital care.	• Collaborative Committee Annual Work Plan reviewed and approved. • Collaborative Committee Annual Effectiveness Review reviewed and approved. • Collaborative Committee Annual ToR refresh reviewed and approved. • PCOG ToR refresh – ratified at Collaborative Committee.

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	3.3.2025	Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 3 March 2025 *was quorate*. The meeting discussed the following matters:

Insight Report

Highlights from the report

- Quarter 2 Contractual oversight meeting with NHS England overall positive.
- Transition to the Integrated Care Board (ICB) from 1 April 2025. Workshops attended by CPaQT led by NHS England national team. Meeting to be held on 7 March between CPaQT, NHS England and Humber and North Yorkshire Integrated Care Board to progress.
- New guidance from NHS England on the Interim Guidance for the management to Trans gender patients in adult secure services
- Perinatal Partnership Agreement, led by West Yorkshire, has been signed by all Humber and North Yorkshire maternity mental health providers – the Perinatal Partnership Agreement does not include a financial risk and gain share.

Risk Register

- 1 risk rated 12 or higher.
- Closed – PC 29 – Variation in Adult Secure Community Forensic Services. Decision agreed at the Adult Secure work stream – the initial risk was due to historical variation is service commissioning, however there is no variation in patient outcomes or Key Performance Indicator hence the decision to close the risk.
- Increase risk rating - PC24 – Clinically Ready for Discharge adult secure due to there being 12 people Clinically Ready for Discharge.
- Reduce risk rating - PC 32: The current Strategic Executive Information System (StEIS) reporting system is being discontinued and switching over to the Learning from Patient Safety Episodes (LFPSE) portal as 5 of the 7 original actions are complete – decision to reduce the risk rating.

Work Stream Updates

Terms of Reference for each work stream have been reviewed and developed for 2025/26. Terms of Reference for work streams – CAMHS, Adult Eating Disorder and Quality Assurance and Improvement were approved at PCOG in February 2025. Adult Secure Terms of Reference to be reviewed at the next Provider Collaborative Oversight Group. Work stream Terms of Reference do not require ratification at Collaborative Committee.

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

Child and Adolescent Mental Health In-Patient services (CAMHS)

- As at 3.3.3025 –
    - 28 patients in CAMHS hospital care of which 50% in hospital in Humber and North Yorkshire – of the out of area patients most are in specialist learning disability, low secure or Psychiatric Intensive Care Unit which are services not provided in Humber and North Yorkshire at this time.
- CAMHS financial position has significantly improved in Quarter 3 of 2024/25.
- CAMHS Complex case forum is now established.
- New NHS England CAMHS inpatient service specification is delayed.
- NHS England draft commissioning guidance is delayed.
- NHSE Children Young People mental health support workforce reference group has commenced.
- Work has commenced in relation to considering re- design of the Nova ward area at Inspire hospital – there is real enthusiasm at Inspire for using the space to meet the requirements of the draft CAMHS national guidance.
- Closer working relationships with the Humber and North Yorkshire Admission avoidance Hub are being developed.
- Humber and North Yorkshire Specialised Provider Collaborative are hosting the next Children Young People mental health Clinical Reference Group clinical lead network meeting.
- There are currently 2 Children and Young People that are ready for discharge and a new risk is being considered to add to the risk register in relation to this both are young people where admission has been prolonged due to lack of community care package/placement. These issues have been flagged to Humber and North Yorkshire Integrated Care Board.

2   Adult Eating Disorder (AED)

- As at 3.3.3025 –
    - 16 patients in AED hospital services of which 71 % in hospital in Humber and North Yorkshire
- There are currently no patients wating for admission.
- There are no patients Clinically Read for Discharge.
- Number of out of area patients remains at 3.
- Complex case forum has been established.
- The first task and finish meeting has taken place for consideration of alternatives to admission for adult eating disorders.
- There is an all-age avoidant/restrictive food intake disorder working group established.
- CPaQT representation continues at NHS England national AED pathway meetings continues.

3   Adult Secure

- As at 3.3.3025 –
    - 13 patients High Secure
- 133 patients in low and medium secure services of which 79% receiving care in Humber and North Yorkshire
- Humber and North Yorkshire secure care providers average length of stay continues to be lower than in January 2022.
- Clinically Ready for Discharge – The number of service users is at 12, however the length of delay for some patients is in excess of 3 years.
- CPaQT met with Pathway Development Service (hosted by West Yorkshire Specialised Provider Collaborative) in February to discuss areas of focus across the region for 2025/26.
- Review of 2024/25 priorities is underway in preparation for developing the 2025/26 priorities.
- Leeds & York Partnership Foundation trust has received £1.5 million of capital investment to improve the estate at Clifton House, York.

Quality Improvement and Assurance

- All providers are currently on Routine oversight monitoring.
- Continued close oversight of all patients in Long-Term Segregation (LTS).
- Robust mechanisms in place in relation to monitoring and assurance processes.
- Progressing with the Lived Experience and Involvement Strategy and action plan.
- Liaison with West Yorkshire Specialised PC regarding Quality assurance for the new Perinatal Provider Collaborative.
- Continued close work with South Yorkshire Specialised Provider Collaborative regarding Cheswold Park Hospital.
- Continued delays in patient transfer / admission to Rampton Hospital (High Secure) due to Care Quality Commission restrictions.

Finance

- The year-to-date budget at the end of month 10 is £54.7m, against which the expenditure is £54.1m giving a favourable variance of £0.6m.
- Increased pressure on Enhanced Packages of Care (EPoC) budget due to:
    - Increase in EPOC patient length of stay.
    - Increased cost of individual EPOC packages.
    - Increased number of EPOC.

Annual Work Plan

- Annual Work Plan shared with Committee Members for consideration. Agreed to approve the work plan. Agreed that the Work Plan will be shared at each Collaborative Committee meeting from March onward.

Annual Effectiveness Review

- Collaborative Committee Annual Effectiveness review was discussed at the meeting and the final draft agreed by all members.

Collaborative Committee Terms of Reference
- Final comments received and agreed to approve the Terms of Reference.

Provider Collaborative Oversight Group (PCOG) Terms of Reference
- Refreshed and approved by PCOG in February 2025. Ratified at the Collaborative Committee.

Board Strategic Development Meeting

Agenda

30 April 2025, 9.30 am – 3.30 pm
Multi-use Room, Trust Headquarters

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	9.30
2.	Notes from 26 February 2025 Meeting and Action Log	CF	Note	✓	9.35
3.	CQC Well Led: Evidence Underpinning Quality Statements 1&2	SS	Discuss		9.40
4.	Annual Review of Trust Strategy and Outcomes	PB	Discuss	✓	10.40
5.	National Staff Survey Results	KP	Discuss		11.30
	Lunch with EPR Colleagues				12.15
6.	Mental Health Host Provider Update (including proposed organisational form)	PB	Discuss	✓	13.15
7.	Mental Health Act: Ethnicity and Pay Gap Analysis	KF	Discuss		14.15
8.	Any Other Topical Issues	CF	Discuss		14.45
9.	**Date, Time and Venue of Next Meeting** • 25 June 2025, Multi-Use Room, Trust Headquarters				

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