

**Trust Board Meeting 26 July 2023  
Agenda - Public Meeting**

For a meeting to be held at 9.30am Wednesday 26 July 2023, via Microsoft Teams

		Lead	Action	Report Format
<b>Standing Items</b>				
1.	Apologies for Absence – Steve McGowan	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 31 May 2023	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Whitby Community Hospital Redesign Community Engagement	KF	Note	√
6.	Chair's Report	CF	Note	√
7.	Chief Executives Report	MM	Note/Ratify	√ R
8.	Publications and Highlights Report	MM	Note	√
<b>Trust Strategic Goals Assurance</b>				
9.	Finance Report	PB	Note	√
10.	Performance Report	PB	Discuss	√
11.	Risk Register Update - Oliver Sims, Corporate Risk & Compliance Manager attending	HG	Note	√
12.	Board Assurance Framework Update – Oliver Sims, Corporate Risk & Compliance Manager attending Finance Report	MM	Note	√
<b>Strategy and Delivery</b>				
13.	Recovery Strategic Framework	LP	Discuss	√
14.	Six Monthly Research and Development Report – Cathryn Hart, Assistant Director of Research & Development attending	KF	Discuss	√

15.	Six Monthly Review of Safer Staffing – Inpatient Units (Oct 22- Mar 23) - Sadie Milner, Patient Safety and Practice Development Lead attending	HG	Ratify	√
<b>Corporate</b>				
16.	Review of the Trust's Constitution	SJ	Approve	√
17.	Annual Non-Clinical Safety Report 2022 - 2023	PB	Discuss	√
18.	Gender Pay Gap Report 2023	KP	Approve	√
19.	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme	MM	Note	√
<b>Assurance Committee Reports</b>				
20.	Finance & Investment Committee Assurance Report	FP	Note	√
21.	Quality Committee Assurance Report and 2 March 2023 Minutes	PE	Note	√
22.	Collaborative Committee Assurance Report	SMcKE	Note	√
23.	Audit Committee Assurance Report	SMcKE	Note	√
24.	Remuneration and Nomination Committee Revised Terms of Reference	CF	Approve	√
25.	August Board Strategic Development Agenda	CF	Note	√
26.	Items to Escalate including to the High Level Risk Register & for Communication	CF	Note	verbal
27.	Any Other Urgent Business	CF	Note	verbal
28.	Review of Meeting – Being Humber	CF	Note	verbal
29.	<b>Exclusion of Members of the Public from the Part II Meeting</b>			
30.	<b>Date, Time and Venue of Next Meeting</b> Wednesday 27 September 2023, 9.30am via Microsoft Teams			

**Agenda Item 2**

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023			
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. The declaration for Dean Royles has been updated to include Chair of NHS Professionals Strategic Advisory Board			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Updated declarations</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Key Risks/Areas of Focus:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>No issues to note</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓

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

√ Tick those that apply

✓	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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



## Directors' Declaration of Interests

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

	<p>Ownership Trustees Limited</p> <ul style="list-style-type: none"> <li>• Trustee Director the Spirit Pension Trust</li> </ul>
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director Dean Royles Ltd</li> <li>• Trustee Health People Managers Association (HPMA)</li> <li>• Owner Dean Royles Ltd</li> <li>• Advisory Board of Sheffield Business School</li> <li>• Associate for KPMG</li> <li>• Chair of NHS Professionals Strategic Advisory Board</li> </ul>
Mr Hanif Malik, Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> <li>• Non-Executive Director, Karbon Homes</li> </ul>
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire.</li> <li>• Part-time sponsor of University of Bradford's sustainability programme. The University may provide services for, and in collaboration with, the NHS.</li> </ul>
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> <li>• Director of Conexus GP Federation</li> <li>• Vice Chair of Wakefield District Housing</li> <li>• FMC Health Solutions Ltd – Director and Shareholder</li> <li>• Health Care First Partnership – Senior Partner</li> <li>• Phillip Earnshaw Ltd – Director &amp; Majority Shareholder</li> <li>• Trustee of Prince of Wales Hospice</li> </ul>

**Item 3**

**Trust Board Meeting**  
**Minutes of the Public Trust Board Meeting held on Wednesday 31 May 2023 via Microsoft Teams**

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

**In Attendance:** Mrs Stella Jackson, Head of Corporate Affairs  
 Mrs Jenny Jones, Trust Secretary (Minutes)  
 Mrs Alison Flack, Freedom to Speak Up Guardian/Programme Director (for items 68/23 & 69/23)  
 Mrs Clare Woodard, Head of Smile and Ms Tracy Underwood, Business Manager (for item 71/23)

**Apologies:** None

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

59/23	<p><b>Declarations of Interest</b></p> <p>The declarations were noted. Any further changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they declare their interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Mike Smith, Non-Executive Director; and Stuart McKinnon-Evans, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>
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60/23	<p><b>Minutes of the Meeting held 29 March 2023</b> The minutes of the meeting held on 29 March were agreed as a correct record.</p>
61/23	<p><b>Matters Arising and Actions Log</b> The action log and work plans were noted.</p>
62/23	<p><b>Patient Story – The Humber Centre – Streamlines</b> Due to patient confidentiality the story was not livestreamed. The story was told regarding the Streamlines Magazine which was developed by service users..</p> <p>The Board was pleased to hear how this was created and the future plans for progressing and sharing the magazine. It was agreed that further discussions around software and future communications be progressed with the relevant staff. Consideration would be given to progressing a Wish with Health Stars for camera equipment.</p>
63/23	<p><b>Chair’s Report</b> The Chair presented her report which was taken as read. Highlights included:</p> <ul style="list-style-type: none"> <li>• Chief Executive named in the top 50 Chief Executives in the country by the Health Service Journal. The Chair congratulated the Chief Executive on this achievement.</li> <li>• Hanif Malik, Associate Non-Executive Director (NED) would be leaving at the end of his term of office. Work was progressing on future Associate NED roles.</li> <li>• Strategic Board Development meetings were going well and provided additional time to discuss issues. Board development also formed part of this programme and was going well</li> <li>• The Chair had completed annual observations of the Board Sub Committees which were informative and well chaired by NED colleagues.</li> </ul> <p><b><u>Resolved:</u></b> The report was noted.</p>
64/23	<p><b>Chief Executive’s Report</b> The Chief Executive introduced her report and reiterated key points regarding:</p> <ul style="list-style-type: none"> <li>• Policies for ratification – the Business Continuity policy was approved. The Was Not Brought and No Engagement policy was approved subject to verification around staff side involvement.</li> <li>• The Chief Executive had been asked to be a judge for the Health Service Journal (HSJ) awards</li> <li>• Levelling up in Hull – a suggestion was made that this be discussed further in a Strategic Business Development meeting</li> <li>• Integrated Care Board (ICB) agreed objectives</li> <li>• Local election outcomes</li> <li>• National step down of Covid</li> <li>• International Nurses Day celebrations</li> <li>• Cleansing of the Trust’s membership</li> </ul> <p>Lynn Parkinson provided updates on the current operational and system pressures including industrial action.</p> <p>Francis Patton referred to the Professional Nurse Advocates (PNA) and asked how</p>

	<p>many people would be needed to fulfil the plan. Hilary Gledhill responded that 50 was the anticipated number. The training was still to be released, but nurses had already put themselves forward.</p> <p>The ICB objectives were in development and associated metrics would be shared when finalised.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
65/23	<p><b>Publications and Highlights Report</b> The report provided an update on recent publications and policy.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
66/23	<p><b>Performance Report</b> The report showed the current levels of performance as at the end of April 2023. Areas of focus were waiting times, safer staffing and delayed transfers of care. A reduction in the Care Programme Approach (CPA) 7 day follow up was reported, however strong performance was reported with aggregated statutory and mandatory training. A review of the performance report was planned for the June Strategic Board Development meeting.</p> <p>The waiting times information was welcomed. Some areas on the report referred to ongoing discussions with commissioners. Lynn Parkinson reported that the non-recurrent position was the issue and discussions were being taken forward at a senior level to progress these areas. The ICB financial deficits and some reprioritisation and decisions made on future services would need to be borne in mind. It was suggested that detail on waiting time pressures including data on numbers that required support around ASD and ADHD be highlighted at the July Strategic Board Development meeting.</p> <p>Dean Royles referred to statutory and mandatory training highlighting the positive performance and efforts of staff to reach this position. The sickness absence figures position was also positive.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
67/23	<p><b>Finance Report</b> The finance report as at the end of April 2023 was presented to the Board by Pete Beckwith. A breakeven position consistent with the plan was reported and the cash position remained strong. Work continued on the auditing of the accounts.</p> <p>Steve McGowan raised a query on agency spend and was informed that 3.6% was payable which (including the pay award) equated to £6.5 million this year. It was agreed the detail of this target would be included in future reports. An update was provided from Kwame Fofie on consultant recruitment and the use of agency medical staff. More detail on agency spend and the associated recruitment position would be provided to the Executive Management Team (EMT) and to the Finance and Investment Committee (FIC)</p> <p><b><u>Resolved:</u></b> The Board noted the Finance report <b><u>Detail on agency spend and associated recruitment position to be produced Action</u></b> <b><u>PB</u></b></p>

68/23	<p><b>Freedom to Speak Up Guardian’s Annual Report 2022/23</b></p> <p>Alison Flack, Freedom to Speak Up Guardian, presented the annual report. An error was highlighted in the report relating to the Senior Independent Director which was not Dean Royles as stated. References to “Chairman” would also be amended to “Chair”</p> <p>The report identified work undertaken during the year, areas of improvement, progress with the ambassador roles and feedback from the staff survey results. The report also included plans for the next year.</p> <p>Stuart McKinnon-Evans referred to the concerns received by Division breakdown and asked if this was an expected position. This was hard to identify and triangulation of data with other areas would need to be considered although an increase in reporting in mental health services had been seen. Reports could be going through other routes to raise concerns and less staff signposted to Human Resource colleagues. There was attendance at key meetings to raise and promote ways to speak up which was helping to change the culture.</p> <p>Hanif Malik noted that data around ethnicity and gender had been difficult to collate and queried how it had been possible to identify how many complaints came from females. Alison Flack explained gender report data had been used and there was more work to do in this area.</p> <p>A suggestion was made by Steve McGowan that future reports mirror national reporting and use the strategic key statements. Alison Flack appreciated the feedback and would take this forward for future reports.</p> <p><b><u>Resolved:</u></b> The annual report was noted.</p>
69/23	<p><b>Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Annual Report</b></p> <p>The report provided an update on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme throughout 2021-22. The annual report was launched at the national conference and the 2022/23 report was in production.</p> <p>Areas highlighted from the report included:</p> <ul style="list-style-type: none"> <li>• Youth Justice Programme</li> <li>• Suicide Prevention work</li> <li>• Transformation work for Community Mental Health Teams (CMHTs)</li> <li>• Successful clinical assembly programme</li> </ul> <p>Relationships were key and it was noted that the non-recurrent nature of finances and its flow was a key challenge. The Chief Executive concurred with the point regarding relationships as the whole system relied upon these to help get the collaborative in a good place. Trust and confidence had been developed which was important when making decisions regarding the use of non-recurrent funding.</p> <p><b><u>Resolved:</u></b> The annual report for 2021/22 was noted.</p>

70/23	<p><b>Emergency Preparedness, Resilience and Response (EPRR) Annual Report</b>  The annual report provided the Trust Board with assurance that the Trust had met the EPRR duties and obligations set out in the Health and Care Act (2022) during the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. It also set out EPRR priorities for 2023/24. Mike Smith was the Non-Executive Director (NED) representative and had reviewed the report.</p> <p>The work of the team was acknowledged. Dean Royles suggested that it might be helpful to share the report with the Covid enquiry team in order to share good practice. Lynn Parkinson appreciated the suggestion and would follow this up.</p> <p><b><u>Resolved:</u></b> The annual report was noted.</p>
71/23	<p><b>Health Stars Annual Report 2022/23 and Operational (fundraising) Plan 23/24</b>  The Board received this item as Corporate Trustee.</p> <p>Steve McGowan introduced Clare Woodard and Tracy Underwood from Smile who joined the meeting to present the update on Health Stars and the plan for 2023/24.</p> <p>There was recognition that fundraising had not been as expected, however with a new Service Level Agreement (SLA) in place the charity would move forward. Covid had impacted on the visibility of the charity and fundraising events. Events in the summer were more successful including the Chief Executives challenge. A successful grant application from NHS Charities of £30k would be used to develop the brand.</p> <p>A new website was planned and there was a focus on promoting the process for Wishes with staff including visits to teams and improved communications.</p> <p>The Chair asked how much was expected to be raised this year and was informed it was £150k including grant applications. Work with fund zone managers progressed to ensure the message about Wishes was shared at Corporate events. Donations would also be sought from both existing and new businesses interested in supporting the charity.</p> <p>Steve McGowan highlighted the need for staff to become involved in fundraising to make the charity a success. Wishes were approved by relevant managers who made decisions on how funds in their services should be used.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
72/23	<p><b>Report on the Use of the Trust Seal</b>  The report showed the Trust Seal had been used on eight occasions and a register of use maintained</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
73/23	<p><b>Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions</b>  Following an annual review the report proposed changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions (which had been considered by the Audit Committee) and detailed in the report.</p> <p><b><u>Resolved:</u></b> The Board approved the proposed changes in the report</p>

74/23	<p><b>Annual Declarations 2022/23</b> The report provided evidence of how the Trust continued to meet the terms of its Licence, elements of the NHS Act and its Constitution.</p> <p>In response to the question around G6 it was agreed that this should remain, and the wording be updated to “Governance arrangements in relation to Board &amp; Committee Effectiveness remain in place and follow the process which was audited in 2018/19 and received ‘good’ assurance”.</p> <p><b><u>Resolved:</u></b> <u>The annual declaration for 2022/23 was approved with the change identified.</u></p>
75/23	<p><b>Provider License</b> Stella Jackson presented the report which was taken as read. From this year there was no longer a requirement to publish a self-certification.</p> <p><b><u>Resolved:</u></b> <u>The report was noted.</u></p>
76/23	<p><b>Board and Committee Effectiveness Reviews 2022/23</b> The completed effectiveness reviews for the Trust Board and each of the Board’s sub committees for 2022/23 were presented along with their terms of reference. A change to the Remuneration and Nomination Committee terms of reference was proposed around recruitment and retention.</p> <p>A query was raised on the Workforce and Organisational Development effectiveness review which would be reviewed by Dean Royles.</p> <p>Hanif Malik believed the section regarding attendance at Committee meeting should change in future to highlight attendance out of the number of meetings it was possible for an individual to attend (based on when they joined the committee). It was agreed in future to add a start date to the relevant areas and/or to clarify differently.</p> <p><b><u>Resolved:</u></b> <u>The reviews and terms of reference were approved subject to the changes identified.</u></p>
77/23	<p><b>Fit and Proper Persons Regulation (FPRR) and Trust Compliance 22/23</b> The report provided assurance regarding the work to comply with the FPRR and Trust compliance. The report was taken as read.</p> <p><b><u>Resolved:</u></b> <u>The Trust’s compliance with the Fit and Proper Person Regulation and the continuation of the process in place was noted.</u></p>
78/23	<p><b>Appointment of Associate Hospital Managers</b> Kwame Fofie presented the report which outlined details of the appointment process and those who had been interviewed.</p> <p>The work on improving diversity within the Associate Hospital Managers was noted. The commitment, loyalty and support of existing managers was recognised and acknowledged by the Board.</p> <p><b><u>Resolved:</u></b> <u>The Board approved the appointments of Jamal Choudury and Anthony Chidera with three year honorary contracts.</u></p>



79/23	<p><b>Finance &amp; Investment Committee Assurance Report</b> Francis Patton presented the report from the most recent meeting where items discussed included 23/24 plan, the positive cash position and the Budget Reduction Scheme (BRS).</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
80/23	<p><b>Workforce and Organisational Development Committee Assurance Report and 8 February 2023 Minutes</b> The report from the latest meeting and the February minutes were presented by Dean Royles and taken as read.</p> <p><b><u>Resolved:</u></b> The report and minutes were noted.</p>
81/23	<p><b>Audit Committee Assurance Report</b> The report was presented by Stuart McKinnon-Evans. At the meeting the internal auditors had commented that the strength of the Trust's internal control processes was exemplary. The meeting was not quorate, and ratification of some reports would be undertaken at the June Audit Committee meeting.</p> <p><b><u>Resolved:</u></b> The report was noted.</p>
82/23	<p><b>Collaborative Committee Assurance Report</b> The report from the last meeting was presented. Areas of focus at the meeting included out of area bed days, work on alternatives to hospital admissions for patients at Mill Lodge and the collaborative work taking place.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
83/23	<p><b>Mental Health Legislation Committee Assurance Report</b> Kwame Fofie presented the report from the meeting held in May 2023.</p> <p><b><u>Resolved:</u></b> The report was noted</p>
84/23	<p><b>Charitable Funds Committee Assurance Report and 13 December 2022 Minutes*</b> The report was presented to the Board in its role as Corporate Trustee. The report was taken as read.</p> <p>The risk to funding for the Newby Pledge of £50k for the Inspire garden was raised and the Committee had discussed this and heard the reasons for the delays. Work was in hand to progress this.</p> <p><b><u>Resolved:</u></b> The Board noted the report.</p>
85/23	<p><b>Council of Governor Meeting Public Minutes 19 January 2023</b> The minutes from the public Council of Governors meeting held on 19 January 2023 were presented for information.</p> <p><b><u>Resolved:</u></b> The minutes were noted</p>
86/23	<p><b>June Board Strategic Development Agenda</b> The agenda for the Strategic Development meeting in June was provided for information.</p>

	<b><u>Resolved:</u></b> The agenda was noted.
87/23	<b>Items to Escalate including to the High-Level Risk Register and for Communication</b> No items were raised.
88/23	<b>Any Other Urgent Business</b> No other business was raised.
89/23	<b>Review of the Meeting – Being Humber</b> The meeting had been held in the Being Humber style
90/23	<b>Exclusion of Members of the Public from the Part II Meeting</b> 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.
91/23	<b>Date and Time of Next Meeting</b> Wednesday 26 July 2023, 9.30am via Microsoft Teams

Signed ..... Date .....  
Chair

**Agenda Item 4**

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

<b>Summary of actions from May 2023 Board meeting and update report on earlier actions due for delivery in July 2023</b>						
<i>Rows greyed out indicate action closed and update provided here</i>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
31.5.23	67/23	Finance Report	Detail on agency spend and associated recruitment position to be produced	Director of Finance	July 2023	Included in Agency Report for July FIC
<b>Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting</b>						
<b>Date of Board</b>	<b>Minute No</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Update Report</b>
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023 revised to a future Board meeting – date to be arranged	Patient/Staff story to be provided on Speech and Language
29.3.23	31/23(a)	Community Mental Health Presentation Survey	Summary of comparison with other NHS providers to be prepared for the Board	Medical Director/ Chief Operating Officer	26 July 2023	Update included in the Chief Exec's report

29.3.23	33/23	Chief Executive's Report	Details of those involved in the Kings Fund Engagement project to be shared	Medical Director	May 2023	Five organisations; Humber Teaching NHS Foundation Trust, Hull University Teaching Hospitals NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, North Lincolnshire and Goole NHS Foundation Trust and Hull Place (Humber and North Yorkshire Integrated Care Board  Brian Swallow and Marilyn Foster are our governor/patient from our trust working with the steering group.
29.3.23	39/23(a)	2022 Staff Survey Results	Quality Committee to review the staff survey workplans	Director of Nursing, Allied Health and Social Care Professionals	June 2023 revised to September 2023	Item added to the agenda for the September Quality Committee
29.3.23	39/23(b)	2022 Staff Survey Results	Protected Characteristics report to be shared with the Board	Director of Workforce and Organisational Development	October 2023	This will form part of the Workforce Race Equality Scheme (WRES) and Workforce Disability Workforce Scheme (WDES) reports which are due later in the

						year.
29.3.23	39/23(c)	2022 Staff Survey Results	Workforce and Organisational Development Committee to review the internal messages sent to staff to try to improve the score around the patient question	Director of Workforce and Organisational Development	May 2023	Report on the Staff Survey presented and considered by Workforce Committee. At the Board time out, it was suggested that there needs to be a more active role from other Committee's at looking at aspects of the Staff Survey. Given this relates to a patient safety question, the suggestion is that Quality Committee pick this up for discussion and assurance.

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

**Board Public Workplan April 2023/March 2024 (v6s)**

**Chair of Board:**           Caroline Flint            
**Executive Lead:**           Michele Moran          

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
<b>Reports:</b>								
<b>Standing Items - monthly</b>								
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
<b>Quarterly Items</b>								
Finance & Investment Committee Assurance Report	Assur Comm	FP	x	x		x	x	
Charitable Funds Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Workforce & Organisational Development Committee	Assur Comm	DR	x	x		x	x	
Quality Committee Assurance Report	Assur Comm	PE	x		x	x		x
Mental Health Legislation Committee Assurance Report	Assur Comm	MS	x		x	x		x
Audit Committee Assurance Report	Assur Comm	SMcKE	x		x	x		x
Collaborative Committee Report	Assur Comm	SMcKE	x	x	x	x	x	x
Board Assurance Framework	Corporate	MM		x	x	x		x
Risk Register	Corporate	HG		x	x	x		x
HNY Update	Corporate	MM	X A/R	x	x	x		x
<b>6 Monthly items</b>								
Trust Strategy Delivery Report <b>not needed due to BAF revision June 23</b>	Strategy	PB		x		x		
Freedom to Speak Up Report	Corporate	MM	x			x		
MAPPA Strategic Management Board Report (inc in CE report)	Strategy	LP			x			x
Safer Staffing 6 Monthly Report	Corporate	HG		x			x	
Research & Development Report	Corporate	KF		x			x	
<b>Annual Agenda Items</b>								
Suicide and Self-harm Strategic Plan (next due 2025)	Strategy	KF			x			
Recovery (Enabling) Strategy Update (due 2026)	Strategy	LP		x				
Mental Health Managers Annual Progress Report (inc in Assurance Report)	Assur Comm	LP	x					
Patient and Carer Experience Forward Plan (2023 to 2028 (due 2023))	Strategy	KF			x			
Presentation of Annual Community Survey	Corporate	KF						x
Guardian of Safeworking Annual Report	Corporate	KF			x			
Patient & Carer Experience (incl Complaints and PALs) Annual Report	Corporate	KF			x			
Quality Accounts <b>moved to June Strategic Meeting</b>	Quality	HG	x def					

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

Board Dates:-	Strategic Headings	LEAD	31 May 2023	26 Jul 2023	27 Sep 2023	29 Nov 2023	Jan 2024	Mar 2024
<b>Reports:</b>								
Board Assurance Framework Assessment	Corporate	MM			x			
Community Mental Health Presentation Survey Update	Corporate	KF			x			
Compliance with the New Provider License	Corporate	SJ/PB			x			
EDI – date to be confirmed after September	Corporate	SMcG						
<b>Deleted /Removed Items</b>								
Review of Disciplinary Policy and Procedure	Corporate	SMcG						
Risk Management Strategy Update –moved to a Strategic Board item	Strategy	HG						
Equality Delivery Scheme Self Assessment – to go to Workforce Committee	Corporate	SMcG						



**Agenda Item 5**

Title & Date of Meeting:	Trust Board Public Meeting– 26 <sup>th</sup> July 2023														
Title of Report:	Whitby Community Hospital Redesign Community Engagement														
Author/s:	<p>Doff Pollard – Lead Governor and Member of the Whitby Community</p> <p>Roger Everitt – Member of the Community and Patient and Carer Experience Champion</p> <p>Jill Pouncey - Member of the Community and Patient and Carer Experience Champion</p> <p>Jayne Gibson – Service Manager</p> <p>Chris Rooke - Senior Partnerships and Strategy Manager</p>														
Recommendation:	<table border="1" data-bbox="539 909 1528 1025"> <tr> <td data-bbox="539 909 938 947">To approve</td> <td data-bbox="938 909 1031 947"></td> <td data-bbox="1031 909 1410 947">To discuss</td> <td data-bbox="1410 909 1528 947"></td> </tr> <tr> <td data-bbox="539 947 938 985">To note</td> <td data-bbox="938 947 1031 985">✓</td> <td data-bbox="1031 947 1410 985">To ratify</td> <td data-bbox="1410 947 1528 985"></td> </tr> <tr> <td data-bbox="539 985 938 1025">For assurance</td> <td data-bbox="938 985 1031 1025"></td> <td data-bbox="1031 985 1410 1025"></td> <td data-bbox="1410 985 1528 1025"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	<p>To inform the Trust Board of the experiences the community engagement that took place around the redesign of Whitby Community Hospital.</p> <ul style="list-style-type: none"> <li>• Provide Board members with a community perspective of historical service provision compared with present</li> <li>• Provide Board members with an overview of the facilities now available and the difference this has made to service delivery</li> <li>• Provide Board members with a community perspective of previous engagement with the local community and to query how this will look going forward</li> </ul>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide</b></p> <ul style="list-style-type: none"> <li>• No matters to escalate</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>														

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

### Monitoring and assurance framework summary:

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



**Agenda Item 6**

Title & Date of Meeting:	Trust Board Public Meeting - 26 July 2023		
Title of Report:	Chair's Report		
Author/s:	Rt Hon Caroline Flint Trust Chair		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Board meeting.		
Key Issues within the report:			
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Board Strategic Development meeting discussions</li> <li>New Governors</li> <li>Chair and Non-Executive Director (NEDs)</li> <li>NHS Providers Governance Conference</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Associate Non-Executive Director recruitment</li> <li>Constitutional Review</li> </ul>	
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No matters to escalate</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>	
Governance:		Date	Date
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail) Report to Board

**Monitoring and assurance framework summary:**

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

## Trust Chair's Board Report – 26 July 2023

I danced part of the day away on 4 July supporting Michele Moran undertaking her 2023 CEO Challenge to raise money for our charity Health Stars to fund important extras for our patients and staff. This year it was a danceathon and the day started with swing and ended on the hokey-cokey. Michele danced pretty much non-stop from 0830 to 1700 raising thousands of pounds.

The Council of Governors (CoG) on 20 July 2023, discussed the review of the Constitution to bring it into line with the Health and Care Act 2022 and proposed changes at its meeting on 20 July. To agree any changes a majority of those voting at a CoG and a formal Board are required. This is an item on the 26 July 2023 Board agenda today.

Welcome to Paul French, Supt Operations for Hull as our Humberside Police Partner Governor and Cllr David Tucker who is joining us as East Riding LA Partner Governor. Our thanks to Supt Jenny Bristow and Cllr Julie Abraham for their participation and contributions.

The recruitment campaign has begun for 2 Associate Non-Executive Directors with shortlisting and interviews planned to be completed by the end of August.

### 1.Trust Board Strategic Development Meeting, 28 June 2023

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

- **Quality Account 2022-23** – the Trust Board ratified the Quality Account which had been approved by the Executive Management Team (EMT) and Quality Committee. A summary would be shared with all staff.
- **System Working** – It was agreed a Board-to Board meeting with the ICB should be arranged to consider current service provision and governance arrangements. Also, a meeting of system NEDs/Chairs to consider how providers might move more quickly towards improving services and care for patients through integrating care.
- **Primary Care Plan Update** – agreed performance against waiting time national indicators should be incorporated into the performance Report appendix and lack of pharmacy support should be on the risk register. A further update to be provided at the December Strategic Development meeting.
- **Waiting List Position and Future Plan** – agreed the CEO would raise with Provider Collaboratives the need to work together to tackle the ASD/ADHD waiting list challenges highlighting the need for diagnosis and treatment of non-specialist cases to be undertaken through mainstream services where possible.
- **Annual Performance Report review** – Workforce & Organisational Development Committee and the Executive Management Team (EMT) looking into the possibility of the 9% vacancy target being a stretch target

which should only be incorporated into the metrics considered by the Committee. Compliments and complaints would continue to be reviewed at Quality Committee. The EMT would formally consider the performance reports during the months there wasn't a formal Board meeting, and a small number of Community and Primary Care targets should be incorporated into an appendix to the report.

- **Board Development Programme** – it was positive that there was little variation in perceptions regarding the Board from the different groups that had completed the 360 survey. It was agreed the Board should invite clinicians to have a conversation; Board members to reinforce links to patient safety and seek challenge from a position of strength; seek to influence the ICB regarding integration and those who completed the 360 survey to be asked, through group discussions what they believe the key areas the Board should focus on.

## **2. Chair's Activities Round Up**

Attended the following Board Sub Committees: Quality (QC) and Audit (AC) chaired respectively by Phillip Earnshaw and Stuart McKinnon-Evans. QC focussed on the draft Quality Accounts, National Confidential Enquiry on Suicide update, Waiting List trajectory and performance update, QC risk register summary and BAF. The R&D 6-month update was provided as well as a Quality Insight report. The AC discussed and approved the Audit Annual Report 2022-23, Annual Governance Statement 2022/23 and the Draft Annual Report 22/23.

In addition, I chaired two meetings of the Remuneration Committee.

The Quarterly Freedom to Speak Up (FTSU) Review took place on 31 May where the CEO, Dean Royles had a good discussion with Alison Flack and Nicki Titchener about closed and open cases alongside and raising awareness.

Great to visit Whitby Hospital again and meet staff at the Quarterly Staff Awards.

Had a call with Nathan Badger, Clinical Psychologist (Complex Emotional Needs Service) to find out more about the service which has been HSJ Shortlisted in Community Care Initiative of the Year Service: Complex Emotional Needs Service to find out.

### **External meetings included:**

HNY Provider Chairs

NHS Confed Mental Health Chairs Network

East Riding Health and Well Being Board on 6 July where we had a very good discussion on their public health strategy.

NHS Confederation Chairs Group discussion on a new report to be published soon on health economic looking at which settings of care deliver the most economic

output when their funding is increased. It is a follow up to a previous report: [From safety net to springboard: putting health at the heart of economic growth.](#)

Attended the Governance Conference organised by NHS Providers on 11 July exploring the roles of boards and governance. The focus was on the role of trust boards in making the duty to co-operate a reality. I attended two workshops: Making collaboration happen and Provider Collaboration: exploring a federated model. There was an excellent presentation on Reading the Signals: Developing Problem Sensing Boards by Professor Graham Martin Director of Research, THIS Institute, University of Cambridge. It looked at the challenges of accessing, collating, and making use of various sources of intelligence about the quality and safety of healthcare in provider organisations. I hope we might host an event for him to repeat his presentation for HNY Provider Boards.

#### **4. Governors**

The Appointments, Terms and Conditions Committee and an Extraordinary CoG met and approved the recruitment of two new Associate Non-Executive Directors (ANED), the extension of Hanif Malik's term to the end of September 2023 whilst we recruit the new ANEDs and Francis Patton's term to the end of August 2024 to support succession planning and is being followed through in line with NHSE guidance.

The 2024 Governor Calendar includes:

- |   |  |
|---|--|
| <b>4 Council of Governors' meetings</b> | <b>2 in person alternate months</b>      |
| <b>3 Governor Development Days</b>      | <b>2 in person</b>                       |
| <b>10 Humber Governor Briefings</b>     | <b>Online except Aug &amp; Dec (1hr)</b> |

At the last Governor Development Day on 15 June the focus was on the work of the Quality Committee and an informal lunch took place for governors to meet members of the EMT and some other senior staff.

#### **5. Chair and Non-Executive Director Visits**

##### **NEDs, EMT and Governors**

Avondale	Stuart Mckinnon-Evans & Anthony Houfe
Health Trainers in Bridlington	Francis Patton & Joanne Gardner
Townend Court	Stuart McKinnon-Evans, Tom Nicklin & Brian Swallow
Humber Centre	Hilary Gledhill, Marilyn Foster & Brian Swallow
Whitby Hospital	Stella Jackson, Doff Pollard & Tony Douglas
Perinatal Services	Francis Patton, Karen Phillips & Tim Durkin

**Agenda Item 7**

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	To provide the Board with an update on local, regional and national issues.  Ratification of the Medical Gasses Policy			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Work contained within the report</li> </ul>		<ul style="list-style-type: none"> <li>Contained within the paper</li> </ul>		
<b>Key Risks/Areas of Focus:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>Nothing to escalate</li> </ul>		<ul style="list-style-type: none"> <li>Ratification of Policy</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) 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	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Chief Executive's Report

### 1.1 Policies for Approval

#### Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Medical Gases Policy	26.6.2023	Director of Finance	This policy establishes mandatory requirements for the management of Medical Gas Pipeline Systems (MGPS) in Humber Teaching NHS Foundation Trust <a href="#">Medical Gases Policy F-031 V1.0 Jun-23.pdf (humber.nhs.uk)</a>

### 1.2 Around the Trust

#### 1.2.1 Danceathon

I survived my latest Challenge an 8 hour danceathon for Health Stars Charity which also celebrated the 75<sup>th</sup> NHS Birthday. I was joined by the Kingston Swingers, Hull FC, Hull KR as well as our wellbeing team, Chair dancing experts and Irish Dancers to name but a few also joined in. I was joined throughout the day by our staff both in person and online. I also carried on working during the day.

The feedback from our staff was fabulous and as such we are looking to offer dancing classes across the organisation. The sponsorship is over £4,500 and rising. Thank you all.

#### 1.2.2 NHS 75<sup>th</sup> Birthday

On Wednesday 5 July we joined national celebrations for the 75<sup>th</sup> birthday of the NHS.

Staff across the trust were allocated £2 per person to join the NHS Big Tea. 100 teams and 2500 staff members have had a party to celebrate within their teams.

Staff also join in with the national Park Run for the NHS on Saturday 8 July.

We joined with colleagues from Hull University Teaching Hospitals to support a Family Fun Day over 150 staff tickets were sold.

Further details are in the Communications update later in the report.

#### 1.2.3 Swartz Rounds

The Executive Management Team (EMT) supported the progression of Schwartz Rounds. This is a multi-disciplinary forum for health and social care staff to reflect together on the emotional impact of their work. Fundamental to Schwartz Rounds is the principle that the experience of strong emotions at work is normal and that the opportunity for staff to talk

about and reflect on these emotions in a supportive environment is so important. Research shows that involvement in Schwartz Rounds can improve staff wellbeing, reduce psychological distress and, crucially, enable staff to work compassionately with colleagues and people who need support and care from health and social care services.

#### **1.2.4 Right Care, Right Person - RCRP**

Lynn and I continue to present nationally on Right Care, Right Person (RCRP), including to the Metropolitan Police, Regional and National teams, I have also spoken to the Health Minister on the developing guidance for this work and the organisation is leading the development of a Tool Kit.

#### **1.2.5 Visits**

I have visited several areas over the last few weeks, including timeout meetings with the Primary and Community Division, Humber Centre and the Human Resources team. It was also great to spend some time in the Hull community with various support groups.

#### **1.2.6 East Riding Breastfeeding Accreditation.**

East Riding were successful in the revalidation for the Gold Award. As the board is aware I am the organisations Breast Feeding Guardian both in Hull and in the East Riding, to achieve Gold status with UNICEF is extremely difficult and to maintain the level harder. The assessors were very impressed by the standard of work that has taken place over the past four years and that we have not only managed to maintain the service post pandemic but progress it. Congratulations to the integrated team and their close team working with the East Riding Local Authority, the Specialist Breastfeeding service and the Bridlington project. Hull continues to work towards achieving gold status.

#### **1.2.7 Armed Forces Covenant**

I have signed once again our pledge to support our Arm forces colleagues, the covenant is attached at the end of the report for the Board information.

#### **1.2.8 Health Service Journal Awards**

Good news our services have been shortlisted:

#### **CENS- Shortlisted in Community Care Initiative of the Year Service: Complex Emotional Needs Service, Samantha McKenzie**

Categories:

- Mental Health Safety Initiative
- Community Care Initiative of the Year

Summary:

The Complex Emotional Needs Service (CENS) has made exceptional progress in improving care for those with a "personality disorder". The team has evolved from a team providing care co-ordination only, to a service providing assessment, care coordination, consultation, comprehensive evidence-based intervention programmes (Dialectical Behaviour Therapy and Structured Clinical Management), training, partnership working with the Local Authority Care Leaving team, and carer support (1:1 and a group psychoeducation programme).

We are proud to improve knowledge, challenge stigma, include the service user voice throughout our service, and to have a service wide role in improving services for those with complex emotional needs.

Phlebotomy Clinic- shortlisted in Learning Disabilities Initiative of the year.  
Service: Community Learning Disability Hull, Emily Wallace and Laura Deriving  
Categories:

- Learning Disabilities Initiative of the Year
- Community Care Initiative of the Year

Summary:

Many people with a learning disability have a variety of co-existing health conditions. Health inequalities are avoidable differences which people with a learning disability experience. It was identified that there was a cohort of adults known to the Community Learning Disability Hull Team (CTLD) who were not receiving the adequate blood tests which had been requested from Primary or Secondary Care. The reasons for this included the individuals' level of learning disability, anxiety, and associated distressed behaviours meaning that it was not possible to obtain bloods safely within a primary care setting. Our Phlebotomy Clinic aimed to positively impact this cohort of people and ensure they were receiving physical care in a way that worked for their complex needs.

**Follow My Lead- shortlisted in Learning Disabilities Initiative of the year and Patient Safety Education and Training award.**

Service: Profound and Multiple Learning Disabilities Hull, Stephanie Dines

Categories:

- Patient Safety Education and Training
- Learning Disabilities Initiative of the Year

Summary:

'Follow My Lead' is an award-based training scheme aimed at services supporting individuals with Profound and Multiple Learning Disabilities (PMLD). The scheme focuses on enhancing the communication and quality of life of people with PMLD. It was co-produced, with input from the Hull PMLD focus group which is comprised of parents, carers and professionals supporting individuals with PMLD. Humber Teaching NHS Foundation Trust, Hull City Council and City Health Care Partnership provided the funding for the resource.

### **1.2.9 Values Based Recruitment**

EMT approved an approach to deliver Values Based Recruitment, in line with the 'Being Humber' behavioural standards. This proposal, embedded within the Recruitment and Selection policy and toolkit, provides the resources to support the inclusion of values-based interview questions in all interview panels, with an option to consider an additional values-based stakeholder panel.

## **2 Around the System**

### **2.1 North Yorkshire Place**

Following an inclusive workshop, the proposals and ideas from the conference are to be reviewed, alongside population health data in July to support refresh of locality priorities and plans, outlines include:

### **Vale and Selby**

Workshop with key partners to review priorities and governance arrangements.

Population Health Management Data used to drive discussions, drilling down further into the locality to recognise the variation across the area.  
Revised priority focus areas include Care Homes, addressing loneliness and MDTs.

### **East Coast**

Smaller strategic group from across all key areas being established as the locality care partnership board.

### **Harrogate**

Locality planning reviewed at Board and opportunities identified for links to other planning processes.

Recognition that a number of the Harrogate locality priority areas overlap and are interdependent in terms of maximising impact.

### **2.2.2 East Riding Local Authority Changes**

Eoin Rush, Executive Director of Children, Families and Schools, notified his intention to retire from his role this Autumn. After almost 40 years of working in Children's Services in a wide range of settings and roles, Eoin made the decision to step down.

Interim Executive Director, Merlin Joseph will provide some leadership, support and continuity while the recruitment to the permanent post is completed in the coming months. Merlin is an experienced Director of Children's Services having held the role at Oldham, London Borough of Hillingdon and Dudley.

### **2.2.3 Integrated Care System and Digital**

The recent recruitment for a Chief Digital Information Officer for the ICB to work across the Integrated Care System was unsuccessful. The ICB put in place interim arrangements with Andy Williams acting as the interim CDIO, these finish at the end of June,

The ICB has secured the independent support of Agilisys and in particular Max Jones and some of his team to work with then over the next few months. Their focus will be to determine a unified approach to the digital and data position including a specific focus on the EPR Programme and model for the future including how we collaborate to improve and adopt.

### **2.2.4 Humberside Police**

Humberside Police have named Paul Anderson as Lee Freeman's successor, Paul is currently the Deputy Chief Constable and expected to commence in August.

## **3 National News**

### **3.1 Mandate Document**

Three overall priorities are set out in the Mandate document published on 23 June 2023 as follows:

#### **Priority One – Cut NHS Waiting Lists and Recover Performance**

This covers elective care, Cancer, Diagnostics, Urgent and Emergency Care and Primary Care and reinforces the priorities in the NHS Operational Planning guidance for 2023/24 and the recent recovery plans published for Urgent and Emergency Care and Primary Care, alongside the Elective Recovery Plan published in February 2023.

## **Priority Two – Support the Workforce for training, retention and modernising the way staff work**

This priority emphasises the key area of Workforce and links to the new NHS Workforce Plan published on 30 June 2023.

## **Priority Three – Deliver recovery through the use of data and technology**

This priority highlights the importance of the use of innovation and technology to digitally transform the NHS and help ensure its long-term sustainability. Specific attention is drawn to electronic health records, federated data platforms and transforming the use of the NHS app.

The explicit inclusion of digital as one of the three priorities highlights its growing importance in terms of deliver and efficiency.

In addition to the 3 priorities, there is also a need for the NHS to continue to deliver the NHS Long term Plan to transform services and improve outcomes.

The Mandate is directed to NHS England who, in turn, will be holding ICBs to account for the delivery of these priorities over the next 12 months.

## **Documents**

Several important reports have been received which will form part of our next Board Strategic Session:

- Long Term Workforce Plan
- Inpatient Acute Services Review
- Health Inequalities' Plan

## **3.2 Hewitt Report NHSE Update**

Almost a year on from their establishment, support for ICSs as the right arrangements to address the shared challenges being faced across the health and care system remains strong. Up and down the country ICSs are embedding their local partnerships and working to improve the way that health and care is delivered and experienced in communities.

The Hewitt Review emphasises the work already happening locally and nationally to capitalise on these new arrangements, acknowledging some of the significant progress that both systems and NHS England have started to make and highlighting where NHSE need to do more to ensure that the approach across the NHS and with partners enables local leaders to succeed.

NHSE Operating Framework sets out how they are starting to work differently, and how they (NHSE) are changing to become a smaller organisation that is more focussed on supporting leaders and their teams locally and enabling them to deliver our collective core priorities.

NHSE will work collaboratively with systems and national partners to drive that change forward through a clear roadmap for the future changes.

These changes will pick up how NHSE set direction for the NHS, how they assure delivery and support improvement, and how they align ways of working to build a collaborative culture that enables success – all oriented to align behind local leaders.

As part of this:

- embed co-creation and co-ownership into ways of working as part of demonstrating the commitment to collaborative leadership by, for example, building on this year's approach to co-produce the next round of planning guidance to ensure the way that we develop national priorities and set direction will be genuinely informed by local ambition.
- streamline how they interact with systems as they devolve decision-making to give systems the space to lead locally, seeking to minimise reporting requirements so that capacity and energy can be focused on developing tomorrow's services rather than describing today's services.
- develop the 'one team' approach which they are embedding across the NHS and with partners, working collaboratively and empowering each other but also being clear about who is accountable for what within systems. This will mean a shift in the oversight framework and the approach to performance management to place a stronger emphasis on improvement and transformation.
- better listen to local leaders in systems to inform how they reorganise our ways of working. NHSE behaviours and culture need to reinforce these ambitions as they seek to create a simpler and more enabling NHS England to lead the NHS more effectively.

Achieving the ambitions reiterated in the Hewitt Review, and creating the conditions for ICS success, will require sustained commitment from all partners across the health and care system.

## **4 Director Updates**

### **4.1 Chief Operating Officer Update**

#### **4.1.1 Operational, Industrial Action and Covid Update – July 2023**

This update provides an overview of the operational, industrial action and covid position across our clinical services and the arrangements and continuing work in place in the Trust and with partner organisations to manage these concurrent pressures. Notification was received from NHS England on the 18<sup>th</sup> May that the NHS response to Covid- 19 was being stepped down from an NHS level 3 incident. This was done in recognition that the infection whilst continuing is no longer having a significant impact on loss of life.

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

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

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. System wide review of the effectiveness of winter planning commenced during Quarter 1 and is continuing during Quarter 2 2023/24 in preparation for planning for next winter. Through our EPRR team we are undertaking an organisational review of our plan and response which we are feeding into the wider system work.

**Operational service pressures** have remained high in the Trust in June and early July. The highest pressures were seen in our Mental Health services due to usual seasonal variation and ongoing delays in achieving timely discharge from beds. The Trusts overall operational pressures in the last two months following a period of reduced pressures at the end of February of escalation level (OPEL) 2 (moderate pressure) have increased and been sustained at escalation level (OPEL) 3 (severe pressure) in June and early July.

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

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use remains reduced but has increased over recent months as it is impacted by the number of delayed transfers of care remaining high. Our overall bed occupancy has reduced slightly in May and June with pressures remaining high for mental health and learning disability beds, it has been between 78.0 – 85.4%.

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

System pressures have seen some improvement in North Yorkshire and York and in the Humber areas more recently for both health and social care. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring more frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures alongside ongoing industrial action has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute

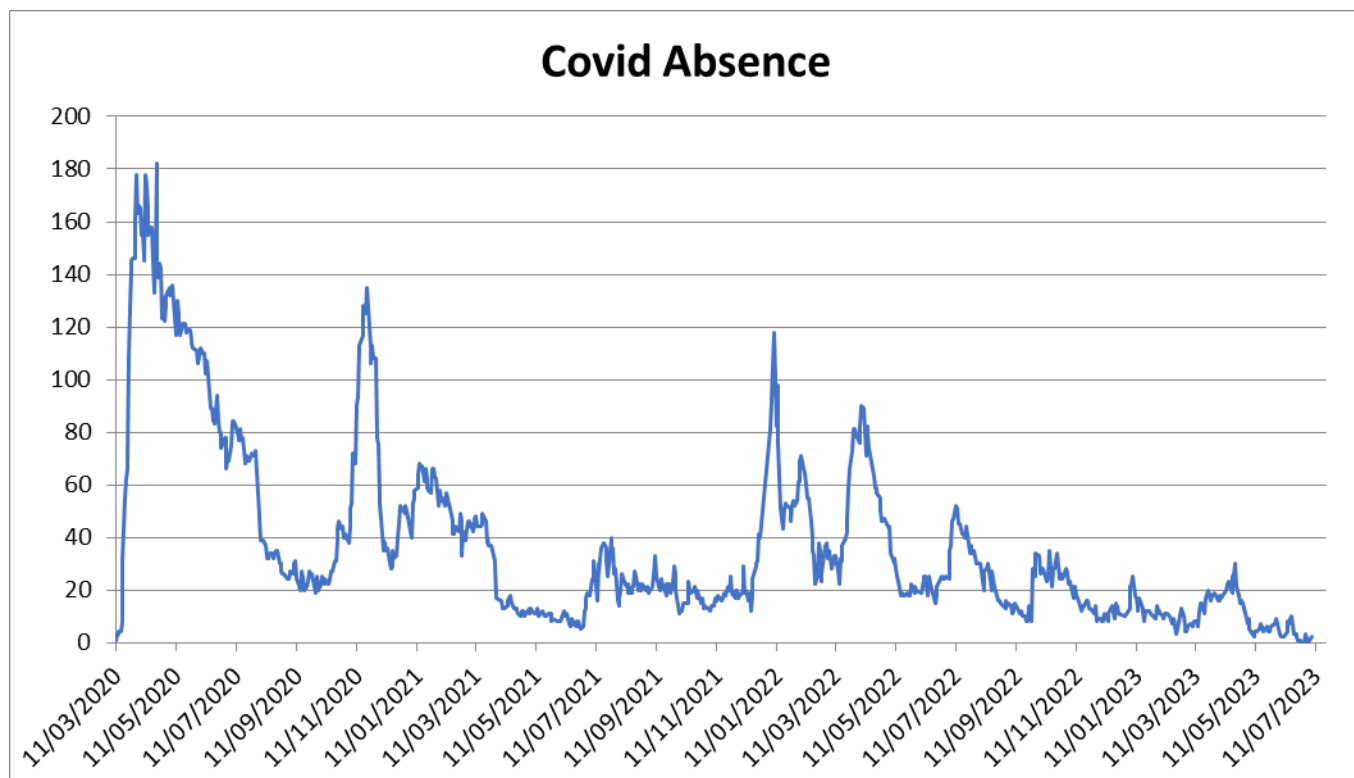


hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26<sup>th</sup> June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded hospital mental health liaison team. Early data demonstrates that the service is successfully diverting patients away from the emergency department, it will now be monitored closely and will also collect information about the patients experience of the new facility.

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

The Trust has seen low numbers of cases of **Covid-19** positive inpatients during late June and early July.

When combined with non-covid related sickness the overall absence position is currently at 6.39%.



The remit of the Covid- 19 task group chaired by the Deputy Chief Operating Officer has been broadened to include planning our response to winter 2023/4, the ongoing risk of industrial action, wider emergency planning and is now our Emergency Response task group

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

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

#### **4.1.2 Mental Health Inpatient Redesign Programme**

The Pre-consultation Business Case (PCBC) has been progressed with a number of stakeholder consultations and engagement sessions having taken place in the last few weeks. A good level of feedback on the shortlist of options has been received from those sessions during recent weeks the team has brought all of this together to formulate the final case for change and the approach to our consultation plan. The outcome of the consultation and the evaluation of the shortlist will be reported to the board at the July meeting.

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

#### **4.2.1 Leadership Visibility**

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

#### **Allied Health Professionals (AHP) Professional leads meeting**

The meeting with AHP leads was a positive session to look at AHP workforce planning, staff survey results for the AHP workforce and future priorities and areas of development. This was followed up by a visit to the creative therapies team to see first-hand the trauma informed and innovative therapeutic development work being delivered highlighting the strength that creative therapies offer to children to explore and make sense in a safe space some of the difficult experiences they have endured and be able to thrive as a result.

#### **The Nurses Forum**

Open to all nurses the forum was well attended and it was wonderful to share with the forum the feedback from the activities undertaken for international nurse's day in respect of what is the one piece of advice you would give to yourself as a new nurse. Student nurses were also present at this event and commented how useful, inspiring and reassuring hearing this information was for them. It was excellent to be able to share these pearls of wisdom with each other. In addition, the forum heard about the roll out of the patient safety incident response framework (PSIRF) and the plans moving forward.

#### **Substance Misuse Team**

A visit to the team in Hull was enlightening and to hear about some of the innovative treatments available to individuals that not only offer further opportunities for recovery but also reduce stigma. Of particular note was the work being undertaken by non-medical prescribers in respect of treatment options which identified the positive difference that can be made when organisations are willing to be at the forefront of innovation and research.

## **The Humber Centre**

The Director of Nursing has also supported a very positive Governor site visit to the Humber Centre where we visited the Healthcare Centre and one of the wards and met with staff and patients. The Director of Nursing has also met with our Patient Safety Partners who are volunteers. These are new roles that ensure the patient voice is heard with the core purpose of improving safety and quality.

Other areas where visits have taken place are Fitzwilliam Ward Whitby where the Director of Nursing (DON) visited to see how the Internationally Educated Nurses are settling in and Scarborough Community Services where the DON met with staff and went on clinical visits with a district nurse.

The Deputy Director of Nursing has also attended the PACE forum in Hull and Whitby, and the Veterans forum, to introduce herself and talk about her role and also to share the work around PSIRF what it means for a learning organisation and how people can get involved.

### **4.2.2 Preceptorship Academy Award**

Humber Teaching NHS Foundation Trust are very proud to announce that they have been awarded NHS England's National Preceptorship Interim Quality Mark. As of July, we are one of only 28 Trusts nationally who have received the award.

This demonstrates the Trusts commitment to ensuring our newly qualified nurses receive a structured period of support, guidance, and development to help them build their confidence and competence as they transition to autonomous professionals.

Our preceptorship academy is multi-disciplinary and enables staff from differing professional backgrounds to consolidate their learning together and build strong professional networks for the future. Staff have access to additional training sessions, information on different resources across the organisation and a personal welcome from the Director of Nursing, Allied Health Professional & Social work.

### **4.2.3 Chief AHP Award**

The Trust has submitted a nomination for the National Chief Allied Health Professions Officer Award in the category AHP innovation and improvement within integrated care systems on behalf of the Humber North Yorkshire Integrated Stroke Delivery Network who have a service level agreement with us to lead the work with our Physiotherapy Professional lead. The awards are an annual opportunity to recognise and celebrate the vital contribution and impact that Allied Health Professions (AHPs) make towards improving health, care, and wellbeing, of the people and populations they serve.

The nomination is for the Humber North Yorkshire Integrated Stroke Delivery Network AHP project whose focus is the commitment to improve patient care for people who have suffered a stroke. The aims of the network are to inspire the future workforce, close the psychological gap, improve integration of social care and stroke and increase intensity of speech and language therapy.

Some of the results, impact of the project to date are:

Posters produced and an interactive element for people to begin discussions about AHPs and rehabilitation. Created a page on the AHP Careers in Stroke on the Aspiring Allies website, which the QR code on the flyer links to. Co- produced a video and shared with the HNY faculty and universities, preceptorship academies and for AHP leads to promote

within their organisations. Commenced a pilot of a Creative Therapist; art/drama/music within a community stroke team for 6 months to provide level 2 psychological intervention.

#### **4.2.4 Infection Control Staff Development Opportunities**

Due to a vacancy arising in the Infection Prevention Control Team (IPCT) the team have been able to re structure the team which has enabled a sum of money to be available to support staff development and succession planning.

In all clinical teams a link infection control practitioner is identified whose role it is to be the liaison person with the IPCT and promote infection control in their team. The money available from the re structure has allowed a rolling 6 month development programme to commence whereby a link practitioner is seconded to work in the infection control for one day a week for a six month period to further develop their knowledge and skills.

#### **4.2.5 Pastoral Care Quality Award**

We are pleased to announce Humber Teaching NHS Foundation Trust has been awarded the NHS Pastoral Care Quality Award.

This has been awarded to the Trust by NHSE in recognition of our work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

We were required to submit evidence against a range of standards for assessment by NHSE. Trusts that do not have the award will not be able to recruit internationally educated nurses going forward.

### **4.3 Director of Workforce & Organisational Development Updates**

#### **4.3.1 Local Clinical Excellence Awards (LCEAs)**

EMT were presented with proposals following a consultation exercise with LNC regarding future awards for LCEAs.

It has been agreed that equal distribution will be applied for the 2023/24 awards, with the view that a formal policy and process will be developed to support competitive awards for 2024/25 onwards.

As part of the 2023/24 round, there will be a review of all existing long-term awards in 2023.

The LCEA policy is currently under consultation with LNC and will be presented to Trust Board on September 2023.

### **4.4 Medical Director Updates**

#### **4.4.1 Psychology**

##### **Adult Mental Health**

We're utilising the Health Education England offer in AMH and OP notably the recruit to train posts and the two-day Understanding Psychosis and Bi-Polar Disorder course delivered on-line by Lancaster University. We filled all the places for the year within 48 hours as it's a popular course and we've had good feedback from staff who have attended.

We are expanding the Mental Health Wellbeing Practitioner role into EIP as a new development role. We already have a small grouping in the Primary Care Networks, and they have embedded well, and we will be supporting the staff going into EIP learning from that experience.

### **Forensic Division**

The Psychology team are leading on all research within the forensic division, including locally developed projects, and links into national studies. The research being undertaken includes trials of new forms of support for reducing risk of sexual offending in learning disabled adults, understanding anger and aggression to inform further treatment projects, and identifying barriers to patient progression through secure services, with a view to reducing length of stay.

### **4.4.2 Patients and Carer Experience (PACE)**

PACE initiatives coming up soon.

- Patient and Carer Experience (including Complaints and Feedback) Annual Report 2022/23 including short film to deliver the key messages - Board ratification 27 September 2023
- Patient and Carer Experience Five Year Forward Plan (2023 to 2028) including Easy read version, short film, and resources - Board ratification 27 September 2023
- Kings Fund/NHS E/H&NY ICS Engagement Project - planning to deliver a series of workshops to support with the development of a 'Communications Experience Charter' - Autumn 2023

### **Supporting Service Users Involvement in Trust Activities**

Here are some of the ways that we support service users to get involved in activities such as PACE forums, recovery college, recruitment and volunteering that take place across our Trust: There also include initiatives supporting service users with occupation and employment opportunities through positive assert, co-production role, voluntary work, peer support workers and expert by experience (see attached leaflet).

### **4.4.3 Medical and Medical Education Updates**

**International recruitment:** We are expecting our first group International Medical Graduate (IMG) to arrive and start working with us in September 2023. There will be three in September and one in October 2023. We have plans to support them with induction, pastoral care, professional development, and relocation.

**Monitoring Visit:** The trust received positive feedback following two monitoring visits from Health Education England HEE and Hull and York Medical School. We were the highest scoring Mental Health Trust in the region for students' feedback, second year running and our education provision was described as fantastic by the HEE monitoring team.

### **Mental Health Act (MHA)**

- The Band 5 is now in post and looking at some Quality Improvement initiatives.
- The Mental Health Act booklet for all inpatient units is in development.
- We have restarted annual MyAssure MHA audits on all units.

- The MHA team are resuming in-person support visits to all units. These visits are to support mainly the unit staff with MHA related queries. The in-person visits were changed to on video link support during the Covid 19 pandemic.

## **4.5 Director of Finance Updates**

### **4.5.1 Pay Award**

The NHS A for C pay award was received by staff in June and included the non-consolidated pay.

The Trust has made provision for the 2022/23 retrospective payment in its accounts (With associated income from NHSE).

The Trust's Payroll team met the timetable for the production and circulation of P11Ds which is the notification of expenses and benefits for tax purposes.

### **4.5.2 Cyber Security Updates**

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 111
  - High Priority CareCERT notices Issued during 2023: 5

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

### **4.5.3 Digital Updates**

#### **Electronic Patient Record**

We have commenced contractual negotiations with the chosen supplier (TPP) which should conclude before the end of July.

An Electronic Patient Record (EPR) programme launch event was well attended by Operational Staff.

#### **4.5.4 Estates and Hotel Services Updates**

##### **Development Works**

A contractor has been appointed to deliver the enhanced ventilation works at Newbridges as part of the COVID recovery plan, with the preferred contractor in the process of being appointed for the same work at Westlands.

Works are progressing with the improvements at the Humber Centre following the completion of with the entrance alterations. The WCs and bathrooms are complete on Ouse Ward and the contractors have now moved on to phase two for the clinic and the remaining WC / bathroom within the original building. Further design works are being produced to reconfigure the bedrooms within Ouse and Derwent to enable a mock up bedroom to be developed as part of the consultation process.

##### **Green Plan**

Solar panel installation works of a 60kw solar system to Townend Court have been completed with 13650kWh energy generated since installation.

The Trust is exploring whether a solar farm can be developed using a power purchase agreement (PPA). These agreements are used in the USA and are relatively new to the NHS and are dependent on the arrangements being “off balance sheet.” The Trust has engaged PWC to provide advice on the commercial and accounting aspects of a potential agreement.

ERCH Biomass Boiler recommissioning is underway with remedial works along with the procurement of a fuel source. This will enable the boiler to become fully operational in September 2023.

##### **Hotel Services**

The Health Care Estates and Facilities Day took place on 21 June, this celebrated the work done to support the delivery of healthcare.

Work is ongoing to ensure that the implementation of the National Food and Drink standards are undertaken in an appropriate manner for the services that the Trust provides.

##### **Capital Programme**

At Month 3 the Trust had spent £1.195m of its £11.300m programme which equates to 10% of available funding. £0.900m had been spent on the Yorkshire and Humber Care Record. Other schemes in the programme are in the planning stage. Bids of £202m have been approved against the £0.629m capital contingency.

#### **5 Communications Update**

##### **Quarterly Communications Update**

##### **Service Support**

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

<b>Division</b>	<b>Campaigns/Projects this month</b>
Mental Health (Planned/Unplanned)	

	<ul style="list-style-type: none"> <li>• National Rebrand of Emotional Wellbeing Service</li> <li>• Community Grants scheme</li> </ul>
Community & Primary Care	<ul style="list-style-type: none"> <li>• Recruitment campaign</li> </ul>
Children's and Learning Disabilities	<ul style="list-style-type: none"> <li>• ISPHNS (Chat Health launch)</li> <li>• Youth Recovery and Wellbeing College</li> <li>• Alarm Distress Baby Scale research – BBC One Show</li> </ul>

## Team Updates

Three new roles have been recruited into the team since June.

Following her time leading the communications and engagement in-patient mental health transformation, Loren Hakeney will be taking on the same role to provide dedicated support for the Electronic Patient Record project. A new Media & PR Officer will join us in July.

A new Digital Communications role will join the team in August to support the development, updating and maintenance of current and future service websites. As health care and prevention changes, we are engaging more of our patients, service users and their families online. Our network of 11 service websites communicates with specific audiences to support access to care, treatment and support. This role will ensure we able to deliver the highest quality online experience including enhanced levels of accessibility and security.

Alongside these changes in corporate communications. A new service communications team is forming following investment from divisions to offer more dedicated support for their services. This will allow us to provide enhanced campaign support with a particular focus on service social media, websites, and campaigns. The first role, in Children's and Young People's will join us in August and will work in service but as a part of the Communications and Marketing team to ensure a joined-up approach, brand consistency and support for personal development.

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

### • Brand Updates

Our new online photo library was launched at our June Brand Workshop attended by 50 staff. It was also used to showcase other new developments including an online content editor which monitors reading age and flags jargon to support the creation of accessible content.

Our next development is to create an internal group of Brand Ambassadors who will work within their teams to have more autonomy in produced branded materials such as posters, leaflets etc. We have had significant interest in the role and the first meeting is taking place this month to develop the concept with the staff members.



- **Social media content**

### **The One Show**

Our channels showcased our Health Visitors appearance in a feature on The One Show. Posts achieved 10,000 impressions and 66 likes ensuring the coverage was maximised.

### **Domestic Violence Campaign**

We have supported the Safeguarding Team to launching their new signposting webpage, which features resources for those who may be experiencing domestic abuse. Posters and key educated on controlling behaviours and how to access support.

### **HSJ Patient Safety Awards Shortlisting**

We celebrated our four shortlisting's achieving 53 likes and 5,500 impressions.

- **Media coverage**

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

1. **BBC One Show puts Health Visitors in the Spotlight**, published by The One Show and Nursing Notes. Additional coverage for our inclusion in the trial on BBC, The Telegraph, Guardian, Nursing Times, Daily Mail, Daily Mirror, Nursing Times.
2. **Free Health and Wellbeing Support in Goole**, published by The Goole Times
3. **Free NHS Health Checks in the East Riding**, published by BBC Radio Humberside

In total, we have seen 18 publications in total across local, regional and national media (17 positive, 0 neutral, and 1 negative).

- **Awareness Days**

Key dates of note this month were:

- Learning Disability Week
- Healthcare Estates and Facilities Day
- Armed Forces Day
- Disability Pride Month
- QI Week

During Learning Disability Week, we supported the LD team hold two lunch and learn sessions. More than 70 members of staff attended a sign-language session to learn simple but relevant signs to support their work with our patients and service users.

Healthcare Estates and Facilities Day was a huge success. We created postcards for staff across the trust to use to thank their colleagues from the Estates and Facilities team. One department told us they were 'inundated' with the postcards and really appreciated people taking the time to say thank you.

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

- **Electronic Patient Record Project**

The new generation EPR programme officially launched on 6 July, with staff attending the launch event both in-person and online.

The event was very well received with interest from staff to become more involved to support the Digital team including allocating Super Users for support during Go Live.

The project now moves into its implementation phase supported by an internal communications plan.

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

- **NHS75**

On Wednesday 5 July we joined national celebrations for the 75<sup>th</sup> birthday of the NHS.

Staff across the trust were allocated £2 per person to join the NHS Big Tea. 100 teams and 2500 staff members have had a party to celebrate within their teams.

Staff also join in with the national Park Run for the NHS on Saturday 8 July.

We joined with colleagues from Hull University Teaching Hospitals to support a Family Fun Day over 150 staff tickets were sold.

#### **CEO Challenge - Tuesday 4 July**

Michele was joined by guests including dancers from Kingston Swing, representatives from Hull KR and Hull FC, and Hull City's mascot Roary the Tiger to dance through the decades from 1948 to the present day.

Over 200 members of staff streamed in to watch Michele dance via Teams, and around 50 more joined her in person on the dance floor.

To date the challenge has raised a lot of money for trust charity Health Stars. Live coverage achieved 24,000 impressions and 210 likes.

#### **Family Fun Day - Saturday 1 July**

We teamed up with NHS colleagues from Hull University Teaching Hospitals, the ICB and Place teams to celebrate with a Family Fun Day at Castle Hill Hospital on Saturday 1 July. The event was well attended by Trust staff who enjoyed free food and a range of live entertainment and attractions.

- **Staff Celebration Evening 2023**

We have exceeded our target of 150 nominations for the Staff Awards (up from 121 in 2019). Nominations close on 23 July 2023 with judging on 3 August.

We are progressing with plans for the Staff Celebration Evening which will take place on 10 November at Lazaat Hotel in Cottingham.

- **Humbelievable**

Our North Yorkshire Recruitment campaign launched on 16<sup>th</sup> June combining online advertising across the Reach network (Britains biggest newspaper group), advertorial content and social media advertising.

The campaign has had a fantastic reaction with over 2300 visits to a North Yorkshire job listings page which was created to monitor the campaign response. There has also been

an uplift in applications to jobs including three applications for the Virtual Ward GP role and 188 applications for a Band 5 Physiotherapy role. Visits to the Join Humber website are up 117% (from 3396 – 7400) compared to the same period in 2022.

In the same period the website has had a significant design refresh to improve appearance and usability.

Our Health Care Support workers campaign launches in August to increase applications. Photoshoots were held at Maister Court, Maister Lodge and STaRS to accompany strong testimonials from staff about the experience of working as a HCA at our Trust. The campaign will focus on staff development in these roles and NHS/Trust benefits. The campaign includes targeted social media advertising, direct mailing, online advertising and outdoor display advertising. The funding for the campaign as provided by a bid from NHSE secured by the HR team to develop this area of our workforce.

- **Tobacco Dependency Treatment Service**

We have been working with the new Tobacco Dependency Treatment Service steering group to develop all staff comms with the help of the ICB to introduce colleagues to the new Tobacco Dependency Treatment Service that is being developed across the Trust.

An introduction message has been shared in the Global and a new intranet page as been developed. This will be the central source for information as the project develops.

#### **Theme 4: Fostering integration, partnerships, and alliances**

- **Staff Youth Forum**

We are currently supporting the Children's and Young People's division Engagement lead and working with Workforce and OD colleagues to explore the potential of developing a proposal for a Staff Youth Forum. The group would provide a supportive network for colleagues in the early stages of their career.

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

- **Awards**

This year's award submissions are now complete. We supported 29 nominations with 11 shortlisting so far (process ongoing for HSJ awards).

The Trust has been shortlisted for four HSJ Patient Safety Awards and judging processes begin this month. The most highest number of submissions was for the HSJ Awards, shortlists for this are announced in August.

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

- **Update on Annual Website Development Plan**

Web providers SiteKit have shared their plans for an updated package for the Trust website and intranet from October 2023. An options appraisal will consider the best way forward to continue to deliver an accessible and informative website – this may include continuing with the Sitekit package, splitting the website and intranet to procure two new sites or brining the sites in house and funding a new role into the Communications Team to manage our online presence internally.

## Measures of Success

Theme 1: Promoting people, communities, and social values			
KPI	Measure of success by 2025	Benchmark	This month
Positive Media Stories published	Positive vs negative coverage maintained at 5:1	5 stories covered by media per month	17 positive stories published 1 negative story published 300% achieved
Visits to Brand Portal	Up 20% to 696 sessions	580	993
Facebook engagement rate	2%	2%	7.43%
Twitter engagement rate	2%	2%	5.18%
LinkedIn follower growth	+ 4.3%	Target 2872 followers	3,461 followers

Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	20%	18%	22.99%

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	58.41	57.47%
Intranet visits maintain at current level	7,300 visits p/m	7522	6926
Global click through rate (CTR) increase	7%	15%	9%
Staff engagement event programme	Engage 10% of staff in each event (2023/24)	First staff engagement event attracted 10% of staff (360)	422
	20% (24/25) Post event	Industry	n/a

	satisfaction survey results in upper quartile (73%+)	standards used for benchmark	
--	--	------------------------------	--

<b>Theme 5: Innovating for quality and patient safety</b>		
<b>KPI</b>	<b>Measure of success</b>	<b>Progress to date</b>
Awards nominations	4 national/2 local shortlists annually	Supported 29 nominations  So far, 11 of these entries have been shortlisted (judging ongoing for HSJ awards)

<b>Theme 6: Optimising an efficient and sustainable organisation</b>			
<b>KPI</b>	<b>Measure of success by 2025</b>	<b>Benchmark</b>	<b>This month</b>
Reduce homepage bounce rate	Below 50%	64.9%	62.39%
Increase average page visits per session	+ 2 per visitor	2	2.73
Increase average dwell time	+ one minute	1m28s	1m42s

## **6 Health Stars Update**

### **Fundraising Activity**

#### **CEO Challenge**

The 'dancing through the decades' event took place on 4<sup>th</sup> July to celebrate 75 years of the NHS.

Health Stars were delighted to secure sponsorship from large communications company MS3 who has said they want to do much more with the charity, particularly around becoming a corporate partner supporting mental health. MS3 are the first corporate to be approached to join the One Year One Charity scheme.

### **Update on Campaigns/Appeals**

#### **Whitby Bricks**

There will be a final push for anyone who still wants to purchase a brick in the next couple of weeks and the first set will be ordered by 31<sup>st</sup> July 2023. Once we have confirmation of the date when they can be installed, Health Stars will work with Trust Communications team to arrange publicity/unveiling.

## **Fundraising Campaigns**

From the Circle of Wishes, three areas of targeted fundraising have been identified to allow Health Stars to fund some of the bigger wishes in the system. Children's Services, Mental Health inpatient services and Malton have all asked for support with larger projects, which include improvements to the children's waiting area at Walker Street, three cardio walls which will help support inpatients physical and mental health care and support to create a dementia friendly day room at Fitzwilliam Ward in Malton.

Health Stars is utilising Smile's bid writer to identify and apply for suitable funding streams as well as arranging fundraising events with the various teams to help boost the profile of the charity, encourage staff engagement and boost the funds available. Events such as Zumba on the Humber, Bongo Bingo and a comedy night are all in the pipeline as well as more local activities such as raffles, cakes stalls and sponsored runs.

## **Branding and Communications**

We have worked closely with the Communications Team at Humber and the designer at Smile Foundation to develop a new refreshed logo which is aligned to the NHS colour palette and the new Humber Teaching NHS FT brand.

The Health Stars website has also been refreshed which will make submitting wishes and accessing charitable fund easier and more efficient.

Regular communications via global and social media are being shared and the Health Stars team are now visiting sites across the Trust to help improve the engagement of staff with the charity.

## **The Circle of Wishes**

Health Stars continue to receive a steady stream of wishes and so far this year we have had 73 requests submitted. Health Stars are working through them to identify which ones are charitable and where funding is readily available, getting as many signed off as possible.

On occasion this process does take a while, particularly when we are waiting on additional information from the wish makers who are often busy within clinical settings.

Regular meetings take place with the Deputy COO and the PMO/Business development teams.

A new Circle of Wishes platform is being developed through Smile.

## **Fund Zones**

There is currently over £130k held in restricted funds. Many of these donations are historical and some services have altered or evolved since the gifts were given. Smile is able to work with the charities commission to support un-restricting these funds so they can be used more broadly to benefit more patients while still retaining elements of the original donors wish, ie the geographics/demographics.

**Michele Moran**  
**Chief Executive**



## **Organisation Name**

Humber Teaching NHS Foundation Trust

**We commit to uphold the Armed Forces Covenant and support the Armed Forces Community. We recognise the contribution that Service personnel, both regular and reservist, veterans and military families make to our organisation, our community and to the country.**

Signed on behalf of:

**Humber Teaching NHS Foundation Trust**

Signed: 

Name: Michele Moran

Position: Chief Executive

Date: 29.6.23

An Enduring Covenant Between  
The People of the United Kingdom  
His Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown  
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most, such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.



## Section 1: Principles of The Armed Forces Covenant

1.1 We, **Humber Teaching NHS Foundation Trust**, will endeavour to uphold the key principles of the Armed Forces Covenant:

- *Members of the Armed Forces Community should not face disadvantages arising from their service in the provision of public and commercial services.*
- *In some circumstances special provision may be justified, especially for those who have given the most, such as the injured or bereaved.*

## Section 2: Demonstrating our Commitment

2.1 We recognise the contribution that Service personnel, reservists, veterans, the cadet movement and military families make to our organisation, our community and to the country. We will seek to uphold the principles of the Armed Forces Covenant by:

1. To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.
2. To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.
3. To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.
4. To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.

2.2 We will publicise these commitments through our literature and/or on our website, setting out how we will seek to honour them and inviting feedback from the Armed Forces Community and our customers on how we are doing.

# Involvement in Trust Activities



Humber Teaching  
NHS Foundation Trust

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

## Patient & Carer Experience Forums

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

Email: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)  
Tel: 01482 389167

## Sharing my Story

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

Email: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)  
Tel: 01482 389167

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

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

Email: [hnf-tr.HYAG@nhs.net](mailto:hnf-tr.HYAG@nhs.net)  
Tel: 01482 389167

## Quality Improvement

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

Email: [hnf-tr.qimprove@nhs.net](mailto:hnf-tr.qimprove@nhs.net)  
Twitter: @Humber\_QI

## Research

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

Email: [hnf-tr.researchteam@nhs.net](mailto:hnf-tr.researchteam@nhs.net)  
Tel: 01482 301726

## Recovery College

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

Email: [hnf-tr.recoverycollege@nhs.net](mailto:hnf-tr.recoverycollege@nhs.net)  
Tel: 01482 389124

## Health Stars

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

Website: [healthstars.org.uk](http://healthstars.org.uk)

## Recruitment

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

Email: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)  
Tel: 01482 389167

## Volunteering

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

Email: [hnf-tr.voluntaryservices@nhs.net](mailto:hnf-tr.voluntaryservices@nhs.net)  
Tel: 01482 477862



## Trust Member: What does it mean to be a Member?

If you are interested in knowing more about being a Trust member and having a say in how our services are developed, please contact the membership office.

Email: [hnf-tr.members@nhs.net](mailto:hnf-tr.members@nhs.net) | Tel: 01482 389132

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023															
Title of Report:	Publications and Policy Highlights															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1" data-bbox="539 629 1525 741"> <tr> <td data-bbox="539 629 935 667">To approve</td> <td data-bbox="935 629 1031 667"></td> <td data-bbox="1031 629 1410 667">To discuss</td> <td data-bbox="1410 629 1525 667"></td> </tr> <tr> <td data-bbox="539 667 935 705">To note</td> <td data-bbox="935 667 1031 705">/</td> <td data-bbox="1031 667 1410 705">To ratify</td> <td data-bbox="1410 667 1525 705"></td> </tr> <tr> <td data-bbox="539 705 935 741">For assurance</td> <td data-bbox="935 705 1031 741"></td> <td data-bbox="1031 705 1410 741"></td> <td data-bbox="1410 705 1525 741"></td> </tr> </table>				To approve		To discuss		To note	/	To ratify		For assurance			
To approve		To discuss														
To note	/	To ratify														
For assurance																
Purpose of Paper:	<p>To inform and update the Trust Board on recent publications and policy since the May Board meeting (as detailed below):</p> <ul style="list-style-type: none"> <li>• NHS England’s Long-Term Workforce Plan.</li> <li>• Patient Safety Report.</li> <li>• Independent Rapid Review into Data on Mental Health Inpatient Settings: Final Report</li> <li>• Rise in girls with eating disorders during Covid-19.</li> <li>• Review into Integrated Care Systems.</li> <li>• Equality, Diversity and Inclusion (EDI) Improvement Plan.</li> <li>• Patient Flow.</li> <li>• New Hospital Build Programme.</li> <li>• Young mental health patients 'at risk' in child wards</li> </ul>															
Key Issues within the report:																
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• .n/a</li> </ul>														
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													

	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

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

## Publications and Policy Highlights

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

### 1. NHS England's Long-Term Workforce Plan

On Friday 30 June 2023, NHS England (NHSE) published the NHS Long Term Workforce Plan (LTWP). NHS Providers has produced a briefing outlining the key components of the plan and their initial response: [long-term-workforce-plan-otdb.pdf \(nhsproviders.org\)](https://nhsproviders.org/long-term-workforce-plan-otdb.pdf)

**Lead: Deputy Director of Workforce and OD**

**The Trust has participated in national webinars/updates to better understand the context and components of the plan. At present we are awaiting the supporting operational plans which will underpin local actions.**

### 2. Patient Safety Report

The Parliamentary and Health Service Ombudsman has published a new report on patient safety, 'Broken trust: making patient safety more than just a promise'. It asked why services fail to learn from avoidable harms and how to close the gap between ambitions for improving patient safety and the reality in practice. The report contains some important findings, as well as some recommendations for action at local and national level. This briefing summarises the key findings and recommendations: [parliamentary-and-health-services-ombudsman-report-next-day-briefing.pdf \(nhsproviders.org\)](https://nhsproviders.org/parliamentary-and-health-services-ombudsman-report-next-day-briefing.pdf)

**Lead: Director of Nursing**

**The findings re the clinical failings leading to avoidable harm will be shared with our Clinical Risk management Group for discussion and for any appropriate actions to be taken.**

### 3. Independent Rapid Review into Data on Mental Health Inpatient Settings: Final Report

The report of the [independent rapid review into data on mental health inpatient settings](#), chaired by Dr Geraldine Strathdee, was published on 28 June. The report includes recommendations for improvements in the way local and national data is gathered and used to monitor and improve patient safety in mental health inpatient pathways. The government has said it will respond to the report in due course.

This briefing summarises the key findings and recommendations:

[https://nhsproviders.org/media/696004/ndb-rapid-review-data-mental-health-inpatients-june-2023.pdf?utm\\_campaign=1361185\\_OTDB%20briefing%3A%20NHS%20Long-term%20Workforce%20Plan&utm\\_medium=email&utm\\_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=Humber%20Teaching%20NHS%20Foundation%20Trust&dm\\_i=52PX,T6AP,4YCP5Q,3GKF9,1](https://nhsproviders.org/media/696004/ndb-rapid-review-data-mental-health-inpatients-june-2023.pdf?utm_campaign=1361185_OTDB%20briefing%3A%20NHS%20Long-term%20Workforce%20Plan&utm_medium=email&utm_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=Humber%20Teaching%20NHS%20Foundation%20Trust&dm_i=52PX,T6AP,4YCP5Q,3GKF9,1)

The Secretary of State has also announced that the Health Services Safety Investigations Body (HSSIB) will be formally established in October and will commence a national investigation into mental health inpatient care settings.

**Lead: Director of Nursing**

**Report recommendations to be reviewed by EMT and discussed in the Board Strategy Session in August.**

#### 4. Rise in girls with eating disorders during Covid-19

The BBC has reported a study has found GP records show there has been a sharp rise in teenage girls in the UK developing eating disorders and self-harming during the Covid-19 pandemic. The report is available via this link: [Sharp rise in teenage girls with eating disorders during Covid - BBC News](#)

##### **Lead: Medical Director**

The rise has also been seen in our catchment area. Below are the referral numbers to the Hull and East Riding CAMHS Eating disorder team.

Year	2018	2019	2020	2021	2022	2023
Numbers	107	108	129	179	197	52 (June)

2023 (Jan to end June) 52 which indicates there may now be a slowing down.

The service has informed me that they have remained responsive and been able to assess and treat all young people that meet the criteria for the service within their timescales.

They have also benefitted from increased staffing.

#### 5. Review into Integrated Care Systems

The Department of Health and Social Care has published its response to the Rt Hon Patricia Hewitt's review into integrated care systems (ICSs), alongside their response to the Health and Care Select Committee inquiry 'Integrated care systems: autonomy and accountability'.

The government's response sets out its commitment to helping ICSs develop, to streamlining the number of national level targets and to reviewing the NHS capital regime.

NHS Providers has produced a briefing regarding the response which is available here: [54191\\_otdb-govt-response-to-hewitt-review.pdf \(emlfiles4.com\)](#)

##### **Lead: Chief Executive**

The organisation will continue to work with the system, regional and national colleagues as this work progresses and roles of ICS develops.

#### 6. Equality, Diversity and Inclusion (EDI) Improvement Plan

NHS England has published its first equality, diversity and inclusion (EDI) improvement plan.

The plan centres on six intersectional high impact actions (HIAs), underpinned by success metrics. One such action is for chairs, chief executives and board members to have measurable objectives on EDI.

NHS Provider's report regarding the EDI Plan is available via this link:

<https://nhsproviders.org/media/695905/nhse-edi-improvement-plan-next-day-briefing.pdf>

##### **Lead: Deputy Director of Workforce and OD**

A report detailing our proposed response and associated actions relating to the Equality, Diversity and Inclusion Improvement Plan will be presented to EMT in July, with the topic covered at the Strategic Board Development session on 30th August.

## 7. Patient Flow

This report [Providers Deliver: Patient flow](#) highlights the practical steps and innovations introduced by trusts and their partners to improve patient flow. The report sets out the wider context behind obstacles that cause delays and why work to address them requires a joined up approach based on close partnerships between different types of providers.

### Lead: Chief Operating Officer

**This report is helpful in providing a summary overview and some case examples of improving patient flow. These principles and approaches underpin work that is constantly taking place in the Trust to ensure our services are focussed on preventing avoidable admissions to hospital, adhere to a home first approach and when hospital is required that this is for as short a period as possible. The report highlights the need for system collaboration in achieving improved flow and again this underpins the work we are doing across all of our services where increased demand and patient flow is a challenge.**

## 8. New Hospital Build Programme

[The HSJ](#) reported a chief executive has compared a lack of investment into mental health estate to 'institutionalised discrimination', after no new schemes were accepted on to the government's New Hospital Programme (NHP).

It has been revealed that almost 50 capital projects from mental health trusts attempted to win one of the final places on the NHP, but all were taken by new acute schemes.

### Lead: Director of Finance

**The Trust was unsuccessful in its bid to be included in the last 5 places on the Government's New Hospitals Programme and disappointed that no mental health schemes were included. The Trust continues to pursue the development of its Business Case to ensure it's in the best possible position to take advantage of funding that may become available in the future and is also reviewing whether there are any external financing options. It is understood that there are separate plans outside of the New Hospitals Programme to spend £179.7m on 3 new mental health hospitals in Surrey, Derbyshire, and the Mersey area.**

## 9. Young mental health patients 'at risk' in child wards

[The BBC](#) reports the Healthcare Safety Investigation Branch (HSIB) has warned that young people with complex mental health needs are being put at significant risk, by being placed on general children's wards in England. The HSIB says that paediatric wards are designed to care for patients who only have physical health needs and not for those with mental health needs.

### Lead: Chief Operating Officer

**This is an important report highlighting a risk that our children's mental health services in the Trust are very much aware of. Our CAMHS teams work closely with colleagues in the paediatric service to avoid unnecessary stays on these wards for children whose care needs are best met elsewhere. We have a dedicated inreach team who provide support into the acute hospital to support children and young peoples care and treatment plans to ensure that the most appropriate care pathway and care environment is provided.**



## Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting– 26 July 2023		
Title of Report:	Finance Report Month 3 (June 2023)		
Author/s:	Name: Peter Beckwith Title: Director of Finance		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
	The Trust Board are asked to note the Finance report for June 2023 and comment accordingly.		
Purpose of Paper:	<p>This report is being presented to the Board to provide the financial position for the Trust as at the 30 June 2023 (Month 3).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives</p>		
Key Issues within the report:			
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust recorded a break-even financial position consistent with the Trust’s planning target</li> <li>The cash balance at the end of Month 3 was £29.658m.</li> <li>The Better Payment Practice Code figures show achievement of 95.6%.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate.</li> <li>An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team.</li> </ul>		
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>The Year-to-Date Agency expenditure totalled 1.989m. This is £0.038m below the same period for the previous year.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>The Trust Board are asked to note the Finance report for June 2023.</li> </ul>		



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

**Monitoring and assurance framework summary:**

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

## **FINANCE REPORT – June 2023**

### **1. Introduction**

This report is being circulated to the Board to present the financial position for the Trust as at the 30th June 2023 (Month 3). 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. Position as at June 2023**

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

Table 1 shows for the period ended to 30 June 2023 the Trust recorded a break-even position which is consistent with the agreed plan and details of which are summarised in table 1 on the following page.

There is one item which doesn't count against the Trust's financial control targets, which is the Donated asset Depreciation of £0.009m year to date, this takes the ledger position to a deficit of £0.009m.

The Trust has released £0.640m of Balance Sheet flexibility to enable the break-even position. This is primarily due to the funding pressure relating to the Pay Award uplift which is calculated at £0.380m year to date, and a number of minor overspends referred to below that make up the remaining £0.260m.

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

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
<b>Income</b>							
Trust Income	166,099	14,245	14,487	241	41,525	42,037	513
Clinical Income	14,837	1,386	1,483	97	3,807	4,047	240
<b>Total Income</b>	<b>180,936</b>	<b>15,631</b>	<b>15,969</b>	<b>338</b>	<b>45,332</b>	<b>46,085</b>	<b>753</b>
<b>Expenditure</b>							
<u>Clinical Services</u>							
Children's & Learning Disability	38,714	3,596	3,656	(60)	9,855	10,004	(149)
Community & Primary Care	29,748	2,619	2,625	(6)	7,417	7,471	(54)
Mental Health	57,137	5,270	5,264	6	14,426	14,568	(142)
Forensic Services	13,367	1,201	1,197	4	3,344	3,262	82
	<b>138,966</b>	<b>12,687</b>	<b>12,741</b>	<b>(55)</b>	<b>35,043</b>	<b>35,305</b>	<b>(262)</b>
<u>Corporate Services</u>							
	<b>34,078</b>	<b>2,666</b>	<b>2,401</b>	<b>201</b>	<b>8,981</b>	<b>8,299</b>	<b>682</b>
<b>Total Expenditure</b>	<b>173,044</b>	<b>15,353</b>	<b>15,143</b>	<b>147</b>	<b>44,024</b>	<b>43,604</b>	<b>420</b>
<b>EBITDA</b>	<b>7,891</b>	<b>278</b>	<b>826</b>	<b>548</b>	<b>1,308</b>	<b>2,480</b>	<b>1,173</b>
Depreciation	5,880	490	506	(16)	1,470	1,518	(48)
Interest	(300)	(50)	(75)	25	(150)	(223)	73
IFRS 16	1,970	164	200	(35)	492	600	(108)
PDC Dividends Payable	2,341	195	195	-	585	585	-
<b>Operating Total</b>	<b>(2,000)</b>	<b>(521)</b>	<b>0</b>	<b>522</b>	<b>(1,090)</b>	<b>1</b>	<b>1,091</b>
BRS	(2,000)	(521)	-	(521)	(1,090)	-	(1,090)
<b>Operating Total</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Excluded from Control Total</b>							
Donated Depreciation	82	7	3	4	20	9	11
	<b>(82)</b>	<b>(7)</b>	<b>(3)</b>	<b>5</b>	<b>(20)</b>	<b>(9)</b>	<b>12</b>
<b>Excluded</b>							
Commissioning	-	1	0	1	(11)	(0)	(11)
<b>Ledger Position</b>	<b>(82)</b>	<b>(8)</b>	<b>(3)</b>	<b>6</b>	<b>(10)</b>	<b>(9)</b>	<b>1</b>
<b>EBITDA %</b>	<b>4.4%</b>	<b>1.8%</b>	<b>5.2%</b>		<b>2.9%</b>	<b>5.4%</b>	
<b>Surplus %</b>	<b>-1.1%</b>	<b>-3.3%</b>	<b>0.0%</b>		<b>-2.4%</b>	<b>0.0%</b>	

## **2.2 Income**

Income overall is showing an overachievement against budget of £0.753m. This includes additional income for Children's and LD of £0.270m that has been secured in addition to the Block funding and £0.150m for Whitby and Malton Wards which reflects the additional property management costs charged by York LLP, and £0.075m for Discharge Funding.

Additional Clinical Income has been received which relates to Children's and LD and Primary Care

## **2.3 Divisional Expenditure**

The overall operational divisional gross expenditure is showing an overspend of £0.262m.

### **2.3.1 Children's and Learning Disability**

Children's and LD is reporting a £0.149m overspend. There are pressures from the use of medical agency staff in Neurodiversity. Additional pressures of £0.037m are a result of demand relating to Adult Autism Assessments and £0.039m in relation to Community LD.

### **2.3.2 Community and Primary Care**

Community and Primary Care is reporting an overspend of £0.054m. This is made up of a £0.024m overspend on Primary Care and the remaining £0.030m across Community.

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

### **2.3.3 Mental Health**

The division is showing an overspend of £0.142m. There are pressures within the Unplanned service division which relates to the acuity of patients within PICU and requires increased safer staffing numbers. In addition to this there are constraints within the system regarding discharge issues which is affecting the financial position.

### **2.3.4 Forensic**

Forensic Division is showing an underspend of £0.082m and is a result of vacancies. There are some pressures due to the level of acuity on the inpatient wards.

### 2.3.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing an underspend of £0.420m, the main factor being items held centrally to offset pressures.

### 2.3.6 Forecast

The Month 3 position is in line with the ICB system target for the Trust which is a break-even position.

## 3. Cash

As at the end of Month 3 the Trust held the following cash balances:

**Table 2: Cash Balance**

Cash Balances	£000s
Cash with GBS	29,362
Nat West Commercial Account	263
Petty cash	33
<b>Total</b>	<b>29,658</b>

The cash balance of £29.658m represents 46 days of operating costs. The balance is £2.567m less than the forecast of £32.225m. Included in the balance is £3.433m relating to the Provider Collaborative.

Adjusting for the difference between the actual amount of cash available at 31<sup>st</sup> March and the assumptions made in the cashflow forecast, the variance between actual cash and forecast cash at 30<sup>th</sup> June 2023 is just £0.375m.

#### 4. Agency

Actual agency expenditure year to date at Month 3 is £1.989m, which is £0.038m below the same period in the previous year.

**Table 4: Agency Spend by Staff Group**

Staff Type	Apr-23 £000	May-23 £000	Jun-23 £000	Total £000
Consultant	283	338	480	1,100
Nursing	50	249	179	477
AHPs/Clinical Support	124	123	99	345
Administration & Clerical	27	13	26	66
<b>Grand Total</b>	<b>483</b>	<b>723</b>	<b>784</b>	<b>1,989</b>

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

Off framework Agency Expenditure was £0.164m year to date at the end of Month 3.

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

#### 5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 5. The current position is 95.1% for non-NHS and 97.6% for NHS. Work is ongoing to maintain this performance.

**Table 5: Better Payment Practice Code**

Better Payment Practice Code	YTD	YTD
	Number	£
<b>NON NHS</b>		
Total bills paid	9,241	28,748
Total bills paid within target	8,786	27,332
Percentage of bills paid within ta	<b>95.1%</b>	<b>95.1%</b>
<b>NHS</b>		
Total bills paid	359	7,269
Total bills paid within target	327	7,098
Percentage of bills paid within ta	<b>91.1%</b>	<b>97.6%</b>
<b>TOTAL</b>		
Total bills paid	9,600	36,017
Total bills paid within target	9,113	34,430
Percentage of bills paid within ta	<b>94.9%</b>	<b>95.6%</b>

**6. Recommendations**

The Board are asked to note the Finance report for June 2023 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 26 <sup>th</sup> July 2023		
Title of Report:	Trust Performance Report – June 2023		
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead		
Recommendation:	To approve		To discuss
	To note	<input checked="" type="checkbox"/>	To ratify
	For assurance		
Purpose of Paper:	<p>This purpose of this report is to inform on the current levels of performance as at the end of June 2023.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>		
<b>Key Issues within the report:</b>			
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>	
<ul style="list-style-type: none"> <li>Mandatory Training – compliance overall remains high; performance exceed the upper control limit in May at 94.9%</li> <li>Clinical Supervision has increased further to 94.3%.</li> <li>EIP Performance for a second consecutive month is above the 60% target.</li> </ul>		<ul style="list-style-type: none"> <li>Work on the new indicators and report format for July Board is in progress. This work is still in progress but should be available for the next report.</li> </ul>	
<b>Key Risks/Areas of Focus</b>		<b>Decisions Made:</b>	
<ul style="list-style-type: none"> <li>Safer Staffing Dashboard – Sickness is flagging on the dashboard. <i>The number of teams flagging red for sickness has significantly improved in May with 9 teams now below the target of 4.5%.</i></li> <li>NHS East Riding Talking Therapies (formerly IAPT) 6-week target remains below the 75% target at 45% but this is an improvement on the previous month.</li> <li>Out of Area Placements rose during June. Whilst this correlates to a continuing challenge to achieve timely discharge our mental health beds still need to flow effectively and work is taking place across the acute care pathway to make further improvements to address this. This includes enhancing our community-based alternatives</li> </ul>		<ul style="list-style-type: none"> <li>None (report is to note)</li> </ul>	



to hospital admission, maximising the availability of PICU beds and access to community step up and step-down beds. The number of Out of Area bed days has increased by 216 days to 402.

- Delayed Transfers of Care (DTC) – the rate has dropped by 3.3% to 10% in the current reporting period.

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

**Monitoring and assurance framework summary:**

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

√ Tick those that apply

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

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

Financial Year  
2023-24

# TRUST PERFORMANCE REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Reporting Month:

Jun-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing

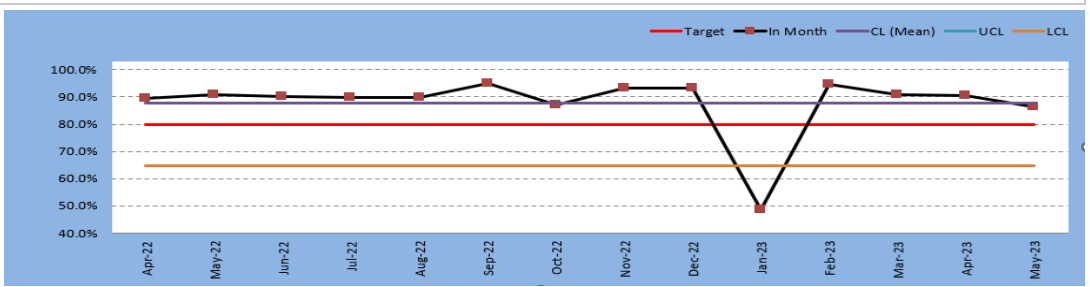


# Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **June 2023**

<b>Purpose</b>	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).
<b>What are SPCs?</b>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>

<b>Example SPC Chart</b>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>
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<b>Strategic Goal 1</b>	Innovating Quality and Patient Safety	<b>Strategic Goal 4</b>	Developing an effective and empowered workforce
<b>Strategic Goal 2</b>	Enhancing prevention, wellbeing and recovery	<b>Strategic Goal 5</b>	Maximising an efficient and sustainable organisation
<b>Strategic Goal 3</b>	Fostering integration, partnership and alliances	<b>Strategic Goal 6</b>	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

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

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending:

**June 2023**

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
Goal 2	RTT - 52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - Paediatric ASD/CYP Neuro	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
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

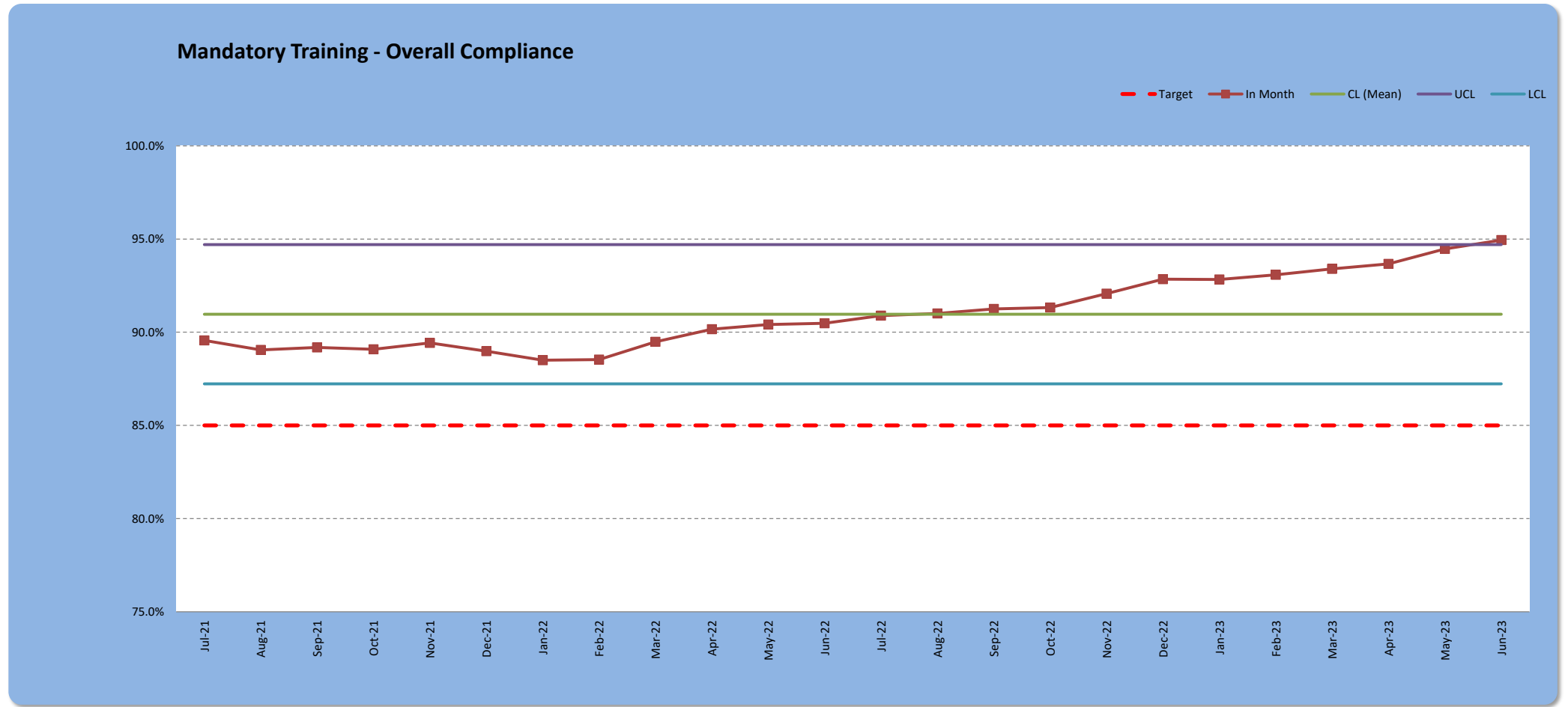
# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
85%	80%	94.9%

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



# PI RETURN FORM 2023-24

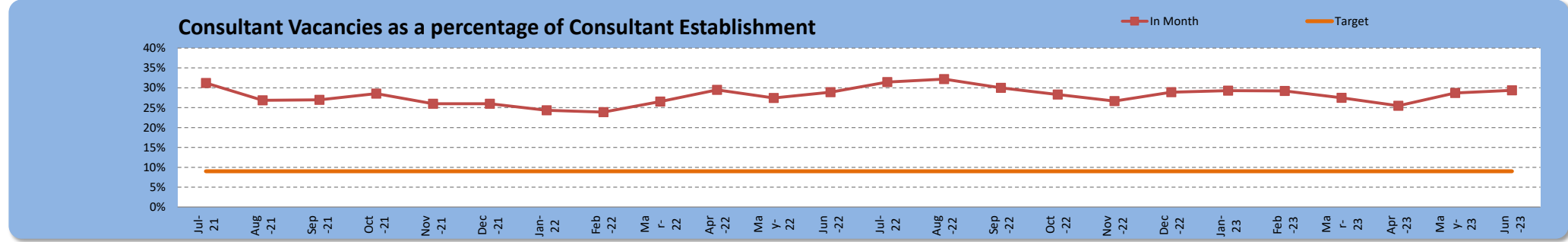
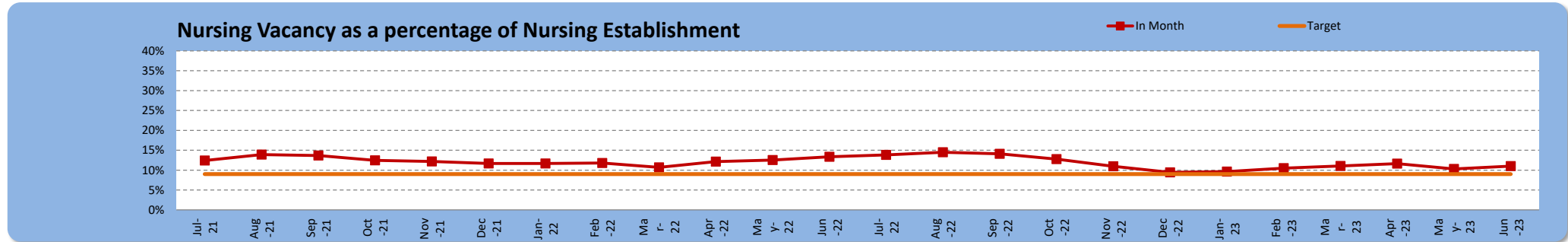
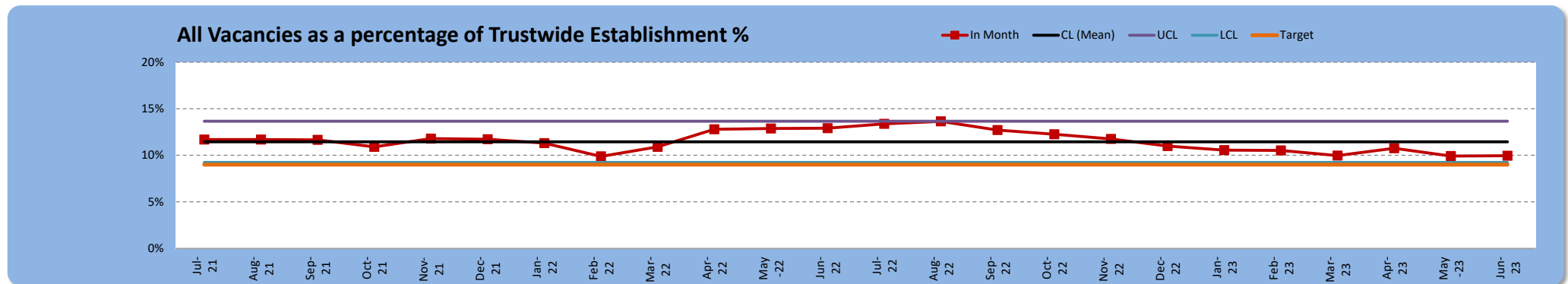
## Goal 1 : Innovating Quality and Patient Safety

For the period ending:

June 2023

Target:	Amber:	Current month stands at:
N/A	N/A	10.0%

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



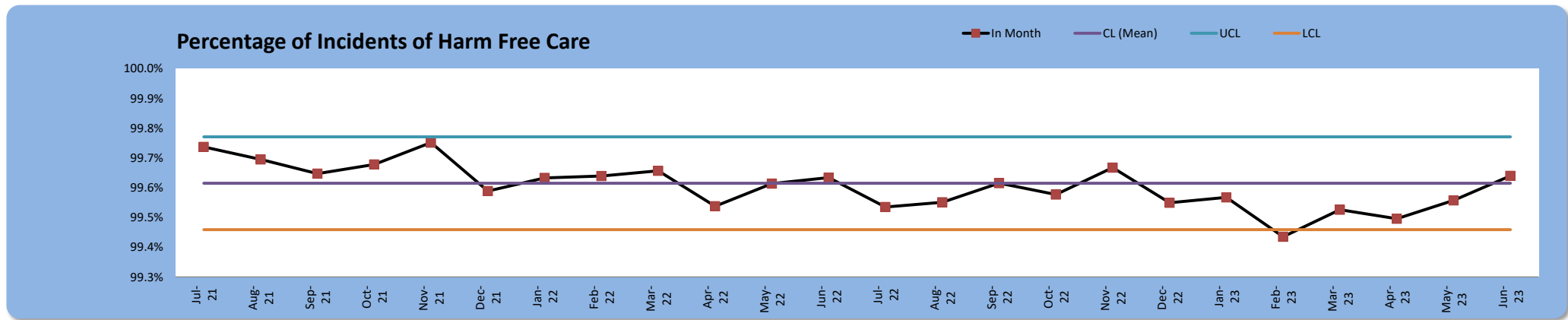
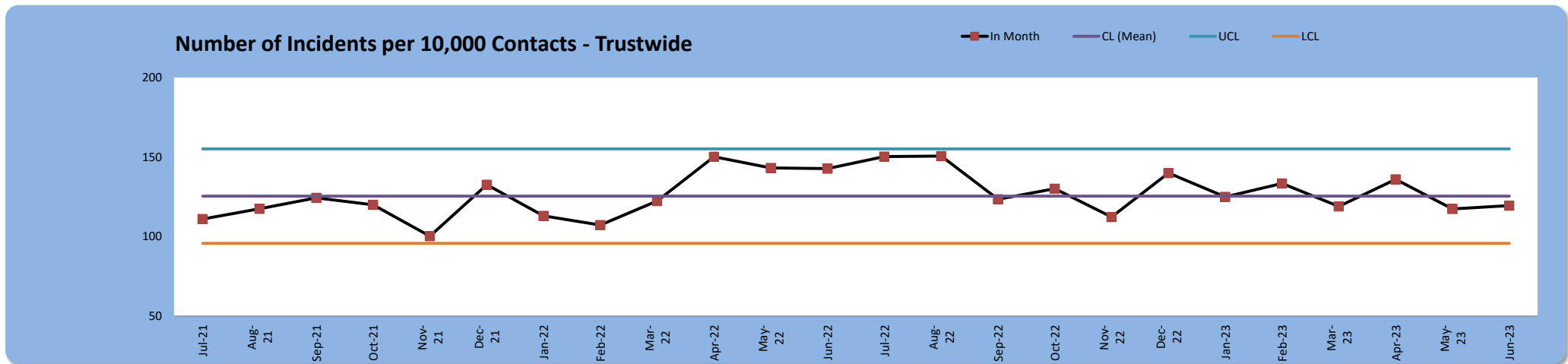
# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	120

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



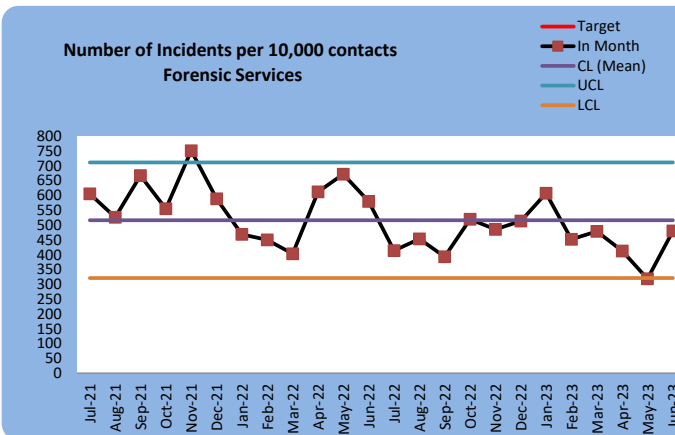
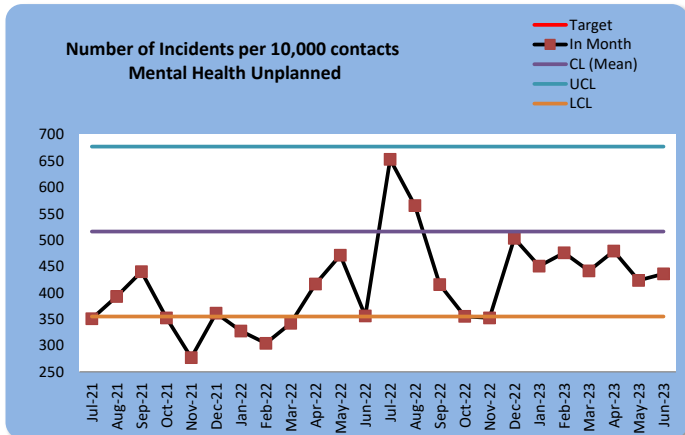
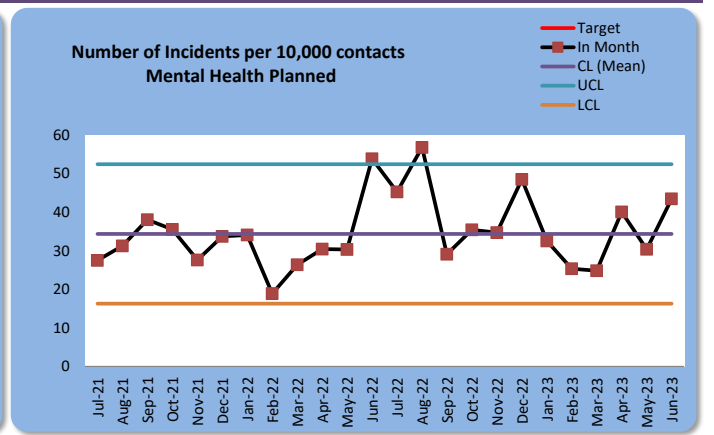
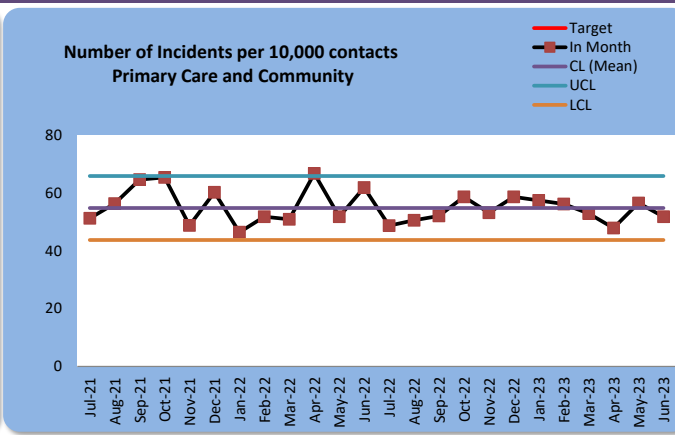
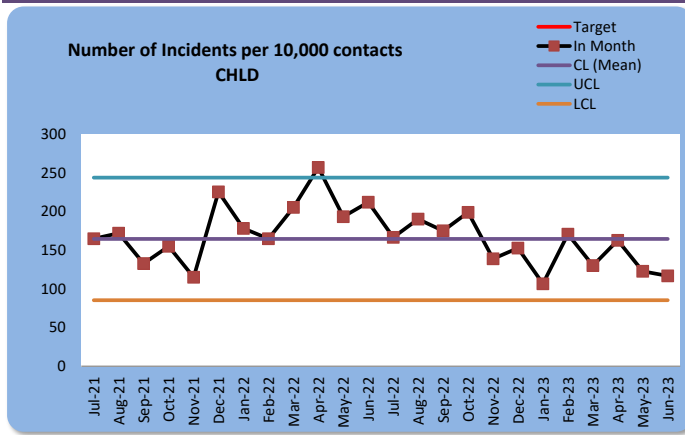
# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	120

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



### Current Month per Division

Children and Learning Disability	117
Primary Care and Community	52
Mental Health Planned	43
Mental Health Unplanned	436
Forensic Services	479

### Incident Analysis

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



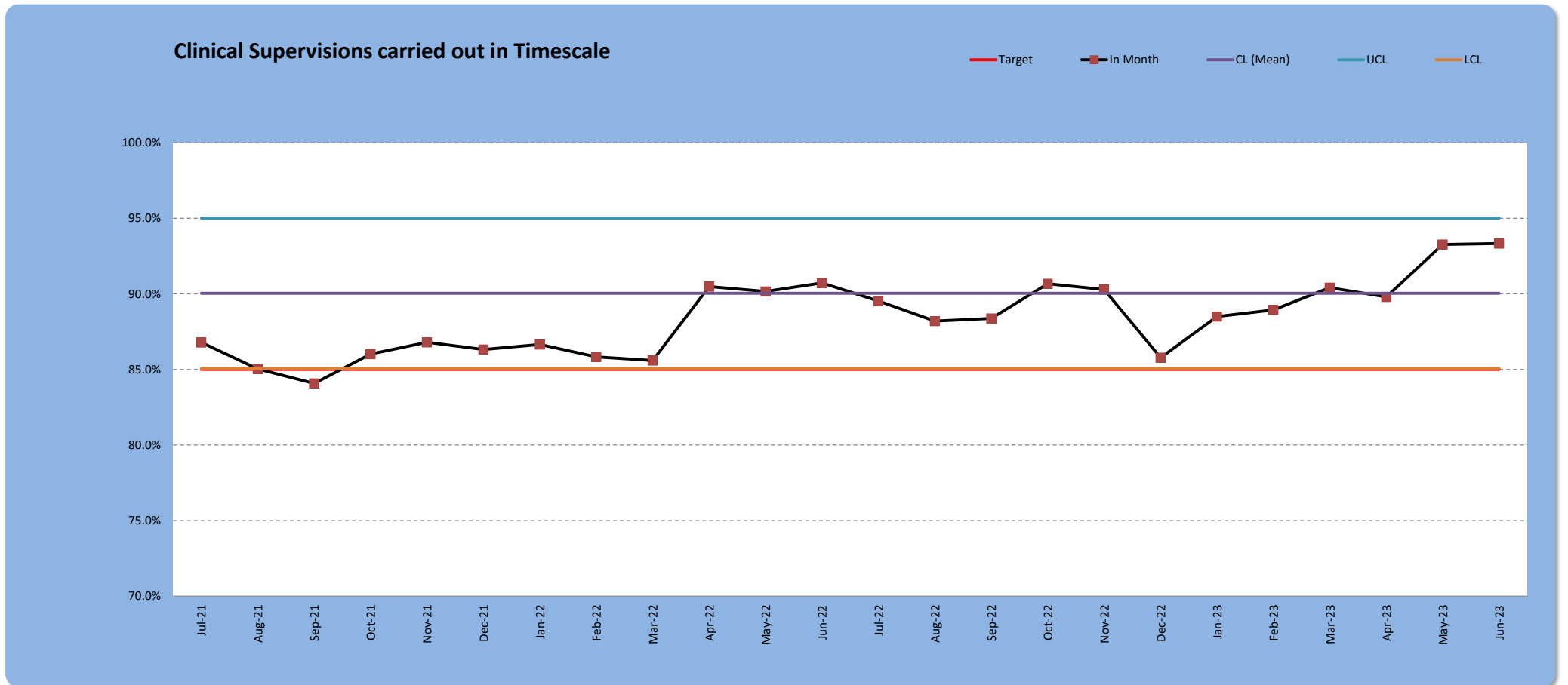
# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
85%	80%	93.3%

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



# Quality Dashboard

Description : Learning from Mortality Reviews

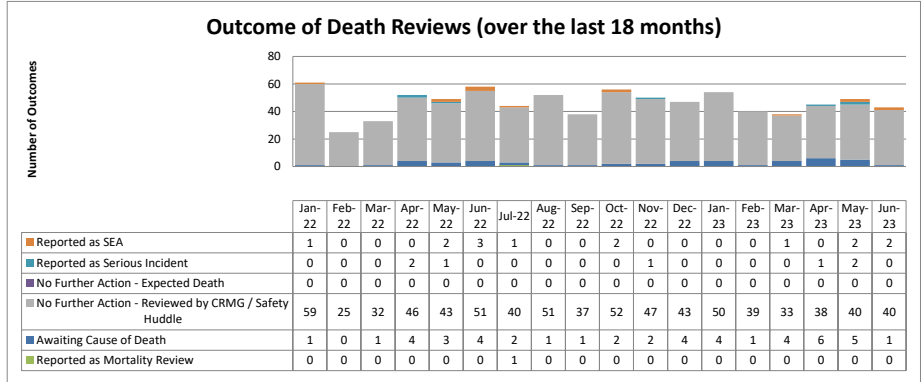
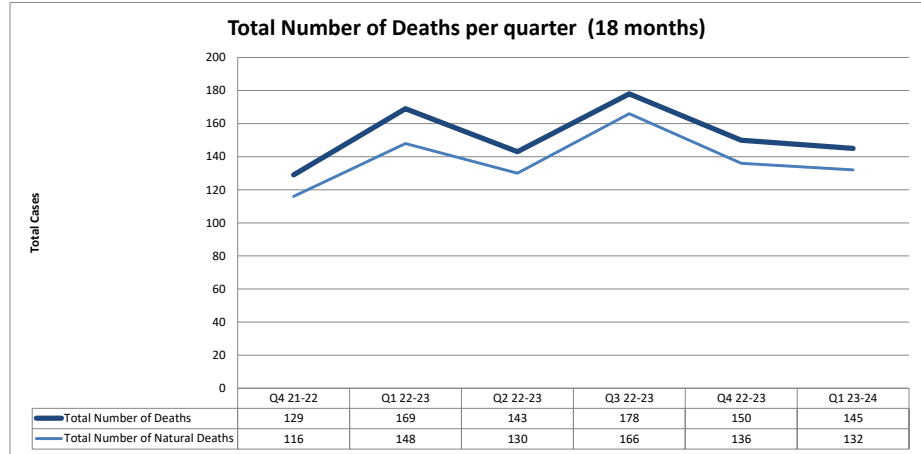
Summary of total number of deaths and total number of cases reviewed under the SI (Serious Incident) Framework or Mortality Review

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

	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	Q1 23-24	Last 12 months
Total Number of Deaths	169	143	178	150	145	616
Total Number of Natural Deaths	148	130	166	136	132	564
Proportion of Natural Deaths	87.6%	90.9%	93.3%	90.7%	91.0%	91.6%
Total Number of Deaths - Community Hospitals	26	18	26	25	19	88
Total Number of Deaths - MH Inpatients	1	1	3	1	0	5
Total Number of Deaths - LD Inpatients	0	0	0	0	0	0
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	57	40	54	50	50	194
Total Number of Deaths - Addictions	11	5	8	8	7	28
Total Number of Deaths - MH Community	77	76	87	61	73	297

### Review Process

Reported as Mortality Review	0	1	0	0	0	1
No Further Action - Reviewed by CRMG / Safety Huddle	140	128	142	122	118	510
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Serious Incident	3	0	1	0	3	4
Reported as SEA	5	1	2	1	4	8
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	2	1	0	1	4
Total Deaths Reviewed	148	132	146	123	126	527
Awaiting Cause of Death	11	4	8	9	12	33
Not Yet Reported	10	7	24	18	7	56



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

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

	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	Q1 23-24	Last 12 months
Number of LD Deaths in Inpatients	0	0	0	0	0	0

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

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



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (inc leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)				High Level Indicators				Apr-23	May-23		
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/party upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)			Sickness Levels (clinical)	WTE Vacancies (RNs only)
Adult MH	Avondale	Adult MH Assessment	30.8	69%	12.0	20.2%	↑	6.7%	↓	74%	85%	93%	104%	0	8	0	0	83.3%	93.3%	92.9%	86.7%	4.0%	2.0	0	1
	New Bridges	Adult MH Treatment (M)	40.6	99%	7.75	9.3%	↑	1.9%	↓	77%	90%	97%	111%	1	23	0	0	90.0%	98.1%	88.9%	100.0%	1.4%	-0.4	1	1
	Westlands	Adult MH Treatment (F)	36.4	95%	9.90	20.4%	↑	9.7%	↑	84%	90%	94%	124%	0	26	0	1	86.5%	92.8%	86.7%	81.8%	4.4%	2.0	1	1
	Mill View Court	Adult MH Treatment	28.1	89%	8.57	13.2%	↑	9.5%	↑	90%	83%	101%	113%	2	8	1	0	100.0%	94.5%	84.6%	80.0%	3.7%	2.0	2	0
	STARS	Adult MH Rehabilitation	39.6	89%	30.00	29.4%	↑	1.7%	↓	86%	219%	101%	99%	0	1	0	0	78.9%	92.3%	85.7%	84.0%	13.9%	0.5	3	1
	PICU	Adult MH Acute Intensive	31.5	79%	23.10	37.8%	↓	14.7%	↑	81%	139%	95%	158%	0	48	1	0	89.3%	88.3%	83.3%	75.0%	16.6%	4.4	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	36.4	73%	15.81	13.9%	↑	5.5%	↑	88%	113%	94%	114%	0	13	1	0	100.0%	97.1%	90.9%	84.0%	3.1%	0.0	1	0
	Mill View Lodge	Older People Treatment	19.8	111%	11.35	34.0%	↑	6.6%	↑	64%	91%	100%	146%	0	0	0	0	50.0%	95.8%	91.7%	80.0%	4.8%	5.0	3	3
Child & LD	Maister Court	Older People Treatment	18.5	99%	17.84	23.3%	↑	2.6%	↑	119%	91%	100%	110%	0	4	0	0	100.0%	97.1%	87.5%	100.0%	1.0%	-0.2	2	1
	Pine View	Forensic Low Secure	29.9	87%	8.73	16.1%	↓	0.0%	→	85%	91%	70%	109%	0	1	0	5	100.0%	97.6%	100.0%	89.5%	5.1%	2.4	1	1
	Derwent	Forensic Medium Secure	22.7	87%	12.81	23.5%	↓	0.0%	→	88%	58%	97%	105%	0	0	0	0	91.3%	94.0%	75.0%	68.8%	6.5%	2.0	2	2
	Ouse	Forensic Medium Secure	23.6	83%	8.12	6.5%	↑	0.0%	→	71%	100%	100%	99%	0	2	0	1	100.0%	98.2%	87.5%	94.1%	4.5%	2.8	0	1
	Swale	Personality Disorder Medium Secure	28.6	75%	11.95	28.6%	↑	0.0%	→	74%	105%	94%	93%	0	2	2	5	100.0%	94.8%	72.7%	100.0%	10.4%	1.2	1	2
	Ullswater	Learning Disability Medium Secure	25.8	52%	18.33	23.9%	↑	0.0%	→	61%	132%	95%	120%	3	2	0	3	100.0%	96.9%	85.7%	90.0%	9.5%	3.0	2	2
CH	Townend Court	Learning Disability	34.3	86%	30.64	42.3%	↓	0.0%	→	70%	91%	61%	131%	1	28	1	0	80.0%	96.4%	100.0%	75.0%	21.9%	3.4	2	3
	Inspire	CAMHS	8.3	64%	29.16	10.5%	↑	6.0%	↓	107%	114%	93%	113%	0	13	1	0	89.1%	92.9%	100.0%	66.7%	9.1%	-1.0	1	1
	Granville Court	Learning Disability Nursing Care	46.6	91%	16.51	27.1%	↓	16.3%	↑	102%	94%	104%	108%	0	1	0	0	87.5%	93.5%	100.0%	58.1%	2.2%	0.0	1	1
CH	Whitby Hospital	Physical Health Community Hospital	48.5	94%	8.56	0.8%	↑	0.0%	→	108%	86%	98%	100%	0	0	0	0	97.9%	91.6%	87.0%	80.8%	5.4%	-3.0	1	2
	Malton Hospital	Physical Health Community Hospital	32.7	93%	7.14	11.7%	↑	0.8%	↓	86%	96%	132%	79%	0	0	0	0	100.0%	90.3%	88.2%	88.2%	6.3%	-2.6	1	2

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

## Exception Reporting and Operational Commentary

### Safer Staffing Dashboard Narrative : May

The number of teams flagging red for sickness has significantly improved in May with 9 teams now below the target of 4.5%.

16 units achieved their CHPPD. Malton, Newbridge's and Mill View Lodge were slightly under target for CHPPD, affected in all cases by high OBDs. There were no red flags.

RN Fill rates for MVL, Ullswater, Avondale, Ouse, Swale and TEC are below the lower threshold due to on-going sickness, vacancies and unfilled bank shifts. Shortfalls were largely backfilled with unregistered staff or cross cover provided from other wards along with support from ward managers and matrons. This is a downward trajectory when compared to the previous three months. Despite some challenges with fill rates, CHPPD remained strong.

Clinical supervision remains in a strong position. There were no nil returns for clinical supervision in May and only Mill View Lodge under the lower target threshold however this was 95% in the previous month.

Mandatory training including ILS and BLS once again reflects a good level of compliance with the majority of teams achieving over 85%. There is one red flag for BLS at Granville Court as this has been highlighted to the unit manager.

### 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
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Malton, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Ullswater, Derwent, Inspire, Townend Court, Granville
<=10.5	>=11.5	Mill View Lodge
<=15.6	>=16.6	PICU

Staffing and Quality Indicators	
Contract Period:	2023-24
Reporting Month:	May-23



Humber Teaching  
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### Registered Nurse Vacancy Rates (Rolling 12 months)

Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
14.90%	15.27%	15.00%	14.70%	14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%	13.60%

### Slips/Trips and Falls (Rolling 3 months)

	Mar-23	Apr-23	May-23
Maister Lodge	11	4	8
Millview Lodge	1	2	1
Malton IPU	2	4	2
Whitby IPU	2	0	0

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

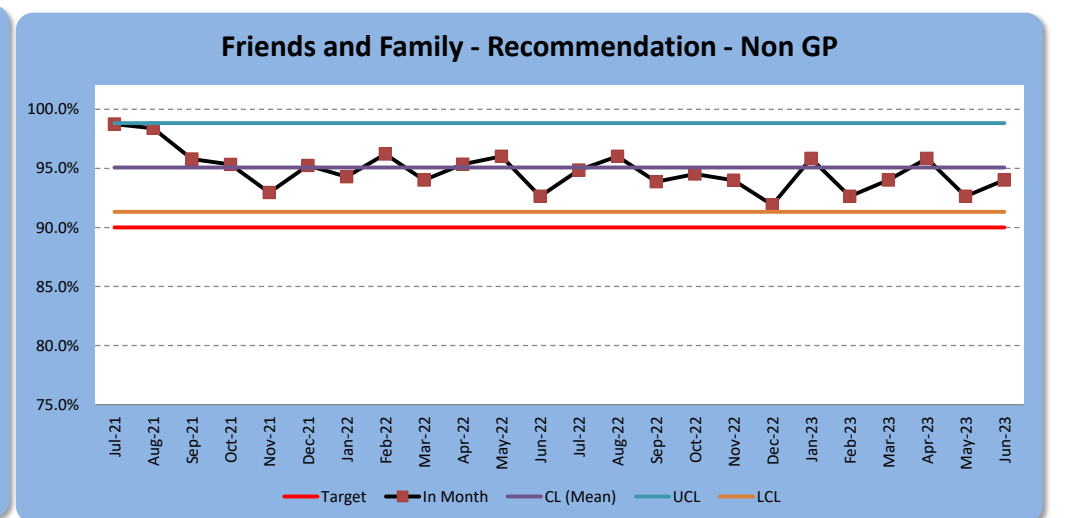
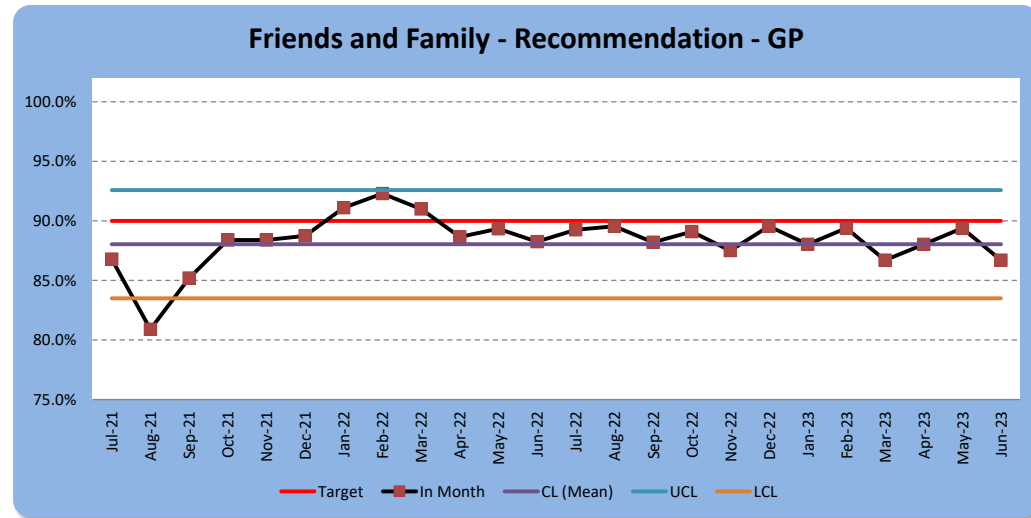
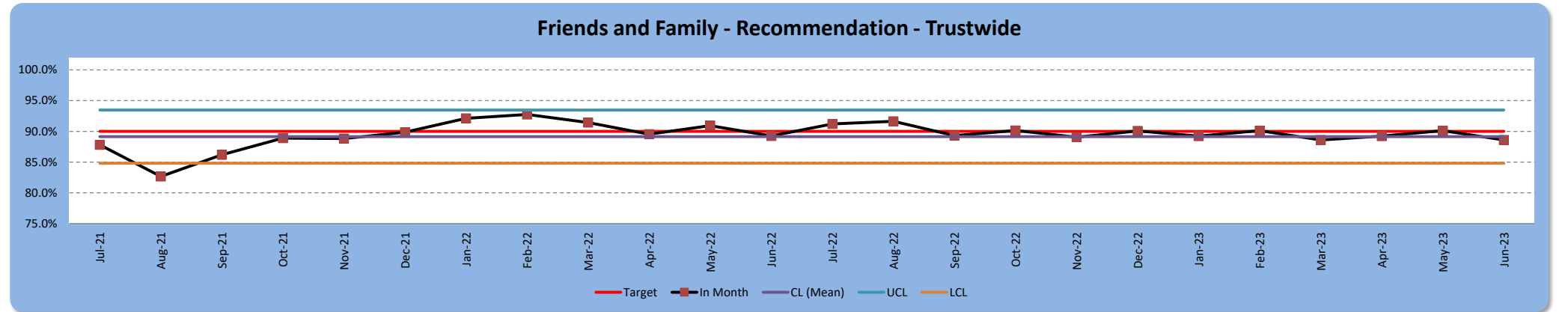
# PI RETURN FORM 2023-24

## Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	88.6%

For the period ending: **June 2023**

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



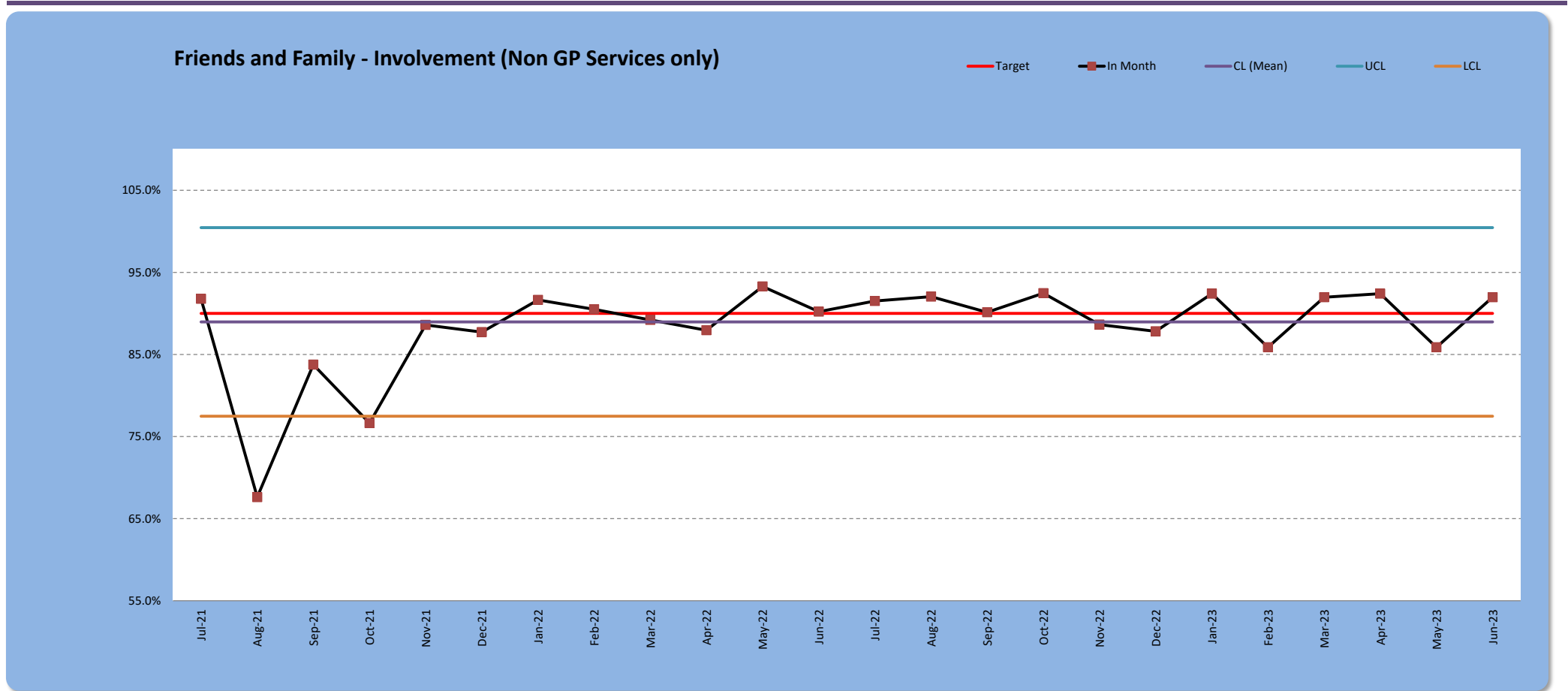
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
90%	80%	92.0%

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



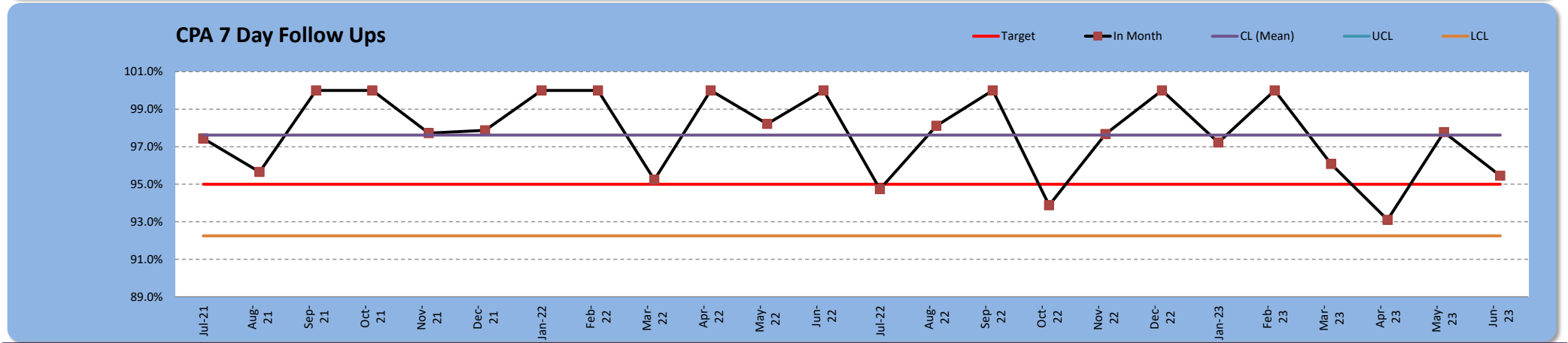
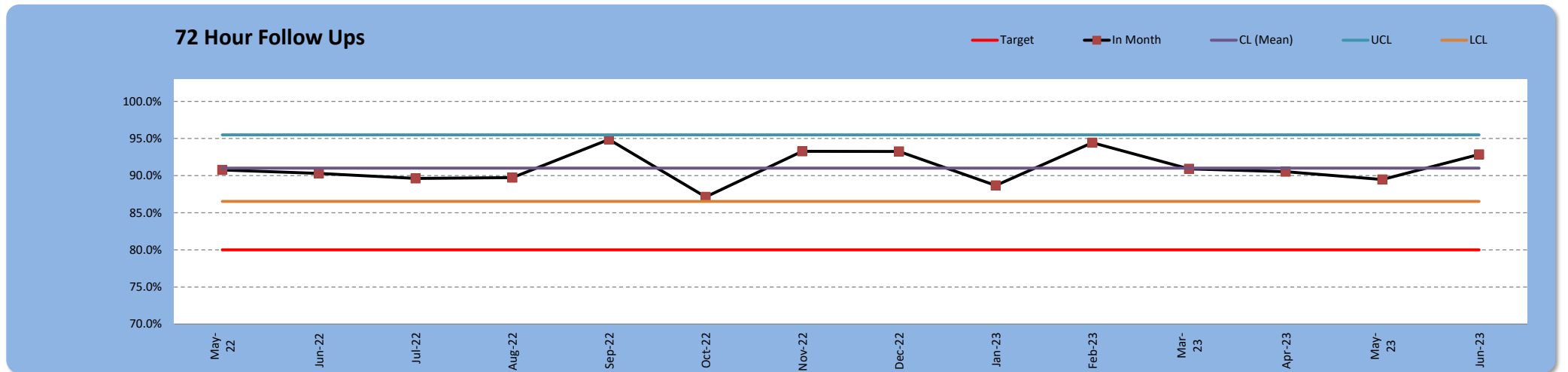
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	92.9%

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



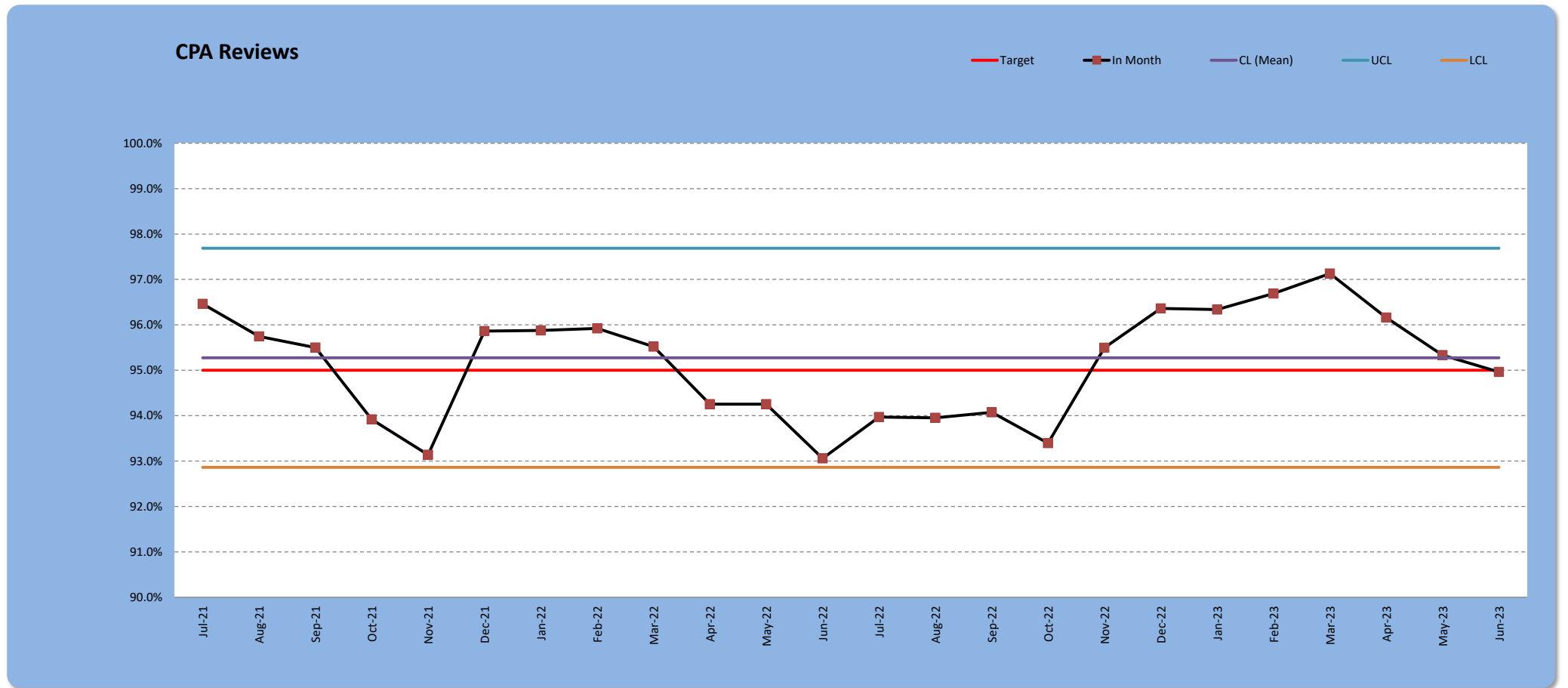
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
95%	85%	95.0%

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





# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

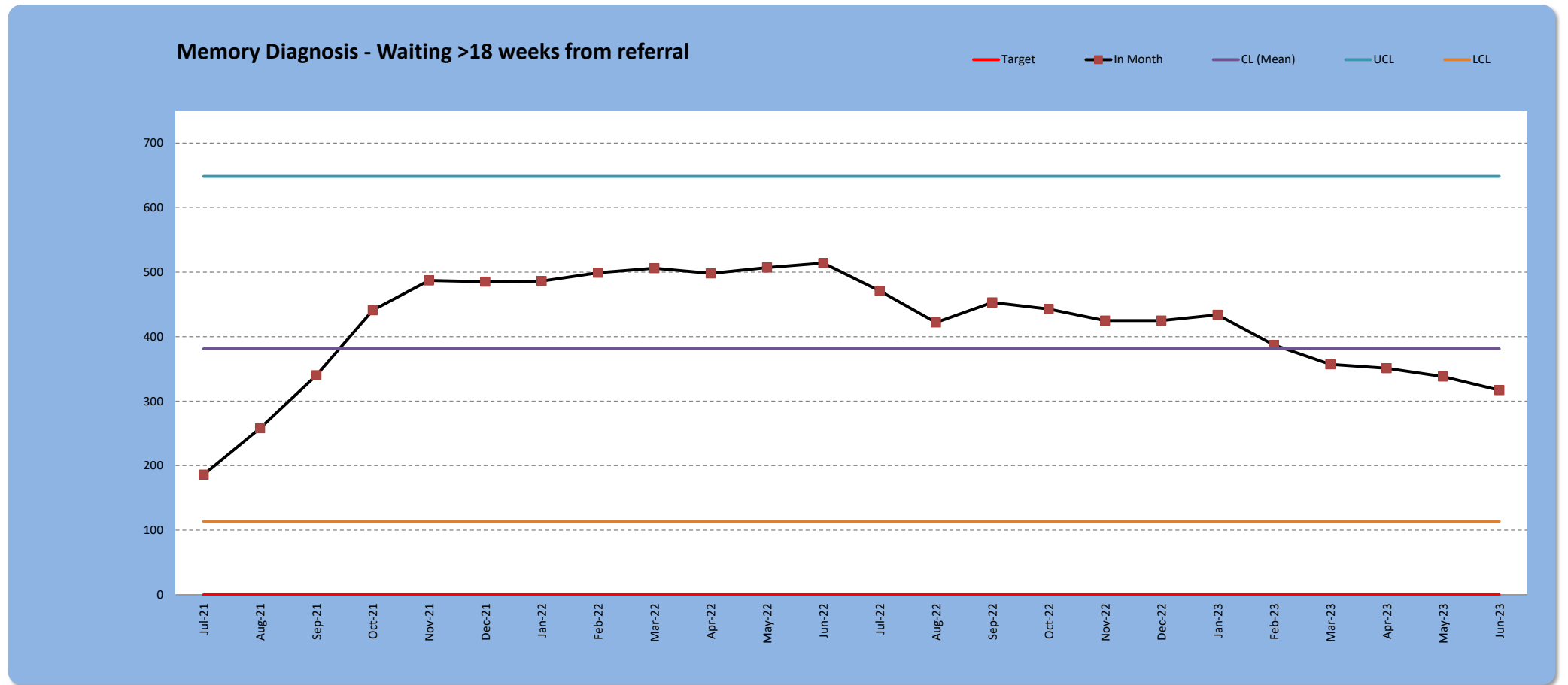
For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	317

Indicator Title	Description/Rationale
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

KPI Type
MemAssWL



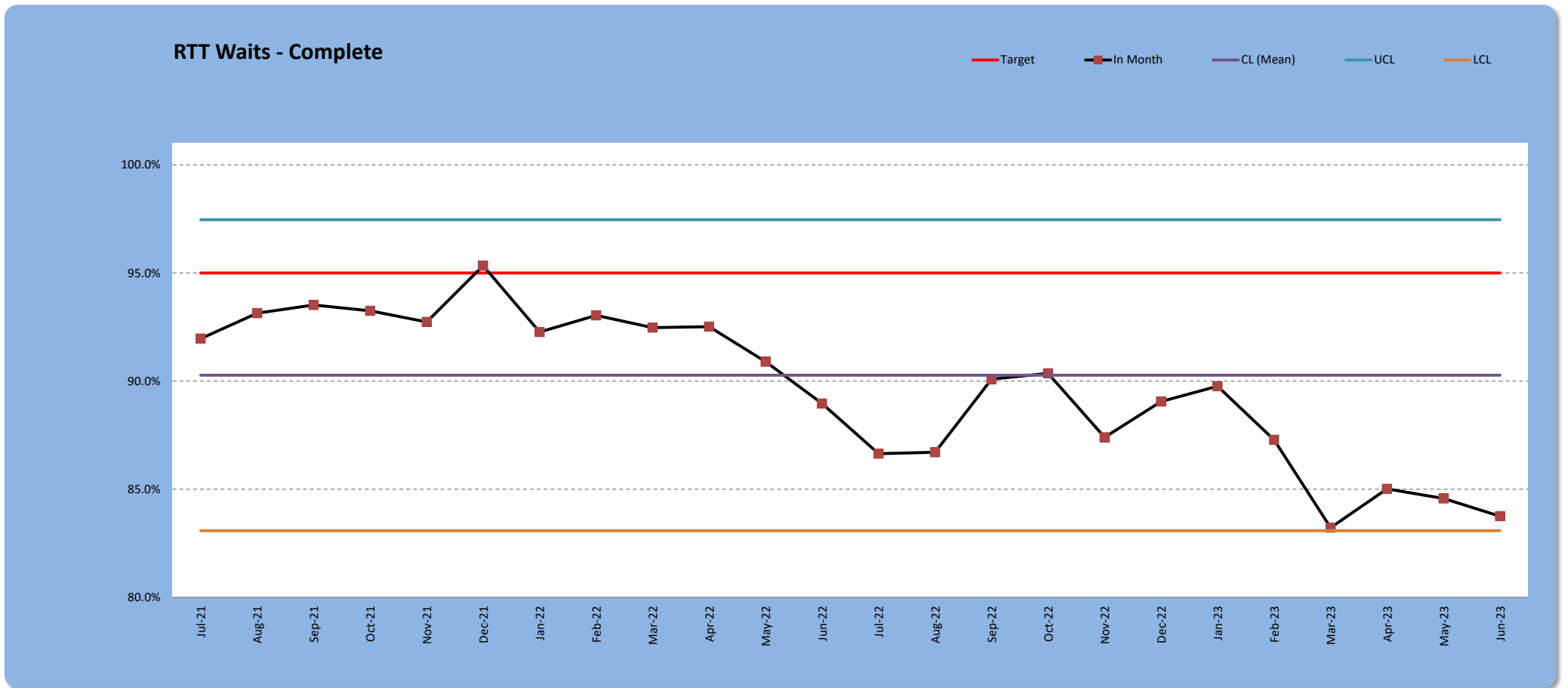
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
95%	85%	83.7%

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



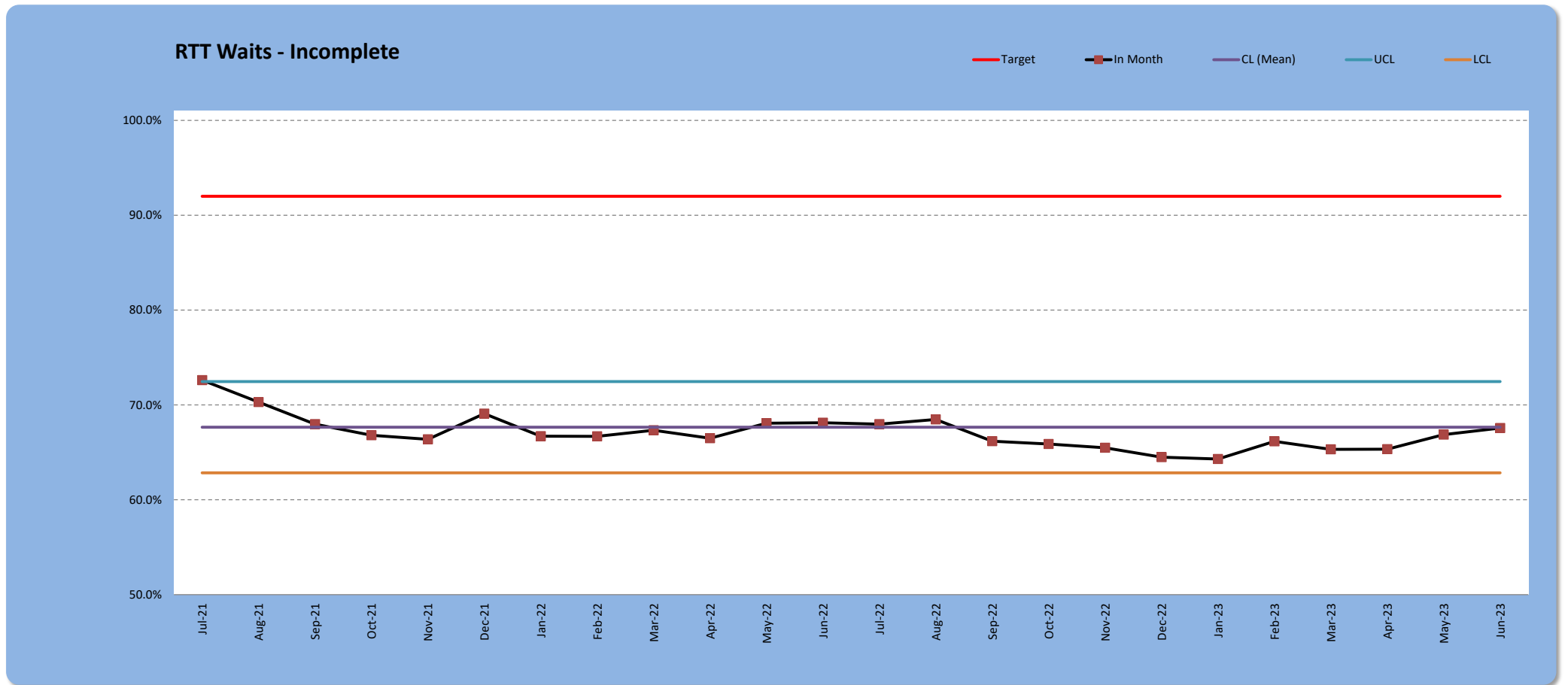
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
92%	85%	67.6%

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



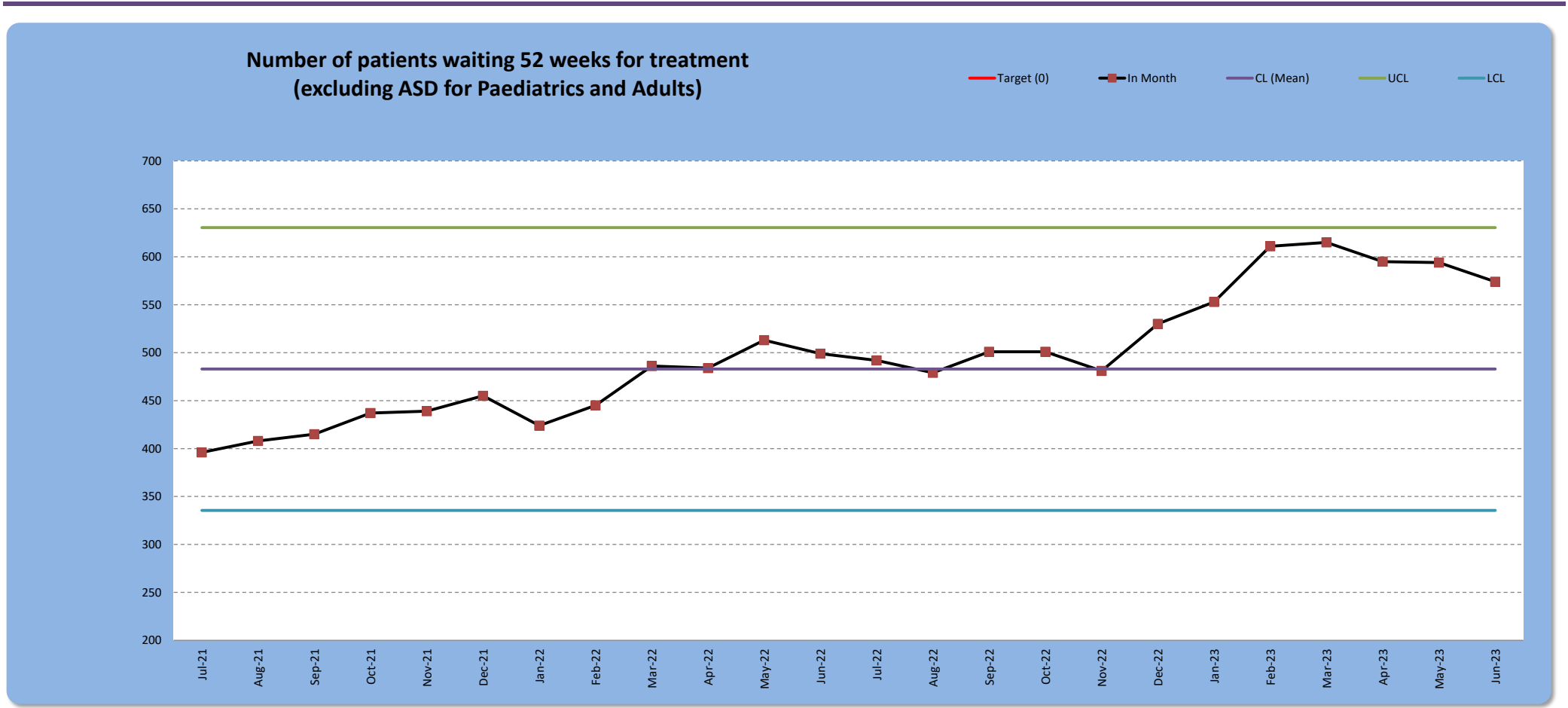
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
0	0	574

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks	Lynn Parkinson	OP 22x



# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

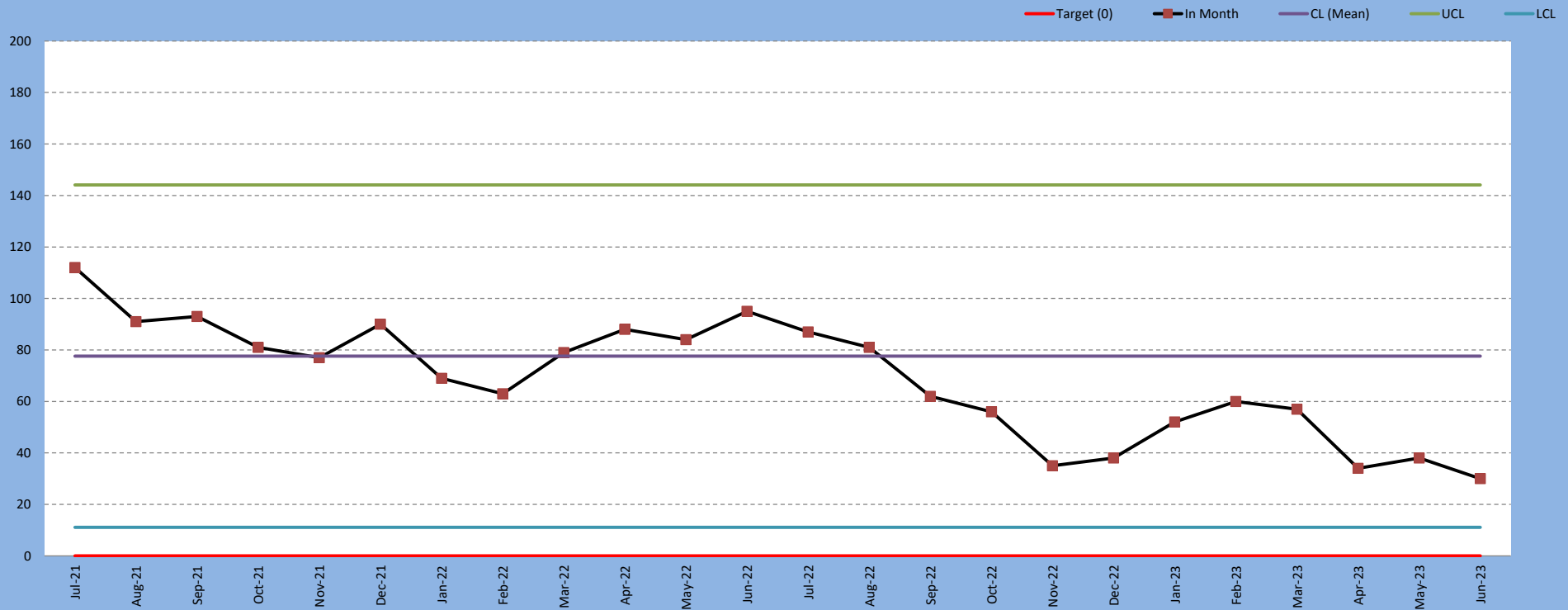
Target:	Amber:	Current month stands at:
0	0	30

Indicator Title	Description/Rationale
52 Week Waits - Adult ASD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service for Adult and have been waiting more than 52 weeks

Executive Lead  
Lynn Parkinson

KPI Type
OP 22u

**Number of patients waiting 52 weeks for assessment and Diagnosis for Adult ASD**



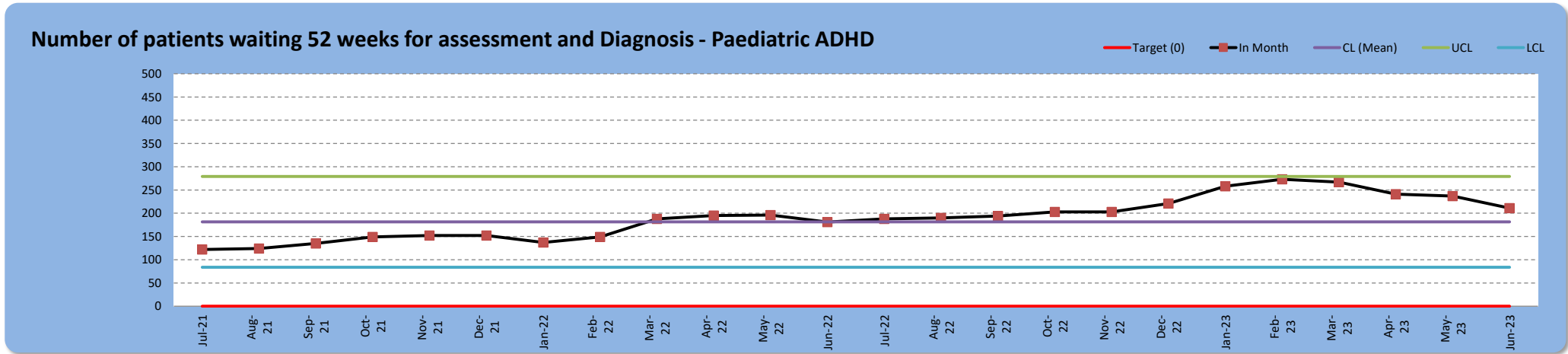
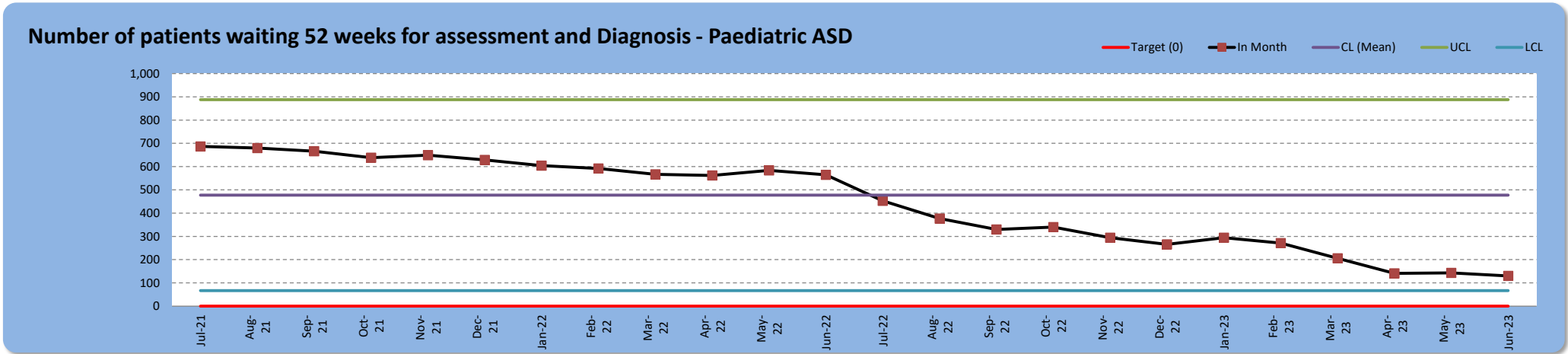
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
0	0	130

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



# PI RETURN FORM 2023-24

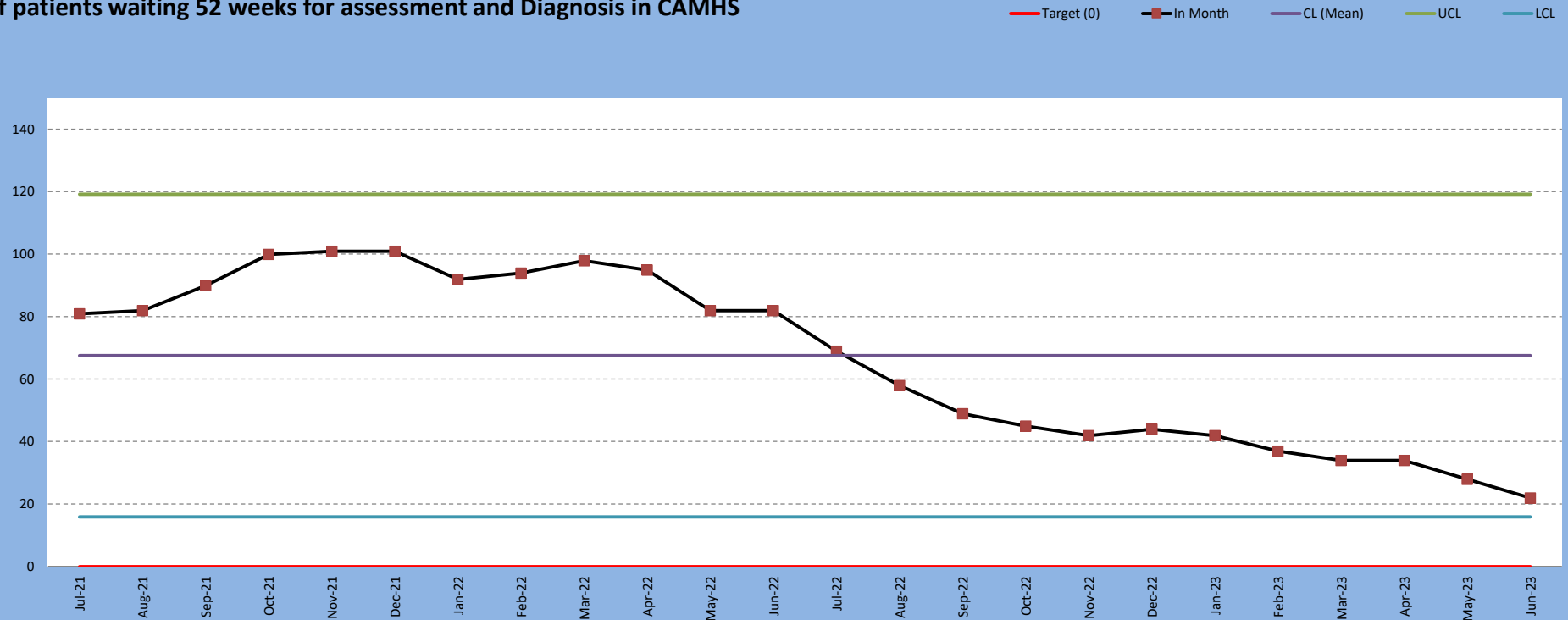
## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
0	0	22

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

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



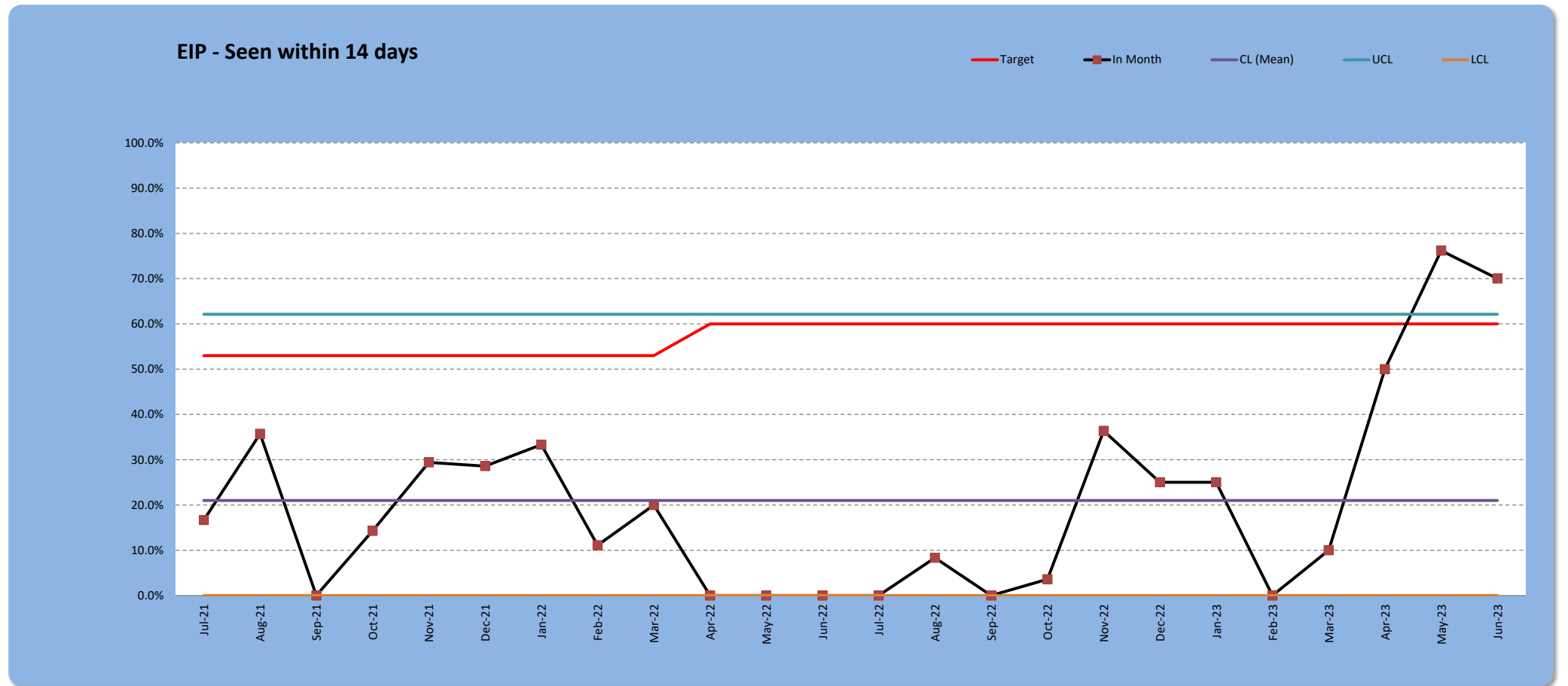
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
60%	55%	70.0%

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





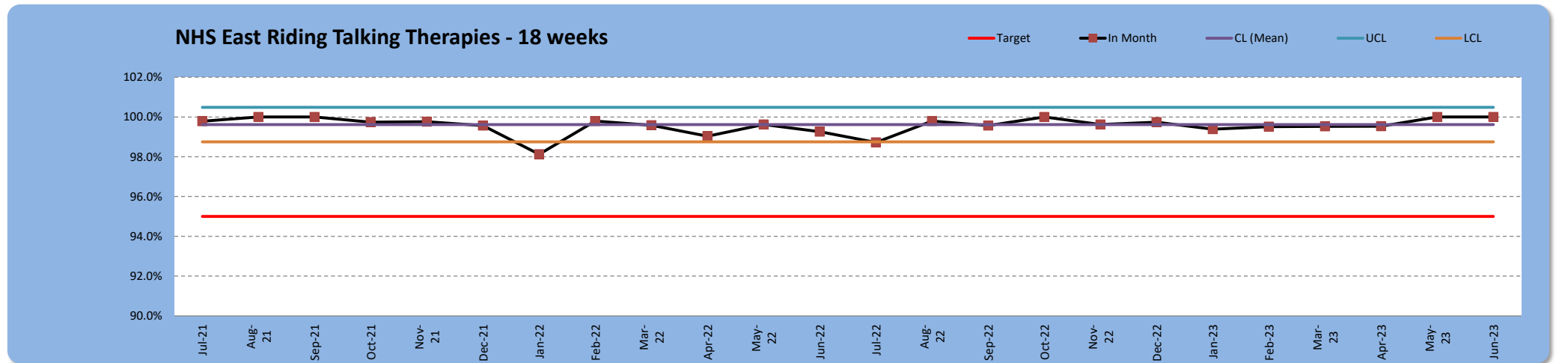
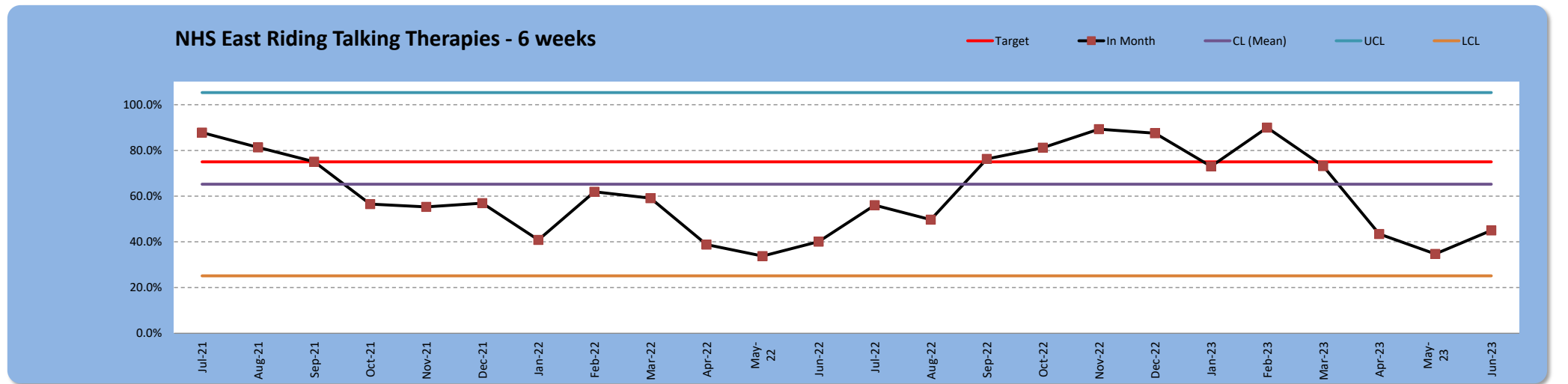
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	45.0%	95%	85%	100.0%

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



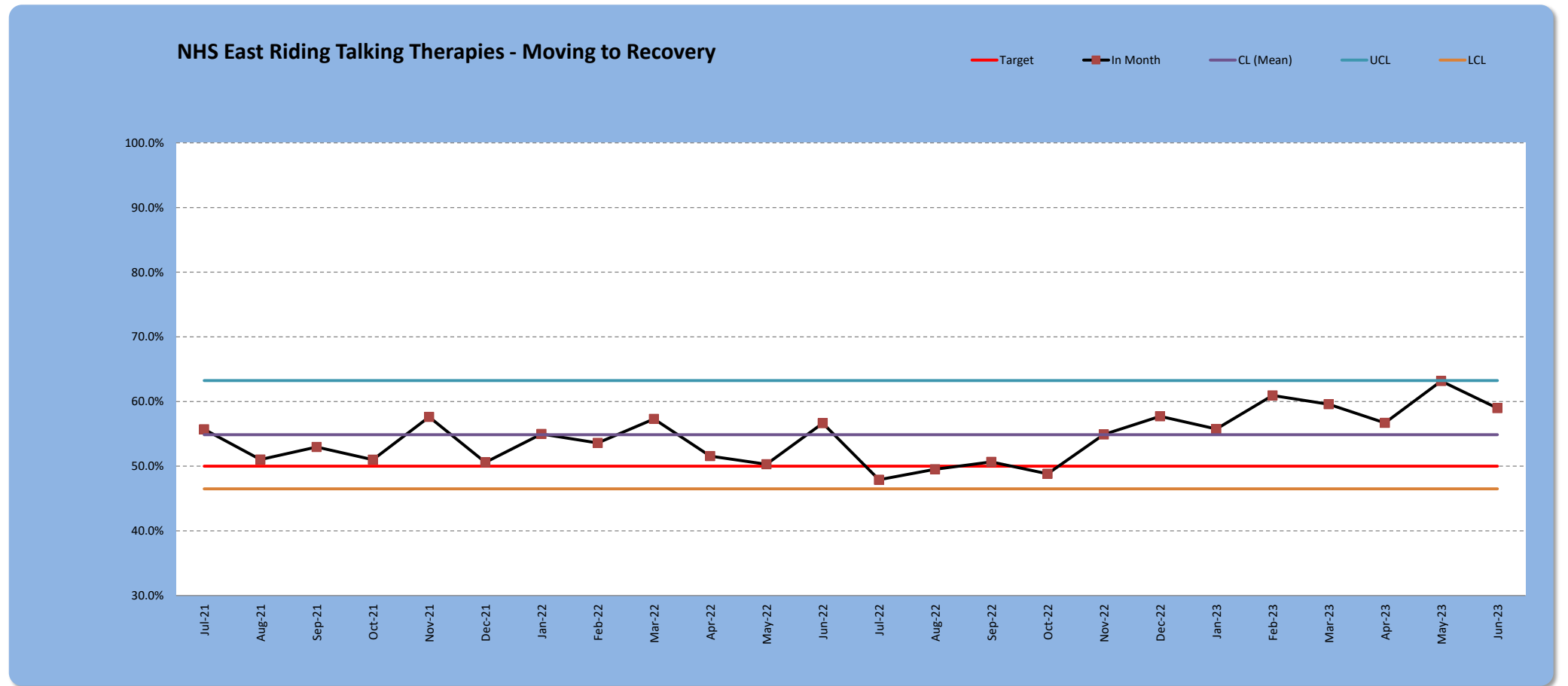
# PI RETURN FORM 2023-24

## Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
50%	45%	59.0%

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



# PI RETURN FORM 2023-24

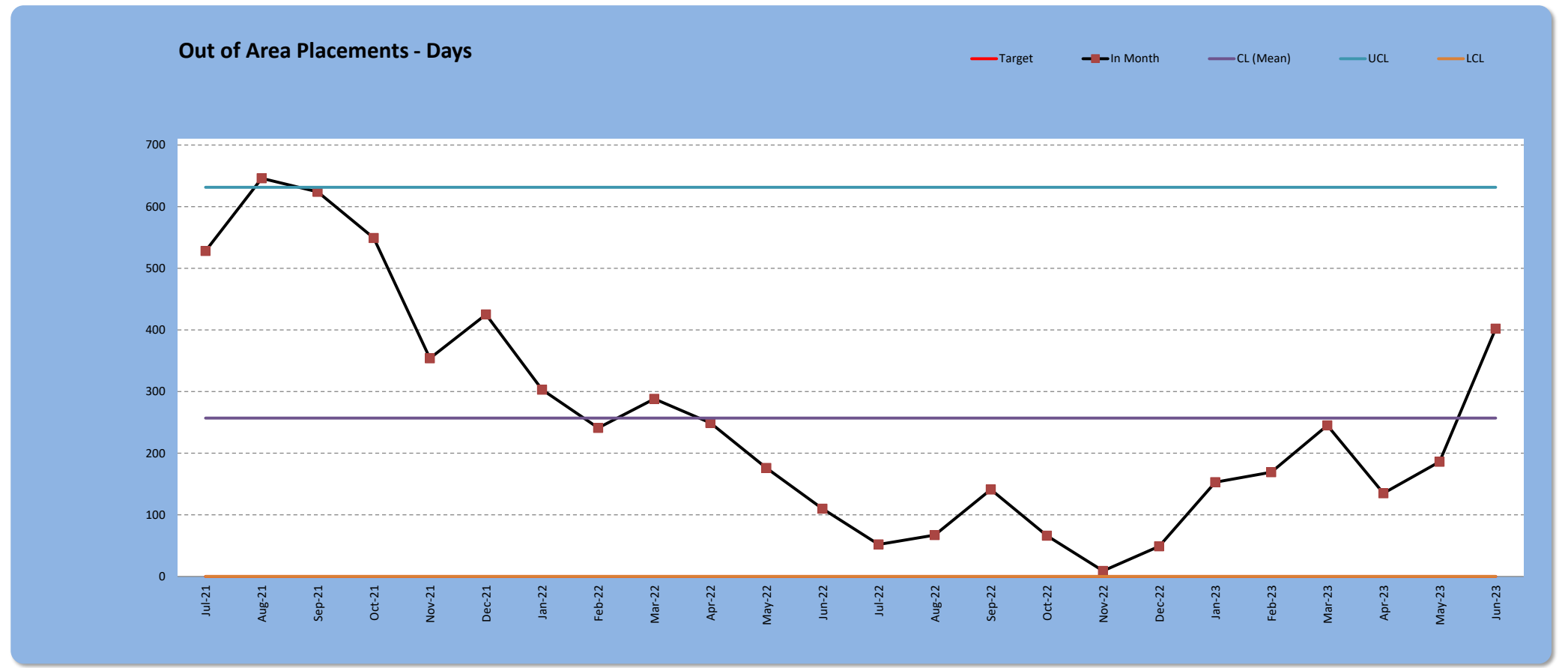
## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **June 2023**

Target:	Amber:	Patients OoA within month:
0	0	26

Split:	# days	# patients
Adult	179	15
OP	123	5
PICU	100	6

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b



# PI RETURN FORM 2023-24

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **June 2023**

Split for Current month:

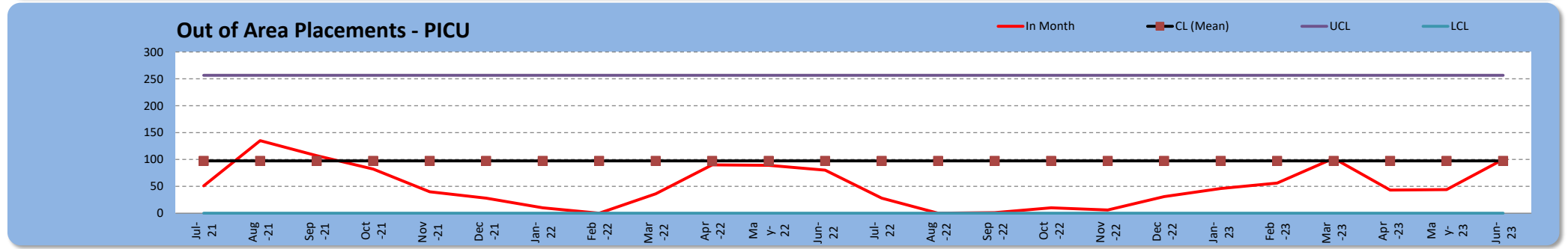
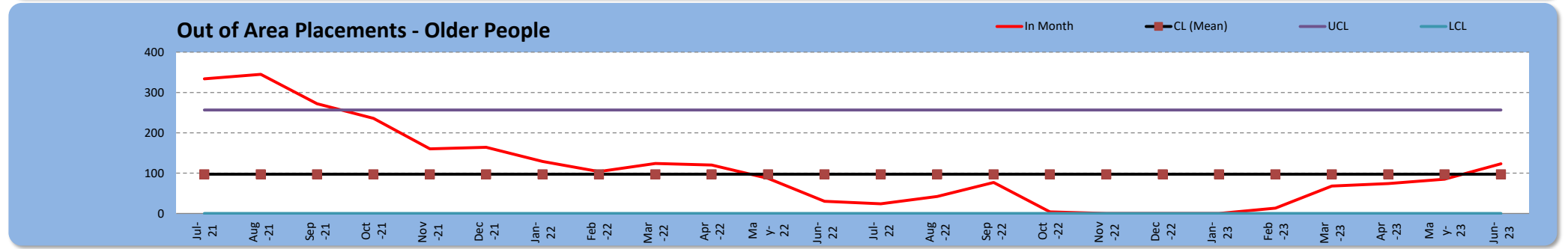
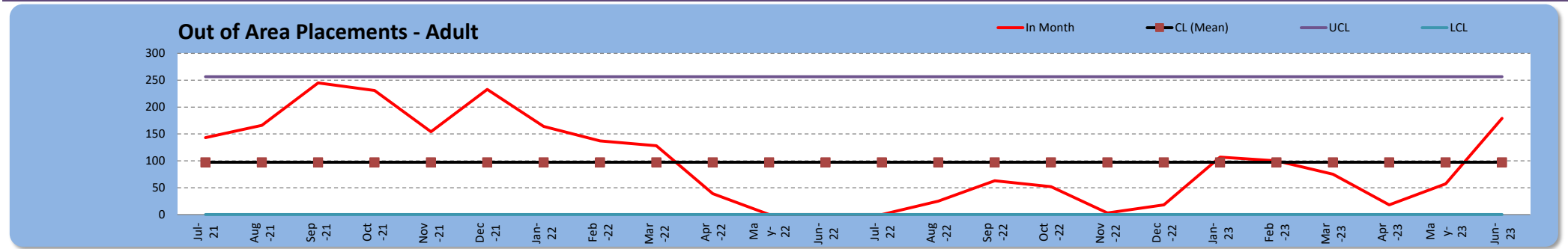
Jun-23	
179	Adult
123	OP
100	PICU
402	Total

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

Executive Lead  
Lynn Parkinson

KPI Type

ST 4 split



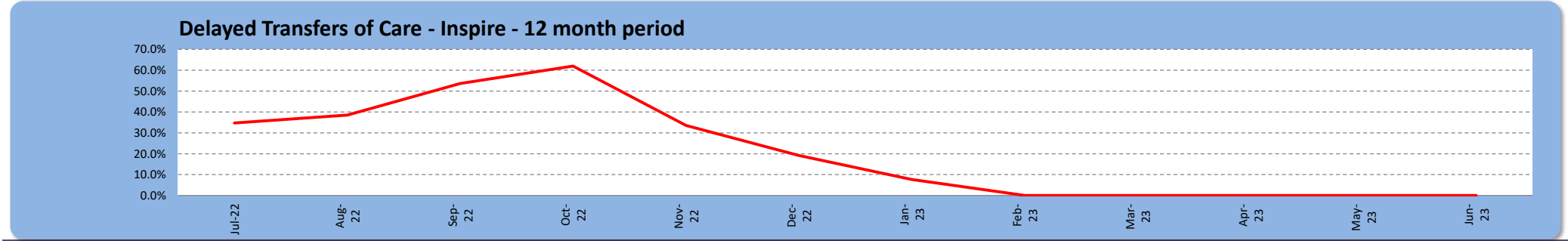
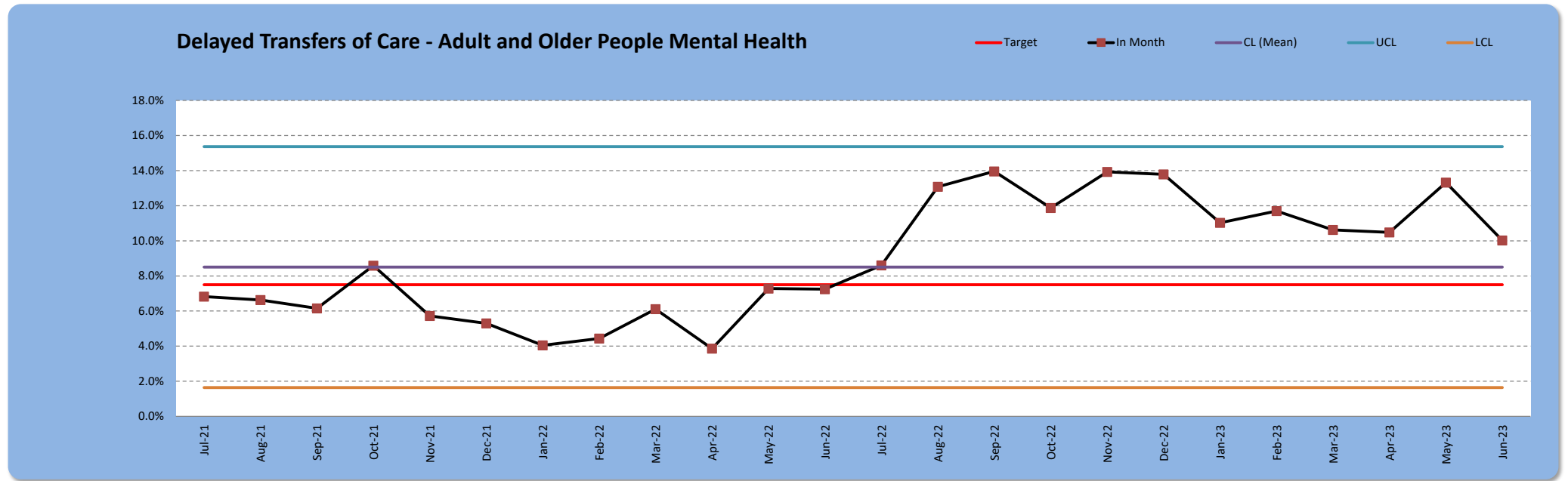
# PI RETURN FORM 2023-24

## Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **June 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	10.0%

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



# PI RETURN FORM 2023-24

## Goal 4 : Developing an Effective and Empowered Workforce

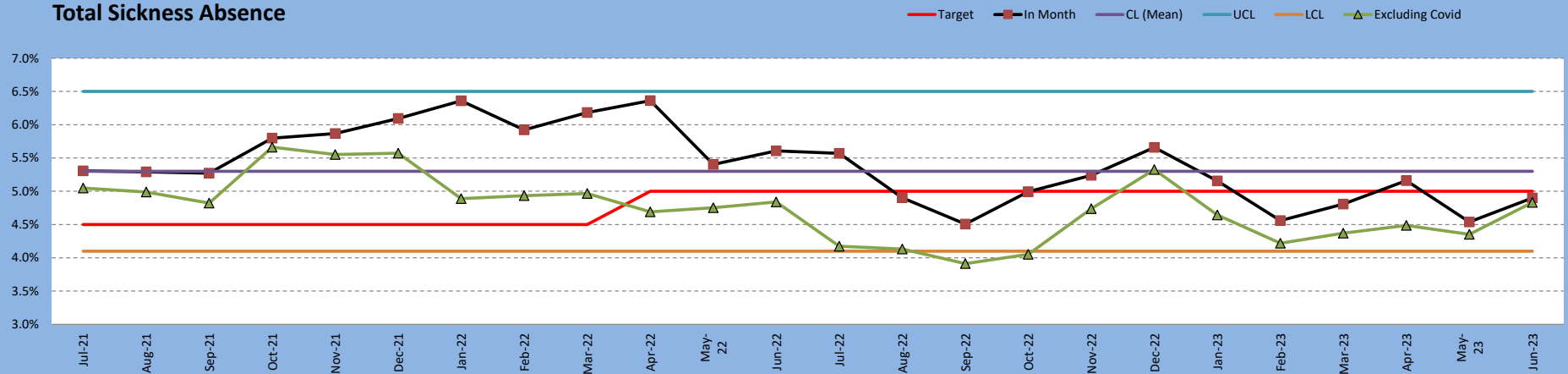
For the period ending:

June 2023

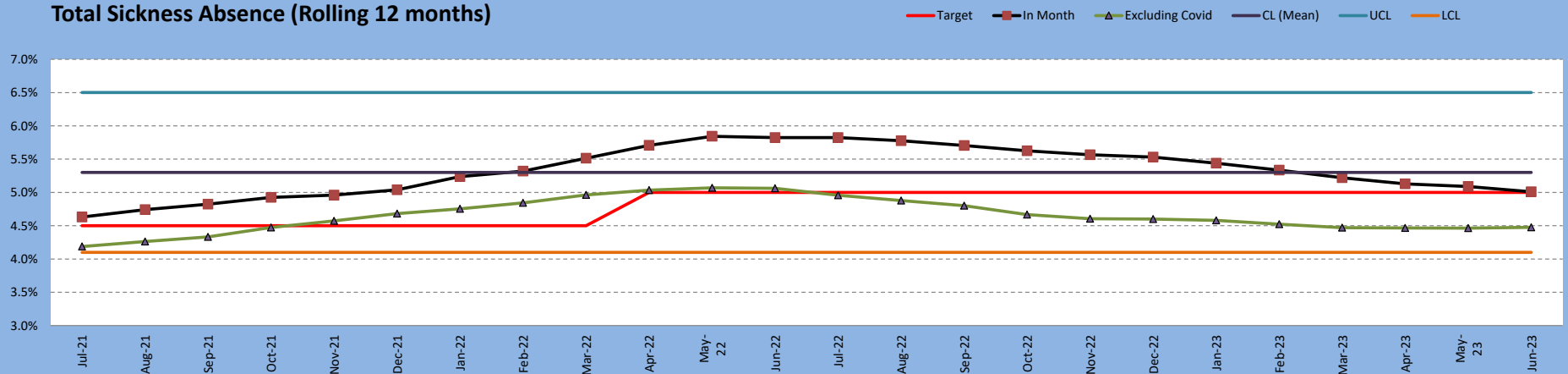
Target:	Amber:	Current month stands at:
5.0%	5.2%	4.4%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	

### Total Sickness Absence



### Total Sickness Absence (Rolling 12 months)



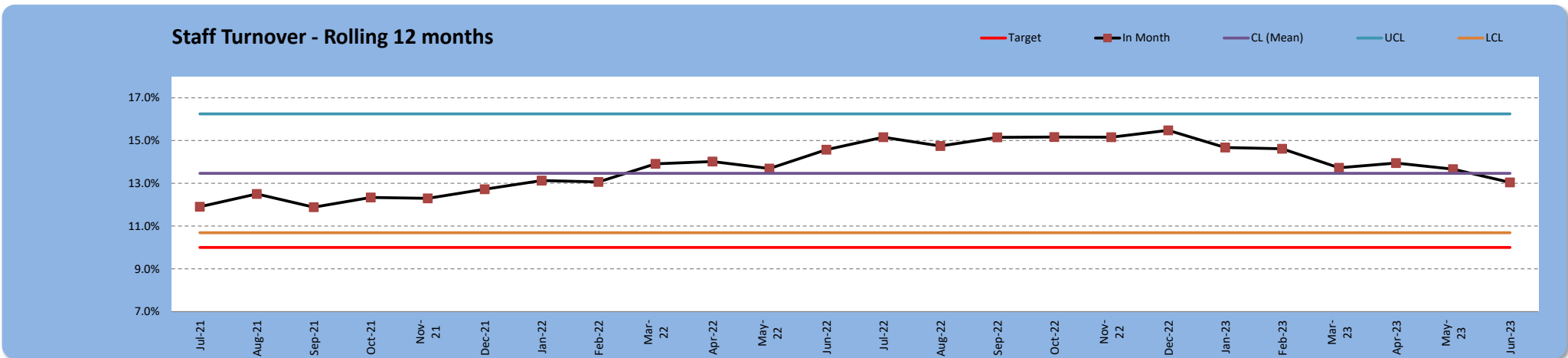
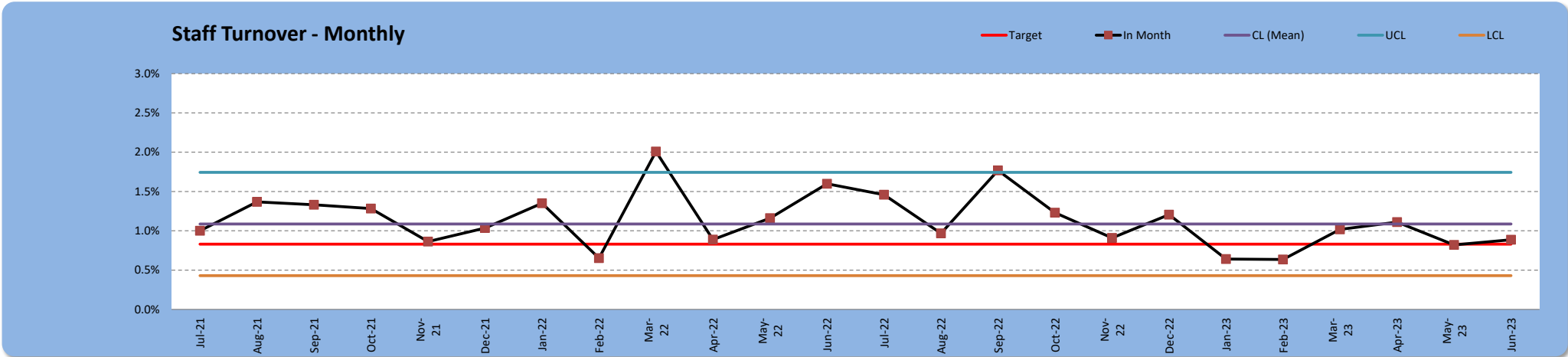
# PI RETURN FORM 2023-24

## Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **June 2023**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.9%	10%	9%	13%

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





**Humber Teaching**  
NHS Foundation Trust

Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 25/07/2023



Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023														
Title of Report:	Risk Register Update														
Author/s:	Executive Lead: Hilary Gledhill, Director of Nursing, Allied Health & Social Care Professionals.  Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2023.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <p><b>OPS11 – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.</b></p> <p>Recovery plans remain in place to reduce waiting times and achieve 18-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week waiting times, particularly in the children’s autism service which previously had the highest number of patients waiting over 52 weeks.</p> <p><b>OPS15 – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.</b></p> <p>Delayed Transfers of Care (or patients who have No Criteria to Reside NCTR) remain high and the issue continues to lie with patients predominantly waiting for specialised hospital</p>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Please see the risk register for actions being undertaken for each of the risks.</li> </ul>													

placements with other NHS providers or local authority provided residential placements. System escalation mechanisms are in place to address this overseen by the Chief Operating Officer. Focus will be maintained on improving this position further in order to achieve the best outcomes for our patients and to ensure it does not adversely impact on the improved position we have achieved in reducing out of area placements. The ICB and Provider Collaborative are escalating DTOC/NCTR as an issue requiring focussed system action and proposals have been made and supported for the new national Discharge Funding to support patient flow in order to improve the level of DTOC. Our ICB has very recently been confirmed as a National Discharge Frontrunner site and whilst this is focussed on acute care, we will expect this to bring further benefit in reducing the delays that our patients experience.

**WF37 – High GP vacancies may impact on the Trust's ability to deliver safe services.**

Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment and retention payments now in place for GPs, as well as refer-a -friend process for these roles. Investment in primary care role to support GP recruitment and resourcing of Locums. Trust has also invested in BMJ subscription to support wider advertising and attraction initiatives.

**WF38 – High number of consultant vacancies may impact on the Trust's ability to deliver safe services, impact upon our desire to have an effective and engaged workforce and increase agency costs**

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

**MH88 – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental**

health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.

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

**MH90 – Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.**



There is a national shortage of social workers and recruitment is challenging. HTFT are working with the national social work team to lead on initiatives to bring more social workers into the NHS. Benchmarking is taking place to identify opportunities for how we compare as a provider and social work employer.

**Key Risks/Areas of Focus:**

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

**Decisions Made:**

- There are currently **6** 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
<b>OPS11</b> – Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	<b>16</b>	
<b>OPS15</b> – As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	<b>16</b>	

	<b>MH88</b> – Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	<b>16</b>	Risk included on Trust-wide risk register for Q1 2023/34
	<b>MH90</b> – Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	<b>16</b>	Risk included on Trust-wide risk register for Q1 2023/34
	<b>WF37</b> – High GP vacancies may impact on the Trust's ability to deliver safe services.	<b>15</b>	Risk included on Trust-wide risk register for Q1 2023/34
	<b>WF38</b> – High number of consultant vacancies may impact on the Trust's ability to deliver safe services, impact upon our desire to have an effective and engaged workforce and increase agency costs	<b>16</b>	Risk included on Trust-wide risk register for Q1 2023/34

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	07/2023
	Mental Health Legislation Committee		Operational Delivery Group	06/2023
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

### Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
√	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			

Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

## Risk Register Update

### 1. Trust-wide Risk Register

There are currently **6** 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
<b>OPS11</b>	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	20	16	8
<b>OPS15</b>	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	20	16	8
<b>MH88</b>	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	20	16	4
<b>MH90</b>	Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	20	16	4
<b>WF37</b>	High GP vacancies may impact on the Trust's ability to deliver safe services.	20	15	10
<b>WF38</b>	High number of consultant vacancies may impact on the Trust's ability to deliver safe services, impact upon our desire to have an effective and engaged workforce and increase agency costs	20	16	8

### 2. Closed/ De-escalated Trust-wide Risks

There are **2** risks previously held on the Trust-wide risk register which has been closed / de-escalated since last reported to Trust Board in March 2023.

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

Risk ID	Description of Risk	Risk Status / Update
<b>WF10</b>	There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	Risk reviewed by WFOD committee and Executive Management Team and re-scoped to describe the current risk more effectively. Risk entry for WF10 closed and replaced with risk WF37 referenced above which is currently being monitored via the Trust-wide risk register.
<b>OPS 13</b>	Due to the increasing complexity of CAMHS inpatients nationally and an increasing demand for CAMHS inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings.	Risk reviewed by Operational Delivery Group and Executive Management Team and re-scored to represent current mitigations in place and current level of risk being faced by the Trust. Current score amended to rating of 12 (Possible x Severe) lowering risk below threshold for inclusion on trust wide risk register and will be monitored via ODG and the Children's and LD division's governance arrangements.

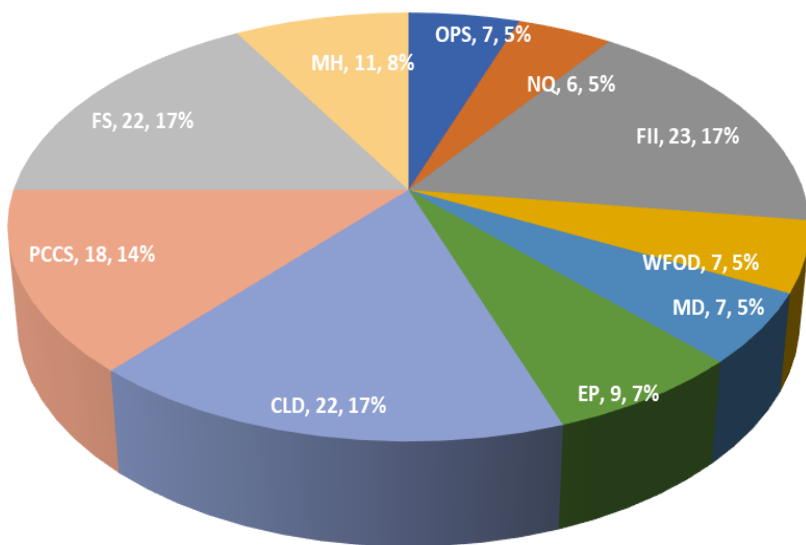
### 3. Wider Risk Register

There are currently **132** risks held across the Trust's risk registers. The current position represents an overall decrease of **15** risks from the **147** reported to Trust Board in March 2023. The table below shows the current number of risks at each risk rating:

**Table 3 - Total Risks by Current Risk level**

Current Risk Level	Number of Risks – March 2023	Number of Risks – July 2023
20	0	0
16	3	5
15	1	1
12	34	27
10	6	5
9	36	29
8	23	24
6	37	35
5	0	0
4	7	6
3	0	0
2	0	0
<b>Total Risks</b>	<b>147</b>	<b>132</b>

**Chart 1 – Total Risks by Division/ Directorate**



**Key:**

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

### Trust-wide Risk Register 15+

ROW	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type	Likelihood (Initial)	Impact (Initial)	Initial Risk Score	Initial Risk Rating	Key Controls	Sources of Assurance	Gaps in Controls	Gaps in Assurance	Likelihood (Current)	Impact (Current)	Current Risk Score	Current risk	What additional actions need to be completed?	Date Reviewed	Lead Manager	Lead Director	Risk Monitoring Group	Risk Oversight Group	Likelihood (Target)	Impact (Target)	Target risk score	Target risk
1	OPS11	Failure to address waiting times and meet early intervention targets which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	04/05/2021	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>1. Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service, Department of Psychological Medicine)</li> <li>2. Local Targets and KPIs.</li> <li>3. Close contact being maintained with individual service users affected by ongoing issues.</li> <li>4. Waiting Times Procedure in place</li> <li>5. Waiting times review is key element of Divisional performance and accountability reviews.</li> <li>6. Review completed of all services with high levels of waiting times and service-level recovery plans developed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group.</li> <li>2. Quality impact on key identified areas monitored via Quality Committee.</li> <li>3. Weekly divisional meetings with Performance &amp; Access Mgr around waiting list performance.</li> <li>4. Introduction of Monthly Performance &amp; Productivity Group chaired by COO.</li> <li>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.</li> <li>6.Children's ASD number of patient waiting &gt;52 weeks decreased from 589 in Q4 21/22 to 281 in Q4 22/23 and Q1 23/24 126 Patients.</li> <li>7. Childrens ADHD number of patient waiting assessment &gt;52 weeks is 361 in Q4 22/23 to Q1 23/24 244 patients</li> </ol>	<ol style="list-style-type: none"> <li>1. Opportunities to revise pathways to increase productivity or reduce demand into services.</li> <li>2. Confirmation on levels of funding available to support demand.</li> </ol>	<ol style="list-style-type: none"> <li>1. Adult ADHD number of patient waiting &gt;52 weeks - June 2023 237 patients</li> <li>2. Chronic Fatigue number of patient waiting &gt;52 weeks - June 2023 7 patients</li> <li>3. Paediatric SALT number of patient waiting &gt;52 weeks - June 2023 20 patients</li> <li>4. Community Physiotherapy number of patient waiting &gt;18 - June 2023 354 patients</li> <li>5. Paediatric ADHD Treatment number of patient waiting &gt;52ww - June 2023 220 patients</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures - 31/12/2023</li> <li>2. Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward - 30/09/2023</li> <li>3. Clinical-led work to determine gaps within services and determine pathway improvement works - 31/12/2023</li> </ol>	10/07/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High
2	OPS15	As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	15/11/2022	Objectives	Almost Certain	Severe	20	Significant	<ol style="list-style-type: none"> <li>1. Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required</li> <li>2. Level of delayed DTOCS and detail is included in system meetings where there is representation from Humber and therefore early opportunity to resolve.</li> <li>3. Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds.</li> <li>4. More detail around system actions and specific action for issues within our control1.</li> <li>5. LACS 7/Days week.</li> <li>6. Review of length of stay</li> <li>7. Fortnightly escalation meetings for longest week / ICB/NHSE focus on MH bed availability</li> </ol>	<ol style="list-style-type: none"> <li>1. Workforce metrics reported through Daily Ops Report.</li> <li>2. DTOC and OOA monitoring.</li> </ol>	<ol style="list-style-type: none"> <li>1. Official delays in transfer of care.</li> <li>2. Unofficial delays in transfers of care who are requiring an escalation in care</li> <li>3. Difficulties assigning care coordinators and community workers within the community mental health services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase is now being noted which is in line with DTOC increases which is currently circa 14% of total inpatient adult bed base, with numbers overall reaching their lowest levels in the last 2 years. care who are requiring an escalation in care</li> <li>2. July 2023 - 16 current DTOC cases / OOA 21 July 2023</li> </ol>	Likely	Severe	16	Significant	<ol style="list-style-type: none"> <li>1. Level of delayed DTOCS and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve - 30/09/2023</li> <li>2. Routine escalation meetings introduced to focus on all patients delayed by over 40 days in the first instance - 30/09/2023</li> </ol>	10/07/2023	Claire Jenkinson	Lynn Parkinson	ODG / EMT	Trust Board	Unlikely	Severe	8	High



## Trust-wide Risk Register 15+

ROW	Risk ID	Description of Risk	Date Opened	Impact/Consequence Type		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
				Almost Certain	Severe																				
3	MH88	Insufficient AMHP resource to deliver responsive service which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	26/07/2022	Objectives	Almost Certain	20	Significant	1. Targeted escalation meetings with place 2. Affected shifts out in advance to bank and overtime to other staff to back fill if short notice. 3. Agreed R&R payments and associated agreement for AMHPs ensuring set shifts are committed to 4. Introduction of full time AMHPs and HUB model 5. Review of current sessional commitment	1. Introduction of team lead to support reviews of referrals and provide Support to the decisions made by AMHPs. 2. Datix reviews 3. Daily waiting list reviews. 4. Twice daily MDTreview 5. AMHP professional meeting with LA reviewing ongoing activity (workforce pressure report) 6. Escalations to divisional leads 7. Complaint reviews 8. Monitor/benchmark against local employers and T&Cs	1. Insufficient funding/lack of commitment to release 'spoke' AMHPs 2. 'Spoke' AMHPs are recruited to meet a specific service/division need not to respond to statutory demand 3. Fluctuating Activity 4. Fluctuating sickness	None identified.	Likely	Severe	16	Significant	1. Ongoing recruitment to vacant AMHP posts. - 31/03/2024 2. Working with business planning to set out options for ODG/EMT to consider for additional funding. 31.07.2023 3. Development of Trainee AMHP role and introduction of development opportunities - 31/03/2024 4. Working with business planning to set out options for ODG/EMT to consider for additional funding. 31.07.2023 5. Recruitment of non-social worker AMHP posts. - 31/03/2024	10/07/2023	Adrian Elsworth	Lynn Parkinson	ODG / EMT	Trust Board	Rare	Severe	4	Moderate
4	MH90	Issues with recruitment and retention of qualified Band 6 Social Workers in Hull Mental Health Locality teams is leading to increased risk with statutory compliance and capacity and demand issues with allocation and caseload size, impacting on the timeliness of provision of delegated duties across Hull which may affect patient safety and quality of service delivery.	25/10/2022	Objectives	Almost Certain	20	Significant	1. Regular meetings with Head of Profession and General Manager to review skill mix and options. 2. SW leadership enhanced to support with leadership, supervision and development .	1. Team Leader and SW Lead review all referrals and prioritise any requests for SW interventions daily including CoP, Tribunals, Care Act Needs Assessments with work requests coordinated on a spreadsheet for allocation in priority order.	1. Limited availability of qualified and experienced applicants. 2. Requests out no agencies but no applications received so far - requests go out every other day.	1. After several rounds of advertisements and interviews, significant number of posts remain unfilled.	Likely	Severe	16	Significant	1. Recruitment to vacant posts within services - 31/03/2024 2. Requests out to agency until substantive posts are filled 31/03/2024 3. HTFT are working with the national social work team to lead on initiatives to bring more social workers into the NHS - 31/03/2024 4. Benchmarking to identify opportunities for how we compare as a provider and social work employer. - 31/03/2024	10/07/2023	Sarah Bradshaw	Lynn Parkinson	ODG / EMT	Trust Board	Rare	Severe	4	Moderate
5	WF37	High GP vacancies may impact on the Trust's ability to deliver safe services.	24/04/2023	Objectives	Likely	20	Significant	1. Recruitment and retention incentives in place for GPs; 2. Workforce Resourcer in post carrying out GP search.	1. Workforce and OD Insight Report. 2. Workforce and OD committee. 3. EMT. 4. Workforce scorecard.	1. Turnover of Medical staff group. 2. GP staffing vacancies across primary care.	1. 15.87% GP Vacancy rate as at July 2023. 2. 2.23 vacancies	Possible	Catastrophic	15	Significant	1. Programme of 6 monthly deep-dives into Leaver data to be undertaken and reported into WFOD Committee - 31/03/2024 2. Trust divisions to develop bespoke plans supported by deep dive analysis - specifically Primary Care has developed deep dive work groups to fill GP post and reduce turnover - 31/12/2023 3. Advertisements of current GP vacancies following transition of Hull GP practices away from Trust as of 1st April 2023 - 30/0/2023	10/07/2023	General Managers	Lynn Parkinson	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Catastrophic	10	High
6	WF38	High number of Consultant vacancies may impact on the Trust's ability to deliver safe services, impact upon our desire to have an effective and engaged workforce and increase agency costs	24/04/2023	Objectives	Likely	20	Significant	1. Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee). 2. 'Humblebrave' 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. Workforce Resourcer in post carrying out GP search.	1. Workforce and OD Committee (insight reports). 2. Divisional Business Meetings. 3. EMT 4. Trust Board 5. ODG 6. DATIX reports	1. Medical Workforce Strategy needed 2. Not all vacancies currently advertised.	1. 33.21% Consultant vacancy rate July 2023. 2. 16.35 vacancies	Likely	Severe	16	Significant	1. Approval of Trust Medical Strategy. 2. Advertisement of all current vacancies.	10/07/2023	TBC	Kwame Fofie	Directorate Business Meeting / Executive Management Team	Trust Board	Unlikely	Severe	8	High

**Agenda Item 12**

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023														
Title of Report:	Board Assurance Framework Q1 2023/24														
Author/s:	Executive Lead: Michele Moran, Chief Executive  Oliver Sims Corporate Risk and Incident Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	The report provides the Trust Board with the Q1 2023/24 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:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Q1 working version of the Board Assurance Framework presented in the new template approved by EMT in June 2023.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Work has been undertaken to refresh the Trust Board Assurance Framework template for use in 2023/24 reporting in line with the refreshed trust strategy and feedback from the board development session.</li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>No matter of concerns to highlight or key risks further to information included in the Board Assurance Framework to escalate.</li> </ul>	<p><b>Decisions Made:</b></p> <p>Current assurance ratings for each section of the Board Assurance Framework:</p> <p><b>Strategic Goal – Innovating for Quality and Patient Safety</b></p> <ul style="list-style-type: none"> <li>Overall rating 8 - High for Quarter 1 2023/24</li> </ul> <p><b>Strategic Goal – Enhancing prevention, wellbeing, and recovery</b></p> <ul style="list-style-type: none"> <li>Overall rating 12 - High for Quarter 1 2023/24</li> </ul> <p><b>Strategic Goal – Fostering integration, partnerships, and alliances</b></p> <ul style="list-style-type: none"> <li>Overall rating 8 - High for Quarter 1 2023/24</li> </ul>														

	<p><b>Strategic Goal – Promoting people, communities, and social values</b></p> <p>Overall rating 6 - Moderate for Quarter 1 2023/24</p> <p><b>Strategic Goal – Developing an effective and empowered workforce</b></p> <p>Overall rating 8 - High for Quarter 1 2023/24</p> <p><b>Strategic Goal – Optimising an efficient and sustainable organisation</b></p> <p>Overall rating 12 - High for Quarter 1 2023/24</p>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)		

**Monitoring and assurance framework summary:**

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



**Humber Teaching**  
NHS Foundation Trust

# **Board Assurance Framework**

## Quarter 1 2023/2024

# Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

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

## RISK APPETITE

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

## RISK APPETITE DEFINITIONS

<b>Minimal (Low risk)</b>	Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.
<b>Cautious (Moderate risk)</b>	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
<b>Open (High risk)</b>	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.).
<b>Seek (Significant risk)</b>	Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.
<b>Mature (Significant risk)</b>	Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

## BOARD ASSURANCE FRAMEWORK SUMMARY

Strategic Goal	Principal 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			
<b>Innovating for quality and patient safety</b>	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	New Scoring Methodology from previous quarter
<b>Enhancing prevention, wellbeing, and recovery</b>	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	New Scoring Methodology from previous quarter
<b>Fostering integration, partnerships, and alliances</b>	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	New Scoring Methodology from previous quarter
<b>Promoting people, communities, and social values</b>	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	New Scoring Methodology from previous quarter
<b>Developing an effective and empowered workforce</b>	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes	Director of Workforce and OD	Workforce and OD Committee	4	3	12 - HIGH	4	2	8 - HIGH	SEEK	IN	New Scoring Methodology from previous quarter
<b>Optimising an efficient and sustainable organisation</b>	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	3	12 - HIGH	MATURE	IN	New Scoring Methodology from previous quarter





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 (2022/23)	Q4 (2022/23)	Q4 (2022/23)	Q1 (2023/24)
Current Risk Rating	8 HIGH			
Risk Appetite Threshold	15			

**Positive Assurance**

- The Trust's current CQC rating is 'Good' (May 2019).
- Trust is rated green for 24 out of 29 aspects of statutory and mandatory training and amber for the remaining 5
- 0 incidents relating to medicine safety that have caused harm (moderate and above)
- 0 incidents relating to safer staffing that have caused harm (moderate and above)
- 0 incidents relating to waiting list that have caused harm (moderate and above)
- 252 recorded Quality Improvement (QI) activities of which 134 were complete, 4 at idea stage/awaiting charters and 77 underway.
- QI training increased with 270 places delivered. In addition, 17 short overview sessions have been provided to a total of 172 attendees.
- 134 (62%) QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- 54 (25%) 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

	(Baseline)	Trust Target	Regional Benchmark
RTT - IAPT 18 weeks	100%	95%	99%

**Negative Assurance / Gaps in Assurance**

- Trust CQC rating for 'Safe.' Remains requires improvement (2019 assessment)
- Annual Medicine Administration compliance rate 30.8% (July 2023) improved from 17.74% in May, but with target of 85% Trust compliance.

Trust waiting times data:	Feb 2023 (Baseline)	Trust Target
RTT - Completed Pathways	87.3%	95%
RTT - Incomplete Pathways	66.2%	92%
RTT - 52 Week Waits	611	-
RTT - 52 Week Waits - Adult ASD	60	-
RTT - 52 Week Waits - Paediatric ASD	271	-
RTT - 52 Week Waits - CAMHS	37	-
RTT - Early Interventions		60%
RTT - IAPT 6 Weeks		75%
RTT - IAPT 18 weeks		95%

	Dec 2022 (Baseline)	Trust Target	Regional Benchmark
RTT - Early Interventions	13.0%	60%	68.9%
RTT - IAPT 6 Weeks	61%	75%	90%

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
The Trust's Patient Safety Annual Report is due to be published in Autumn 2023	December 2023	Hilary Gledhill	Draft report generated and for review by Quality Committee June 2023. The report will provide evidence of learning from patient safety incidents and will be incorporated into the next report.
Launch of Medicine Administration e-learning on Trust ESR.	August 2023	Hilary Gledhill	E-learning availability to further improve compliance rate will go live July/August 2023.
Mitigating actions to manage waiting lists in place with regular reports to Board.	March 2024	Lynn Parkinson	Routine reports for waiting time performance to continue to be provided to Board. Paediatric ASD/ADHD Assessment waiting times are improving. Capacity and Demand work ongoing to identify areas for further support.





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	<b>16 - SIGNIFICANT</b>	4	3	<b>12 - HIGH</b>	15	<b>IN APPETITE</b>

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

### Positive Assurance

- For the reporting period of October 2022 – March 2023, the Recovery College has seen:  
403 new sign ups  
147 course completions
- The current budget (2022/23) for the Recovery & Wellbeing College is £163,459. The Children’s & LD Division have also invested £33,374 into the Children’s Recovery College, with the addition of £7,080 from Digital.
- For the reporting period of September 2022 – February 2023, the IAPT Employment Advisers have started 277 people on employment support and the service has delivered a total of 1046 employment support sessions.
- For the reporting period of April 2022 – March 2023, the Wellbeing Recovery Employment Service (WRES) service have reported that 32 people referred to them have moved into employment.
- The results of the overall surveys completed where patients would recommend the Trust’s services to their family and friends is currently at 90.1% (February 2023).
- At the end of Quarter 3 22/23, 134 (62%) of QI activities underway or complete have indicated that they have included Patients and Carers in planning and delivery of the work.
- The Trust currently has 17 panel volunteers (March 2023). Data on panel volunteer representation at interviews is not currently collected, but this is being discussed with HR.
- The Trust currently has 1 Patient Safety Partner (March 2023). The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.

### Negative Assurance / Gaps in Assurance

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

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

## Fostering integration, partnerships, and alliances



Lead Director:  
Chief Executive

Lead Committee:  
Audit Committee

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

**Risk Score: 8**

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

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

### Positive Assurance

- The Partnerships and Strategy Team carried out a mapping exercise in November 2022 looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups.
- The Partnerships and Strategy Team are working with the Contracting Team to establish a way of reporting on the value of the Trusts partnership-based contracts.
- The Trust's current Lead Provider funding from NHS England is £61 million.
- For February 2023, the Trust reported 9 patients Out of Area (over a total of 162 days). The percentage of Delayed Transfers of Care was at 11.7% for Adult and Older Peoples Mental Health and 0% for Inspire. This data will be used as the baseline position; in subsequent reports movement will be tracked against this baseline.
- The Trust has delivered a refreshed strategy that aligns to the Humber and North Yorkshire Health and Care Partnership Strategy: Reimagining Health and Care – An Integrated Strategy.
- At the end of Quarter 3 22/23, of the 252 recorded QI activities, 54 (25%) of them indicated that they have collaborated with organisations outside the Trust, and nearly 70% of QI charters indicated that they would benefit Partner Organisations. To share good practice and expertise, the Trust's QI Manager regularly attends meetings with QI leads across the Yorkshire and Humber region, as well as inviting external colleagues to the Trust's QI weeks and other activities.

The Trust has contributed to the development of the HNY Health and Care Partnerships People and Workforce Strategy through representation of the Director of Workforce and OD at the ICBs Executive Committee for People. In addition, we have contributed to the HNY 180 days of action on workforce programme.

### Negative Assurance / Gaps in Assurance

Annual internal and external stakeholder surveys for 2023

The Interweave Management Board is establishing data collection processes covering LHCR data sharing; this information will be available for the next report.

### Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Repeat mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups	June 2023	Michele Moran	Assessment previously undertaken November 2022 his was reviewed and discussed by EMT and will be repeated in 6 months' time.
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.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.

## Promoting people, communities, and social values



Lead Director:  
Chief Executive

Lead Committee:  
Quality Committee

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

**Risk Score: 6**

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

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

### Positive Assurance

- We are working collaboratively with Place partners to develop place-based approaches to addressing inequalities; the Trust's Chief Executive is the Executive Sponsor for the East Riding Health and Care Committee Programme on Inclusion Health Groups.
- The Trust has committed to accelerating our adoption of the Patient and Carer Race Equality Framework in 2023/24. A meeting with the Framework's developers was held in March 2023 to deepen our understanding of the requirement.
- 17 VCSE organisations are part of the Humber Co-production Network (March 2023).
- We have significant contracts with VCSE organisations including Hull and East Yorkshire Mind, Navigo Health and Social Care, Care Plus Group, Matthew's Hub, Carer's Plus Yorkshire, Alcohol and Drug Service, and Relate; with a total spend of approximately £5.6million (April 2022 – March 2023).

### Negative Assurance / Gaps in Assurance

- The Trust has started scoping our approach to health inequalities, gathering information on current activities and service models which address health inequalities as well as interrogating the data we hold on health inequalities with a focus on Core20Plus5. The Trust has set an aspiration to become a Marmot Trust and a Health Inequalities Workplan is being developed.
- An annual internal stakeholder survey will be run for October 2023 to give us detail on how the Trust is working with voluntary and community sector partners to design/deliver services.
- An annual internal stakeholder survey will be run for October 2023 to capture detail of how the Trust is involving statutory partners in strategic decision making and service design.
- Further work will be carried out in the future to explore how we can assess the point of view of our communities in terms of collaborative working.
- The Trust is at presently unable to report on the demographic profile of its Governors as their details are not inputted onto ESR.

### Mitigating Actions to Address Gaps

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Internal stakeholder survey to give us detail on how the Trust is working with voluntary and community sector partners to design/deliver services.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.
Internal stakeholder survey to look at the how the Trust is involving statutory partners in strategic decision making and service design.	October 2023	Michele Moran	Annual internal and external stakeholder surveys will run for October 2023 to look at the Trust's involvement in joint strategies and actions to address health inequalities at Place and ICS level, and at our ability to adapt service delivery models to address local needs.



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

**Risk Score: 8**

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

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

### Positive Assurance

- 9.92% vacancy rate (May 2023)
- Headcount of 3019.2 (highest headcount in 2 years) (May 2023)
- A rolling 12 monthly turnover rate figure of 14.49% reduced for three consecutive months (May 2023)
- In the latest NHS National Staff Survey 2022, the Trust scored above the benchmark average in 6 of the People Promise themes and equal to the benchmark average in the one remaining People Promise theme:  
We are compassionate and inclusive – 7.6 out of 10 (0.1 above average)  
We are recognised and rewarded – 6.4 out of 10 (0.1 above average)  
We each have a voice that counts – 7.1 out of 10 (0.1 above average)  
We are safe and healthy – 6.4 out of 10 (0.2 above average)  
We are always learning – 6 out of 10 (0.3 above average)  
We work flexibly – 6.9 out of 10 (0.2 above average)  
We are a team – 7.1 out of 10 (equal to the average)
- The Workforce Scorecard (May 2023) reported a rolling sickness rate figure of 5.06%, making the Trust rate lower than the North and East Yorkshire region.
- In the latest NHS National Staff Survey 2022, the Trust saw an improvement in the number of staff who agree/strongly agree that they "would recommend their organisation as a place to work" which has risen from 49% in 2019 to 63% in 2022, making the Trust same as the benchmark average and the third most improved in the country over that time-period. In 2017, the Trust was 15.2% worse than the benchmark average score.

### Gaps in Assurance / Negative Assurance

- Registered Nursing vacancy rate July 2023 – 10.99%.
- Consultant vacancy rate July 2023 – 33.21%.
- General Practitioners vacancy rate July 2023 – 15.87%
- Representation of BAME staff in Band 7 or above roles is low and is an area of focus for the Trust.
- Representation of disabled staff in Band 8c-VSM roles is low and is an area of focus for the Trust.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
Ongoing communications around leadership development programme uptake and encouragements of BAME colleagues and those with disabilities and long-term conditions at all levels.	March 2024	Steve McGowan	A number of leadership development programmes have been developed at the Trust which seek to encourage participation of BAME colleagues and those with disabilities and long-term conditions at all levels.
Ongoing sponsorship of BAME colleagues and those with disabilities and long-term conditions at all levels for involvement with Trust Humber High Potential Development scheme.	March 2024	Steve McGowan	Ring fenced places on the Humber High Potential Development scheme for sponsorship by the staff networks, and access to the Trust Leadership (Band 4-7) and Strategic Leadership (Band 8a+) programmes with a Trust KPI for all those in leadership positions to access this.



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: 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	3	12 - HIGH	4	3	12 - HIGH	15+	IN APPETITE

Risk Analysis	Q1 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2022/23)
Current Risk Rating	12 HIGH			
Risk Appetite Threshold	15+			

## Positive Assurance

- The Trust delivered a breakeven position at Month 2 in line with the ICS Target Plan
- Trust has been in a position of Financial Balance with the year-end position and going into the first 2 months of 2023/24. In terms of sustainability the Trust has increased Turnover.
- The Trust delivered on its financial plan for 2022/23. Trust has a well-developed Financial Planning and BRS process. The Trust has agreed to develop a Medium-Term Financial plan that will be part of the ICS Medium Term Plan.
- The cash balance for the Trusts at £24.166m which has reduced due to several significant aged creditor payments being made.
- Lead Provider: Month 2 position breakeven, according to plan and annual forecast
- Support to ICB continues with a breakeven plan and work on efficiencies. Only provider within ICB with a balanced plan for 23/24
- Our current PLACE scores as of Q1 are as follows:
  - Cleanliness – 97.86% (National average – 98.01%)
  - Food and Hydration – 92.57% (National average – 90.23%)
  - Privacy, Dignity and Wellbeing – 90.20% (National average – 86.08%)
  - Condition, Appearance and Maintenance – 94.25% (National average – 95.79%)
  - Dementia – 88.42% (National average – 80.60%)
  - Disability – 83.47% (National average – 82.49%)
- The Estates Strategy was signed off at Trust Board on 29<sup>th</sup> March 2023. Plans on how this will be monitored and reported against are to be finalised.
- Trust Data Quality Maturity Index (DQMI) score at 99% (Q1 2023/24) above national average (95%).

## Negative Assurance / Gaps in Assurance

- Information on the usage of PLICS/costing data by staff across the Trust.
- Trust is moving tenant for Power BI imminently and once the Trust transfers licences to the NHS tenant, access to this data may not be possible.
- The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.
- Details of staff understanding of Trust finance measures and controls.
- The Trust's National Cost Collection Index (NCCI) is 137 (based on 2021/22 data). The national average is 100.
- The Trust's organisational use of resources score is not currently available.
- As of April 2023, the Trust's estate footprint is 21.42m<sup>2</sup> per WTE staff (this baseline figure is based on the old Trust HQ building still being incorporated into the footprint and the new Trust HQ not being).
- The Estates Returns Information Collection (ERIC) submission is due in September 2023.
- The cost to eradicate high risk backlog maintenance is £716,850; and the cost to eradicate significant risk backlog maintenance is £6,349,655 (Q1 2023).
- Delivery of targets sets out in refreshed Digital Plan for completion through 2023/24.
- Delivery of targets set out in Trust Green Plan which sets out ambitions to achieve net zero by 2035 – 10 years ahead of government target of 2045.

Mitigating Actions to Address Gaps	Target Date	Action Lead	Quarterly Update on Actions
An annual internal stakeholder survey will be run to collate details on staff understanding of Trust finance measures	October 2023	Pete Beckwith	The survey will collate details on staff understanding of Trust finance measures and controls and on how many staff read the Humber Financial Times.
The Learning Centre are working with professional leads to scope and assess the training needs of the Trust in relation to finance training for non-finance managers.	March 2024	Pete Beckwith	
Trust to continue to include on this measure in future reports to show trends over time. However, it is noted that the comparative data is flawed.	March 2024	Pete Beckwith	While we appear to be an outlier due to high costs, there are significant known discrepancies in the collated data which cause the cost of some Trusts to appear very low and skewing the overall National Cost Collection Index.
Report on the usage of PLICS/costing data by staff across the Trust.	July 2023	Pete Beckwith	Next report to included Information on the usage of PLICS/costing data by staff across the Trust.

## RISK SCORING MATRIX

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

## RISK TERMINOLOGY DEFINITIONS

<b>Initial Risk Rating</b>	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.
<b>Current Risk Rating</b>	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.
<b>Target Risk Rating</b>	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.
<b>Control</b>	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.
<b>Assurance</b>	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 July 2023														
Title of Report:	Recovery Strategic Framework – Progress Update														
Author/s:	Lynn Parkinson Deputy Chief Executive/Chief Operating Officer														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>✓</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss	✓	To note		To ratify		For assurance			
To approve		To discuss	✓												
To note		To ratify													
For assurance															
Purpose of Paper:	The purpose of this paper is to provide a summary update of progress across the priority areas set out in the Recovery Strategic Framework 2021-2026 at the end of year two.														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The strategic framework is a technical document supported by a ‘what is recovery’ guide and tool kit to support the full implementation of the framework for 2021-2026. The guide and toolkit were launched in June 2021 through a number of workshops.</li> <li>Progress can be demonstrated in achieving the recovery framework in year one and year two.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>The development and expansion of the Recovery College has played a significant role in ensuring the framework is being successfully implemented.</li> <li>Effective collaborative work between the Patient and Care Engagement (PACE) team and the Recovery Steering Group has continued to be essential in achieving the ambition set out for year one and two.</li> <li>Participation of Peer Support Workers and other stakeholders with lived experience have been essential in ensuring that the co-production approach to developing the strategic framework also underpins its delivery.</li> <li>Expansion in the roles of Patient and Carer Engagement leads at division level has supported the programme of work.</li> <li>A full review of the achievements of the ambition set out in the framework for year two is currently being undertaken by the Clinical Director and will be presented to the Board.</li> </ul>													
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>The strategic framework is a technical document supported by a ‘what is recovery’</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>													

guide and tool kit to support the full implementation of the framework for 2021-2026. Work continues to fully embed this across services.			
Governance:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		Workforce & Organisational Development Committee
	Finance & Investment Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Charitable Funds Committee		Collaborative Committee
			Other (please detail)

### Monitoring and assurance framework summary:

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



# Recovery Strategic Framework – Progress Update


## 1. Introduction

In May 2021, the Trust supported and agreed our new **Recovery Strategic Framework - What Matters to Me? 2021 – 2026** [109 14-20 Aug \(humber.nhs.uk\)](https://www.humber.nhs.uk). This built on and took forward the approach and principles to recovery that were first set out in “Bridging the Gap”, our strategy for 2017 – 2020. It clearly mapped out a robust recovery focused strategic framework which was coproduced and codesigned by a wide range of service users, carers, staff across the organisation and wider stakeholders. Setting out a broad ambition for how the approach and principles would be further embedded at the heart of all the relationships our patients, service users and carers have with our staff. The framework has an overall aim of supporting a change in culture within the organisation, bringing to life a recovery focused approach. “What matters to me/you?” encapsulates a changed dynamic, creating powerful and meaningful conversations requiring us to help shape and guide how we connect with people effectively and supporting people to connect to one another. To be successfully achieved it requires a change in how we establish relationships, working practices and behaviours.

The purpose of this paper is to provide a summary update of progress across the priority areas set out in the Recovery Strategic Framework.

## 2. Implementing the Recovery Strategic Framework – Years One and Two

The framework was coproduced with our patients, staff (many of whom had lived experience of mental health issues) carers, families, and other stakeholders over a six-month period and many of them have continued to engage with implementing the ambition it sets out. The framework is supported by a “what is recovery” guide and toolkit which was launched through a series of workshops commencing in June 2021 attended by staff and other stakeholders. Work has taken place to implement the ambitions set out in the document across the seven priority areas:

Recovery Strategy PRIORITIES <small>2021 - 2025</small>			
ONE	<p>Recovery-focused, person-led care</p> 	<ul style="list-style-type: none"> <li>• Implementing tools to support Recovery</li> <li>• Supporting coproduced care</li> <li>• Holistically enhancing person-led care</li> </ul>	<p>Using a model of shared decision making and equal partnership (between service users and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.</p>
TWO	<p>Exploration and Innovation</p> 	<ul style="list-style-type: none"> <li>• Increase in arts based opportunities</li> <li>• Developing Green Health opportunities</li> <li>• Supporting Spiritual Care</li> <li>• Better harnessing technology</li> </ul>	<p>Working more inclusively and creatively by exploring new / existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.</p>
THREE	<p>Valuing Lived Experience through Coproduction</p> 	<ul style="list-style-type: none"> <li>• Increase coproduction opportunities</li> <li>• Centering lived experience in service delivery</li> <li>• Promote Storytelling and PACE</li> <li>• Valuing Peer Support Workers and Volunteers</li> </ul>	<p>Ensuring that there are integrated opportunities for people with lived experiences (including service users, carers / families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.</p>
FOUR	<p>Recovery-focused training and education</p> 	<ul style="list-style-type: none"> <li>• (Re)educate, (re)train and upskill people</li> <li>• Develop new opportunities for learning</li> <li>• Improve accessibility and ownership over learning</li> </ul>	<p>Training up staff, service users, families, stakeholders, partners and others in our community with coproduced educational materials. to increase understanding of and better implement recovery-oriented values and practices.</p>

FIVE	<p>Supporting Staff Recovery Journeys</p> 	<ul style="list-style-type: none"> <li>• Better access to health and wellbeing support</li> <li>• Recognising the Lived Experience of staff</li> <li>• Changing practices to better support staff</li> </ul>	<p>Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and / or disabilities.</p>
SIX	<p>Transforming the Culture at Humber</p> 	<ul style="list-style-type: none"> <li>• Assertively challenging assumptions and stigmas</li> <li>• Using accessible, recovery-led communications</li> <li>• Improving internal teamworking</li> </ul>	<p>Challenging adverse attitudes, stigmas and language to better support and enhance recovery, whilst increasing opportunities for cross-service working, integration and conversation.</p>
SEVEN	<p>Working creatively with the local community</p> 	<ul style="list-style-type: none"> <li>• Strengthen relationships with our local communities</li> <li>• Increase community understanding of Recovery</li> <li>• Making community interactions more inclusive</li> </ul>	<p>Seizing inclusive opportunities for meaningful relationships and alliances with external partners within our local community</p>
 <b>260+ people</b> have been actively involved in directing, shaping, designing and writing this Recovery Strategy			
<b>COMMUNITY EDUCATION CULTURE CREATIVITY</b>			

Delivery of the framework is overseen and guided by a Recovery Steering Group and a workstream has been established for each of the seven priority areas. Each of the workstreams have representation from the key stakeholder groups and are co-led by a staff member and service user or family member with lived experience.

A summary of some of the successes and achievements during the last two years of implementation are:

- Collaboration has taken place between the Patient and Carer Experience (PACE) team and the Recovery College to develop a PACE section on the college's online platform. The new PACE area aims specifically to introduce people with lived experience to the many opportunities and activities supported by PACE in the Trust, to provide information about our approach to recovery and to encourage involvement.
- Expansion and development of the peer support worker role and a network to support the staff in these posts. The peer support worker role has a critical place in achieving recovery and supporting the overall recovery framework, evidencing how we change culture and embed recovery principles into conversations with people. A new module on the recovery college online platform supports people who are interested in applying for these roles, training and development for the postholders is now accessible from Teesside University.
- The newly created Humber Recovery College online platform has been expanded. The Recovery platform provides a learning and educational environment for people to access across all services provided by the Trust. It provides codesigned and coproduced courses, workshops, podcasts, and live sessions all delivered and produced by staff and champions of lived experience, including peer support workers, with access 24 hours a day, 7 days a week. Recent work has seen the platform extended and from the end of July 2023 it will offer programmes specifically tailored to children and young people.
- Expansion and development of the patient and carer engagement roles meaning that each division now has a dedicated lead.
- The revision and development of the Care Programme Approach (CPA) is an essential national element of the Community Mental Health Team Transformation (CMHT) Programme. This provides a significant opportunity to embed recovery principles and

approaches at its centre. This work has been progressed through the workstreams and will be completed with a revised CPA policy. Integrating the care programme approach for service users with a recovery focus will transform service users experience of their care.

- Our lived experience coordinator has worked to identify a wide range of recovery champions from the THRIVE group which was formed to support the work of the CMHT transformation programme. The recovery champions provide feedback and engagement, they represent their personal experiences with a large number of mental health services across the organisation to support and bring about improvements and service changes.
- Further developments to put lived experienced at the heart of service change and development has taken place in the Mental Health Division. Working groups focused on specific service areas are now in place with participation from people with lived experience in that area. This is supporting the key principle of services being shaped and developed with meaningful codesign.
- The PACE team and our user led recovery groups have implemented a coproduction stamp. Incorporating the stamp into trust documentation demonstrates that an acceptable level of co-production has been incorporated into the planning and implementation of service changes.
- Storytelling is a key component of sharing lived experiences and influencing cultural change. To support this approach a codesigned module has been developed on the recovery college online platform.
- Work has been undertaken with the forensic service to integrate their recovery college model with the opportunities within the wider Humber Recovery College network.

### **3. Next Steps**

The workstreams and recovery steering group have continued to implement and oversee progress against the ambitions set out in the framework to achieve the year 2 ambitions. Ongoing support and leadership from senior operational and clinical leads in the divisions is critical to achieving success, events are being planned to take place in Q3 to bring these leaders together to reflect on the progress made in year one and year two to ensure that the year three requirements are fully understood. Further embedding of the CHIME framework (connectedness, hope, identity, meaning and empowerment) underpins our strategic recovery framework and will be a key focus of the event. A full review of the achievements against the year two ambitions is currently being undertaken by the Trusts Clinical Director and a summary of the outcomes of this will be brought to the next Trust board meeting.

### **4. Conclusion**

The board is asked to note the content of this update, the progress made to achieve the priorities outlined within each of the seven priorities and the specific progress to date as highlighted in the paper.

Title & Date of Meeting:	Trust Board Public Meeting, 26 July 2023														
Title of Report:	Research & Development Six Monthly Update Report														
Author/s:	Cathryn Hart, Assistant Director Research & Development														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>√</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper:	To provide an update on the work of the research team to ensure increased opportunities for our community to participate in research, trial new interventions and enhance quality. Also, to provide assurance around the Trust's obligations in relation to the delivery of NIHR Portfolio research, performance against targets and the Research Strategy.														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Evidence of impact of research during 2022-23 (demonstrated in appendices 1 and 2).</li> <li>100% of Trust GP practices recruiting into NIHR Portfolio studies, exceeding national target of 45%.</li> <li>Current Trust Research Strategy fits well with themes of DHSC research delivery implementation plan 2022-25.</li> <li>Research delivery funding secured through Yorkshire and Humber Clinical Research Network (CRN) for 2023-24; a significant increase on 2022-23.</li> <li>Positive annual meeting with CRN leadership team, at which they reviewed our research performance in 2022-23 and plans for 2023-24.</li> <li>Wide range of research studies running in the Trust, across numerous health conditions and services (see list in appendix 3); 43% involving the evaluation of novel treatment interventions.</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Successful business case to CRN means extra funding secured for 2023-24 to support research in our general practices.</li> <li>Roadshows in May 2023 utilised to consult clinical teams and our communities about research and to feed this into the refresh of our research strategy which is currently underway.</li> <li>New national campaign video launched Jan 2023, <a href="#">Why people deserve to know about dementia research opportunities - YouTube</a>, was filmed in the old Trust HQ and features Trust Research Champion and Assistant Director R&amp;D.</li> <li>Work continuing to connect with diverse groups to help ensure as many people as possible are given opportunities to take part in research.</li> </ul>													
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>National contracting process currently underway which will see the transition from 15 CRNs in England, to 12 Regional Research Delivery Networks (RRDNs). The</li> </ul>		<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Next annual research conference will take place 22/05/24 to coincide with International Clinical Trials month. Moved from Nov to avoid previous impact of winter flu/COVID.</li> </ul>													

<p>footprint for the Yorkshire and Humber RRDN will remain the same as for the current CRN, but the new host from Oct 2024 is yet to be publicly announced.</p>	<ul style="list-style-type: none"> <li>Agreed to take part in a national pilot from autumn 2023, to embed research into mental health student nurse training; aim for research to become an integral part of the clinical placement and students to view it as a core part of their clinical role rather than 'in addition to'.</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	01/06/23	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

**Monitoring and assurance framework summary:**

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

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

## Trust Board July 2023

### 1. Performance

Infographics summarising the past year, 'Research in numbers 2022-23' and 'Impact of research 2022-23', are included in *appendix 1* and *2* respectively. A brief overview of research for 2022-23 has also been included in the Trust's Quality Accounts.

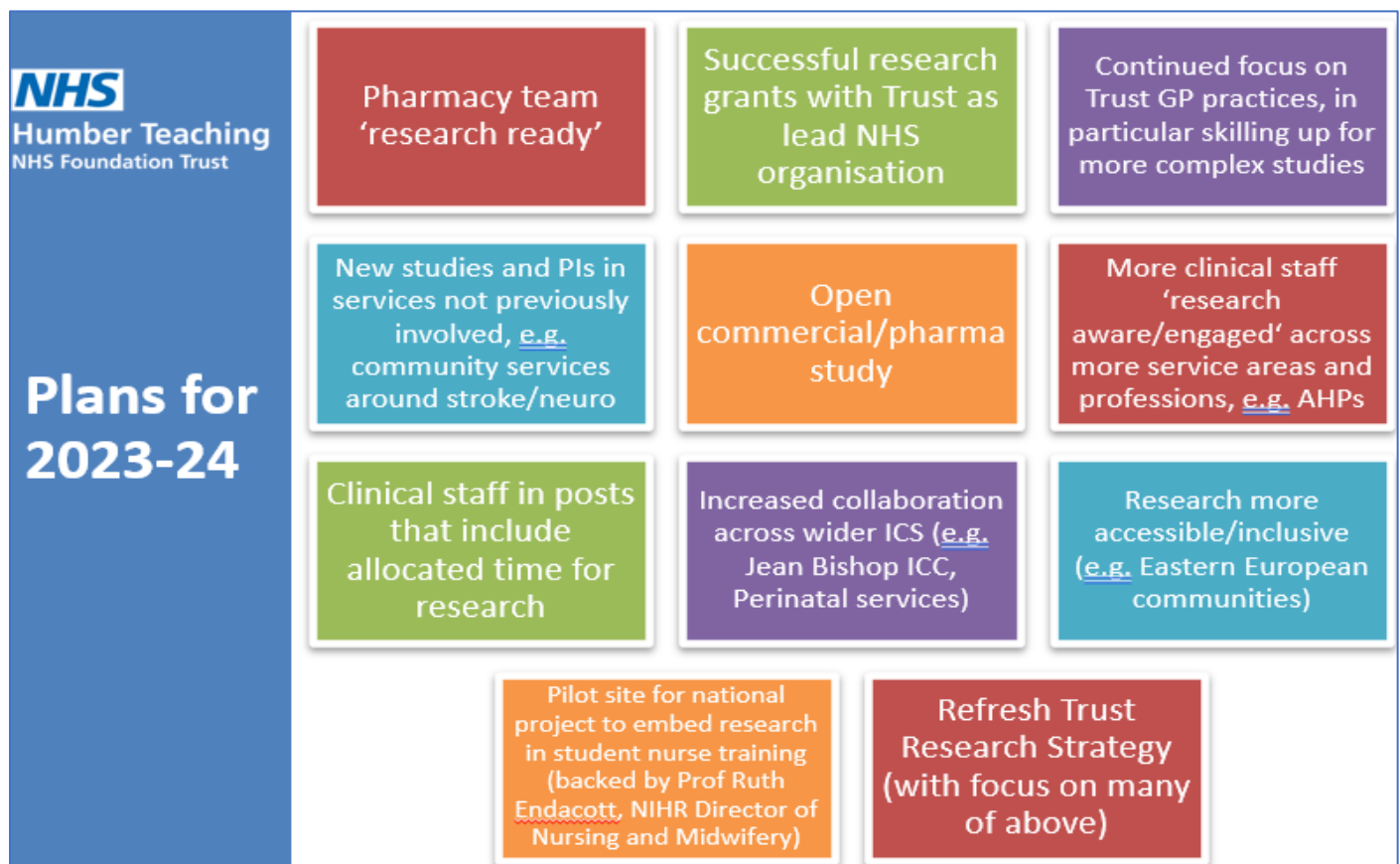
There were 52 National Institute for Health Research (NIHR) Portfolio studies, plus a further 16 categorised as non-Portfolio studies, running across the Trust during 2022-23 (see *appendix 3, tables 1* and *2*). A total of 892 people took part in research studies, 680 NIHR Portfolio and 212 non-portfolio, an increase from a total of 703 in 2021-22. Our target for 2023-24 is 660 recruits into NIHR Portfolio studies.

We exceeded the national high-level objective in 2022-23 of 45% of General Practices recruiting into Portfolio studies, with 100% of Trust practices recruiting; 347 participants and 14 studies.

### 2. Governance

The Trust has a Partnership Agreement with the host of the Yorkshire and Humber Clinical Research Network (CRN), Sheffield Teaching Hospitals NHS Trust. This has recently been extended, so currently runs until Sep 2024 and provides most of our research funding. A national contracting process is currently underway which will see the transition from 15 CRNs in England, to 12 Regional Research Delivery Networks (RRDNs). The footprint for the Yorkshire and Humber RRDN will remain the same as for the current CRN, and the host is yet to be publicly announced.

Our annual review meeting with the CRN senior leadership team took place in Feb 2023 and included a review of performance, successes, challenges and future plans (see below).





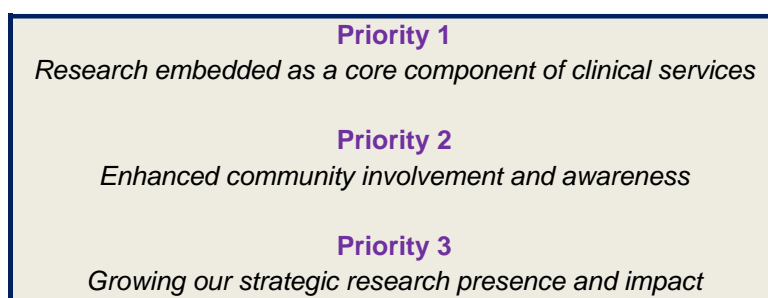
Just as it was the previous year, this was an incredibly positive annual review. In summary the CRN leadership team thanked the Trust for its continuous commitment to research, complemented us on achievements, and stated we were:

**‘One of the most diverse Partner Organisations with unique challenges, demonstrated development over time, and integrated the physical and the mental sides of research.’**

Research remains part of the CQC’s new single assessment framework within the well led domain under the 'Learning, Improvement and Innovation' heading. See section 3 below for examples of how we are working towards further embedding research as part of our frontline offer.

### 3. Trust Research Strategy and National Vision

We are continuously striving to do even more to achieve our three Research Strategy priorities.



With this in mind we are increasing the presence of the research team within our clinical services, growing the number of staff Research Champions in teams and during May, in celebration of International Clinical Trials’ Day, we held a series of roadshows across the Trust patch and sent packs to all clinical teams to raise awareness and further embed research as part of our frontline offer to our communities. The roadshows were also used as an opportunity to consult clinical teams and our communities about research and to feed this into the refresh of our research strategy which is currently underway.

In June 2022 [The Future of Clinical Research Delivery: 2022 to 2025 implementation plan - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106222/2022-2025-implementation-plan.pdf) was published and this provided further confirmation that our current Research Strategy priorities are still appropriate as the Plan identifies these themes:

- *A sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver clinical research as an essential part of care.*
- *Clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention.*
- *People-centred research to make it easier for patients, service users and members of the public across the UK to access research and be involved in the design of research, and to have the opportunity to participate.*

### 4. Funding

Our funding from the CRN to support delivery of NIHR Portfolio studies in 2023-24 has been confirmed as £445k. This opening allocation is a significant increase from the £364k in 2022-23 and is due to a change in the funding distribution model to help level up the funding gap between acute and mental health trusts, but is also based on our performance in previous years. As a result

of another successful business case for CRN strategic funding and based on the significant progress we made in 2022-23, an additional £90k has also been secured for 2023-24 to support research in our general practices. Further funding has also been awarded as a result of the Trust now hosting CRN posts that support research delivery across the wider Humber and North Yorkshire Health and Care Partnership (HCP).

Due to having recruited over 500 people to Portfolio studies in the last qualifying period, DHSC Research Capability Funding of £25k has also been confirmed for 2023-24. In 2022-23 we used this to support the time of two clinical staff to collaborate with academic colleagues in developing new ideas for research grant applications, which is now paying off with small amounts of grant funding coming into the Trust as a direct result and new grant applications being developed.

A change in the system for 'excess treatment costs' (ETCs) related to research, came into effect in April 2022 and this has also resulted in increased research funding coming into the Trust to support clinical teams taking part in research. The national ETC payment system applies a contribution threshold to trusts, which they need to surpass before any ETC payments are made; in 2022-23 this was reduced from 0.01% to 0.001% of operating budget. During 2022-23 £14k of ETC funding was passed across to our clinical services.

## 5. Opportunities, Innovation and Alliances

Patients, carers and service users accessing Trust services continue to be offered a breadth of research opportunities spanning numerous health conditions and many types of study design, with approximately 43% of Portfolio studies in 2022-23 involving the evaluation of novel treatment interventions (see *appendix 3*). We are continuing to strengthen our research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, for example in more physical and public health issues.

New opportunities are also opening up in relation to pharmacy involvement in research as a direct result of a small amount of CRN strategic funding we obtained through a business case in 2022-23 (see slide below used at the annual CRN review meeting).



### Case Study of Success

### Readying Pharmacy for Research: What have we achieved so far?

(with help of CRN mental health strategic funding)

 R&D Newsletter foreword by Chief Pharmacist - [Pdf \(browsealoud.com\)](#)

 Chief pharmacist & Deputy Chief Pharmacist completed GCP/trained to be PI

 Full suite of Pharmacy SOPs drafted

 Two NIHR grant applications submitted with Chief Pharmacist as co-applicant – one with Sheffield Uni unsuccessful, one with Hull Uni through to stage 2

 Chief pharmacist invested time contacting multiple pharma companies, developing new relationships for potential future research

 EOIs submitted that would involve pharmacy input, e.g. facilitating withdrawal from medication in primary care

 Meetings in progress with Pharma for potential studies, e.g. Rovi Biotech observational study & Novo Nordisk phase IV study



## 6. Learning and Engagement

Quarterly research newsletters continue to help raise the profile of Trust research. The latest issue is available on the Trust website, as well as being shared with external stakeholders and via internal communications. Our '@ResearchHumber' twitter followers have grown to around 950, and articles relating to research have frequently been included in various Trust communications. A new 'Community of Practice' for research was launched in Sep 2022 to enable Trust staff to learn more about research and to link in with others around research ideas, with meetings held quarterly and attendance growing each time. An online workspace via the [FutureNHS collaboration platform](#) has also recently been launched to encourage research networking across the Trust.

Wendy Mitchell, Research Champion who lives with dementia, and Cathryn Hart, facilitated another Recovery College workshop on 'Living with Dementia' in April 2023. A new national campaign video, [Why people deserve to know about dementia research opportunities - YouTube](#), launched in Jan 2023, was filmed in the old Trust HQ and features Wendy and Cathryn, as well as brief appearances by our wider research team also.



The decision has been made to move our research conference to May, which coincides with International Clinical Trials month, and pre-pandemic that was when we held our conference. However, as our last conference was only in Nov 2022, our next conference will now be 22 May 2024. Last year we had to go to a fully virtual platform at very last minute due to increased winter flu/COVID rates, so moving back to running in May we feel this is less likely to happen. As there will not be a conference this year to help raise the profile of research, in April and May we ran a series of events and roadshows across the Trust.

In 2022 we provided a 'hub and spoke' placement for our first student nurse in our research team. Since then we have welcomed five student nurses and later this year will be taking part in a national pilot which aims to embed research into mental health student nurse training, such that research becomes an integral part of the clinical placement and students view research as a core part of their clinical role rather than 'in addition to'. Senior nurses on the NIHR Leadership Programme will be involved in the evaluation of this pilot, alongside a national advisory group. This fits really well with Priority 1 of our Research Strategy – *Research embedded as a core component of clinical services*.

## 7. Equality, Diversity and Inclusion

We have been working to find ways to connect with diverse groups to help ensure as many people as possible are given the opportunity to take part in research. Some examples include:

- Partner in 'Hull Research Ready Communities', working closely with the 'Ethnic Minority Research Inclusion' group and associated Reverse Mentoring programme led by Yorkshire and Humber CRN. In Feb 2023 we featured in their [newsletter](#) as partner organisation of the quarter.
- Appointed a Research Nurse for Eastern European Community, as part of the Yorkshire and Humber regional team hosted by the Trust.
- Connecting with local community groups, including the Peel Project and Hull Afro-Caribbean Association.
- Recording ethnicity on our EDGE research database, as part of a regional project to enable comparison of population proportions of minority ethnic groups to the proportions of participants from these communities that are recruited into NIHR portfolio research in our region.
- Co-produced animation 'My Research Journey' now available in multiple languages;

[Humber Teaching NHS Foundation Trust - My Research Journey \(English Subtitles\) - YouTube](#)

[Humber Teaching NHS Foundation Trust - My Research Journey \(Urdu Subtitles\) - YouTube](#)

[Humber Teaching NHS Foundation Trust - My Research Journey \(Urdu Audio Only\) - YouTube](#)

[Humber Teaching NHS Foundation Trust - My Research Journey \(Urdu Audio and Visuals\) - YouTube](#)

[Humber Teaching NHS Foundation Trust - My Research Journey \(Polish Subtitles\) - YouTube](#)

[Humber Teaching NHS Foundation Trust - My Research Journey \(Arabic\) - YouTube](#)



## Appendix 1 – Research in Numbers 2022-23

## Research in Numbers 2022-23

### 52 Studies Running



26 Mental Health



15 Community and Primary Care



6 Children's and Learning Disability



2 Forensic services



3 Across multiple divisions

**Plus 16**

local/non-NIHR studies

# 680

People took part  
in (national) NIHR  
Portfolio studies

**Plus 212**

in local/non-NIHR studies

# 26

 Local Principal Investigators (9 new)

# 1<sup>st</sup>

Trust in England to recruit into  
DIAMONDS randomised controlled trial  
(diabetes and severe mental health issues)



# 92%

surveyed would  
take part in  
research again

# 100%

of Trust GP practices  
recruiting into studies

14 studies running  
347 recruits

Involved in studies  
across the UK



# 1910 Tweets

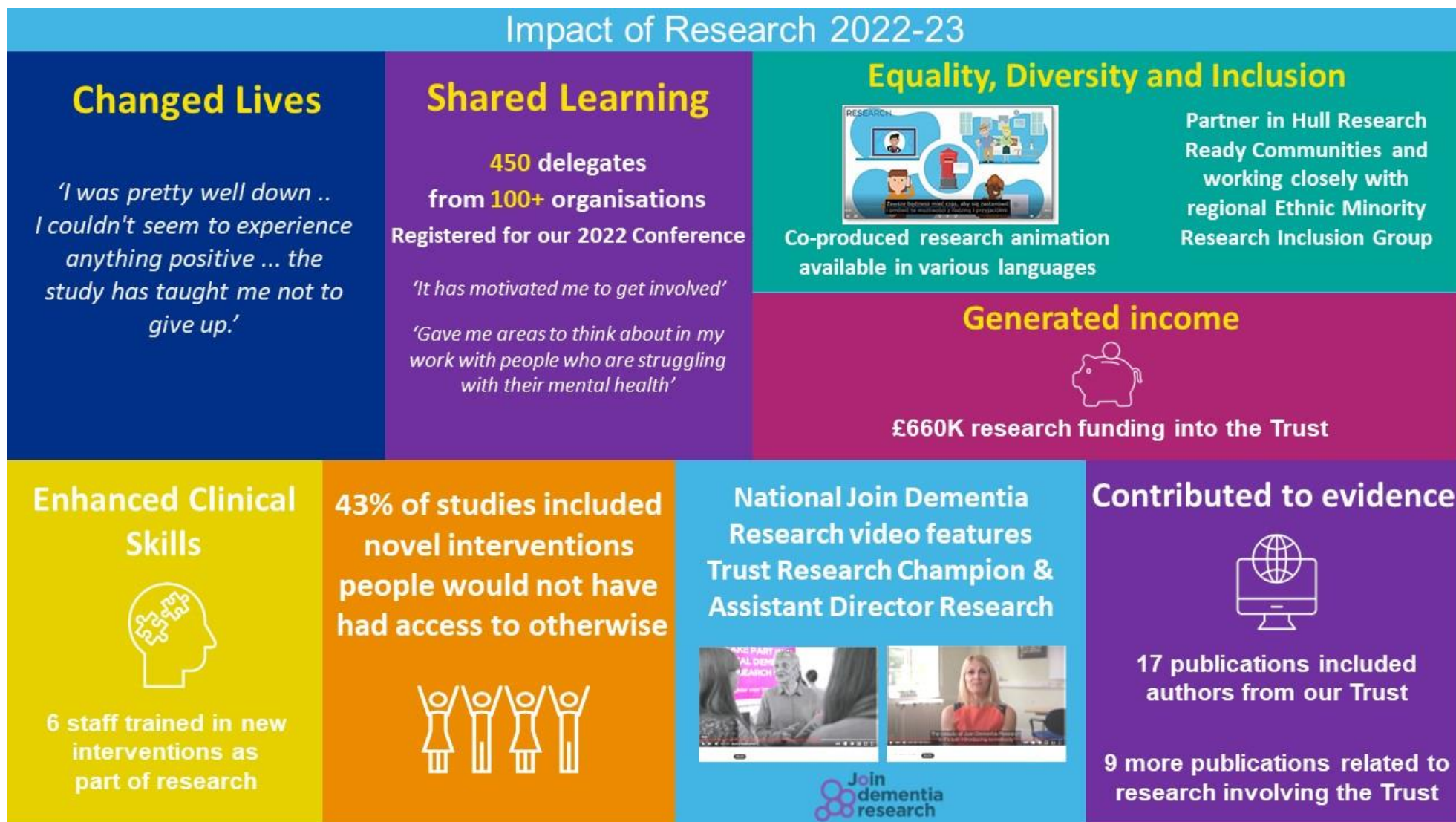
# 932 Followers

@ResearchHumber





## Appendix 2 – Impact of Research 2022-23



### Appendix 3 – Research studies running in the Trust during 2022-23 (broken down into Divisions)

**Table 1: NIHR Portfolio studies**

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
<b>Planned Mental Health - Older People</b>					
Practices, attitudes and outcomes of patients with memory problems	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet Brighton and Sussex University Hospitals NHS Trust	31/01/2024	Open
Post-Diagnostic Dementia Support within the ReCOVERY College Model: A Realist Evaluation (DiSCOVERY) Work Packages 2 to 4 - Realist evaluation of post-diagnostic dementia courses within 5 case studies, review and selection of outcome measures, co-production of key resources	Observation	Cathryn Hart Assistant Director of Research	Prof Christopher Fox Norfolk and Suffolk NHS Foundation Trust	31/12/2024	Open
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression. The PATHFINDER Trial.	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	01/03/2023	Follow up
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	31/10/2023	Follow Up
HOMESIDE: A home-based family caregiver-delivered music intervention for people living with dementia: a randomised controlled trial	Intervention	Dr Emma Wolverson Clinical Psychologist	Prof Helen Odell-Miller Anglia Ruskin University	31/08/2022	Completed
Helping older people with mental health needs to engage with social care: Enhancing support worker skills through a prototype learning and development intervention. (The HOPES 2 Study)	Intervention	Gill Gregory Advanced Occupational Therapist	Dr Louise Newbould University of York	01/10/2022	Completed

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Implementation evaluation of evidence-based cost-effective training for care home staff to improve Wellbeing and mental HEaLth for care home residents with Dementia and reduce unnecessary sedative medications (iWHELD)	Intervention	No Local PI required	Prof Clive Ballard University of Exeter	28/02/2023	Completed
Post-Diagnostic Dementia Support within the ReCOVERY College Model: A Realist Evaluation (DiSCOVERY) Work Package 1 - Building an initial understanding of Recovery College dementia courses in the NHS	Observation	Dr Emma Wolverson Clinical Psychologist	Prof Christopher Fox Norfolk and Suffolk NHS Foundation Trust	31/05/2022	Completed
<b>Planned Mental Health - Adult</b>					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	30/06/2023	Open
Staff and service user views on digital health tools in psychosis: A survey study	Observation	No Local Investigator Required	Prof Sandra Bucci University of Manchester	01/05/2023	Open
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Dr Najma Siddiqi University of York	03/05/2025	Open
Recovery Colleges Characterisation and Testing 2 (RECOLLECT 2): Exploring the impact of Recovery Colleges on Student Outcomes and factors which affect these (Studies 1-3)	Observation	Val Higo Team Leader	Prof Mike Slade University of Nottingham	31/07/2024	Open
STOP - Successful Treatment Of Paranoia: Replacing harmful paranoid thoughts with better alternatives	Intervention	Dr Reena Roy Consultant in Older Adult Psychiatry	Dr Jenny Yiend King's College London	01/06/2024	Open

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Development of a polygene-based algorithm predictive of weight gain in adults with first episode psychosis that have been prescribed antipsychotic medication	Observation	Emily Scanlon Health Trainer	Dr Adrian Heald RDASH NHS Foundation Trust	01/02/2024	Open
Optimising Wellbeing in Severe Mental Ill Health (OWLS COHORT)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	01/07/2026	Follow up
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Chris Sanderson Clinical Psychologist / Dr Maria Kallikourdi Consultant Psychiatrist	Dr Domenico Giacco East London NHS Foundation Trust	30/11/2023	Follow up
Behavioural Activation in Social Isolation (BASIL+)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Foundation Trust	07/04/2023	Follow up
Predictors of psychological treatment outcomes for CMHP in IAPT (PROPEL)	Observation	Lorna McKinley Senior Clinical Lead	Alexandra Schmidt University of Sussex	01/07/2023	Follow Up
Lifestyle Health and Wellbeing Survey: Physical Activity Questionnaire (HWB-PAQ)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	06/04/2022	Completed
DIAMONDS Feasibility Study v1.0 (diabetes and severe mental health issues)	Intervention	Dr Laura Voss Consultant Psychiatrist	Dr Najma Siddiqi University of York	25/03/2022	Completed
Evaluating Perinatal mental Health Online Resources (PATHOR): Improving knowledge and de-stigmatising perinatal mental illness (PMI) (PATHOR)	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Dr Bosky Nair Kent & Medway NHS & Social Care Partnership Trust	30/06/2022	Completed
Getting more physically active: finding out what helps and hinders	Observation	Dr Faisal Shaikh Consultant Psychiatrist	Dr Rowan Diamond University of Oxford	01/06/2022	Completed



Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
A mixed methods study using co-production to explore food insecurity in adults with Severe Mental Illness living in Northern England	Observation	Dr Kathryn King ST6	Jo Smith Tees, Esk and Wear Valleys NHS Foundation Trust	30/11/2022	Completed
<b>Unplanned Mental Health - Adult</b>					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local Investigator Required	Prof Louis Appleby University of Manchester	31/03/2024	Open
Healthcare professional's prioritisation of barriers to accessing psychological support for perinatal obsessive-compulsive disorder and generation of recommendations to improve access to support.	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Alice Tunks University of Sussex	28/04/2023	Open
<b>Children's &amp; Learning Disability</b>					
Community-Based Behavioural Activation Training (ComBAT) for Depression in Adolescents: Randomised Controlled Trial (RCT) with Economic and Process Evaluations	Intervention	Denise Purdon ISPHNS Clinical Team Leader	Prof Lina Gega Tees, Esk and Wear Valleys NHS Foundation Trust	31/08/2025	Open
Physical Health of Adolescent Inpatients	Observation	Dr Nicola Green Clinical Psychologist	Dr Rebekah Carney Greater Manchester Mental Health NHS Foundation Trust	30/04/2023	Follow up
HOME Goals: A randomised controlled trial to improve mental and physical health and wellbeing in young people.	Intervention	Emma Train-Sullivan Service Lead	Dr Victoria Laker Rotherham Doncaster and South Humber NHS FT	01/05/2022	Completed
Calibration and utility of ARTEMIS-A: a web application for early identification of mental health difficulties in secondary schools.	Observation	No Local Investigator Required	Joanna Anderson University of Cambridge	31/03/2023	Completed
Graded Exposure Therapy Through a Standalone Digital Therapeutic Game for Children Aged 7-12 Years with Anxiety Disorders	Observation	No Local Investigator Required	Dr Jon Wilson Norfolk and Suffolk NHS Foundation Trust	31/01/2023	Completed

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Safer online lives: use of the internet & social media by people with Intellectual Disabilities	Observation	No Local Investigator Required	Jessie Newsome University of Kent	22/07/2022	Completed
<b>Community &amp; Primary Care Services</b>					
Case finding for depression in primary care: a regression discontinuity design CASCADE study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Caroline Fairhurst Tees, Esk and Wear Valley NHS Foundation Trust	04/09/2023	Open
Reducing respiratory infections in primary care: The Immune Defence Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	12/01/2024	Open
The Bridlington Eye Assessment Project (BEAP) Age-related Macular Degeneration (AMD) Study: Characterising Phenotypes and Genotypes in a UK Population Cohort [BEAP-AMD2]	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Winfried Amoaku University of Nottingham	30/06/2023	Open
Active Brains Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	03/08/2027	Follow up
Behavioural Activation for Social IsoLation (BASIL-C19)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Trust	07/04/2023	Follow up
Platform Adaptive trial of NOvel antiViRals for eArly treatMent of covid-19 In the Community (PANORAMIC)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Christopher Butler University of Oxford	30/03/2023	On hold
Testing the effectiveness of a low carbohydrate diet with remote support for patients with type 2 diabetes in primary care, on weight and glycaemic control: a randomised controlled trial (RESULT)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Aveyard University of Oxford	21/03/2023	Completed
Randomised Controlled Trial CompARing THE Clinical And CosT-Effectiveness Of VaRious Washout Policies Versus No Washout Policy In Preventing Catheter Associated Complications In Adults Living With Long-Term Catheters	Intervention	Karen Nelson Senior Specialist Nurse	Prof Mohamed Abdel-Fattah University of Aberdeen	31/03/2023	Completed

Study title	Study type	Local Principal Investigator	Chief Investigator, Sponsor	Estimated End Date	Status
Pain Relief Strategies for Dressing Change in Chronic Wounds - Qualitative Pilot Stage	Observation	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Richard Cooper University of Sheffield	30/03/2023	Completed
Relapse of depression in primary care - the patient and professional perspective: A qualitative study	Observation	Dr Iqbal Hussain GP	Andrew Moriarty University of York	16/12/2022	Completed
Using Primary Care to tackle Domestic Violence and Abuse (DVA) in the community setting (RAPID)	Observation	Dr Iqbal Hussain GP	Dr Austen El-Osta Imperial College London	01/03/2023	Completed
Understanding primary care perspectives on supporting women's health needs in primary care	Observation	N/A No local PI needed	Jennifer MacLellan University of Oxford	24/08/2022	Completed
Promoting Pleasurable Condom Use for the Reduction of STIs (HIS-UK study)	Observation	Dr Iqbal Hussain GP	Dr Iga Abramowicz University of Southampton	25/10/2022	Completed
How general practice team composition and climate relate to quality, effectiveness and human resource costs: a mixed-methods study in England	Observation	Dr Iqbal Hussain GP	Dr Heather Gage University of Surrey	30/09/2022	Completed
The use of locum doctors in the NHS: understanding and improving the safety and quality of care	Observation	Dr John Byrne Medical Director	Prof. Kieran Walshe University of Manchester	24/02/2022	Completed
<b>Forensic Services</b>					
Access Assessments for Admission to Adult Medium & Low Secure Services	Observation	N/A No local PI needed	Dr Sarah Leonard University of Manchester	31/07/2023	Open
An investigation into aftercare planning for those remitted to prison	Observation	N/A No local PI needed	Dr Sarah Leonard University of Manchester	31/07/2022	Completed
<b>Across multiple services</b>					
ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK)	Large scale	Cathryn Hart Assistant Director R&D	Prof Calum Semple University of Oxford	28/02/2023	Completed
Exploring the implementation of patient safety investigation techniques in mental health trusts in England	Observation	N/A No local PI needed	David Wood University of Manchester	29/07/2022	Completed
Do Safe and Well Visits delivered by the Fire and Rescue Service reduce falls and improve quality of life among older people? A randomised controlled trial (FIREFLI)	Intervention	N/A No local PI needed	Sarah Cockayne University of York	01/03/2023	Completed

**Table 2 – Non-NIHR Portfolio studies**

Study title	Study type	Local Principal Investigator	Sponsor	Estimated End Date	Status
<b>Planned Mental Health - Adult</b>					
An Exploration of Therapist Experiences of the Flash Technique for Individuals Experiencing Traumatic Stress	Observation	Annie Townshend Trainee Clinical Psychologist	University of Hull	25/09/2023	Open
Survey of infant mental health knowledge, confidence, skills and practices among staff working infants and their families within the Hull, East Yorkshire, North and North Lincolnshire region.	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Humber Teaching NHS Foundation Trust	07/07/2023	Open
Self-compassion in dementia: validation study of the 12-item self-compassion scale (SCS-SF) and exploring its correlations with wellbeing	Observation	Jessica Baggaley Trainee Clinical Psychologist	University of Hull	17/03/2023	Completed
Are clinicians confident in the risk assessment of suicide?: development of a psychometric measure	Observation	No Local PI Required *Promoting site only	Navigo Health and Social Care CiC	01/02/2023	Completed
Fear of Childbirth (FOC) outcome measures study	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Humber Teaching NHS Foundation Trust	30/06/2022	Completed
Exploring the shame experiences of adult mental health service users who hear voices and understanding how this may impact their relationships	Observation	Morgan Crummack Trainee Clinical Psychologist	University of Hull	01/09/2022	Completed
<b>Community &amp; Primary Care Services</b>					
Collaborative Unlinked Anonymous Survey of Salivary Antibodies to HIV, Hepatitis B Core Antigen and Hepatitis C in Injecting Drug Users	Observation	Dr Soraya Mayet Consultant Psychiatrist	Health Protection Agency	01/01/2037	Open
Strength assessment and strength training in pulmonary rehabilitation: an online survey of services in England	Observation	Bev Quarton Specialist Respiratory Practitioner	University of Essex	07/07/2022	Completed

Study title	Study type	Local Principal Investigator	Sponsor	Estimated End Date	Status
Physical Activity among Alcohol Dependent Service Users: A Qualitative Exploration of the Attitudes, Barriers, and Facilitators from Service User and Health Care Professional Perspectives (The PAAD Study v1.0)	Observation	Dr Soraya Mayet Consultant Psychiatrist	University of Hull	31/10/2023	Open
<b>Children's &amp; Learning Disability</b>					
Behind closed doors: A phenomenological exploration into the lasting responses of experiencing inpatient CAMHS and implications for identity development	Observation	Thomas White Trainee Clinical Psychologist	University of Hull	01/05/2023	Open
Implementation and evaluation of a child weight e-learning toolkit (HealthyWEY) for maternity and health visiting workforces	Observation	Louise Hobson Universal Children's Service Manager	Liverpool John Moores University	30/04/2022	Completed
Risk perception and its effect on therapeutic relationships in a Child and Adolescent Mental Health Service: A Dialogical Narrative Analysis	Observation	Elizabeth Darwell Mental Health Nurse	The Tavistock & Portman NHS Foundation Trust	31/08/2022	Completed
Exploring experiences of working within a Positive Behaviour Support (PBS) framework and how this influences attitudes, perceptions, and values towards people with learning disabilities who present with behaviours that challenge	Observation	Natasha Rogers Trainee Clinical Psychologist	University of Hull	29/06/2022	Completed
<b>Across Multiple Services</b>					
Scale, Spread and Embed: Using Natural Language Processing of Free-text Patient Experience Feedback for Quality Improvement	Observation	Mandy Dawley Patient Experience Lead	Imperial College London	31/01/2024	Open
Experiences of refugees in the UK who have suspicious thoughts	Observation	Jessie Whichelow Trainee Clinical Psychologist	University of Hull	25/09/2022	Completed
A questionnaire-based study into the variation in the volume, completion and content of Unlicensed Medicines Risk Assessments in NHS Trusts in England	Observation	No Local PI Required	University of Reading	31/05/2022	Completed

**Agenda Item 15**

Title & Date of Meeting:	Trust Board Public Meeting 26.07.23														
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (Oct 2022-March 2023)														
Author/s:	Hilary Gledhill, Director of Nursing, AHP and Social Care Professionals Sadie Milner: Patient Safety and Practice Development Lead Tracy Flanagan Assistant Director of Nursing and Quality														
Recommendation:	<table border="1" data-bbox="539 595 1528 712"> <tr> <td data-bbox="539 595 938 636">To approve</td> <td data-bbox="938 595 1031 636"></td> <td data-bbox="1031 595 1410 636">To discuss</td> <td data-bbox="1410 595 1528 636"></td> </tr> <tr> <td data-bbox="539 636 938 676">To note</td> <td data-bbox="938 636 1031 676"></td> <td data-bbox="1031 636 1410 676">To ratify</td> <td data-bbox="1410 636 1528 676">x</td> </tr> <tr> <td data-bbox="539 676 938 712">For assurance</td> <td data-bbox="938 676 1031 712"></td> <td data-bbox="1031 676 1410 712"></td> <td data-bbox="1410 676 1528 712"></td> </tr> </table>			To approve		To discuss		To note		To ratify	x	For assurance			
To approve		To discuss													
To note		To ratify	x												
For assurance															
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period Oct 2022- March 2023. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p> <p>The Board are asked to ratify EMT’s decision to amend the CHPPD for Townend Court, Ullswater, and Malton as outlined on page 19 of the report.</p>														
<p>Key Issues within the report:</p> <ul style="list-style-type: none"> <li>Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement.</li> </ul>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement.</li> <li>CHPPD in all areas remains above the previously agreed targets with the exception of Malton.</li> <li>The majority of areas have seen a further reduction in their RN vacancies with the exception of Granville Court, Ullswater, Derwent and Swale showing increases.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Train the trainer programme to enable staff to use the MHOST tool and demonstrate inter-rater reliability to be delivered and cascaded to all charge nurses and deputies</li> </ul>														

<ul style="list-style-type: none"> <li>Data shows that all areas with lower fill rates are still providing good CHPPD and are meeting the agreed targets</li> <li>Bed occupancy is higher than the upper threshold for Malton and Whitby also STaRs, however a high bed occupancy is reflective of the nature of this service.</li> <li>Incidents reported via Datix show 2 were reported as causing low harm. No specific patient harm has been identified when these have been reviewed in detail.</li> <li>All areas have achieved 6-month average for training above 85% except Whitby which just fell short with a 6 - month average of 84%</li> <li>Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally</li> </ul>	
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<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>Sickness has been a challenge across all areas during the six-month period however this position is improving with 7 areas below the trust target of 5.2%</li> <li>Pine View, Mill View Lodge and Townend Court require further improvement in relation to fill rates which is due to vacancies and/or sickness</li> <li>Malton has not been able to achieve the agreed target for CHPPD of 8.0 during this reporting period, impacted by high bed occupancy.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>CHPPD were reviewed and revised accordingly following the last review.</li> <li>AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address this but would require further investment in the establishments or a change to CHPPD reporting. This work is being progressed.</li> </ul>
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<p><b>Governance:</b> Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	12 <sup>th</sup> June 2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)		

**Monitoring and assurance framework summary:**

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment

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



## Six-Month Review of Safer Staffing

### 1. Introduction and Purpose

This report presents the findings of a review of safer staffing across our inpatient units for the period October 2022 to March 2023. It provides a current position in relation to Care Hours per Patient Day (CHPPD) and key performance indicators (KPI) for each unit. The report reflects the latest NHS Improvement reporting requirements outlined in 'Developing Workforce Safeguards' (NHSI Oct 2018). It also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19' which was circulated by NHS I and E in November 2020 and most recently 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021)

All of the inpatient teams have undertaken a safer staffing review since the last reporting period. All inpatient units collated dependency data in support of the review. The Assistant Director of Nursing and Quality, and the Patient Safety and Practice Development Lead met with members of each mental health, learning disability; community and low/medium secure in-patient team including service managers; charge nurses (CN), clinical leads, matrons, divisional clinical leads, finance; rostering and unit staff. A review of existing establishments based on available dependency data using recognised evidence-based methods i.e Mental Health Optimal Staffing Tool (MHOST) and the modified version of the Safer Nursing Care Tool (mSNCT) was undertaken.

### 2. Findings

Themes remain consistent with previous issues that the Board have been appraised of via the monthly safer staffing reports.

#### 2.1 Fill Rates

During this reporting period the lower target of 75% registered fill rates on days has been met by all units with the exception of STaRs, MVL, and Townend Court. All three units did not meet the minimum threshold in the previous 2 reporting periods.

Inspire did not meet the minimum registered nurse (RN) fill rate threshold previously however since the closure of Nova in Sept 2022 and subsequent changes to the staffing model and demand template the fill rates have improved significantly. Care Hours Per Patient Day (CHPPD) remains high at 29.3% which is positive.

Townend Court fill rates have previously been based on separate rosters for both willow and lilac wards and they have now integrated this into one roster for the whole unit. However, this has not resulted in a significant improvement in their fill rates for registered staff on either day or nights and overall fill rates on days remain below the 75% target. The demand template has now been amended as it was not reflective of the current staffing model for registered on nights. Whilst fill rates for days are just under the target threshold the team are supported during the day by a Band 7 Occupational Therapist, Assistant Practitioner Occupational Therapist (APOT), and activity workers. During 5-8pm the intensive support team provide cover. Despite the lower fill rates, the CHPPD remains high, averaging at 28.1% over the six-month period.

MVL RN fill rates on days are below the target at 69% for the 6-month average. Overall day fill rates are 86%. However, the team report that they have been working on higher levels of staffing than is on the demand template to cover patient acuity. The twilight shift is included in the night hours rather than the day hours on the demand template which is resulting in high fill rates for nights and lower fill rates for days. CHPPD remains strong across the 6-month period. Further period of dependency data collection has been scheduled to establish whether the staffing levels need to be changed including a review of the planned versus actual hours to ensure all actual hours worked are being collated .

STaRs operate a duty shift and this sits on the demand template as planned hours. This continues to impact on the registered fill rates for days. Where this is filled by someone from the community side of the team this is not reflected in the fill rates. This is being changed on the demand template to an optional shift to ensure it is reflected going forward.

Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place in line with the protocol of escalation which on occasion results in temporary closure of the unit to admissions approved by the executive director to maintain safer staffing requirements.

Where wards have experienced increases in acuity due to seclusion, patients on 1:1 or 2:1, patient safety has been maintained by staff working additional unplanned hours. In addition, members of the multi-disciplinary team and ward managers continue to support nursing staff in the delivery of planned care in conjunction with patient care being prioritised over non-direct care activities. Where increased staffing demand to support high patient acuity cannot be covered this results in an increase in bank and agency use.

## **2.2 Care Hours Per Patient Day**

In line with the National Quality Board guidance and as part of the current rounds of safer staffing reviews each unit was asked to collate daily 'dependency data' for 21 days during March. This data has been fed into either the Mental Health Optimal Staffing Tool (MHOST); Learning Disability Optimal Staffing Tool (LDOST) and modified Safer Nursing Care Tools (mSNCT).

The MHOST provides a calculation for recommended CHPPD. The LDOST and modified Safer Nursing Care Tools do not. Previously where CHPPD cannot be calculated using the tools we have based the recommended CHPPD on the national organisational CHPPD median. It is important to note that there is significant variance in the recommended CHPPD based on the purpose of individual units. Whilst the national CHPPD median provides a useful benchmark it does not reflect this variance.

Following the last round of safer staffing reviews and through agreement at EMT in November 2022 the thresholds for Care Hours Per Patient Days (CHPPD) were revised. The recommendations were based on the recommendations from the CHPPD calculation within the evidence-based tools and/or the latest model health system data.

Since the revision of the CHPPD the 6-month average has been strong across all units with only Malton flagging below their lower target for CHPPD for the 6-month period.

This has been directly impacted by consistently high Occupied Bed Days (OBDs). The modified Safer Nursing Care Tool does not provide a recommended CHPPD based on the dependency data. Therefore, Malton's CHPPD is based on an average between the model data from the safer care tool for an older adult rehabilitation unit in an acute hospital and the model health system peer median. The peer median is currently 7.57 (Jan 2023) however this has limitations as there are only 4 providers (including ourselves) submitting data which we can benchmark against. In the absence of reliable evidence based recommendations or benchmarked data the CHPPD levels can only be agreed through professional judgment. The mSNCT suggests that their current minimum staffing levels are good and that their budgeted establishment is more than adequate. However whilst their bed occupancy remains over 85% the current CHPPD target will not be achieved. The recommendation from the safer staffing reviews is to revise their CHPPD to 6.9 based on their average for the reporting period or suspend the CHPPD target for Malton until a validated safer staffing tool that provides CHPPD is available for community wards.

### **2.3 Registered Nurse Vacancies**

The majority of units have seen a fall in their RN vacancies. Whitby and Malton are both over established for the reporting period due to recruitment of international nurses.

Work also continues with those units experiencing recruitment and retention difficulties to develop tailored recruitment and retention plans including targeting campaigns and the use of agency nurses to support in the short term. A number of units have recruited newly qualified nurses however they are not due to commence until September.

It should also be noted that Granville Court has made significant progress towards recruiting care staff through a focused recruitment drive and a dedicated pool of bank staff.

### **2.4 Sickness**

Sickness has been a continued challenge for all inpatient wards during this reporting period with the overall 6-month average showing all units outside the Trust target of 4.5%. This peaked in December with a total of 15 units experiencing sickness levels above the upper threshold of 5.2%. Since December 2022 the sick rates have steadily improved with 5 units now below the 4.5% threshold and a reduction from 15 to 12 units experiencing sickness above 5.2%. Whilst this is consistent with expected seasonal variations many units have experienced sickness rates exceeding 10%

Most units are now seeing a downward trajectory for their sickness rates however STaRs continue to be high at 15.3% in March.

### **2.5 Training/Appraisal and Supervision**

Despite the challenges, sickness does not appear to be impacting significantly on the quality indicators clinical supervision and training. The majority of units continue to meet the target for both clinical supervision and training consistently with some monthly variation however the position at the end of March was strong with only Townend Court

not meeting the target threshold of clinical supervision consistently over the reporting period. New supervision structures have been put in place and this is being monitored through the accountability reviews with targeted actions to address.

Since the introduction of an additional BLS trainer the overall Trust compliance has steadily improved. The position at the end of March was strong for our inpatient units with only Granville Court just under target at 71.9%. Equally as strong is the position for ILS compliance with only Mill View Court under the target threshold of 75%. No units flagged under the lower threshold for either ILS or BLS by the end of this reporting period.

It was noted in the previous report that appraisal compliance remained above 80% for all units except for Swale whose compliance rate was 78.26% at the time of reporting. This was addressed through the safer staffing review and the accountability review and outstanding appraisals for staff who had been on long term sick have since been completed. All divisions achieved above the target threshold for appraisal in 2022.

## **2.6 Cancelled Leave- Mental Health/Secure and Learning Disability Services**

Cancelled section 17 leave has been incorporated into the safer staffing dashboard report for all the Mental Health and Learning Disability teams. 31 episodes have been identified in this period compared to 46 in the previous reporting period. All episodes relate to the Humber Centre. Ouse have reported 11 incidents up from 5; Pine view have reported 9 down from 19 incidents, Ullswater have reported 5 down from 9 incidents and Swale have reported 6 incidents down from 11. There have been no incidents of medical/dental appointments being cancelled and if leave is cancelled where possible this is rearranged.

Cancelled leave is reported for each affected individual via Lorenzo and this is reported and monitored through the MH Legislation Steering Group.

## **2.7 Incidents**

Specific incidents where safety concerns have arisen have been reported through Datix and escalated through operational management to action. 49 incidents were reported for this reporting period compared to 96 for the previous reporting period.

In the last reporting period 34 incidents (the biggest percentage) were in relation to staff working in excess of 50 hours. No similar incidents have been reported for this reporting period. Incidents were categorised as no/low harm with no incidents reported of moderate harm or above. 2 related to staffing shortages across the whole of the Humber Centre and the need to move staff and deploy AHPs, Band 7s and Modern Matrons onto the units to maintain safety.

Staffing shortages not affecting patient care directly was reported on 22 occasions, all of which were reporting no harm to the patient.

One incident was reported on Ouse ward in relation to 1 staff nurse having to cover the night shift on both Ouse and Derwent. Whilst this is not ideal the wards are interconnected. It is difficult getting registered cover at short notice as only staff that have had their security induction can work in the building. 2 further incidents where qualified cover was not available on swale for part of the night shift were also reported. These were escalated to the duty manager and the modern matron and staff remained on duty until midnight. Again the qualified nurses and the response team were available to the staff but it left them feeling unsafe.

21 related to the inability to provide adequate care but none identified any harm with 4 reported as causing low harm. There is evidence from the data that mitigations were put in place including service managers, matron's; AHPs, community staff supporting the units and a focus on essential nursing care and teamwork resulting in no harm being reported.

2 incidents related to activities being reduced or cancelled. One of these was reported as low harm due to staffing levels on Ouse which resulted in Section 17 being cancelled; activities being reduced; patients having to eat on the ward and staff being unable to take their breaks.

3 incidents related to delayed or cancelled leave. This has been picked up through the reporting in Lorenzo as detailed earlier.

1 incident was Covid 19 related due to staffing shortages following an outbreak at Whitby. 8 staff were identified as Covid positive with 3 other staff members off sick for other reasons. This was reported as low harm due to the number of shifts which were subsequently short staffed. However, on investigation no specific harm to patients is cited. All action was taken to fill shifts including asking substantive staff to work additional hours, and use of bank and agency staff.

### **3. Staffing Establishments Review Methodology**

The Assistant Director of Nursing and Quality and the Patient Safety and Practice Development Lead have undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, and training. Vacancies and use of bank and agency are noted. FFT and reported safer staffing incidents are reviewed. This is then considered alongside professional judgement. Face to face and MS team safer staffing reviews have subsequently taken place with all teams; service managers; matrons and their finance leads to review their safer staffing data and their establishments. The MHOST, LDOST and modified SNCT have been utilised to allow establishments to be modelled based on national data and dependency data which was collected locally. Model health system benchmarking data has also been discussed.

## Limitations:

The LDOST tool and a modified SNCT has been sourced directly from the author Keith Hurst but do not recommend CHPPD therefore Ullswater, TEC and Malton and Whitby community wards do not have an evidence-based tool on which to base the CHPPD therefore the national ward level and organisational CHPPD model health system data is used to inform the unit level recommended CHPPD. This has limitations for the community wards as there are only 4 other providers which submit data to the model health system This compares to 28 providers who submit data on Learning Disability wards

A revised version of the SNCT is due to be published later this year and this should reflect better the patient population within our community wards and include CHPPD. Once published we will work with NHSE to ensure consistency in dependency scoring and user interrater reliability.

The validity of all tools can be compromised by low patient numbers so on units with less than 10-12 patients this can result in inaccurate calculations.

## 4. Results

Dependency data has been collated and this has been used to calculate a recommended CHPPD for individual units following discussion and triangulation with quality and productivity data and professional judgement.

The reviews have included members of the roster and Flexible Workforce team and the use of roster has been discussed and any changes to the demand template noted for action.

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows:

- **Low assurance** where 5 or more indicators are below the minimum target.
- **Adequate assurance** where 3-4 indicators are below the minimum target
- **Good assurance** where 2 or less indicators are below the minimum target

Issues or areas of concern from the previous April 2021–Sept 2022 report have been reviewed to confirm improvement and/or make recommendations where no improvement is noted.

## Assurance Overview

<b>April 2021-September 2021</b>		
Low assurance	Adequate assurance	Good assurance
0	4 (TEC/Inspire/STARS/MVC)	14
<b>October 2021- March 2022</b>		
Low assurance	Adequate assurance	Good assurance
0	2 (TEC/Inspire)	16
<b>April 2022- September 2022</b>		

Low assurance	Adequate assurance	Good assurance
0	3 (TEC/Inspire/ /Swale)	16 (Maister Court included for the first time)
<b>October 2022 -March 2023</b>		
Low assurance	Adequate assurance	Good assurance
	3 (TEC/Malton/MVL)	16

Unit	Summary and Action
Granville Court	<p>Since the last reporting period there has been an increase in sickness from 5.2 % to 9.1% impacted by some long-term sickness. Registered Nurse (RN) fill rates and overall fill rates are comfortably above target at 111% on days and 106% on nights. Clinical supervision performance also remains strong at 90% and training has risen to 94%.</p> <p>No evidence-based tool is currently available that is appropriate for the service user group. The minimum staffing levels are based on the CQC requirements for nursing homes and were reviewed at the last CQC inspection. CHPPD data is now collated manually for the Trust safer staffing dashboard. The vacancy rate for RNs has dropped from 6% to 4%. The use of bank and agency has risen to 42% over the 6 months and this reflects the challenges associated with the recruitment of care workers across the home care sector. Despite these on-going challenges the CHPPD 6-month average remains strong at 16.4 and overall fill rates are 92% for days and 99% for nights</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b> The recommended CHPPD target remains the current Trust target of 10.3.</p>
Townend Court	<p>Since the last reporting period the bed occupancy has increased to 81% from 77%, up from 64% in the same reporting period last year.</p> <p>The fill rates for RNs on days have improved from 58% to 67% with overall day fill rates at 75%. This improvement is a result of the merger of the rosters for Willow and Lilac into one roster.</p> <p>The RN fill rates on nights have been a challenge with the 6-month average being 53%- this reflected the demand template still looking for 2 RNs on nights rather than 1 however overall the night fill rates were 98%. The demand template has now been revised which will address the anomaly for the next reporting period but has been inaccurate throughout this reporting period.</p> <p>RN vacancies have fallen from 23% to 20%. Bank and agency use has dropped slightly from 31% to 30%. CHPPD remains high with the 6-month average standing at 28.1 and this is reflective of the national benchmark which is 28.2 (Jan</p>



Unit	Summary and Action
	<p>23). The LDost does not provide a recommended CHPPD however the tool recommended a budgeted establishment 34.7 based on current dependency (patient on 3:1). The team currently have sufficient budgeted establishment to meet this (36.83).</p> <p>Sickness has remained consistently high at 6.6 for the 6-month average. Clinical supervision rates have been below target at 59%. Supervision structure have been reviewed and this is being monitored through the divisional accountability reviews. Training has remained comfortably above target at 97%.</p> <p><b>The CHPPD and performance indicators give adequate assurance that the unit is safely staffed</b> but requires improvement in relation to sickness and supervision and fillrates. The current CHPPD target is 10.3 however it is recommended that this is increased to better reflect the national median therefore a new target of 28 is proposed.</p>
Inspire	<p>Since the previous reporting period there has been significant improvement in RN day fill rates from 45% to 87% and RN night fill rates from 70% to 130%. Overall fill rates for this reporting period are 102% for days and 134% for nights for the 6-month period. This improvement is the result of the closure of Nova unit in September 2022 and the amendment to the demand template to reflect the revised staffing model.</p> <p>Bed occupancy has dropped from 67% to 60% which has contributed to the increase in CHPPD to a 6-month average of 29.3 The recommended CHPPD based on this round of dependency data is 25.7 with the model health system peer median being 17.53. There are sufficient staff in the budgeted establishment to meet the current acuity (WTE 32.0) however if bed occupancy increases and acuity remains the same this will require further review.</p> <p>Sickness has fallen slightly from 11.5 to 10.0%. RN vacancies are at 10% from 20% at the previous reporting period. Bank and agency is currently 18%.</p> <p>The other quality indicators are strong with clinical supervision at 85% for the 6-month period but rising to 90% in March. Training currently stands at 88%.</p> <p><b>The CHPPD and performance indicators give good assurance that the unit is safely staffed</b> which is an overall improvement since the previous reporting period. The current CHPPD target is 10.3 however the recommended CHPPD based on this round of dependency data recommends a higher CHPPD. however it is suggested that no changes are made and that further dependency data is gathered</p>
Ullswater	<p>Since the last reporting period RN fill rates have improved on days from 85% to 100%. They have decreased slightly from 98% on</p>



Unit	Summary and Action
	<p>nights to 95%. The overall fill rates have increased on days and nights to 119% and 125% respectively. CHPPD has risen from 17.4 to 20.6 and bed occupancy has fallen from 56% to 52%. Compared with the model health system peer median for Forensic services in Jan 2023 which is 12.35 they are comfortably above target.</p> <p>The quality and productivity outcomes remain above target with the exception of sickness which has dropped slightly from 10.4% in the last reporting period to 10.2%; Supervision has risen from 81% to 97%.</p> <p>RN vacancies have risen from 18% to 31% and this in part reflects the increase in bank and agency use which has risen to 27% for the 6 -month period up from 16%. There are 3x Band 5 vacancies with 2 newly qualified nurses due to start in September</p> <p>3 incidents relating to staffing shortages were reported via datix. None were reported as resulting in harm however 2 relate to cancelled leave.</p> <p>Dependency data was collated and the LDOST tool was used to calculate indicative minimum staffing levels. The tool does not recommend CHPPD. The tool recommended A budgeted establishment of 29.9 WTE. The unit currently has a budgeted establishment of 25.9</p> <p>They have been working on 6 on a day and 5 on a night. This staffing pattern is NOT supported by the current budgeted establishment and the ward is currently overspent. This is the 3<sup>rd</sup> period with higher dependency and the ward are constantly working above their budgeted establishment to meet the needs of the patients. It is recommended that a business case to address this is produced.</p> <p><b>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> However, this continues to be achieved through bank and overtime use. The CHPPD target remained at the Trust target of 10.3 for this reporting period however it is recommended that this is increased to 12.0 bring it in line with the forensic services peer median.</p>
Pine View	<p>During the reporting period fill rates for registered nurses on days have increased from 84% on days to 101% and from 64% to 69% on nights. The overall fill rates have on days have reduced from 102% to 90% and for nights have dropped slightly from 88% to 87%. CHPPD has improved from 9.3 to 9.5 which is above the current target of 6.3. The MHOST medium secure tool recommends 5.9 CHPPD based on this round of dependency data. The current budgeted establishment more than adequately supports this. and 5. Bed occupancy is 76%.</p>

Unit	Summary and Action
	<p>Sickness has increased from 5.6% to a 6-month average of 8.6%. RN vacancies have reduced from 7% to 4%</p> <p>Other quality indicators are above target with supervision at 100%; Training has increased to 95%.</p> <p>9 incidents relating to staffing shortages were reported via datix. The staffing shortages impacted on the team's ability to conduct nursing seclusion reviews on 3 occasions due to there being only 1 qualified on the unit. No specific evidence was cited in relation to harm caused as a result however due to high levels of supportive engagements this was at times reported by staff as feeling unsafe.</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed</b> It is recommended that their CHPPD target remains at 6.3 based on the MHOST model data and the MHOST recommendation based on their dependency data.</p>
Derwent	<p>Since the last reporting period fill rates for registered nurses on days remains 91%. Fill rates for registered nurses on nights has dropped from 95% to 80% Overall fill rates for days have reduced slightly from 84% to 83% and increased on nights from 96% to 103%. Bed occupancy is 78%. CHPPD rates have improved from 12.3 to 13.8 and reflect the lower bed occupancy. Currently the demand template is set for 6 on days however due to lower bed occupancy the team are currently working with 5 on days when safe to do so which is reflected in the lower fill rates.</p> <p>The model hospital peer median for forensic services for CHPPD is 12.35 (Jan 2023) and the recommended CHPPD based on this round of dependency data is 14.2. Dependency is currently higher than at the last reporting period however following discussion it was decided to keep the CHPPD target the same review at the next cycle.</p> <p>Sickness has decreased from 12.3% in the last reporting period to 9.4%. Vacancies have risen from 10% to 11% and bank and agency use has increased from 23% to 26%</p> <p><b>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> The recommended CHPPD target remains the current Trust target of 10.3</p>
Ouse	<p>Since the last reporting period the registered nurse fill rates have risen from 78% on days to 106%. RN fill rates on nights are 100%. Overall fill rates have risen from 87% to 119% on days and remain above target at 172% on nights. The fill rates are above planned hours due to significant increase in staffing demand to cover escort cover at the acute hospital and supporting a patient in long term segregation on Darley ward. This has also impacted CHPPD. CHPPD has risen from 7.8 to 11.8 which is above the agreed target of 6.3. Recommended CHPPD based on this round of data collection is 5.3 based on the MHOST MSU tool. The establishment</p>

Unit	Summary and Action
	<p>covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p>Sickness has fallen from 7.7% to 5.0% over the 6-month period. Training and supervision performance remain strong at 96% and 89% respectively. RN vacancies have reduced from 23% to 21%.</p> <p>Bank and agency use has increased from 17% to 29% for the 6-month period however by the end of reporting period this had reduced to 23.2%</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b> It is recommended that their CHPPD target remains at 6.3 based on the MHOST model data and the current MHOST recommendation based on their dependency data</p>
Swale	<p>Since the last reporting period fill rates for registered nurses on days have fallen from 85% to 81%. RN fill rates on nights are 102%. The overall fill rates have fallen on days from 103% to 94% and from 97% to 89% on nights. CHPPD has increased from 9.3 to 10.3 within target. Bed occupancy average for the 6-month period is 77%. A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. This recommended a CHPPD of 7.6. The budgeted establishment covers their previous minimum staffing levels which are in the demand template (6 on days and 5 on nights). However previously they had sustained higher levels of dependency for 18 months and the recommendation following the last review was to consider an increase in budgeted establishment by 2.6 WTE. This has not been progressed however acuity has dropped significantly during the most recent reporting period.</p> <p>Sickness has reduced from 7.5% to 6.9%. All other quality indicators are within target with supervision at 93% and training at 96%. RN vacancies have increased to a 6-month average of 23% from 14%. Bank and agency use has decreased slightly from 30% to 27%.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> However, this is being achieved through bank and overtime use. The CHPPD target was revised at the last review to 8.0 based on the MHOST model data and the MHOST recommendation based on their previous dependency data. Their most recent dependency data gives a recommended CHPPD of 7.6 therefore no further changes are recommended at this stage.</p>
PICU	<p>Since the last reporting period registered nurse fill rates on days have fallen slightly from 86% to 84% and from 97% to 95% on nights. The overall fill rates remain 106% on days and risen to 130% from 121% on nights. CHPPD has risen from 22.1 to 24.1 and is</p>

Unit	Summary and Action
	<p>above the agreed target of 16.6 and above the model health system PICU peer median of 21.97 (Jan 2023). A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool which recommended 15.5 . The establishment covers their previous minimum staffing levels which are in the demand template which are 6 on days and 5 on night.</p> <p>The charge nurse reports they are currently running on 8 on days and 6 on nights due to the number of patients with complex needs requiring significant levels of supportive engagements this can be seen in their fill rates. The B7s also frequently provide cover but are not reflected in the fill rates. The unit is significantly overspent. Following the previous review, a business case was submitted to increase their establishment to cover a minimum 7 and 6 increasing their budgeted WTE establishment by 10</p> <p>Sickness has increased from 6.5 % to a 6-month average of 11.1% but this had reduced to 7.4% in March.</p> <p>Supervision and training remain above target at 100% and 86% respectively. Vacancies of registered nurse have decreased slightly from 27% to 26% and bank and agency use has risen from 51% to 54% the highest across the Trust.</p> <p><b>The fill rates; CHPPD and performance indicators give good assurance that the unit is safely staffed</b> however this is currently being achieved through bank and overtime use. This should improve once additional staff are recruited as per the business case. No changes to CHPPD target recommended following this review.</p>
Newbridges	<p>Since the last reporting period the registered fill rates on days have remained at 79%. The RN fill rates on nights have dropped from 94% to 90%. Overall fill rates have dropped from 87% to 83% on days and from 106% to 100% on nights. CHPPD has dropped from 8.2 to 8.0 6-month average which is the current agreed target following the previous review. The peer median is 10.41 (Jan 2023)</p> <p>Sickness has risen to 11.1% from 5.6%. Supervision has fallen from 81% to 78%. 3 nil returns were noted during this reporting period. Training compliance has remained good and above target at 97%. RN vacancies have fallen from 12% to 3% and bank and agency use has dropped to 17%. Bed occupancy has also dropped slightly from 93% to 92%.</p> <p>6 incidents relating to staffing shortages were reported via datix. None of these resulted in any reported harm. On 4 occasions this resulted in only 1 qualified on the unit which impacted the nursing seclusion reviews</p> <p>A safer staffing review took place with the team. Dependency data was collected for 21 days. The recommended CHPPD was 5.6 The</p>

Unit	Summary and Action
	<p>current establishment is correct to support their existing minimum staffing levels and recommended CHPPD.</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b> The CHPPD target was revised to 8.0 at the previous review based on the MHOST recommendations for both MVC and Westlands as a full 21 days was not collated for Newbridges. This review suggests a recommended CHPPD of 5.6 however a further period of dependency data collection is recommended before this target is revised.</p>
Westlands	<p>Since the last reporting period there has been a slight drop in fill rates for RNs on days from 88% to 86%. The shortfall may be reflective of some long days being worked rather than short shifts. The fill rates for RNs on nights has risen from 93% to 96%. The overall fill rates have dropped from 81% on days to 80% and remain above target for nights at 103%.</p> <p>CHPPD have dropped from 8.9 to 8.8 however this is above the target of 8.0 A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The MHOST recommendation for their CHPPD from this data was 6.1. The model health system peer median is currently 10.41 (Jan 2023). The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p>Sickness has risen from 8.1% in the previous reporting period to 9.3%. Supervision compliance has dropped from 88% to 84%. Training has risen from 92% to 94%. RN vacancies have fallen from 19% to 11% and bank and agency use has risen from 36% to 38%. Bed occupancy is 86%.</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed</b> It is recommended that the CHPPD target remains at the previously revised target of 8.0 and reviewed at the next round of safer staffing reviews</p>
Millview Court	<p>The fill rates for RNs on days have improved from 78% to 93% and the fill rates for nights have improved from 91% to 93%. The overall fill rates for days are 88% up from 80% and for nights 104% up from 98%. The CHPPD have risen from 8.2 to 8.8 which is above target.</p> <p>RN vacancies have dropped from 34% to 30% and bank use has fallen from 38% to 36%. Sickness has risen from 4.2% to 7.2%. The other performance indicators are above target with clinical supervision at 98% up from 82%; and training at 93% up from 92%.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The establishment covers their current minimum staffing levels and</p>

Unit	Summary and Action
	<p>provision of acceptable CHPPD based on their dependency data. The MHOST recommends 9.7 CHPPD and staff report that acuity has been higher than usual in recent months.</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b> It is recommended that the CHPPD remains at 8.0 based on the previous MHOST recommendation and that this is reviewed at the next safer staffing reviews with a view to increase if indicated.</p>
Avondale	<p>Since the last reporting period RN fill rates have improved from 83% to 89% on days and remain above target at 94% on nights a slight drop from 96%. Overall fill rates have risen slightly on days from 83% to 84% which is within target and 100% on nights.</p> <p>CHPPD has fallen from 12.3 to 11.3 which is above the target of 9.0</p> <p>Sickness has risen from 3.2% to 5.1%. Clinical supervision is 85% and training at 94%. RN vacancies have decreased slightly from 26% to 25% and bank and agency use has decreased from 35% to 25%.</p> <p>3 staffing level shortage incidents have been reported. 1 of these is reported to have resulted in low harm as there was no DMI team available. However on investigation it was clear that no harm actually occurred.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool which recommended CHPPD of 6.8. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p><b>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> It is recommended that the CHPPD target remains at 9.0 and that this is reviewed at the next round of reviews with a view to revise if the MHOST recommended CHPPD remains lower.</p>
STARS	<p>The RN fill rates for days have improved slightly from 62% to 64% and for nights they remain at 100%. The overall fill rates for days have increased from 77% to 108% for days and for nights they remain at 100%. STaRs operate a duty shift and this sits on the demand template. Where this is filled by someone from the community side of the team this is not reflected in the RN fill rates. This is being changed on the demand template which should improve the RN fill rate reporting.</p> <p>CHPPD has risen slightly from 23.5 to 23.8 which reflects the small patient population. Bed occupancy is flagged as high at 97% however this is reflective of the nature of the service which is a 5 bedded unit for planned admissions with no emergency beds.</p>



Unit	Summary and Action
	<p>They have no RN vacancies; sickness increased from 4.7% to 12.6% which has been challenging. This is reflected in the increase in bank and agency use from 19% to 26% (it is noted that this is mainly bank use) and an overall reduction in clinical supervision compliance from 83% to 77%. Training compliance remains strong at 93%.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool and it was acknowledged that this is a unique service and applying the MHOST tool has limited value as the patient numbers are very low but also staff work across the inpatient unit and the community and the inpatient side will be prioritised if acuity or need increases</p> <p><b>The fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> It is recommended that the current target of 5.3 remains.</p>
Maister Lodge	<p>Since the last review period fill rates for registered nurses on days has dropped from 92% to 85%. RN fill rates on nights have remain above target at 103%. The overall fill rates are 99% and 110% respectively for days and nights.</p> <p>CHPPD has dropped from 16.1 to 14.5 but this remains above agreed target of 10.3.</p> <p>RN vacancies have fallen from 18% to 7% and bank use remains at 23%. Sickness is 8.2% up from 6.3%.</p> <p>All other quality indicators are above target. Clinical supervision is at 99% and training has improved from 93% to 95%.</p> <p>For this round of safer staffing reviews dependency data was provided by the team. The dependency data was collated using the MHOST tool and the recommended CHPPD was 7.1. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD based on their dependency data.</p> <p><b>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> The recommended CHPPD target remains the current Trust target of 10.3 based on the MHOST model data and the recommendation based on their dependency data.</p>
Mill View lodge	<p>For this reporting period fill rates for RNs have fallen on days from 71% to 69% which is below target. RN night fill rates are 107%. Overall fill rates have dropped from 90% on days to 86% and increased from 131% to 156% on nights. The twilight shift is impacting the fill rates and needs reviewing on the demand template and pulling across to the day.</p>

Unit	Summary and Action
	<p>CHPPD has increased from 15.0 to 16.6 which is above the agreed target of 11.5</p> <p>Clinical supervision has fallen from 82% to 69% for the 6-month average however this position had improved to 77% in March. Sickness has risen from 7.7% to 10.2 for the sick month average however this improved to 2.2% in March.</p> <p>Compliance with training remains at 92%. RN vacancies have fallen from 18% to 3%. Bank and agency use has increased from 39% to 47%, one of the highest bank and agency use across the trust.</p> <p>1 staffing shortage incident was reported. This was reported as no harm.</p> <p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The current budgeted establishment does not cover their current minimum staffing levels of 5:4:4 and a twilight and this was highlighted the previous review.</p> <p>The recommended CHPPD from the dependency data is significantly lower than previous review and therefore data will need to be collected for a further 21-day period to ensure accuracy.</p> <p><b>The overall fill rates and CHPPD give adequate assurance that the unit is safely staffed</b> but this is being achieved through the use of bank, agency and overtime. Improvement is also required in relation to RN fill rates; supervision and sickness. The budgeted establishment requires review and consideration of a business case to support the delivery of 5:5:4 plus a twilight. The agreed CHPPD based on the dependency data from the previous round was 11.5 . It is recommended that no changes are made until further data has been collected.</p>
Maister Court	<p>Maister Court became operational in November 2021. For this reporting period the fill rates for RNs on days was 147% up from 105% and for nights it was 110% up from 101%. The overall fill rates were 94% on days from 105% and 101% from 105% for nights. The CHPPD was 18.3 from 18.6 above target</p> <p>Supervision compliance is 96% up from 85% and training compliance has risen from 95% to 97%. Sickness is above target at 5.4% which is similar to the previous reporting period of 5.3%. They have 4% RN vacancies which is down from 12%. Bank/agency use has reduced from 40% to 28%.</p> <p>4 staffing shortage incidents have been reported. None of these were reported as resulting in any harm.</p>



Unit	Summary and Action
	<p>A safer staffing review was undertaken with the team and dependency data was collated using the MHOST tool. The patient numbers are small therefore CHPPD calculation is not reliable. The establishment covers their current minimum staffing levels and provision of acceptable CHPPD.</p> <p><b>The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed.</b> The recommended CHPPD target remains at the Trust target of 10.3</p>
Whitby	<p>Since the last review period RN fill rates have fallen from 99% on days to 91% and from 103% on nights to 100%. Overall, the fill rates on days have fallen slightly from 89% to 88% and from 101% on nights to 99%. CHPPD has dropped slightly from 8.3 to 8.2. However, this remains consistently above the agreed target of 8.0. Bed occupancy remains high at 94%</p> <p>Sickness has increased from 7.3% to a 6-month average of 9.1%. Supervision compliance remains strong at 90% however training has fallen from 94% to 84%</p> <p>Vacancies have dropped from -4% to -7%. Currently over established for Band 5s, Band 3s and Band 2s and a significant overspend on staffing was noted. Bank and agency use remains low at 5%</p> <p>A safer staffing review took place with the team. The team collated dependency data which was analysed using the mSNCT. The mSNCT does not provide a recommended CHPPD. The team feel patient acuity has gone up significantly when compared with last year and current acuity is manageable on current staffing model. The current budgeted staffing establishment supports the delivery of this and is also in line with the recommended establishment from the mSNCT</p> <p>It was agreed that dependency data collected by the teams needs to be validated by the matrons. Once the new SNCT is rolled out later in the year we will be able to access training from NHSe to ensure inter-rater reliability</p> <p><b>The fill rates and performance indicators give good assurance that the unit is safely staffed.</b> The CHPPD was revised at the last review based on the latest Model health System benchmarking data and their previous dependency data and it is recommended this remains unchanged at present.</p>
Malton	<p>Since the last reporting period the RN fill rates have fallen from 105% on days to 96% and have increased from 106% to 117% on nights. The overall fill rates have reduced from 90% to 87% on days and slightly from 100% to 99% on nights.</p>

Unit	Summary and Action
	<p>CHPPD have dropped again from 7.1 at the last reporting period to 6.9 for this 6-month average. A recommended CHPPD was agreed following the previous review and revised to 8.0 based on the Model health System benchmarking data and their previous dependency data. Malton have a larger bed base compared to Whitby and have a consistently high bed occupancy, 92% 6-month average. When making a judgment based on national peer median data it should be noted that for community care services there are only 4 in the peer group. The current model health system peer median for CHPPD is 7.57 (Jan 2023)</p> <p>Sickness has increased from 1.2% in the last reporting period to 5.9%. Clinical supervision remained at 99%. Training has improved from 81% to 91%. The unit currently has -17% RN vacancies. They have taken 5 international recruited RNs and they also have 2 members of the team undertaking the nursing associate and degree apprentice programmes.</p> <p>A safer staffing review took place with the team. The team collated dependency data which was analysed using the mSNCT. This was supported by professional judgement. It was agreed that dependency data collected by the teams needs to be validated by the matrons. Once the new SNCT is rolled out later in the year we will be able to access training from NHSe to ensure inter-rater reliability</p> <p><b>The fill rates and performance indicators give adequate assurance that the unit is safely staffed</b> however further consideration about their CHPPD target and bed occupancy is required and improvement in relation to sickness. The recommendation from the safer staffing reviews is to revise their CHPPD to 6.9 based on their average for the reporting period or suspend the CHPPD target for Malton until a validated safer staffing tool that provides CHPPD is available for community wards.</p>

### 5.0 CHPPD (Care Hours per Patient Day) - benchmarking data

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

Jan 2023	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	12.4	4.1	8.3	0

Peer*	10.3	3.5	6.4	0.1
National	10.7	3.5	6.9	0.1

(\*Peer Trusts are RDASH, Leeds & York, South West Yorkshire, Bradford, Sheffield, TEWV, Cumbria and CNTW)

There has been a rise in CHPPD levels reported at an organisational level nationally (8.9 in July 2019 to 10.7 in Sept 2022 and Jan 2023). The Trust overall has maintained higher than average levels of CHPPD across the same period with 12.4 in January 2023. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and we have remained above both medians throughout.

These figures provide assurance that at an organisational level we are performing well regionally and nationally. In September last year the data site was upgraded and is now called the Model Health System. The CHPPD data is now available at a service and ward level. However, it is difficult to benchmark with confidence at unit level as it does not reflect the specialist nature of some of our wards. For examples our Humber Centre wards can be benchmarked against forensic services, but the model system data does not differentiate between low, medium and high security and acute, treatment and rehabilitation pathways in mental health. Equally the community services data only pulls from 4 peers within this cohort so the data is limited.

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

**Following this round of safer staffing reviews, the following changes were approved by EMT**

Unit	Current CHPPD Threshold	Proposed CHPPD	Reason for change
Townend Court	10.3	28.0	To reflect national median. Unit's 6-month average CHPPD = 28.1 Previously, in the absence of a recommended CHPPD based on dependency data, the Trust target of 10.3 was set based on peer median.
Ullswater	10.3	12.0	To reflect national median. Unit's 6-month average CHPPD = 20.6
Malton	8.0	6.9 or Suspend until the publication of the revised SNCT	Unreliable national data on which to set target CHPPD. mSNCT does not provide a recommended CHPPD. High bed occupancy impacting CHPPD. Professional judgement and recommended WTE establishment from mSNCT suggest current minimum staffing levels are satisfactory and average CHPPD over reporting period is 6.9

## 6.0 Review of the roster and demand template.

Members of the roster and Flexible Workforce Team joined the latest round of safer staffing reviews. This has enabled a review of the demand templates and consideration of how we can capture the additional hours provided by AHP roles and senior nursing roles in the CHPPD figures.

## 7.0 Summary Findings

- Overall the majority of units are maintaining good and safe fill rate requirements and performance with the majority of areas seeing an improvement.
- Pine View, Mill View Lodge and Townend Court require further improvement in relation to fill rates which is due to vacancies and/or sickness
- CHPPD in all areas remains above the previously agreed targets with the exception of Malton.
- Sickness has been a challenge across all areas during the six-month period however this position is improving with 7 areas below the trust target of 5.2% In March.
- The majority of areas have seen a further reduction in their RN vacancies with the exception of Granville Court, Ullswater, Derwent and Swale showing increases.
- Malton and Whitby are currently over-established
- Data shows that all areas with lower fill rates are still providing good CHPPD and are meeting the agreed targets
- Bed occupancy is higher than the upper threshold for Malton and Whitby. Also STaRs, however a high bed occupancy is reflective of the nature of this service.
- Malton has not been able to achieve the agreed target for CHPPD of 8.0 during this reporting period, impacted by high bed occupancy.
- Incidents reported via Datix show 2 were reported as causing low harm. No specific patient harm has been identified when these have been reviewed in detail.
- All areas have achieved 6-month average for training above 85% except Whitby which just fell short with a 6 -month average of 84%
- Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally
- AHP roles and new roles including Nursing Associates continue to not always be captured on roster and do not contribute to fill rates and CHPPD but this is consistent with national and regional reporting. Several options have been identified to address this but would require further investment in the establishments or a change to CHPPD reporting. This work is being progressed.
- CHPPD were reviewed and revised accordingly following the last review.

## 8.0 Update on Actions from Previous Report

- The 6-month rolling programme of review of establishments across all inpatient units using MHOST and modified SNCT is in place and all units gathered dependency data for this round of reviews.
- In May 2023, 12 senior clinical staff from across the mental health, forensic and CAMHS inpatient teams and the safer staffing workforce leads undertook training on the use of MHOST. The training was delivered by NHSE and upon successful

completion of the interrater reliability assessment cascade training can be rolled out.

- Revised CHPPD were reported on the Quality Dashboard from January 2023.
- Continued focussed review and support by Matrons and Divisional Clinical Leads with additional input as required from Nursing Quality and Safety directorate to address specific actions required for each unit in line with their key quality, safety and productivity indicators.
- Continued work of hard to recruit project and nurse recruitment project lead to support RN vacancy position overall and nurse recruitment project lead to work with prioritised teams to support tailored recruitment plans.
- Following the previous review, a business case was submitted by PICU to increase their establishment to cover 7 and 6 which has resulted in an uplift to their establishment of 10 WTE
- Business plans for increasing the budgeted establishments need to be considered for Swale; Ullswater; MVL

## 9.0 Recommendations

- The RN establishment requires review by the divisional senior leadership team at Pine View and Ouse to ensure B5 and B6 agreed budgeted establishment has not changed. If any changes are required, then this must be undertaken in line with QIA requirements.
- MVL's current budgeted establishment does not cover their current minimum staffing levels of 5:4:4 and a twilight and this was highlighted in the previous review. However the dependency data collected for this safer staffing review suggested a significantly lower CHPPD requirement which is at odds with previous reporting periods. They are therefore completing a further period of dependency data collection and this will be validated by the modern matron and safer staffing leads before an uplift the their budgeted establishment is recommended
- It is recommended Ullswater cost and review moving to 6 and 5 or 6 and 4 plus a twilight shift.
- Where the twilight shifts are impacting on the daytime fill rates this is to be reviewed and amended on the demand templates (MVL)
- The demand template to be changed reflect the optional 'duty' shift at STaRS.
- PICU the demand template is to be updated to reflect 7 staff on days and 6 on nights.
- EMT are asked to consider the proposed changes to CHPPD for TEC, Ullswater, and Malton

## 10. Next steps

1. Implementation of recommendations to be overseen by Assistant Director of Nursing and Quality with regular reports of progress to the Executive Management Team and Hard to Recruit task and finish group and the Workforce and OD and Quality Committee for assurance processes.

2. Complete the Train the trainer programme for MHOST with NHS England and then cascade to charge nurses and deputies.
3. Commence training with NHSE when the revised SNCT is published. Provide support for the community wards to ensure accurate data collection using the descriptors in the mSNCT ensuring interrater reliability.
4. Work plan for dependency data collection and validation followed by local reviews at team level to be maintained which will support six monthly reporting and review of budgeted establishments and quality indicators
5. Trust to demonstrate compliance with Developing Workforce Standards and provide assurance through public board reporting and through Single Oversight framework and the annual governance statement for NHS.

**Agenda Item: 16**

Title & Date of Meeting:	Trust Board Public Meeting, 26 July 2023														
Title of Report:	Review of the Trust's Constitution														
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="523 629 1509 734"> <tr> <td data-bbox="523 629 922 667">To approve</td> <td data-bbox="922 629 1015 667">/</td> <td data-bbox="1015 629 1398 667">To discuss</td> <td data-bbox="1398 629 1509 667"></td> </tr> <tr> <td data-bbox="523 667 922 701">To note</td> <td data-bbox="922 667 1015 701"></td> <td data-bbox="1015 667 1398 701">To ratify</td> <td data-bbox="1398 667 1509 701"></td> </tr> <tr> <td data-bbox="523 701 922 734">For assurance</td> <td data-bbox="922 701 1015 734"></td> <td data-bbox="1015 701 1398 734"></td> <td data-bbox="1398 701 1509 734"></td> </tr> </table>			To approve	/	To discuss		To note		To ratify		For assurance			
To approve	/	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>The Trust's Constitution has been reviewed by Hill Dickinson to ensure it remains fit for purpose following the commencement of the Health and Care Act 2022. That review has also resulted in some formatting and cross-referencing errors being corrected.</p> <p>At the same time, a review of the Governor constituencies has been undertaken due to challenges in filling governor seats in Hull, and in response to a request from a Public Governor, Tim Durkin, regarding the catchment area served by the Wider Yorkshire and Humber constituency.</p> <p>Governor Tim Durkin also submitted a motion to amend the Constitution to extend the terms of office a governor can serve, and a response is also included in this paper.</p> <p>The proposed amendments are highlighted in more detail in this paper and the Council of Governors will be asked to approve the recommendations at its meeting on 20 July. The outcome of the discussions will be verbally reported to the Board at the Public Board meeting. Subject to Council of Governor approval, the Board is asked to approve the amendments detailed in this paper.</p> <p>Proposed changes to the Constitution need to be approved by a majority of those voting at meetings of both the Council of Governors on the 20<sup>th</sup> July and the Board on the 26<sup>th</sup> July 2023</p>														
<p><b>Key Issues within the report:</b> The NHS Act provides that the total number of Public and Service User/Carer Governors should be more than the total number of Staff and Appointed Governors. This needs to be borne in mind when reviewing the proposals within the paper.</p>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The proposed changes ensure the Constitution remains fit for purpose in the future and addresses requirements brought about by the Health and Care Act 2022.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Legal advice has been provided regarding the proposed amendments.</li> </ul>														



<ul style="list-style-type: none"> <li>The proposal to reduce the number of governors on the Council of Governors should reduce the risk of not being able to fill governor seats in the future, whilst ensuring a regular refresh on this governing body.</li> <li>The proposed amendments from the Executive Management Team and Chair have been made following receipt of legal advice.</li> </ul>				
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>It is getting increasingly difficult to recruit Governors to the Hull constituency and this has resource implications as elections for this constituency need to take place each year.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>			
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	15.5.2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	Council of Governors, 20 July 2023

**Monitoring and assurance framework summary:**

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			
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	

# Proposed changes to the Constitution

## 1. Introduction:

The Constitution has been updated following a legal review by Hill Dickinson (to bring it in line with the Health and Care Act 2022). This paper highlights proposed changes to the constitution following this review and a proposal received from a Governor Tim Durkin regarding the Wider Yorkshire and Humber constituency. It also contains a response to a motion put by Public Governor, Tim Durkin, regarding the number of terms to be served by a governor.

## 2. Proposed Changes:

### a) General changes

References to 'NHS Improvement' throughout the document have been replaced with 'NHS England' or 'NHSE'. Additionally, a small number of typographical, formatting and cross-referencing errors have been corrected, some areas have been clarified further and references to the Health and Care Act have been incorporated.

These amendments, along with other immaterial amendments, are highlighted through track changes at Appendix 1 but are not detailed separately below.

Material changes to the Constitution are, however, highlighted below as are key matters for consideration:

## 3. Material Changes:

### b) Pages 6-7, Paragraphs 4.5 – 4.13.3

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

### c) Page 10, Paragraph 14.3

This paragraph provides that 'An elected governor shall be eligible for re-election at the end of their term. However, no governor may stand for re-election having served 2 terms or a maximum of 6 years'.

Governor Tim Durkin, under Standing Order 5.1 for Council of Governor Meetings, proposed, through a written motion, the following amendment to the Constitution to be moved at the Council of Governor Meeting on the 20<sup>th</sup> July 2023:

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

Governor Tim Durkin has pointed out the NHS Code of Governance provides that 'it is best practice that governors do not serve more than three consecutive terms to ensure they retain the objectivity and independence required to fulfil their roles' and proposed an amendment to the Constitution that the number of terms a governor is allowed to serve at the Trust is extended to 3. He believed governors should be allowed to serve the same number of terms as a Non-Executive Director on the Board and the additional term would allow governors to develop their expertise and contribution over 9 years instead of 6.

The Executive Management Team and Chair considered this proposal and believe the number of terms should remain at 2 for the following reasons:

- The Code of Governance now provides that any decision to extend a Non-Executive Director's appointment beyond six years should be subject to rigorous review. In the past, Non-Executives and Chairs have served considerably longer periods, this is now subject to more external governance in the interest of diversity and independent objectivity. Consequently, the extension beyond two terms is not automatic. Non-Executive Directors are also appraised annually.
- The role of Governor and Non-Executive Director is different. Governors are elected to represent the views of local people and regular refresh should ensure that more of the community is reached as newly elected governors are likely to have links to different networks and groups. It would also support diversity of governors. Non-Executive Directors are appointed to bring independent objectivity and scrutiny to the Board as well as Board level experience, skills and leadership.
- Regular refreshing of staff governors in particular will ensure that the views of different teams are heard.
- Two terms (6 years) with staggered elections is appropriate to developing the knowledge of governors and maintaining a mix of governors at different stages of their representation.
- The NHS Code of Governance is not saying "it is best practice" that governors serve 3 terms, rather that it shouldn't be more than 3. This is because in some trusts governors may have been serving considerably longer.

d) Page 13, Paragraph 24.2

Non-Executive Directors (NEDs) must be a member of the Public or Service User/Carer constituency. Paragraph 24.2 has been added to reflect the fact they can be a member of the Service User/Carer constituency.

e) Page 22, Annex 1, The Public Constituency

Following a review of the Public constituency, it is proposed that:

1. The number of Governors representing Hull is reduced from 4 to 3 as there are vacancies in this constituency and it is proving increasingly difficult to attract people into these roles
2. The number of Governors representing East Riding of Yorkshire is reduced from 6 to 3 to equal the number of Governors in Hull, with the change to the Constitution regarding the East Riding constituency taking effect when the number of governors occupying seats in this constituency reduces to 3 or below.
3. As proposed by a Governor, it is recommended that the Whitby constituency area (which currently has approximately 55 members) is extended to include Scarborough and Ryedale and renamed 'Whitby, Scarborough and Ryedale'.
4. Should the proposal be accepted to extend the Whitby constituency area to 'Whitby, Scarborough and Ryedale', then this would result in the Wider Yorkshire and Humber constituency governor representing an area in which there are only a small number of services. Whilst removal of this constituency might be considered an option, this would have implications: i) there would be one fewer public governor which would require the number of governors in the Staff or Appointed constituencies to be reduced by one; and ii) NEDs need to live in a constituency area so this would prevent the Trust from recruiting a NED from this constituency.

It is recommended, therefore, that this constituency be extended and renamed 'Rest of England' and that the areas within this constituency include 'The electoral wards in the rest of England (excluding those electoral wards covered by the other areas of the public constituency)'.

This would enable the Trust to recruit NEDs from a wider geographical area should it not be possible to recruit a suitable candidate more locally (for example someone from the North-East, Lincolnshire or Nottinghamshire which may be closer to us than some parts of Yorkshire).

The NHS Code of Governance provides that recruitment to the Board should take account of the specific skills, experience, knowledge and diversity needed on the Board to meet an identified gap highlighted through the succession planning round. This proposal would also be in keeping with a number of other trusts that have a constituency that covers the rest of England to enable them to recruit NEDs from a wider area. As all governors have a duty to represent the public at large (i.e. the public in the wider system and rest of England), the Rest of England governor would not be required to solely satisfy this requirement.

5. Should the proposal be accepted to rename the 'Wider Yorkshire and Humber' constituency the 'Rest of England' constituency, then it is recommended that election for this constituency occurs once the current 'Wider Yorkshire and Humber' governor's term of office expires.

f) Page 23, Annex 2, Staff Constituency

It is proposed that:

- The 'Either Clinical or Non-Clinical' Staff Governor role is removed as there are two Governors for each of the Clinical and Non-Clinical constituencies.

Additionally, there is a requirement that the number of Staff and Appointed Governors added together must be less than the number of Public and Service User/Carer Governors added together. The proposal to reduce the number of Public Governors above will result in a combined Public and Service User/Carer figure of 10. The removal of the 'Either Clinical or Non-Clinical' and Voluntary Sector Appointed Governor role (detailed below) would reduce the combined figure for these latter two groups to 9.

g) Page 24, Annex 3, Service User and Carer Constituency

Due to the relatively low numbers of Service User and Carer members (there are approximately 90 in total) and the reducing number interested in membership, it is proposed that the minimum number of members required to be constitutionally compliant is reduced from 30 to 15.

h) Page 25, Annex 4, Composition of the Council of Governors

The Voluntary Sector seat is currently vacant, and it is proposed that this is removed for the following reasons:

- The voluntary sector is large and diverse making it difficult to determine which organisation to approach when a vacancy arises.
- A Voluntary collaborative has been established and could be contacted should we wish to engage the voluntary sector.
- Governors may be volunteers and therefore part of volunteering organisations themselves and could engage the sector as part of their engagement activities.

We need to have one local authority governor and are currently undertaking joint pieces of work with the Police and Fire Service so it would be appropriate to retain these Appointed governors.

i) Pages 74-75, Vacancies on the Council of Governors

Information regarding vacancies on the Council of Governors is included in the main body of the Constitution. Consequently, it is proposed that the paragraph regarding vacancies within annex 6 is removed.

j) Page 78, Quorum

Currently, the constitution provides that the quorum should consist of at least six Public Governors, one Staff Governor and one Appointed Governor (with a majority of Public Governors). This could lead to meetings not taking place for quoracy purposes. Consequently, it is proposed that this is simplified to 'no business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors currently occupied Governor seats is present'.

k) Page 79, Miscellaneous

This paragraph has been added to reflect the fact that Council of Governor meetings are held online and states 'Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting'.

l) Page 88, Amendment of the Constitution

It is proposed that the paragraph regarding the amendment of the Constitution is removed as it duplicates information in the main body of the Constitution.

#### **4. Recommendations:**

It is recommended that the Board of Directors, subject to approval by the Council of Governors,:

- Approves the proposed changes to the constitution detailed in sections 2 and 3 of this report and considers the motion and response at **3) c** to extend the term of governors from 2 to 3.
- Notes that amendments to the Constitution requires more than half of the Board of Directors voting to approve the amendments.
- Notes that the changes to the constitution also require approval of the Council of Governors and the outcome from the Council of Governors meeting will be reported to the Board at the July Board meeting.

**Agenda Item: 17**

Title & Date of Meeting:	Trust Board Public Meeting, 26 July 2023														
Title of Report:	Review of the Trust's Constitution - Addendum														
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="523 629 1505 734"> <tr> <td data-bbox="523 629 922 667">To approve</td> <td data-bbox="922 629 1018 667">/</td> <td data-bbox="1018 629 1394 667">To discuss</td> <td data-bbox="1394 629 1505 667"></td> </tr> <tr> <td data-bbox="523 667 922 701">To note</td> <td data-bbox="922 667 1018 701"></td> <td data-bbox="1018 667 1394 701">To ratify</td> <td data-bbox="1394 667 1505 701"></td> </tr> <tr> <td data-bbox="523 701 922 734">For assurance</td> <td data-bbox="922 701 1018 734"></td> <td data-bbox="1018 701 1394 734"></td> <td data-bbox="1394 701 1505 734"></td> </tr> </table>			To approve	/	To discuss		To note		To ratify		For assurance			
To approve	/	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>Any changes to the Trust's constitution require approval of both Trust Board and the Council of Governors in order for them to take effect.</p> <p>The Council of Governors considered the proposed changes at its meeting on 20 July 2023 and this paper highlights which changes were approved (and therefore require approval of the Board in order to take effect) and which were not (and therefore do not require consideration by the Board).</p> <p>The Council of Governors also requested that EMT reconsider the motion put forward by Public Governor, Tim Durkin, to extend the maximum number of terms a Governor can serve. It is recommended that the Board approves the proposal.</p>														
<b>Key Issues within the report:</b> This paper should be read in conjunction with the substantive paper regarding proposed changes to the constitution.															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The proposed changes ensure the Constitution remains fit for purpose in the future and addresses requirements brought about by the Health and Care Act 2022.</li> <li>The proposed amendments from the Executive Management Team and Chair have been made following receipt of legal advice.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Legal advice has been provided regarding the proposed amendments.</li> </ul>														
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>It is getting increasingly difficult to recruit Governors to the Hull constituency and this has resource implications as elections for this constituency need to take place each year.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>n/a</li> </ul>														
Governance:		Date	Date												

	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	15.5.2023
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	Council of Governors, 20 July 2023

**Monitoring and assurance framework summary:**

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

## Proposed changes to the Constitution

### 1. Introduction:

Trust Board has been asked to consider proposed changes to the Constitution. The Council of Governors and Trust Board are required to approve any proposed changes in order for them to take effect. This report outlines which changes require Board approval and which do not.

### 2. Changes requiring approval of the Board in order for them to take effect:

#### a) General changes

Governors agreed these and also agreed that paragraph 13.5 (page 9) regarding the age of candidates at the nomination stage of the election process should remain as it adds clarity regarding this matter. The Board is asked to agree that this remains.

### 3. Material Changes:

#### b) Pages 6-7, Paragraphs 4.5 – 4.13.3

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

#### c) Page 10, Paragraph 14.3

This paragraph provides that 'An elected governor shall be eligible for re-election at the end of their term. However, no governor may stand for re-election having served 2 terms or a maximum of 6 years'.

Governor Tim Durkin, under Standing Order 5.1 for Council of Governor Meetings, proposed, through a written motion, the following amendment to the Constitution to be moved at the Council of Governor Meeting on the 20<sup>th</sup> July 2023 and this was subsequently moved:

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

The substantive paper regarding the proposed changes highlights the reasons for the motion being moved and the Executive Management Team's and Chair's initial response. Following a request by Public Governor, Tim Durkin, the Executive Management Team reconsidered the reasons given by Tim Durkin for the maximum number of terms extending to three and it is recommended that this proposal is approved.

#### d) Page 13, Paragraph 24.2

Non-Executive Directors (NEDs) must be a member of the Public or Service User/Carer constituency. Paragraph 24.2 has been added to reflect the fact they can be a member of the Service User/Carer constituency.

#### e) Page 22, Annex 1, The Public Constituency



1. As proposed by Governor Tim Durkin, it is recommended that the Whitby constituency area (which currently has approximately 55 members) is extended to include Scarborough and Ryedale and renamed 'Whitby, Scarborough and Ryedale'.
2. It is also recommended that the 'Wider Yorkshire and Humber' constituency be renamed 'Rest of England' which will enable the Trust to recruit Non-Executive Directors from areas on the borders of Yorkshire and Humber.

f) Page 24, Annex 3, Service User and Carer Constituency

Due to the relatively low numbers of Service User and Carer members (there are approximately 90 in total) and the reducing number interested in membership, it is proposed that the minimum number of members required to be constitutionally compliant is reduced from 30 to 15.

g) Pages 74-75, Vacancies on the Council of Governors

Information regarding vacancies on the Council of Governors is included in the main body of the Constitution. Consequently, it is proposed that the paragraph regarding vacancies within annex 6 is removed.

h) Page 78, Quorum

Currently, the constitution provides that the quorum should consist of at least six Public Governors, one Staff Governor and one Appointed Governor (with a majority of Public Governors). This could lead to meetings not taking place for quoracy purposes. Consequently, it is proposed that this is simplified to 'no business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors currently occupied Governor seats is present'.

i) Page 79, Miscellaneous

This paragraph has been added to reflect the fact that Council of Governor meetings are held online and states 'Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting'.

j) Page 88, Amendment of the Constitution

It is proposed that the paragraph regarding the amendment of the Constitution is removed as it duplicates information in the main body of the Constitution.

**4. Proposed changes that did not receive Council of Governor approval (and therefore do not require consideration by the Board)**

- The reduction in the number of Governors in the Hull constituency from 4 to 3
- The reduction in the number of Governors in the East Riding of Yorkshire constituency from 6 to 3
- The removal of the 'Either Clinical or Non-Clinical' Governor seat
- The removal of the 'Voluntary Sector' seat

## **5. Recommendations:**

It is recommended that the Board of Directors approves the changes highlighted in paragraphs 2 and 3 of this paper and notes the proposed changes detailed in paragraph 4 which did not receive Council of Governor approval.



**Humber Teaching**  
NHS Foundation Trust

# Constitution

Council of Governors Approved 7 October 2021  
Board Approved 27 October 2021

## Humber Teaching NHS Foundation Trust Constitution

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## 1. Interpretation and Definitions

Unless otherwise stated, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health & Social Care Act 2012 and Health and Care Act 2022.

Unless expressly provided otherwise, a reference to legislation or legislative provision shall be to that legislation as it is in force, amended or re-enacted from time to time.

▼ The 2006 Act is the National Health Service Act 2006.

▼ The 2012 Act is the Health and Social Care Act 2012.

▼ The 2022 Act is the Health and Care Act 2022.

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**Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

Annual Members' Meeting is defined in paragraph 11 of the Constitution.

**Appointed Governors** are those Governors appointed by the appointing organisation listed in Annex 4.

Constitution means this Constitution and all annexes to it.

**Director** means a member of the Board of Directors.

**Elected Governors** are those Governors elected by the public and staff constituencies.

**Member** means a member of the Trust.

**NHS England (NHSE)** is the statutory entity as provided by section 1H of the 2006 Act that regulates NHS Foundation Trusts.

**Senior Independent Director** means the person appointed by the Board of Directors, in consultation with the Council of Governors, to provide a sounding board for the Chair, to serve as an intermediary for the other Directors when necessary and to be available to Governors if they have concerns that contact through normal channels has failed to resolve.

**Service User and Carer Constituency** means (collectively) the members of the service user and carer constituency which is referred to as the 'patients' constituency' in the 2006 Act.

**Service User and Carer Governor** means a Governor elected by the members of the Service User and Carer Constituency.

**Trust Secretary** means the Secretary of the Trust or any person appointed to perform the duties of the Secretary of the Trust

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**Voluntary Organisation** is a body, other than a public or local authority, the activities of which are carried on not for profit.

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## 2. Name

The name of the Foundation Trust is Humber Teaching NHS Foundation Trust (the Trust).

## 3. Principal Purpose

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order to better carry on its principal purpose.

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3.5 The Trust's vision is to be a leading provider of integrated health services, recognised for the care, compassion, and commitment of our staff and known as a great employer and valued partner.

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## 4. Powers

4.1 The powers of the Trust are set out in the 2006 Act.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

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The Board has a delegated responsibility from NHSE for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

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4.3 The Board of Directors may authorise any three or more persons each of whom is neither:

- 4.4.1 an executive Director of the Trust; nor
- 4.4.2 an employee of the Trust;

To exercise the powers conferred on the Trust by Section 25 of the Mental Health Act (MHA)

4.5 The Trust may enter into arrangements for the carrying out, on such terms as the Trust considers appropriate, of any of its functions jointly with any other person.

4.6 The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:

- 4.6.1 A relevant body;
- 4.6.2 A local authority within the meaning of section 2B of the 2006 Act;
- 4.6.3 A combined authority.

4.7 The Trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.

4.8 Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.6, those organisations and the Trust may:

- 4.8.1 Arrange for the function to be exercised by a joint committee of theirs;
- 4.8.2 Arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fund

in accordance with section 65Z6 of the 2006 Act.

4.9 The Trust must exercise its functions effectively, efficiency and economically.

4.10 In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:

4.10.1 The health and well-being of (including inequalities between) the people of England;

4.10.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;

4.10.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

4.11 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).

4.12 For the purposes of this section, "relevant body" means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the Trust) or such other body as

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may be prescribed under section 65Z5(2). "Relevant bodies" means two or more of these organisations as the context requires.

4.13 The arrangements under this paragraph 4 shall be in accordance with:

4.13.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;

4.13.2 any applicable statutory guidance that has been issued and

4.13.3 otherwise on such terms as the Trust sees fit.

## 5 Membership and Constituencies

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

- 5.1 a Public Constituency
- 5.2 a Staff Constituency
- 5.3 a Service User and Carer Constituency

## 6 Application for Membership

An individual who is eligible to become a member of the Trust may do so on application to the Trust.

## 7 Public Constituency

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust.
- 7.2 Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

## 8 Staff Constituency

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a staff member of the Trust provided:

- 8.1.1 He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- 8.1.2 He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

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8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

8.4 The minimum number of members in the Staff Constituency is specified in Annex 2.

#### Automatic Membership by Default –Staff

8.5 An individual who is:

- 8.5.1 eligible to become a member of the Staff Constituency,  
and
- 8.5.2 invited by the Trust to become a member of the Staff Constituency

shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he/she informs the Trust that they do not wish to do so.

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#### 9. Service User and Carer Constituency

9.1 An individual who has, within the period specified below, attended any of the Trust's services as either a patient or as the carer of a patient may become a member of the Trust.

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9.2 The period referred to above shall be the period of 3 years immediately preceding the date of an application by the patient or carer to become a member of the Trust.

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9.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Service User and Carer Constituency.

9.4 An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Service User and Carer Constituency.

9.5 The minimum number of members in the Service User and Carer Constituency is specified in Annex 3.

#### 10. Restriction on Membership

10.1 An individual who is a member of a constituency, or of any class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10.3 An individual must be at least 14 years old to become a member of the Trust.

10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9 – Further Provisions.

## 11. Annual Members' Meeting

The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

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## 12 Council of Governors – Composition

12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.

12.2 The composition of the Council of Governors is specified in Annex 4.

12.3 ~~The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within that constituency, by their class within the constituency.~~ The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

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## 13. Council of Governors – Election of Governors

13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

13.2 The Model Election Rules as published from time to time by NHS Providers form part of this Constitution. The Model Election Rules are attached at Annex 5.

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13.3 A subsequent variation of the Model Election Rules by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 4.3 of the Constitution.

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13.4 An election, if contested, shall be by secret ballot.

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## 14. Council of Governors - Tenure

14.1 An elected Governor may hold office for a period of up to 3 years.

14.2 An elected Governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.

14.3 An elected Governor shall be eligible for re-election at the end of their term. However, no Governor may stand for re-election having served 2 terms or a maximum of 6 years.

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14.4. Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:

14.4.1. where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for a three year term;

14.4.2 where the vacancy arises amongst the Elected Governors, the next highest polling candidate for that seat at the most recent election (who is willing to

take office) will be invited to fill the seat for the remainder of the current term.

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14.4 Appointed Governors may hold office for a period of up to 3 years.

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14.4.1 Appointed Governors shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, subject to paragraph 14.4.3 below, shall serve no more than 2 consecutive terms of office or a maximum of 6 years.

14.4.3 Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chair and the Chief Executive to appointing the individual to serve a further term or terms of office.

14.5 Any Governor shall cease to hold office if he/she is disqualified for any of the reasons set out in this Constitution.

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## 15. Council of Governors – Disqualification and Removal

15.1 The following may not become or continue as a member of the Council of Governors:

15.1.1 a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

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15.1.2 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.3 A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

15.2 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

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15.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors and provision for the removal of Governors in certain circumstances are set out in Annex 6.

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## 16. Council of Governors – General Duties

16.1 The general duties of the Council of Governors are –

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16.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public at large.

16.2 The Trust must take steps to ensure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

## 17. Council of Governors – Meetings of Governors

17.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 26 below) or, in their absence, another non-executive director (as the Directors present shall choose), shall preside at meetings of the Council of Governors.

17.2

17.4 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting, or part of a meeting, for special reasons.

17.5 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

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preside. If the Chair is absent from the meeting, the  
Deputy Chair if ¶  
present, shall preside. ¶  
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17.3 If the Chair and Deputy Chair are absent, another Non-  
Executive Director ¶  
as the Directors present shall choose shall preside.

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## 18. Council of Governors – Standing Orders

The standing orders for the practice and procedure of the Council of Governors is attached at Annex 7.

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## 19. Council of Governors - Conflicts of Interest of Governors

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The Standing Orders for the Council of Governors (Annex 7) shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

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19.1 In this paragraph, the "Panel" means a panel of persons appointed by NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:-¶  
¶

19.1.1 to act in accordance with its Constitution, or¶

19.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act. ¶

19.2 A Governor may refer a question to the Panel only if more than half of the ¶  
members of the Council of Governors voting approve the referral.

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## 20. Council of Governors – Travel Expenses

The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

## **21. Council of Governors – Further Provisions**

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Further provisions with respect to the Council of Governors are set out in Annex 6.

## **22. Board of Directors – Composition**

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22.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

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22.2 The Board of Directors is to comprise:

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22.2.1 a Non-Executive Chair

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22.2.2 up to 6 other Non-Executive Directors;

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22.2.3 up to 6 Executive Directors

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22.3 One of the Executive Directors shall be the Chief Executive.

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22.4 The Chief Executive shall be the Accounting Officer.

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22.5 One of the Executive Directors shall be the Finance Director.

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The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

22.6 One of the Executive Directors is to be a Registered Medical Practitioner

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22.7 One of the Executive Directors is to be a Registered Nurse

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22.8 The operation of 22.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

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22.9 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

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## **23. Board of Directors – General Duty**

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The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

## **24. Board of Directors – Qualification for Appointment as a Non-Executive Director**

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A person may be appointed as a Non-Executive Director only if –

24.1 he/she is a member of the Public Constituency, or

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24.2 he/she is a member of the Service User and Carer Constituency

24.3 he/she is not disqualified by virtue of paragraph 28, below

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24.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

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**25. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors**

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25.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.

25.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

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**26. Board of Directors – Appointment of Deputy Chair**

The Council of Governors at a general meeting of the Council of Governors may appoint one of the Non-Executive Directors as a Deputy Chair.

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**27. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors**

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27.1 Non-Executive Directors shall appoint or remove the Chief Executive.

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27.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.

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27.3 The Chief Executive is to be appointed in accordance with paragraph 27.2 above.

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27.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

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**28. Board of Directors – Disqualification**

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The following may not become or continue as a member of the Board of Directors:

28.1 a person who has been adjudged bankrupt or whose estate has been sequestered and (in either case) has not been discharged.

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28.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986).

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28.3 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

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28.4 a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

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28.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council.

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28.6 he/she has conducted his or herself in a way that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Board of Directors or otherwise in a manner inconsistent with continued membership of the Board of Directors.

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## 29. Board of Directors – Meetings

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29.1 Meetings of the Board of Directors shall be held in public and open to members of the public. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential or commercially sensitive nature of the business to be transacted, publicity of which would be prejudicial to the public interest (known as a 'Part II' meeting).

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29.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors. Papers Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

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## 30. Board of Directors – Standing Orders

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The Standing Orders for the practice and procedure of the Board of Directors are attached at Annex 8.

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## 31. Board of Directors - Conflicts of Interest of Directors

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31.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -

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31.1.1 A duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.

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31.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

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31.2 The duty referred to in sub-paragraph 31.1.1 is not infringed if –

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31.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

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31.2.2 The matter has been authorised in accordance with the Constitution.

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31.3 The duty referred to in sub-paragraph 31.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest. 31.4 In sub-paragraph 31.1.2, “third party” means a person other than –

31.4.1 The Trust, or

31.4.2 A person acting on its behalf.

31.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.

31.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

31.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

31.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

31.9 A Director need not declare an interest –

31.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

31.9.2 If, or to the extent that, the Directors are already aware of it;

31.9.3 If, or to the extent that, it concerns terms of the Director’s appointment that have been or are to be considered –

31.9.3.1 By a meeting of the Board of Directors, or

31.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

## 32. Board of Directors – Remuneration and Terms of Office

32.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

32.2 The Trust shall establish a Committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

## 33. Registers

The Trust shall have:

33.1 a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;

33.2 a register of members of the Council of Governors;

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33.3	a register of interests of Governors;	Deleted: 4
33.4	a register of Directors; and	Deleted: 4
33.5	a register of interests of the Directors.	Deleted: 4
<b>34</b>	<b>Admission to and Removal from the Registers</b>	Deleted: 5
34.1	The Trust Secretary shall add to the confidential register of members the name of any member who is accepted under the provisions of this Constitution	Deleted: 5
34.2	The Trust Secretary shall remove from the register the name of any member who ceases to be entitled to be a member under the provisions of this Constitution	Deleted: 5
<b>35</b>	<b>Registers – Inspection and Copies</b>	Deleted: 1
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35.1	The Trust shall make the registers specified in paragraph 34 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.	Deleted: 6
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35.2	The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.	Deleted: 6
35.3	So far as the registers are required to be made available:	Deleted: 6
35.3.1	they are to be available for inspection free of charge at all reasonable times; and	Deleted: 6
35.3.2	a person who requests a copy of or extract from the registers is to be provided with a copy or extract.	Deleted: 6
35.4	If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.	Deleted: 6
<b>36</b>	<b>Documents Available for Public Inspection</b>	Deleted: 7
36.1	The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:	Deleted: 7
36.1.1	a copy of the current Constitution,	Deleted: 7
36.1.2	a copy of the latest annual accounts and of any report of the auditor on them, and	Deleted: 7
36.1.3	a copy of the latest annual report.	Deleted: 7
36.2	The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:	Deleted: 7
36.2.1	a copy of any order made under section 65D (appointment of Trust special	Deleted: 7

administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act.

36.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.

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36.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.

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36.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

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36.2.5 a copy of any statement provided under section 65F(administrator's draft report) of the 2006 Act.

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36.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSE's decision), 65KB (Secretary of State's response to NHSE's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

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36.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

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36.2.8 a copy of any final report published under section 65I (administrator's final report).

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36.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

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36.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

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36.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

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36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

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### 37 Auditor

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37.1 The Trust shall have an auditor.

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37.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

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37.3 The Auditor is to carry out his duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by NHSE, the statutory entity that remains the regulator of NHS foundation trusts.

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**38. Audit Committee**

The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

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**39. Accounts**

39.1 The Trust must keep proper accounts and proper records in relation to the accounts.

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39.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.

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39.3 The accounts are to be audited by the Trust's auditor.

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39.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE may with the approval of the Secretary of State direct.

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39.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

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**40. Annual Report and Forward Plans and Non NHS Work**

40.1 The Trust shall prepare an Annual Report and send it to NHSE.

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40.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE).

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40.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.

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40.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.

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40.5 Each forward plan must include information about –

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40.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and

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40.5.2 the income it expects to receive from doing so.

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40.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 40.5.1 the Council of Governors must

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40.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and

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40.6.2 notify the Directors of the Trust of its determination.

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40.7 The Trust, if it proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, may implement the

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proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

#### **41. Presentation of the Annual Accounts and Reports to the Governors and Members**

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41.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

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41.1.1 the annual accounts

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41.1.2 any report of the auditor on them

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41.1.3 the annual report.

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41.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.

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41.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 43.2 with the Annual Members' Meeting.

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#### **42. Instruments**

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42.1 The Trust shall have a seal.

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42.2 The seal shall not be affixed except under the authority of the Board of Directors.

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#### **43. Amendment of the Constitution**

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43.1 The Trust may make amendments to its Constitution only if:

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43.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and

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43.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.

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43.2 Amendments made under paragraph 43 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

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43.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

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43.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and

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43.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.

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43.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

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43.5 Amendments by the Trust of its Constitution are to be notified to NHSE. For the avoidance of doubt, NHSE's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

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#### 46 44 Mergers etc. and Significant Transactions

44.1 The Trust may only apply for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) with the approval of more than half of the members of the Council of Governors.

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44.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

44.3 A "significant transaction" means a transaction that equates to:

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The income attributable to the assets or the contract associated with the transaction is greater than 25% of the current Trust income (i.e for £200m turnover, this would equate to new income above £50m); or

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The gross assets subject to the transaction are greater than 25% of the total gross assets of the Trust (i.e for £90m of gross assets, this would equate to new assets valued above £22.5m); or

The gross capital of the company or business being acquired/divested is greater than 25% of the total capital for the Trust (i.e: for £70m total capital, capital for the transaction would exceed £17.5m). Total Capital for a foundation trust relates to taxpayers' and others equity in the statement of financial position within the annual accounts.

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### ANNEX 1 – THE PUBLIC CONSTITUENCY

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Name of Areas within the Constituency	Area	Minimum Number of Members	Number of Governors
East Riding of Yorkshire	The electoral wards of East Riding of Yorkshire	100	3
Hull	The electoral wards of Hull	100	3
Wider Yorkshire and Humber Area and the Wider Integrated Care System Footprint	The electoral wards of Yorkshire and Humber (excluding those electoral wards covered by the other areas of the Public	15	1

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	Constituency) <u>and North East Lincolnshire and North Lincolnshire</u>		
Whitby	The electoral wards of Whitby and surrounding areas	15	1

**ANNEX 2 – THE STAFF CONSTITUENCY**

<b>Name of Constituency</b>	<b>Class of Staff Membership</b>	<b>Minimum number of members</b>	<b>No of Governors</b>
Staff	Clinical	200	2
	Non Clinical		2
	Total		4

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**ANNEX 3 – THE SERVICE USER AND CARER CONSTITUENCY**

Name of Constituency	Description of individuals eligible to become members	Minimum number of Members	No of Elected Governors
Service User and Carer	An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust.	15	2

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**ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS**

**ELECTED GOVERNORS:**

	NUMBER OF GOVERNORS
<b>Public Constituency</b>	
HULL	3
EAST RIDING OF YORKSHIRE	3
WIDER YORKSHIRE AND HUMBER AREA	1
WHITBY	1
<b>Service User and Carer Constituency</b>	2
<b>Staff Constituency</b>	4
<b>Total Elected</b>	<b>14</b>

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**APPOINTED GOVERNORS:**

SPONSOR	NUMBER OF GOVERNORS
UNIVERSITY	1
HUMBERSIDE POLICE	1
HULL LOCAL AUTHORITY	1
EAST RIDING OF YORKSHIRE LOCAL AUTHORITY	1
FIRE & RESCUE	1
<b>Total Appointed</b>	<b>5</b>

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## ANNEX 5 - THE MODEL ELECTION RULES

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### MODEL ELECTION RULES 2014

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#### PART 1: INTERPRETATION

1. Interpretation

#### PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

#### PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

#### PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

#### PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

##### *Action to be taken before the poll*

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

##### *The poll*

- 27. Eligibility to vote
- 28. Voting by persons who require assistance
- 29. Spoilt ballot papers and spoilt text message votes
- 30. Lost voting information
- 31. Issue of replacement voting information
- 32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 33. Procedure for remote voting by internet
- 34. Procedure for remote voting by telephone
- 35. Procedure for remote voting by text message

*Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*

- 36. Receipt of voting documents
- 37. Validity of votes
- 38. Declaration of identity but no ballot (public and patient constituency)
- 39. De-duplication of votes
- 40. Sealing of packets

**PART 6: COUNTING THE VOTES**

- STV41. Interpretation of Part 6
- 42. Arrangements for counting of the votes
- 43. The count
- STV44. Rejected ballot papers and rejected text voting records
- FPP44. Rejected ballot papers and rejected text voting records
- STV45. First stage
- STV46. The quota
- STV47. Transfer of votes
- STV48. Supplementary provisions on transfer
- STV49. Exclusion of candidates
- STV50. Filling of last vacancies
- STV51. Order of election of candidates
- FPP51. Equality of votes

**PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS**

- FPP52. Declaration of result for contested elections
- STV52. Declaration of result for contested elections
- 53. Declaration of result for uncontested elections

**PART 8: DISPOSAL OF DOCUMENTS**

- 54. Sealing up of documents relating to the poll
- 55. Delivery of documents
- 56. Forwarding of documents received after close of the poll
- 57. Retention and public inspection of documents
- 58. Application for inspection of certain documents relating to election

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

- FPP59. Countermand or abandonment of poll on death of candidate
- STV59. Countermand or abandonment of poll on death of candidate

## PART 10: ELECTION EXPENSES AND PUBLICITY

### *Expenses*

- 60. Election expenses
- 61. Expenses and payments by candidates
- 62. Expenses incurred by other persons

### *Publicity*

- 63. Publicity about election by the corporation
- 64. Information about candidates for inclusion with voting information
- 65. Meaning of “for the purposes of an election”

## PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

- 66. Application to question an election

## PART 12: MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

## PART 1: INTERPRETATION

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### 1. Interpretation

#### 1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

“*declaration of identity*” has the meaning set out in rule 21.1;

“*election*” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“*e-voting*” means voting using either the internet, telephone or text message;

“*e-voting information*” has the meaning set out in rule 24.2;

“*ID declaration form*” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“*internet voting system*” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“*lead governor*” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“*list of eligible voters*” means the list referred to in rule 22.1, containing the information in rule 22.2;

“*method of polling*” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“*numerical voting code*” has the meaning set out in rule 64.2(b)

“*polling website*” has the meaning set out in rule 26.1;

“*postal voting information*” has the meaning set out in rule 24.1;

“*telephone short code*” means a short telephone number used for the purposes of submitting a vote by text message;

“*telephone voting facility*” has the meaning set out in rule 26.2;

“*telephone voting record*” has the meaning set out in rule 26.5 (d);

“*text message voting facility*” has the meaning set out in rule 26.3;

“*text voting record*” has the meaning set out in rule 26.6 (d);

*“the telephone voting system”* means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

*“the text message voting system”* means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

*“voter ID number”* means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

*“voting information”* means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

## PART 2: TIMETABLE FOR ELECTIONS

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### 2. Timetable

- 2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll.
Close of the poll	By 5.00pm on the final day of the election.

### 3. Computation of time

- 3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

- 3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.



## PART 3: RETURNING OFFICER

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### 4. Returning Officer

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

### 5. Staff

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

### 6. Expenditure

6.1 The corporation is to pay the returning officer:

- (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
- (b) such remuneration and other expenses as the corporation may determine.

### 7. Duty of co-operation

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

## PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

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8. Notice of election
- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
  - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (c) the details of any nomination committee that has been established by the corporation,
  - (d) the address and times at which nomination forms may be obtained;
  - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
  - (f) the date and time by which any notice of withdrawal must be received by the returning officer
  - (g) the contact details of the returning officer
  - (h) the date and time of the close of the poll in the event of a contest.
9. Nomination of candidates
- 9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2 The returning officer:
- (a) is to supply any member of the corporation with a nomination form, and
  - (b) is to prepare a nomination form for signature at the request of any member of the corporation,
- but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.
10. Candidate's particulars
- 10.1 The nomination form must state the candidate's:
- (a) full name,
  - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
  - (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
  - (b) that the paper does not contain the candidate's particulars, as required by rule 10;
  - (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
  - (d) that the paper does not include a declaration of eligibility as required by rule 12, or
  - (e) that the paper is not signed and dated by the candidate, if required by rule 13.
- 14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.
- 14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.
- 14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.
15. Publication of statement of candidates
- 15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.
- 15.2 The statement must show:
- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
  - (b) the declared interests of each candidate standing,
- as given in their nomination form.
- 15.3 The statement must list the candidates standing for election in alphabetical order by surname.
- 15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.
16. Inspection of statement of nominated candidates and nomination forms
- 16.1 The corporation is to make the statement of the candidates and the nomination

forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

- 16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.
17. Withdrawal of candidates
- 17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.
18. Method of election
- 18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.
- 18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.
- 18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:
- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
  - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

## PART 5: CONTESTED ELECTIONS

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19. Poll to be taken by ballot
- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
  - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
  - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.
20. The ballot paper
- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
  - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
  - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.
21. The declaration of identity (public and patient constituencies)
- 21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:
- (a) that the voter is the person:
    - (i) to whom the ballot paper was addressed, and/or
    - (ii) to whom the voter ID number contained within the e-voting information was allocated,
  - (b) that he or she has not marked or returned any other voting information in the election, and
  - (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,
- ("declaration of identity")
- and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.
- 21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

*Action to be taken before the poll*

22. List of eligible voters

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,



- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

- 24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.
25. Ballot paper envelope and covering envelope
- 25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2 The covering envelope is to have:
- (a) the address for return of the ballot paper printed on it, and
  - (b) pre-paid postage for return to that address.
- 25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
- (a) the completed ID declaration form if required, and
  - (b) the ballot paper envelope, with the ballot paper sealed inside it.
26. E-voting systems
- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
- (a) require a voter to:
    - (i) enter his or her voter ID number; and
    - (ii) where the election is for a public or patient constituency, make a declaration of identity;in order to be able to cast his or her vote;
  - (b) specify:
    - (i) the name of the corporation,
    - (ii) the constituency, or class within a constituency, for which the election is being held,
    - (iii) the number of members of the council of governors to be elected

- from that constituency, or class within that constituency,
  - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (v) instructions on how to vote and how to make a declaration of identity,
  - (vi) the date and time of the close of the poll, and
  - (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
  - (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
    - (i) the voter's voter ID number;
    - (ii) the voter's declaration of identity (where required);
    - (iii) the candidate or candidates for whom the voter has voted; and
    - (iv) the date and time of the voter's vote,
  - (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
  - (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
  - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) instructions on how to vote and how to make a declaration of identity,
  - (v) the date and time of the close of the poll, and
  - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

- (a) require a voter to:
  - (i) provide his or her voter ID number; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (ii) the candidate or candidates for whom the voter has voted; and
  - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

*The poll*

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.
29. Spoilt ballot papers and spoilt text message votes
- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter's identity; and
  - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):
- (a) the name of the voter, and
  - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
  - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):
- (a) the name of the voter, and
  - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
  - (c) the details of the replacement voter ID number issued to the voter.
30. Lost voting information
- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for

- replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
  - (b) has no reason to doubt that the voter did not receive the original voting information,
  - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
  - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
  - (c) the voter ID number of the voter.
31. Issue of replacement voting information
- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
  - (b) the unique identifier of any replacement ballot paper issued under this rule;
  - (c) the voter ID number of the voter.
32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

33. Procedure for remote voting by internet
- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID

number.

- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.
34. Voting procedure for remote voting by telephone
- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.
35. Voting procedure for remote voting by text message
- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

*Procedure for receipt of envelopes, internet votes, telephone votes and text message votes*

36. Receipt of voting documents
- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
  - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

- 36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
- (a) the candidate for whom a voter has voted, or
  - (b) the unique identifier on a ballot paper.
- 36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.
37. Validity of votes
- 37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) put the ID declaration form if required in a separate packet, and
  - (b) put the ballot paper aside for counting after the close of the poll.
- 37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) mark the ballot paper "disqualified",
  - (b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
  - (c) record the unique identifier on the ballot paper in a list of disqualified documents (the "list of disqualified documents"); and
  - (d) place the document or documents in a separate packet.
- 37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.
- 37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.
- 37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
  - (b) record the voter ID number on the internet voting record, telephone voting



record or text voting record (as applicable) in the list of disqualified documents; and

- (c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)<sup>1</sup>

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

- (a) mark the ID declaration form “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
- (c) place the ID declaration form in a separate packet.

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

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<sup>1</sup> It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoiled ballot papers and the list of spoiled text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

## PART 6: COUNTING THE VOTES

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STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

*“ballot document”* means a ballot paper, internet voting record, telephone voting record or text voting record.

*“continuing candidate”* means any candidate not deemed to be elected, and not excluded,

*“count”* means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

*“deemed to be elected”* means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

*“mark”* means a figure, an identifiable written word, or a mark such as “X”,

*“non-transferable vote”* means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

*“preference”* as used in the following contexts has the meaning assigned below:

(a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

(b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

*“quota”* means the number calculated in accordance with rule STV46,

*“surplus”* means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the

surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

*“stage of the count”* means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

*“transferable vote”* means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

*“transferred vote”* means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

*“transfer value”* means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
  - (i) the use of such software for the purpose of counting votes in the relevant election, and
  - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
  - (iii) ballot papers that have been returned; and
  - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no

person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words "rejected in part" on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

- STV46. The quota
- STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.
- STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.
- STV47. Transfer of votes
- STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:
- (a) according to next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.
- STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:
- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
  - (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:
- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable



votes.

- STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:
- (a) a transfer value calculated as set out in rule STV47.4(b), or
  - (b) at the value at which that vote was received by the candidate from whom it is now being transferred,
- whichever is the less.
- STV47.8 Each transfer of a surplus constitutes a stage in the count.
- STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.
- STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:
- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
  - (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.
- STV47.11 This rule does not apply at an election where there is only one vacancy.
- STV48. Supplementary provisions on transfer
- STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:
- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
  - (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.
- STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:
- (a) record the total value of the votes transferred to each candidate,

- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
  - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
  - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
- (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

- STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.
- STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
    - (i) the total value of votes, or
    - (ii) the total transfer value of votes transferred to each candidate,
  - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
  - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
  - (d) compare:
    - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
    - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

## PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

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### FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

### STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who he or she has declared elected –
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

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- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

## PART 8: DISPOSAL OF DOCUMENTS

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54. Sealing up of documents relating to the poll
- 54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:
- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
  - (b) the ballot papers and text voting records endorsed with "rejected in part",
  - (c) the rejected ballot papers and text voting records, and
  - (d) the statement of rejected ballot papers and the statement of rejected text voting records,
- and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.
- 54.2 The returning officer must not open the sealed packets of:
- (a) the disqualified documents, with the list of disqualified documents inside it,
  - (b) the list of spoiled ballot papers and the list of spoiled text message votes,
  - (c) the list of lost ballot documents, and
  - (d) the list of eligible voters,
- or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.
- 54.3 The returning officer must endorse on each packet a description of:
- (a) its contents,
  - (b) the date of the publication of notice of the election,
  - (c) the name of the corporation to which the election relates, and
  - (d) the constituency, or class within a constituency, to which the election relates.
55. Delivery of documents
- 55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.
56. Forwarding of documents received after close of the poll
- 56.1 Where:



- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
  - (i) any rejected ballot papers, including ballot papers rejected in part,
  - (ii) any rejected text voting records, including text voting records rejected in part,
  - (iii) any disqualified documents, or the list of disqualified documents,
  - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is

necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) has declared that the vote was invalid.

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

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FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
- (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed

pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
  - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
  - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

## PART 10: ELECTION EXPENSES AND PUBLICITY

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### *Election expenses*

60. Election expenses
- 60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.
61. Expenses and payments by candidates
- 61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:
- (a) personal expenses,
  - (b) travelling expenses, and expenses incurred while living away from home, and
  - (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.
62. Election expenses incurred by other persons
- 62.1 No person may:
- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
  - (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.
- 62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

### *Publicity*

63. Publicity about election by the corporation
- 63.1 The corporation may:
- (a) compile and distribute such information about the candidates, and
  - (b) organise and hold such meetings to enable the candidates to speak and respond to questions,
- as it considers necessary.
- 63.2 Any information provided by the corporation about the candidates, including

information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

## PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

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66. Application to question an election
- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel ( IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
  - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
  - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.



70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

## ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

### Eligibility to be a Member of the Council of Governors

#### 1. Council of Governors – Further Provisions on disqualification and removal:

Further to the provisions set out in paragraph 15.1 the following may not become or continue as a Governor of the Council of Governors if they are:

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- 1.1 a person who has been dismissed in [the](#) previous 5 years from any NHS body (except for redundancy or sickness);
- 1.2 a person whose tenure of office as a Chair, Non- Executive Director or Governor of an NHS body has previously been terminated on the grounds that his appointment is not in the interests of the NHS for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- 1.3 a person who has previously been or is currently subject to a sex offender order [or sexual harm prevention order](#) and/or required to register under the Sex Offences Act 2003 or committed a sexual offence prior to the requirement to register under current legislation;
- 1.4 a person who is a vexatious complainant of the Trust;
- 1.5 a person who has had his name removed from any list prepared under [the 2006 Act](#) in accordance with section [91, 106, 123 and 272](#) of that Act or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had his name included in such a list or had their suspension lifted or qualification re-instated;
- 1.6 a person who is currently a member of an independent scrutiny body whose role includes or will include independent scrutiny of Humber Teaching NHS Foundation Trust;
- 1.7 a person who is a spouse, partner, parent or child of a Director or the Chair of the Trust;
- 1.8 a person who is under 16 years of age;
- 1.9 a person who on the basis of disclosures obtained through an application to the Disclosure and Barring Scheme is not considered suitable by the Trust;
- 1.10 a person who has physically or verbally abused any NHS staff member and has been taken to Court, found guilty and convicted;
- 1.11 he/she is incapable of managing and administering his property and affairs because of mental disorder, illness or injury and will be suspended from their duties to undertake treatment. Duties will not resume until all the issues are resolved;
- 11.12 making false declaration for any purpose of this Constitution or the 2006 Act; and
- 11.13 [he or she has conducted his or herself in a manner](#) that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the [Council](#) of Governors or otherwise in a manner inconsistent with continued membership of the [Council](#) of Governors.

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11.14 If the conduct or behaviour of a Governor is called into question, discussion with the Governor will take place and relevant support will be provided for the Governor to resume normal duties but under close supervision of the Chair. However, if the behaviour and conduct does not improve and is unacceptable a decision may be made in conjunction with the Lead Governor and Senior Independent Director to suspend the Governor from duties and ultimately could lead to a recommendation to the full Council of Governors to withdraw the Governor from the Council under paragraph 11.13 of this Annex.

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This action will only be taken if previous attempts to resolve the situation informally have failed;

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11.15 Removal under paragraph 11.13 of this Annex shall be on the recommendation of the Trust Chair and should require the approval of at least two-thirds of the voting Governors present, the Governor concerned not being eligible to participate in such a vote and being absent from the room whilst it takes place. If a Governor's tenure of office is terminated, then he/she should be ineligible to stand for re-election as a Governor for a period of three years. A decision for termination should be effective notwithstanding any reference to dispute resolution.

## 2 Termination of Tenure

In addition to 14.2 and 15.1 and 15.3 the following apply;

- 2.1 A Governor may resign from that office at any time during the term of office by giving notice in writing to the Trust Secretary;
- 2.2 If a Governor fails to attend 3 consecutive meetings of the Council of Governors his/her tenure of office is to be terminated immediately unless the other Governors or Chair are satisfied that;
  - the absence was due to reasonable cause; and
  - he/she will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
- 2.3 The Council of Governors may terminate the tenure of a Governor by a three quarter majority of those voting if it is satisfied that he/she;
  - fails to adhere to the Trust's 'Governors Code of Conduct'; and/or
  - persists in acting in a manner prejudicial to the best interests of the Trust.
- 2.4 An appointed Governor will cease to hold office if the appointing authority terminate their sponsorship of the individual.

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¶ Where a vacancy occurs on the Council of Governors:¶

¶

3.1 Elected Governors will be replaced for the remainder of the current term of office by the candidate in the same class or constituency (in the case of a staff governor) with the next highest vote at the last election, providing they are willing. If the vacancy cannot be filled by this method and there is at least one year left to run in that term then a by-election will be held to elect a new Governor. Their term of office will be the maximum period until a main election consistent with not exceeding the three year limit on tenure¶

¶

3.2 Appointed Governors will be replaced by the sponsoring authority/organisation and a new term of office shall begin.¶

## ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

### Standing Orders for Council of Governors Meetings

#### 1. Calling Meetings

- 1.1. The Council of Governors is to meet at least **four** times in each financial year.
- 1.2 One of these meetings will be an Annual Members' Meeting (AMM) which will be held prior to 31 October each year.
- 1.3 Ordinary meetings of the Council of Governors may be called at any time by the Chair.
- 1.4 One third or more of the Council of Governors may requisition a meeting in writing to the Chair specifying the business to be carried out. If the Chair refuses to organise a meeting, or within 14 days of the requisition being presented fails to organise a meeting, the Governors signing the requisition may forthwith call a meeting.

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#### 2. Notice of Meetings and Business to be Transacted

- 2.1 The Trust Secretary shall give at least 30 days' notice of the date and place of every meeting of the Council of Governors to each Governor. This notice should also specify, the business proposed to be transacted.
- 2.2 **General** meetings may be called by the Chair if the subject matter does not allow for 30 days notice to be given.
- 2.3 In the case of a meeting called by Governors in default of the Chair calling the meeting the notice should be signed by those Governors.

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#### 3. Agenda and Supporting Papers

- 3.1 The Agenda will be sent out to Governors not less than 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than 3 clear days before the meeting.
- 3.2 Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least 3 days before the meeting.

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#### 4. Setting the Agenda

- 4.1 A Governor or Director desiring a matter to be included on the agenda will make his/her request in writing to the Chair at least 20 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days may be included at the discretion of the Chair.

## 5 Moving, Amending, Withdrawing and Rescinding Motions

**5.1** A Governor desiring to move or amend a motion should send a written notice thereof at least 14 working days before the meeting to the Chair, who will include it in the agenda (where permissible under the appropriate regulations). This includes motions on the possible termination of tenure of Governors as described in Annex 6. This does not prevent a motion being moved during a meeting without notice on any business mentioned on the agenda.

5.2 A motion or amendment once moved and seconded can be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

5.3 Notice of a motion to amend or rescind any resolution which has been passed within the preceding 6 calendar months shall bear the signature of the Governor who gives it and also the signature of 10 other Governors. When such a motion has been disposed of by the Council of Governors it cannot be proposed again to the same effect within the next 6 calendar months unless the Chair considers it appropriate.

**5.4** The proposer of a motion shall have the right of reply at the close of any discussion on the motion or any proposed amendment.

**5.5** When a motion is under discussion it shall be open to a governor to move

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business(\*)
- The appointment of an ad hoc committee to deal with the specific item of business
- That the motion now be put(\*)
- That the public now be excluded

(\*) denotes these motions may only be put by a Governor who has not previously taken part in the debate.

5.6 No amendment to a motion will be admitted if the Chair is of the opinion it negates the substance of the motion.

## 7 Declarations

**7.1** An elected Governor cannot vote at a meeting of the Council of Governors, unless immediately prior to the commencement of each meeting, he has made a declaration in the form specified by the Trust Secretary, of the particulars of their qualification to vote as a member of the Foundation Trust, and that they are not prevented from being a member of the Council of Governors by the conditions set out in paragraph 14 in this Constitution.

An elected Governor shall be deemed to have confirmed the declaration upon attending subsequent meetings of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of the elected Governors.

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7.2 Each Governor is required to declare their interests in accordance with paragraph 19 of this Constitution and the Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or decision of a meeting of the Council of Governors the Governor in question should

- Withdraw from the meeting and play no part in the relevant discussion or decision
- Not vote on the issue

7.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 19 of this Constitution or the Trust policy will have his/her tenure automatically terminated if required to do so by two thirds of the Governors in accordance with paragraph 2.3 of Annex 6 of this Constitution.

### 8. Voting

8.1 Every question at the meeting shall be determined by a majority of the votes of the Governors present except those issues referred to in the Constitution where other than a simple majority is required.

8.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.

8.3 All questions put to the vote shall be determined by a show of hands. A paper ballot may also be used if a majority of Governors present request it.

### 9. Minutes

9.1 Minutes of the meeting will be drawn up and submitted for approval at the next meeting where they will be signed by the Chair of that meeting. These will be circulated according to the Governors' wishes.

9.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.

9.3 Minutes of the meeting shall be available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of paragraph 16.2

### 10. Quorum

10.1 No business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors' currently occupied governor seats are present.

10.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.

10.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

### 11. Miscellaneous

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11.1 The Council of Governors may invite the Chief Executive, or any other member of the Board of Directors, or a representative of the financial auditor or other advisors to attend a meeting of the Council of Governors.

11.2 ~~Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting.~~

11.3 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint Committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and invite Directors and other persons, to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external assessors assist them or any Committee they appoint in carrying out its duties.

11.4 If a meeting is called by Governors in default of the Chair calling a meeting, and the Chair or nominated deputy do not attend, a Governor can, with the agreement of the other Governors present, take on the role of Chair.

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## ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

### Meetings of the Board

#### 1. Calling Meetings

- 1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine.
- 1.2 The Chair of the Trust may call a meeting of the Board of Directors at any time.
- 1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within 7 days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

#### 2. Notice of Meetings and the Business to be Transacted

- 2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available at least 5 clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. [Lack of service of the Notice on any Director shall not affect the validity of a meeting.](#) Details of meetings and the public agenda will be published on the Trust's website.
- 2.2 In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those Directors.
- 2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 7.
- 2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

#### 3. Agenda and Supporting Papers

The agenda will be sent to Board members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency, with the agreement of the Chair. An agenda shall be presumed to have been served two days after posting.

#### 4. Petitions

Where a petition has been received, the Chair shall include the petition as an item for the agenda of the next meeting.

#### 5. Chair of Meeting

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Deleted: Want of service of ¶ such a notice on any Director shall not affect the validity of a meeting.

Deleted: Agendas will be sent to members at least five clear days before the meeting. ¶ Supporting papers shall accompany the agenda, save in an emergency. An



5.1 At any meeting of the Board of Directors, the Chair, if there is one present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.

5.2 If the Chair and Deputy Chair are absent, another Non-Executive Director as the Directors present shall choose shall preside.

## 6 Notice of Motion

6.1 Subject to the provision of Standing Orders 8 'Motions: Procedure at and during a meeting' and 9 'Motions to rescind a resolution', a member of the Board of Directors wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.

6.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

## 7 Emergency Motions

7.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 8 'Motions: Procedure at and during a meeting', a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision on whether to include the item shall be final.

## 8 Motions: Procedure at and During a Meeting

### 8.1 Who May Propose

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

### 8.2 Contents of Motions

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board of Directors;
- the accuracy of minutes;
- that the Board of Directors proceed to next business;
- that the Board of Directors adjourn;
- that the question be now put.

### 8.3 Amendments to Motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

#### 8.4 Rights of Reply to Motions

- Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion

The Director who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

#### 8.5 Withdrawing a Motion

A motion, or an amendment to a motion, may be withdrawn.

#### 8.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a Director be not further heard;

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

## 9 Motion to Rescind a Resolution

- 9.1 Notice of motion to rescind any resolution (or the general substance of any resolution which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of 3 other Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- 9.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

## 10 Chair's Ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

## 11 Voting

- 11.1 Save as provided in Standing Orders 13 - Suspension of Standing Orders and 14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.
- 11.1.1 Where more than one person is appointed joint to a post in the Trust this shall count as one vote as provided in Standing Order 2.6 Joint Directors.
- 11.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 11.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).
- 11.4 If a Director so requests, their vote shall be recorded by name.
- 11.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 11.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise all rights including the voting rights of the Executive Director.
- 11.7 A manager attending the Board of Directors meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

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## 12 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

## 13 Suspension of Standing Orders

- 13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (Standing Order 16), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (including at least one member who is an Executive Director and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board of Directors' minutes.
- 13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Trust.
- 13.3 No formal business may be transacted while Standing Orders are suspended.
- 13.4 The Audit Committee shall review every decision to suspend Standing Orders.

## 14 Variation and Amendment of Standing Orders

These Standing Orders can only be amended in accordance with paragraph 3 of Annex 9.

## 15 Record of Attendance

The names of the Chair and Directors/managers present at the meeting shall be recorded.

## 16 Quorum

- 16.1 No business shall be transacted at a meeting unless 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) is present.
- 16.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- 16.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 17) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

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## 17 Declarations

17.1 Each Director is required to declare their interests in accordance with paragraph 31 of this Constitution and Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or a decision of a meeting of the Board of Directors the director in question should

- Withdraw from the meeting and play no part in the relevant discussion or decision, and:
- Not vote on the issue.

17.2 A report on any Non-Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 31 of this Constitution or the Trust policy will be considered by the Council of Governors in accordance with the process to remove a Non-Executive Director.

17.3 A report on any Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 31 of this Constitution or the Trust policy will be considered by a Committee consisting of the Chair, the Chief Executive and the Non-Executive Directors in accordance with the process to remove an Executive Director.

## 18 Admission of Public and the Press

The Board of Directors meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

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## ANNEX 9 – FURTHER PROVISIONS

### 1 Restrictions on Membership

1.1 An individual may not become or continue as a member of the Trust unless he/ she is aged 14 years or over when an application for membership is made and he/ she:

- 1.1.1 lives in an area specified in Annex 1 as an area for a Public Constituency; or
- 1.1.2 is eligible for membership of the Staff Constituency in accordance with paragraph 8.1 or paragraph 8.2 of the Constitution.

1.2 In addition:-

- 1.2.1 no member should act in a manner which could associate the Trust with any personal opinions expressed by the member;
- 1.2.2 other than staff members, no member may designate the Trust as his/her personal or professional postal address.

### 2. Dispute Resolution

- 2.1 Any dispute or complaint arising from the procedures set out in the Constitution as they relate to the functioning of the Board of Directors, the Council of Governors or any aspect of the membership or election arrangements will be referred in the first instance for resolution by the Trust Secretary, in consultation with the Chair, Chief Executive or the Council of Governors as appropriate.
- 2.2 If the dispute is between the Council of Governors and the Board of Directors the Chair or Deputy Chair (if the dispute involves the Chair) will endeavour to resolve the issue through discussion with the Governors and Directors to the satisfaction of both parties.
- 2.3 Failing resolution, under 2.2 the Board or the Council, as appropriate, will at its next formal meeting, approve the precise wording of a disputes statement setting out clearly the issues in dispute.
- 2.4 The Chair will ensure that the disputes statement is an agenda item and paper at the next formal meeting of the Council of Governors or Board as appropriate. That meeting will agree a response to the disputes statement.
- 2.5 The Chair (or Deputy Chair) will immediately as soon as practicable communicate the outcome to the other party and deliver the written response.
- 2.6 If the matter remains unresolved and following further discussions and/or use of the above process there appears to the Chair to be no prospect of resolution then he will advise the Council of Governors and the Board accordingly.
- 2.7 Where the dispute remains unresolved or only partially resolved the view of the Board of Directors will prevail.
- 2.8 Nothing in the above procedure will prevent the Council of Governors if it wishes, from informing NHSE, the statutory entity that remains the regulator of NHS foundation trusts that, in the Council's opinion, the Board of Directors has not responded constructively to concerns of the Council that the Trust is not meeting the conditions of its Licence.

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#### 4 Further Provisions on Disqualification of Non-Executive Directors

Further to the requirements set out in paragraph 24 the Board of Directors will determine, and identify in the annual report, each Non-Executive Director it considers to be independent. Anyone identified as not being independent will not be permitted to become or continue as a Non-Executive Director and consideration of independence or otherwise will include the following factors:

- If he/she has been an employee of the Trust within the last 5 years;
- If he/she has, or has had within the last 3 years, a material business relationship with the Trust either directly, or as a partner, shareholder, Director, or senior employee of a body that has such a relationship with the Trust;
- If he/she has received or receives additional remuneration from the Trust apart from a Director's fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
- If he/she has close family ties with any of the Trust's Directors or senior employees;
- If he/she holds cross Directorships or has significant links with other Directors through involvement in other companies or bodies;
- If he/she has served on the Trust's Board of Directors for more than 9 years from the date of their first appointment.

The Board must state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances such as those listed above.

#### 5 Indemnity

Members of the Board of Directors and Council of Governors and members of those committees which have delegated powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board of Directors' or Council of Governors functions, save where they have acted recklessly. Any costs arising where members have acted honestly and in good faith will be met by the Trust.

The Trust may make such arrangements, as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, or Directors, or Governors and members of those committees which have delegate powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel to meet all or any liabilities, which are properly the liabilities of the Trust under the paragraph above.

#### Deleted: 3 Amendment of the Constitution¶

¶ The Trust may make amendments to this Constitution (including the Annexes) only if more than half of the voting members of the Council of Governors of the Trust voting approve the amendments and more than half of the members of the Board of Directors of the Trust voting approve the amendments and in accordance with paragraph 44 of this Constitution.¶

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Title & Date of Meeting:	Trust Board Public Meeting – 26 <sup>th</sup> July 2023														
Title of Report:	Annual Non-Clinical Safety Report 2022 - 2023														
Author/s:	Peter Beckwith – Director of Finance Paul Dent Safety & PPE Logistics Manager														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td><input checked="" type="checkbox"/></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	<input checked="" type="checkbox"/>	To ratify		For assurance			
To approve		To discuss													
To note	<input checked="" type="checkbox"/>	To ratify													
For assurance															
Purpose of Paper:	<p>The Purpose of this paper is to provide the Trust Board with the Annual Non Clinical Safety Report.</p> <p>The Annual report provides assurance to the Trust Board on the ongoing management of non clinical Health and Fire Safety within the Trust.</p>														
<b>Key Issues within the report:</b>															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The number of staff receiving safety training for H&amp;S, Fire and Security has surpassed the baseline target of 85%. The training compliance has increased on the previous year's compliancy figures (see page 23) the average rate for all disciplines is within the mid 90% range.</li> <li>Risk assessments were completed within the annual timeframe for all Trust buildings achieving compliancy with Regulatory requirements.</li> <li>Safety assessment audits have been carried out at Trust premises and action is taken to address any issues identified. The Trust is conforming to the standards required by the Department of Health and has been deemed compliant by the enforcing authorities.</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Intercom systems have been installed at all GP Surgeries to control the flow of visitors entering the surgeries.</li> <li>Estates vehicles have been fitted with location tracking devices to monitor the movement of the vehicle to allow users to provide personal safety measures/locations in an emergency or breakdown and enhance vehicle security and lone working in unoccupied buildings.</li> </ul>													
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>6 fire incidents occurred during the year. The cause of 4 fires was malicious ignition in bedroom accommodation, the remaining two were a was a result of an electrical fault and an e cigarette battery catching fire whilst being charged. (See page 15)</li> <li>38 false fire alarm activations occurred during the year and 70 unwanted fire alarm</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>													



<p>activations. Fire Service attendances have been only as per the 'after normal hours' protocols of call filtering. 2 fire service attendances occurred in line with the call filter protocol, 6 for fire related incidents.</p> <ul style="list-style-type: none"> <li>• 3 RIDDOR incidents have occurred over the past reporting period.</li> </ul>																													
<p>Governance:</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Date</th> <th style="width: 20%;"></th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration &amp; Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce &amp; Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance &amp; Investment Committee</td> <td></td> <td>Executive Management Team</td> <td></td> </tr> <tr> <td>Mental Health Legislation Committee</td> <td></td> <td>Operational Delivery Group</td> <td></td> </tr> <tr> <td>Charitable Funds Committee</td> <td></td> <td>Collaborative Committee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Other (please detail)</td> <td></td> </tr> </tbody> </table>		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)	
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Charitable Funds Committee		Collaborative Committee																											
		Other (please detail)																											

**Monitoring and assurance framework summary:**

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



# Humber Teaching NHS Foundation Trust

## Annual Non-Clinical Safety Report 2022-23



**Caring, Learning  
& Growing Together**

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## Annual Non-Clinical Safety Report 2022 - 2023

### Executive Summary

This report provides information relating to key activities undertaken by the Safety Team, with respect to policies, workplace activity safety management reviews, premises Health & Safety, Fire Safety and Security inspections and Safety training provision.

The report provides information on incidents which meet the reporting requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and which have been reported to the Health and Safety Executive (HSE).

In the reference period, a total of 3 reportable incidents occurred compared to 9 in the previous twelve-month period. Of these incidents, 1 incident related to violence and aggression, 2 because of a slip, trips and fall.

During the reporting period, the Trust did not receive any enforcement

notices from the Health and Safety Executive or the Fire Service.

Throughout the reference period Health & Safety inspections and Health & Safety management reviews have been undertaken to assess compliance with Trust Health and Safety Policies and applicable Health and Safety legislation.

The Trust board has the primary responsibility and accountability for security management, with day-to-day functions/advice provided by the Accredited Local Security Management Specialists (ALSMS).

Trust managed premises have been risk assessed and audited during the year to ensure continuing compliance with Fire Safety provisions. Standardised methods of fire safety risk assessment have been adopted across the Trust area.

To complement the Regulatory Reform Fire Safety Order 2005 (RRFSO 2005), 'FIRECODE' a suite of documents, underpins a move away from prescriptive fire safety measures



and towards a risk-based approach of the Fire Safety Order.

Trust premises conform above the minimum standards required by the Department of Health and a maintenance/improvement programme is in place to maintain standards in accordance with HSC 1999/191 'Achieving Statutory Fire Safety Provisions'.

Security and lockdown profiles within Trust managed buildings and sites where staff are located, along with the GP surgeries are undertaken to ensure continued safety provisions are suitable and achievable.

During the reporting period 6 fire incidences occurred within the Trust. The causation factor for four of the incidents was malicious ignition of HTFT property, the other two were down to faulty electrics and a defective battery for an e cigarette.

All fire, false alarm and unwanted fire signals which took place during 2022/23 have been entered onto the Estates database. This information is used to look at trends and develop and implement initiatives to reduce the causation factors of fire alarm signals.

There has been an increase in reporting incidents to the police compared to the previous year, Absconding/AWOL, Violence & Aggressive, criminal damage and theft incidents are the major incidents reported.

Emergency procedures are continually evolving to ensure protective and preventative measures employed protect all patrons of buildings should a fire occur and evacuation be necessary.

Management have been made aware that they have a duty to ensure staff under their managerial control are aware of their roles and responsibilities as detailed within Articles 8 – 23 of the RRFSo 2005. Failure to comply with this requirement is an offence under criminal law.

The Risk Assessments of premises are dynamic, and because more emphasis is being placed by inspecting authorities on the management of fire safety, continued support for managers and supervisors has been given during the year 2022/2023.

The COVID 19 pandemic had an impact on safety inspections but during the relaxing of the lockdown periods safety inspections recommenced. COVID-19 workplace inspections now form part of the audit process for Humber buildings and will continue to do so until instructed otherwise. As reoccupation of Trust buildings has become more open to staff and services the reintroduction of the checking/testing regime must be built into the weekly programme of events to be completed to ensure compliancy with the H&S and Fire Safety requirements.

## Introduction and Purpose

The purpose of this report is to provide the Humber Teaching NHS Foundation Trust Board with assurance regarding the ongoing management of Health & Safety, Fire Safety and Security within the Trust. It is a requirement that the Board receive an annual Safety report to assure the Board that sufficient safety arrangements are in place and that the Safety measures being employed are being effectively managed across the Trust.

This report provides analysis of the Trust's Safety performance for 2022/23 and outlines key developments and work that has been undertaken during the reporting period.

The current programme of work aims to achieve further improvements in Health and Safety, Fire, Security Management whilst also highlighting and mitigating associated risks. An important focus of current activity is to encourage and support a risk-based culture towards managing safety hazards, in which a positive and initiative-taking approach to safety management is developed and maintained.

The fire and false alarm statistics in this report cover only premises owned and occupied by Humber Teaching NHS Foundation Trust (HTFT).



## Reporting Structure and Governance

This report details Trust wide safety performance throughout 2022/23 in order to comply with the Health & Safety at Work Act 1974 and the Regulatory Reform Fire Safety Order 2005 and associated statutory regulations.

The Chief Executive has overall responsibility and accountability for all Health & Safety and Fire Safety matters. The Director of Finance/Senior Information Risk Owner is the designated Executive Director responsible Health & Safety, Fire Safety and Security.

Health and Safety is managed within the Trust's Health & Safety, Fire Safety and Security Team. The Safety Manager reports directly to the Deputy Director of Estates and Facilities.

The Trust's Safety Manager manages all 'non-clinical' aspects of Health and Safety within the Trust. Patient safety risks regarding patient clinical care is overseen by the Clinical Risk Management Group. The governance structure for Health & Safety, Fire Safety and Security is via

the Health and Safety Group, which reports into the Executive Management Team and provides quarterly reports to the Finance Committee with issues escalated to the Trust Board when appropriate.

The Health and Safety Group has the following responsibilities:

- Receive and review Health & Safety, Fire and Security related policies and recommend where these policies will go next in terms of ratification.
- Review information on Trust Health & Safety, Fire and Security incident reports, collate actions for the action tracker and monitor accordingly.
- Review, monitor and challenge where relevant, reports and action plans received.
- Invite relevant Managers to provide information on incidents or to respond to inspection reports.
- Review the outcomes of external or internal Health & Safety, Fire and Security inspections and make recommendations and representations to others as required.
- Encourage and support the principles of Occupational Health and Infection Control throughout the Trust and any related health surveillance

programmes.

- Review upcoming new and amended Health & Safety, Fire and Security related legislation for its impact on Trust's activities.
- Review Health and Safety related civil law cases and relevant Health and Safety Executive prosecutions for their impact on Trust activities.
- Review Health and Safety key performance indicators and findings of Health and Safety audits against Trust Policies and CQC outcomes 10 and 11, collate actions for the action tracker and monitor accordingly.
- Keep records of all proceedings, decisions and activities of the H&S Group.
- Receive and review the quarterly Safety Board update report and recommend ratification to EMT prior to submission to the Board.
- Regular Health & Safety, Fire and Security reports are provided to the Board to ensure they are cited on all statistics and issues relating to safety matters.

There are two sub-groups of the Health and Safety Group:

### **Water Safety Group**

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

To discharge this duty, a Water Safety Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate the water safety management activities.

Issues arising from the above meetings are escalated to the Trust's Health and Safety Group.

During the 2022/23 period, in conjunction with the Trust's externally appointed Authorising Engineer, a Trust Water Safety Plan was formally reviewed, adopted and implemented.

Legionella awareness refresher training, for key Trust staff, will be undertaken in 2023.

### **Asbestos Management Group**

Humber Teaching NHS Foundation Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012, to take all reasonable precautions to prevent

or control the harmful effects of asbestos containing materials (ACMs) to clients, visitors, staff and other persons working at or using its premises.

To discharge this duty, an Asbestos Management Group, under the direction of the Trust's Estates Department, meets regularly to co-ordinate asbestos management activities. Asbestos awareness refresher training for key Trust staff was undertaken as an online course between February and June 2022 to suit individual needs.



## **Legal Compliance Overview**

### **Health and Safety**

The foundation of the current management of Health and Safety in the United Kingdom was established by the Health and Safety at Work etc. Act 1974, which remains the principal Health and Safety legislation. The Act and its associated regulations, address the way in which Health and Safety is managed within all organisations.



The Trust fulfils its legal responsibility for Health and Safety by:

Legislation	Description of Actions/Compliance
<p><b>Health and Safety at Work etc. Act 1974</b></p>	<p>Maintaining a team of professionals to provide advice and support to managers and staff.</p> <p>Undertaking reviews of local Health and Safety Management processes during Health &amp; Safety review/support visits at Unit/Team level.</p> <p>Undertaking premises Health and Safety inspections to assess the level of safe working conditions and promoting improvements.</p> <p>Continuing to develop a library of template work activity Risk assessments and substances hazardous to health assessments for Units/Teams to access.</p> <p>Monitoring Health and Safety incident reports on DATIX, carrying out incident investigations as required and sharing the lessons learned.</p> <p>Facilitating a range of E Learning based Health and Safety Training courses.</p>
<p><b>Management of Health and Safety at Work Regulations 1999</b></p>	<p>Undertaking reviews of Teams/Units work activity risk assessments.</p> <p>Continuing to develop a library of template work activity Risk assessments for Teams/Units to access.</p>
<p><b>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013</b></p>	<p>Maintaining Sharps devices activity assessments.</p> <p>Restricting purchasing of sharps devices to approved makes and models only.</p>
<p><b>Control of Substances Hazardous to Health (COSHH) 2005</b></p>	<p>Undertaking reviews of Teams/Units COSHH assessments.</p>
<p><b>Personal Protective Equipment at Work Regulations 1992</b></p>	<p>Undertaking reviews of Teams/Units Personal Protective Equipment risk assessments</p>
<p><b>Display Screen Equipment Regulations 1992</b></p>	<p>Undertaking reviews of Teams/Units Display Screen Equipment assessments where applicable.</p>
<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences</b></p>	<p>Reporting incidents to the Enforcement Authority which meet the RIDDOR reporting requirements.</p>

Legislation	Description of Actions/Compliance
<b>Regulations (RIDDOR) 2013</b>	Carrying out incident investigations as required and sharing the lessons learned.
<b>Health and Safety Information for Employees Regulations (Amendment) 2009</b>	Displaying Health and Safety information posters in Trust buildings.
<b>Health and Consultation with Employees Regulations 1996</b>	Having in place a number of employee Health and Safety representatives for improved consulting and communication of Health and Safety.
<b>Safety Representatives and Safety Committees Regulations 1977</b>	Liaising with Union appointed Health and Safety representatives for improved consulting and communication of Health and Safety.

### Fire Safety of Humber Teaching NHS Foundation Trust Occupied and Maintained Properties

The following table summarises the schedule of directives and state of compliance in relation to fire safety.

DIRECTIVE	REQUIREMENT	COMPLIANCE	COMMENTS
POLICY AND PRINCIPLES	<b>Clearly Defined Fire Safety Policies</b>	YES	Organisational fire policy in line with requirements as detailed in the HTM suite of documents and the RRFSo 2005.
	<b>Director Appointed Re Fire Safety</b>	YES	Director of Finance/Senior Information Risk Owner
	<b>Fire Safety Manager</b>	YES	Paul Dent
	<b>Fire Safety Improvement Programme Instigated</b>	YES	Forms part of the Capital Investment programme
	<b>Annual Fire Report to Board</b>	YES	June 2023
	<b>Fire Reporting Procedure</b>	YES	All Fire & False incidents reported through DATIX
	<b>Liaison with Fire Service</b>	YES	Contact maintained through Fire Safety Manager.
	<b>Emergency Fire Procedure Plans</b>	YES	Updated annually by site management.







## Fire Nominated Officers

The Department of Health requires under FIRECODE Policy & Principals – Fire Safety in the NHS Health Technical Memorandum 05-01: Managing Healthcare Fire Safety, that a Fire Safety Manager be appointed to ensure day-to-day activities in relation to fire safety.

This responsibility has been delegated to the Safety and PPE Manager.

In 1997, the Fire Precaution (Workplace) Regulations placed responsibility on every person who has, 'in any extent, control of a workplace to ensure that, so far as it relates to matters within their control', the workplace complies with any applicable requirement of the Regulations.

Non-compliance could, in serious cases, render the responsible person liable to an unlimited fine and/or a custodial sentence.

Such persons who have 'in any extent Control of a Workplace so far as it relates to matters within their control', must be made aware of their responsibilities and of the legal implications if those responsibilities are not carried out. This responsibility has been continued and extended by the RRFSo 2005.

The above requirements are being disseminated through clear distinct training routes, these being the Fire Safety Awareness courses, Fire

Warden/Responsible Person Training courses and Management courses.

Evacuation Plans for individual premises are continually reviewed, with Responsible Persons being named and designated duties listed to promote a clear understanding of fire safety roles and responsibilities.

The training of Nominated Fire Officer/Fire Wardens has been on-going with both fire refresher and fire warden courses being provided to HTFT staff. All safety related training has been migrated to online courses accessible through the ESR portal. When requested the fire safety manager will attend site//buildings to discuss fire safety matters where a local solution is required.

## Safety Related Policies

Safety policies are regularly reviewed and updated to reflect changes in legislation, service improvements or external agencies' requirements.

The Trust's overarching Health and Safety policy is due for review in April 2025.

The Fire Safety policy was reviewed in June 2022 and was placed on the Intranet as a live document, the policy has a manual of procedures to ensure total compliance with RRFSo 2005. The policy will be due for review in April 2025

All Safety related policies are available to staff via the Trust's Intranet site.



## Incident Reporting

The reporting of incidents across the Trust is key to establishing trends and identifying specific areas where improvements are required.

### Reporting Industrial & Dangerous Diseases Occurrences Regulations (RIDDOR) Incidents

RIDDOR require employers and other people in charge of work premises to report and keep records of:

- Work related accidents which cause deaths

- Work related accidents which cause certain serious injuries (Reportable injuries)
- Diagnosed causes of certain industrial disease.
- Certain dangerous occurrences (incidents with potential to cause harm).

There have been 3 RIDDOR reportable incidents during the 2022-2023 period, brief details of the incidents are summarised in the table on page 13.

### Comparison of all RIDDOR reportable incidents

Reporting Period	2020/21	2021/22	2022/23
1 April 2022 to 31 March 2023	3	9	3

Incident	Action Taken
<b>Whilst commencing to ascend a ladder to access an air conditioning unit a member of staff lost their footing on the bottom rung of the ladder, put their hand out to steady themselves and jolted the wrist causing a fracture.</b>	Staff given first aid and taken to A&E for assessment.
<b>Without any apparent preceding triggers an in-patient commenced punching staff to the back of the head after being asked if they wanted tea and punching another staff member in the face with force causing injury and time off work.</b>	Patient followed verbal direction to walk into the seclusion suite. Staff member attended A&E and informed they had a broken nose and attend ENT for further assessment
<b>An empty box was left outside the administration office door for removal by the domestic to dispose of later in the day. However, staff member who was aware of the box tripped over it as they returned to their office after answering the door, injuring their arm.</b>	Management took staff member to A&E (identified as a bone fracture). The box was immediately removed. Reminder issued not to leave trip hazards in corridors or anywhere in Trust buildings.

The direct result of a patient assault on staff: staff cascaded verbal awareness from management of being 'patient' aware and an increase in de-escalation tactics and physical intervention training to ensure patient on staff assaults are reduced.

The slips and trip incidents have been addressed:

- For staff to ensure the ladder rungs and footwear are dry before using the equipment.
- Management informed all staff not to leave anything in walkways, to arrange for onsite domestic staff to pick up the item from the relevant office/area of the building.

A further 5 RIDDORS have been reported to the Health and Safety Executive via their online portal direct from the Trusts DATIX reporting form. However, these incidents have not fulfilled the Health and Safety criteria, but staff reported them without contacting the safety team for advice and support due to their lack of knowledge and understanding of the criteria. Information for staff has been discussed with managers at the Health & Safety Group and to be cascaded to staff along with communications via the Trusts global email newsletters.





### **Fire and False Alarm Incidents**

To monitor and control false alarms and satisfy the Department of Health Estates & Facilities requirement for submission of fire incident details, there is an internal reporting system within the Trust. Six fire related incidents were reported with seventy unwanted fire signals and thirty-eight false alarm activations occurring over the last reporting period.

There has been an increase in unwanted fire alarm signals of 43.4%. Causation factors for fire alarm activations have been, patients deliberately starting fires in accommodation areas, the use of smoking materials and e-cigarettes, or physically damaging the fire detection systems employed.

False alarm calls increased by 12.92%, the primary causes being contractor work adjacent to fire detection systems, staff preparing food and patients accidentally damaging fire alarm call points and associated equipment.

For both False Alarms and Unwanted Fire Signal activations both staff and management have been reminded and advised to monitor patients who are known for causing unwanted fire signals.

To reduce intentional fire alarm activation the Trust are now fitting 'flush' type fire detectors in the inpatient units. These new detectors are 3-4mm in depth as against 75mm, making them far more difficult to remove or damage.

### **Fire Incidents 2022/2023**

Over the past reporting period six fire incidents have occurred, four of the incidents were due to malicious ignition, the other two being because of an electrical fault and a faulty battery in an e-cigarette. Details of each incident have been reported to the Health and Safety Group with appropriate escalation within the Trust.

There remains an ongoing challenge with lighters and smoking paraphernalia being introduced into Trust buildings. Management and staff are 'policing' the issue but in some instances as soon as the lighters have been confiscated, family, friends and other patients returning from leave are resupplying patients.

For all the incidents detailed below, if it had not been for the prompt intervention actions of staff the fire incidents would have developed.

All fire incidents have been investigated and management and staff debriefed as to their individual actions. Staff have been asked to be more vigilant, with policy and procedures reinforced after each incident.

The reported incidents were as follows:

- Four fire incidents occurred in inpatient units, bedroom accommodation, two of which were significant fires culminating in predominantly smoke damage to the rooms of



origin, with moderate fire damage to personal belongings and bedroom furniture. The fires were caused by malicious ignition to items within the room, the ignition source being a fuel type lighter.

- One fire was as a direct result of an e-cigarette being charged at a workstation. Minor damage was caused to the desk. All staff have been informed not to charge personal items at their respective workstations.
- One fire was caused by an electrical fault in a boiler room, due to a faulty light switch. No damage caused, some minor scorch marks to socket fitting. The socket and associated wiring was replaced and all other electrical assets within the building checked.

#### **False Fire Alarm Signals 2022/2023**

False alarm activations have increased from 34 on last year's figures to 38 this year, an increase of 12.92%.

False alarm activations have been predominantly because of patient actions, whereby fire alarms have been activated by; aerosols being sprayed directly into fire detectors, unattended food that patients have been preparing and the increase in e-cigarettes and smoking paraphernalia being used within buildings.

Management and staff have been reminded through various communication routes to be more vigilant with patients when these products are being used. Management have also been asked to ensure that smoking materials and ignition sources are surrendered by patients on leave and to reinforce the no smoking policy for visitors to Trust buildings.

#### **Unwanted Fire Alarm Signals 2022/2023**

Unwanted fire signals have increased from 62 from last year's figures to 70 this year, an increase of 43.4%. Most of the unwanted fire alarm activations over the past reporting period have been down to patient actions and the use smoking materials to activate fire detection systems in Trust buildings. Some incidences of contractor activations were identified due to the works being carried out I Trust buildings.

Staff and management have been reminded to be more vigilant whilst contractual work and alarm testing is taking place. A monthly report is received regarding alarm activations and causation factors from the alarm receiving company and the report where applicable is sent to managers for them to action locally.

Staff are also reminded of their responsibilities under the Regulatory Reform Fire Safety order 2005 through the fire training course that are provided as part of the mandatory training programme.

The percentage of fires to false alarms & unwanted fire signals was

6% actual fires and 94% false alarms/unwanted fire signals.

Systems are now in place whereby the Fire and Rescue Service will require Alarm Receiving Centres (ARC's) to confirm that a building has a confirmed report of a fire before they attend. The introduction of the call filter system has proved advantageous in reducing the number of fire service attendances and the 'down time' of the premises whilst the reason for the alarm activation is confirmed.

A reporting system with the Alarm Receiving Centre (ARC) SCAMP security now produces a monthly return of not only the alarm activations but also when the fire service was informed and if they attended HFT buildings.

Of the 70 unwanted and 38 false alarm signals (totalling 108) incidences, the fire service attended site on 11 occasions, 6 of the attendances being for fire related incidents.

### **Call Filter System**

The call filter system has proved beneficial in reducing the number of fire service attendances due to spurious alarm activations. Staff continue to embrace the system and are comfortable with the operating parameters of the 3-minute investigatory timeframe. Humberside Fire & Rescue Service have cited HTFT as using best practice in line with the National Fire Chiefs Council (NFCC) and the HTM guides for the reduction of unwanted fire signals for NHS premises. All new staff on induction are instructed on this

procedure and emergency procedures to be followed.

### **Emergency Fire Procedure Plans**

The arrangements for transmitting emergency calls to the fire service across the Trust has been rationalised for all HTFT premises implementing the call filter procedure. The new procedure is contact between the premises and the ARC to confirm the nature of the alarm activation before contact is made with HF&RS, should this be required (confirmed fire incidents only).

The attendance of HF&RS to premises on the call filter system has been reduced to the minimum amount with attendances being made to life risk premises after normal office hours only, as per the out of hours protocol.

Regular fire drills/exercises to enhance staff awareness of procedures are a statutory requirement and must be arranged by managers to ensure the suitability of the Evacuation Plan for the premises. The approach now is that drills/evacuation exercise should take place twice a year, this approach being deemed best practice from the Department of Communities and Local Government.

All organisational premises have completed at least two evacuation exercises within the last reporting period and a database is held with the Safety Manager to ensure that all premises are complying with the requirements of the RRFSo 2005 in relation to this matter.

As Trust buildings become repopulated evacuation exercises have recommenced, to ensure this practice is reinstated, management have been contacted to complete evacuation exercises as soon as practicable. A reminder regarding reinstating evacuation exercises has been placed regularly in all Trust promulgations to reinforce the message regarding this matter. Procedures are in place for fire evacuation of all organisational premises. Such plans detail how the evacuation will be conducted, who will carry it out and where the patients will be evacuated to. These protocols are in place for all trust premises and as the risk/client base changes then plans are amended accordingly.

All HTFT premises now hold an evacuation strategy in the event of the premises having to completely 'decant' from site to an alternate premises/location. This alternative evacuation plan dovetails in with the resilience measures outlined in the Major Incident Plan as detailed in the Civil Contingencies Act 2004.

### **Security Incidents**

The ALSMS has a duty to investigate all criminal allegations relating to any security incident in a timely and proportionate manner reporting the findings to the appropriate management tier and consulting with the police. The following took place during 2022/23:

- Advice and support provided to management while localised investigations are conducted, which

contributed to appropriate action plans.

- Consultation with stakeholders on the proposal for the new Trust HQ and decommissioning of the old building took place during 2022/23.
- Liaison with partner organisations using Trust buildings relating to open and unlocked doors resulting in visitors being able to access restricted areas.
- Provided information for Freedom of Information requests relating to sexual violence/conduct on and from staff, patients and visitors and racial abuse from patients, several which were reported to police.
- Liaised with the Estates Maintenance team relating to a key management system within a shared building with other NHS organisations.
- Liaised with the Estates Development team relating to the criteria for new CCTV systems within 4 in-patient units.

CCTV images have been provided to the police on occasions in relation to assaults on staff members and patients, theft of vehicles and criminal damage to buildings to support their criminal investigations. Along with internal investigations with regards to safeguarding of patients

and inappropriate staff working hours.

The CCTV system installed the previous year within Miranda House has been a success in capturing footage of assaults and criminal damage to staff the unit, to support the police.

CCTV projects for 4 inpatient units has been approved to cover corridors, entrance/exits and external areas.

A total of 40 Unacceptable Behaviour letters were sent to service users, visitors and/or family members who were verbally abusive towards a wide range of staff whilst undertaking their duties. This was found to be a significant increase from the previous year. The letters were issued because of a variety of incidents, ranging from being verbally abusive, using inappropriate language, threatening and causing criminal damage to buildings and vehicles. One letter was also issued to a family member, because of their threatening behaviour towards staff during a visit to an inpatient unit. The letters issued were associated with incidents within community settings and GP Practices.

The Drug Search Dog Service Level Agreement has been reviewed and opinion from staff and patients has made a positive. The visits have highlighted hot spots for staff to search frequently. No contraband was located on the visits at Pine View and Humber Centre. The continuous aim is to provide long term deterrents to persons wishing to use or supply illegal drugs and to

improve the safety and security of all persons to promote and maintain a safe environment where care and treatment can be delivered safely.

## Safety Assessments

### Health and Safety Risk Assessments

Health and Safety risk assessments are a key tool in ensuring that Health and Safety standards are monitored and managed correctly by Trust staff and/or where Trust services are delivered. The following are completed on an annual or risk-based frequency:

- Workplace/activity risk assessments for compliance with the Management of Health and Safety at Work Regulations.
- Control of Substances Hazardous to Health (COSHH) assessments for compliance with the Trust's COSHH Policy.
- Display Screen Equipment (DSE) assessments for compliance with the Trust's DSE Policy.
- Driving at Work assessments for compliance with the Trust's Driving at Work Policy.
- Moving and Handling assessments for compliance with the Trust's Moving and Handling Policy.

As part of the process, line managers are requested to review their Unit/Team's Health and Safety risk

assessments against a checklist, to ensure the required assessments are in place and have been communicated to staff.

Where risk assessment reviews identify any non-conformances for example, missing activity assessments, assessments requiring review, the relevant line manager is required to take action to rectify the non-conformance.

#### **Themes Arising from The Assessment Reviews In 2022/23**

Themes arising from risk assessment completed were:

- Office space and accommodation.
- Review of workplace risk assessments.

Office space and accommodation plans/layouts are confirmed by the Estates Development Team who plan working spaces on a figure of 5sqm per persons floor area as per existing H&S requirements. As staff are reintegrated into the workplace and working within the 'blend and thrive' approach office space has been reconfigured to achieve mandatory safe working measures.

#### **Template Health and Safety Risk Assessments**

The continued rollout of a generic template Health and Safety Assessments over the last 12 months has reduced the length of time needed to undertake the reviews and provides a more consistent approach to the assessment process across services.

Feedback on the template assessments continues to be positive and the introduction and implementation of new template assessments is on-going, with greater co-operation and sharing of assessments actively encouraged across the service areas,

An electronic version of the existing fire folder was trialled at Newbridges inpatient unit and is now rolling out to remaining Trust buildings. This will replace hard copies and in turn help towards reducing the carbon footprint for the organisation.

The physical condition of some premises has been brought to the attention of the Safety & Estates Teams and where possible remedial works have been, and are being, programmed in.



All aspects of safety systems within the organisation continue to improve. The safety team are assessing which areas require addressing to evolve to the next level for audit purposes as it has been identified that staff on site are duplicating recordings.

### **Fire Risk Assessments/Audits**

The RRFSO 2005 requires an annual fire risk assessment to be conducted in all premises in which people are employed to work.

Within the healthcare industry the risk assessment identifies deficiencies against the mandatory provision of FIRECODE and details appropriate measures to achieve an acceptable standard.

The purpose of the audit is to monitor compliance with FIRECODE and statutory requirements, to identify areas of non-compliance and set up remedial programmes.

All premises managed by the Trust have a fire and safety risk assessments completed annually but because of its very nature, it is dynamic and fluid and divisional/departmental heads need to be aware of the implications of the fire and safety risk assessments.

As part of the fire risk assessment all premises have an arson risk assessment completed to ensure the premises are inspected both internally and externally and any arson issues are identified and removed.

Interim fire safety inspections are being implemented to enhance the annual inspection and ensure continued compliancy is being maintained.

### **Security Assessments/Audits**

The assessment identifies any risks within the building and/or to staff, where appropriate, to make recommendations to ensure

compliance with safety legislation. The assessment sets out the recommendations it is considered necessary for management to take, in order to satisfy the safety of the building, staff and patients.

All wards/departments are subject to assessments that are followed by annual audits. These are an integral part/addendum to the original assessment document. It is the responsibility of managers to advise the ALSMS of any changes that may affect the validity and contents of this document and subsequent audit reports.

Trust vehicles used by Estates have been installed with tracking location devices to monitor the movement of vehicles allowing users to provide personal safety measures/locations in an emergency or breakdown and enhance vehicle security and lone working in unoccupied buildings.

### **Themes arising from the assessment reviews in 2022/23**

Themes arising from risk assessment completed were:

- Unsecure doors and windows
- Non-compliance with Lone Working procedures due to the lack of staff working from their bases owing to Covid-19 working arrangements
- Lack of key management and responsibilities with specific keys





Items arising from the assessment review have been addressed via:

- One to one discussion with management and staff.
- More robust key management systems being employed.
- Re- education and familiarisation with policy contents.
- Reminders of roles and duties placed in all Trust promulgations.

#### **Planned Actions for 2023/24**

##### **Safety Inspections**

All Trust premises to have annual safety inspections diarised for the period 2023/24 to ensure compliance is being achieved with regulatory requirements and to confirm assurance for the organisation when audited externally. A building will now have all safety inspection completed within one visit were possible to alleviate 'down time' for staff. Inpatient buildings will have the assessments completed at times when the attendance of the safety team will not affect clinical service delivery.

##### **Building Plans & Risk Assessments**

Risk assessments continue to be programmed in to upgrade and increase the information compiled in relation to all Trust properties. As information is collated a final plan will be issued to each property identifying protective and preventative measures that are inherent to the building.

##### **Raise Awareness**

Regarding new legislations and guidance nationally, regionally and locally to all staff within the Trust regarding Health & Safety, Fire and Security related issues, through attending regular meetings/forums, newsletters, training sessions and visiting staff within their work settings/buildings.

New fire safety legislation was issued because of the Grenfell Inquiry but at present does not impact on the Trust as it appertains to high rise building of over 18 metres or above 7 storeys in height.

##### **Investigations**

The Safety Team will continue to investigate all criminal allegations relating to Health & Safety, Fire and Security incidents in a timely and proportionate manner reporting the findings to the appropriate management tier and external organisations where appropriate.



##### **Safety Premises Inspections**

**S**afety inspections of Trust buildings and buildings where Trust staff are based are undertaken as part of the incident prevention work and to seek compliance with the Workplace (Health, Safety and Welfare) Regulations. (See Appendix A)

### Services Joining the Trust

The actions outstanding from premises inspections highlights that as services join the Trust and their buildings become the responsibility of the Trust, substantial work is often required to bring the condition of the buildings up to the required Trust standards.

Estates are working closely with the Safety Team to review new services prior to joining the Trust and to ensure that due diligence is completed, so issues with building standards and compliance are addressed prior to the new service buildings becoming the Trust's responsibility.



### Safety Training

As part of the Trust's mandatory training policy, all staff are required to complete safety training aligned to their role. The Trust monitors compliance on a regular basis.

The table below shows the overall compliance rates for the following Health and Safety/fire related training as of the 31 March 2023. The Trust's target compliance rate for each of the listed training elements is 85%, the training compliance rates were all above the baseline target at Trust Level.

From December 2021 COSHH awareness and Display Screen Equipment training has been incorporated into the H&S awareness course and as such reporting of these two elements are captured in the H&S awareness figures.

### Safety Related Training Compliance 2022/23

Month	2022									2023		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage	%	%	%	%	%	%	%	%	%	%	%	%
Moving & Handling	96.15	95.99	93.86	95.99	94.90	95.34	95.35	96.00	97.74	97.58	96.11	96.27
H&S Awareness	97.04	95.41	96.41	96.78	96.73	96.87	96.87	96.93	97.52	97.58	97.71	97.5
Fire Refresher	95.39	96.20	95.79	96.17	94.33	95.68	95.41	95.64	95.77	95.69	96.21	95.51



### **Fire Training Plans for 2022/23**

All fire related training will now be completed as an online ESR package, however when required, bespoke site-specific fire training will be given on request. There will be a cost saving in employing online training as staff will not be travelling to training venues. In essence they will be able to complete mandatory training in their workplace. This approach is in line with the Department of Health guidelines and the UK Core Skills Training Framework.

### **Fire Warden Training**

This training was developed into an interactive online version. The new format will help managers identify and allow training of new fire wardens within the workplace. The premise of placing this package online was to help staff train in fire warden duties, whilst also reducing time away from the workplace. In addition, the student can complete the training in their own time and allows staff to be available for workplace duties.

It has proved so successful that the training package has been sold to a neighbouring organisation.

### **Security Related issues**

The Prevent and Chanel Panel process adopts a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. It is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Trust's safeguarding team provides information, consults with

partners, supports internal colleagues, shares appropriate information and attends the Channel Panel meeting, this is usually the Safeguarding Adults Specialist Practitioner, supported by the Prevent Lead for the Trust and the Named Nurse for Children for the Trust. The Channel Panel in Hull and East Riding of Yorkshire are attended monthly and when an urgent meeting is needed to discuss a specific case and information is provided for the North Yorkshire panel if requested. The works are ongoing and supportive.

The Trust Prevent lead continues to attend at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the Home Office can be disseminated and have overall oversight of the local Channel Panels

The Trust has four Prevent Champions.

### **Prevent Training**

Prevent training has continued to be delivered to staff via e learning and is discussed within the Level 3 Safeguarding mandatory training, regularly information is shared in the Trust wide global newsletter, the safeguarding team has its own Prevent information guide leaflet and maintained a Prevent page on the Trust internal intranet which has key information and the respective local authority Prevent referral forms.

### **De-escalation Management and Intervention Training**

There are four associate trainer posts to support training delivery to all the Trusts services, which has been

provided from various venues within the local area. The latest training venue is the MKM Stadium, Hull.

An Associate DMI Trainer supports Humber Centre staff to deliver Search training on their security refresher courses. Humber's Positive Engagement Team (PET) have delivered training to the other adult in-patient units.

The PET team continue to support services with specialist training for instances where patients and service users present with more complex issues/risks (clinical holding), which is an annual refresher session. Specialist courses have been provided to Learning Disability Community Teams to enhance their skills to safely physically intervene and hold when necessary. These has been developed at the request of the service to fit the needs of their team, all content has been selected from the pre-approved DMI training curriculum. Continued training package for Wellington Care staff.

The training team provides training for Mechanical Restraint, Secure Escort Vehicle, Basic Life Support and Search training. Search Training has become Mandatory and will be reflected of staff's ESR once it has been identified which staff need the training within the inpatient setting.

De-escalation Management Intervention (DMI) training is now certificated by BILD (British Institute of Learning Disabilities) standards, the trainers are required to undertake 4 annual CPD development days. PET is an approved Affiliate Training Centre.

The Trusts training target was 85% however, the compliance has consistently risen from the previous year which was 81.88% and it is 86.01% for DMI.

The PATS training has been redesigned and involved a Training Needs Analysis being supported by various areas within the trust that are community based, reviewing of Datix over an 18-month period. Some areas have had their ESR Record changed to either just Conflict Resolution e-Learning or ½ DMI Physical Interventions – this course will replace PATS.

### **Regulatory Reform Fire Safety Order 2005**

Managers at every level have been encouraged to accept their responsibilities under the RRFSO 2005 and be pro-active in the discharge of those duties. This must include ensuring that all staff members receive fire training as this is an area where the Trust may be deemed to be vulnerable should this training not occur.

### **E Cigarettes**

**E**cigarettes were approved to be used within inpatient type premises in 2019. The type of e-cigarette being employed is the Generation 2, with chambered types not approved within Trust premises. The replacement liquid is kept in the nurse's station. Due to some liquids being identified as flammable they are stored in a flame and waterproof storage box.

Within the forensic unit's disposable e-cigarettes are available through a vending machine.

Although there is still a noticeable issue with false alarm activations being caused as a direct result of e-cigarette usage, it has been noted that there has been a steady increase of unwanted fire signals over the past 6 months. Management and teams have been contacted directly and management are addressing this issue by reinforcing search procedures and the surrendering of contraband.

### **Liaison with the Fire Service**

**H**umberside Fire & Rescue Service (HF&RS) continues to focus on local health care premises for audits under their own inspection programme. Contact is maintained via the Premises Managers and the Trust Fire Safety Manager.

The Fire Service now have an After the Fire Team who enter premises to conduct a thorough audit of procedures.

Joint liaison regarding fire investigation with HF&RS and the Police will take place for incidents to ensure a more cohesive approach to fire investigation is conducted and outcomes for internal investigations are prepared.

### **Liaison with Humberside Police Force**

**W**orking relationships continue with various departments within the local Police force with sharing intelligence and information.

The Trust Prevent lead continues to attendance at the strategic Silver or MAP Prevent meetings which looks how the latest guidance from the home office can be disseminated and have overall oversight of the to the local Channel Panels.

### **Summary of Action for 2023/24**

**I**nitiatives will continue to reduce fires, false alarms and unwanted fire signals during the next year.

The initiatives will combine awareness, advice and investigations of incidents relating to Health & Safety, Fire and Security.

### **Conclusion**

The Trust seeks to ensure that it provides a safe working environment for staff, clients and visitors through risk assessments, inspections, staff engagement, training and advice and guidance and will continue to improve on this.

The 2022/23 period decreased in the number of RIDDOR reportable incidents compared to the previous year and this is a trend we wish to see during the next reporting period.

Changes to the Trust structures and more flexible methods of working has presented fresh challenges for the Safety Team and the management tiers within the Trust. However, with

continued streamlining of the review and risk assessment process, increased staff Health and Safety representation and more focused

training, the Trust has striven to meet these new challenges.

***P Dent GFireE, MIFSM, ASMS. MNAHS***  
**Safety & PPE Logistics Manager**

## APPENDIX A

NAME	PROPERTY NAME	Site Code	PROPERTY ADDRESS	POST CODE	Fire RA AF	Security RA AF	H&S RA AF	Evac Ex AF
	77 Beverley Road		Beverley Road, Hull		26/01/2023	26/01/2023	26/01/2023	17/05/2023
RV917	Alfred Bean Hospital	AB	Bridlington Road, Driffield	YO25 5JR	12/03/2023	12/03/2023	12/03/2023	09/03/2023
RV962	Anlaby Clinic	AC	First Lane, Anlaby	HU10 6UE	12/01/2023	12/01/2023	12/01/2023	24/11/2023
	Ayton and Snaiton Surgery		Pickering Road, Scarborough (2 Year Frequency)	YO13 9JF	02/08/2021	02/08/2021	02/08/2021	24/06/2023
RV967	Baker Street	MC	7 Baker Street, Hull	HU2 8HP	30/01/2023	30/01/2023	30/01/2023	12/01/2022
RV944	Bartholomew House	GB	161 Boothferry Road, Goole	DN14 6AL	20/03/2023	20/03/2023	20/03/2023	17/04/2023
RV907	Becca House	BE	27 St John's Avenue, Bridlington	YO16 4ND	27/01/2023	27/01/2023	27/01/2023	02/05/2023
RV963	Beverley CMHT	BD	Manor Road, Beverley	HU17 7BZ	30/01/2023	30/01/2023	30/01/2023	
RV963	Beverley Health Centre	BB	Manor Road, Beverley	HU17 7BZ	06/10/2022	06/10/2022	06/10/2022	02/04/2022
	Bridlington Medical Centre (1st Floor)	BM	Station Road, Bridlington	YO16 4LZ	28/06/2022	28/06/2022	28/06/2022	12/12/2022
	Brook Square Surgery		Trafalgar Square Surgery, 41-44 Trafalgar Street West, Scarborough, (2 Year Frequency)	YO12 7AS	30/11/2021	30/11/2021	30/11/2021	03/04/2023
RV993	Coltman Avenue	CA	Coltman Avenue, Beverley	HU17 9LP	20/02/2023	20/02/2023	20/02/2023	04/02/2022
RV989	Coltman Street	CS	Coltman Street, Hull	HU3 2SG	16/02/2023	16/02/2023	16/02/2023	06/10/2022
RV970	Cottingham Clinic (King St)	CT	King Street, Cottingham	HU16 5QJ	13/06/2023	13/06/2023	13/06/2023	24/03/2022
	Crystal Villas		15 St John's Avenue, Bridlington	YO16 4ND	07/07/2023	07/07/2023	07/07/2023	05/04/2022
	Danes Dyke Surgery		463a Scalby Road, Scarborough, North Yorkshire (2 Year Frequency)	YO12 6UB	30/11/2021	30/11/2021	30/11/2021	22/06/2023
RV902	Driffield 8 Market Place (CMHT, DAC, RIVENDELL)	DP	8 Market Place, Driffield	YO25 6AP	24/04/2023	24/04/2023	24/04/2023	06/03/2023
RV984	East House	ES	38 St John's Avenue, Bridlington	YO16 4NG	28/03/2023	28/03/2023	28/03/2023	08/07/2022
RV9HE	East Riding Community Hospital	BV	Swinemoor Lane, Beverley	HU17 0FA	26/08/2022	26/08/2022	26/08/2022	09/03/2023
	Eastfield Medical Centre		14 High Street, Scarborough, North Yorkshire (2 Year Frequency)	YO11 3LJ	17/08/2021	17/08/2021	17/08/2021	Unknown
	Filey Surgery		Station Avenue, Filey, North Yorkshire (2 Year Frequency)	YO14 9AE	17/08/2021	17/08/2021	17/08/2021	07/06/2023
RV995	Goole Substance Misuses Service	GH	100 Boothferry Road, Goole	DN14 6AE	26/05/2023	26/05/2023	26/05/2023	10/05/2023

RV929	Granville court	GC	4 Granville Court, Hornsea, East Yorkshire	HU18 1NQ	05/09/2022	05/09/2022	05/09/2022	04/02/2023
RV941	Hawthorne Court	HW	St Mary's Lane, Manor Road, Beverley	HU17 1BT	21/03/2023	21/03/2023	21/03/2023	06/02/2023
	Health Trainers, Bridlington	QA	19 Quay Road, Bridlington	YO15 2AP	27/06/2023	27/06/2023	27/06/2023	No exercise completed 2022/23
	Health Trainers, Goole		67 Boothferry Road, Goole	DN14 6BB	22/06/2023	22/06/2023	22/06/2023	04/02/2022
RV904	Hornsea Cottage Hospital	HC	Eastgate, Hornsea	HU18 1LP	24/03/2023	24/03/2023	24/03/2023	01/05/2023
RV904	Hornsea Kingfisher Lodge	HC	as per Hornsea Cottage Hospital	HU18 1LP	24/03/2023	24/03/2023	24/03/2023	01/05/2023
RV936	Humber Centre	XX	Willerby Hill, Beverley Road, Willerby	HU10 6XB	20/10/2022	20/10/2022	20/10/2022	19/12/2023
	INSPIRE		Walker Street	HU3 2HE	08/03/2023	08/03/2023	08/03/2023	17/08/2022
RV938	Maister Lodge	ML	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	14/10/2022	14/10/2022	14/10/2022	24/10/2023
	Malton Community Hospital		Middlecave Road, Malton, North Yorkshire	YO17 7NG	17/01/2023	17/01/2023	17/01/2023	02/08/2022
	Manor House Surgery	MH	Providence Place, Bridlington	YO15 2QW	12/07/2023	12/07/2023	12/07/2023	11/02/2023
RV9MW	Market Weighton GP Practice	MW	10 Medforth Street, Market Weighton	YO43 3FF	28/07/2023	28/07/2023	28/07/2023	11/05/2023
RV942	Millview	MV	Castle Hill Hospital, Castle Road, Cottingham	HU16 5JQ	02/09/2022	02/09/2022	02/09/2022	11/02/2023
RV945	Miranda House	DG	Gladstone Street, Anlaby Road, Hull	HU3 2RT	29/07/2022	29/07/2022	29/07/2022	25/04/2023
RV934	Newbridges	NB	Birkdale Way, Newbridge Road, Hull	HU9 2BH	05/01/2023	05/01/2023	05/01/2023	18/02/2023
RV9PH	Peeler House GP Practice	PE	1 Ferriby Road, Hessle, East Yorkshire	HU13 0RG	08/11/2022	08/11/2022	08/11/2022	06/04/2022
RV946	Pine View	GT	Beverley Road, Willerby	HU10 6AW	29/06/2022	29/06/2022	29/06/2022	14/03/2022
RV9AC	Pine View -South West Lodge	GT	Beverley Road, Willerby	HU10 6AW	29/06/2022	29/06/2022	29/06/2022	14/03/2022
	Pocklington Beckside GP Practice	PB	1 Amos Drive, West Green, Pocklington	YO42 2BS	22/05/2023	22/05/2023	22/05/2023	07/07/2022
RV978	Pocklington Health Centre	PC	8 -10 George Street, Pocklington	YO42 2DF	24/07/2023	24/07/2023	24/07/2023	07/07/2022
	Practice 2		Station Road, Bridlington	YO16 4LZ	17/02/2023	17/02/2023	17/02/2023	12/12/2022
	Princes Court (Ground Floor)		Princes Court, Princes Avenue, Hull	HU5 3QA	04/10/2022	04/10/2022	04/10/2022	24/10/2023
RV9PM	Prospect Road Surgery		174 Prospect Road, Scarborough, North Yorkshire	YO12 7LB	29/06/2023	29/06/2023	29/06/2023	25/04/2023
	Rosedale	RD	Preston Road, Hedon	HU12 8JU	09/09/2022	09/09/2022	09/09/2022	27/05/2023
	St Andrews	GS	271 St Georges Road, Hull	HU3 3SW	30/05/2022	30/05/2022	30/05/2022	04/05/2023

	Snainton Surgery		Station Road Snainton (2 Year Frequency)	YO13 9AP	02/08/2021	02/08/2021	02/08/2021	24/06/2023
RV980	Sunshine House	SJ	70 Walker Street, Hull	HU3 2HB	01/09/2022	01/09/2022	01/09/2022	17/11/2022
	The Grange	CE	Hauxwell Grove, Middlesex Road, Hull	HU8 0RB	17/03/2023	17/03/2023	17/03/2023	19/05/2023
RV908	Townend Court ( PSYPHER,CTLD,OPCMHT)	TC	298 Cottingham Road, Hull	HU6 8QG	04/07/2023	04/07/2023	04/07/2023	02/02/2023
RV915	Townend LD Unit	NA	296 Cottingham Road, Hull	HU6 8QA	22/11/2022	22/11/2022	22/11/2022	02/02/2023
RV979	Walker Street Centre	CD	70 Walker Street, Hull	HU3 2HE	08/09/2022	08/09/2022	08/09/2022	17/08/2022
	Waterloo Centre	WC	Brunswick Avenue, Hull	HU2 9AY	12/09/2022	12/09/2022	12/09/2022	08/05/2023
RV990	West End	WE	2062-2068 Hessle Road, Hull	HU13 9NW	12/06/2023	12/06/2023	12/06/2023	11/05/2023
RV912	Westlands	WA	Wheeler Street, Hull	HU3 5QE	07/03/2023	07/03/2023	07/03/2023	10/02/2023
RV933	Whitby Community Hospital	WCH	Springhill, Whitby, North Yorkshire	YO21 1EE	28/02/2023	28/02/2023	28/02/2023	10/08/2022
RV91W	Willerby Hill - College House	CL	Willerby Hill, Beverley Road, Willerby	HU10 6NS	16/06/2023	16/06/2023	16/06/2023	02/05/2023
RV918	Willerby Hill - Learning Centre	XC	Willerby Hill	HU10 6ED	05/06/2023	05/06/2023	05/06/2023	10/05/2023
	Willerby Hill - Lecture Theatre (Ex Tech Centre)	XD	Willerby Hill	HU10 6ED	05/06/2023	05/06/2023	05/06/2023	10/05/2023
	Willerby Hill - Mary Seacole	XB	Willerby Hill	HU10 6ED	19/06/2023	19/06/2023	19/06/2023	28/07/2022
	Willerby Hill - PABX	XH	Willerby Hill (3 yearly frequency)	HU10 6ED	02/07/2020	02/07/2020	02/07/2020	N/A not a populated building.
	Willerby Hill - Sledmere House	HR	Willerby Hill	HU10 6ED	14/07/2022	14/07/2022	14/07/2022	10/05/2023
RV987	Willerby Hill - Trust HQ	XA	Willerby Hill, Beverley Road, Willerby	HU10 6ED	14/07/2022	14/07/2022	14/07/2022	Unoccupied
RV901	Willerby Hill -Skidby House	XE	Willerby Hill	HU10 6ED	21/06/2023	21/06/2023	21/06/2023	05/05/2022
RV987	Willerby Hill - Trust HQ	XA	Willerby Hill, Beverley Road, Willerby	HU10 6ED	14/07/2022	14/07/2022	14/07/2022	Unoccupied

Title & Date of Meeting:	Trust Board Public Meeting - Wednesday 26th July 2023														
Title of Report:	Gender Pay Gap Report 2023														
Author/s:	Stacey Oglesby Workforce Business Partner /John Duncan EDI Partner														
Recommendation:	<table border="1" data-bbox="539 517 1516 636"> <tr> <td data-bbox="539 517 938 557">To approve</td> <td data-bbox="938 517 1034 557">x</td> <td data-bbox="1034 517 1410 557">To discuss</td> <td data-bbox="1410 517 1516 557"></td> </tr> <tr> <td data-bbox="539 557 938 598">To note</td> <td data-bbox="938 557 1034 598"></td> <td data-bbox="1034 557 1410 598">To ratify</td> <td data-bbox="1410 557 1516 598"></td> </tr> <tr> <td data-bbox="539 598 938 636">For assurance</td> <td data-bbox="938 598 1034 636"></td> <td data-bbox="1034 598 1410 636"></td> <td data-bbox="1410 598 1516 636"></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>To provide the Trust Gender Pay Gap Report 2023 as required under The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31st March 2017.</p> <p>The Gender Pay Gap report was approved at EMT on 10<sup>th</sup> July 2023.</p>														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust has a mean gender pay gap of 13.2% which represents an increase of the gap by 1.8% on the previous year. This is consistent with a national increase in the gender pay gap. It also remains below the national rate of 14.9% and continues the Trust trend of being below the national benchmark for gender pay gaps.</li> <li>The median gender pay gap has increased to 6% in March 2022, equating to an increase of 5 percentage points since March 2021.</li> <li>78.79% of the Trust's staff are female, with 21.21% being male. This is largely in line with the national NHS figures where 76.7% of employees are female.</li> <li>Women occupy 75.03% of the highest paid jobs and 80.42% of the lowest paid jobs;</li> <li>The proportion of males receiving a bonus payment is 1.26%, with females receiving a</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>Deliver and monitor female participation in Career Confidence Coaching sessions that focus on supporting our female colleagues through their career journey in the organisation.</li> <li>Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach to ensure fairness and proportionality in awarding clinical excellence payments.</li> <li>Ongoing analysis of recruitment EDI data to refine inclusive recruitment practices, building on existing strategy, tools, resources and local promotion and recruitment practices to engage and employ applicants and retain employees from all communities.</li> <li>Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions that will support pay equality encouraging increased uptake from female staff.</li> </ul>														



bonus payment is 0.26%.	<ul style="list-style-type: none"> <li>Develop a succession planning process to provide balance in the promotion, succession planning and development opportunities.</li> </ul>
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Reducing our gender pay gap implies increasing the proportion of men in the organisation and continuing the focus on creating pay equity across pay bands.</li> <li>Effective policies for closing the gender pay gap seek to address factors and barriers common to all women (such as the number in lower-grade jobs with lower pay) as well as target inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>EMT approved the report on 10<sup>th</sup> July 2023</li> </ul>

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	06/09/23
	Finance & Investment Committee		Executive Management Team	10/07/23
	Mental Health Legislation Committee		Operational Delivery Group	27/06/23
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) EDI Steering Group	June 23

### Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			

Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	



Humber Teaching  
NHS Foundation Trust

Humber Teaching NHS Foundation Trust

# Gender Pay Gap Report

2023



Caring, Learning  
& Growing Together

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# 1.0

## Introduction

Organisations with 250 or more employees are mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 are to publish information relating to pay for six specific measures, as detailed in this report.

The intention of the pay gap reporting is to focus organisational attention on taking action to reduce those inequalities, bringing to life our commitments from the People Promise and focus effort on improving staff experiences within our workplace, improving retention, and making the NHS the best place to work. Evidence indicates that disparity in pay has a lasting socioeconomic impact on staff.

This gender pay gap report is a snapshot as of **31 March 2022**. On this basis, the report gives an overview of the gender pay gap on both organisational performances.

As of 31 March 2022, Humber Teaching NHS Foundation Trust's workforce had **3411 substantive** staff which comprised of 78.79% of the Trust's staff are female, with 21.21% being male. This is largely in line with the national NHS figures where 76.7% of employees are female.

For the purposes of this report, we are using electronic staff record (ESR) data to undertake this analysis, and therefore we are dependent on staff reporting their protected characteristics on ESR (via ESR self service).





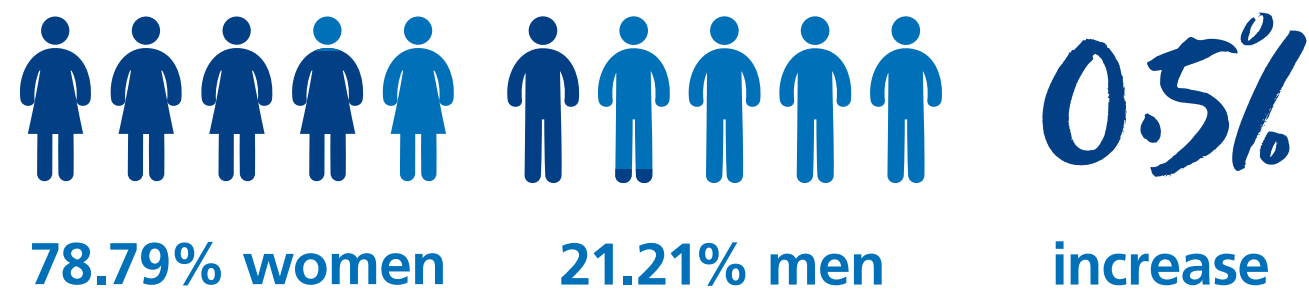
# 2.0

## What is our gender pay gap?

The gender pay gap reporting is based on the government’s methodology for calculating difference in pay between female and male employees, considering full-pay relevant employees of Humber Teaching NHS Foundation Trust.

‘Equal pay’ means being paid equally for the same/similar work. ‘Pay gap’ is the difference in the average pay between two groups.

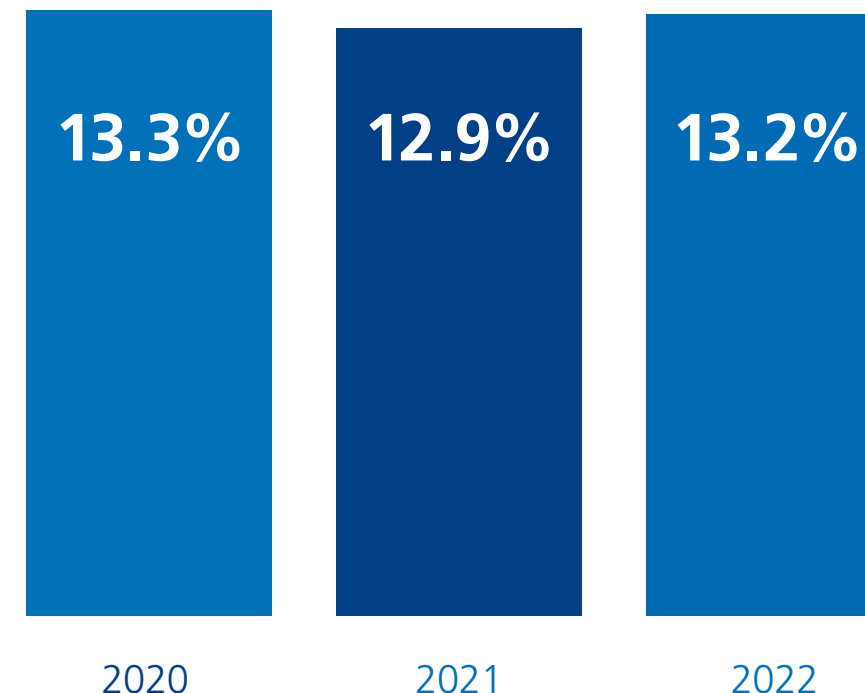
As of 31 March 2022, the Humber Teaching NHS foundation Trusts **3411 substantive** employees comprised of 78.79% female staff, with 21.21% being male. This was an increase of **0.5% more women** in the organisation as a whole, compared to the previous year.



The gender pay gap trend for Humber teaching NHS Foundation Trust is decreasing, despite a slight rise from the previous year. The **mean gender pay gap was 13.2%** in March 2022, representing an increase in the gap of 1.8 percentage points. The **median gender pay gap has increased to 6%** in March 2022, equating to an increase of 5 percentage points since March 2021.



Figure 1: Gender pay gap data – mean average (2020-22)



**Image description:**  
A bar graph with three columns representing the annual periods of 2019 to 2020, 2020 to 2021 and 2021 to 2022.  
  
The graph shows the mean average gender pay gap maintaining year on year, from 13.3% in 2019 to 2020, 12.9% in 2020 to 2021, and 13.2% in 2021 to 2022.

Overall, at Humber Teaching NHS Foundation Trust, women occupied 75.03% of the highest paid jobs and 80.42% of the lowest paid jobs. Men occupied 24.97% of the highest paid jobs and 19.58% of the lowest paid jobs.

Reducing our gender pay gap implies increasing the proportion of men in the organisation and continuing the focus on creating pay equity across pay bands.

A significant driver for the pay gap is having a smaller proportion of men in lower pay bands related to their share of the overall population (see Section 4). Similarly, we had the highest proportion of women within pay bands 4 to 7 compared with the men among whom we had more between bands 8d and 9.





# 3.0

## What is the bonus gender pay gap?

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male – This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female – This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.26%
- The proportion of females receiving a bonus payment is 0.26%

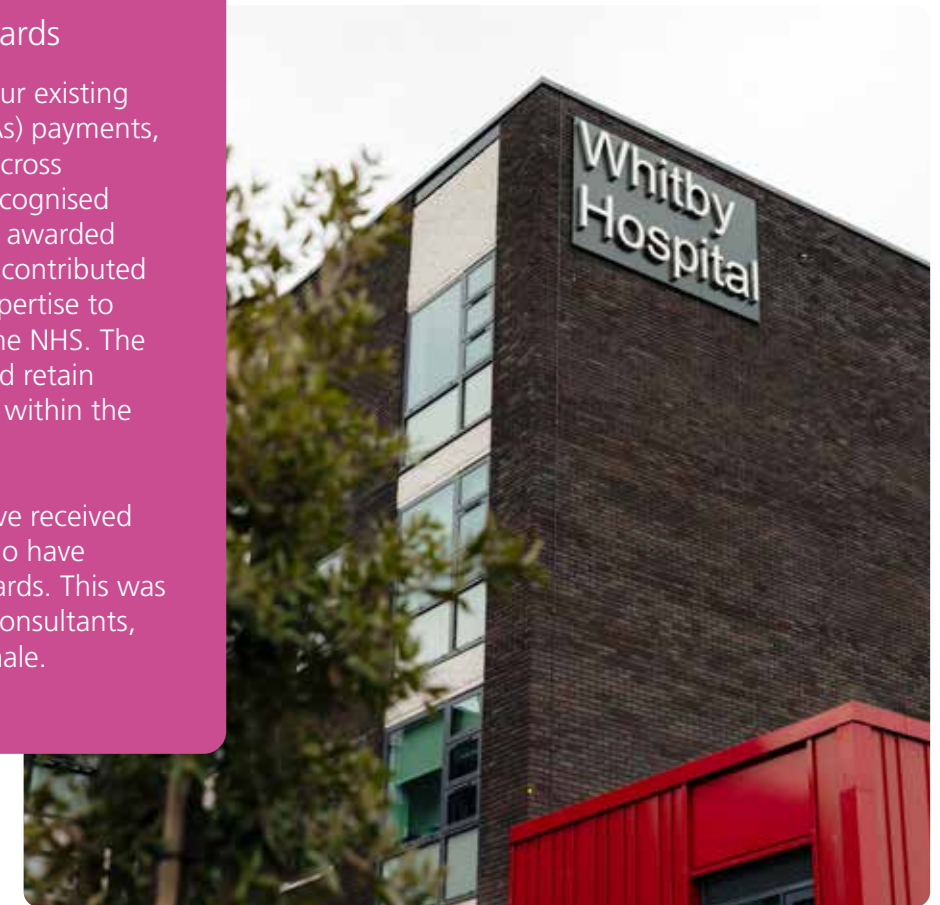
The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.



**3.1 Clinical Excellence Awards**

As an organisation we do honour existing Clinical Excellence Awards (CEAs) payments, which are recognised practice across the NHS. CEAs are nationally recognised discretionary payments that are awarded to clinical colleagues who have contributed exceptional clinical skills and expertise to improve the quality of care in the NHS. The CEAs are awarded to attract and retain highly skilled clinical colleagues within the NHS.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. This was distributed equality across 30 Consultants, with 18 being male and 12 female.



# 4.0

## What is the proportion of men and women in each pay quartile?

Overall, at Humber Teaching NHS foundation Trust, women occupied **75.03% of the highest paid jobs (upper quartile)**. The national population of women in England and Wales is 51%. However, **most (80.42%) employees** at Humber Teaching NHS Foundation Trust in **lower quartile (lowest paid) jobs were women**, reflecting that male employees were more highly represented in higher paid jobs.

Comparing these quartiles suggests the lower proportion of men in lower pay bands relative to their share of the population (31.3%) was a key driver of the gender pay gap at the Trust.

Figure 2: Proportion of men and women in each pay quartile

Image description:

A graph showing the proportion of men and women in each pay quartile. The graph shows that female representation reduces moving up each quartile:

- The upper quartile of the highest paid staff is 75.03% Female and 24.97% Male.
- The upper middle quartile is 80.87% Female and 19.13% Male.
- The lower middle quartile is 78.99% Female and 21.01% Male.
- The lower quartile of the lowest paid staff is 80.42% Female and 19.58% Male.

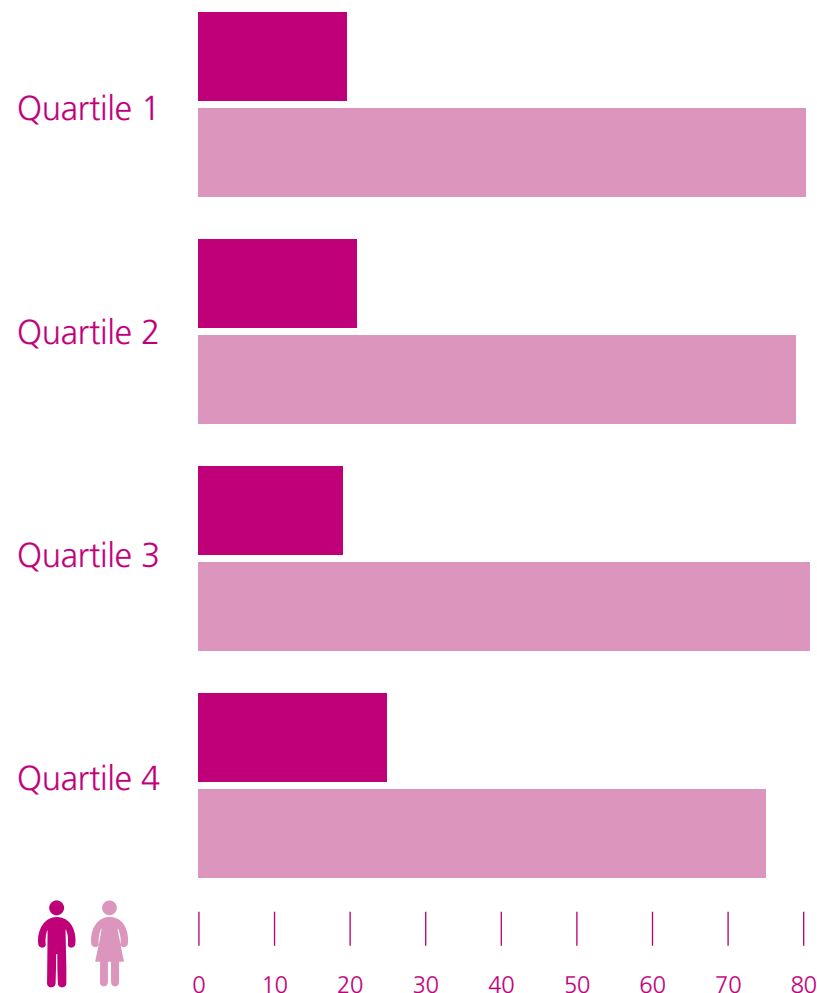


Figure 3: Gender breakdown by pay band (March 2022)

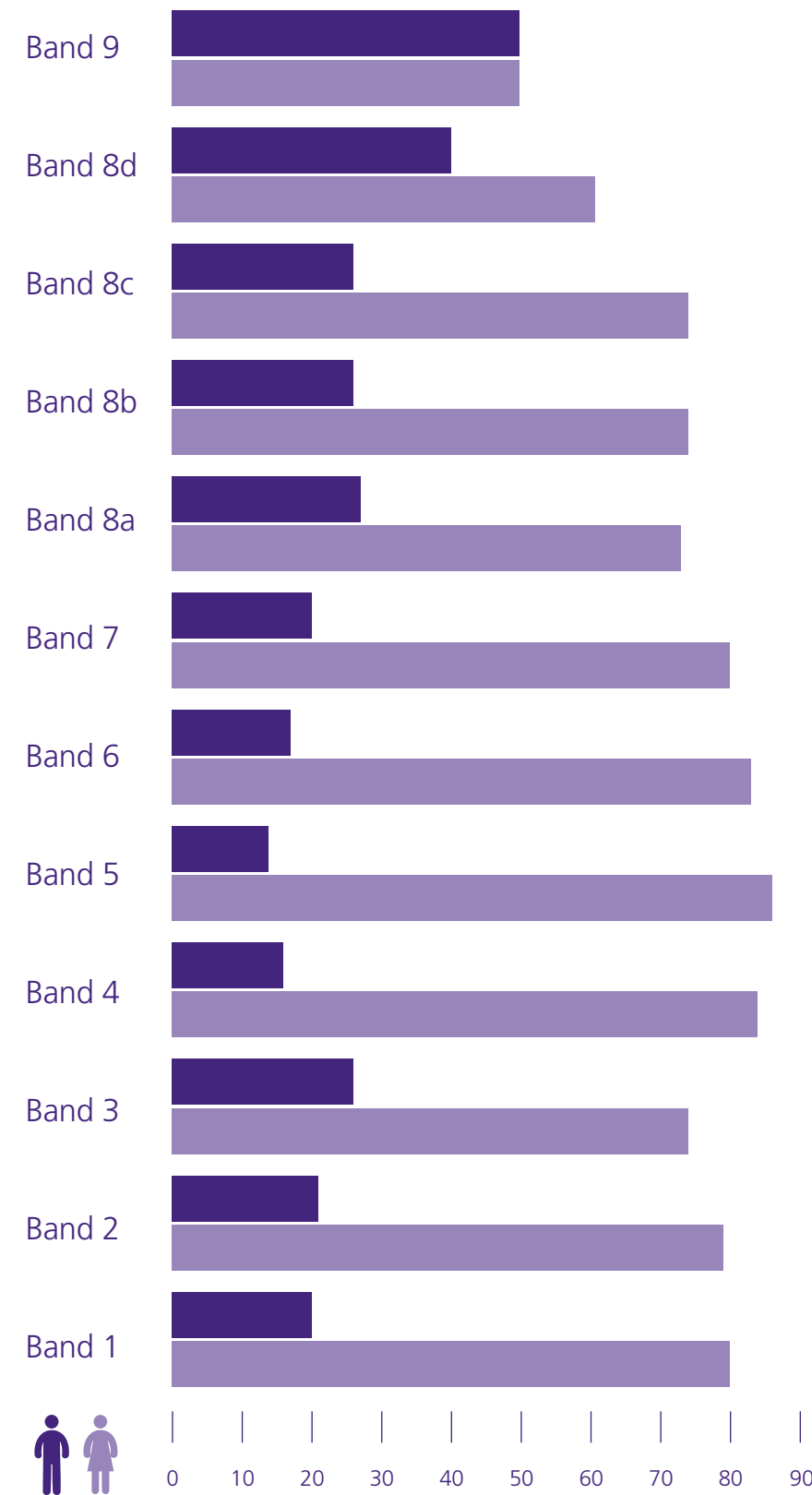


Image description:

A graph showing the gender breakdown by pay band:

- Band 1 is 80% female and 20% male.
- Band 2 is 79% female and 21% male.
- Band 3 is 74% female and 26% male.
- Band 4 is 84% female and 16% male.
- Band 5 is 86% female and 14% male.
- Band 6 is 83% female and 17% male.
- Band 7 is 80% female and 20% male.
- Band 8a is 73% female and 27% male.
- Band 8b is 74% female and 26% male.
- Band 8c is 74% female and 26% male.
- Band 8d is 60% female and 40% male.
- Band 9 is 50% female and 50% male.





# Addressing the gender pay gap

We aim to continue to reduce our gender pay gap year on year, with the intention to create greater equality in our pay framework.

Reducing our gender pay gap implies increasing the proportion of men in the organisation and continuing the focus on creating pay equity across pay bands.

Effective policies for closing the gender pay gap seek to address factors and barriers common to all women (such as the number in lower-grade jobs with lower pay) as well as target inequalities faced by women belonging to specific groups, based on characteristics such as ethnicity, age and profession.

We have implemented a number of actions over the last year that have contributed to reducing our gender pay gap:

Action	Progress
Provide career coaching and mentoring for staff and self-confidence sessions to increase the confidence for women to apply for promotion.	<ul style="list-style-type: none"> <li>• Career coaching and mentoring in place and ongoing. 17 mentors trained, and programme launched 20th February 2023</li> <li>• ICB Coaching pool established</li> <li>• Executive Performance Coaching offered to all 8B and above: all 14 places filled with 6 sessions of external coaching offered per person between Sept 22 – March 23. Total of 84 hours of coaching provided.</li> <li>• 38 hours of coaching has been completed so far with all 14 people attending a minimum of 2 sessions as planned. 10 of the 14 participants are female.</li> <li>• Confidence coaching for women will be a focus in 2023.</li> </ul> <p>Specific Career Coaching for females to be implemented in 2023</p>
The application of rigour in the negotiations of starting salaries for medical staffing posts and afford greater flexibility for part time workers to progress.	In place and ongoing.
The implementation of a new Local Clinical Excellence Award Policy to ensure transparency and to eliminate the potential for bias.	Policy in draft and in consultation.

Action	Progress
Continue to ensure awareness and encourage female and part time eligible consultants to apply for clinical excellence awards (and seek feedback from those who don't to assess any potential conscious or unconscious bias).	CEA policy and process in draft for the 2023 award. Equal distribution was applied during 2020-2022, meaning all eligible female consultants received an award.
Leadership and Senior Leadership Programmes.	<p>In place and ongoing</p> <p>Senior Leadership Development Programme Band 8a+:</p> <ul style="list-style-type: none"> <li>• 73 staff completed</li> <li>• 13 staff currently completing</li> <li>• 10 staff on the waiting list</li> </ul> <p>Of the 86 leaders that have either completed the programme, or currently going through it, 66 are female (76.74%) and 20 are male (23.26%).</p> <p>Leadership Development Programme Bands 3-7:</p> <ul style="list-style-type: none"> <li>• 142 staff completed</li> <li>• 58 staff currently completing</li> <li>• 84 on the waiting list</li> </ul> <p>Of the 200 leaders that have either completed the programme, or currently going through it, 153 (76.5%) are female and 47 are male (23.5%).</p>
Develop a talent management and succession planning process to provide balance in the promotion, succession planning and development opportunities.	Humber High Potential Development Scheme serves as an internal talent development scheme having seen 16 participants complete the programme across year one and two, with 11 on programme in 23/24.
Recruitment & Selection Training.	<p>In place and ongoing.</p> <p>Training from June 22 – Jan 23</p> <ul style="list-style-type: none"> <li>• 88 participants</li> </ul>
Monitoring of flexible working requests.	<p>In place and ongoing.</p> <p>Between March 22 and April 23 there were 293 flexible working arrangements recorded on ESR of which 259 were female and 34 male.</p>





We propose to take further action in the forthcoming year to reduce our pay gap by:

- 

1. Deliver and monitor female participation in Career Confidence Coaching sessions that focus on supporting our female colleagues through their career journey in the organisation.
- 

2. Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach to ensure fairness and proportionality in awarding clinical excellence payments.
- 

3. Ongoing analysis of recruitment EDI data to refine inclusive recruitment practices, building on existing strategy, tools, resources and local promotion and recruitment practices to engage and employ applicants and retain employees from all communities.
- 

4. Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions that will support pay equality encouraging increased uptake from female staff.
- 

5. Develop a succession planning process to provide balance in the promotion, succession planning and development opportunities.

# 6.0

## Definitions, assumptions, and scope

All employee data in this report is extracted from Humber Teaching NHS Foundation Trust's ESR system, showing a snapshot as of **31 March 2022**. The reporting period covers 1 April 2021 to 31 March 2022. Hourly rate is calculated using base pay, allowances and bonus pay (where applicable).



Table 1: Definitions

Key word	Definition
Pay gap	Difference in the average pay between two groups.
Mean gap	Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median gap	Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus gap	Difference between the mean bonus paid to female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus gap	Difference between the median bonus pay paid to female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the bonus pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Bonus proportions	Proportions of female employees who were paid a bonus, and the proportions of male employees who were paid a bonus.
Quartile pay bands	Proportions of female and male employees in the lower, lower middle, upper middle and upper quartile pay bands. Quartile is the value that divides a list of numbers into quartiles.
Equal pay	Being paid equally for the same/similar work.

Date published: 30 March 2023  
Date last updated: 30 March 2023

### **Humber Teaching NHS Foundation Trust**

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

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[www.humber.nhs.uk](http://www.humber.nhs.uk)



Independently accredited  
**menopause friendly**  
employer



Title & Date of Meeting:	Trust Board Public Meeting – 26 <sup>th</sup> July 2023														
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disability and Autism Collaborative Programme Update														
Author/s:	Michele Moran, Chief Executive, Humber Teaching NHS Foundation Trust HNY Mental Health and Learning Disability Lead / ICB Board Partner  Alison Flack, Programme Director Mental Health, Learning Disabilities & Autism Collaborative Programme – Humber and North Yorkshire Health and Care Partnership														
Recommendation:	<table border="1" data-bbox="539 996 1524 1108"> <tr> <td data-bbox="539 996 938 1034">To approve</td> <td data-bbox="938 996 1029 1034"></td> <td data-bbox="1029 996 1412 1034">To discuss</td> <td data-bbox="1412 996 1524 1034"></td> </tr> <tr> <td data-bbox="539 1034 938 1072">To note</td> <td data-bbox="938 1034 1029 1072">√</td> <td data-bbox="1029 1034 1412 1072">To ratify</td> <td data-bbox="1412 1034 1524 1072"></td> </tr> <tr> <td data-bbox="539 1072 938 1108">For assurance</td> <td data-bbox="938 1072 1029 1108"></td> <td data-bbox="1029 1072 1412 1108"></td> <td data-bbox="1412 1072 1524 1108"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper:	To update Board members on the work of the Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disability and Autism Collaborative.														
Key Issues within the report:															
<p><b>Positive Assurances to Provide:</b></p> <ul style="list-style-type: none"> <li>Community Mental Health transformation - HNY have seen a significant increase in CMHT access due to the early implementer model in Hull and the East Riding, along with continued transformation in all other areas.</li> </ul>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li><b>Programme governance and strategy review</b> - As the ICB has developed in structure and accountability, we are reviewing our programme governance to align to ICB structures. There have also been a number of policy and service developments that have prompted us to review the strategy developed in 2021. A refreshed draft strategy will be considered by the Mental Health, Learning Disability and Autism Collaborative board in July 2023.</li> <li><b>National Inpatient Quality Review</b> – inpatient settings. The first workshop to explore Humber and North Yorkshire ICB priorities for this work was held in June. Key</li> </ul>														

priorities identified are Psychiatric Intensive Care Units (PICU), Child & Adolescent Mental Health Services (CAMHS) and there was also a focus on transition between children's and adults services.

- **Maternal Mental Health** - business case developed. We are currently seeking funding for the commencement of the service to be delivered by Humber and TEWV.
- **HNY Mental Health, Learning Disability and Autism Annual Conference** – we have set the date for our annual conference for Thursday 9th November 2023 (9.15am – 1.00pm GMT). The main theme of this year's conference is autism, and topics will include the tensions between autistic people being likely to experience mental health difficulties, how and where they can be best supported and their risk of being misdiagnosed with a mental health condition. We are delighted to announce Professor Sheila Baroness Hollins as our keynote speaker. We will also have national updates from Claire Murdoch, CBE, National Mental Health Director, NHSE and Tom Cahill, National Learning Disability and Autism Director, NHSE, as well as a showcase of the work happening across Humber and North Yorkshire making sure to include the voices of autistic people.
- **Oliver McGowan Mandatory Training** - roll-out across health and social care has begun in Humber and North Yorkshire. The emphasis on this training is the co-creation and co-delivery with experts by experience with a learning disability or an autistic person. A partnership has been formed with the local Charity Matthew's Hub to aid delivery.
- **Humber and North Yorkshire Joint Forward Plan** – now published.
- **Interim arrangements for the HNY Mental Health Resilience Hub to 31 March 2024 developed.**
- **Personalised care planning, Care programme approach (CPA) reform.** To support systems to begin moving away from the CPA and embed personalised care and support planning for everyone receiving mental health services. The CPA review has commenced - this is likely to be a multi-year process.
- **Nothing About Us, Without Us** – Children and Young People's engagement event - on 9<sup>th</sup> August 2023, children and young people and professionals will come together. The event will provide opportunities to hear the

	lived experience of children and young people and for professionals to hear what works well but also influence the improvements the children and young people have identified within the organisations and partnerships.
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Mental health data and performance reporting – it has been challenging to consistently report mental health performance since the development of ICBs and providers covering multiple geographies. We are working with NHS England regional business intelligence team to review the content of the core data pack and explore ways of ensuring accurate and timely data is available to the ICB.</li> </ul>	<b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Update for information.</li> </ul>

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

### Monitoring and assurance framework summary:

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



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

**Humber Teaching NHS Foundation Board Update – July 2023**

**Headlines**

- **Programme governance and strategy review.** As the ICB has developed in structure and accountability, we are reviewing our programme governance to align to ICB structures. There have also been a number of policy and service developments that have prompted us to review the strategy developed in 2021. A refreshed draft strategy will be considered by the Mental Health, Learning Disability and Autism collaborative board in July 2023.
- **National Inpatient Quality Review – inpatient settings.** The first workshop to explore Humber and North Yorkshire ICB priorities for this work was held in June. Key priorities identified are Psychiatric intensive Care units (PICU), Children and Adolescent Mental Health services (CAMHS) and there was also a focus on transition between children’s and adults services.
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- **Community Mental Health transformation** - HNY have seen a significant increase in CMHT access due to the early implementer model in Hull and the East riding along with continued transformation in all other areas.
- **Mental health data and performance reporting** – it has been challenging to consistently report mental health performance since the development of ICBs and providers covering multiple geographies. We are working with NHS England regional business intelligence team to review the content of the core data pack and explore ways of ensuring accurate and timely data is available to the ICB.
- **Annual programme of Safe and Wellbeing Reviews commenced.**
- **Humber and North Yorkshire Joint Forward Plan** – now published.
- **Interim arrangements for the HNY Mental Health Resilience Hub to 31 March 2024 developed.**
- **Personalised care planning, Care programme approach (CPA) reform.** To support systems to begin moving away from the CPA and embed personalised care and support planning for everyone receiving mental health services. The CPA review has commenced - this is likely to be a multi-year process.
- **Nothing About Us, Without Us – Children and Young People’s engagement event** - On 9th August 2023, CYP and professionals will come together. The event will provide



opportunities to hear the lived experience of children and young people and for professionals to hear what works well but also influence the improvements the CYP have identified within the organisations and partnerships.

## **Summary of Key work**

### **Programme Governance and Strategy Review**

A Strategy review paper went to the Mental Health, Learning Disability and Autism Collaborative Board in May 2023. The paper outlined a number of key areas for strategic development:

- Integrated Care Boards have formalised relationships between sector collaboratives and place-based delivery, **our strategy needs to recognise this and maximise the joint working opportunities that this affords us.**
- **Governance structures and decision-making processes need to reflect joint approaches** and enable flexibility for places and collaboratives to work together to deliver for our populations.
- Within the strategy, we identified several key enablers that we would need to develop over time in order to build capability and capacity within our ICS. **Although work has begun around addressing health inequalities and delivering Core20+5, this needs to be a central pillar to our refreshed strategy.**
- Mental Health, Learning Disabilities and Autism **workforce plans must describe how we can develop staff, enhance skill mix and be flexible with our resource across the ICS.**
- **Cultural development and clarity of roles will be key to successful delivery across the ICS.** Shared values linked to the ICB corporate approach will bring sector collaboratives and place based teams closer together.
- **A review of our key outcomes would be beneficial – with a strong element of co - production and lived experience** to assess if these outcomes are still valid for our population.
- **We need to develop a set of strategic aims related to Quality.**
- **Joint working with the Transforming Care Partnerships to deliver transformation within Learning Disabilities and Autism services.**

A refreshed draft strategy will be considered by the Mental Health, Learning Disability and Autism collaborative board in July 2023.

### **Safe and Wellbeing Reviews**

Our annual programme of safe and wellbeing reviews has now commenced which will ensure that all patients with a learning disability receiving inpatient care will be reviewed by an executive oversight panel to ensure that they are safe and that there where appropriate plans in place for discharge.

### **National Inpatient Quality Review – inpatient settings**

NHS England are leading a programme of work looking at the quality and safety of inpatient settings for Mental Health, Learning Disabilities and Autism over the next 3 years. The focus will be around:

- Redesigning the model of care
- Ward culture and the therapeutic relationship

- Quality Governance – are our review processes effective and checking the things that matter?

The first workshop to explore Humber and North Yorkshire ICB priorities for this work was held in June 2023. Key priorities identified are Psychiatric intensive Care units (PICU), Children and Adolescent Mental Health services (CAMHS) and there was also a focus on transition between children's and adults' services.

We have named programme leads progressing this work with system partners and we will continue to work with NHSE throughout 2023/24 to develop our 3 year plan.

### **Maternal Mental Health Business Case**

The NHS Long Term Plan (LTP) renewed the NHS's commitment to transformation in specialist PMH services, to ensure that all women who can benefit are able to access care. This included a commitment to develop and implement MMHS in every area of the country by 2023/24.

The existing service was commissioned to deliver a HNY wide service delivered by HUTH across the ICS footprint triaged, assessed, and provided interventions and treatments for women with moderate-severe and/or complex mental health needs associated with loss in the maternity context.

A business case has been developed to outline requirements and a potential model to sustain the maternal mental health service in Humber and North Yorkshire and will be considered by the Mental Health, Learning Disability and Autism collaborative board in July 2023 and in turn, the Humber and North Yorkshire ICB Executive Board. We are currently seeking funding for the commencement of the service to be delivered by Humber and TEWV

### **Community Mental Health Transformation**

HNY have seen a significant increase in CMHT access due to the early implementer model in Hull and the East riding along with continued transformation in all other areas and we continue to exceed LTP ambitions. Interoperability issues mean that not all access data can be extracted and reported (most areas are recoding this data in primary care, not secondary Mental Health services) however when resolved, the resulting available data is likely to improve the position further.

Work has also been done to assess the impact of the transformation in community mental health services on talking therapies services (previously IAPT) and there has been a significant decrease in referrals since the development of the Primary Care Networks, due to earlier intervention and preventative approaches. Analysis will be included in a briefing paper to the collaborative executive group for discussion.

### **Humber and North Yorkshire Joint Forward Plan**

The Integrated Care Board is required to publish a Joint Forward Plan which sets out how the NHS will deliver the aims and ambitions set out in our wider system Integrated Care Strategy. Joint Forward Plans must set out how ICBs intend to discharge their duty to have regard to the wider effect of decisions about the provision of health and care. This plan forms the basis of the ICB becoming a partner in the Humber and North Yorkshire system, providing transparency about how the ICB will empower local leaders to focus on improving outcomes for their



populations, giving them greater control while making them more accountable for performance and spending.

The collaborative have contributed to the development of the mental health, learning disability and autism section of the joint forward plan to ensure alignment with our strategy and key priorities.

### **Personalised care planning, Care programme approach (CPA) reform**

The NHSE CPA Position Statement was developed to support systems to begin moving away from the CPA and embed personalised care and support planning for everyone receiving mental health services.

Key points from work to progress this in HNY ICB:

- A system wide workstream – TEWV lead is linked with national team and a clinical advisor.
- NHSE NEY regional team have agreed to support a system wide approach to this work.
- Governance & leadership is key.
- Engagement & communication needs to be prioritised
- The CPA review has commenced - this is likely to be a multiyear process.
- Ramification and impact on multiple workstreams including (but not limited to):
  - IT & EPR
  - Quality and safety
  - Policies & Procedures, HR.
- How does this fit with trust wide trauma informed and Recovery strategic work, risk management & the use of all PROMS

### **Nothing About Us, Without Us – Children and Young People’s engagement event**

Children and Young People from across all 6 places in the ICS have come together to form an advisory network to influence the improvement of mental health services and support. Over the last year Clair Atherton, Mental health, Learning Disabilities and Autism Collaboratives CYP Coproduction Lead has been working with the young people to identify their priorities and to provide a forum for them to share what works well, what are the challenges and make recommendations for improvements. Currently there are over 200 young people aged 10-25 who have been involved.

On 9th August 2023, CYP and professionals will come together. The event will provide opportunities to hear the lived experience of children and young people and for professionals to hear what works well but also influence the improvements the CYP have identified within the organisations and partnerships.

The event has been coproduced with and will be presented by young people and will be in person (in York) and online.

Key issues YP have identified - which will be covered in the event are:

- Access to mental health services and support across the Thrive framework (clinical and non-clinical)
- Transition from CYP to adult services or between services (step up/step down)

- Addressing health inequalities e.g. minoritised groups including LGBTQ+, Race, SEND/ Neurodivergence

**Recommendation/Action**

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

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023														
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log														
Author/s:	Francis Patton, Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>x</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve	x	To discuss		To note	x	To ratify		For assurance			
To approve	x	To discuss													
To note	x	To ratify													
For assurance															
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.														
Key Issues within the report:															
<p><b>Positive Assurance to Provide:</b></p> <ul style="list-style-type: none"> <li>The Trust has achieved breakeven at month 2.</li> <li>The BRS is on plan.</li> <li>The ongoing monitoring of plans to deliver the Primary care and Agency recovery plans.</li> <li>Capex investment for 23/24 are on track.</li> <li>The new BAF &amp; risk register.</li> <li>The excellent performance outlined in the Annual Non Clinical Safety Report.</li> </ul>		<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>The ongoing development of the Adult Inpatient Redesign Pre-Consultation Business Case.</li> </ul>													
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>The NHSE letter to the ICB putting into place financial controls/commitments.</li> <li>The ongoing costs of Primary Care and Agency costs.</li> </ul>		<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>To sign off the Annual Non-Clinical Safety Report.</li> </ul>													

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

### Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, monitoring of Primary care and Agency costs, capex spend, the new BAF, the annual non-clinical safety report and ongoing business development.

Concerns were flagged around the NHSE letter to the ICS, the delivery of both the Agency spend recovery plan and the Primary care recovery plan and finally the implications of the bank social media campaign.

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

### Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 12<sup>th</sup> of July were:

- In terms of the Insight report the key issues raised were: -
  - The Month 12 NHSE England board paper reported a £148m underspend (0.09%), this compares with a report overspend of £744m at Month 11. The planning process for 2023/24 has now been concluded, with final submissions received from all providers and systems on 4th May. The aggregate planned deficit totals £700m with Inflation

emerging as a clear cause of financial pressure for all systems. Work is expected to continue throughout the year to close the gap and the 14 systems currently forecasting a deficit will be subject to further support and intervention.

- At Month 2 the Humber and North Yorkshire ICB recorded a deficit position of £13m (£2.8m adverse variance to plan) but continue to forecast a position consistent with the agreed NHSE Plan (£30m deficit).
- NHSE England have written to the ICB in relation to its final plan submission within the letter are several financial controls/commitments which include:
  - Committing to recurrent delivery of efficiency schemes from quarter 3.
  - Full engagement in national savings initiatives.
  - Monitoring of Agency usage.
  - Revenue consultancy above £50k to be signed off by NHSE.

Additional controls for the system as the financial plan is not balanced include

- Review of arrangements for pay controls.
- Vacancy control panel for all recruitment.
- Agency staffing panel and payment controls.
- Introduction of an investment oversight panel (for non-pay exp)

Discussions continue to take place across the ICB on the implementation and practical application of the controls identified in the letter. This includes work to establish underlying positions and a requirement for the ICB to produce a Medium-Term Financial Plan in the autumn. The committee felt this was a very top-down approach to “feed the beast” in terms of reporting with no real action.

- A government petition has been started to request that bank staff receive the retrospective pay award funding. The cost of making a payment for bank workers for the Trust is estimated to be circa £0.750m, for which no funding has been received. There is also a social media movement from Bank staff to effect change.
- The Trust recorded a break-even financial position consistent with the Trust’s planning target. The cash balance at the end of Month 2 was £24.166m. The Better Payment Practice Code figures show achievement of 96.5%. The Year-to-Date Agency expenditure totalled £1.206m. This is £0.116m below the same period for the previous year. Areas of concern remain Primary Care and Agency spend (although actual agency expenditure year to date at Month 2 is £1.206m, which is £0.116m below the same period in the previous year). As a result, a Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate and an Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team. The aged debtors (above 30 days) outstanding at the end of May was £5.837m and the current value of creditors is £4.332m.

A verbal update was given on month 3 which indicated that the Trust continues to be on plan.

- At month 2 Children’s and LD reported a breakeven position; Community and Primary Care reported an overspend of £0.041m driven by primary care; Mental Health reported an overspend of £0.066m; Forensic services reported an underspend of £0.043m Corporate Services reported an underspend of £0.418m
- In terms of BRS for 2023/24 it has been a very positive start to the year with an overall savings amount of £0.907m achieved at Month 2. Forensic Services, Director of Nursing, Chief Operating Officer and Medical Director have achieved the full value of savings Target in 2023/24. Work continues to ensure that the full year savings targets are achieved, and schemes are developed for future years.
- The committee received a deep dive report on Agency spend which showed that current spend year to date is consistent with the Trust profiled financial plan. This represents a 9% reduction

in spend year on year to date. With the total in year saving needing to be a 30% reduction targets for the second half are therefore obviously more stretching and the committee will be keeping a close eye on this. The Trust are intending to offer places to circa 50 student nurses in September, some of these will go into established vacancies, some will result in over establishment but will be deployed into vacancies as they arise, and this would go a long way to hitting the savings required. The committee also noted that there was good crossover on this issue with Workforce committee.

- The committee received a capex update. Work has commenced on planning and delivery of most schemes within the programme and 11% of the annual budget has been spent/committed at the end of May. £0.985m has been spent at the end of May and a further £0.328m committed. At £0.860m expenditure on digital projects represents the majority of expenditure to date. Work is progressing on planning and delivering the 3 major schemes in the programme at Granville, the Humber Centre and Pine View. Replacement bedroom door sets will be fitted at Westlands during June, Avondale and Inspire have already completed. Work has started on the Salix funded decarbonisation plan. The Trust has been working with PWC to look at the potential for developing a solar farm. Schemes of £0.202m have been approved against the contingency. Design plans for the Avondale, Newbridges and Westlands seclusion facilities will be finalised by the end of June. Designs for the PICU facility are in progress.
- The Committee received the new version of the BAF and risk register and complimented the new style. It was felt that for our risk of optimising an efficient and sustainable organisation needed more financial emphasis on the table of strategic goals/objectives and more on technology in the positive assurance/gaps in assurance.
- The committee received the annual Non-Clinical Safety Report 2022 – 2023. Positive assurance was received that the number of staff receiving safety training for H&S, Fire and Security has surpassed the baseline target of 85%; the training compliance has increased on the previous year's compliancy figures; the average rate for all disciplines is within the mid 90% range; Risk assessments were completed within the annual timeframe for all Trust buildings achieving compliancy with Regulatory requirements; safety assessment audits have been carried out at Trust premises and action is taken to address any issues identified and the Trust is conforming to the standards required by the Department of Health and has been deemed compliant by the enforcing authorities.

Areas of concern include 6 fire incidents occurred during the year (the cause of 4 fires was malicious ignition in bedroom accommodation, the remaining two were a was a result of an electrical fault and an e cigarette battery catching fire whilst being charged); 38 false fire alarm activations occurred during the year and 70 unwanted fire alarm activations; Fire Service attendances have been only as per the 'after normal hours' protocols of call filtering; 2 fire service attendances occurred in line with the call filter protocol, 6 for fire related incidents; 3 RIDDOR incidents have occurred over the past reporting period. However, the committee were assured that actions have been taken to address these issues. Looking forward intercom systems have been installed at all GP Surgeries to control the flow of visitors entering the surgeries and Estates vehicles have been fitted with location tracking devices to monitor the movement of the vehicle to allow users to provide personal safety measures/locations in an emergency or breakdown and enhance vehicle security and lone working in unoccupied buildings. The committee discussed use of trackers and were assured that this was

appropriate. The committee complimented Paul Dent on his excellent work over the last 12 months and signed off the report.

- The committee received an update presentation on the Adult Inpatient Redesign – Pre-Consultation Business Case. A good discussion was held, and suggestions made by the committee to be fed into the version coming to Board. The committee felt that because of a low sample size in terms of patients this might have biased the overall figures thus removing option 5 and that perhaps more effort needed making to engage with more patients.
- The committee received reports from the Estates Strategy & Capital Delivery Group, the Digital Delivery Group, the BeDigital Programme Group and the Major Schemes Project Board and were assured that all were working well.

Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023			
Title of Report:	Quality Committee Assurance Report – June 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note	X	To ratify	
	For assurance			
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board.</p> <p>The paper provides a summary of discussions held at the meeting on 1 June 2023 with a summary of key issues for the Board to note. The approved minutes from the March meeting are presented for information.</p>			
Key Issues within the report:				
<p><b>Positive Assurance to Provide:</b> Assurances were received through the following reports</p> <ul style="list-style-type: none"> <li>• The Quality Insight Report</li> <li>• R&amp;D six-monthly update report</li> <li>• National Confidential Enquiry on Suicide update</li> <li>• Waiting list trajectory and performance update report</li> <li>• CMHT service user survey action plan (medicines element) update</li> <li>• MH, LD and Autism Quality Transformation Programme letter update report</li> <li>• QPaS Effectiveness Review</li> <li>• Quality Committee Risk Register Summary</li> </ul> <p>It was agreed the meeting was conducted in an appropriate manner</p>	<p><b>Key Actions Commissioned/Work Underway:</b></p> <ul style="list-style-type: none"> <li>• Review of safeguarding figures to ensure no under reporting reporting issues</li> <li>• To update control limits on SPC charts for safeguarding referrals for next quality dashboard</li> </ul>			
<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• The medicines administration compliance, noting this has been added to the risk register</li> </ul>	<p><b>Decisions Made:</b> The 2022/23 Draft Quality Accounts were approved for presentation to Trust Board</p> <p>The following papers were approved by the Quality Committee</p> <ul style="list-style-type: none"> <li>• QPaS Effectiveness Review</li> <li>• QPaS Terms of Reference</li> </ul> <p>It was agreed the following items should be</p>			



	<p>communicated to the Trust Board</p> <ul style="list-style-type: none"> <li>• Communicating the huge amount of work within the Trust Quality Accounts</li> <li>• The chair would like to commend staff on the high level of mandatory training compliance</li> <li>• The R&amp;D report with 52 active studies withing the Trust</li> <li>• The area of leadership and wider teams with increasing skill mix in teams and how to maximise benefits as a good thing and ensure no gaps</li> <li>• Escalate the information regarding the support of patients with their medicines as part of the action plan from the CMHT patient survey</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

### Monitoring and assurance framework summary:

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

## **Committee Assurance Report – Key Issues**

The key areas of note arising from the Quality Committee held on 1 June 2023 are as follows: -

The minutes of the meeting held on the 2 March 2023 were agreed as a true record and the action log approved noting all actions closed. The Quality Committee assurance report was noted, and the updated work plan agreed, noting an additional meeting had been arranged for September specifically for the approval of Annual Reports and invites would be sent out after the meeting with the work plan amended accordingly for the next meeting.

**Presentation – Trust Quality Accounts.** The Trust Quality Accounts were presented for approval by the Quality Committee prior to ratification by the Trust Board, with a presentation providing a background to the Quality Accounts explaining the aim and what information is required to be included noting the mandated template. A good discussion was held with comments noted for amendments within the Quality Accounts. The Committee approved the document ready for ratification and final sign off at the Board strategic development day in June. It was noted the accounts need to be uploaded by 30<sup>th</sup> June 2023.

**Quality Insight Report –** HG presented the paper highlighting updates on the National AHP strategy, Professional Nurse Advocate, the Patient Safety Incident Response Framework (PSIRF), Serious incidents reporting, safeguarding and clinical supervision. Information on complaints, which noting the report presented to QPaS on the detailed analysis for Primary Care and the Internal Audit on medicines management giving significant assurance but highlighted low compliance against the medicines administration competencies with confirmation actions have been taken to increase compliance along with adding the risk to the quality risk register. The Resuscitation officers annual update confirmed increased compliance from last year following the recruitment of a full time BLS resuscitation trainer to work alongside the Resuscitation Officer.

**Research & Development Six-month update report** - gave the meeting an overview of performance over the last six-months including numbers of studies and funding information. It was agreed a great report with discussion around increased student numbers and whether we could show if research had made a difference in practice or care

**National Confidential Enquiry on Suicide Update –** A presentation was given to support the paper giving the key points of this year's update. A good discussion was held, acknowledging the difficult topic, noting the additional learning from this year's report and work that had been already completed. KF noted the majority of the issues were already within our Trust Suicide Strategy, but this would be reviewed again to ensure everything was covered.

**Waiting List trajectory –** the meeting was presented with the latest updates, noting that timely access to services is a key patient care, quality and safety issue and ensures the focus of this work. Improvement was observed in some areas but the report highlighted the continued increase in demand particularly around neuro developmental diverse services. It was confirmed this is on the ICB agenda through the Mental Health, LD and Autism programme.

### **CMHT Service User Survey action plan – medicines element -**

An update was presented for the medication element of the CMHT survey action plan noting focus from the division on the full action plan with review in clinical networks and included in the divisional quality improvement plan (QIP). It was agreed the report was useful and showed how much work had already been completed creating a good discussion within the meeting.

### **Update on MH, LD and Autism Quality Transformation Programme Letter -**

The paper outlined the assurance processes in place to mitigate and identify closed cultures including the work being done following the self-assessment against the road map following a further letter in February of this year. A good discussion was had around the actions taken and the Chief Executive thanked everyone for the work noting it felt the Trust was ahead of the game with the work done. The Chair confirmed it was good to see this been taken seriously noting the Board has a huge role to play in setting the culture of the organisation.

### **QPaS Effectiveness Review and Terms of Reference –**

The Committee approved the QPaS effectiveness review and Terms of Reference.

**Quality Committee Risk Register Summary -**

The risk register and BAF were presented and discussed noting movement on the risk register and confirmation that under MH63 our services are compliant with national and NICE guidance.

**Reporting Group Minutes -**

The minutes of QPaS were noted with no queries raised

It was agreed the following items should be considered at a Board Strategy Development Day

- The Quality Accounts for approval at the Board Development Day
- Discussion on having sessions on suicide and other patient safety metrics
- Future topic board story – impact of research with practical example to show how research can make a difference

The approve minutes from 2 March are attached as appendix 1

# Quality Committee

## Minutes

For a meeting held on Thursday 2<sup>nd</sup> March 2023  
**14:00 – 16:30 (Virtual meeting via MS Teams)**

### Present

#### Core Members

Dr Phillip Earnshaw	Non-Executive Director (Chair)	PE
Mike Smith	Non-Executive Director	MS
Dean Royles	Non-Executive Director	DR
Kwamie Fofie	Medical Director	KF
Lynn Parkinson	Chief Operating Officer	LP

#### In attendance

Colette Conway	Interim Deputy Director of Nursing, Allied Health and Social care Professionals ( <i>Deputising for Hilary Gledhill</i> )	CC
Su Hutchcroft	Compliance Officer (minute taker)	SH
Kate Baxendale	Deputy Director of Nursing, Allied Health and Social care Professionals	KB
Mandy Dawley	Assistant Director of Patient and Carer Experience and Engagement	MD
Sadie Milner	Patient Safety and Practice Development Lead	SM
Fran Ashton	Principal Social Worker	FA
Kristen Bingham	AMHP Lead	KBi
Michele Moran	Chief Executive Office ( <i>first hour</i> )	MM
Rosie O'Connell	Head of Safeguarding	RO
Weeliat Chong	Chief Pharmacist	WC
Debbie Cahill	Divisional Clinical Lead, Learning Disabilities	DC

1/23	<p><b>Apologies for Absence</b></p> <p>Apologies were received from</p> <ul style="list-style-type: none"> <li>Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals</li> <li>Sam Jaques-Newton, Head of Allied Health Professionals and Practice Development</li> </ul> <p>KB was welcomed to her first Quality committee meeting in her new role as Deputy Director of Nursing, Allied Health and Social Care Professionals.</p>
2/23	<p><b>Declarations of Interest</b></p> <p>It was noted there were no declarations of interest raised at today's meeting</p>
3/23	<p><b>Minutes of the Last Meeting</b></p> <p>The minutes of the meeting held on 24<sup>th</sup> November 2022 were approved as a true and accurate record.</p>
4/23	<p><b>Action List and Matters Arising</b></p> <p>The action log was approved, noting all items closed.</p>
5/23	<p><b>Quality Committee Board Assurance Report (November 2022)</b></p> <p>The Assurance Report, presented to the Trust Board in January was noted as read.</p>
6/23	<p><b>Work Plan 2022/23 (September-22)</b></p> <p>The work plan was noted with no amendments raised.</p>
7/23	<p><b>Social Workers contributions of Quality Improvements (Presentation)</b></p> <p>FA delivered a presentation to the Committee on the importance of social workers within the Trust and the contribution they offer in respect of delivering strength-based services, the statutory duties within their role, the interface with the local authority and the advocacy and support they offer. FA also highlighted some key projects that the social work, workforce is leading on, which includes:</p> <ul style="list-style-type: none"> <li>A supervisors training course, through Research in Practice</li> <li>Interprofessional working for all in MDT's</li> <li>Working with HEE on refreshing guidance for NHS Trust on social work roles in organisations</li> <li>The Community of Practice project</li> </ul>

	<ul style="list-style-type: none"> <li>• The Trauma Informed Skills project</li> <li>• The AMHP Recruitment and retention project</li> </ul> <p>MS thanked FA for the presentation and asked how the Trust compares to the rest of the country regarding AMHP recruitment. FA informed the Committee that the HEE has been asked to lead the work on developing a national AMHP plan, as the mental health bill identifies the importance of the preventative role, they have in reducing detentions into mental health services. Consultations are underway currently and a guide is being developed with top tips to ensure support for AMHP's is consistent across the country. KBi advised that there is a skill for care survey which confirms percentages of AMHPs, and the Trust has a high number of people in the service, there are some contractual issues being resolved, but there have been significant improvements made to allow AMHPs to fully undertake their role. There will be a need to increase the number of AMHPs in the future because of the bill and FA recognised that it can be a hard sell, to get people interested due to some of the challenges that AMHPs can face working across the system.</p> <p>LP thanked FA and KBi for the presentation and asked whether there was enough focus in the wider QI agenda around social work improvement? FA agreed that more could be done to raise awareness of what social workers are involved with and to be represented in more areas, for example the trauma informed group. LP confirmed the commitment to ensure, through the clinical leads for those divisions, there is a strong join between the social work plan and the QIPs for the division.</p> <p>The Committee discussed how awareness about social work can be raised further across the organisation. FA advised that social work week is coming up and this was a good opportunity to raise the profile of social workers across the Trust.</p> <p>.</p> <p><b>ACTION – LP to follow up with FA how the link between the social work plan and the divisional QIPs can be further enhanced</b></p>
8/23	<p><b>Quality Insight Report</b></p> <p>CC presented the paper on HG's behalf and highlighted the following areas: -</p> <ul style="list-style-type: none"> <li>• The update on the new CQC single assessment framework which will start being used later this year, noting work has already started to align to this framework within the Trust and the peer review process</li> <li>• A recent CQC inspection of Humber Primary Care received an overall rating of Good</li> <li>• An update on the closed cultures work noting the updated plan going to Board in March 2023</li> <li>• The Patient Safety Incident Response Framework and the link to a video people were encouraged to view and share across their teams.</li> <li>• An update on serious incidents declared over the past three years noting good feedback from staff regarding support and confirmation the Trust is still a high reporter of low harm with 99.6% of care delivered being harm free care</li> <li>• Clinical supervision compliance has risen again in January 2023, following the slight drop at the end of last year.</li> </ul>
9/23	<p><b>Quality Committee Risk Register Summary</b></p> <p>CC and LP presented the report confirming nine risks had been closed and two new risks added since the last report at Quality Committee in November 2022.</p> <p>LP identified two risks for noting:</p> <ul style="list-style-type: none"> <li>• OPS11 – Waiting times for the neurodiversity services, primarily for children but also there are some waiting times for adults. There has been 50% increase in demand for ADHD and ASD services and to meet the 52-week trajectory a significant investment is required. This is an issue not just pertinent to the Trust but is across the country. Currently the Trust is in planning rounds with commissioners and discussions are being held regarding further investment to support reduction of these waiting time. LP will update the Committee and Board in due course.</li> <li>• OPS15 – delayed transfer of care. There has been a slight reduction, however the challenge relates to people with complex care needs and work is being undertaken with system partners to find solutions.</li> </ul> <p>DR asked about the rising demand and was it an effect from Covid19. LP advised that demand is rising across the country, but the investment in schools for mental health support should result in a reduction in demand for secondary care in the future. It was also noted that awareness of neurodiversity is rising which can also impact on the demand for services.</p> <p>MM enquired about the use of agency staff on the risk register. LP advised that a particular area of focus is the use of agency health care support workers and work is underway to consider what the trust can do to try and reduce this. A discussion was held regarding whether the pending junior doctors strike had been included on the register and consideration of the impact of the accumulation of strikes. LP confirmed there is a risk around industrial action on the risk register, but she has asked for this to be reviewed considering the junior doctor action.</p>

	<p>PE commented he was pleased to see nine risks closed since November with only two new risks and enquired if there was further information regarding Community Stroke service waiting times. LP confirmed that because of the hard work in this area, it is expected that waiting times will be eradicated swiftly. Currently discussions are underway with commissioners regarding commissioning intensions for next year and a further update will be provided when these are concluded.</p>
10/23	<p><b>Six-month Patient and Carers Experience (PACE) report</b> MD presented the report and highlighted the following: -</p> <ul style="list-style-type: none"> <li>• A fourth engagement lead has been appointed so all divisions across the Trust now have either an Engagement Lead or Senior Patient Experience Co-ordinator working across the front line to support the divisions with engagement, with strategic support from the PACE team.</li> <li>• 26 pieces of work, including the new Trust strategy have been awarded The Co-Production logo</li> <li>• The PACE training programme has handed out 39 hampers to staff, patients and carers who have completed all eight modules of this training, with more people currently completing these modules</li> <li>• The Trust is one of five Trusts working in the ICB who are involved in an engagement, integration project, where a joint charter is being developed. This will be adopted by all five Trusts to support people's experiences of receiving care in any of the providers. An event will be held at the end of March. Two governors from each organisation are supporting this work.</li> <li>• The Trust has been asked to present at the Head of Patient Care, Experience of Care National Event in April.</li> </ul> <p>PE noted 21 formal complaints were upheld and enquired regarding key areas. MD explained the key themes are in respect of patient care and communication and this is consistent year on year. MD advised that complaints relating to primary care continue to be related to accessing appointments, the types of appointments and difficulty of access via telephone. A lot of work is underway address these concerns and each practice had developed an action plan in response to the national GP survey. Healthwatch are currently completing a survey in Bridlington, the results are anticipated July 2023.</p> <p>MM commented on a great report and great work and confirmed how important the regular updates are for the Quality Committee. MM stated that there had been a request to include in the report areas that received no complaints, MD confirmed a report is being presented to QPaS on 16<sup>th</sup> March 2023.</p>
11/23	<p><b>Autism Strategy update</b> The report demonstrates that a lot of work has been done January 2023- January 2023, a key focus has been the Oliver McGowan training which is on ESR and mandatory for staff. There has been a good uptake of this training, there is also an advance training package for clinical staff. A SOP has been developed for mental health services for supporting people in those services who require additional support in respect of autism.</p> <p>An area of further work is the development of autism champions across all services. Training for schools is being developed to enhance the quality of referrals received. There is a focus on access to services and a life span approach, working with mental health services regarding reasonable adjustments and the capable environment. A reasonable adjustment passport is being developed to identify what individuals require in respect of support. Several people with autism have been involved in designing the electronic referral process for GP's and the website design so that it is designed to meet their needs and not just the needs of a neurotypical person.</p> <p>DR asked about the new legislation highlighted in the paper and what that meant for the Trust. DC advised that the legislation relates to people being detained under the Mental Health Act and people with autism receiving more care in the community. Whilst it is recognised that this is positive, we need to ensure the right support in the community is available.</p> <p>LP enquired about priority three being rag rated amber, which refers to reasonable adjustments for people accessing mental health services and the red rating against supporting autistic adults who access and use adult mental health services. LP asked what more could and should be done, to expedite this work. DC confirmed that some work has been completed in respect of reasonable adjustments, but the ambition is to have reasonable adjustment passports in place, in addition the roll out of the advanced training in mental health services is to be completed. LP also asked if there was a good read across from this framework to the divisional QIPs and suggested DC and LP meet with the mental health clinical lead to discuss this further.</p>
11/23	<p><b>Safeguarding Plan 2023-2026</b> RO presented the Safeguarding plan 2023-26 to the committee for approval.</p> <p>The key highlights included: -</p> <ul style="list-style-type: none"> <li>• The plan was created with patients and staff and what they think the priorities are in respect of safeguarding over the next three years. The feedback received identifies the importance of the cost-of-living crisis and the concerns for how this may impact on neglect and self-neglect.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work to mitigate closed cultures and the visibility of safeguarding staff across units is a priority. There was reduced physical presence through the pandemic for safeguarding and patients and staff have stated that they want to see safeguarding more, so this has been included in the plan.</li> <li>• Empowering staff is a key area of focus and work is being done to ensure training is engaging and links to service specific areas as well as developing the link worker role.</li> <li>• Think family is important as a holistic approach with individuals and working across the system is key.</li> </ul> <p>DR thanked the whole safeguarding team for all the work completed and enquired if in the future there could be a system wide plan involving all partners. KB advised that discussions can be held with ICB partners, particularly regarding health equalities and safeguarding to think about how we tackle these issues across the system. RO advised that the plan will be shared with partners.</p> <p>The meeting supported the Safeguarding Plan for 2023-2026 going to trust Board for approval.</p>
12/23	<p><b>Annual Controlled Drugs report</b></p> <p>WC presented the paper, explaining this report had been submitted to the various meetings from creation last July but required some changes prior to coming to Quality Committee. The next report will be written in July this year and be at Quality Committee in the Autumn.</p> <p>WC explained the report provides assurance that good systems are in place for reporting, management and learning of controlled drugs and other medicines related adverse incidents. The report notes that reporting has increased over the last year by 10% and moderate harm has decreased by 50%. MS highlighted that we have high incident reporting with low harm. WC confirmed that there was no areas of concern or key risks with all incidents relating to genuine error in recording of controlled drugs register which has since been rectified.</p> <p>PE enquired whether the Trust used any externally controlled drugs review process and WC confirmed monthly audits are completed and that the Trust is part of the POMH-UK prescribing audits which compare our standards against other Trusts with similar level of service provision. PE asked if there are reciprocal arrangements with a similar Trust to review each other's systems. WC confirmed he is a member of the Northern Chief Pharmacist Network where ideas and practice is shared but there are no reciprocal arrangements for audit. WC advised that he would discuss this idea at a future meeting. It was noted that a few providers have visited the Trust to see how we have set up our systems including NAVIGO and RDaSH are currently planning a visit. PE asked WC if the front sheet could be completed more comprehensively for next year's report.</p> <p><b>The Quality Committee accepted the Annual Controlled Drugs report</b></p>
13/23	<p><b>Divisional Quality Improvement Plan (QIP) updates</b></p> <p>The paper provides an overall summary of the highlights from all four divisional QIPs, noting the full plans are reviewed regularly through QPaS.</p> <p>LP noted the mechanisms in place to demonstrate the impact of quality improvements such as dashboards, indicators, and audits. Co-production is central and connects with the PACE work and the Service User Engagement Leads across all divisions support a wide range of quality improvement work. An important area to note is the maintained focus on service improvement and development given the context of ongoing pressures in services.</p> <p>DR wondered if there was something around embedding quality improvement as the job and not seeing it as an additional part of the job. LP agreed and hoped that this is evident from several the reports presented today. LP advised that there have been discussions of how we take QI forward using the methodology to underpin everything we do. KF agreed that QI should be part of business as usual, and every transformation should have QIA (quality improvement assessment).</p>
14/23	<p><b>Six-month Clinical Audit Report</b></p> <p>SM highlighted the following areas: -</p> <ul style="list-style-type: none"> <li>• Each division has an audit plan in place with no concerns against delivery of these plans</li> <li>• There were a small number of service evaluations and local audits from the previous year as outlined in the last annual report, which had not been delivered but these are small, and the report shows the actions taken to address these and they are on track to be delivered by the end of this financial year. Any concerns are raised with Divisional Clinical Leads and monitored by exception through our Audit and Effectiveness Group and the Accountability Reviews.</li> <li>• Each division aims to undertake five pieces of clinical audit per year and is on track to deliver against the clinical audit policy. This is supported by the Trust Clinical Audit Facilitator who works closely with the clinical network groups</li> <li>• The Trust also contributes to national audits, local service evaluations and medical safety audits and gains significant amount of assurance through the compliance audits on My Assurance</li> </ul> <p>PE thanked SM for the report and confirmed how impressed he was with the amount of audit work being</p>

	<p>undertaken and enquired who completed the audits. SM confirmed it was usually the clinical staff on the ground with the clinical audit team assisting in some audits, noting this work has continued during the pressures of the last few years of pandemic. KF confirmed junior doctors contribute to clinical audit as they need to show this in their portfolio every year, but noted they enjoyed doing this. SM confirmed the work is driven by the network who will set their priorities each year.</p>
15/23	<p><b>Summary of the Ligature Anchor Point Audit 2022-23</b>  LP presented the annual ligature point audit and progress made against the actions identified from the previous year.  LP identified that the main area identified from the last audit was the use of bedroom and sometimes bathroom doors as fixed ligature anchor points. Significant work has been undertaken to explore how this risk can be mitigated and EMT have supported the use of door top alarms being fitted to doors. This specification will be used for any new builds along with retrofitting the device in the prioritised inpatient areas. Progress has also been made around curtain rails and fittings in bathrooms.</p> <p>MS enquired about the progress of the previous capital programme identified and LP confirmed this work on the doors is on track and EMT have just received next year's capital plan and expect to have a similar capital allowance in next year, this will be confirmed in the next couple of weeks.</p> <p>It was noted there have been two incidents within the year, but both had been low harm.</p>
16/23	<p><b>Draft Quality Committee Effectiveness Review (for May Board)</b>  The paper was agreed with updates discussed at the meeting and will be presented to the Trust Board once a final paragraph has been completed by the Chair.</p>
17/23	<p><b>Quality Committee Terms of Reference Review (for May Board)</b>  The draft updated Terms of Reference was reviewed which included an additional section on declaration of interest and the membership has been aligned to match the other sub-committee terms of reference. The membership was discussed and updated at the meeting.</p> <p>DR raised the issue regarding quoracy and that the workforce committee had asked that quoracy is checked on all terms of reference to ensure it is consistent. LP confirmed she had raised this with Stella Jackson.</p> <p>It was agreed to add the word 'nominated' for deputies attending meetings, but this will be checked against the sub committees for a consistent approach. A discussion was held regarding who would be suitable to be a nominated deputy and LP confirmed she would ask Stella Jackson to look at this as well.</p> <p>The Terms of Reference was agreed with the updates discussed at the meeting</p> <p><b>ACTION – LP to request Stella Jackson to confirm regarding quoracy issues and nominated deputies prior to Board approving the Terms of Reference</b></p>
18/23	<p><b>Quality and Patient Safety Group Minutes</b>  The minutes were noted with no queries raised. CC confirmed there was good attendance at the meeting.</p>
19/23	<p><b>Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration and any lessons learnt</b>  The following items were noted: -</p> <ul style="list-style-type: none"> <li>• The committee felt the social workers and autism work should be connected across the breadth of the Trust linking with the divisional QIP work</li> <li>• MM requested the committee consider the impact of strikes and agency use on the risk register. LP confirmed strike action was already on and noted there has been virtually no disruption seen with services from strike action, but the junior doctor's action is being assessed again as this may have a more significant impact on services</li> <li>• From the discussion regarding quoracy and nominated deputies, the committee to request Stella Jackson to review and define these across all the Board sub committees</li> </ul>
20/23	<p><b>Items for consideration at Board Strategy/Development Day</b>  Nil noted.</p>
21/23	<p><b>Review of meeting</b>  It was agreed by the committee that the meeting was conducted in an appropriate manner.</p>
22/23	<p><b>Any Other Business</b>  Nil raised at today's meeting.</p>
23/23	<p><b>Date and time of next meeting</b>  The next meeting has been arranged for Thursday 1<sup>st</sup> June 2023, via MS teams, starting at 1.00pm.</p>



Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023		
Title of Report:	Collaborative Committee Assurance Report		
Author/s:	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 meeting on Wednesday 14 June 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.		
Key Issues within the report:			
<b>Positive Assurance to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>	
<ul style="list-style-type: none"> <li>Overall positive meeting with NHS E – Q3 contract monitoring</li> <li>Adult Secure - as of 13 June 137 patients in Adult Secure and Clinically Ready for Discharge reduced to 14 patients</li> <li>New allocation from NHS E £589k for CAMHS alternatives to hospital – which will complement the existing Provider Collaborative investment agreed for Mill Lodge.</li> </ul>		<ul style="list-style-type: none"> <li>Workshops to be held in October 2023 to review CAMHS and AED work stream priorities</li> <li>Workforce – working with HNY ICS and within each work stream to develop information on workforce. CPaQT member will attend the HNY ICS workforce group to ensure alignment across HNY</li> </ul>	
<b>Key Risks/Areas of Focus:</b>		<b>Decisions Made:</b>	
<ul style="list-style-type: none"> <li>Number of young people in CAMHS and adult eating disorder in-patient is both higher than plan. This is being closely monitored and the reasons for increased admission being explored by CPaQT with colleagues in both work streams.</li> </ul>		<ul style="list-style-type: none"> <li>2023 work plan has been amended to reflect moving to meeting quarterly from November 2023 onward – the new workplan was agreed at the committee.</li> <li>Escalation, briefing, dispute resolution and arbitration processes: provision and commissioning functions – agreed by each work stream and agreed at PCOG – ratified at Collaborative Committee</li> </ul>	

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	14 June 2023
			Other (please detail) Report produced for the Trust Board	

**Monitoring and assurance framework summary:**

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

## Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 14 June 2023 *was quorate*, and discussed the following matters:

### Insight Report

- As at 13 June 2023, West Yorkshire PC have been confirmed by NHS E as the lead for Perinatal – Phase 2 of Provider Collaborative. HNY and S Yorkshire are partners within this work and have been involved in the Expression of Interest and will be a partner on the new Perinatal Collaborative Board going forward.
- Q3 Contract meeting with NHS E overall positive, however queries from NHS E on the Inspire PICU being temporarily closed for new admissions, this will be discussed further in a meeting with NHS E on 15 June 2023 in relation to the medium term funding for Inspire .
- On 23 May 2023 the CPaQT were advised that a bid to NHS E for CAMHS medium term funding was successful - £589,586 – 1 year funding – which NHS E have advised (following clarification) any slippage can be carried forward by the Collaborative

### Work Stream Updates

#### 1 CAMHS

- Alternatives to Admissions for Children and Young People with Eating Disorders project work is progressing, this includes options on future provision of eating disorders particularly specialised eating disorders (SEDU) which is starting slowly to reduce.
- The national NHS team have now confirmed that 23/24 medium term revenue funding has been awarded to Humber NHS FT to support the development of the above.
- Rharian Fields have been in contact with the CQC and have received confirmation that they can admit 16 and 17 year olds.
- VoY have identified significant pressure with young people with autism. The number of young people presenting with needs is increasing. HNY ICS have been contacted to consider options for a joint approach to support.
- A Business Case is currently being developed for a CAMHS Inpatient Integrated Referral Hub and a draft will be presented to the next Workstream meeting.

## 2 Adult Eating Disorder

- The AED priorities for 2023/2024 were discussed at the last AED workstream meeting and due to positive progress. A re-visioning event is being planned for October 2023 to include all partners from the pathway and this will be an opportunity to identify priorities going forward.
- Patients are currently using the TEWV commissioned day service provision at Schoen Clinic and feedback so far is positive.
- Conversations have taken place around rolling out FREED champions across North Yorkshire during 2023
- A plan for rolling out FREED in North Lincs is currently being finalised and will be taken to the next AED workstream meeting for approval.

## 3 Adult Secure

- As at 13 June 137 patients in Adult Secure and CRFD reduced to 14 patients
- More patients being supported in the community than receiving in-patient care
- Aligned LD FOLs and SCFT across Humber from 1 September 2023
- HNY Community Forensic Single Point of Access (SPA) live from 1 June 2023.
- Risk to SCFT capacity due vacant Responsible Consultant role and CMHT preparedness for discharge from SCFT, specifically to Hull and East Riding. This is being closely monitored by the providers and CPaQT and options to ensure discharge are being progressed.
- Case Managers continue to work closely with providers to ensure prompt discharge from out of area secure care.

## Quality Improvement and Assurance

- Continued System response to high-profile national patient safety concerns– Edenfield and West Lane Hospital. Report on Edenfields and key findings which will be shared at the Quality Assurance and Improvement work stream meeting and then shared at PCOG.
- Participation in the Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme
- CPaQT participating in HNY ICS wide learning disability and autism Safe and Wellbeing Reviews in 2023
- repeated STEIS incidents of an individual at Stockton Hall, who was placed by an out of area providers.
- CQC visit to Stockton Hall – initial feedback – focused on seclusion room and line of sight. Asked CQC for additional information, this is awaited from CQC
- Clinical Strategy & Reference Group Terms of Reference (Version 1.0) were shared for information already approved at PCOG.

## Finance

- Month 2 finance report based on stage 4 NHS England contract offer (there is now a stage 6 offer) and so month 3 will compare against the new financial offer.
- Some independent sector providers invoicing on 2022/23 whilst national financial annual uplift negotiations are concluded
- The month 2 budget for the workstreams is £9.254m against which the expenditure is £9.073m, giving a favourable variance of £181k.

## Workplan

2023 work plan has been amended to reflect moving to meeting quarterly from November 2023 onward – this was approved at the committee.

## Escalation, briefing, dispute resolution and arbitration process

Provision and commissioning functions – agreed by each work stream and agreed at PCOG – ratified at Collaborative Committee



**Agenda Item 23**

Title & Date of Meeting:	Trust Board Public Meeting 26 July 2023														
Title of Report:	Assurance Report from Audit Committee of June 20 2023														
Author/s:	Stuart McKinnon-Evans, Chair of Committee & Non-Executive Director														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>x</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>X</td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance	X		
To approve		To discuss													
To note	x	To ratify													
For assurance	X														
Purpose of Paper:	To provide assurance and information to the Board about the proceedings of the Audit Committee of June 20 2023														

**Key Issues within the report:**

**Positive Assurances to Provide:**

- The focus of the meeting was the annual report and accounts for 2022/23. The Trust is on track to submit unqualified accounts and the annual report by the deadline of June 30
- All Sub-Committees of the Trust have proposed their workplans for 2023/24, following their individual effectiveness reviews
- The Internal Audit Plan for 2022/23 was completed in full, providing an encouraging suite of levels of assurance. The Internal Auditors were fulsome in their commendations of the Trust governance and control regime, citing exemplary work to share with others. It is unusual for a client to have zero limited or low assurance
- The Head of Internal Audit Opinion provides “significant assurance” that the Trust’s governance and controls regime is “good”
- The Counterfraud Annual Report for 2022/23 showed an active and successful programme of work delivered as planned. The Counterfraud team commended the Trust’s attitude to and grip on fraud
- The Counterfraud Annual Return was submitted with 12 green ratings and 1 amber. This compares well against the

**Key Actions Commissioned/Work Underway:**

- Final adjustments to assets values will be made, reflecting late changes of treatment to Right of Use Assets (especially relating to Whitby Hospital)
- Mazars will complete their final testing (including in relation to asset values) in time for submission
- The draft Annual Report is undergoing its final edit, before submission

<p>ratings in 2020/21 (3 Red, 4 Amber, 6 Green)</p> <ul style="list-style-type: none"> <li>• Mazars, our External Auditors, provided their report on the 2022/23 Financial Statements, with an expected unqualified report, and no significant weaknesses on value for money, with some testing work still to complete by June 30 2023.</li> <li>• The Financial Statements will be complete by June 30 and report the Trust to have achieved its financial plan.</li> <li>• The Annual Governance Statement was approved</li> <li>• The Annual Report was approved, subject to final editorial tweaks</li> <li>• 2 previous year-end audit recommendations have been dealt with</li> </ul>	
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<p><b>Key Risks/Areas of Focus:</b></p> <ul style="list-style-type: none"> <li>• The financial statements will be uploaded by June 30 with any final adjustments being approved by the Director of Finance and the Chair of Audit Committee (these were discussed in the meeting. Only when the Local Government Pension Schemes have been audited in the autumn, will the audit of the Trust's accounts be fully finalised</li> <li>• The 1 counter-fraud amber rating is given because the prescribed risk assessment methodology of 124 risks indicators is deemed to be still being embedded. We were aware of this long timescale, and is an improvement of the Red rating scored for 2021/22.</li> </ul>	<p><b>Decisions Made:</b></p> <ul style="list-style-type: none"> <li>• Non-quotate decisions of the previous Committee were ratified, about the Going Concern Assessment, Internal Audit Plan and Counterfraud Plan for 2023/24</li> <li>• We acknowledged and approved all the elements of the 2022/23 annual report and accounts (audit opinions, financial statements, annual report)</li> <li>• The Committee delegated authority to the Director of Finance and Chair of Audit Committee to approve any adjustments to the Financial Statements which may be required before the audit process is finally completed</li> </ul>
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail)		

**Monitoring and assurance framework summary:**

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

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

## Committee Assurance Report – Key Issues

The Committee's proceedings covered:

**Ratification of matters discussed at previous meeting:** The previous meeting was not quorate. Its conclusions and decisions were ratified, relating to the Going Concern Assessment; the Internal Audit Plan for 2023/24, and the Counterfraud Plan for 2023/24.

**Sub-Committee Work Plans:** all Sub-Committees have made their annual work plans, following their individual effectiveness reviews.

**Internal Audit Report for 2022/23 and Head of Internal Audit Opinion.** The 2022/23 programmes delivered 208 days as planned, at a cost of £72K. There were some changes to plan, all of which approved along the way. The service was delivered with strong KPIs, and conformed to the Public Sector Internal Audit Standards. The results of the Audits were: 5 High, 11 Significant, 0 Limited and 0 Low ratings. Recommendations from individual audits have been followed up and implemented consistently well, with only 5 of 83 overdue. The results of the programme allow the Opinion to be that "Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently'. Presenting their report, the Internal Audit team were fulsome in their praise of the Trust's management of the governance and internal control regime, singling out some work out as exemplary, and that is noteworthy that we achieved zero Limited and Low ratings.

**Counterfraud:** The Annual Report for 2022/23 was approved. It summarised the active programmes of communications, awareness raising, training, alerts, checks, inspections, and local and national initiatives, which has been reported throughout the year at each Committee. The Counter Fraud service provided 62 days at a cost of £22K. The annual counterfraud return for 2022/23 was submitted on time, which showed 12 Green ratings and 1 Amber. The 1 Amber rating is given because the prescribed risk assessment methodology of 124 risks indicators is deemed to be still being embedded. We were aware of this long timescale, and is an improvement of the Red rating scored for 2021/22. A comparison of ratings overall shows strong progress from 2020/21's ratings of 3 Red, 4 Amber, and 6 Green.



**External Audit report on the 2022/23 Financial Statements (Completion Statement).**

Mazars's work is nearly complete, with final testing expected to be wrapped up in time for submission of the Statements by June 30. They provided good feedback on the quality of working papers and the professionalism of the finance and reporting team. The key outstanding issue is the valuation of Right of Use Assets – following challenge, our appointed valuer changed their mind on valuation methodology on June, leading to a reduction of £26m in the valuation figure (especially relating to Whitby Hospital). These changes need working through and reflecting in the final version of the accounts, but will not affect performance against the control total.

The Committee discussed: the sheer complexity encountered in the implementing IFRS 16; assets/leases, the basis of valuation and the state of supporting information; valuation of the local government pension scheme and the implications for contribution rates of having a net asset; the adjusted and unadjusted misstatements; materiality levels. The overall tenor of Mazars' report was positive, but their final opinion can only be reached once the Local Government Pension Scheme audit is itself completed in the autumn.

**Financial Statements:** The Financial Statements as at 19 June 2023 were provided to the Committee. The Chair provided assurance that he had personally reviewed the statements in full with the Finance team, and that the performance reported was in tune with the budget strategy as monitored by the Finance and Investment Committee. The Committee noted that final adjustments will be made to reflect the latest view of Right of Use asset values (subject to audit testing), with the firm expectation that the final version will be uploaded to NHSE by June 30. The Committee delegated authority to the Director of Finance and Chair of Audit Committee to approve any adjustments to the Financial Statements which may be required before the audit process is finally completed.

**Annual Governance Statement:** we reviewed again the draft for approval. A previous version had been commented on in May and iterated since then. It was approved.

**Draft Annual Report.** Following circulation May, comments from Board members have been incorporated. Amendments following review by Mazars were highlighted. Further comments were provided by Committee members on editing and presentational points. The Board has delegated authority to this Audit Committee to approve the document: it was approved, subject to the comments made, for upload to NHSE.

**Changes to Contracts:** No changes to contracts were reported.

**Review of Previous Year-End Audit Recommendations** – the two prior year recommendations (relating to IR35, and leavers' accounts) have been dealt with.

**Review of the meeting:** Business was completed well within the allotted time, and members felt this appropriate given the very positive and comprehensive reports. There is an opportunity to communicate to staff and governors examples of the good work reported, especially the independent feedback: the Director of Finance will consider how to do that.

Title & Date of Meeting:	Trust Board Public Meeting 26 July 2023														
Title of Report:	Remuneration and Nomination Committee Revised Terms of Reference														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve	✓	To discuss		To note		To ratify		For assurance			
To approve	✓	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	To present revised Terms of Reference for approval														
Key Issues within the report:															
<b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Revisions approved by the Remuneration and Nomination Committee</li> </ul>		<b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>													
<b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>None identified</li> </ul>		<b>Decisions Made:</b> Amendment to the Scope and Duties under the Appointments section to reflect that: <ul style="list-style-type: none"> <li>An Appointments Advisory Committee (AAC) will be established by the Trust when required to progress consultant recruitment and appointments. Consultant appointments will be reported to the public board meeting via the Chief Executive's report.</li> <li>Approval of annual recruitment and retention payments over £25k (these should not exceed a period of 4 years without review);</li> <li>Noting of recruitment and retention payments of up to £25k per annum and (these should not exceed a period of 4 years without review).</li> </ul>													
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee 31.5.23												
	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:**

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

**Remuneration and Nomination Committee**

**Terms of Reference**

<b>Constitution and Authority</b>	<p>The Remuneration and Nomination Committee is constituted as a standing Committee of the Trust's Board of Directors. Its constitution and Terms of Reference shall be as set out below, subject to amendment at future Board meetings.</p> <p>The Committee is authorised by the Board to act, in accordance with Standing Orders, Scheme of Delegation and Standing Financial Instructions, and within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.</p> <p>The Committee is authorised by the Board to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its' functions.</p> <p>The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<b>Role / Purpose</b>	<p>To provide a forum for agreement of remuneration and terms of service for Trust Executive's and Trust Very Senior Managers (VSM) in accordance with national requirements.</p>
<b>Scope and Duties</b>	<p>The Remuneration committee has delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments</p> <p>The Remuneration and Nomination Committee's duties are detailed below under the following headings:</p> <ul style="list-style-type: none"> <li>• National Requirements</li> <li>• Appointments Role</li> <li>• Remuneration Role</li> </ul> <p><b><u>National Requirements</u></b>          The Committee should ensure that any remuneration awards covered within the terms of reference of the committee should be in accordance with national pay guidance in effect at the time of decision making.</p> <p><b><u>Appointments Role</u></b>          The Committee will:</p> <ul style="list-style-type: none"> <li>• Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations</li> </ul>

to the Board and Appointment, Terms and Conditions Committee of the Council of Governors, as applicable with regard to any changes

- Give full consideration to and make plans for succession planning for the Chief Executive taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future. The same consideration will be given to other Executive Directors on the advice or recommendation of the Chief Executive.
- Receive assurance reports from the Chief Executive as required to ensure the executive level leadership needs of the Trust are kept under review to ensure the continued ability of the Trust to operate effectively in the health economy.
- It is a requirement of the 2006 Act that the Chair, the other Non- Executive Directors and – except in the case of the appointment of a Chief Executive – the Chief Executive, are responsible for deciding the appointment of Executive Directors. The appointments panel will consist of the Chair and one non-executive director from the Remuneration and Nomination Committee and the Chief Executive, except in the case of the appointment of a Chief Executive. The panel has responsibility for identifying suitable candidates to fill executive director vacancies, including shortlisting, assessment and selection and they make recommendations to the Remuneration and Nomination Committee.
- It is for the Non-Executive Directors to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors. The Governors are responsible for the appointment, re-appointment and removal of the Chair and the other Non-Executive Directors.
- To approve appointments of all Executive Director positions on the Board determining their remuneration and other terms of service and monitoring their performance.
- When appointing the Chief Executive, the Committee shall be the Committee described in Schedule 77, 17(3) of the National Health Service Act 2006 (the Act). When appointing the other Executive Directors the Committee shall be the Committee described in Schedule 7, 17(4) of the Act.
- When a Board level Executive vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation ensure that a description of the role and capabilities required for the particular appointment is prepared. In identifying suitable candidates the Committee shall ensure the use of open advertising or the services of external advisers are used to facilitate the search. The Committee will ensure the Trust considers candidates from a wide range of backgrounds and consider candidates on merit against objective criteria.
- Ensure that a proposed Executive Director's "other significant commitments" (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.
- Ensure the proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Be advised of and consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.
- In considering appointments, receive assurance to ensure that all Directors meet the "fit and proper" person test of the general conditions of Monitor's provider licence.
- An Appointments Advisory Committee (AAC) will be established by the Trust when required to progress consultant recruitment and appointments.

Consultant appointments will be reported to the public board meeting via the Chief Executive's report,

- Approval of annual Recruitment and Retention payments over £25k (these should not exceed a period of 4 years without review);
- Noting of Recruitment and Retention payments of up to £25k per annum and (these should not exceed a period of 4 years without review).

### Remuneration Role

The Committee will:

- Have delegated responsibility for setting remuneration for all Executive Directors (and also for those senior managers on the Very Senior Managers contract of employment) including pension rights and any compensation payments. Those managers within this definition who are not on the Very Senior Managers Contract or Executive Directors are on national pay and terms and conditions and their posts are subject to job evaluation in line with the national scheme. *NB: The rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
- To receive proposals from the Chief Executive relating to the remuneration of the other Executives.
- In accordance with relevant laws, regulations, Trust policies and Standing Financial Instructions (SFIs) decide and keep under review the terms and conditions of office of the Executive Directors and those senior managers on the Very Senior Managers contract of employment, including:
  - Salary, including any performance related pay or bonus.
  - Provision for other benefits, including pensions and cars *NB rights of all staff on the VSM contract who are in the NHS pension are bound by the national pension rules.*
  - Allowances.
  - Payable expenses.
  - Compensation payments.

In adhering to all relevant laws, regulations and Trust policies:

- Approve levels or remuneration which are sufficient to attract, retain and motivate Executive Directors of the quality and with the skills and experience required to lead the Trust successfully without paying more than is necessary for this purpose, and at a level which is affordable to the Trust.
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of Executive Directors (including senior managers on the Very Senior Managers contract of employment) while ensuring that increases are not made where Trust or individual performance do not justify them.
- Be sensitive to pay and employment conditions elsewhere in the Trust.
- Monitor and assess the output of the evaluation of the performance of individual executive directors and consider this output when reviewing changes to remuneration levels.
- Advise upon and oversee contractual arrangements for Executive Directors (including senior managers on the Very Senior Managers contract of employment) including but not limited to termination payments to avoid rewarding poor performance.

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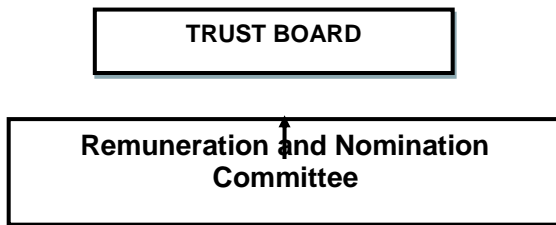
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	<ul style="list-style-type: none"> <li>• In accordance with Trust Standing Orders the Committee will be informed of all recruitment of retention premia awarded by the Chief Executive to any member of staff not covered by Agenda for Change where there are national recruitment and retention pressures (for example medical consultants). The Committee will be required to approve any recruitment and retention premia over £25,000</li> <li>• To receive a report from the Chair on the objectives and performance of the Chief Executive.</li> <li>• To receive a report from the Chief Executive on the objectives and performance of the Executive Directors and senior managers on the Very Senior Managers contract of employment.</li> <li>• <b><u>To approve any special severance payments in accordance with HM Treasury guidance</u></b></li> </ul>
<b>Membership</b>	<p>The membership of the Committee shall consist of all Non-Executive Directors</p> <p>Only members of the Committee have the right to attend Committee meetings. When discussing matters relating to the Executive Directors other than the Chief Executive, the Chief Executive shall attend the Committee.</p> <p>At the invitation of the Committee, meetings shall normally be attended by the Director of Workforce and Organisational Development.</p> <p>Other persons may be invited by the Committee to attend a meeting to assist in deliberations.</p> <p>Any non-member, including the Secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.</p>
<b>Quorum</b>	<p>The Committee shall be deemed quorate if there is representation of a minimum of two Non-Executive Directors plus the Chair (or person deputising for the Chair). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.</p>
<b>Chair</b>	<p>The Trust Chair shall chair the Committee.</p>
<b>Frequency of Meetings</b>	<p>Meetings shall be held not less than twice a year and at such other times as the Chair of the Committee shall require.</p>
<b>Agenda and Papers</b>	<p>The Trust Secretary shall be the Secretary to the Committee and prepare and distribute papers and keep minutes of the Committee.</p>
<b>Minutes and Reporting</b>	<p>Formal minutes shall be taken of all Committee meetings.</p> <p>An assurance report and abridged minutes summarising key discussions and decisions will be presented to the Board of Directors following each meeting.</p>
<b>Monitoring and Review</b>	<p><b>The Committee shall monitor and review its performance through</b></p> <ul style="list-style-type: none"> <li>• An annual effectiveness review against its terms of reference. The annual effectiveness review will be provided to the Board of Directors.</li> <li>• The Terms of Reference of the Committee shall be reviewed annually.</li> </ul>

<b>Agreed by Committee</b>	27/4/22
<b>Board Approved</b>	18 May 2022
<b>Review Date</b>	May 2023

**REMUNERATION AND NOMINATION COMMITTEE REPORTING STRUCTURE**





Title & Date of Meeting:	Trust Board Public Meeting – 26 July 2023			
Title of Report:	Board Strategic Development Meeting Agenda – 30 August 2023			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	To provide, for information the agenda for the 30 August meeting			
Key Issues within the report:				
<b>Positive Assurances to Provide:</b>		<b>Key Actions Commissioned/Work Underway:</b>		
<ul style="list-style-type: none"> <li>Areas of discussion</li> </ul>		<ul style="list-style-type: none"> <li>As per the agenda</li> </ul>		
<b>Key Risks/Areas of Focus:</b>		<b>Decisions Made:</b>		
<ul style="list-style-type: none"> <li>Noting to escalate</li> </ul>		<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Board update	✓

**Monitoring and assurance framework summary:**

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

✓ Tick those that apply

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

## Board Strategic Development Meeting

### Agenda

30 August 2023, 10.00am start  
Microsoft Teams

		Lead	Action	Report format	Timings
1.	Apologies for Absence	CF	Note	verbal	10.00
2.	Notes from 28 June 2023 Meeting	CF	Note	✓	
3.	Patient Safety – Implementing the Patient Safety Incident Response Framework (PSIRF)	HG	Discuss		10.05
4.	CQC Inspection Process and Preparation	HG	Discuss		
5.	Acute Service Review. Rapid Response – Patient Care	HG	Discuss		
	<b>Lunch</b>				12.15
6.	Productivity Report	MM	Discuss		12.45
7.	Board Responsibility for Implementing the ED&I Improvement Plan – John Duncan attending	LP/PB	Discuss		13.30
8.	Staff Survey Progress Update	AR/AM	Discuss		14.15
10.	<b>Date, Time and Venue of Next Meeting</b>  25 October 2023, 9.30am, Multi-Use Room. Trust Headquarters				