

Trust Board Meeting 31 July 2024

Agenda - Public Meeting

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

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 29 May 2024	CF	Approve	√
4.	Action Log and Matters Arising	CF	Discuss	√
5.	Community Mental Health Survey User Survey 2023	KF	Discuss	verbal
6.	National Staff Survey Results 2023	KP	Discuss	√
7.	Chair's Report	CF	Discuss	√
8.	Chief Executives Report	MM	Discuss	√
9.	Publications and Highlights Report	MM	Discuss	√
Building a Shared Purpose and Vision				
10.	Research and Development Six Monthly Report	KF	Discuss	√
11.	Refreshed Research Strategy 2024-2026	KF	Ratify	√
12.	Electronic Patient Record (EPR) Major Projects Strategic Update	LP	Discuss	√
13.	Social Values Report 2023/24	KF	Ratify	√
Investing in People and Culture				
14.	Gender Pay Gap	KP	Discuss	√
15.	Equality Delivery System (EDS) 22	KP	Discuss	√

	Developing Leadership Behaviours			
16.	Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update Alison Flack	MM	Discuss	√
	Embedding Improvement into Management Systems and Processes			
17.	Finance Report	PB	Discuss	√
18.	Performance Report	PB	Discuss	√
19.	Review of the Constitution	SJ	Approve	√
	Patient Safety			
20.	Six Month Review of Safer Staffing	HG	Approve	√
21.	Freedom to Speak Up Guardian’s Annual Report 2023/24	MM	Approve	√
22.	Freedom to Speak Up Strategy 2024-2027	MM	Approve	√
	Assurance Committee Reports			
23.	Finance and Investment Committee Assurance Report	FP	Note	√
24.	Workforce & Organisational Development Committee Assurance Report	DR	Note	√
25.	Collaborative Committee Assurance Report	SMcKE	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.	Exclusion of Members of the Public from the Part II Meeting			
30.	Date, Time and Venue of Next Meeting Wednesday 25 September 2024, 9.30am via Microsoft Teams			

Agenda Item 2

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024			
Title of Report:	Declarations of Interest			
Author/s:	Caroline Flint Chair			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	
	For assurance			
Purpose of Paper:	<p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations:</p> <ul style="list-style-type: none"> • Removal of the Directorships for Priyanka Perera related to Child Dynamix Trading Ltd and Child Dynamix • Addition of declaration for Phillip Earnshaw related to Smawthorne Community Project 			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> • Updated declarations 		<ul style="list-style-type: none"> • N/A 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> • No issues to note 		<ul style="list-style-type: none"> • N/A 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	

	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Monthly Board report	✓ 29.5.24

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

✓ Tick those that apply

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

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

Directors' Declaration of Interests

Name	Declaration of Interest
Executive / Directors	
Ms Michele Moran Chief Executive (Voting Member)	<ul style="list-style-type: none"> • Chair of Yorkshire & Humber Clinical Research Network • IMAS partner • Humber and North Yorkshire ICB Board Member • Non-Executive Director DHU Healthcare (a Social Enterprise organisation)
Mr Peter Beckwith, Director of Finance (Voting Member)	<ul style="list-style-type: none"> • Son is a Student at Hull York Medical School
Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals (Voting Member)	<ul style="list-style-type: none"> • No interests declared
Dr Kwame Opoku-Fofie, Medical Director (Voting member)	<ul style="list-style-type: none"> • Director of Bluewaters Healthcare Limited • Spouse Mrs Marian Opoku-Fofie is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust • Executive lead for The Trust Research Department – which receives grant and funding to the department
Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)	<ul style="list-style-type: none"> • Husband works for HMRC • Son works for Labour Party as Mobilisation Officer
Mrs Karen Phillips, Associate Director of People and Organisational Development (non voting)	<ul style="list-style-type: none"> • No interests declared
Non Executive Directors	
Rt Hon Caroline Flint – Chair (Voting Member)	<ul style="list-style-type: none"> • Husband is a Doncaster MBC Councillor and Cabinet member • Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)
Mr Mike Smith, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Magna Trust • Director, Magna Enterprises Ltd • Associate Hospital Manager RDaSH • Trustee - The Rotherham Minster Development Trust
Mr Francis Patton, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Non-Executive Chair, The Cask Marque Trust • Treasurer, All Party Parliamentary Beer Group • Managing Director, Patton Consultancy • Non Executive Director of SIBA and Chair of SIBA Commercial, The Society of Independent Brewers • Trustee Director, the Baxi Partnership Limited • Trustee Director, the Baxendale Employment Ownership Trustees Limited • Trustee Director the Spirit Pension Trust
Mr Dean Royles, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director Dean Royles Ltd • Trustee Health People Managers Association (HPMA) • Owner Dean Royles Ltd

	<ul style="list-style-type: none"> • Advisory Board of Sheffield Business School • Associate for KPMG • Chair of NHS Professionals Strategic Advisory Board • Non-Executive Director Sheffield Teaching Hospitals NHS Trust
Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Wife is employed by Carers' Resource, which may supply services to the NHS in West and North Yorkshire.
Dr Phillip Earnshaw, Non-Executive Director (Voting Member)	<ul style="list-style-type: none"> • Director of Conexus GP Federation • Owner of Phillip Earnshaw Ltd • Ex- partner Health Care First Partnership • Trustee of Prince of Wales Hospice • Five Towns PCN Clinical Director • Board Member of Wakefield District Health & Care Partnership • Trustee Smawthorne Community Project is a local charity in Castleford
Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite Perera (Priyanka Perera) Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Managing Director B.Cooke & Son Ltd, Hull
David Smith Associate Non-Executive Director (Non-Voting Member)	<ul style="list-style-type: none"> • Trustee at Hospice UK • Trustee at St Leonards Hospice, York

Agenda Item 3

Trust Board Meeting Minutes of the Public Trust Board Meeting held on Wednesday 29 May 2024 via Microsoft Teams

- Present:**
- Rt Hon Caroline Flint, Chair
 - Mrs Michele Moran, Chief Executive
 - Dr Phillip Earnshaw, Non-Executive Director
 - Mr Stuart McKinnon-Evans, Non-Executive Director
 - Mr Francis Patton, Non-Executive Director
 - Ms Priyanka Perera Associate Non-Executive Director
 - Mr Dean Royles, Non-Executive Director
 - Mr David Smith, Associate Non-Executive Director
 - Mr Mike Smith, Non-Executive Director
 - Mr Peter Beckwith, Director of Finance
 - Dr Kwame Fofie, Medical Director
 - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 - Mrs Lynn Parkinson, Deputy Chief Executive/Chief Operating Officer
- In Attendance:**
- Mrs Stella Jackson, Head of Corporate Affairs
 - Ms Vickie Murray, Deputy Associate Director of People and OD
 - Mr Oliver Sims, Corporate Risk and Incident Manager (for items 72/24 & 73/24)
 - Mrs Liz Dyke, Personal Assistant (Minutes)
 - Felicity Hague and Maisy Lead (for item 61/24)
- Apologies:**
- Mrs Karen Phillips, Associate Director of People & Organisational Development

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

56/24	The Chair informed the meeting that due to the announcement of the General Election this had affected the format of the meeting and some items that were due to be discussed in public had been moved onto the private agenda, an update would come to the next Trust Board regarding any decisions made.
57/24	<p>Declarations of Interest</p> <p>The declarations were noted. Any further changes to declarations should be notified to the Head of Corporate Affairs. Directors are required to inform the Chair should any items on the agenda present them with a potential conflict of interest.</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>

58/24	<p>The Chair noted her thanks to Jenny Jones (who retired from the Trust the previous week) for her many years of service and the support she had provided to the Chair and Chief Executive. She thanked everyone who came to share their gratitude to Jenny at her leaving event. The Chief Executive also noted her gratitude to Jenny for her support and many years of service.</p>
59/24	<p>Minutes of the Meeting held 27 March 2024 The minutes of the meeting held on 27 March were agreed as a correct record.</p>
60/24	<p>Matters Arising and Actions Log There were no matters arising. The action log and work plan were noted.</p>
61/24	<p>Patient Story – “Spotlight on Being a Member of The Humber Youth Action Group”</p> <p>Felicity Hague, Engagement Assistant for Children’s Services, introduced the story and informed Board members she had been in her role for 12 months and worked with the Humber Youth Action Group which brought together young people to share thoughts and ideas on how to improve and shape the Trust’s services. The group was promoted through schools, colleges, youth forums and the Trust’s children’s services. The group supported co-production across the Trust and gave recommendations regarding strategies and programmes, and worked with teams to ensure the recommendations were embedded successfully.</p> <p>Maisy shared her journey through and experience of mental health services and how she had progressed from being a service user to becoming a member of staff with an aspiration to support service users with similar issues. She explained that she felt empowered and “seen” by the services and was able to share her experiences with other people experiencing mental health problems. She had been involved in Trust projects and been able to support the production of materials to raise awareness of domestic and sexual abuse towards young women. She had also been involved in the creation of the Youth Recovery and Wellbeing College from inception to introduction.</p> <p>Caroline Flint thanked Felicity and Maisy for the presentation.</p> <p>Lynn Parkinson asked Maisy what the Trust could do to move services forward. In response, Maisy highlighted the importance of the Trust listening to service users and asking them what was required to support their treatment.</p> <p>David Smith asked what more could be done to give a better impression of mental health services. Maisy believed that patient testimonies were a useful tool in advertising services through news outlets and social media, she felt that would make the services more approachable to young people.</p> <p>Michele Moran noted believed that the presentation should be shared more widely to try to remove the negative perception of mental health services. She asked how the Board could work more closely with the Humber Youth Action Group to improve and influence services. Maisy pointed out that some of the younger members of the Humber Youth Action Group didn’t feel as confident to speak with the Board and suggested that there be an anonymous question and answer sessions for the 11 to 18 year old members.</p> <p>Caroline reported that when she met with the Humber Youth Action Group, members had shared and had outlined the opportunities they had to give feedback.</p>

	<u>Resolved:</u> Trust Board noted the patient story.
62/24	<p>Publications and Highlights Report</p> <p>The report provided an update on recent publications and policy.</p> <p>David Smith referred to the BMA article and asked what impact this had had on doctors working at Humber. In response, Kwame Fofie reported junior doctors had not left the Trust to work abroad and there had been an expansion of core and higher trainees.</p> <p>Francis Patton was disappointed that Trusts were not buying in bulk through the NHS Supply chain. Peter Beckwith pointed out that the report related to different sectors to mental health and the Trust did use supply chain for a lot of products.</p> <p><u>Resolved:</u> The report was noted.</p>
63/24	<p>Integrated Care Board Objectives 24/25</p> <p>Francis did not believe that the objectives were specific or SMART which would make these hard to measure., Michele reported this feedback had been given at the ICB Board meeting and they were due to be updated. Francis noted there was little mention of mental health services, Michele agreed and reported this had been raised.</p> <p><u>Resolved:</u> The report was noted</p>
64/24	<p>Report on the Use of the Trust Seal</p> <p>A paper was considered regarding the use of the Trust seal.</p> <p><u>Resolved:</u> The report was noted</p>
67/24	<p>Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions</p> <p>Peter Beckwith introduced the report and highlighted this has been considered by the Audit Committee who had agreed the changes.</p> <p>Mike Smith noted the Standing Orders (section 4.8.5) contained a reference to the Mental Health Legislation Committee comprising of a minimum of three Non-Executive Directors. He pointed out the membership consisted of more than just Non-Executive Directors. The Head of Corporate Affairs proposed that she review the committee membership section within the Standing Orders and update as appropriate to reflect the membership section within the respective committee terms of reference.</p> <p>Mike Smith also requested that the scheme of delegation reflect that Associate Hospital Managers were appointed by the Board.</p> <p><u>Resolved:</u> The Board approved the proposed changes to the Standing Orders/Standing Financial Instructions/Scheme of Delegation, subject to the changes identified above being made to these.</p>
68/24	<p>Annual Declarations Report</p> <p>Stella Jackson introduced the paper and reported this had been previously considered</p>

	<p>by the Trust Board, Executive Management Team and Council of Governors.</p> <p><u>Resolved:</u> <u>The self-certification was approved.</u></p>
69/24	<p>Emergency Preparedness, Resilience and Response (EPRR) Annual Report</p> <p>Lynn Parkinson presented this report as the Trust Accountable Emergency Officer and reported that the last year for Emergency Planning had been a busy one. The report showed how the Trust was continuing to improve compliance against the standards. The Trust continued to work with partners, particularly across the Local Resilience Forums and the Local Health Resilience Forums. There was a continued focus on training and the report sets out how this would be progressed in the coming year along with continuing to test business continuity plans and arrangements through exercises.</p> <p>Mike asked how the Trust benchmarked other trusts. He then offered to take part in future emergency preparedness live exercises. In response, Lynn reported that the targets had changed significantly in terms of compliance, however the Trust compared well when benchmarked against other organisations in the ICB. She noted that there was an understandable focus on EPRR nationally following some incidents which meant that the requirements and standards changed. Good practice had been shared with other trusts in the ICB.</p> <p>David asked about the statutory framework and whether the requirement to respond under the Health and Care Act 2022 was new as it would have an impact on core budgets given the amount of resource that would be required. Lynn confirmed this was a new requirement which would need to be delivered using existing resource. There would be an opportunity to share the preparatory work with other trusts in the ICB.</p> <p>Caroline asked if the Board could do any more to support the process. Lynn reported it had previously been agreed that the Audit Committee would consider the report prior to submission.</p> <p><u>Resolved:</u> <u>The report was approved</u></p>
70/24	<p>June Board Strategic Development Agenda</p> <p>The agenda for the June meeting was presented for information.</p> <p><u>Resolved:</u> <u>The agenda was noted.</u></p>
71/24	<p>Items to Escalate including to the High-Level Risk Register and for Communication</p> <p>No items were raised.</p>
72/24	<p>Any Other Urgent Business</p> <p>No other business was raised.</p>
73/24	<p>Review of the Meeting – Being Humber</p> <p>The meeting was held in the Being Humber style with full and engaging discussions.</p>

73/24	<p>Exclusion of Members of the Public from the Part II Meeting</p> <p>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</p>
74/24	<p>Date and Time of Next Meeting</p> <p>Wednesday 31 July 2024, 9.30am via Microsoft Teams</p>

Signed Date

Chair

Agenda Item 4

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

Summary of actions from May 2024 Board meeting and update report on earlier actions due for delivery in July 2024						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
27.3.24	35/24(b)	24/25 Annual Operational Plan Final Draft	Information on activities in Forensic and the update to be provided	Chief Operating Officer	August 2024	This will be taken to the Quality Committee at the meeting in August.
#	33/24(a)	Chief Executive's Report	An update on our approach to Veterans and mental health to come to a future Board	Medical Director	May 2024	Update included in Chief Executive report
27.3.24	33/24(b)	Chief Executive's Report	The Quality Committee to review the access actions taken at Humber Primary Care	Director of Nursing, Allied Health and Social Care Professionals	30 May Quality Committee	Item on the Quality Committee agenda
27.3.24	35/24(a)	24/25 Annual Operational Plan Final Draft	Comments made will feed into a future version which would be discussed at the April for Strategic Development Board Meeting. The agenda to be reviewed	Trust Chair	28.4.24	The draft AOP was reviewed at the 24 April Strategic Board Meeting. It was agreed the document provided assurance. The final Strategic AOP to go to May Board with the cover report highlighting the importance of it linking

						into the Trust's strategic objectives, ICB objectives and national priorities and where any gaps/pressure points existed in relation to delivery of these.
27.3.24	42/24	Performance Report	Information to be provided on sickness and the uptake of the flu vaccination in the inpatient units	Associate Director of People and Organisational Development	April 2024	Information provided to Director of Nursing
31.1.24	08/24	Social Values Report 2022-23	Communication plan to be shared with the Board	Chief Executive	27.3.24	Contained in Chief Executive's report
Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting						
Date of Board	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
26.10.22	200/22	Chief Executive's Report	Speech and Language Therapists, Ruth Edwards and Siobhan Ward to be invited to a future meeting	Chief Operating Officer	April 2023 revised to 27 Nov 2024	Patient/Staff story to be provided on Speech and Language

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

Agenda Item 5

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Community Mental Health Service User Survey 2023														
Author/s:	<p>Mandy Dawley: Assistant Director of Patient and Carer Experience and Co-production</p> <p>Kwame Fofie: Executive Medical Director</p>														
Recommendation:	<table border="1" data-bbox="539 645 1516 761"> <tr> <td data-bbox="539 645 938 683">To approve</td> <td data-bbox="938 645 1029 683"></td> <td data-bbox="1029 645 1412 683">To discuss</td> <td data-bbox="1412 645 1516 683">x</td> </tr> <tr> <td data-bbox="539 683 938 721">To note</td> <td data-bbox="938 683 1029 721">x</td> <td data-bbox="1029 683 1412 721">To ratify</td> <td data-bbox="1412 683 1516 721"></td> </tr> <tr> <td data-bbox="539 721 938 761">For assurance</td> <td data-bbox="938 721 1029 761"></td> <td data-bbox="1029 721 1412 761"></td> <td data-bbox="1412 721 1516 761"></td> </tr> </table>			To approve		To discuss	x	To note	x	To ratify		For assurance			
To approve		To discuss	x												
To note	x	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To provide board with the findings from the Community Mental Health Service User Survey (2023). Presentation by IQVIA to Board.</p>														
<p>Key Issues within the report: The report will highlight:</p> <ul style="list-style-type: none"> • Scores above the highest 80% threshold: The Trust scored above the highest 80% threshold for 5 questions. • Scores in the bottom 20% threshold: The Trust scored in the bottom 20% threshold for 1 question. • Trust top scores. • Trust bottom scores. • Targeted areas for improvement as per this survey reports and previous reports. 															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Although direct correlations cannot be drawn due to changes in the survey from 2022 to 2023, there are clear improvements overall in terms of satisfaction with crisis services, in particular, improved satisfaction with the length of time it took to contact the crisis team (MHCIT) suggesting that a shift in resources within MHCIT has been effective in reducing waiting time to get through to the service. This was a focussed action following the 2022 survey results. • The scores for Humber Teaching NHS Foundation Trust are in line with similar organisations surveyed by IQVIA, with no scores being significantly better or worse. • Identification of carers/family members is now monitored through the Carers 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • The survey has changed from a paper based self-completion postal questionnaire to a mixed-mode survey where service users are able to complete either an online or paper version of the questionnaire. In addition, two text message reminders were sent including a unique link to the online survey. • Eligibility criteria has changed to include 16–17-year-olds to be eligible to participate, however Memory Clinics have been excluded. • Major revisions to the questions have been implemented. Twenty-three new questions have been added, nineteen removed, and fourteen amended. A new section has been introduced to capture the experience of younger people transitioning from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health 														

Dashboard to improve respond rate.	<p>Services.</p> <ul style="list-style-type: none"> • Due to the significant changes to the questions, there are no Trust comparisons (year on year) included in the benchmarking this year. • The covering letter to support the survey now offers Trusts to add bespoke information on how they have used the previous survey data to improve care for service users.
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<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> • The working group will complete targeted actions to address the lowest scoring areas on the 2023 survey. This is in line with the recommendations set out by IQVIA in the management report: Q32b, Q32c, Q32d, Q34, Q40 and Q22. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The action plan is being developed and will be available for sharing following the planning meeting in August 2024 • The agreed action plan will be made a standing agenda item at the Community Care & Liaison Forum
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<p>Governance: 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	16/07/2024
	Mental Health Legislation Committee		Operational Delivery Group	22/07/2024
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	National Staff Survey Results 2023 – IQVIA Presentation														
Author/s:	Karen Phillips – Associate Director of People & OD														
Recommendation:	<table border="1" data-bbox="475 501 1457 609"> <tr> <td data-bbox="475 501 871 537">To approve</td> <td data-bbox="871 501 963 537"></td> <td data-bbox="963 501 1347 537">To discuss</td> <td data-bbox="1347 501 1457 537">✓</td> </tr> <tr> <td data-bbox="475 537 871 573">To note</td> <td data-bbox="871 537 963 573">✓</td> <td data-bbox="963 537 1347 573">To ratify</td> <td data-bbox="1347 537 1457 573"></td> </tr> <tr> <td data-bbox="475 573 871 609">For assurance</td> <td data-bbox="871 573 963 609"></td> <td data-bbox="963 573 1347 609"></td> <td data-bbox="1347 573 1457 609"></td> </tr> </table>			To approve		To discuss	✓	To note	✓	To ratify		For assurance			
To approve		To discuss	✓												
To note	✓	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Charlie Boshier from IQVIA (survey administrator for the Trust) will be attending to deliver the Trust National Staff Survey 2023 results.														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <p>The Trust positions better than the national average across all People Promise theme areas.</p> <p>The Trust positions better than the national average in all People Promise sub themes.</p> <p>The Trust positions better than the average for our benchmark group (51 MH and community Trusts) in all but one People Promise theme area, where we are equal to the average (we are a team)</p> <p>The Trust positions better than the average for our benchmark group (51 MH and community Trusts) in all People Promise sub themes except two (Compassionate leadership & Line management) and equal to the average in one (motivation)</p> <p>The Trust is the most improved provider of its kind in the country for the question asking staff if they would recommend their organisation as a place to work.</p> <p>Improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to</p>	<p>Key Actions Commissioned/Work Underway:</p> <p>Equality, Diversity and Inclusion</p> <ul style="list-style-type: none"> • Respect Campaign with 'Report It' posters to target bullying, harassment and discrimination towards staff by managers and other colleagues. Posters target racism, homophobia, disability discrimination and sexual harassment. • Task and Finish Group established to develop a coherent, clinically led process for addressing abuse from patients towards staff based upon their protected characteristics. • Roll out of the Access to Work Programme led by Estates and Occ Health addressing reasonable adjustments and access to buildings for staff with a disability/long term condition. • Move forward action plan from LGBT Foundation towards our Rainbow Badge Accreditation to address areas of risk around sexual orientation, gender expression and identity. • Implementation of Equality in Action - Breaking barriers for women's advancement - a gender equality initiative. 														

<p>work” which has risen from 49% in 2019 to 67% in 2023, making the Trust the most improved in the country for Trusts of its kind and second most improved in the NHS over that time period.</p> <p>The Trust reports above sector and national scores for five key questions;</p> <ul style="list-style-type: none"> ○ I feel that my role makes a difference to patients / service users. ○ Care of patients / service users is my organisation's top priority. ○ My organisation acts on concerns raised by patients / service users. ○ I would recommend my organisation as a place to work. ○ If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. 	<ul style="list-style-type: none"> ● Implementation of the Act Against Racism Charter– Royal College of Psychiatrists ● Implementation of the NHS England EDI Improvement Plan ● Implementation of the Equality Delivery System 22 (EDS22) ● Signed the Sexual Safety Charter with a full programme of activity planned following a recent gap analysis <p>Wider Actions</p> <ul style="list-style-type: none"> ● The Trust has been recognised as an exemplar Trust and has received funding for a 12 month fixed term role that will focus on improving retention with focus on the People Promise theme areas in the NSS.
<p>Key Risks/Areas of Focus:</p> <ol style="list-style-type: none"> 1. Note that a last minute complication at a national level with the results for the People Promise theme ‘We are Safe and Healthy’ means this theme is currently unreported. 2. Note that the presentation refers to the IQVIA sector comparison of 28 Trusts and not the national position. The presentation does however compare Trust year on year figures. <p>3. Specific Areas of focus from the survey</p> <ul style="list-style-type: none"> ○ People Promise 7 – Sub score 2 – Line Management ○ People Promise 1 - Sub score 2 – Compassionate Leadership <p>16c06 Experienced discrimination on grounds of age. Bottom 20% of sector, Org 29.1%, Sector 20.5%.</p> <p>16c04 Experienced discrimination on grounds of sexual orientation. Bottom 20% of sector, Org 8.5%, Sector 5.8%.</p> <p>The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported</p>	<p>Decisions Made:</p> <ul style="list-style-type: none"> ● N/A

<p>it. Below the sector score and reduced against 2022 figure</p> <ul style="list-style-type: none"> ○ WRES Areas of Focus Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? ○ WDES Areas of Focus Ind5: q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? Ind8: q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? 	
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<p>Governance: 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	14/05/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Board	31/07/24	

Monitoring and assurance framework summary:

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

Agenda Item 7

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024		
Title of Report:	Chair's Report		
Author/s:	Rt Hon Caroline Flint Trust Chair		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance		
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Board meeting.		
Key Issues within the report:			
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> Update from the last Board Strategic Development meetings. Continued high level engagement with Humber and North Yorkshire Integrated Care System (HNY ICS) and a positive Humber and North Yorkshire Integrated Care Board (HNY ICB)/Humber Board to Board meeting held. Visits to Humber services Successful completion of Non-Executive Director (NED) recruitment campaign and Council of Governors approval for recommended candidates. Completion of 2024 appraisals for Chair, NEDs, and Chief Executive Fit and Proper Persons Test undertaken, and all members of Board (voting and non-voting) met requirements. 	<p>Key Actions Commissioned/Work Underway:</p> <p>Board and Governor Development Session 15.08.24</p>		

<ul style="list-style-type: none"> Risk Register and Board Assurance Framework revised timetable to report to Board January, May, September each year. 													
Key Risks/Areas of Focus: N/A	Decisions Made: <ul style="list-style-type: none"> N/A 												
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trust Board</td> <td>31.0724</td> <td></td> <td></td> </tr> </tbody> </table>		Date		Date	Audit Committee				Trust Board	31.0724		
	Date		Date										
Audit Committee													
Trust Board	31.0724												

Monitoring and assurance framework summary:

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

Trust Chair's Board Report – 19/07/2024

This is the last Trust Board Meeting for our Non-Executive Directors (NEDs) Mike Smith and Francis Patton who will be leaving us at the end of August having completed their terms of office. Their commitment to our patients and staff shines through everything they do for Humber Teaching NHS Foundation Trust. They have experience, knowledge and deployed these to great effect for Humber as the organisation journeyed through a period of change and improvement. Both have provided me with support and wise counsel. As the Senior Independent Director, (SID) Francis has been an invaluable sounding board to me and others.

Thank you, Mike, and Francis on behalf of your Board colleagues, governors and many other Humber people you have got to know over the years. Our very best wishes for the future.

I am pleased to inform Board that the Council of Governors approved the appointment of Stephanie Poole and Keith Nurcombe as Non-Executive Directors following a comprehensive recruitment campaign. The necessary checks are underway and once completed a start date will be agreed.

Welcome to **Laura Roberts** who replaces Jenny Jones as mine and Michele Moran's PA and Board Support Unit Manager.

2023-24 appraisals have been completed for NEDs, the Chief Executive and me.

The Trust has complied with the Fit and Proper Person Test Framework requirements and all members of the Board (voting and no voting) continue to be fit and proper.

Following discussion at a Strategic Development Board meeting regarding the frequency of reporting of the risk register and Board Assurance Framework to Board, a revised reporting schedule has been agreed. These will now go to Board in January, May and September.

Trust Board Strategic Development Meetings

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

Trust Board Strategic Development Meeting 26 June 2024

The Trust Board approved:

- 1. Delegation of Approval Limits** – The Board **approved** the delegation of approval limits to the Director of Finance for all periods when the Chief Executive was absent from the office and the delegation of approval limits to the Deputy Chief Executive should both the Chief Executive and Finance

Director be absent at the same time. These changes will now be incorporated into the Scheme of Delegation.

2. **Quality Account – the Trust Board approved the Quality Account 2023-24.**
3. **Annual Report and Accounts 2023-24 (including Annual Governance Statement) – the Board approved the Annual Report and Accounts for 2023-24**, noting the local government pension scheme audit would be completed later in the year. An EMT stocktake of all annual reports (as to what is required and what is optional and should no longer be undertaken) was agreed.

The Board discussed:

- **Developing the Mental Health, Learning Disabilities and Autism Collaborative – Future Model Proposal and Pre-Board to Board (Humber/ICB) Strategic Discussion**
- **Staff Networks** - John Duncan gave a presentation regarding the role of the staff networks (Race Equality, Disability and LGBTQ) and their key achievements during the last 12 months:
- **Review of Trust Risk Appetite** - Oliver Sims presented and the Board's risk appetite for each of the Trust's strategic objectives was agreed.
- **Health Inequalities Update – Guest speaker** Chris Bentley gave an `addressing health inequalities' presentation followed by Sarah Clinch who spoke about the work being undertaken within the Trust regarding health inequalities.
- **Meeting Staff –** over a sandwich lunch we met with staff from **the Estates Team**

1. Chair's Activities Round Up

The 2024 Annual Research Conference took place on 22nd May in person and online. I chaired the morning session and made the closing remarks. We heard about a fascinating and diverse range of projects involving Humber. It was good to see governors and Non-Executive and Associate Non-Executive Directors there. A beautiful tribute was made to Wendy Mitchell who recently died. A true friend of Humber and global dementia campaigner

Board2Board with Humber Board and Humber and North Yorkshire Integrated Care Board (HNY ICB) on 1 July – this was a good meeting to further build relationships, discuss the ICB vision and models for commissioning and what more Humber Teaching NHS Foundation Trust can offer to health and care.

My thanks to staff from **Child Health, Looked after Children, 0-19 West Wold East Riding Team Health and Nursing, ISPHNS & Family Nurse Partnership** who I met at Sledmere House. We had a great discussion about early intervention and its importance to the health and well-being of both children and their families and the award winning work of our teams. But we also talked about the challenges caused by fragmentation of services working with children, commissioning boundaries and information silos for families across Humber North Yorkshire ICS and what more can be done.

External meetings included:

Humber and North Yorkshire (HNY) Provider Chairs
HNY ICB Meetings of NHS System Chairs and CEO's
HNY ICS Discover and Develop Event for Chairs and NEDs
East Riding Health and Well Being Board

NEDS/Governors Visits

Westlands, Adult Female - Pete Beckwith, Lynn Parkinson and Tim Durkin
(Governor)

Director/NEDs Unannounced Visits

Crisis Services - Lynn Parkinson and Phillip Earnshaw
Pine View – Karen Phillips and Priyanka Perera

2. Governors

Thanks to **Cllr Dave Tucker** and welcome to **Cllr Jonathan Owen** who replaces Dave as the East Riding Council Partner Governor and has longstanding experience in local government and health and well-being and is a board member for the ICB.

Best wishes to **Governors Ruth Marsden** and **Dominic Kelly** who have resigned but unfortunately, we can't replace until the next election cycle.

Council of Governors' Meeting (180724) received a presentation on our primary care services and a good discussion followed which recognised improvements but the need for more to be done across the 3 GP Practices to support patient access and engagement. The effectiveness reviews of the Council, Appointments Terms and Conditions Committee and Engaging Members Group were approved and the assurance reports were provided by the NED Chairs of Board Sub-Committees as well as a Trust Performance and Finance Report.

The Appointment, Terms and Conditions Committee met (23.05.24) discussing the Committee's effectiveness review, agreeing content in the Annual Report and the outcome of my appraisal which was undertaken by Francis Patton and Marilyn Foster. It was agreed governors should be encouraged to join the committee (up to 6 public and PACE governors only).

The Appointment, Terms and Conditions Committee met (03.07.24) discussing the Appraisal Report for Non-Executive Directors undertaken by myself and Marilyn Foster on 21/22 June for which each NED demonstrated commitment and diligence to their role. NED expected time commitments was also discussed, which were more than being met, but it was recognised additional expectations creates time pressures. Looking at practical logistical and administration support to reduce this was supported.

Governor/Board Development Session (15.08.24) – this replaces the scheduled Governor Development Day on 11 June and will focus on the roles of governors and board members in approving significant transactions. One or two other topics have been suggested by governors and will be included as time permits.

Governor Briefings 2024 are replacing the individual Public and Staff Governor catch ups and will be open to all governors including our Partner Governors. They will take place 10 times a year from 0900-1000 online with time for an informal catch up and for a bitesize brief on a specific service or topical issue relevant to governors.

Following discussion with **Lead Governor Marilyn Foster** the Governor Briefings going forward will provide some time for governors to have to themselves towards the end of the hour. We still want to keep the briefing informal and short.

Governor briefings were held on 23 May 2024 and 27 June 2024, 25 July 2024.

Elections 2024 - For this year's campaign we will be going out for 10 Governors in the following constituencies:

- 3 Staff Sharon Nobbs is eligible to re-stand and 2 current vacancies.
- 4 East Riding Tony Douglas and John Morton are eligible to re-stand.
- 3 Hull Patrick Hargreaves and Brian Swallow are eligible to re-stand.
- 1 Whitby, Scarborough and Ryedale – currently vacant

Plans are being developed for the publicity with nominations opening the day before the Annual Members Meeting on the 26 September 2024. As governors asked this will provide a good opportunity to publicise the elections and encourage members to come along and find out about the role. Like last year we hope governors will staff a stand in the Humber services marketplace.

Trust Chair Caroline Flint 19/07/2024

Agenda Item 8

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024			
Title of Report:	Chief Executive's Report			
Author/s:	Name: Michele Moran Title: Chief Executive			
Recommendation:	To approve		To discuss	
	To note	✓	To ratify	✓
	For assurance			
Purpose of Paper:	<p>To provide the Board with an update on local, regional and national issues.</p> <p>Areas of note include:</p> <p>Ratification of policies for:</p> <ul style="list-style-type: none"> • Recruitment and Selection Policy • Associate Hospital Managers Policy • Car Parking Policy • Travel and Expenses Policy • Social Media Policy • Grievance Policy • Document Control Policy 			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> • Work contained within the report 		<ul style="list-style-type: none"> • Contained within the paper 		
Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> • Nothing to escalate 		<ul style="list-style-type: none"> • Ratification of Policies 		
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 <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
✓	Innovating Quality and Patient Safety			
✓	Enhancing prevention, wellbeing and recovery			
✓	Fostering integration, partnership and alliances			
✓	Developing an effective and empowered workforce			
✓	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1 Policies for Approval

1.1 Trust Policies

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

Policy Name	Date Approved	Lead Director	Key Changes to the Policy
Recruitment and Selection Policy	28/5/2024	Associate Director of People and OD	<p>The following changes have been made to this policy:</p> <ul style="list-style-type: none"> • Section 7: Fit and Proper Person Test has been updated to reflect Fit and Proper Person Test requirements and a section has been added regarding risk assessments for overdue DBS checks. • Sections 8.6, 8.7 and 8.8 include further information regarding DBS checks. • Section 17 contains a checklist for managers when undertaking secondment pre-employment checks.
Associate Hospital Managers Policy	28/5/2024	Medical Director	<p>The following changes have been made to this policy:</p> <ul style="list-style-type: none"> • Section 6 has been added and is specific to Non-Executive Directors being trained as Associate Hospital Managers. • Section 6.3 has been amended regarding the payment of fees and expenses. • Amendments have been made to page 6 to emphasise the expectation that new appointees will sit on face-to-face and virtual panels and that they will chair panels when competent to do so.
Car Parking Policy	11/6/2024	Director of	The policy outlines that staff will be limited to registering one vehicle. It

		Finance	includes information regarding an administration fee for rescinding Parking Charge notices (proceeds to go to Healthstars) and reflects parking arrangements at Whitby Hospital.
Travel and Expenses Policy	11/6/2024	Director of Finance	The policy has been updated to reflect lease car incentive for zero emission vehicles. It also incorporates information regarding expenses for Apprentices.
Social Media Policy	25/6/2024	Chief Executive	The policy has been amended, following consultation with staff, to reflect action that staff should take should they be subject to unauthorised photography, filming or posts on social media.
Grievance Policy	25/6/2024	Associate Director of People and OD	A number of changes have been made to the policy including: <ul style="list-style-type: none"> • Information included about the need to act promptly and timelines included. • Duties and responsibilities section added. • Clarity around the formal stage of the grievance procedure included. • Reference to Occupational Health contacting affected staff added.
Document Control Policy	9/7/2024	Head of Corporate Affairs	The Document Control Policy has been reviewed in full to provide clarity on roles and responsibilities of EMT, QPaS and the Trust's Operational Delivery Group (ODG) and Executive Directors. It also reflects current working practices. Additional clarity has been included regarding the definitions of the 'type of change' – minor and significant.

1.2 Around the Trust

1.2.1 Leadership Visibility

Meet Michele, Vlog and online meetings continue alongside both announced and unannounced visits, this month I have focused on 0-19 services and corporate areas.

1.2.2 Nursing Times Shortlist

We have been shortlisted for three Nursing Times award, which is a great reflection of the excellent work of our nursing staff:

- Adult Forensic Mental Health Single Point of Access (SPA) - Nursing in Mental Health category
- Emergency Department Streaming – Patient Safety Improvement category
- Breastfeeding Hull - Public Health Nursing category

1.2.3 Name Change

In keeping with integrating hotel service and estates EMT has approved the renaming and therefore are rebranding the departments, into 'Humber Facilities Management',

1.2.4 NHS England Oversight Framework

NHS England has invited comments, through a consultation questionnaire, regarding its updated NHS Oversight and Assessment Framework.

Input from a range of stakeholders has informed the framework, including through dedicated engagement with all integrated care board (ICB) and provider leaders. The consultation ran from 23 May 2024 to 13 June 2024 and EMT submitted a response to this.

Whilst we were generally supportive of the framework, we felt it lacked depth and clarity regarding its application to Community Interest Companies that are part of the ICS. The document also contained outdated terminology in places (for instance, there were references to serious incidents rather than the Patient Safety Incident Response Framework). We highlighted all these points through our consultation response.

1.2.5 GMC Training Survey

The annual GMC training survey has been completed and the Deputy post graduate Dean of NHSE has notified Humber of the outcome:

2024 GMC National Training Survey – Patient Safety and Undermining Reports - the response rate for our trainees remains good at 72.90%. and it was confirmed that we received no patient safety concerns or undermining feedback from Trainees relating to Humber.

2 Around the System

2.1 Elections 2024:

The following have been elected:

Emma Hardy	Labour, Kingston upon Hull West and Haltemprice
Dame Diana Johnson	Labour, Kingston upon Hull North and Cottingham
Sir David Davis	Conservative, Goole and Pocklington
Charlie Dewhirst	Conservative, Bridlington and The Wolds
Alison Hume	Labour, Scarborough and Whitby
Kevin Hollinrake	Conservative, Thirsk and Malton
Graham Stuart	Conservative, Beverley and Holderness
Karl Turner	Labour, Kingston upon Hull East
Melanie Onn	Labour, Great Grimsby and Cleethorpes
Sir Nic Dakin	Labour, Scunthorpe

Throughout their campaign, Labour promised 40,000 more appointments every week to bring down waiting lists, and to fix the 8am scramble for GP appointments by training thousands more GPs and delivering a modern appointment booking system. We can also expect more details on Labour's plans to resolve the ongoing industrial action impacting the NHS, as well as their approach to quality of care and manager regulation.

Labour health manifesto commitments include:

- Use spare capacity in the independent sector to ensure patients are diagnosed and treated more quickly.

- Reform the NHS to ensure that mental health is given the same attention and focus as physical health.
- Modernise the Mental Health Act to address treatment of people with autism and learning difficulties, and racial inequalities perpetuated by the Act.
- Implement professional standards and regulate NHS managers.
- Set an explicit target to close the Black and Asian maternal mortality gap.
- Implement the expert recommendations of the Cass Review.
- Ensure the publication of regular, independent workforce planning, across health and social care, and deliver the NHS Workforce Plan.
- Develop local partnership working between the NHS and social care on hospital discharge.

2.2 Ministers and MPs

Prime Minister Sir Keir Starmer has announced many cabinet appointments today, with other ministerial roles expected to be confirmed over the coming days. This afternoon, Wes Streeting, re-elected as MP for Ilford North, was appointed secretary of state for health and social care, the post he has held in opposition since 2021.

2.3 Mental Health

The party pledged to recruit 8,500 more staff to treat children and adults is welcome, as we know there are a lot of vacancies in the mental health, learning disability and autism workforce. Another of the government's priorities is to provide access to mental health specialists in every school, which aligns closely with the commitment to roll our Mental Health Support Teams (MHSTs) in schools.

There is also a strong focus on delivering care in the community, with the ambition of creating a 'neighbourhood' health service, which includes access to mental health care. Whilst unsure at this stage what this looks like, it suggests a promising shift towards place-based care which aligns closely with the ambitions of NHS community mental health transformation.

The Government's manifesto also includes a pledge to implement Mental Health Act Reforms.

2.4 Hull Health and Care

Adam Jogee and Struan Coad from Attain have been supporting the Hull partnership this has been extended until September 2024.

Adam will fulfil an HCP Programme Director function, for two days per-week, focusing on three key areas:

- Mobilisation and delivery of our three strategic priorities – 'Integrated Neighbourhood Teams', 'Workforce', and 'Health and Care Inequalities'.
- Positioning the HCP to maximise the opportunities for increased delegation afforded by the "Shared Framework for Excellence, Prevention, and Sustainability at Place"; and,
- Ensuring alignment between the work of the HCP, the Hull Health and Wellbeing Board, and our Overview and Scrutiny Committee.

Struan will continue to provide strategic input to the partnership Development.

Both my in-person visits and online team visits have gone well. Both visit schedules discuss with staff and service their issues, challenges and successes, they allow me to spend quality time with both clinical and corporate staff.

Both the person and virtual meetings are well supported across the organisation. Ask Michele continues to be popular alongside Ask the Exec.

During the month we held a successful Terms, Conditions, Negotiating Committee, (TCNC) and Executive team timeout, it was positive to spend time with our staff side and professional trade union representatives.

2.5 National Headlines

2.5.1 Kings Speech Headlines

The King delivered his first speech of the new parliament and of relevance mentioned:

- Mental Health Bill
- Tobacco and Vapes Bill
- Draft Conversion Practices Bill
- Employment Rights Bill
- Draft Equality (Race and Disability) Bill
- Cyber Security and Resilience Bill
- The King reiterated his government's commitment to the National Health Service: "My Government will improve the National Health Service as a service for all, providing care on the basis of need regardless of the ability to pay. It will seek to reduce the waiting times, focus on prevention and improve mental health provision for young people."

3 Director Updates

3.1 Chief Operating Officer Update

3.1.1 Leadership Visibility

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. Visits have included Westlands, Inspire, Maister Court, Maister Lodge and the Mental Health Crisis Team. Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated and were committed to service improvement.

3.1.2 Operational, Service Planning, Industrial Action and Covid Update

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

The Trust has continued to be prepared for industrial action so that there is minimal disruption to patient care and service provision. 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. Action by junior doctors took place between 26th June and 2nd July, the Trust stood up its command arrangements and did not experience disruption to clinical service delivery. The Integrated Care System EPRR team is currently working with organisations to prepare for possible industrial action by GP's. Our emergency planning arrangements have and will continue to be stood up to coordinate and implement our plan to manage the impact of any further

strike action. Silver command will continue to meet regularly during any action and report to gold command via sitrep reports. Our preparation work has so far been effective and fortunately we have seen no significant adverse impact on our services.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. New national, regional and ICS wide OPEL reporting arrangement came into effect in December with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. In preparation for this, coordinated work was undertaken by organisations to review the action cards associated with each level in the OPEL framework to ensure that the actions taken to prevent escalation were robust. Triggers are now in place that stand up daily executive director level response when necessary.

A full review of the Trusts and the systems winter plan for 2023/24 was completed at the end of Q1, planning for winter 2024/25 has commenced, this plan will be presented to the board in September 2024.

Operational service pressures have been stable in the Trust in June and early July. The highest pressures were seen in our community services in Scarborough and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital. Pressures have also been experienced in Primary Care due to the ongoing increased demand. The Trusts overall operational pressures in the last two months has remained reduced to (OPEL) 2 (moderate pressure) predominantly. Localised pressures have also been experienced in our learning disability inpatient service at Townend Court due to staff absence and the complexity of patients, plans are in place to mitigate this, it is a short-term challenge and recruitment has been undertaken. Newly recruited staff will be coming into post in July.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in June and early July for core services but with ongoing increase in referrals for Neurodiversity services. Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge. In all these areas demand exceeds commissioned capacity. Additional non-recurrent investment that the Trust was able to commit in 2023/24 has now ceased as it could not be achieved in the financial plan for 2024/25, meaning that the waiting times are now deteriorating again in these services. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2024/25 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. ODG and EMT oversee the position and work to reduce waiting times. Excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has plateaued and the new eating disorder community treatment service has been operationalised to support this. Occupancy and patient flow in our CAMHS inpatient beds continues to improve.

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 overall daily bed occupancy has been between 73.2 – 94.4%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans developed to expand the use of the

Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds. A change to the configuration of the older people's beds at Maister Court and Millview Lodge has increased the availability of male beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) has risen, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons. Scheduled estate works are taking place currently to significantly improve the PICU seclusion suite which is also temporarily impacting on patient flow. PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being impacted by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Rise in the use of out of area placements has occurred across many mental health providers and our position is not an outlier.

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

To further maximise our patient flow we need to put more measures in place to achieve timely discharges for our patients that are clinically ready for discharge (CRFD) in order to improve our bed availability and reduce our need for out of area placements. To achieve this, we will be utilising the nationally recommended "rapid improvement methodology for multiagency discharge event (MaDE)" throughout July and August. We will be one of the first Trusts to use this methodology which has worked well in acute hospitals and is now being recommended nationally to be used by mental health services. The approach will introduce:

- Multi Agency Disciplinary meetings led by our Mental Health Clinical Lead to manage patient flow, ensuring all partners are working effectively to estimated dates of discharge for patients.
- A new Complex Case Review Panel comprising of Trust leaders and partner agencies to consider the best plans for our most complex service users.
- The work will culminate in a "Super MaDE" event in early August supported by the Executive leadership team to ensure the work and recommendations achieves improved patient flow and reduction in the use of out of area beds.

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

patient flow, reduce ambulance handover times and to recover elective activity which has been adversely impacted by the recent industrial action. A number of ICB events have taken place in June and July to increase focus on recovering Urgent and Emergency Care (UEC) performance in our integrated care system. Each place based UEC board has been required to submit revised plans that will expedite this recovery, we have participated in this work through both the Hull and ERY board and the North Yorkshire and York board.

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 remain improved. Continuing effort is taking place to reduce the number of health care assistant (HCA) vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place. A detailed plan is in place to eliminate the use of all HCA agency staff and all off framework agency staff use has now ceased.

The Trust has continued to see low numbers of cases of **Covid-19** positive inpatients, however, there has been a rise in cases for both patients and staff in June and early July.

When combined with non-covid related sickness the overall staff absence position is currently at 6.95% and is slightly increased from the position reported in May.

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

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients. Three divisions are impacted by the implementation of the new **Electronic Patient Record** (EPR) System, Forensics, Children & Learning Disabilities and the Mental Health Division, planning for this is progressing well with meeting the training requirements for all staff being a current key priority.

3.1.3 Virtual Ward – update one year since implementation

Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital. The NHS is increasingly introducing virtual wards to support people at the place they call home, including care homes.

The Humber Virtual Frailty Ward provides care for people living with frailty. Frailty care at home should be available as an option for clinicians to refer adults (aged 65 or over) with acute exacerbation of a frailty-related condition. Following a phased opening of beds the full commissioned complement of 25 beds for Whitby, Scarborough, Ryedale have been available since March 2024. The beds are available 7 days a week, 08.00 – 20.00 with overnight Community Nursing service support when required.

The purpose of the beds is to support people living with frailty and who require community-based care to achieve the best possible health outcomes and improve quality of life, access criteria includes;

- Following a fall
- During a rapid decline linked with frailty
- Reduced function or reduced mobility
- To manage an infection
- Palliative care/end of life crisis support

The aim is to support appropriate discharge from hospital and to reduce hospital referrals where clinically appropriate and safe. Care can be provided at home and in care homes and the key objectives are:

- ✓ Responsive multi-disciplinary clinical assessment, care planning, and treatment, with treatment escalation and advance care planning, developed with the patient and family.
- ✓ Improved quality of life for the patient and support for families where appropriate
- ✓ For patients to achieve the best possible outcome dependent on their level of frailty and preferences, in their home surrounding.
- ✓ Reduction in avoidable days in hospital where discharge home and care can be safely delivered within the community, or a hospital admission can be appropriately avoided.

Work and developments are ongoing to ensure the virtual wards are being supported by a range of digital technology to replicate as much as possible the monitoring and testing that would be provided to patients in hospital this includes:

- Apps, wearables and other medical devices enabling clinical staff to easily check in and monitor a patient clinical status at home.
- Point of Care (POC) testing – the Trust uses **i-STAT** for blood tests.
- Technology to support to aid effective communication across the geographical area (e.g. video link between community and hospital-based clinicians in the patients home) – MS Teams, Upstream
- Access to the acute hospital electronic ICE system to request a range of tests and receive results.



Virtual Frailty Ward
One Year On from
Commencing the Service

What is a Virtual Ward?
'Hospital at Home'

Hospital-level care at home safely and in familiar surroundings.

175 PATIENTS CARED FOR

CARE ACROSS SCARBOROUGH, WHITBY AND RYEDALE

Top Reasons for Referral

- Management of infection at home (including cellulitis, chest and urine infections).
- Support at home following a fall / delirium, to potentially prevent increased confusion in a hospital setting.
- Assessment and management of pain following Shingles viral infection.

Inclusion Criteria

- People who are aged 65 or over
- People who have been assessed to be moderately or severely frail, with a Rockwood score of 6 or above and is in a crisis that requires acute level care
- Where a person is living with dementia, this should not exclude admission to the Frailty Virtual Ward.
- Expected required treatment time is short-term intervention of 1 to 14 days. Clinical examples of could include:
 - People with mild delirium who can still be managed at home and when a change in environment may make the delirium worse
 - People with mildly deranged blood tests that need short-term monitoring e.g. mild acute kidney injury
 - People with cellulitis not resolving with oral therapy

Exclusion Criteria

- People with a NEWS2 score of 5 or above (unless a score of 5 or above is normal e.g., respiratory)
- Patients whose needs cannot be safely met at home.
- Is injured with obvious surgical issues e.g., long bone fracture, acute abdomen injury and requires emergency care intervention
- Overdoses/poisonings, Alcohol withdrawal/intoxication, Sepsis, Seizures, Allergic reactions, Eye conditions/change in vision, suspected significant injury after a fall/trauma, Diabetic ketoacidosis or Hyperosmolar hyperglycaemic state, Stoke/TIA, Venous Thromboembolism (VTE) and Myocardial infarction
- Is experiencing a mental health crisis and requires referral/assessment by a specialist mental health team
- Need is primarily a social care requirement

"Supportive and friendly service"
Care Home Professional

"Very patient, listened well and catered for all my needs"
Virtual Ward Patient

"Compassionate and thoughtful"
Virtual Ward Patient

AVERAGE LENGTH OF PATIENT STAY
4-5 DAYS

We aim to provide care required within 14 working days

Humber Single Point of Contact (SPOC)
Call: 01653 609609

Out of hours please contact 111 or if you have a urgent life-threatening medical problem, please call 999.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals has spent a day visiting staff who work in our alcohol and substance misuse services. Services were visited in Bridlington, Goole and Hornsea where the health van was visited. All staff were so positive about the work they do and the teams they work in. Some exemplary work was seen in particular the number of volunteers who are ex-service users who give their time with some going on to employment with their the service. The impact of the personal experience they bring cannot be underestimated when building positive relationships with this service user group.

A visit has also been made to Townend Court to hear from the nursing staff and to discuss the progress they are making against the quality improvement plan they have established.

Visits have also been made to Westlands in patient unit to meet the staff and the Humber Centre to see first-hand the environmental improvements made on Derwent ward.

The Director of Nursing and the Chief Operating Officer continue with their unannounced and out of hours site visits, visiting Westlands, Maister Court and Maister Lodge in recent weeks. Staff are welcoming and keen to talk about their work and the difference they and their team make for patients and their families.

3.2.2 Professional Nurse Advocate (PNA) Update

Since the launch of the national role in March 2021 by the Chief Nurse for England, we have supported 23 staff to achieve the master’s module and become qualified PNA’s.

Our PNA’s are now widely spread across the patch and nursing specialities which will enable us to provide a comprehensive service across the organisation.

Uptake of support from staff across the organisation

PNA’s across the Trust offer both restorative supervision and career conversations, we are also providing a number of team restorative supervision sessions and offering regular drop in sessions in Whitby, with a plan to replicate this at Townend court and other parts of the Trust.

What we have done to date

	Jan 24	Feb 24	March 24	April 24	May 24
Total number of RCS sessions conducted by a PNA	69	51	60	52	38
Total number of staff receiving RCS	98	98	94	90	67
Total number of career conversations delivered	34	31	16	19	21
Total number of staff accessing a career conversation	47	36	39	19	61

3.2.3. Continuous Professional Development (CPD) Funding 2024/25

As in previous years we have received confirmation of our allocation of CPD monies for our nursing staff and AHPs. We have received an allocation of £365,262. Allocations are based on headcount data (January 2024). The funding is solely for CPD and cannot be used for backfill or mandatory training. To receive the full allocation, we are required to submit our CPD investment plan by 16 August 2024.

We are currently working with the divisions to identify the CPD requirements for their staff.

3.2.4 Fuller Enquiry

Over the course of 15 years, Fuller committed sexual offences against at least 100 deceased women and girls in the mortuaries of the Kent and Sussex Hospital and the Tunbridge Wells Hospital. His victims ranged in age from nine to 100.

In February 2021, the Board of Maidstone and Tunbridge Wells NHS Trust commissioned an internal investigation, independently chaired by Sir Jonathan Michael, to consider how the mortuary offences committed by David Fuller, an electrical maintenance supervisor,

could take place without detection, what lessons the Trust could learn, and to address the most likely questions of the victims' families and key stakeholders.

The Inquiry held interviews with over 200 witnesses and reviewed more than 3,700 documents. Based on the evidence heard and reviewed by the Inquiry team, the report makes 17 recommendations with the aim of preventing any similar atrocities happening again in the Trust.

In light of the offences carried out by Fuller and the recent media coverage regarding Legacy Funeral Directors in Hull we are revisiting our care of the deceased guidance for staff to ensure all safeguards are in place when passing the care of the deceased from our care to a funeral director to ensure all safeguards are in place. Our Professional Lead for Palliative Care and End of Life is leading this work.

3.2.5 Culture of care standards for mental health inpatient services including those for people with a learning disability and autistic people.

The culture of care standards for mental health inpatient care were released in April 2024. The guidance aims to support all providers to realise the culture of care within inpatient settings everyone wants to experience including people who need this care and their families, and the staff who provide this care. The standards have been co-produced and apply to all NHS-funded mental health inpatient service types, including those for people with a learning disability and autistic people, as well as specialised mental health inpatient services such as mother and baby units, secure services, and children and young people's mental health inpatient services.

The vision for inpatient care:

'The purpose of inpatient care is for people to be consistently able to access a choice of therapeutic support, and to be and feel safe. Inpatient care must be trauma informed, autism informed and culturally competent'.

To support the vision there are 12 overarching core commitments, each of which has a set of associated standards. Work to improve the culture of care on inpatient wards, creating the conditions where patients and staff can flourish should focus on these core commitments.

1. Lived experience: We value lived experience, including in paid roles, at all levels – design, delivery, governance and oversight
2. Safety: People on our wards feel safe and cared for
3. Relationships: High-quality, rights-based care starts with trusting relationships and the understanding that connecting with people is how we help everyone feel safe
4. Staff support: We support all staff so that they can be present alongside people in their distress.
5. Equality: We are inclusive and value difference; we take action to promote equity in access, treatment and outcomes
6. Avoiding harm: We actively seek to avoid harm and traumatisation, and acknowledge harm when it occurs
7. Needs led: We respect people's own understanding of their distress
8. Choice: Nothing about me without me – we support the fundamental right for patients and (as appropriate) their support network to be engaged in all aspects of their care

9. Environment: Our inpatient spaces reflect the value we place on our people
10. Things to do on the ward: We have a wide range of patient requested activities every day
11. Therapeutic support: We offer people a range of therapy and support that gives them hope things can get better
12. Transparency: We have open and honest conversations with patients and each other, and name the difficult things

Humber Teaching NHS Trust has been successful in a bid to receive support to roll out this work across 4 of our inpatient units, (Westlands, Avondale, Townend Court and Swale Ward). As part of this we have received funding to support roll out and support from the Royal College of Psychiatrists. Work is in its early stages. The Executive Lead for the programme for the Trust is Hilary Gledhill, Director of Nursing, AHP and Social Care Professionals and senior management lead is Paul Johnson, Clinical Director.

EMT have agreed this important work will form one of our quality priorities in our Quality Accounts for 2024/25 with progress updates provided to EMT and the Quality Committee.

3.3 Deputy Director of Workforce & Organisational Development (OD) Updates

3.3.1 Leadership Visibility

Since May 2024 the Associate Director of People and OD has visited and observed clinical training and leadership development programmes to engage with staff and better understand experience and quality of training.

3.3.2 Visits

An unannounced visit to Pine View was also undertaken in early July 2024, which was well received with an opportunity to meet with staff and service users. General perceptions of workplace experience were really positive.

3.3.3 Off Framework Agency Use

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

3.3.4 Recruitment Statistics

Our recruitment team figures from TRAC benchmarking data covering the period of 1st January – 31st March 2024 show that recruitment took slightly longer which is reflective of reduced staffing during the period:

- Employment check Total Lapse Time (speed) which took 22 days on average and **ranked joint top 37 out of 185 trusts.**
- Conditional to starting letter sent (speed) took 30.8 days on average and **ranked joint 73 out of 185 trusts.**

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

3.3.5 Bank Worker National Staff Survey 2023

This is the second year that Humber Teaching NHS Foundation Trust has offered its bank workforce the opportunity to take part in the National Staff Survey and 2023 has seen an improvement in the response rate.

The response rate for 2023 was 34%, which is higher than the benchmarking group average (23%) and the response rate from 2022 (28%)

The results show progress on all 7 of the NHS People Promises and the 2 themes of staff engagement and morale. This is against both the results from 2022 and the national average.

- Humber scores better than the benchmark group across all People Promise themes
- Humber scores better than the benchmark group across all People Promise sub themes
- Within People Promise 1, Humber scores the best result in Diversity and equality
- Within People Promise 3, Humber scores the best result in Raising concerns

This shows we are making progress on improving the bank worker experience and increasing bank worker engagement.

For this survey, the Trust was benchmarked against other Mental Health and Learning Disability, and Mental Health, Learning Disability and Community Trusts.

3.3.6 People Promise Exemplar Update

In February 2024, the Trust was selected to be one of 116 NHS Organisations to take part in the People Promise Exemplar Programme in collaboration with NHSE&I national retention team. The Trust was awarded funding to recruit into a 12-month band 8a People Promise Manager (PPM) role to support the roll out of the programme.

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

To test the assumption, exemplar sites are asked to:

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

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

Following our initial assessment, key work streams have been identified with initial programmes of work underway, which will see the Trust elevate it's wellbeing and flexible working opportunities as well as developing and enhancing a number of broader schemes in collaboration with key stakeholders.

3.3.7 Being Humber refresh

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

Capturing the Culture:

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

Guiding Performance:

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

Promoting Inclusivity and Equality:

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

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

Consultation and development of resourced is taking place throughout July and into August with a full re-launch in the Autumn.

3.3.8 Statutory and Mandatory Training Summary

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

In June, our compliance remains steady at 94.7%, against the Trust target of 85%. These figures emphasise the effectiveness of our training strategies and our collective commitment to maintaining high standards.

Despite these achievements, we recognise that there are still opportunities for improvement. A closer examination at the job role level, particularly among medical staff, reveals areas where compliance can be further enhanced. At this stage we're having to get into the detail of learner behaviours, which we're able to do with our professional leads. Our L&D trainers are working on new ways to tackle the emerging issue of high levels of DNAs which prevent access to our classroom delivered sessions.

At Humber, we're aware of the importance of not overburdening our staff with unnecessary training. Therefore, we remain dedicated to providing the right training for the right people, ensuring that all training is relevant and deemed essential.

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

3.3.9 E-Rostering the Clinical Workforce

As at June 2024 76% of the Clinical Workforce are on E-roster with a further 20% in development stages. The project has a completion date of September 2024 and other than

a very minimal number of teams, all project objectives are set to be achieved by the September date.

3.3.10 Respect becomes Business as Usual

Following on from the success of our Respect Campaign, the Trust is working to embed our Respect Framework across the organisation. Since the launch of the Respect campaign, we have seen an 72% increase in referrals for bullying, harassment, and discrimination. This demonstrates that the Trust is creating a safe space for staff to report bullying and harassment. This gives colleagues in the People and OD team and those across the organisation the opportunity to address these concerns in a fair and consistent manner. Workstreams are underway to embed this across the organisation over the coming year.

3.3.11 No Excuse for Abuse Framework

In our recent staff survey, there has been an increase in bullying and harassment from patients towards staff from diverse ethnic backgrounds. To address this, we have developed a no excuse for abuse framework, which is guidance drawn from a range of policies and SOP's and is designed to help managers provide effective support to staff who have been subjected to unacceptable abuse from patients. The guidance went out for consultation in late June to gain stakeholder feedback and ensure the guidance is fit for purpose. In July, the guidance will be pulled together into a practical toolkit for staff and embedded throughout the organisation over the year.

3.4 Medical Director Updates

3.4.1 Leadership Viability

Since the last board meeting, there has been Executive Medical Director's visits the following clinical areas, Miranda Crisis team, A&E streaming at Hull Royal Infirmary, and Inspire Inpatients Unit. There was obvious evidence of delivery of impressive and high-quality patient care in all these clinical areas.

3.4.2 Medical Education

National Education & Training Survey (NETS) results received in March 2024, very positive, reassuring, results for Humber Teaching NHS Foundation Trust:

- No negative outliers (none in last 3 years)
- Compared to the national and regional average a higher percentage of respondents recommended this practice placement or training post location at Humber to friends and family if they ever need the care or treatment provided by the Trust.
- Compared to the national and regional average a higher percentage of respondents agreed they would recommend this practice placement or training post to friends and colleagues as a place to work or train.
- 79% of our trainees responded that they felt their training programme had adequately prepared them for their future career.
- Regional rankings:
 - Core Training 7th
 - Higher Training 3rd
- Regional rankings in league table by quality domain:
 - 5th Supporting & Empowering Learners
 - 8th Delivering Curricula & Assessments
 - 10th Learning Environment & Culture

2024 GMC National Training Survey (NTS) – Patient Safety and Undermining Reports confirmed no patient safety concerns and undermining feedback from Trainees relating to Humber Teaching NHS Foundation Trust.

Re-audit of GP Training Quality Standards completed, results show significant positive development over the last 18 months and celebrate progress.

Humber Core Psychiatry Training Scheme is fully recruited for Core Trainees for 2024/25.

Continue to deliver further educational and CPD events which benefit our full medical workforce:

- Higher Trainee Career Discussions held 10th May with Dr Hannah Sayeed, Higher Training Tutor, Gillian Wicks, Head of Medical Education & Medical Directorate Business, and Dr Kwame Fofie, Executive Medical Director. Met with all ST5 & ST6 Higher Trainees to discuss consultant career opportunities within the Trust on completion of training supported by 1:1 and/or group interview preparation.
- Spotlight on the President of the RCPsych held 11th June, welcomed Dr Lade Smith to the Trust. This was a very successful event attended by over 50 Humber medical staff.
- Medical Education Celebration Event 10th July with guest speakers:
 - 'Helping to Transform Mental Health: Transcranial Magnetic Stimulation (TMS)'
 - 'Deep Brain Stimulation in Psychiatry and Addictions' - Professor Valerie Voon is a Professor of Neuropsychiatry and Neuromodulation in the Department of Psychiatry at the University of Cambridge and a Distinguished Professor at Fudan University in Shanghai, China.
- Insomnia CBT Course 25th September.
- International Medical Graduate Mini-Conference 16th October.
- Medical Education Conference 6th November.

Medical Education Programme Support Officer completed/passed apprenticeship on 26th June 2024.

3.4.3 Pharmacy

Controlled Drugs (CDs) E-Learning

The CDs e-learning is now compulsory for all registered nurses, nursing associates and pharmacy technicians who are expected to handle CDs. All other staff who may be asked to witness the processes of receipt or administration of CDs are also expected to complete the training. This includes all staff who have been assigned the *Medicines Optimisation Training* and Health Care Assistants working on in-patient areas.

The module takes around 20 minutes to complete and it is renewed every 3 years.

This compulsory training will ensure the compliance with the related legislation and our *Safe and Secure Handling of Medicines Procedures*.

3.4.4 Patient and Carer Experience

Launch of the new Power BI FFT Dashboard

April saw the Trust launch of the Trust's new Friends and Family Test dashboard which shows the results of the FFT Surveys received from patients, service users and carers who have accessed our services. The information shows how we are performing at an organisation, division and team level and includes:

- Number of survey forms received.
- Percentage of people who are satisfied with our services.
- Breakdown of positive, neutral, 'don't know' and negative responses.
- Qualitative feedback comments including; main reason for saying you are satisfied with our services/or not, what we did well and what we could do better. All feedback is now thematically analysed into one of ten themes and is also divided into positive and negative sentiments. Positive themes confirm good experience and negative themes inform where there is a potential quality improvement opportunity.

All staff in the organisation can access the dashboard, which has several additional benefits compared to our old style FFT dashboard, including:

- Speed of transitions between each reporting page.
- Interactive visualisations to suit specific reporting requirements.
- Reduction in the length of time to quantify the feedback received.
- The use of thematic and sentiment analysis of FFT feedback which will enable a streamlined and structured process to determine Quality Improvement (QI) initiatives.

3.4.5 A Good Experience Initiative

The Trust continues to attend 'A Good Experience' steering group on a bi-monthly basis, of which provides strategic leadership and assurance to oversee the Communications Charter project. To support the initiative, the Humber and North Yorkshire Integrated Care Board (ICB) have partnered with York St John University for support on the project. The university have agreed to provide support with the undertaking of; an anonymised thematic analysis of the public engagement feedback (on positive and negative experiences of communication, both with the NHS and with the private sector) that was collected during workshops between September 2023 and March 2024 (this comprises of around 400-500 comments), a literature review about barriers/facilitators to organisations adopting a Communications Charter and then embedding within organisations, development of two qualitative surveys (one for patients and one for staff) to obtain further feedback which will include staff perceptions of the barriers (this will use the thematic analysis and literature review as a basis) they will then analyse and report on the results, the development of the Charter, development of a toolkit (including key principles and indicators) for its implementation, implementation of the Charter, a small-scale evaluation of the pilot and evaluation of the effectiveness and impact of the Charter once it's been adopted by organisations.

3.4.6 QI

QI Week – in June, the Trust celebrated QI Week for Learning Disabilities as it coincided with Learning Disability Week. During the week we heard about Building a Caring Home, Maritime Museum Project, the Phlebotomy Clinic for Learning Disabilities, Follow My Lead and an Introduction to the Learning Disability Engagement Lead and QI Champion.

Training – During the first quarter of 2024/25, 73 training places were provided.

Charters – At the end of the first quarter of 2024/25, 445 Improvement ideas have been registered, an increase of 44 during the three months. OF these charters, 279 have been completed and 166 are live. Since December 2023, 28 charters have been identified as supporting Health Inequalities and 23 supporting Trauma Informed Care.

Innovation Hub – following the completion of the staff survey, a business case has been submitted to the Digital Delivery Group for the first steps to secure funding. Discussions continue as to the components of the hub and identifying external stakeholders.

Culture of Care – four units have been identified to form to be part of the initial pilot to improve the culture of Mental Health, Learning Disability and Autism (MHLDA) inpatient care in England. Quality Improvement Training and coaching commences in July and will see the units identify and deliver improvements over the two-year programme.

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

The Director of Finance visited Westlands with Non Executive Directors and some Council of Governor representatives. This was to view the site.

In addition to this the Director of Finance visited the Inspire Site for the opening of the Inspire Garden which was well received and finally visited Pineview to see what the new capital work would entail.

3.5.2 Digital Updates

EPR

Data migration has commenced for the Forensics division.

The development of the eLearning modules is nearing completion and will be released for testing w/c 22nd July 2024.

The final sessions to demonstrate the new waiting list functionality are scheduled for Thursday 18th July 2024.

MSK and Hull 0-19 have been identified to pilot Accurx Patient Portal.

Cyber security

NHS England's Cyber Security teams release several alerts each month. These are (currently) referred to as CareCERT advisories and the trust must ensure that action is taken to deploy the remediation for each CareCERT as soon as possible but within 10 working days. Additionally, they will class some CareCERT's as High priority – if applicable, any remediation patches must be deployed as soon as possible, and we must provide a response to NHS England within 48 hours to confirm that any remediation has been deployed.

- CareCERT individual advisories issued during 2024: 87 (Inc. 11 in June)
- High Priority CareCERT notices Issued during 2024: 9 (Inc. 1 in June)

- CareCERT advisories with patch(s) NOT approved for deployment: 0
- CareCERT advisories with patch(s) fully deployed to all devices (or not applicable): 8
- CareCERT advisories not 100% deployed (due to devices still to check in): 3

Overall CareCERT advisories from last 9 months with devices still awaiting patching: 23.

In addition, we detected, and countermeasures prevented Distributed Denial of Service (DDoS) against our internet connections:

- DDOS Attacks targeted at Willerby: 0
- DDOS Attacks targeted at Whitby: 0

CrowdStrike Outage Impact

A critical IT incident occurred on July 19, 2024, due to a faulty update from CrowdStrike, affecting millions of Windows computers globally. Our organization was not immune to this disruption, experiencing significant challenges across multiple systems.

Lorenzo, our Electronic Patient Record (EPR) system, was directly impacted. Staff were unable to update patient records, although viewing existing records remained possible. To mitigate this issue, a workaround was implemented, and full system functionality was restored by 15:00 on July 19, 2024.

Additionally, the e-Health roster system was offline until 13:00 on July 19, 2024. In response to these outages, our Emergency Preparedness, Resilience, and Response (EPRR) command structure was activated at 10:00 on July 19, 2024. Local business continuity plans were implemented for both affected systems, and regular communications were issued to staff providing updates and guidance.

To address potential ongoing issues, extra clinical system and HR support was scheduled for the weekend of July 20-21. Fortunately, the system recoveries were successful, and no further support was required.

While the incident caused significant disruption, our rapid response and effective implementation of contingency plans minimized the impact on patient care and overall operations.

INTERWEAVE

- YHCR Clinical Safety Highly Commended Award at HSJ
- TPP non-GP feed
 - Data quality issues leading to clinical safety concerns, each consumer will need to assess the Hazard Log and CSR and compile their own DCB0160 based on intended use case
 - 8 other ShCR regions identified as using the same feed, Interweave CSO to collaborate on hazards, presentation and possible mitigations
- Proof of Concept being carried out by one ICB on the Interweave Platform as they consider ShCR options when their current contract expires
- NRL funding application being constructed to meet the changing requirements and initial UEC use case following supplier engagement event
- Deloitte contract renegotiated at a lower value for PHM platform
 - Connected Bradford being transitioned to own project and will be liable for costs from July onwards under a new SLA
- EDDI replacement stalled due to NHSE assurance issues, implementation will be coordinated with Adastra as the sender system
- Interweave supporting a local A Level student through work experience

3.5.3 Estates and Hotel Services Updates

Operational Estates

- Final delivery of the electrical van fleet, these have been wrapped though there will be individual wraps for targeted Trust comms. Health Stars is the initial requestor; with potential for other campaigns in the future.
- Introduction of a new quality assessment programme for in-house and contractor delivered works, utilising the Office 365 environment. Once fully implemented, highlight reports will be included within the H&S Group compliance dashboards.

Development

- Successful in application for SALIX funding for Low Skills Carbon fund (circa £99k), which will be used to support the Green Plan.
- Ahead of current Green Plan Carbon Reduction Targets
- Formal opening of Inspire Garden took place in June 24.
- Internal audit for Major Projects provided a High Level of assurance, with no recommendations.

Hotel Services

- PLACE action group membership established, with first meeting taking place on 15th July. An annual work plan will be developed by the group that will provide a detailed schedule of planned works.
- Healthcare Estate and Facilities day was well supported, with Pete Beckwith visiting Westlands and ERCH, working with various members of the department. The Hotel Services cake sale raised £138 for Health Stars.

Property

- Malton: The initial plan to relocate the community team from Rydale ward at Malton hospital is being reviewed, following the local authority's change in strategy for the future use of Rydale House. Further property searches in Malton have rendered not viable alternatives. Negotiations have therefore commenced with York LLP to renegotiate the lease for Rydale ward, and for this to include adjustments to provide suitable accommodation.
- Peeler House: Lease expires at the end of the financial year and following occupancy review, identified as viable for vacation. This includes for the proposed consolidation of SLT services into Anlaby Clinic.
- Whitby Hospital: Sub tenants underleases completed.

3.6 Head of Corporate Affairs Updates

3.6.1 Well-Led Review

Section 4.7 of the Code of Governance for Provider Trusts encourages trusts to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances.

An externally facilitated review of the Trust was concluded in April 2022 and all recommendations have since been implemented and reported on to the Board. It is not proposed to commence an external review later this year/early next (year three) as no issues were identified during the last external review or since which would necessitate the need for a further review to be undertaken. Additionally, a CQC well-led inspection is imminent and could occur this year.

4 Communications Update

4.1 Service Support

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

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

Division	Campaigns/Projects this month
Mental Health (Planned/Unplanned)	<ul style="list-style-type: none">• Promotional Video – ED Streaming• PRW Rebrand• Person Centred Care Planning
Community & Primary Care	<ul style="list-style-type: none">• GP practice website development• Primary Care Addition Service x2 new services• UTC Process change and leaflet• Changing Places – Whitby• Out of Hours Changes
Children’s and Learning Disabilities	<ul style="list-style-type: none">• Divisional website development• Granville Court Build Programme• World Breastfeeding Week• Black Breastfeeding Week
Forensic	<ul style="list-style-type: none">• Recruitment of psychologists promotion• A day in the life case studies

4.1.1 Mental Health Support Teams (MHST) Marketing & Communications Update

Our dedicated Communications Officer for MHST’s supports enhanced communications for this key audience of young people, teachers and families. Highlights this period include;

- Budget

Agreed an annual budget with the service to ensure core strategic objectives are reached.

- Social Media

Continued to grow the combined following to 340, an increase of 5% since last month. Engagement rate remains far above average at 10.9%, page and profile reach also remains consistent at 3,539 users this month. Created new strategy in line with content plan, calendar and digital budget, which is underpinned by the academic year delivery period.

- Digital resources

Managing the development of digital resources to support child and young people’s mental health and wellbeing, free to download and accessible via our social media channels. This month’s click through rate remains consistent with a high achievement of 77.27%.

4.1.2 Granville Court Build Development

We are working with estates and the service to provide communication for staff and families on the redevelopment works. Our intranet page for staff delivered a month on month increase in readership since launch and families are also accessing information on our website, ensuring that there is a single source of up-to-date information for both audiences.

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

- **Brand Updates**

Use of the brand platform continues to grow consistently. Recent updates include:

- Addition of new photography
- Improved booking microsite for equipment is now live <https://humber-teaching-nhs-foundation-trust.boqable.store/>
- New email signature
- Addition of an infographic template in response to staff requests.

We are undertaking a three-year brand review, with new internal guidance being developed on how our brand, partner brands, and sub brands interact with each other. This will support staff understanding following their requests for logo and visual identity development and ensure the strength of the central brand and protect against and diluting of our strong corporate identity.

- **General Practice Website Developments**

We are continuing to progress well with the actions from the Town Action Group and nearing completion. One of the most significant changes has been the addition of a search engine function across sites.

A new internal process has been put in place for amendments to the GP websites to streamline the process from request, approval and through to implementation. This new process allows PPG participants to submit requests in their meetings and approval takes place in a monthly meeting with the Digital Communications Officer, Primary Care Service Manager and Senior Patient and Carer Experience Coordinator for Community Services and Primary Care.

4.1.4 Social media

- **National Campaigns**

This month's activity in this area has been significantly limited compared to other months due to the pre-election period. In the last month over 15 posts have been shared to support national messaging on the upcoming Junior Doctors Industrial Action.

Activity surrounding Armed Forces Day encouraging veterans to get support has featured, alongside the celebration of the NHS Birthday while remaining sensitive to pre-election restrictions.

- **Staff Stories**

In the last month we have featured stories on:

- HSJ Digital Awards win and high commendations

- Nursing Times Awards Nominations
- D-Day Veteran's Legion D'Honneur award at Malton Community Hospital
- 7th Annual Research Conference
- Dr Lade Smith visit
- Shortlisting for HSJ Patient safety awards

4.4.5 Media coverage

May – July
<ul style="list-style-type: none"> • 11 stories covered in press – 6 Positive and 5 Neutral • 0 negative <p>Pre-Election Period</p> <p>NHS England imposed restrictions on proactive media up until the National Election on 4 July. This has limited our ability to put out good news stories.</p>

- **Events**

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

- PACE and QI Celebration Event
- Children and LD website launch celebration

Other events:

- NHS Birthday – hosted cake cutting by long serving member of staff, preceptor and apprentice
- Ice Cream Van – an icecream van toured the patch for two days to deliver well received treats to staff as a thank you for staff survey results. We also sold tickets to HumberFest.

Upcoming events:

- CEO Challenge – 25th July
- Summer Showcase – 25th July
- 'HumberFest' (Staff Summer Fun Day) – 11th August

4.1.6 Awareness Days

It has been an extremely time for supporting these dates. We continue to measure their impact and support each using a traffic light system to agree the level of support and exposure for each.

June	July
Pride Month Volunteers Week 1st Diabetes Week 9 th Carers Week Clinical Audit Week 17th. Armed Forces Day 29th Loneliness Awareness Week 10 th Learning Disability Week 17th Infant Mental Health Awareness Week 10th QI Week 17th NHS Sustainability Day Windrush Day 22nd	National Co-Production Week 1st – 7th East Asian Heritage Month – 18thn July – 17th August Hull Pride – July 27th NHS Birthday 5th –

4.1.7 Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

New KPIs have been set for the fiscal year. These include maintaining an average open rate of 30% or above and increasing the subscribers by 40%.

To engage current and new subscribers, we are looking at ways to promote the newsletter further and seek ways to incorporate themed editions and other ways to engage.

- **Electronic Patient Record Project**

We are supporting the digital team with the roll out of the training and go-live campaigns. The forensics division will be first to go live in early September. We are developing informative and reassuring communications to support both managers and team members as they move through this next phase of the programme.

4.1.8 Theme 3: Developing an effective and empowered workforce

- **Humbelievable**

We are currently planning for the September campaign. Work includes;

- Staff survey statistics referenced across Join Humber website
- Jobs Bulletin email is approaching 885 subscribers from 0 in January, this enjoys an open rate of over 55% - the industry 'good' standard is 10%. We are on track to hit 1,000 subscribers this year

- **‘Your Humber Plus’**

We are working with the Workforce team to extend our existing ‘Your Leave Plus’ brand. As well as some additional leave information to further develop our Trust’s enhanced annual leave policy, there are to be additional ‘Plus’ offerings that are to be developed into individual brands e.g. Your Flex Plus

Media Training

As part of empowering our workforce across the Trust, we have now media trained four more members of staff at our most recent media training session on 30th May 2024. The following people have now been media trained:

Paula Phillips – Forensics General Manager
Fran Ashton – Head of Social Work
Nikki Titchener – CAMHS eating disorders
Jayne Gibson – Whitby Hospital service manager

There are two new dates in the diary for the next Media Training sessions in Sept and November.

- **Intranet Staff Engagement Project**

The next stage of this project sees Trust colleagues taking part in screen recording activities to understand how staff navigate across the site in real time. External, specialist resource company H&H are in touch with colleagues who have volunteered to take part in these sessions, during which the staff members will be asked to film their screen whilst they use our Trust intranet to find information or complete certain tasks.

This stage will prove to be invaluable in indicating what issues colleagues face and will allow us to make future improvements to help improve the user intranet experience.

The findings of this project will be supplied to EMT later in September.

- **The NHS Quarterly Pulse Survey**

We have been working with our Workforce team to help promote the NHS Pulse survey. Through direct staff messaging via email and the Global, a desktop image, intranet banner, and associated news article, we hope to encourage as many colleagues as possible to take part.

This quarters survey includes questions particular to our Trust and are based around our appraisal process. We have focused this in the comms, therefore emphasising the relevance of this survey to our Trust and the working day of all staff.

- **Menopause Collective**

We have recently worked with our Workforce team to develop a brand identity for the menopause support offered by our Trust. Menopause Collective is the new name for the written information, training, and support groups we offer to colleagues experiencing the menopause.

Part of this rebrand is an effort to recruit more, Menopause Advocates who will help support colleagues. We have had feedback that there have been several enquiries made to our Workforce Wellbeing team about the training available to become an advocate since the communications started to be shared with colleagues.

- **Completion of 100K Your Way**

A full review is attached as an appendix. The key stats from the feedback are:

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

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

4.1.9 Theme 5: Innovating for quality and patient safety

Award

We have supported teams with their nominations across a range of awards. Our nomination to shortlisting record is excellent including 100% of nominations shortlisted for the Nursing Times awards.

NHS Parliamentary Awards

- Emergency Department Pathway – Category: The Excellence in Urgent and Emergency Care Award
- Recovery Pathway – Category: The Excellence in Mental Health Award
- Announcements are embargoed until Sept 2024.

New date for ceremony: Monday 14th October, 15:00 - 17:30 at Queen Elizabeth II Centre, Broad Sanctuary, Westminster, London, SW1P3EE.

HSJ Digital Awards

- Neurodiversity diagnostic team and The Owl Therapy Centre received the Optimising Clinical Pathways through Digital Award for their Hybrid Neurodiversity Assessments project.
- The Yorkshire & Humber Care Record was Highly Commended in the Digital Clinical Safety Award category.

HSJ Patient Safety Awards

We have been shortlisted for 6 categories, from 5 services/initiative.

- Keyworker Service – Improving Care for Children and Young People Initiative of the Year
- Right Care, Right Person – Seni Lewis Award
- Emergency Department Mental Health Streaming – Urgent and Emergency Care Safety Initiative of the Year
- Emergency Department Mental Health Streaming – Mental Health Safety Improvement Award
- Preceptorship Programme – Patient Safety Education and Training Award
- East Riding Partnership – Patient Involvement in Safety Award

Nursing Times Awards 2024

We have been shortlisted for four awards:

- Adult Forensic Mental Health Single Point of Access (SPA) - Nursing in Mental Health category
- Emergency Department Streaming – Patient Safety Improvement category
- Breastfeeding Hull - Public Health Nursing category
- Breastfeeding Hull – Children’s Services

4.1.10 Theme 6: Optimising an efficient and sustainable organisation

Interweave

The Interweave Comms Project Team have been busy supporting the team with a variety of comms objectives, including improving website content, publishing the latest newsletter, and ordering branded materials for events and conferences. Recently, the team have wrapped up all post-Summit event actions, including the editing and publication of Day 2 recordings.

The current focus is securing open website management and how we will potentially bring this in-house to improve our content management and digital processes.

We are in the process of securing greater access to the website to allow greater flexibility in page design. The previous full access was held with an external agency leading to a high cost for minor amends. Greater flexibility will drive down cost and improve website content.

Hosting the website in-house is also being investigated to allow the team full autonomy over any future URLs, redirects to other websites and greater security at a lower cost.

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	6 positive stories covered by media / 5 neutral mentions 0 negative stories covered by media
Visits to Brand Portal	Up 20% to 696 sessions	415	886
Facebook engagement rate	2%	2.69%	3.29%
Twitter engagement rate	2%	4%	3.32%

LinkedIn follower growth	+ 4.3%	Target 2872 followers	73 new followers – 5,063 total
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Theme 2: Enhancing prevention, wellbeing and recovery			
KPI	Measure of success by 2025	Benchmark	This month
Stakeholder newsletter open rate	Maintain an average open rate of 30%	30%	28.67%
Increase subscribers	Increase by 40% p/a	149	Total subscribers: 149 – 0% increase

Theme 3: Developing an effective and empowered workforce			
KPI	Measure of success by 2025	Benchmark	This month
Intranet bounce rate reduced	< 50%	57.36%	59.1%
Intranet sessions maintain at current level	77,101 sessions p/m	77,101	99,824
Global click through rate (CTR) increase	7%	9.8%	8.3%

Theme 5: Innovating for quality and patient safety		
KPI	Measure of success	Progress to date
Awards nominations	4 national/2 local shortlists annually	<p>2 award wins/highly commended in HSJ Digital Awards</p> <p>2 award shortlists in NHS Parliamentary awards – ceremony Oct</p> <p>6 award shortlists in HSJ Patient Safety awards – ceremony Sept</p> <p>4 award shortlists in Nursing Times awards – ceremony Oct</p>

Theme 6: Optimising an efficient and sustainable organisation			
KPI	Measure of success by 2025	Benchmark	This month
Reduce homepage bounce rate	Below 50%	66.45%	65.7%
Increase average page visits/views per session	+ 2 per visitor	1.94	2.1
Increase average session duration	+ one minute	1m 32s	1m 36s

5 Health Stars Update

5.1.1 Theme 1: Be a trusted and engaged charity partner

- At the point of transfer from Smile Foundation there were 37 live wishes, all legacy wishes were fulfilled or closed before relaunch.
- A new wish process has been launched, staff can make wishes for anything under £5000 via one form on the Health Stars website. This process has been well received by staff and Fund Guardians and has significantly reduced the administrative burden on Health Stars staffing [Access Funding | NHS HEALTH STAR \(healthstars.org.uk\)](https://www.healthstars.org.uk)
- Charity Manager, Anita Green, has visited various forums and meeting to talk about the relaunch of Health Stars including the Staff Champions of Patient Experience, Mental Health ODG and visits to Whitby Hospital and Mental Health Operational Groups.
- We are holding regular online Health Stars workshops open to all staff to go through the new processes and answer any questions about accessing charitable funds.
- We are proud to be the first charity of the year for the Humber Bridge Half Marathon, held on the 29th September. This partnership covers the 2024 and 2025 event and includes 50 places for charity runners. This will be our first flagship event and we look forward to recruiting our Health Stars team. We've had four colleagues interested in being a running ambassador to help us promote the event.
- Staff raised £546 through taking part in the 100K Your Way challenge in May.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Be a trusted and engaged charity partner			
Funds raised	£100k	£77,314	£33,000 £41,395 YTD
<u>Health Stars is a household name</u>	Survey launched in autumn	Health Stars previous survey awareness questions	n/a

Annual review against Charity Commission principles	Complete review in March 25	n/a	n/a
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5.1.2 Theme 2: Improve Patient Care and Experience

Dreams are our requests for charitable funds over £5000.

- We are currently working with four 'Dream Teams' on the following projects
 - o Walker Street Centre – Waiting Room
 - o Humber Centre – Visitors Room
 - o Fitzwilliam Ward at Malton Hospital - Dementia Friendly Day Room
 - o Firbo Scanner (portable liver scanner for the community – Bridlington)
- The Sensory Room at East Riding Community Hospital is now complete.
- We held an event to celebrate the opening of the garden at Inspire which was attended by contractors, funders and staff involved in the project.
- 12 wishes have been received since we reopened on 20 May 2024.
 - 4 have been completed.
 - 2 have been declined or cancelled (due to duplicates)
 - 1 is waiting to be ordered
 - 5 are outstanding but none have gone over our guideline of granting wishes within 4 weeks

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Improve patient care and experience			
Each division has an identified and approved plan for a dream	4 completed 'Dreams'	n/a	Currently progressing Dreams submissions for: <ul style="list-style-type: none"> • Community & Primary • Forensic • Childrens & LD
All appeals (Dreams) have a measurable positive impact on patient/service user care and experience	Positive response to the post appeal survey question 'Did the appeal have a positive impact on patient/service user care and experience' (+80%)	n/a	n/a First surveys going out this month to completed wishes
All estates capital projects have a Health Stars workstream	Dreams delivered in line with estates projects by year-end	n/a	Next meeting August Current live estates Dreams are; <ul style="list-style-type: none"> • Walker Street • Malton • Humber Centre visiting room
Increase wishes approvals	By 20% (target 82 wishes)	22/23 - 62 wishes approved 23/24 7 wishes approved	7 approved since June relaunch

		(note 27 of these wishes were completed on handover as legacy wishes)	
Case studies per week	1 per week	3	27 case studies completed since relaunch

5.1.3 Support Staff

- We have had positive feedback from staff using the new website and navigating the new wish process:
 - o *“This process has been 100x easier and quicker than previously so thank you 😊”*
- We have created two guides to staff to help them when making a wish. These can both be viewed on our website: [Access Funding | NHS HEALTH STAR \(healthstars.org.uk\)](https://www.healthstars.org.uk)

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Support Staff			
Services have Charity Champion	50% services	0	0
<u>Work with HR to identify how charitables funds can support delivery of the People Plan</u>	TBC		Initial meeting with People Plan lead set up to discuss ideas
Visits to charity guidance on Health Stars website	KPI to be set after 3 months of figures obtained	n/a	88 visits this month

5.1.4 Develop Partnerships

- We have secured pledges of £6350 from both local and national companies sponsoring Michele Moran’s CEO Challenge. Total raised for the challenge is £8100
- We have secured a gift in kind of branded clothing for the CEO Challenge, as well as general running vests and support t-shirts, equally over £1200
- We are continuing to write up case studies on wishes that have been granted. Over 27 have now been published on the Health Stars website to inspire future donations.

Measures of success			
KPI	Measure of success by 2025	Benchmark	This month
Develop Partnerships			
Communications Measures of success	4% social media engagement rate		Relaunched July
	30% social media growth	22/23 427 visits 829 followers	Relaunched July
	1% increase in click through rate target from content and stories	12.9% traffic from referral and social media since relaunch	Benchmark set after three months live
	Developing email clubs – 10% staff signed up to email	360 sign ups to email clubs	96 sign ups

	clubs		
	Stakeholder newsletter sign ups	n/a	Not launched yet
Lottery sign ups	20% staff	720	63
Pennies from Heaven sign ups (Microhive)	20%	720	387
Supporters in CRM	Target set when migration takes place	n/a	Agreed CRM to adopt.
Corporate sponsors signed up to major project			No appeals live.
4 Dreams appeals launched	4	0	Three live dreams in planning phase.

Michele Moran
Chief Executive

Agenda Item 9

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Publications and Policy Highlights														
Author/s:	Name: Michele Moran Title: Chief Executive														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>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:	<p>To inform and update the Trust Board on recent key publications and policy since the May Board (detailed below):</p> <ul style="list-style-type: none"> • Summary of existing guidance on the deployment of Medical Associate professions in NHS healthcare settings • NHS Oversight and Assessment Framework Consultation • Ten year strategic plan for the drug and alcohol treatment and recovery workforce 2024-2034 • General Practice • Health inequalities • Achieving value for money 														
Key Issues within the report:															
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:													
• n/a		• n/a													
Matters of Concern or Key Risks:		Decisions Made:													
• n/a		• n/a													
Governance:		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		Workforce & Organisational Development Committee												
	Finance & Investment Committee		Executive Management Team												
	Mental Health Legislation Committee		Operational Delivery Group												
	Charitable Funds Committee		Collaborative Committee												
			Other (please detail) Board												

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	

Publications and Policy Highlights

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

1. Summary of existing guidance on the deployment of medical associate professions in NHS healthcare settings

Medical associate professions (MAPs) include physician associates (PAs), anaesthesia associates (AAs) and surgical care practitioners (SCPs). MAPs are healthcare professionals who work as part of a multidisciplinary team with supervision from a named senior doctor. They provide care to patients in GP practices, hospitals and in the community.

A summary of existing guidance on the deployment of MAPs to support organisations employing MAPs in NHS settings has been produced. It brings together information previously shared that describes the common expectations of how organisations providing NHS care should deploy MAPs, specifically the:

- actions needed to ensure clarity of competencies and responsibilities
- safeguards in place to ensure patient safety
- support and development that MAPs should have

Further information regarding the role and summary guidance is available here:

[NHS England » Summary of existing guidance on the deployment of medical associate professions in NHS healthcare settings](#)

Lead: Medical Director:

At present we do not employ medical associate professionals in the Trust. We are however supporting the training of medical associate professions (MAPs) including physician associates (PAs). We have had meetings with the heads of the school of physician associates (PAs), to make this a reality in the trust. As Responsible Officer, I have attended training and seminars by the GMC on how to support physician associates (PAs) in the workplace.

2. NHS Oversight and Assessment Framework Consultation

On 23 May 2024, NHS England launched its NHS Oversight and Assessment Framework consultation. The framework serves four core purposes:

- to align priorities across the NHS and with wider system partners to drive shared ownership of improvement
- to enable the sharing of good practices to support mutual improvement
- to identify where ICBs and/or providers may benefit from or require support or intervention, and
- to provide an objective basis for decisions about when and how NHS England intervenes using our regulatory powers should this be necessary

The consultation closed on 13 June 2024 and the updated framework is due to be launched later this year.

Further information regarding the framework and consultation is available via this link:

[NHS Oversight and Assessment Framework consultation - NHS England - Citizen Space](#)

Lead: Chief Executive

Executive Management Team members provided their views regarding the revised framework and a response was submitted prior to the consultation closing date.

3. Ten year strategic plan for the drug and alcohol treatment and recovery workforce 2024-2034

The Department of Health and Social Care has partnered with NHS England to deliver a national drug and alcohol treatment and recovery workforce transformation programme. Central to the programme is this first of its kind strategic plan, which will guide and underpin national and local workforce transformation activity over the next decade.

Further details are available here:

[NHS England » 10-year strategic plan for the drug and alcohol treatment and recovery workforce \(2024–2034\)](#).

Lead: Medical Director/Associate Director of People and OD:

Summary

Dame Carol Black's independent review of drugs called for the drug and alcohol treatment and recovery workforce to be rebuilt to deliver better outcomes for the people it serves. This report provides three workforce priorities to enable workforce transformation, to develop a sustainable, multidisciplinary drug and alcohol treatment and recovery workforce, equipped with the skills to reduce the harm of problematic drug and alcohol use and help more people to initiate and sustain recovery. There is an emphasis on increasing the professional mix in the sector, attracting, and retaining more medics, nurses, psychologists, social workers and pharmacists.

This plan identifies 3 interconnected workforce priorities. These are:

1. **Reform** – effective supervision supporting professional development and evidence-based treatment and recovery, stating that regulated professionals have a central role in leading clinical governance and supervision structures within organisations.
2. **Recruit** - Local authorities and delivery partners must recruit multidisciplinary teams (MDTs) in line with the drug strategy expansion targets, using the workforce calculator to inform MDT workforce planning and in line with the capability framework. OHID and NHS England are leading national initiatives to support improved recruitment with a focus on attracting regulated professionals into the sector, notably, psychologists and psychiatrists.
3. **Train, develop and retain** - By formalising the training and skills required of currently unregulated roles such as drug and alcohol workers, peer support workers (PSWs) and commissioning roles, these roles will be better equipped to deliver and commission effective interventions

What East Riding Partnership are doing?

Over the past five years East Riding Partnership and Hull Primary Addictions Service (HPCAS) has been developing and aligning its workforce to meet the “10- Year strategic plan for drug and alcohol treatment and recovery workforce (2024-2034), this work developed from horizon scanning, findings from reports, publications, trends, and the appointment of Dame Carol Black (2019) undertaking an independent review, local and national trends. East Riding Partnership is

made up of a multiskilled workforce with subcontracted elements of services with Alcohol & Drug Service (ADS), NACRO (Criminal Justice) and working under the governance of Humber Teaching NHS Foundation Trust. Recently the ERP re-tendered for the business for the next 5 years & were successful in the bid, HPCAS have been given a direct award for the next 4 years with some extra funding from OHID to further enhance the service and increase staffing.

The biggest challenge for the services is to continue to develop within the tight financial envelope and any new elements required of the service which need to be developed will rely on separate funding streams from OHID to their core contract. A challenge to accessing these funding streams are set nationally per head of population, deprived areas receive more monies per head and poor performing services receive more monies. East Riding partnership is a top performer Nationally, so we receive less funding in relation to some of our local neighbours.

The workforce is made up of the following: inclusive of a training environment for Trainee Medics, Student social workers, and Nurses.

All staff within the service are trained in working with Perpetrators. Seven specific staff are trained in working with “Parents Under Pressure” (PUP) – model of working with parents who have family members who use alcohol & substance misuse. All staff receive clinical supervision, safeguarding supervision, prescriber supervision,

There is a national shortage of training programmes specific for alcohol and substance misuse workers. Our staff can access training through Humber NHS TFT, also they can access specific accredited training from GENERIS – Training arm of ADS, in numerous subjects related to drug and alcohol use Level 2 & 3.

[Humber's 10-year strategic plan for the drug and alcohol treatment and recovery workforce \(2024–2034\) updated 11/7/24](#)

4. General Practice

A number of documents have been published by NHS England regarding General Practice:

- How to align capacity with demand: this guide will help practices measure and understand daily patterns of patient contacts and type of need in order to forecast how much and what type of capacity if needed on any given day. Practices can use the data to review rotas and clinics, to help smooth peaks and troughs and better align capacity to need. Further details are available via this link: [NHS England » How to align capacity with demand in general practice](#)
- How to improve telephone journeys: this guide is designed to help practices improve telephone waiting times by using call backs, recorded messages, signposting, keypad and voice options and can be accessed here: [NHS England » How to improve telephone journeys in general practice](#)
- How to improve care navigation: this guide is designed to help practices create or improve a single care navigation model or process so patient requests are directed to the right care professional first time and can be accessed here: [NHS England » How to improve care navigation in general practice](#)
- How to improve care related processes: this guide is designed to help practices manage common processes more efficiently including new and repeat prescriptions, long-term conditions recalls and new patient registrations and can be accessed here: [NHS England » How to improve care related processes in general practice](#)

Lead: Chief Operating Officer:

These guidance documents support work already been progressed by our practices. They will be considered by the Primary Care Clinical Governance network and will taken forward within the quality improvement plan work.

5. Health inequalities

A recent health inequalities survey by NHS Providers revealed that nearly all those trusts that responded to the survey had seen health worsen as a result of poverty and the cost of living crisis. The themes arising from the survey are captured in a health inequalities report which can be accessed via this link:

[United against health inequalities: Moving in the right direction \(nhsproviders.org\)](https://www.nhsproviders.org/health-inequalities-report)

Lead: Medical Director:

NHS Providers recently published the findings of their health inequalities survey of NHS Trusts which aimed to explore the extent to which trusts have made progress in tackling health inequalities between 2021 and 2024. The survey was open between February and March 2024 and received 80 responses from 72 unique trusts, accounting for 33% of the provider sector.

Addressing health inequalities is vitally important for the trust. There is evidence of commitment to tackling health inequality in our catchment population from board to ward. HTFT has a structured programme of work with executive leadership oversight and accountability. As rightly identified by the report NHS provider organisation must work with system partners to tackle health inequalities. HTFT programme therefore has at it core collaboration and partnerships with the ICS, local authorities, housing associations and voluntary organizations.

As an example, we are integral in the work of East Riding health board to address cost of living and housing. Professionals from HTFT are active members of the ICS Population Health and Prevention groups. We continue to make headway in understanding our health inequality data and the wider determinants of health.

Other specific areas of work include addressing physical health needs of people with SMI, Patient Carer Race Equality Framework (PCREF), Equality, Diversity and Inclusion (EDI) improvement plan among others. Central funding streams to deliver health inequalities work will be a massive welcome.

6. Achieving value for money

NHS Providers has published a report which highlights how hospitals, mental health, community and ambulance services are finding new ways to improve services for patients and deliver value for money.

The report, [*Providers Deliver: Achieving value for money*](#), showcases positive examples of how trusts are making productivity gains in a challenging environment, while continuing to deliver high-quality care.

It concludes that trusts are committed to adding value but need support from government and national bodies to unlock their full potential for improvement.

Lead: Director of Finance:

This guide will be considered in the Performance and Productivity Group which aims to increase productivity and efficiencies within the Trust. The Group is Chaired by the Deputy COO with representation from Divisional Managers and Corporate support from Finance and HR.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Research & Development Six Monthly Update Report														
Author/s:	Cathryn Hart, Assistant Director Research & Development														
Recommendation:	<table border="1" data-bbox="523 584 1511 701"> <tr> <td data-bbox="523 584 922 624">To approve</td> <td data-bbox="922 584 1015 624"></td> <td data-bbox="1015 584 1398 624">To discuss</td> <td data-bbox="1398 584 1511 624"></td> </tr> <tr> <td data-bbox="523 624 922 665">To note</td> <td data-bbox="922 624 1015 665">√</td> <td data-bbox="1015 624 1398 665">To ratify</td> <td data-bbox="1398 624 1511 665"></td> </tr> <tr> <td data-bbox="523 665 922 701">For assurance</td> <td data-bbox="922 665 1015 701">√</td> <td data-bbox="1015 665 1398 701"></td> <td data-bbox="1398 665 1511 701"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss													
To note	√	To ratify													
For assurance	√														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	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:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Evidence of impact of research during 2023-24 (demonstrated in appendices 1, 2 and 3). Research delivery funding secured through Yorkshire and Humber Clinical Research Network (CRN) for Apr-Sep 2024 and then the new Regional Research Delivery Network (RRDN) for Oct 2024-Mar 2025. Positive annual meeting with CRN leadership team, at which they reviewed our research performance in 2023-24 and plans for 2024-25. Wide range of research studies running in the Trust, across numerous health conditions and services (see list in appendix 4); almost half involving the evaluation of novel treatment interventions. Ten external research grant applications submitted during 2023-24, far more than ever before. 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> The Trust’s 7th annual research conference took place 22 May 2024 to coincide with International Clinical Trials week. Continuing in national pilot to embed research into mental health student nurse training, with a third cohort due in Sep 2024. Work continuing to connect with diverse groups to help ensure as many people as possible are given opportunities to take part in research. 														
Matters of Concern or Key Risks: <ul style="list-style-type: none"> The new host for the Yorkshire and Humber RRDN from Oct 2024 could potentially implement different funding formulas/criteria and this could impact on our Trust research funding from Apr 2025. 	Decisions Made: <ul style="list-style-type: none"> Refreshed Research Strategy 2024-26, approved by EMT in Dec 2023 and Quality Committee March 2024, submitted to the Board for ratification 29/05/2024 but deferred due to pre-election restrictions. 														
Governance:	<table border="1" data-bbox="523 1989 898 2069"> <tr> <td data-bbox="523 1989 898 2016"></td> <td data-bbox="898 1989 1015 2016">Date</td> </tr> <tr> <td data-bbox="523 2016 898 2069">Audit Committee</td> <td data-bbox="898 2016 1015 2069"></td> </tr> </table>		Date	Audit Committee		<table border="1" data-bbox="1015 1989 1370 2069"> <tr> <td data-bbox="1015 1989 1370 2016"></td> <td data-bbox="1370 1989 1511 2016">Date</td> </tr> <tr> <td data-bbox="1015 2016 1370 2069">Remuneration & Nominations Committee</td> <td data-bbox="1370 2016 1511 2069"></td> </tr> </table>		Date	Remuneration & Nominations Committee						
	Date														
Audit Committee															
	Date														
Remuneration & Nominations Committee															

Please indicate which committee or group this paper has previously been presented to:	Quality Committee	30/05/24	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 2024

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

1. Performance

Infographics summarising the past year, ‘Research in numbers 2023-24’ and ‘Impact of research 2023-24’, are included in *appendix 1* and *2* respectively, followed by an example of the impact taking part in research can have on people’s lives, in the words of a research participant (*appendix 3*). A brief overview of research for 2023-24 has also been included in the Trust’s Quality Accounts.

There were 47 National Institute for Health Research (NIHR) Portfolio studies, plus a further 16 categorised as non-Portfolio studies, running across the Trust during 2023-24 (see *appendix 4, tables 1* and *2*). A total of 1,645 people took part in research studies, 1532 NIHR Portfolio and 113 non-portfolio, an increase from a total of 892 in 2022-23 and over 200% more than our target agreed with the Yorkshire and Humber Clinical Research Network (CRN) for 2023-24. All our clinical divisions and Trust GP practices took part in research during 2023-24.

Our target agreed with the CRN for 2024-25 is for 660 people to be recruited into NIHR Portfolio studies, the same target as we had for 2023-24.

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 runs until Sep 2024 and currently provides most of our research funding. A national contracting process has taken place which sees the transition from 15 CRNs in England, to 12 Regional Research Delivery Networks (RRDNs) from Oct 2024. The footprint for the Yorkshire and Humber RRDN will remain the same as for the current CRN, however there will be a new host, Leeds Teaching Hospitals NHS Trust. Funding will remain stable throughout 2024/25, with no planned changes to the regional funding formula. However, from April 2025 it is possible that changes may be applied to the formula which could potentially impact on future regional research funding that comes to our Trust.

Our annual review meeting with the current CRN senior leadership team took place in Jan 2024 and included a review of performance, successes, challenges and future plans. Feedback was very positive and in particular they praised our:

- Work done to embed Research into the Trust Clinical Services.
- Vibrant annual research conferences, highlighting their positive impact on the Trust’s research culture.
- Board-level commitment to research engagement.
- Progress made and team’s achievements over the past year.

Newly published guidance from the CQC and NHS England on assessing the Well Led question is explicit on the importance of research – see [Learning, improvement and innovation - Care Quality](#)

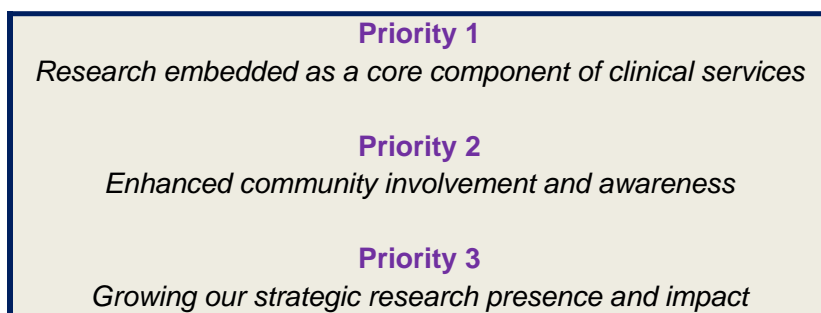
[Commission \(cqc.org.uk\)](https://www.cqc.org.uk) (page last updated 01/05/2024). Amongst other things, it states that a 'good' organisation is one where:

- Staff at the trust work together across teams and services to improve services by: 1) Facilitating and promoting research, 2) Using research evidence, 3) Offering opportunities to take part in research, and 4) Implementing innovations.
- The trust invests in its people and culture... This includes through continued professional development and through leaders being role models for research.
- There are plans to build capacity and capability for developing the behaviours and skills needed to facilitate and nurture research... It works proactively to enable applications for research funding and recruitment to research trials.
- People and communities, particularly those who are more likely to have poor access, experience and outcomes from care, are involved and empowered to take part in identifying clinical and care needs, research opportunities, and in developing and co-producing improvements and innovations.

All sections in this six-month update report provide evidence for how we are working to achieve the above criteria for being a 'good' organisation in relation to research.

3. Trust Research Strategy and National Vision

The Refreshed Research Strategy 2024-26, which was reviewed by the Quality and Patient Safety Group (QPAS) in Dec 2023 and approved by the Executive management Team (EMT) Dec 2023 and Quality Committee Mar 2024, was submitted to the Board for ratification on 29/05/2024, but had to be deferred due to pre-election restrictions. Our three Research Strategy priorities remain unchanged.



4. Funding

Ten external research grant applications were submitted during 2023-24, of varying values and subject areas, which involved staff within our Trust as the named lead or co-applicant and/or where we are the lead NHS organisation. This is far higher than any previous year. We have recently been notified of some successes, but this information is currently embargoed, so cannot be publicly shared as yet.

Our core research funding from the CRN to support delivery of NIHR Portfolio studies in 2024-25 has been confirmed as just under £542k, plus a small amount of additional funding to support our cluster of Trust GP practices. Our overall allocation from the CRN has risen significantly in the past few years due to our improved research performance. Further funding has also been awarded as a result of the Trust 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, we are anticipating receiving £25k of DHSC Research Capability Funding. In 2023-24 we used this to support a small amount of clinical staff time and a new part-time Research Fellow post to collaborate with clinical and academic colleagues in developing research grant applications. A change in the system for 'excess treatment costs' (ETCs) related to research, came into effect in April 2022, which has resulted in increased research funding coming into the Trust to support clinical teams taking part in research, particularly those involving novel interventions. The national ETC payment system applies a contribution threshold to trusts, which they need to surpass before any ETC payments are made; in 2023-24 this was £1,570 (0.001% of the Trust's operating budget). During 2023-24 an additional £6k 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 nearly half of the Portfolio studies in 2023-24 involving the evaluation of novel treatment interventions, which people wouldn't have had access to otherwise (see *appendix 4*). We are continuing to strengthen our research collaborations and to bring studies to the Trust in areas where we have had limited previous involvement, for example, a trial of group cognitive behavioural therapy (CBT) for men with learning disabilities and harmful sexual behaviour.

We are also starting to build momentum in relation to participating in commercial/industry research. These studies are fully funded by the companies developing new treatments and products and provide staff with new development opportunities and patients with earlier access to novel interventions. In Nov 2023 we opened our first commercial study, as a participant identification centre, in one of our GP practices. We also have other studies in the pipeline and established connections with several potential collaborators. Our Research Operations Manager is working on secondment with the CRN Industry team one day a week supporting with the regional life science industry strategy development, which also helps us to grow our Trust's commercial research portfolio, particularly as there is a focus on primary care and dementia. In 2023 we joined the Dementia Trials Delivery Framework, a national trial recruitment and delivery network focusing on bringing dementia research to the UK, which has close academic and industry alignment and enables early access to site selection for clinical trials.

The poster is for the HASB-IDD study, a group psychological treatment for men with learning disabilities (or autism) and harmful sexual behaviour. It is recruiting men with learning disabilities and/or autism. The poster lists four criteria: 1) Do you work with a man who has a history of harmful sexual behaviour? 2) Does the man have learning disabilities and/or autism? 3) Is the man aged 18 and above? 4) Do they live in England? It states that if yes, they might be able to take part in the research. The study aims to evaluate the effectiveness of a group Cognitive Behavioural Therapy treatment programme aimed at reducing risk of sexual offending called SOTSEC-ID.

University of Kent
Trust Centre

HASB-IDD

Group Psychological Treatment for Men with Learning Disabilities (or Autism) and Harmful Sexual behaviour

We are recruiting men with Learning Disabilities &/or Autism!

- * Do you work with a man who has a history of harmful sexual behaviour?
- * Does the man have learning disabilities and/or autism?
- * Is the man aged 18 and above?
- * Do they live in England?

If yes, they might be able to take part in our research!

We are conducting research to evaluate the effectiveness of a group Cognitive Behavioural Therapy treatment programme aimed at reducing risk of sexual offending called SOTSEC-ID.

To further enhance our capacity and capability for research within our services we are developing new local Principal Investigators (PIs), including two clinical staff on the NIHR Associate PI Scheme which is formally recognised through certification and endorsed by the Royal Colleges.

6. Learning, engagement and research impact

Quarterly research newsletters continue to help raise the profile of Trust research; available on the Trust website, as well as being shared with external stakeholders and via internal communications. We have over 1000 followers of '@ResearchHumber', and articles relating to research have frequently been included in various Trust communications. Since Sep 2022 we have also held 'Community of Practice' research meetings quarterly, which enable Trust staff to learn more about research and to link in with others. The 'community' and attendance is growing all the time, with a different focus chosen for each meeting.

The Trust's seventh annual research conference took place 22 May 2024 to coincide with International Clinical Trials week, with over 400 people registered; a mix of in-person and online as the conference was run as a hybrid event. We opened the conference with a tribute to the wonderful Dr Wendy Mitchell, Trust Research Champion and Recovery College Facilitator for many years, who sadly passed away in Feb 2024. The programme also included speakers from various professions and specialties within our Trust, as well as national experts talking about research we are supporting in our Trust, e.g. CognoSpeak artificial intelligence tool as a way to speed up dementia diagnosis in the future. We will be analysing the evaluation forms to help inform our future conferences.



'Just wanted to say it was an incredible day. I feel so proud to be HUMBER what an amazing team you really are, the speakers were all amazing and I was blown away with the primary care team you have in GP surgeries - what wonderful work they all do.'
(Clinical Staff member who attended conference)

In autumn 2023 we were the first site to commence in a national pilot to embed research into mental health student nurse training. A second cohort of student nurses joined us in Feb 2024 and a third is planned for Sep 2024. This has also sparked interest from other professions and staff within the Trust and we are currently considering how we might be able to support more people to gain research experience with us.

7. Equality, Diversity and Inclusion

We continue to work 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:

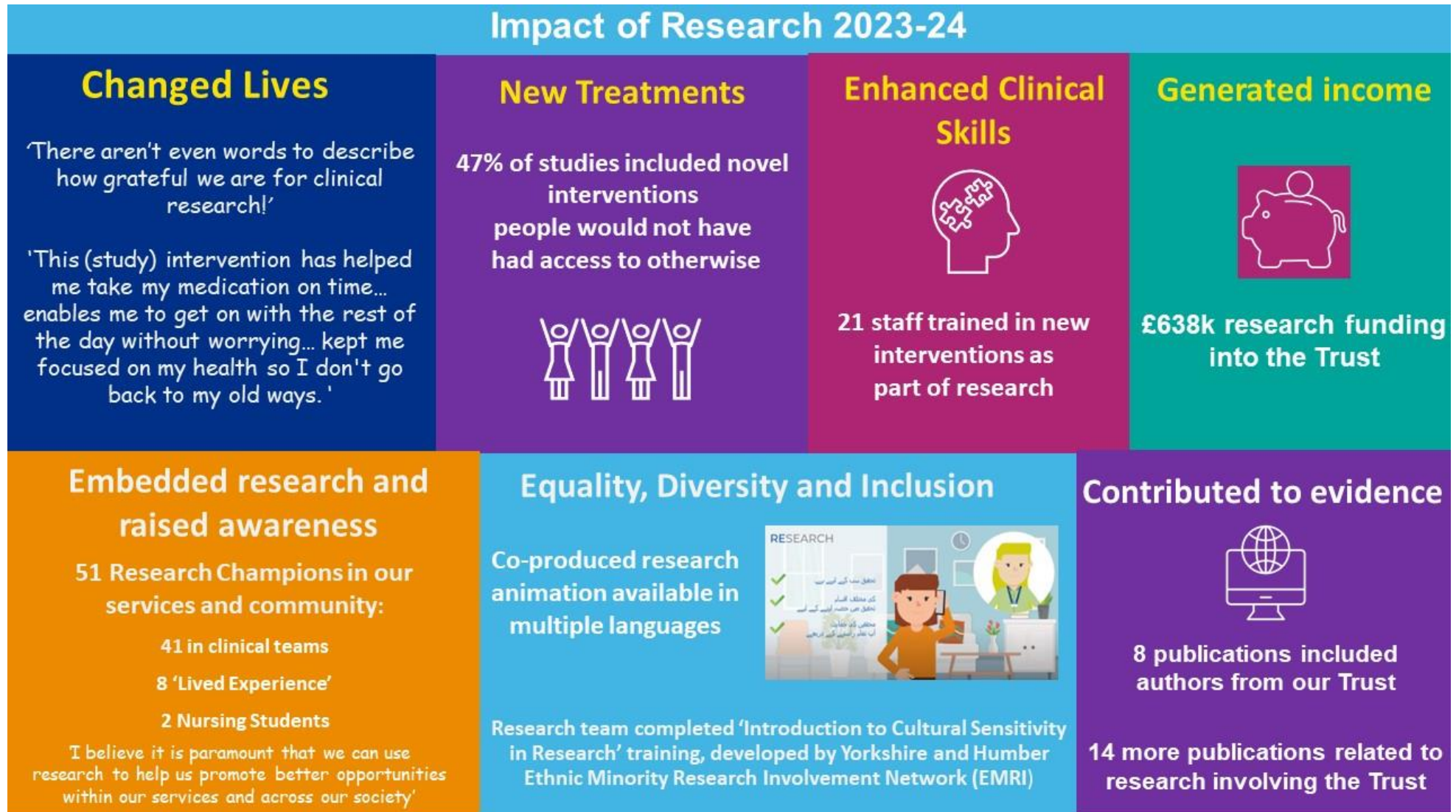
- Assistant Director R&D and Research Operations Manager are members of the Trust's Health Inequalities Operational Group.
- Research team completed 'Introduction to Cultural Sensitivity in Research' NIHR e-Learning and all new research team members now do this as part of their standard induction.

- Connecting with local community groups, most recently across our coastal communities.
- 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.

Appendix 1 – Research in Numbers 2023-24



Appendix 2 – Impact of Research 2023-24



Appendix 3 – Impact of Research: In the words of a participant

I was glad to be included in the research. I have bipolar, schizoaffective disorder and diabetes.

This regular support and the research study intervention has helped me take my medication on time and at structured times throughout the day. Keeping the medication flow more balanced. Using an alarm on my phone has been a great help for taking my tablets at a set time and enables me to get on with the rest of the day without worrying about whether I've taken them or not. One less thing to remember!

These regular sessions have kept me focused on my health so I don't go back to my old ways. Reminding me to also concentrate on diet and exercise. I have since joined a swimming membership, use an air fryer and a slow cooker for healthier meals.

Writing down and keeping notes has enabled me to look back and remember the things that have helped me. I hope to continue the good work by putting little weekly reminders in my diary to remind me of my action plans.

The researcher has been very helpful and easy to work with. Thank you.

Appendix 4 – Research studies running in the Trust during 2023-24 (broken down into Divisions)

Table 1: NIHR Portfolio studies

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
Planned Mental Health - Older People					
Practices, attitudes and outcomes of patients with memory problems	Observation	Dr Chris Rewston Clinical Psychologist	Prof Naji Tabet, Brighton and Sussex University Hospitals NHS Trust	31/01/2025	Follow up
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	Observation	Cathryn Hart Assistant Director of Research	Prof Christopher Fox Norfolk and Suffolk NHS Foundation Trust	31/12/2024	Open
Problem Adaptation Therapy for individuals with mild to moderate dementia and depression (PATHFINDER Trial)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Robert Howard Camden and Islington NHS Foundation Trust	10/07/2023	Completed
Supporting independence at home for people with dementia (NIDUS-Family)	Intervention	Dr Chris Rewston Clinical Psychologist	Prof Claudia Cooper University College London	30/05/2024	Follow up
CognoSpeak: An automated cognitive assessment tool based on language (utilising automated speech recognition and Machine Learning)	Intervention	Dr Chris Rewston Clinical Psychologist	Dr Daniel Blackburn Sheffield Teaching Hospitals NHS Foundation Trust	01/05/2025	Open
A randomised CONTROLLED trial of Tailored Acceptance and Commitment Therapy for older people with treatment resistant Generalised Anxiety Disorder (CONTACT-GAD)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Rebecca Gould Camden & Islington NHS Foundation Trust	01/07/2025	Open
Co-developing a Music therapy intervention Embedded in the Life Of Dementia Inpatient mental health Care to reduce agitation and related physical assaults (MELODIC)	Intervention	Dr Emma Wolverson Clinical Psychologist	Dr Ming-Hung Hsu Anglia Ruskin University	30/11/2024	Open

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
The clinical and cost effectiveness of internet-delivered self-help Acceptance and Commitment Therapy for family carers of people with dementia (iACT4CARERS): A randomised controlled trial with ethnically diverse family carers	Intervention	No Local PI Required	Dr Naoko Kishita University of East Anglia	01/08/2025	Open
Planned Mental Health - Adult					
EnrollHD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Observation	Prof Ivana Markova Consultant Psychiatrist (Hon)	Prof Anne Rosser Cardiff University	01/10/2053	Open (follow-up site only)
Section 17 Leave: supporting unpaid carers	Intervention	Dr Haley Jackson Research Nurse	Prof Martin Webber University of York	30/06/2023	Completed
Behavioural Activation in Social Isolation (BASIL+)	Intervention	Dr Clare Hilton Consultant Clinical Psychologist	Prof David Ekers Tees, Esk and Wear Valleys NHS Foundation Trust	30/06/2024	Follow up
DIAMONDS - Improving diabetes self-management for people with severe mental illness	Intervention	Dr Laura Voss Consultant Psychiatrist	Prof Najma Siddiqi University of York	03/05/2025	Open
Recovery Colleges Characterisation and Testing 2 (RECOLLECT 2): Exploring the impact of Recovery Colleges on Student Outcomes and factors which affect these	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 Psychiatrist	Dr Jenny Yiend King's College London	01/06/2024	Open
Development of a polygene-based algorithm predictive of weight gain in adults with first episode psychosis that have been prescribed antipsychotic medication	Observation	Emily Scanlon Health Trainer	Dr Adrian Heald RDASH NHS Foundation Trust	01/02/2024	Completed
Optimising Wellbeing in Severe Mental Ill Health (OWLS COHORT)	Observation	Dr Renato Merolli Associate Specialist	Dr Emily Peckham University of York	01/07/2026	Follow up

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
A randomised controlled trial of a structured intervention for expanding social networks in psychosis (SCENE)	Intervention	Dr Maria Kallikourdi Consultant Psychiatrist	Dr Domenico Giacco East London NHS Foundation Trust	30/11/2023	Completed
Predictors of psychological treatment outcomes for common mental health problems in IAPT (PROPEL)	Observation	Lorna McKinley Senior Clinical Lead	Dr Alexandra Schmidt University of Sussex	01/07/2023	Completed
Eating Disorders Genetics Initiative V1	Observation	Dr Hannah Armit Clinical Psychologist	Dr Gerome Breen King's College London	01/09/2024	Open
A multi-national, prospective mixed methods study of the effectiveness of naloxone (including intranasal Nyxoid) administration by lay people in reversing opioid overdose	Observation	Dr Soraya Mayet Consultant Psychiatrist	Prof Sir John Strang King's College London	30/06/2024	Open
Integrating Smoking Cessation treatment into usual online Psychological care for people with common mental illness: an Online randomised feasibility and pilot study (ESCAPE-O)	Intervention	Sheryl Horton Talking Therapies Manager	Dr Pamela Jacobsen University of Bath	31/12/2024	Open
MoreRESPECT: A Randomised controlled trial of a sexual health promotion intervention for people with severe mental illness delivered in community mental health settings	Intervention	Dr Haley Jackson Research Nurse	Prof Liz Hughes Napier University	30/06/2026	Open
What people think about doing physical activity: a questionnaire study	Observation	Dr Reena Roy Consultant Psychiatrist	Dr Rowan Diamond University of Oxford	24/01/2024	Completed
Understanding anger and aggression: A questionnaire study	Observation	Carolyn Scott Forensic Psychologist	Dr Sinead Lambe University of Oxford	07/05/2024	Open
Unplanned Mental Health - Adult					
The National Confidential Inquiry into Suicide and Safety in Mental Health	Observation	No Local PI Required	Prof Louis Appleby University of Manchester	31/03/2027	Open

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
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	Completed
Children's & Learning Disability					
Community-Based Behavioural Activation Training (ComBAT) for Depression in Adolescents: Randomised Controlled Trial (RCT) with Economic and Process Evaluations	Intervention	Denise Purdon ISPHNS Clinical Team Leader	Prof Lina Gega Tees, Esk and Wear Valleys NHS Foundation Trust	31/08/2025	Open
Clinician Knowledge, Confidence, and Approaches Used in the Provision of Psychological Therapy to Autistic Individuals and Individuals with Intellectual Disability in Child and Adolescent Mental Health Services: Mental Health Provider Survey	Observation	No Local PI Required	Dr Hayley Crawford University of Warwick	29/04/2024	Open
Community & Primary Care Services					
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	Completed
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	12/06/2024	Follow up
The Bridlington Eye Assessment Project (BEAP) Age-related Macular Degeneration (AMD) Study: Characterising Phenotypes and Genotypes in a UK Population Cohort [BEAP-AMD2]	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Dr Winfried Amoaku University of Nottingham	30/06/2023	Completed
Active Brains Study	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	03/08/2027	Follow up

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
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	20/07/2023	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	01/04/2023	Completed
Remote assessment of Parkinsonism supporting ongoing development of interventions in Gaucher's disease (RAPSODI GD)	Observation	Dr Iqbal Hussain GP Research Lead for Primary Care	Professor Anthony Schapira University College London	31/12/2024	Open
Eat well, feel well, stay well (the STREAM Trial)	Intervention	Dr Iqbal Hussain GP Research Lead for Primary Care	Prof Paul Little University of Southampton	17/01/2024	Completed
Using a diagnostic taste test as a surrogate biomarker to predict drug effectiveness in patients with depression	Intervention	Marion Opoku-Fofie Deputy Chief Pharmacist	Dr David S K Adams Ranvier Health Ltd	31/12/2024	Open
Quality-of-life in patients with long COVID: harnessing the scale of big data to quantify the health and economic costs	Observation	No Local PI Required	Dr Rosalind Eggo London School of Hygiene & Tropical Medicine	05/11/2023	Completed
Identifying the Prevalence of Social Isolation; Loneliness in the Community Setting Across England	Observation	Mr Clive Nicholson Research Nurse	Dr Austen El-Osta Imperial College London	01/12/2025	On Hold
Clinical and cost effectiveness of an online integrated bipolar parenting intervention: A randomised controlled trial	Intervention	No Local PI Required	Prof Steven Jones Lancaster University	30/09/2024	Open
Determining risk factors for the development of psoriatic arthritis (PsA) amongst people living with psoriasis: A patient-driven on-line prospective European observational cohort	Observation	No Local PI Required	Assoc Prof Laura Coates University of Oxford	01/08/2026	Completed
Violence and Abuse towards General Practice Staff	Observation	No Local PI Required	Dr Shihning Chou University of Nottingham	31/12/2023	Completed
INcorporating Volce acTivated communication aids into Everyday communication	Observation	No Local PI Required	Dr Kate Fryer University of Sheffield	30/09/2024	Open

Study title	Study type	Local Principal Investigator (PI)	Chief Investigator, Sponsor	Estimated End Date	Status
Forensic Services					
Access Assessments for Admission to Adult Medium & Low Secure Services	Observation	No local PI Required	Dr Sarah Leonard University of Manchester	31/07/2023	Open
Randomised controlled trial of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour: the HaSB-IDD trial	Intervention	Dr David Brackenbury Consultant Clinical Psychologist and Clinical Lead	Prof Glynis Murphy University of Kent	31/03/2026	Open
Across multiple services					
Narratives of health and illness for www.healthtalkonline.org (formerly DIPEX) and www.youthhealthtalk.org	Observation	No local PI Required	Sue Ziebland University of Oxford	01/04/2026	Open
Do Safe and Well Visits delivered by the Fire and Rescue Service reduce falls and improve quality of life among older people? A randomised controlled trial (FIREFLI)	Intervention	No local PI Required	Dr Sarah Cockayne University of York	01/03/2023	Completed

Table 2 – Non-NIHR Portfolio studies

Study title	Study type	Local Principal Investigator (PI)	Sponsor	Estimated End Date	Status
Planned Mental Health - Adult					
An Exploration of Therapist Experiences of the Flash Technique for Individuals Experiencing Traumatic Stress	Observation	Annie Townshend Trainee Clinical Psychologist	University of Hull	25/09/2023	Completed
Survey of infant mental health knowledge, confidence, skills and practices among staff working with infants and their families within the Hull, East Yorkshire, North and North Lincolnshire region.	Observation	Claire Marshall Specialist Perinatal Mental Health Nurse	Humber Teaching NHS Foundation Trust	07/07/2023	Completed
How can university training, and clinical supervision, support low intensity practitioners to effectively deliver a parent-led Cognitive Behavioural Therapy intervention and improve outcomes for children, young people and families	Observation	Phil Wilkins Team Lead (East Riding)	Northumbria University	30/09/2025	Open
Experiences of individuals with a diagnosis of Personality Disorder being diagnosed with Autism Spectrum Condition	Observation	Jade Dalton Trainee Clinical Psychologist	Lancaster University	31/08/2024	Open
Living alone with dementia: managing without informal support to contact and navigate services	Observation	Dr Jenni Brooks	Sheffield Hallam University	30/11/2023	Completed
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
Which factors do health professionals feel impact on transitions between male medium and low secure mental health units?	Observation	Katie Foy Forensic Psychologist (in training)	Humber Teaching NHS Foundation Trust	06/03/2024	Completed
Mental health Clinicians' perspectives on the barriers and facilitators to delivering psychological groups within secondary care adult mental health services.	Observation	Victoria Boynton	Humber Teaching NHS Foundation Trust	30/04/2024	Open

Community & Primary Care Services					
Exploratory study comparing patient outcomes for two different service delivery methods of pulmonary rehabilitation	Observation	Mr Kevin Atkinson Physiotherapist	Humber Teaching NHS Foundation Trust	30/04/2024	Open
Physical Activity among Alcohol Dependent Service Users: A Qualitative Exploration of the Attitudes, Barriers, and Facilitators from Service User and Health Care Professional Perspectives (The PAAD Study v1.0)	Observation	Dr Soraya Mayet Consultant Psychiatrist	University of Hull	30/04/2024	Open
Children's & Learning Disability					
Behind closed doors: A phenomenological exploration into the lasting responses of experiencing inpatient CAMHS and implications for identity development	Observation	Thomas White Trainee Clinical Psychologist	University of Hull	01/05/2023	Completed
Healthcare professionals' views on the effect of media on self-harm.	Observation	Tharushi Denipitiya Trainee Clinical Psychologist	University of Hull	09/02/2024	Completed
Exploration of the factors that increase the risk of inpatient psychiatric unit admission for young people with eating disorders	Observation	Rachel Douglas Lead Eating Disorder Nurse	Leeds and York Partnership NHS Foundation Trust	06/03/2024	Completed
Across Multiple Services					
Scale, Spread and Embed: Using Natural Language Processing of Free-text Patient Experience Feedback for Quality Improvement	Observation	Mandy Dawley Patient Experience Lead	Imperial College London	31/01/2024	Open
Predictors and moderators of submissive compassion in healthcare: Implications for the NHS	Observation	No Local PI Required	University of Hull	20/09/2024	Open
De-implementing low value practices in mental health care: A rapid ethnographic study of observations.	Observation	No local PI Required	University of Sheffield	30/12/2023	Completed

Agenda Item 11

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024		
Title of Report:	Refreshed Research Strategy 2024-26		
Author/s:	Cathryn Hart, Assistant Director Research & Development		
Recommendation:		To approve	
		To discuss	
		To note	To ratify
		For assurance	√
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Refreshed Research Strategy 2024-26 for ratifying (This has been reviewed by QPaS Dec 2023 and approved by EMT Dec 2023 and Quality Committee Mar 2024.)		
Key Issues within the report:			
Positive Assurances to Provide: <ul style="list-style-type: none"> • This refreshed research strategy has been reviewed by QPaS and approved by EMT and the Quality Committee. There were no changes requested by any of those groups/committees. • This research strategy has been refreshed from the previous version considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally. Also following a period that incorporated a global pandemic, where the importance of research was so clearly demonstrated in the worldwide fight against COVID-19. However, fundamentally the focus of this refreshed research strategy remains unchanged; to build on our current progress and continue our journey to achieving an outstanding reputation for research. • Having reviewed many other Trust research strategies regionally and nationally as part of this refresh, it is clear that our strategy is still very relevant and in line with the national direction. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • As part of the refresh of this strategy, we ran eight roadshows in Spring 2023 with staff and people in our communities, across various areas in our Trust patch. This feedback confirmed that our three existing research strategy priorities are still relevant and also identified some of the key areas to consider in order to achieve these, for example, communication methods, research accessibility and staff capacity. 	
Matters of Concern or Key Risks: <ul style="list-style-type: none"> • The strategy was due for refresh 2023 and has been delayed due to not being able to do the 		Decisions Made (main changes):	

<p>consultation at our research conference in autumn 2022 as it moved to virtual at last minute. We then didn't get to do the consultation at our face to face roadshows until May 2023, and had also been hoping the ICB research strategy would be published in 2023 but this is now not expected until later in 2024.</p>	<p>Much of the strategy remains unchanged. The main changes to the sections in this refreshed strategy are:</p> <p><i>1.0 Exec summary</i> – added text summarising the refresh.</p> <p><i>2.0 Background</i> – updated text around CQC, key policies and Yorkshire and Humber Clinical Research Network (CRN).</p> <p><i>3.0 Aim</i> – added reference to patient and carer experience, quality improvement and health inequalities groups. Updated the charts in figures 1-3 and associated text. Updated the chart for Trust goals. Updated the paragraph about the Integrated Care System.</p> <p><i>4.0 Mission, Vision & Values</i> – updated the Trust Vision and Values diagram.</p> <p><i>5.0 Priorities & Objectives</i> – added text about consultation via roadshows. Adapted a few objectives in the tables relating to the 3 research priorities,</p> <p><i>6.0 Looking Beyond</i> – adapted text around playing on our strengths, bringing in commercial research income, collaboration, and research integral to clinical roles.</p> <p><i>8.0 Implementation & Monitoring</i> – updated text to reflect current national benchmark for success.</p> <p><i>Appendix 1</i> – updated references to key documents steering research in the NHS.</p> <p><i>Appendix 2</i> – updated examples of progress achieved to reflect 2020-23.</p>
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<p>Governance: Please indicate which committee or group this paper has previously been presented to:</p>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee	Mar 2024	Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	11/12/23
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
		Other (please detail) - QPaS	01/12/23	

Monitoring and assurance framework summary:

Links to Strategic Goals (please indicate which strategic goal/s this paper relates to)	
√ Tick those that apply	
√	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

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

(Refreshed) Research Strategy 2024-2026

Changing lives through research and ambition



**Caring, Learning
& Growing Together**

Document Configuration

Date Nov 2023

Version: 1.0

Author Name / Job Title Cathryn Hart, Assistant Director Research and Development

Directorate Name Medical Directorate

Clinical / Executive Sponsor Medical Director

Reporting Committee Quality Committee

Trust Board Ratification tbc

Review Date Dec 2026

Distribution Channels Committee Paper / Intranet / Website / Research Events

Key Internal Documents Trust Strategy 2022-27

Key External Documents

- The Future of Clinical Research Delivery: 2022 to 2025 implementation plan (Jun 2022)
- Royal College of Physicians/NIHR position statement: Making research everybody's business (Oct 2022)
- Allied Health Professions Strategy for England (Jun 2022)
- Chief Nursing Officer for England's Strategic Plan for Research (Nov 2021)
- The NHS Long Term Plan (Jan 2019)
- UK Policy Framework for Health and Social Care Research (2017)
- Health and Social Care Act (2012)
- NHS Constitution for England (2011)

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Foreword

A message from our Chief Executive and Patient Research Champion



Michele Moran
Chief Executive

A high performing organisation recognises the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. There is evidence that people do better in organisations that do research and therefore we see research as a core part of the service we provide for our community.

We are committed to working with key partners to increase opportunities for people to help shape the future of our health services and treatments, through taking part in research. Our communities are our experts by experience, and it is important that we provide opportunities for people from as many different services as possible to be included.

Overall, we hope that the growth and delivery of research at Humber Teaching NHS Foundation Trust will contribute to the evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of care locally.



Dr Wendy Mitchell
Former Patient
Research Champion*

When you're given a diagnosis, whatever that condition might be, you might feel like your life is falling apart, feel worthless and of no use to anyone anymore. Participation in research can offer people hope for future generations but more so, give them back that sense of being valued once again that any diagnosis can strip away from you.

There is currently no cure for dementia and without willing volunteers to test new theories there will continue to be no cure or knowledge of how best to live and care for those no longer able to care for themselves with dementia. Social and technological research is equally as important as clinical drug trials for any condition.

We have to normalise involvement in research, but to do this we must have the backing of all healthcare professionals and for them to talk about research would help make it normal. Promoting research doesn't have to eat into anyone's budget. The NHS can't move forward without research and research can't move forward without willing volunteers. We need hope and research gives us that hope. Without research we can't change the future!

(Wendy, who was an inspiration to so many, sadly passed away Feb 2024, having battled young onset dementia)*

1.0 Executive Summary

Research is central to ensuring services are effective and that new treatments and ways of delivering care continue to be identified that enable recovery and prevention, reduce disease burden, improve quality and increase productivity.

We have refreshed this research strategy considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally. Also following a period that incorporated a global pandemic, where the importance of research was so clearly demonstrated in the worldwide fight against COVID-19. However, fundamentally the focus of our refreshed research strategy remains unchanged; to build on our current progress and continue our journey to achieving an outstanding reputation for research. Having reviewed many other Trust research strategies regionally and nationally as part of this refresh, it is clear that our strategy is still very relevant and in line with the national direction.

In this strategy for 2024 to 2026 we have three research priorities, which in turn are aligned to our overall Trust Strategy 2022-27 goals. For each of the three priorities listed below, associated objectives have been identified, as well as indicators for what success is expected to look like.

<p>Priority 1 <i>Research embedded as a core component of clinical services</i></p>
<p>Priority 2 <i>Enhanced community involvement and awareness</i></p>
<p>Priority 3 <i>Growing our strategic research presence and impact</i></p>

These were developed through extensive consultation with staff at various levels within the organisation, our governors, board, patients, service users, carers, and external stakeholders.

Whilst continuing to work on these priorities over the next three years, we will also be continuing to attract more new research funding and to develop more new partnerships with renowned clinical research professionals and innovators. Given the hybrid ways of working that have emerged in response to the COVID-19 pandemic, successful partnerships can be virtual and do not necessarily require a physical hub.

2.0 Background

There is good evidence that trusts who participate in research have improved health outcomes and healthcare processes.^{1 2 3} Being research-active also makes the organisation a more attractive employer and increases its prestige, as well as bringing in extra income.

Research became specific in CQC Well Led inspections for trusts in Oct 2018; the first time research activity has been formally recognised as a key component of best patient care. In July 2022 the CQC launched a new single assessment framework which forms the basis for assessments of quality in providers and integrated care systems. Research remains part of this in the well led domain under the 'Learning, Improvement and Innovation'.

Key policies recognise the importance of research in the NHS and drive the research agenda nationally. The Department of Health and Social Care (DHSC) views research as a core responsibility for all NHS Trusts in England, the importance of research is enshrined in the NHS Constitution (2011), 'The Future of Clinical Research Delivery: 2022 to 2025 implementation plan' makes an explicit commitment to promote and embed research, as does the Chief Nursing Officer for England's Strategic Plan for Research (2021), the Allied Health Professions Strategy for England (2022) and the RCP/NIHR Joint Position Statement (2022), NICE guidance (2018) states we must tell people about research they could take part in and the NHS Long Term Plan (2019) recognises the importance of innovation via research (see *Appendix 1*).

The UK Policy Framework for Health and Social Care Research (2017) sets out the principles of good practice in the management and conduct of health and social care research across the UK. The status of this document is statutory guidance to which local authorities and NHS trusts in England must have regard. Its purpose is to ensure that the public will feel safe when they take part in research, whilst enabling the development of innovations which will help to improve the quality of health and care in the UK. The Framework helps bodies that commission care to fulfil their legal duty under the Health and Social Care Act 2012 to promote the conduct of research.

There is an expectation by DHSC that all NHS Trusts will participate in the successful delivery of research studies that are recognised by the research arm of

¹ Hanney S et al. 2013. Engagement in research: an innovative three-stage review of the benefits for health-care performance. *Health Services and Delivery Research* 1(8).

² Ozdemir BA et al. 2015. Research Activity and the Association with Mortality. *PLoS ONE* 10(2): e0118253. doi:10.1371/journal.pone.0118253.

³ Downing A et al. 2017. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 66:89-96.

the NHS, namely the National Institute for Health and Care Research (NIHR). These studies are known as NIHR '*Portfolio*' studies.

The Yorkshire and Humber Clinical Research Network (CRN) (changed to Regional Research Delivery Network (RRDN) from Oct 2024) provides support and funding for research according to key performance indicators set by the NIHR. As a partner organisation the Trust has a formal agreement with the CRN/RRDN, with specified obligations with regard to supporting the delivery of *Portfolio* research locally and achievement of high-level objectives such as those relating to 'recruitment to time and target'...

Development funding awards for testing local innovation, new services or practice, such as those provided by local commissioners, do not usually qualify for the NIHR *Portfolio*, but are nonetheless important and for the Trust may lead on to the application of larger competitive grant awards in the future, which would subsequently qualify for *Portfolio* status. Research projects carried out as part of post-graduate qualifications tend to be classed as '*Non-Portfolio*' but nonetheless are also important in the development of research-experienced clinicians.

All research involving the NHS in England must have Health Research Authority (HRA) approval as it may involve greater risk, burden or intrusion for participants than standard clinical practice. Research activity and its governance are distinct from other data collection activities such as clinical audit and local service evaluation which have their own internal governance systems.

This research strategy embodies the above policies and guidance and seeks to increase our research offer to our community, enhance our services and improve patient safety; ***changing lives through research and ambition***.

As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture whereby research is embedded as a core part of clinical services, enhancing our offer to those who access our services, but also making Humber Teaching NHS Foundation Trust an excellent place for staff to work, learn and innovate.

3.0 The Aim of the Research Strategy

The main purpose of research is to make a positive difference to the quality of healthcare the NHS provides now and in the future. Our aim is therefore for research to be embedded as a core component of our clinical services since it is a key enabler to delivering high quality services as well as recruiting and retaining the best clinical staff. Research also links in with and positively impacts on the work of our Patient and Carer Experience, Quality Improvement and Health Inequalities groups; the pursuit of improved health and wellbeing of all our communities.

The three priorities and associated objectives identified in this research strategy seek to build upon our existing strengths, to continue what we are doing well so that we carry on growing and improving year on year, acknowledging that there are certain things we have to do (business as usual) to retain our core NIHR funding via our partnership with the CRN/RRDN, and to fulfil key regional and national research performance indicators. Importantly it will also focus on building capacity, developing new opportunities and innovation prospects, potential new partnerships, attracting key research innovators and increasing funding from external sources.

At the core of this strategy is building on our success trajectory. We doubled the number of participants in NIHR portfolio studies between 2013-14 and 2020-21 (see *Figure 1*) and doubled the number of studies between 2013-14 and 2022-23 (see *Figure 2*). There was a dip in numbers of people participating in studies during 2021-22 and 2022-23 but this rose again in 2023-24.

Figure 1: Doubled the number of participants 2013-14 to 2020-21

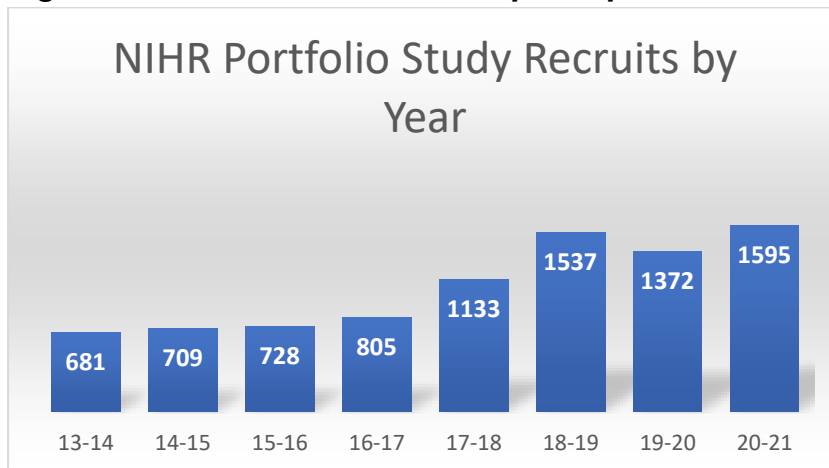
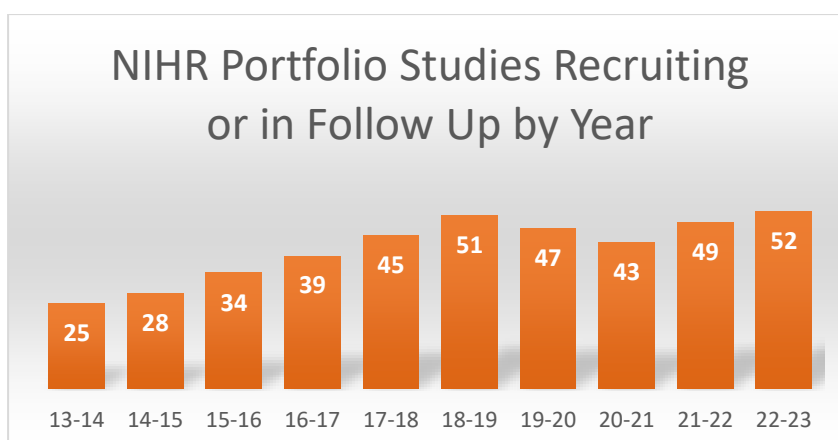
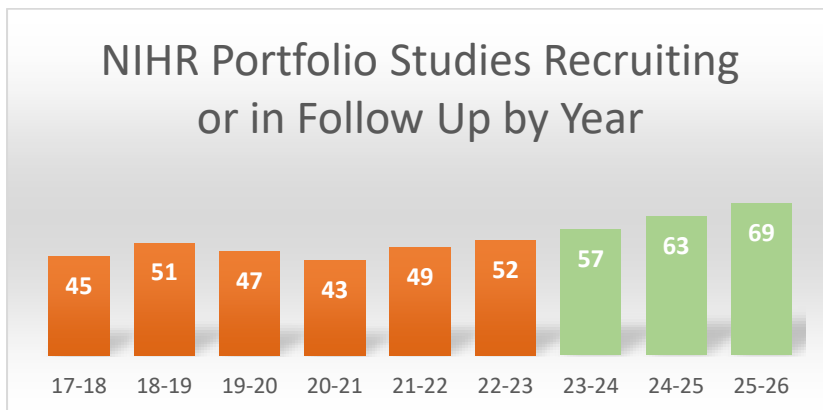


Figure 2: Doubled the number of studies 2013-14 to 2022-23



Our aspiration is to continue increasing our breadth and number of studies, such that more specialties are included in research across our Trust year on year, with *figure 3* illustrating what a ten per cent increase in studies each year would look like, We also aim to recruit to time and target in 80% of our NIHR Portfolios studies; a new national High Level Objective (HLO) introduced in 2023-24.

Figure 3: Increased numbers of studies up to 2025-26



Research has the potential to impact on all goals within the Trust’s Strategy 2022-2027. Therefore, to implement this strategy we have aligned our priorities to the organisation’s six goals.



The introduction of Integrated Care Systems (ICS) across England, including our local Humber and North Yorkshire (HNY) Health Care Partnership, provides new opportunities for us to work more closely with partner organisations across our ‘places’ and to increase opportunities for our communities to engage in research and to potentially benefit. A new virtual hub, the ‘Innovation, Research and Improvement System’ (IRIS) for HNY ICS, was officially launched in November 2023. Its vision includes creating a system-wide supporting structure and culture which allows research to become core business and ensures the health and social care grand challenges of ‘start well’ and ‘die well’ are addressed; areas of research that our Trust also has strengths in. The IRIS Research Strategy is expected to be published in 2024 and will also be important to us as a partner. .

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres and approximately 80 sites. Therefore, it is essential that this research strategy takes into account the unique challenges that each service brings. All of our staff, services and community can potentially be involved in research and therefore this research strategy applies Trust-wide.

4.0 Our Mission, Vision and Values

This Research Strategy describes how Humber Teaching NHS Foundation Trust will ensure that we embed a culture of research that supports the delivery of high quality, safe, effective care across all of the services we provide. The strategy has been designed to support the delivery of the Trust’s vision and values which include:

Our Vision

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

Caring for people while ensuring they are always at the heart of everything we do.



Learning and using proven research as a basis for delivering safe, effective, integrated care.

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

5.0 Priorities and Objectives



When identifying the three key research priorities and associated objectives to focus on when we first published this research strategy in 2020, it was essential that we listened to what our community felt these should include. In doing so various groups were consulted, including service users, patients, carers, families, staff, Trust Governors and Board, commissioners, voluntary organisations and academic partners. This consultation also included a round table session with 170 people from 26 organisations that attended the 2019 Trust research conference. As part of the refresh of this strategy, we ran eight roadshows in Spring 2023 with staff and people in our communities, across various areas in our Trust patch. This feedback confirmed that our three existing research strategy priorities are still relevant and also identified some of the key areas to consider in order to achieve these, for example, communication methods, research accessibility and staff capacity.

These three priorities are aligned to our Trust strategic goals as outlined below:

Research Strategy Priorities	Linked to Trust Strategic Goals	
<p>Priority 1</p> <p><i>Research embedded as a core component of clinical services</i></p>		Innovating for quality and patient safety
		Developing an effective and empowered workforce
<p>Priority 2</p> <p><i>Enhanced community involvement and awareness</i></p>		Enhancing prevention, wellbeing and recovery
		Promoting People, Communities and Social Values
<p>Priority 3</p> <p><i>Growing our strategic research presence and impact</i></p>		Fostering integration, partnerships and alliances
		Optimising an efficient and sustainable organisation

This strategy builds on from the achievements of our research strategy prior to its current refresh, against which significant progress was made on the objectives set out within it and an array of notable successes, impacts and examples of research translating into practice (see *Appendix 2*).



Below the paper sets out the objectives associated with the three strategic research priorities (*what we will achieve*) and also what success is expected to look like (*how will we know we have achieved it*). These have been slightly adapted as part of this refresh, but many remain unchanged as are still relevant for 2024-26 and fit well with national policies cited in section 2.0.

  Priority 1: Research embedded as a core component of clinical services	
What will we achieve?	How will we know we have achieved it?
1. A culture of engagement and involvement in research throughout the organisation (not viewed as exclusive or specialist)	<ul style="list-style-type: none"> ✓ Research signposting in clinical documents/areas (including link to national 'Be Part of Research' website) ✓ Increased numbers of staff signposting people to studies ✓ Increased numbers of participants recruited into studies year on year
2. Workforce with capacity and capability for research	<ul style="list-style-type: none"> ✓ Increased numbers of studies running in the Trust year on year ✓ Increased numbers of local people registered with the 'Join Dementia Research' (JDR) service year on year and taking part in studies included on the JDR register
3. Research awareness in all teams	<ul style="list-style-type: none"> ✓ Studies in clinical specialties not previously participating in research, or where activity has been minimal ✓ Diversifying our research workforce and supporting nursing and Allied Health Professions (AHP) staff on academic research programmes
4. Ability/readiness to open studies in all service areas	<ul style="list-style-type: none"> ✓ Research regularly on the agenda of multi-disciplinary team meetings ✓ Research included in relevant staff supervision/appraisals
5. Clinical staff developing research careers locally – 'growing our own'	<ul style="list-style-type: none"> ✓ All GP practices 'Research Ready' ✓ Research learning events for staff ✓ Protected time for research, including research training and developing research applications ✓ Research 'Community of Practice/Incubator'; regular sessions attended by e.g. grant experts, methodology experts, R&D staff, research active clinicians as well as a forum for those new to research where ideas can germinate and may foster cross collaboration ✓ Staff engaged in all relevant CRN/RRDN Specialty Groups ✓ Research-funded staff embedded in key areas and staff Research Champions in all areas

	<ul style="list-style-type: none"> ✓ Increased numbers of early career researchers, Principal and Chief Investigators year on year ✓ Clinical research posts, e.g. NIHR fellowships, junior doctor academic trainees, joint clinical academic posts with universities and research doctorates ✓ Research targeted to enhance services/interventions in areas identified as a priority for the Trust and/or commissioners ✓ Targeted investment and support in teams identified as 'research hubs' ✓ Research highlighted in CQC report ✓ Research integrated into student clinical placements
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  Priority 2: Enhanced community involvement and awareness	
What will we achieve?	How will we know we have achieved it?
1. Partnership working with patients, service users, carers, families and groups representing them, to optimise participation in research	<ul style="list-style-type: none"> ✓ More patients, service users, carers and families co-producing research each year ✓ Increase numbers of Patient Research Champions and involve them in more research activities ✓ More local groups and voluntary organisations, including Patient and Carer Experience Forum, involved in raising awareness of and signposting people to research
2. Volunteers influencing research development and delivery locally	<ul style="list-style-type: none"> ✓ Actively engaged with Yorkshire & Humber Ethnic Minority Research Inclusion group and people experiencing health inequalities
3. Changed perception of research (demystified) across our community	<ul style="list-style-type: none"> ✓ Involvement in research studies in non-NHS settings, e.g. schools and care homes
4. Opportunities for everyone to take part in research studies, including 'harder to reach' groups	<ul style="list-style-type: none"> ✓ Trust Members and Governors regularly provided with information about research ✓ Positive feedback in annual Participant Research Experience Survey, and other media ✓ Bridlington residents engaged in research through increased GP practice involvement and engagement of key community groups
5. Raised awareness of social value of research	<ul style="list-style-type: none"> ✓ Research opportunities increased in health and social care by utilising technology and existing data systems
6. Learning from research shared with our community	<ul style="list-style-type: none"> ✓ Market Weighton residents engaged in more research as part of the 'Dementia Friendly'

	<p>community project and through increased GP practice involvement</p> <ul style="list-style-type: none"> ✓ Research results shared with study participants ✓ Patient stories about impact of research shared with staff, stakeholders and wider community; encouraging translation of research into practice ✓ Research results shared and awareness raised via annual research conference and other local research learning events
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  Priority 3: Growing our strategic research presence and impact	
What will we achieve?	How will we know we have achieved it?
<ol style="list-style-type: none"> 1. Effective relationships and collaborations with external partners 2. Reputation as a research capable organisation across multiple specialties 3. Recognised as a Trust that delivers high quality research to time and target 4. Income generation - financial sustainability for research 5. Trust more attractive to staff due to its research profile 	<ul style="list-style-type: none"> ✓ At least two research grant applications per year submitted with partners where Trust staff included as applicant(s) ✓ New partnerships with commercial, academic, provider and charitable organisations ✓ Trust as a site for studies led by at least one research sponsor each year that has not previously worked with us ✓ Increased marketing to external research partners, including commercial ✓ Partnership working with Yorkshire and Humber Applied Research Collaboration (ARC) and Health Innovation Yorkshire and Humber; aiding translation of research into practice ✓ Joint research staff appointments with local Universities, including professors, formally linked to the Trust ✓ Research involving ICS partner organisations and/or ICS priorities ✓ Primary Care Networks (PCNs) actively engaged in research with the Trust ✓ Deliver a balanced financial position, with goal of delivering a surplus ✓ At least one funded research grant application per year where Trust is a partner/host ✓ Qualification for more than the minimum £25k DHSC Research Capability Funding ✓ Commercial research study opened ✓ Increased share of CRN/RRDN funding ✓ Increased use of research in marketing

	<p>material for the Trust (e.g. for attracting staff, tendering for services)</p> <ul style="list-style-type: none"> ✓ Research performance targets met ✓ 'Recruitment to time and target' for 80% of studies ✓ High quality, research active staff recruited into Trust or with honorary contracts ✓ Diversifying research funding streams; ensure ongoing financial stability and funding via (i) charitable; (ii) commercial sources and (iii) national grant applications. This will reduce the dependence on NIHR RRDN funding. This will be supported by robust financial policies and standard operating procedures to enable transparency in our research practices. ✓ Alternative modes of funding local research accessed, e.g. charitable funds
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6.0 Looking Beyond 2026

As well as working on the three priorities detailed above, it is important that we look beyond these and focus on future ambitions. We should be doing more NIHR Portfolio research which is locally led and playing on our existing strengths in key areas, for example, CAMHS, especially in nature-based research, addictions, perinatal and infant mental health, dementia and digital technology. Our longer term ambition must be to bring in much more external research income, including that of commercial/industry research, and develop a national reputation as a centre of excellence in our key areas. Given the way working practices have changed because of the pandemic and collaboration has become much easier from a distance, this would not need to be a tangible centre, but would have strong regional links to universities and other key stakeholders, alongside national and international collaborators.

This would enable collaborative, cutting edge, interdisciplinary research, impacting on people at every stage in life, from preconception through to old age, transforming patient care, reducing health inequalities, and improving quality of life. Through the development of new partnerships and significantly increased research income, the Trust has the potential to be a key player involved at the forefront of research and innovation highlighted as local and national priority and of having a workforce where research is integral to clinical roles and included in career pathways.

7.0 Research Roles and Responsibilities

In order to support research in the Trust the Research and Development Unit, led by the Assistant Director Research and Development, provides:

- Research governance advice and support
- Research feasibility advice and support
- Conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) study approval process.
- Contractual review and oversight for research studies
- Management of research funding
- Performance management of research and troubleshooting
- Research information management and reporting
- Development of research infrastructure, capacity and capability e.g. Principal Investigator mentoring
- Research partnership building
- Promotion of research internally and externally
- Signposting
- Consenting of research participants and data collection for NIHR Portfolio studies

The Medical Director is the Executive Lead with responsibility for research.

8.0 Implementation and Monitoring

The Assistant Director Research and Development will lead the implementation of the Research Strategy, with Executive Lead support from the Medical Director ensuring the objectives are achieved. Delivery against the Strategy will be formally monitored through the Quality Committee with six-monthly assurance reports to the Trust Board.

Monthly research performance against the annual recruitment target will be monitored by the Board via the Integrated Performance Tracker. A review of research performance will also be included in the Trust Quality Account each year.

The NIHR will continue to monitor the Trust's success in delivering research via national benchmarks, for example, the percentage of open to recruitment studies which are predicted to achieve their recruitment target, and local CRN/RRDN

performance indicators monitored remotely on an ongoing daily basis. The CRN/RRDN will also monitor progress through annual review meetings with the Trust.

Although this Strategy will be driven by the Research and Development Unit; it is inclusive and requires commitment and input from the whole organisation, not only from those who have research included as a significant part of their job role or in their job description, but by everyone.

Appendix 1: Key Documents steering research in the NHS

'Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery.... We will work to increase the number of people registering to participate in health research to one million by 2023/24....We will invest in spreading innovation between organisations.... Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data.' (NHS Long Term Plan, Jan 2019)

'Tell people living with dementia (at all stages of the condition) about research studies they could participate in.' (NICE Guideline NG97, Jun 2018)

'A sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver 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.' (The Future of Clinical Research Delivery: 2022 to 2025 implementation plan', DHSC Jun 2022)

'Create a people-centred research environment that empowers nurses to lead, participate in and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit....to create an environment where research is woven into the fabric of our profession'. (Chief Nursing Officer for England's Strategic Plan for Research, Nov 2021)

'Research is key to ensuring safe evidence-based practice to support patients and patient pathways. It is also important to strengthening the evidence base, to inform service design, clinical reasoning and shared decision-making with the people and communities we work alongside.' (Allied Health Professions (AHP) Strategy for England: AHPs Deliver, Jun 2022)

'It is also important to recognise the central role that clinical research plays in a wider research ecosystem... making research part of everyday practice for all clinicians. Ultimately, the events of recent years have shown clearly that research needs to be normalised as core business in the NHS, especially in the most difficult of times, as research for all.' (Royal College of Physicians/NIHR position statement: Making research everybody's business, Oct 2022)

'Research activity should go to populations who need it, and we would like to encourage the best researchers, wherever they are based, to undertake clinical and public health research in the areas of England with greatest health needs.' (Letter dated 06/02/17 from Professor Chris Whitty, DHSC Chief Scientific Adviser, to NIHR Boards, Medical Schools and University Hospitals)

'Research is a core part of the NHS. Research enables the NHS to improve the current and future health of the people it serves. The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them'. (NHS Constitution, 2011)

'NHS foundation trusts will be required to provide certain essential NHS services including research.' (DoH document on NHS foundation trusts - Ref 6191, Jan 2006)

Appendix 2: Examples of progress achieved through delivery of Research Strategy during 2020 to 2023

- Co-produced animation ‘My Research Journey’ (3 minutes long) to help demystify research and encourage more people to take part. Also produced in various languages.



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

- Quotes from collaborators:

‘What an amazing triumph, not only has the study achieved target but recruitment is complete several months before our permitted extension date. We really appreciate your zeal and determination to overcome the difficulties. So many studies have been severely hampered or have indeed failed due to the challenges and limitations of the COVID pandemic but you have been resilient. So be proud of yourselves! We are certainly very proud of you all.’ (University College London)

‘I just want to take this opportunity to say what a pleasure it’s been to work with you on the study. You and the research team have been wonderful to work with and we’re delighted that Humber agreed to work with us. We know how hard you have worked and it’s testament to the team’s dedication that Humber recruited 33 participants!!’ (University of York)

‘I have really enjoyed working with the mental health teams supporting people in the Humber region. I have been really impressed by the thoughtfulness and energy put into their work and to support research studies like mine.’ (University of Oxford)

- Well-led Review:

‘The Trust is ambitious in its research portfolio, has some good examples of how it encourages and celebrates improvement and innovation’. (Grant Thornton Well-Led Review, April 2022)

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)

1st

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



Impact of Research 2022-23

Changed Lives

'I was pretty well down .. I couldn't seem to experience anything positive ... the study has taught me not to give up.'

Shared Learning

450 delegates
from **100+** organisations
Registered for our 2022 Conference

'It has motivated me to get involved'
'Gave me areas to think about in my work with people who are struggling with their mental health'

Equality, Diversity and Inclusion



Co-produced research animation available in various languages

Partner in Hull Research Ready Communities and working closely with regional Ethnic Minority Research Inclusion Group

Generated income



£660K research funding into the Trust

Enhanced Clinical Skills

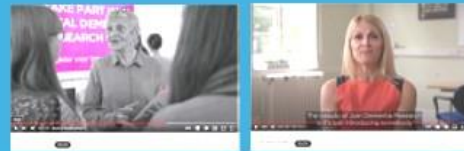


6 staff trained in new interventions as part of research

43% of studies included novel interventions people would not have had access to otherwise



National Join Dementia Research video features Trust Research Champion & Assistant Director Research



Contributed to evidence



17 publications included authors from our Trust

9 more publications related to research involving the Trust

Agenda Item 12

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Electronic Patient Record (EPR) Programme Update – July 2024														
Author/s:	Julie Crockett, Deputy CIO Lynn Parkinson, 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 the Trust Board with an update on the EPR programme.														

Key Issues within the report:	
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The EPR Programme Board has increased the frequency of meetings to fortnightly as the first go live phase is nearer to commencing. Emergency Planning command arrangements will be stood up shortly prior to each go live phase to manage the deployment. Lorenzo data migration to SystemOne (S1) has commenced for Forensic Division. eLearning training is on track to complete next week for release for testing and then to be released for Forensic staff by 12th August 2024 Robotic Process Automation (RPA) build for the second and third go live is on track. Over 80% of process maps approved. Training task and finish group meets weekly. Risk register co-ordinated with divisional risk registers 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Further recruitment for additional data entry staff to support manual data migration is in progress and majority planned to commence by early August. Completion of archive solution development to enable us to share with services. Final agreement regarding how waiting lists will be managed nearing conclusion and planned to complete by 19th July 2024 Each division is now finalising their own detailed training plan which will take place 2 to 6 weeks before each go live.
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> Embedding agreed processes with services and divisions to ensure all staff are aware of changes to current ways of working and how they will use SystemOne. Finalising training plans for all services Finalising clinical documentation in conjunction with Assessment & Formulation group Possible increase in scope and/or requirements regarding the data needing 	<p>Decisions Made:</p> <ul style="list-style-type: none"> Further recruitment of data entry staff The first go-live for the Forensic Division will be manual. A hybrid approach will be taken for data migration (manual and robotic) for the other divisions. Agreed the approach to both classroom based and online training

to be migrated versus the agreed minimal viable product (MVP) and the capacity of the current team and timescales to complete this			
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
		DDG, IGG, EPR programme Board, IMB	✓

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	

Electronic Patient Record (EPR) Programme Update – July 2024

1 Introduction and Purpose

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

2 What the new EPR Provides

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

Functional Requirements and Principles	<ul style="list-style-type: none">• Patient Administration• Clinical Functionality• Departmental Functionality• Electronic Prescribing and Medicines Administration (EPMA)• Order Communications & Results Reporting• Integration and interoperability• Reporting and Business Intelligence
Non-Functional Requirements	<ul style="list-style-type: none">• Information Governance• Data Migration & Data Quality• Contract & SLA Management• Application Support and Development

3 Programme Update

The EPR Programme plan is attached at appendix A. The following sections provides an update for each workstream.

3.1 Data Migration

Cloud 21 who are developing the Robotic Process Automation (RPA) solution for the migration of data for Childrens and Learning Disability and Mental Health divisions are on track with the development and testing of the robotic process.

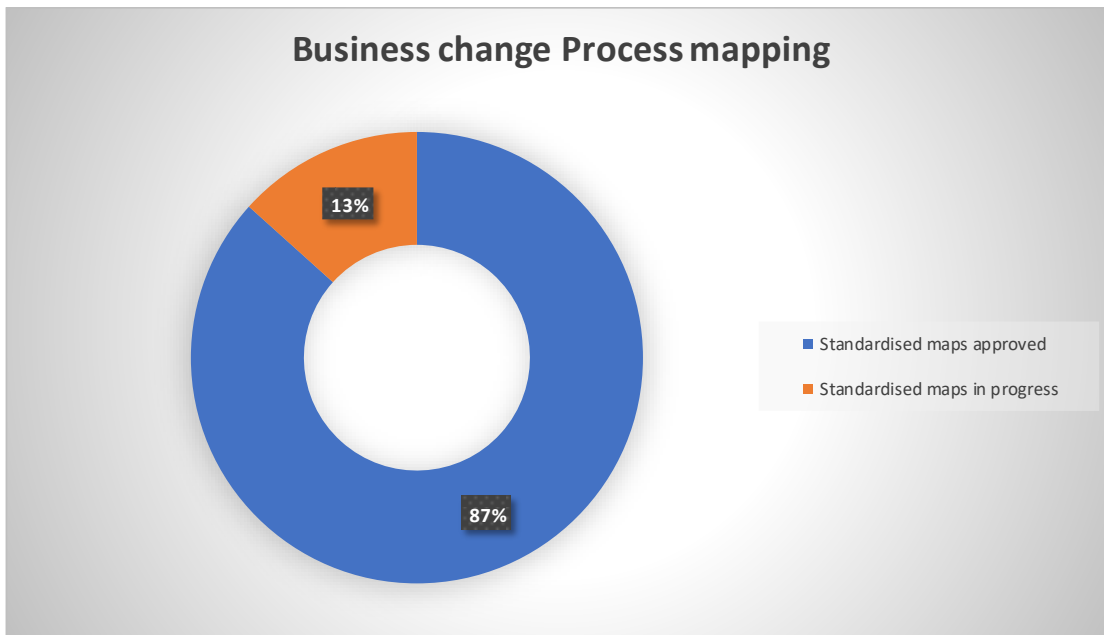
Restart is the supplier of the archive solution and we are preparing a video to demonstrate how the system will present data for staff to use to look up historic Lorenzo data that has not been migrated in to SystemOne (S1). This will help with some concerns from staff regarding the amount of data which is being migrated to S1 within the minimal viable product (MVP) as it will enable them to have confidence that all the data is available and easy to find.

The manual data migration for the Forensic Division has commenced. This was started early to ensure the process worked and to confirm the new data entry staff could become familiar quickly with what was required. This has proved useful as there have been minor adjustments made to improve the process.

The data items included in the transfer will go back to 1st August 2024 for all three phases therefore there will be slightly more data transferred for Childrens and Learning

Disability and Mental Health Divisions than Forensics, not more types of data more data based on there being more days between 1st August 2024 and their go live dates.

3.2 Business Change



There are just six maps left to be approved. The key one focussed on waiting lists, however this is now progressing to a conclusion following a productive internal meeting last week. A further meeting demonstrating the functionality is planned to be held by 19th July 2024 which will enable the approval of this map.

As the process mapping completes the programme is moving to change management activities to embed the processes and where there are different ways of working (as a result of standardisation of processes across the trust or where S1 works differently to Lorenzo) to ensure the staff in services know what the differences are and how their services will use them.

3.3 Configuration and build

The production S1 units for the services have been configured to allow the data migration to commence. There is a small number of additional areas to complete but this is in progress and will not impact the data migration for either Forensics or Childrens and Learning Disability and Mental Health Divisions

3.4 Testing & Assurance

A complete set of document and data tables have been provided from Lorenzo to test the data migration process.

Data validation for the manual data entry has also commenced. Full specifications for the dashboards and reporting requirements for the monitoring of training, data migration and also for both internal departments and our external reporting requirements is being

reviewed. The development of these reports is planned to complete to be available for testing as part of the implementation.

3.5 Training

Most of the training videos are either complete or nearing completion and are on track to complete and be released for testing by 19th July 2024.

Operational staff will be involved in testing the modules for completeness and accuracy and any adjustments made prior to releasing them to the Forensic division staff by 12th August 2024.

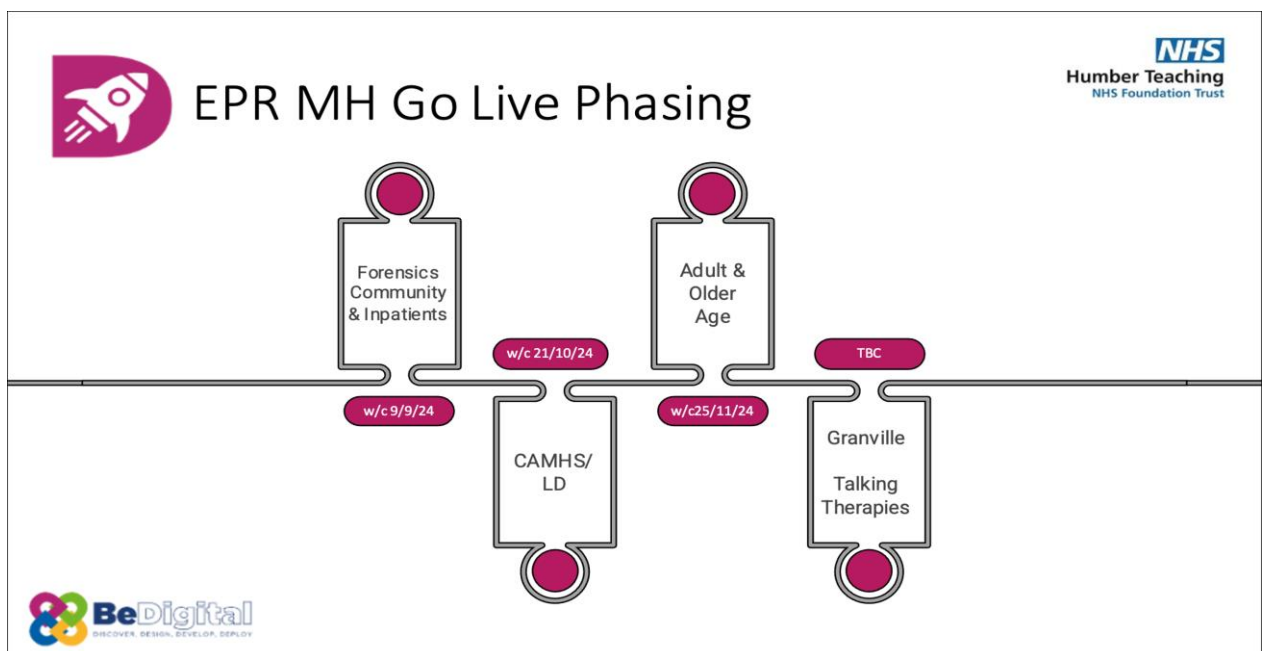
The training plan for the Forensic division is almost complete with the plan for how the majority of staff will be trained agreed.

The overall Trustwide training plan is in progress, the final divisional plans are being brought together over the next two weeks to ensure there is the ability to deliver all the training and training support required. To support this a Training Task and Finish Group has been set up and is meeting weekly. The flexible workforce team also attends this group to ensure that backfill required to release staff to attend training is planned and will be in place when required.

3.6 Go-live

The dates for go live and phasing remain unchanged and are still scheduled for the dates shown below.

The phasing for going live from Lorenzo to SystmOne is shown below. Granville Court which is moving from paper and Talking Therapies moving from PCMIS (a bespoke digital case management system) do not have dates, but they are expected to move onto SystmOne early 25/26.



4 Contract

There has been no progress on this however it has been followed up with the supplier.

A change control notice (CCN) has been raised with TPP to remove their data migration and include the RPA and manual data migration. TPP have been formally requested to respond to the CCN so the implementation plan and a reduction in cost can be applied to the contract. Although the CCN process is not yet concluded, it is not impacting the implementation of the EPR.

5 Programme Risks

The programme risk register now includes divisional risks and meetings with the Trust Risk Manager take place biweekly to keep these synchronised and updated. The highest risks are the completion of training and resources to support the data migration. The EPR Risk Register Summary report is attached as Appendix B.

The provision of operational/clinical resources for the Mental Health Division has successfully been increased and a medical lead has now been identified and is being released to support the clinical deployment.

The dependence of the EPR on other projects has reduced as the Person-Centred Care Planning has been moved to Q4 2024-2025 and MaST (management and supervision tool) has also been moved to Q4 at the earliest.

Progress on the completion of the development and testing of documentation in S1 is also being reviewed to ensure there is no risk to the completion of this.

6. Benefits

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

7. Conclusion

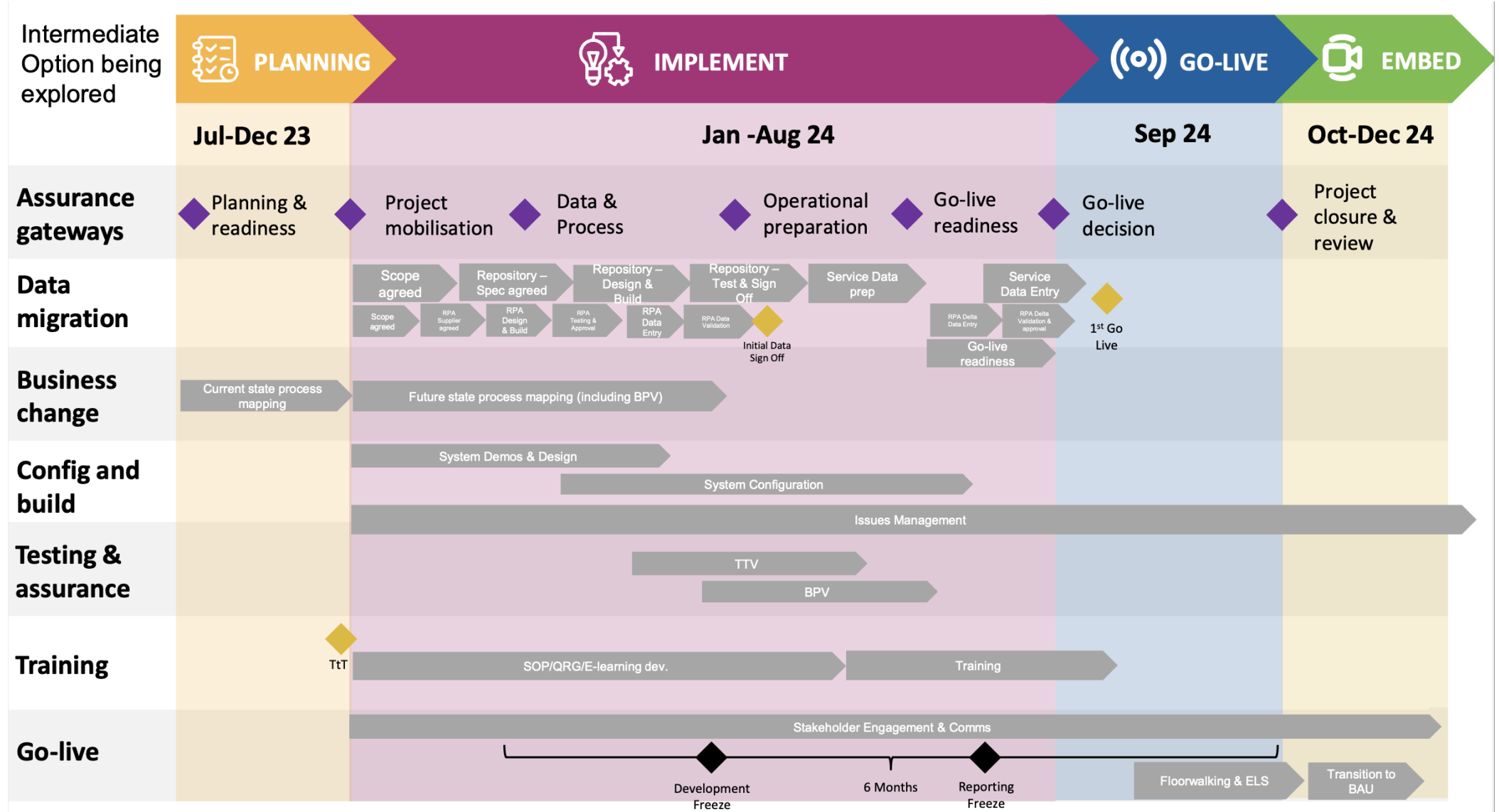
Overall, we are now starting to see the conclusion of a number of critical preparation activities and are moving rapidly through the development and into the deployment phases with the Forensic Division go live commencing in 8 weeks. The EPR Programme Board has increased the frequency of meetings to fortnightly because of this and this will be kept under close review and will be stepped up further if required. The Clinical Oversight Group (which reports to the programme board) is also now meeting fortnightly and is chaired by the Medical Director. Emergency Planning command arrangements will be stood up shortly prior to each go live phase to clinically and operationally manage the deployment safely and successfully.

Future state processes and training development will complete in the next 2-3 weeks and the RPA data migration process will start to add Childrens and Learning Disability data prior to the commencement of manual data for this division by mid-August and the Mental Health Division in September.

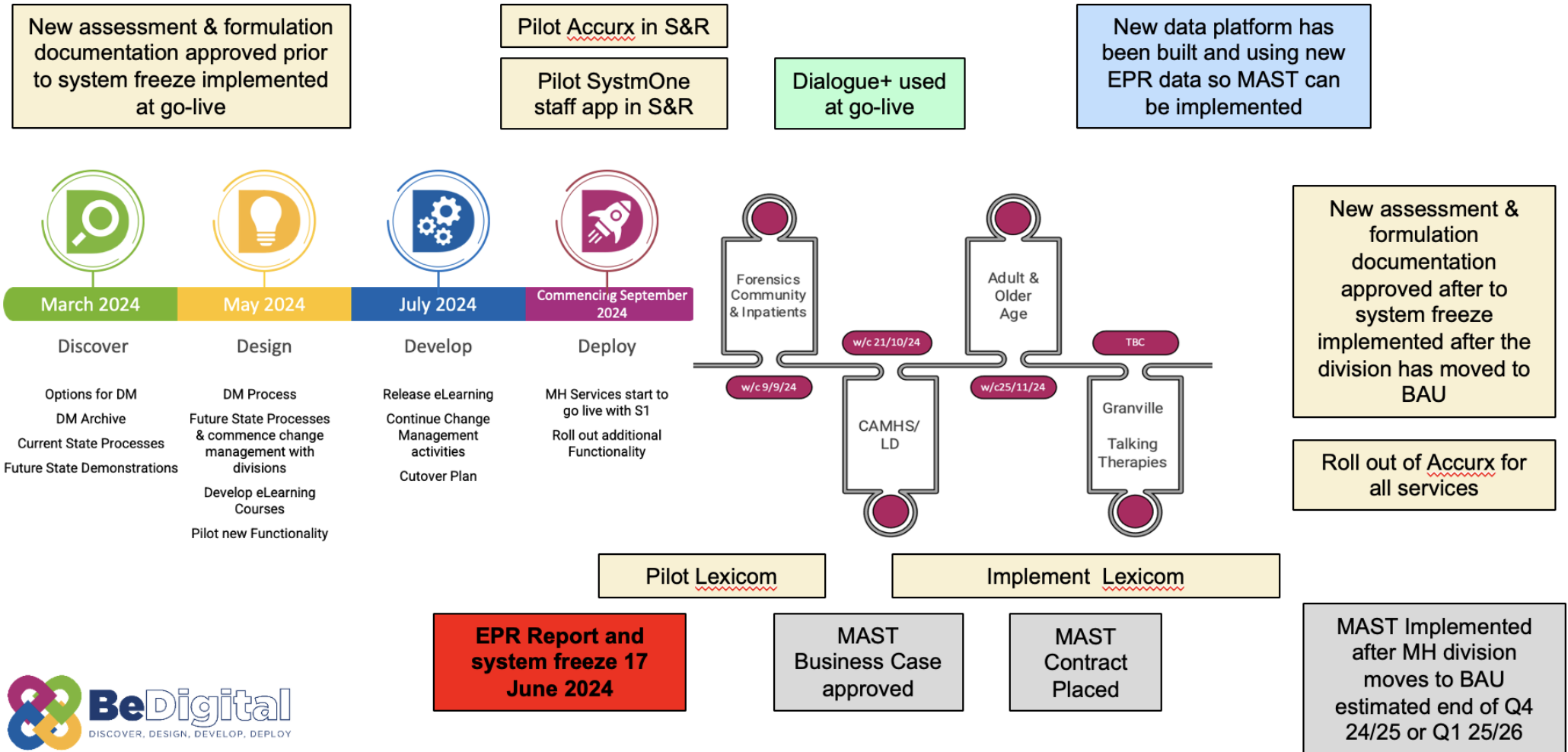
EMT have considered other scheduled activity planned to take place during the training and go-live phases, e.g. new training programmes, transformation work etc, and where this can be rescheduled to protect staff availability and focus on the EPR deployment it will be.

The risks will continue to be managed to ensure the implementation of the EPR meets all its assurance gateways and EMT and the Trust Board are confident to go-live.

Appendix A – EPR Plan & Project Interdependencies Schedule



Project Interdependencies schedule



EPR Programme Risk Register Update

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

There are currently **44** risks reflected on the EPR Programme risk register which records all risks linked to the programme and are reflected in **Table 1** below in terms of breakdown by current risk score and **Chart 1** below in terms of breakdown by risk theme:

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

Current Risk Level	Number of Risks – July 2024
20	0
16	1
15	0
12	9
10	1
9	12
8	1
6	16
5	0
4	4
3	0
2	0
Total Risks	44

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

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

Table 2 – Staff Training Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA45	Release of staff to undertake training, resulting in clinical services unable to go live if untrained.	12	12	3
CD-DA46	Lack of timely information from future state Business change to create training packages and completion of system setup	12	12	3
FD 6	Forensic Division: There is a possibility that the introduction of the new electronic patient record system could impact on reporting of mandatory/statutory performance metrics.	12	6	3
FD 3	Forensic Division: There is a risk that releasing staff for EPR training may be problematic.	12	9	6

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
LDC109	Children's and LD Division: System1 implementations CAMHS and LD Ability to release staff for EPR training to support the implementation of S1.	12	9	6

Table 3 – Effectiveness of Staff System Usage Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA7	Trust operational pressures and backlogs prevent clinical staff having sufficient time to engage with the programme	9	9	3
CD-DA39	Trust wide review of clinical documentation	12	6	3
FD 4	Forensic Division: There is a risk that staff will not utilise the EPR system effectively.	12	9	6
MH151	Mental Health Division: Functionality of proposed new EPR does not appear to meet clinical or operational requirements for the MH Division around caseload, waiting list and access requirements and we have had no access to MH module to view possible functionality options	20	12	8
LDC108	Children's and LD Division: Lorenzo to SystemOne Effectiveness of staff system usage - risk associated with staff being unfamiliar with the system, and this may impact on accurate/effective clinical use	12	12	6

Table 4 – Completeness / Accuracy of Data Migration Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA6	The Trust lacks the skilled resources which may impact on ability to deliver this complex programme alongside other key digital priorities	12	6	3
CD-DA30	Existing S1 data (Community/UTC) is not onboarded to the TDP prior to go-live impacting internal reporting (performance, costing, routine). This will also impact post-go-live integration of MH data from S1.	6	6	3
CD-DA31	Minor issues with data extract processes could mean short-lived gaps received data or exceptions during integration/loading.	6	6	3
CD-DA32	Gateway's require a Microsoft Desktop VM per unit to be operational 24 x 7 for Near Real Time reporting and EPMA fall-back, plus possibly other services. These VMs need to be logged in and managed by an individual via username and password rather than a reliable system-to-system service account style approach. It's not uncommon for gateway machines to fail and managing more than a handful of VMs tedious and error prone.	6	4	3
CD-DA33	Not all reports, KPIs, data flows and information currently produced from Lorenzo will be available from go-live and there may be an unexpected change to numbers reported from S1	15	12	4

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA34	First trust to move from Lorenzo to S1 and thus first transformation of Lorenzo data to S1. TPP have not provided assurance that they have the experience to facilitate the migration of the complex and robust Dedalus data- possibly resulting in a lack of a high enough standard of data migration	16	12	3
CD-DA35	Alternative approach for S1 implementation not approved by all divisions based on data migration issues	12	9	3
CD-DA40	Services are using manual spreadsheets and storing these and other patient identifiable documents on the V Drive.	12	12	3
CD-DA41	RPA process will not cover all minimal viable product (MVP) therefore there is some complex manual data entry required.	12	6	3
CD-DA42	Manual data entry resources required. There is a risk that the trust is unable to recruit the amount of suitable data entry staff required to complete the task (18 WTE)	12	9	3
CD-DA43	There are a number of spreadsheets in use that have a more fundamental use within services. a process is needed within S1 to replicate and replace these spreadsheets.	12	12	3
CD-DA44	Physical data migration may lead to staff being unable to access data on the date of go live	12	12	3
FD 5	Forensic Division: There is a risk that accuracy and completeness of data migration may not be delivered.	15	9	3
FD11	Forensic Division: The Forensic Division (all service lines) will be the first to go live on the new electronic patient record, System1. Out of hours, community patients would contact the Trust's Crisis Team if they need support. Crisis Team remain on old EPR unable to see the most up to date records for forensic patients on System1. There is a risk that they may not know that the patient is under forensic care.	10	10	6
LDC106	Children's and LD Division: Implementation of SystmOne documentation unit to CAMHS and LD services. There may be a problem in the data transfer from Lorenzo which effects service delivery.	16	9	3

Table 5 – Impact on Performance Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA12	Proposed new solutions and architectures are too complex which may result in technical issue resolution slowing progress and associated benefits.	9	6	3
CD-DA13	New federated systems introduce greater integration but may result in systems being compromised due to a Cyber Security attack/incident.	9	6	3
CD-DA15	Suppliers do not deliver the outcomes expected by the Trust within the contract and planned timescales, resulting in project extension and/or rework	12	9	4

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA19	The ICS has overall control of the allocation of funds for the programme and may redirect funds which could result in the Trust having insufficient funds to support the chosen option	9	4	3
CD-DA22	The solution functionality does not support the complex workflows required by the Trust which may affect support of the programme.	9	4	3
CD-DA27	Current system is not upgraded during the 2-year extension	9	9	3
CD-DA28	Delay in receipt of finances for future years (2-3) impacts Trusts ability to optimise the new EPR and Integration capabilities	9	6	3
CD-DA29	Delays in completing business change process mapping due to limited resources delays programme	12	6	3
CD-DA37	Possible knock-on effect to other IT Projects due to the roll out of the new EPS – this may include delays in deploying Windows 11 updates and also migration of files from VO drives to SharePoint/OneDrive	6	6	3
CD-DA38	Two significant projects underway in the Trust regarding clinical documentation - MAST and Assessment and Formulation	12	6	3
LDC107	Children's and LD Division: Lorenzo to SystmOne Impact on performance - the current BI Team is connected to Lorenzo; this will need transfer to SystmOne, which may impact on performance reporting - this will have an impact on reporting for the purposes of waiting list management, contract meetings and data analysis	12	12	4

Table 6 – Staff Resistance to Future State System Working Risks

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA3	Lack of early improvements for staff erodes confidence and enthusiasm, leading staff to dis-engage with Programme	9	4	3
CD-DA4	The proposed programme does not deliver tangible improvements to current solution or enable care pathway transformation which may impact user buy-in and confidence in the programme.	9	6	3
CD-DA16	If key stakeholders do not support the implementation of new systems and/or functionality then they may not make full use of it, resulting in a reduction in benefits realisation.	9	6	3
CD-DA25	Clinical issues with changing systems, this can have an adverse effect on Operational Services and have various impacts on delivering patient care and safety	12	8	3
LDC104	Children's and LD Division: Lorenzo to SystmOne Staff Resistance to engaging with future state system working; risk in effectiveness of use of system	9	9	6

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

Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
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Risk ID	Description of Risk	Initial Risk Score	Current Risk Score	Target Risk Score
CD-DA20	The EPR solution may not be aligned with neighbouring organisations which reduces sharing capabilities.	9	6	3
FD 8	Forensics Division: Risks of a lack of engagement of external providers/agencies requiring access to new EPR	9	6	3
LDC105	Children's and LD Division: Lorenzo to SystemONE Engagement of external providers/agencies requiring access to new EPR	9	9	6

Appendix C – Benefits Realisation Table

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

		information from other care settings								
B03	Reduced time contacting provider organisation to query/clarify discharge medication - Community Services i.e., District Nurse	The electronic discharge summary will accurately define the patients discharge care plan. This will enable Community Service/DN setting to instantly continue discharge care plan without the need to call the provider organisation	2: Better Care + 3: Financial Sustainability	Transfers of Care	Efficient	NCR	NHS Employers pay scales Time and motion study	Midpoint band 6 annual salary £30,357. Hourly £12.94. Minute £0.215	Cost of nurse £0.215 x time taken chasing for information (minute) = cost of chasing for information	£1,098,650
B04	Reduced Hospital Clinician time dealing with telephone queries from GP Practices querying discharge medication	By the production of the electronic discharge summary, GP's will have clear and accurate information at the point of transfer. This will reduce the requirement of contacting the provider for clarity	2: Better Care + 3: Financial Sustainability	Transfers of Care	Efficient	NCR	NHS Employers pay scales Time spent responding to discharge summary queries. Current volumes are - 4165 days for 211 patients in FY 2021/22	Cost of bed days £264	Cost of hospital clinician (minute) x time taken chasing for information (minute) = cost of chasing for information. Include bed day cost x volume of days	£1,098,650
B05	Reduce the number of 52+ week unseen waits	Throughout FY21/22 there remained an average of 1100 unseen 52+ week waits	1: Better Health + 2: Better Care + 3: Financial Sustainability	Remote & Assistive Care	Acceptable/Patient Centred	Public	Current 52+ week wait volumes against forecasted reduction. Along with any Trust fine data	£2,500 NHS fine per patient that has breached the 52-week window		£2,750,000
B06	Stop the use of out of	Remove	1: Better	Standards	Safe	Qual	NHS	Midpoint band	Cost of nurse	£1,098,650

	system methods for recording data	dependency on Excel and other means (including paper) for record keeping/recording of difficult to collect data. This data has varying degrees of importance and therefore needs to be accessible by all relevant care teams.	Health + 2: Better Care				Employers pay scales Time and motion study	6 annual salary £30,357. Hourly £12.94. Minute £0.215	£0.215 x time taken chasing for information (minute) = cost of chasing for information	
B07	Improved patient experience	The most influential factor in patient experience is staff satisfaction. This benefit will follow once staff satisfaction is improved	2: Better Care	Standards	Acceptable/Patient Centred	Qual				£0.00
B08	Improve staff satisfaction	Staff satisfaction surveys have shown that some staff responded that they can feel exhausted and worn out (both physically and emotionally) after their shifts. This has a negative impact on their homelife. Improved EPR functionality and the ease of use of the proposed solution would work to remedy this.	1: Better Health + 2: Better Care + 3: Financial Sustainability	Asset & Resource Optimisation	Efficient	CR	Average recruitment costs	£12,000 = cost of replacing a fully trained nurse (NHS) £6,371.41 = cost of recruiting a Nurse from overseas (NHS) £8,477.80 = cost of recruiting 21 Staff Nurses (NHS)	Review of staff retention levels	£501,200
B09	Reduced environmental impact	The electronic discharge	2: Better Care + 3:	Transfers of Care	Effective	CR	Cost of second-class	Assumed each	(Number of discharge	£14,293

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

		and overtime spend								
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Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024																							
Title of Report:	Social Values Report 23/24																							
Author/s:	Kwame Fofie, Executive Medical Director Rachel Kirby, Deputy Director of Communications & Charitable Funds Sarah Clinch, Senior Partnerships and Strategy Manager																							
Recommendation:	<table border="1" data-bbox="539 611 1524 728"> <tr> <td>To approve</td> <td>x</td> <td>To discuss</td> <td>x</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve	x	To discuss	x	To note		To ratify		For assurance											
To approve	x	To discuss	x																					
To note		To ratify																						
For assurance																								
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>To present the Social Values Report 2023-2024 for review and approval at the trust board.</p> <p>The publication period of this report has been moved to be in line with the annual report and quality accounts to publish a comprehensive view of Trust activities and impact.</p>																							
Key Issues within the report:																								
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> This is an annual report of our social values offer to community as an anchor organisation. Communications partners have engaged with divisional ODG's to collect examples from across the Trust. Report includes all actions and suggestions from Board and EMT feedback to the 22/23 report. The report has many themes and case studies to highlight our social values offer. These stories illustrate the environmental, economic, and social impact we have through the lens of our six strategic goals. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> We have launch events and communications plans to maximise impact. 																							
<p>Key Points:</p> <ul style="list-style-type: none"> These stories in the report illustrate the environmental, economic, and social impact we have through the lens of our six strategic goals. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> There will be a mini-launch at a new in-person summer marketplace event and a full launch at Annual Members Meeting to ensure maximum reach of our commitment to social values. 																							
<p>Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i></p>	<table border="1" data-bbox="539 1749 1524 1973"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Audit Committee</td> <td></td> <td>Remuneration & Nominations Committee</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td></td> <td>Workforce & Organisational Development Committee</td> <td></td> </tr> <tr> <td>Finance & Investment Committee</td> <td></td> <td>Executive Management Team</td> <td>28/5/2024</td> </tr> <tr> <td>Mental Health Legislation</td> <td></td> <td>Operational Delivery Group</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	28/5/2024	Mental Health Legislation		Operational Delivery Group	
	Date		Date																					
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Mental Health Legislation		Operational Delivery Group																						

	Committee			
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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



Humber Teaching
NHS Foundation Trust

365 DAYS OF IMPACT

Social Values Report
2023-2024



Caring, Learning
& Growing Together

Measuring Impact 2022/23



£57,062.58
raised in charitable funding in 23/24



£1,695.39
funding used for staff benefit wishes in 23/24



21,462 children and young people, parents/carers and teaching professionals engaged by Mental Health Schools Teams



446 hours in volunteering



£84,117 work experience training



What really drew me to them though was their slogan of being 'Humbelievable' and I said to myself 'I think I want to be Humbelievable!'"

Margaret Ekpo



My daughter has become a totally different person who is now full of confidence and has truly come out of her shell thanks to the teams help and support throughout the programme"

Parent



Every action, no matter how seemingly small, has a ripple effect, profoundly impacting the lives of those we serve.

As a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale, our health and social care services are cornerstone of connection and support for over 765,000 people.

These stories illustrate the environmental, economic and social impact we have through the lens of our six strategic goals.

This report is a testament to our unwavering commitment to improving health and well-being, driving growth and being an anchor employer. It also highlights how we are playing our part to deliver NHS England's ambitious mission to achieve net zero carbon emissions by 2045.

Our dedicated teams are at the heart of projects we are sharing in this report. It is a pleasure to share their stories and celebrate the difference that they make every day. Their commitment, expertise and empathy are a driving force as we pursue our goal of delivering social value whilst maintaining the highest standards of care.

We know there are many more examples like these that happen every day across our services. Thank you to our staff, volunteers, patients, and their families for continuing to do amazing things to support one another and our teams.

Every action, no matter how seemingly small, has a ripple effect, profoundly impacting the lives of those we serve. Your time, energy and passion help change lives and create happier and healthier communities.

Our journey toward creating a better life for our communities is ongoing, and we acknowledge that there is always more we can do. Social value remains at the forefront of our plans, serving as the guiding principle as we continue to pursue our vision.

Michele Moran,
Chief Executive

Kwame Fofie,
Executive Medical Director

welcome



About Us

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

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

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



Our Mission

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



Our Vision

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



Our Values

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

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



Our Strategic Themes

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

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



Theme One:

Innovating for quality & patient safety



£4643 to run
16 workshops in
across Mid and
South Holderness



15,587 friends
and family test
responses

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



Award Winning Research

By advancing medical knowledge and driving improvements in healthcare delivery, research plays a vital role in promoting social value and contributing to the overall health and well-being of individuals and communities.

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 almost half involving the evaluation of novel treatment interventions.

Being involved in research not only improves patient outcomes but also helps to address health inequalities by ensuring that all patients have access to the latest evidence-based treatments and interventions. Research also generates economic value by attracting investment, stimulating job creation, and driving innovation in the healthcare sector.

In August we were delighted to win, three out of 12 categories at Clinical Research Network Yorkshire and Humber Research Awards 2023 ceremony.

Heidi Fewings, Service Manager, Hull 0-19, along with other colleagues across Yorkshire and Humber as part of the Research Network, won the award for 'Best Contribution in Non-NHS Setting'.

Claire Marshall, Clinical Lead - Specialist Perinatal Mental Health Team, received 'Highly Commended' for 'Early Career Researcher/Associate PI of the Year' and **Karon Foster, Assistant Research Practitioner – Research Team** who took 'Highly Commended' in the 'Best Patient Experience' category.



Scale, Spread and Embed

We are proud to be one of ten Trust's participating in a national initiative called Scale, Spread and Embed. Led by our Patient and Carer experience team the initiative won a prestigious Patient Experience Network National Award (PENNA) in October 2023.

The award for Innovative Use of Technology/Social/Digital Media acknowledges the digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience.

The project aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience.

Our new friends and family test dashboard will show thematic analysis of responses by team and division. This new development will improve understanding of patients' experiences so we can celebrate what is working well and develop Quality Improvement Charters where innovation is required. The dashboard will be rolled out across all services by winter 2024.



The project has enabled our pilot teams to access positive and negative thematic analysis at the press of a button saving time and ultimately helping identify quality improvement (QI) projects."

Mandy Dawley

Assistant Director of Patient and Carer Experience and Co-production at the Trust



15,587 friends and family test responses



88.3% Positive response score



Humber Teaching NHS Foundation Trust



Award Winning Clinics

This year we were shortlisted for three Health Services Journal Patient Safety Awards, recognising our excellence and innovation in patient safety practice.

The Phlebotomy Clinic established by the Hull Community Learning Disability Service was one of the nominees, shortlisted for the Learning Disabilities Initiative of the Year.

The team 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. Their level of learning disability, anxiety, and associated distressed behaviours meant that it was not possible to obtain bloods safely in a primary care setting.

The clinic recognised and addressed the health inequalities faced by individuals with learning disabilities by providing a specialised service tailored to their needs. It aims to bridge the gap in healthcare access and ensure equitable care for all members of the community.

By specifically targeting a cohort of individuals with learning disabilities, the clinic promotes inclusion and empowerment within the community. It sends a message that everyone, regardless of their abilities or challenges, deserves access to quality healthcare services.



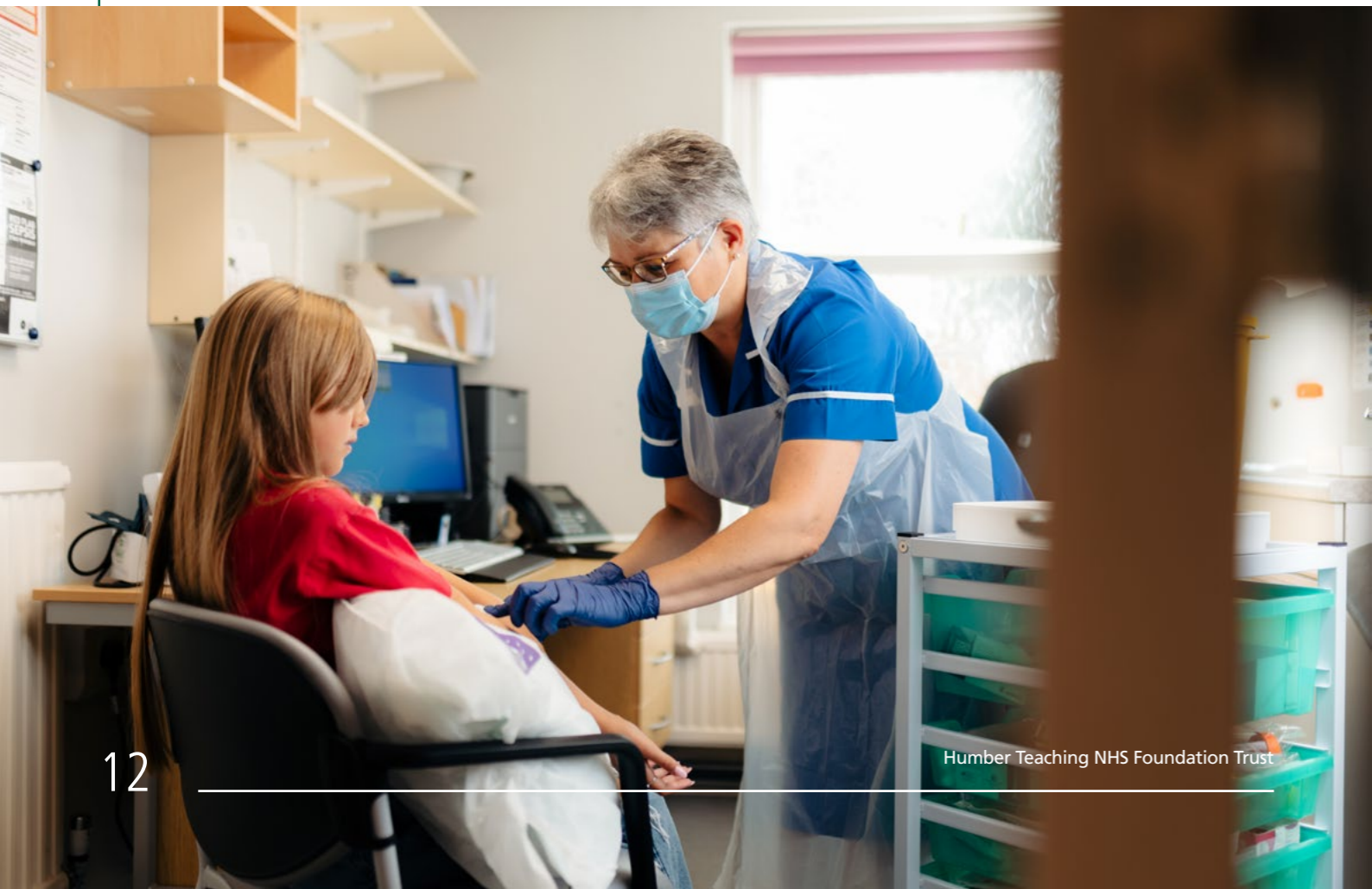
Thank you so much to you and your team, XX's carer just rang me and said you were all amazing, well done, that's a first."

Parent



I would just like to say thank you to you and all the girl's, the way you all did that was amazing. He's sat enjoying a McDonalds breakfast like nothing has happened. Thank you all so much, it was such a relief"

Carer



Humber Teaching NHS Foundation Trust

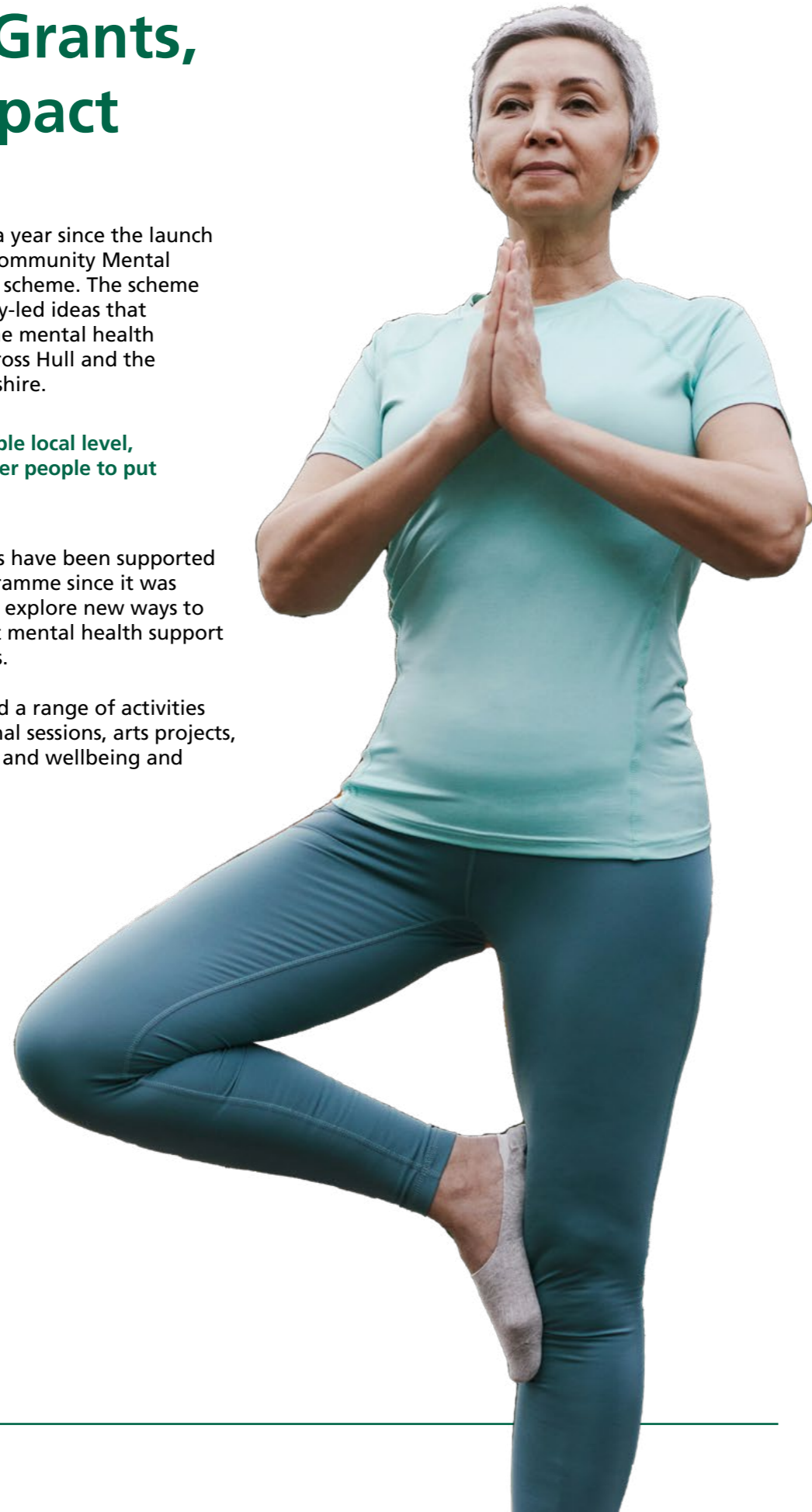
Small Grants, Big Impact

June 2023 marked a year since the launch of our innovative Community Mental Health small grants scheme. The scheme supports community-led ideas that could respond to the mental health needs of people across Hull and the East Riding of Yorkshire.

The programme aims to enable local level, peer-led activities to empower people to put their wellbeing first.

27 fantastic projects have been supported as part of the programme since it was established helping explore new ways to deliver and connect mental health support within communities.

Projects have hosted a range of activities including educational sessions, arts projects, gardening schemes and wellbeing and movement classes.



Thread & Press

Thread and Press is a Community Interest Company which involved participants in creative pursuits to build skills and positivity.

They received a grant of £4643 to run 16 workshops in across Mid and South Holderness, an area they had previously been unable to reach.

87 people were able to take part in a therapeutic craft activities including needle felting, lino printing and illustration.

Many people who took part in the sessions reported that they found them calming and that the sessions helped them focus on one task and forget about everyday life.



Being creative and interacting with other people is very helpful to boost a positive head space. It gave me time out in a safe space where I didn't think or worry about anything else."

Class participant



£4643 to run 16 workshops in across Mid and South Holderness



Kids Yorkshire

Kids Yorkshire aims to improve the health and wellbeing of parents of children with additional needs.



I have learnt so much about myself and how important it is to look after myself, it has made me determined to pass this on to others."

Trainee facilitator parent

They received a grant of £5,000 to deliver online training to 50 parent carers in Hull and East Yorkshire, through the training parent carers are encouraged to take small steps associated with better health and wellbeing and to set achievable goals and take a problem-solving approach.



27 projects supported

The Healthy Parent Carers programme gives parent carers the opportunity to do something for themselves and to connect with peers that are going through similar experiences. It enables parents to bond with each other, create support systems, and gain opportunities.



£38,160 delivered in grants



Humber Teaching NHS Foundation Trust



During the project we learned the importance of empowering parent carers to look after themselves. Parent carer resilience is often overlooked and being able to give parent carers opportunities to explore their own resilience is vital to help them with their caring role."

Claire Crosbie

Senior Fundraiser for Kids Yorkshire



Social Values Report 23/24

Theme Two:

Enhancing prevention, wellbeing & recovery



£57,062.58
raised in charitable
funding in 23/24



£1,695.39
funding used for
staff benefit wishes
in 23/24

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

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



Adding The Extra Sparkle

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

The wishes programme allows staff to submit ideas for items or events that go beyond normal NHS services. Two very different wishes that show the many ways the charity makes a difference are ECG machines in Scarborough and a summer house in Hull.

To support patients who are unable to, or face challenges attending GP surgeries or hospitals, our Community Services asked for three lightweight and portable ECG machines for use across Whitby, Scarborough and Ryedale.

This portable equipment allowed patients who are being cared for at home, including in residential homes, to have an ECG recorded without needing to be transported to their GP practice or Hospital.



Portable ECG machines allow recording and monitoring of portable heart rate and rhythm, in a patient's home. This enables community staff to gain a fuller picture of the patient's clinical need, and to support decisions around care and treatment options. The device is easy for a healthcare professional to use, following training completion, and can be stored at central bases within the community to enable services and teams to access the equipment when needed."

Sarah Locker – Service Manager



In Hull, our Psychosis Service for People in Hull and East Riding. PHYSER tend a council run allotment patch. They asked if Health Stars could provide a summer house to provide shelter from the elements for patients and service users.

Some patients have skin sensitivity due to medication and the summer house allows them to get out of the sun. The summer house is also enjoyed by patients who like to get outdoors and take in the fresh air or get involved in arts and craft activity.



£57,062.58
raised in charitable
funding in 23/24



Dementia Friendly Towns

Dementia Friendly Market Weighton is a small group of local people representing a variety of organisations, businesses, health services, charities, carer's and individuals with dementia. Their aim is to work towards making the town a dementia friendly community.

Operational Manager of Older People's Mental Health, Alison Couch attends meetings monthly to develop, support and raise awareness in the local community for people with Dementia. Alison was able to bring knowledge to the group as well as listen to feedback and consider ways to inform future service development.

The group produced an inspiring exhibition called 'People with Dementia Can' combining photographs taken by the bestselling author, Dr Wendy Mitchell, and poems composed by former head teacher, Bob Long.

The exhibition was show at the town hall with the aim of breaking old views of dementia and reinforcing the groups commitment to create safe and inclusive opportunities for everyone in their community. It was attended by local dignitaries, people living with dementia, researchers, and other sector experts.

The exhibition was then moved to Pocklington Arts Centre and other venues across the region before reaching our Memory Clinic in Hull.

Attending this group has paved the way for other staff members from our community teams to form similar links with groups in their local community, especially for those people living with Dementia.



41 staff hours committed to group at a value of **£1071**



My message is always to see the person, not the disease. Dementia is so misunderstood by society. I hope our work helps more people appreciate that people living with dementia are all different and can still achieve remarkable things."

Dr Wendy Mitchell



Saving Lives At Sea

Our Trust's SeaFit health improvement practitioners supports the health and wellbeing of local fishing communities across East and North Yorkshire.



141 local fishermen accessed marine coastguard ML5 medical, confirming a seafarer is medically fit to work at sea.



Working with local partners, they offer a wide variety of services including mental health support, smoking cessation, healthy eating, drug and alcohol use. They also offer cardiovascular health, health and body composition checks.

431 interactions with fisherman

Through NHS Health checks, blood pressure, cholesterol and diabetes checks in their mobile clinic, they have referred 46 fishermen to see their GP. A number of these have been sent for further checks and put on medications.

In November the service were delighted to secure the donation of 10 lifesaving automated defibrillators to support the fishing fleet in Bridlington.

The Seafarers Hospital Society donated the lifesaving machines which support patients suffering a cardiac arrest by stopping and restarting the heart to restore normal rhythm.



The rising median age of seafarers working in the UK has shown a concurrent rise in heart attacks and other similar health-related incidents caused by high blood pressure. Our goal is to ensure that we minimise loss of life."

Sandra Welch,

CEO of Seafarers Hospital Society



Early treatment is the most important factor to save a life in any cardiac arrest. According to the British Heart Foundation, less than 1 in 10 people survive a sudden cardiac arrest, and research shows that with every minute that passes the survival rate reduces by 10%, yet using a defibrillator will more than likely save that life.

When seafaring vessels are up to 50 miles from land this early treatment alongside CPR is vital in preserving life. The crew of all the vessels in receipt of one of these machines will be trained in its use as well as basic life support and CPR.

46 GP referrals

Supporting our Veterans

Veterans encountering challenges in accessing mainstream mental health services have found solace and support through the services offered by our specialist Veterans Mental Health.



Op Courage stands as a testament to the NHS's commitment to social values, prioritising accessibility, inclusivity, and tailored care for those who have served their country. By providing veterans with the specialised care, support, and treatment they deserve, the service exemplifies the NHS's dedication to enhancing the well-being of all members of society.

We were proud to again meet the standards laid down by the Veterans Covenant Healthcare Alliance (VCHA) to be reaccredited as Veterans Aware.

This service has been a beacon of hope for nearly 30,000 individuals since its inception in 2017. In spring 2023 we worked with providers across the country to support the streamlining of services and a relaunch under the new name of 'Op Courage'.

The project created a single point of contact for the Mental Health Transition Intervention and Liaison Service (TILS), the Veterans' Mental Health Complex Treatment Service (CTS), and Veterans' Mental Health High-Intensity Service (HIS). The partnership ensures a comprehensive, personalised approach to mental health care and well-being support, tailored to the unique needs of veterans.

Humber Teaching NHS Foundation Trust has clearly imbued the ethos of Veteran Aware accreditation. Some of the work it has developed has been hugely encouraging and I commend them for this. It has been a pleasure working with the Trust Leads for this work and I look forward to continuing to work with them as their agenda moves forward."

Mandy Stokes, VCHA Regional Lead

// You have all saved my life, the NHS is amazing "

OpCourage service user

The VCHA's aim is to make sure that patients from the Armed Forces Community, including families and dependents, are paid due regard and are not disadvantaged in terms of access to and outcomes of healthcare, as a result of their military life in line with the principles of the Armed Forces Covenant.



Spotlight

In September we were delighted to welcome a new member in the OpCourage Team, but we had to postpone his start date as he was busy winning medals at the Invictus Games!

David Argyle, a Peer Support worker, attached to the team through Combat Stress, provides a unique insight into the military culture through his lived experience.

With 20 years' service in the RAF, he has received the Royal Air Force (RAF) Long Service and Good Conduct Medals and has represented the RAF Rugby League 'A' Team. In 2022 he was selected to represent Team UK at The Invictus Games winning a silver in wheelchair rugby and bronze medal in wheelchair basketball at the games.

David brings his experience and understanding of the issues facing veterans to the service, helping address where engagement has been difficult or where ambivalence is present. Peer Support Workers are highly connected to many veteran/military-specific organisations, services, support services, community groups and can support clients with their re-integration back into their community and accessing other veterans across the country.



Theme Three:



Fostering integration, partnerships & alliances



21,462 children and young people, parents/ carers and teaching professionals engaged by Mental Health Schools Teams

Delivering our ambitions for outstanding care is only possible through collaboration. We are committed to working alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields, to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership. We pride ourselves on being a good partner that works across organisational boundaries to innovate services, address health inequalities, and maximise the effective use of resources across health and care services.



Supporting Breastfeeding in Hull



In Hull, our IPHNS Infant Feeding Team provide information and support on feeding and caring for babies throughout pregnancy, birth and throughout the first formative years.

Following a case where it was identified that a cow's milk protein allergy/intolerance was not picked up by a GP, our team proactively worked with local services to make improvements that will support thousands of breastfeeding mums.

Contacting the strategic lead at the GP surgery the team were invited to attend the practices training day. Following its success, a comprehensive training package was developed which is now set to roll out across other GP surgeries over the next 12 months.



34 GP staff trained



136 referrals



I am really proud of the proactive work delivered by our Hull Infant Feeding team, they are responsive and innovative, eager to always strive to ensure our community have the best services possible."

Heidi Fewing

0-19 Service Manager



X is really lovely, knowledgeable and her understanding nature and support really did help me at a time when I have been feeling very wobbly and vulnerable as a new mum. I really appreciated it."

Service User



Creating Summer Memories

The summer holidays can be a lonely time for some young people who find it difficult to cope with change.

In summer 2023, our Mental Health Support Teams wanted to provide support for those who might feel lonely or overwhelmed by the lack of routine. Mental Health Support Teams (MHSTs) work across schools and colleges in Hull and East Riding supporting children, young people, and those who care for them with their mental health and emotional wellbeing.

We partnered with Tigers Trust, a charity which aims to make a difference to people's lives by involving them in sport, to involve the young people in games like rounders, football and dodgeball.

One particularly highlight was a trip to the coast to clean up litter at Spurn Point, Hornsea, and Withernsea seafront.



My daughter has become a totally different person who is now full of confidence and has truly come out of her shell thanks to the teams help and support throughout the programme".

Parent

21,462 children and young people, parents/carers and teaching professionals engaged by Mental Health Schools Teams

Throughout August, our Summer Activities Group provided activities focused on the five steps to wellbeing; feeling better and brighter mentally and emotionally.



One young person started the first session at the youth centre quiet, withdrawn and found it hard to interact with others. After coming each week, they made lots of friends and even managed to stay overnight for the residential."

Chloe Beverley,
Childrens Wellbeing Practitioner

The transition from secure in-patient mental health care into specialist community forensic services 'Stepping Down'

Dr Jane Wray, Mrs. Kirsty Fishburn, Faculty of Health Sciences, University of Hull, and Mrs. Karlynn Scott, Service Manager, Community Forensic Service, Humber Teaching NHS Foundation Trust

Specialised Provider Collaborative
Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Provider Collaborative



Research in Partnership

In 2023, our forensics team and colleagues from the University of Hull were attended the European Conference on Mental Health in Slovenia.

The invitation came following a research project which looked at inequalities experienced by inpatients transitioning from secure units into the community. Known as the 'Step Down' project teams from our Trust worked with University of Hull to conduct a qualitative study during 2021-2022.

Additional findings highlighted issues with digital security and literacy and specialist housing requirements of these patients.

The platform of sharing this Information at the conference will inform any future research which seeks to learn more and take it further.

The qualitative study involved speaking to patients who were transitioning into the community, as well as some already living in the community. The interviews highlighted the need for specialist staff training in self-harm, PTSD, exploitation and vulnerability.



It is a good bridge to fill the gap from hospital to community, You can reduce the support and increase independence but you are still overarching the care."

Staff focus group

Safer Sleep Week

This year we continued our annual collaboration with the Lullaby Trust and in partnership with Hull and East Yorkshire Councils to promote Safer Sleep Week to local families.

Safer Sleep Week is an awareness campaign targeting anyone looking after a young baby. It aims to raise awareness of sudden infant death syndrome (SIDS) and provide the simple advice that reduces the risk of it occurring.

A new greetings card was given to families in Hull and East Yorkshire at their first health visitor post-birth appointment providing to visual and easy to read information to support new parents to make the right choices for their baby's sleep.

The card also provides a way for safer sleep advice to be shared, acting as a tool to bridge gaps in knowledge and keep all caregivers updated information of safer sleep good practices.

5,000+ cards distributed

4 years of partnership working



Humber Teaching NHS Foundation Trust



Safer Sleep Week is a chance to bring together key partners who work with new parents or carers to encourage safer sleeping practices for their baby. Although the levels of SIDS have fallen significantly, it's important that we continue to promote the key safer sleep messages to families, carers and grandparents."

Jason Goforth, Programme Lead for Children Young People and Families at Hull City Council



The 'Welcome to the World' card allows services the opportunity to congratulate new parents on the birth of their baby, promote key safer sleep messages for their newborn, and act as a tool to educate other caregivers on safer sleep practices."

Sarah Clapham, Modern Matron





Focus On Health Inequalities

We are committed to understanding and supporting our service users who may have poorer access, outcomes and experiences within our services.

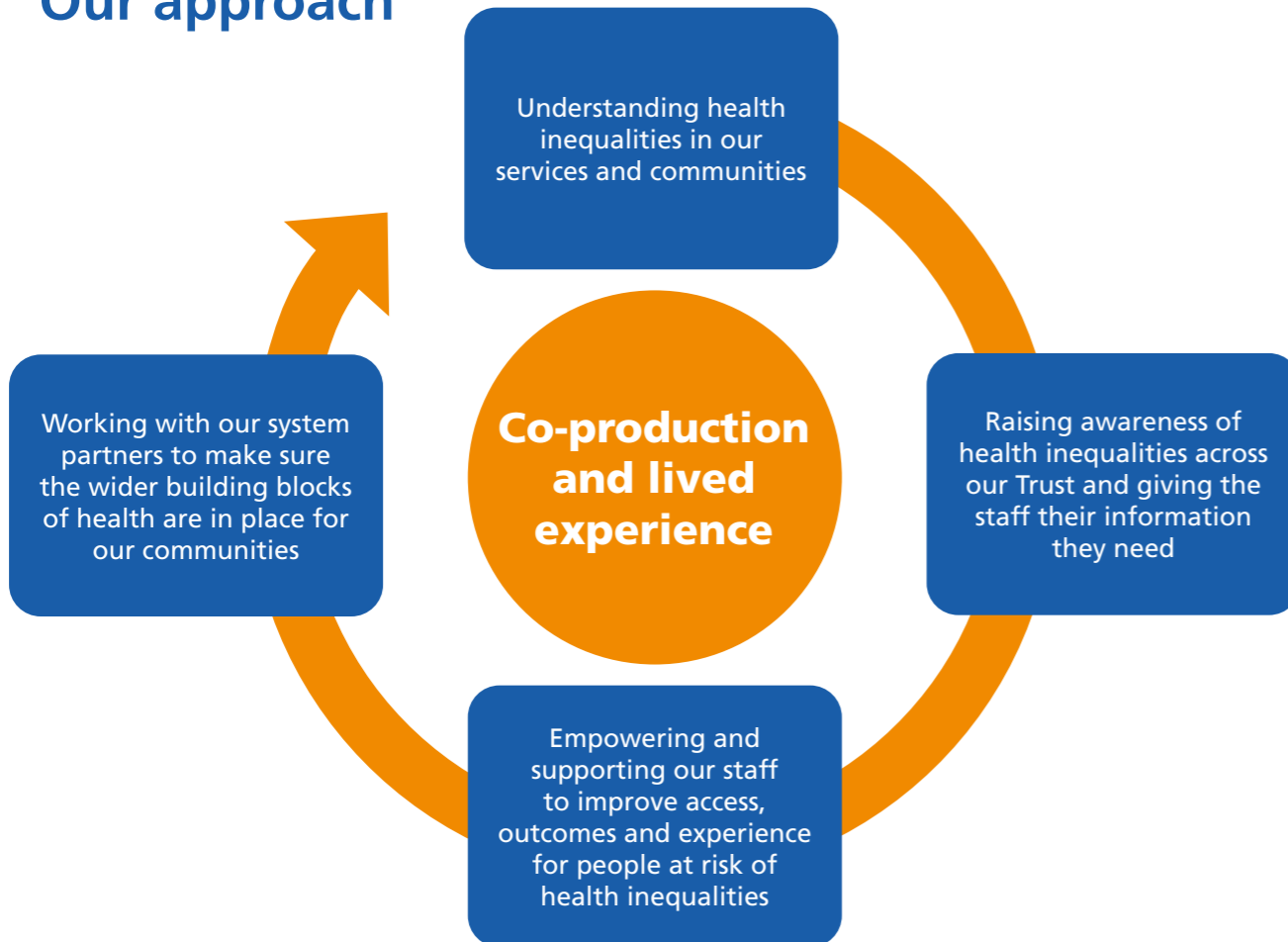
We are working hard to ensure that groups who may experience health inequalities are identified across all services and are supported to receive the care they deserve.

This year a new programme of work was established to increase our understanding of the health inequalities in our services and communities and support our staff to do more to address these inequalities.

Our programme is based around four workstreams, underpinned by a co-production-based approach and informed by the voice of lived experience.

We have worked closely with teams from across the Trust to develop good practice case studies which are shared and promoted to staff.

Our approach



Case Study



Profound and Multiple Learning Disability Doctor

In Hull, we continued our delivery of the **Profound and Multiple Learning Disability (PMLD) Doctor** provision. The provision aims to improve access to physical health services for people with PMLD, who often experience poor quality healthcare and avoidable deaths due to poor access to services and lack of understanding of their needs.

The PMLD Doctor has played a key role in coordinating care between various specialists, to ensure all areas of care are covered and that the family are fully involved.

The role is responsive and flexible in their approach. Relationship-centred care is a key aspect of the role because change in health can happen very quickly, leading to rapid deterioration and subsequent health issues. Care has become more coordinated since having the Doctor as part of the Community Team for Learning Disabilities (CTLD) and ensures quicker access to the right specialist care. This specialist provision has demonstrated the enhanced outcomes which can be achieved with people with PMLD and their families.



The cog in the middle of the machine, making things turn. The service has made a huge difference in our lives. He knows us as a family."

Family member

Mill View Court Garden

During weekly patient meetings at the adult mental health inpatient unit, it was identified that service users wanted the opportunity to grow their own vegetables.

People with serious mental illness are at greater risk of poor physical health and are likely to die younger than the general population. The project provided opportunities to learn about; healthy foods, growing your own food, cooking fresh produce, new skills, develop confidence and social skills, and to increase physical activity levels.

The project was coproduced from start to finish, with patients involved in planning, preparing, and eventually growing their own produce in the newly refurbished garden area. It has increased patients' understanding of healthy lifestyles and led to patients making additional positive steps towards healthier lifestyles. It has also given patients confidence to continue to develop these skills and pursue them in a variety of ways when leaving hospital.



It's great to be able to engage in outdoor activities" "Being able to learn new recipes to cook and use the produce has been good"

Patient



Theme Four:

Promoting people, communities & social values



144% increase in applications



Core community vacancies reduced from **9.6 to 2.44** WTE (March 23-March 24)



£84,117 work experience training

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



Youth Wellbeing College

Following the success of our Recovery and Wellbeing College, we were inspired to launch a young person specific recovery and wellbeing programme.

Their mission is to cultivate a person-centred community for young people aged 11–18 living in Hull and East Riding. Led by young people themselves, the programme uses innovative and uplifting methods to enhance mental health and wellbeing.



The service is unique to our Trust and has been well subscribed to since launch. In our youth-led sessions, young people are encouraged to explore mood, emotion, relationships, confidence, and celebrate their individuality in non-judgemental environments through fun and non-clinical activities such as lyric writing, poetry, journaling, sport, and team building exercises.



your chance to be involved in new experiences



youth recovery & wellbeing college



be free to express yourself



120 young people engaged each week



10 sessions a week held at local schools and colleges



Mez has provided our young people with opportunities to express themselves in ways that feel less scary for them such as through lyrics or poetry. Sessions have been extremely flexible to meet the needs of the young people on our ward and Mez has quickly built relationships with young people who are often slow to trust others..”

Lydia Sheehy,

Advanced Occupational Therapist at Inspire CAMHS Inpatient Service



Keeping Spending Local

Supporting our local businesses is an important way we maximise the positive impact we have on our local communities. We are proud to have built lasting relationships with local suppliers who understand our infrastructure and the services we provide.

We support local businesses by encouraging early market engagement to raise awareness of potential opportunities and frequently break large contracts down into smaller lots, which helps small, local businesses to compete effectively for work.

We also meet with local public sector bodies, such as other local NHS organisations and local councils, to collaborate and open opportunities to local suppliers.

Social values and sustainability are embedded in our tendering process. Two companies that are great examples of how our focus on social value is supported through companies we work with are **Sewells** and **Humber Projects**.



iStock
Credit: AdamWebster89

Case Study

Sewell Construction

Sewell Construction deliver construction projects for the public and private sector ranging from small scale extensions through to large scale new developments.

As a business they believe in enriching the lives of their communities and have given back over 446 hours in volunteering and support six community and biodiversity projects.

Their 'look local first' policy for supply chain appointment means that they have an 91% local supply chain,

Supporting the local economy and reducing the environmental impact by the reduction in emissions.



They have a strong focus on social value and have worked on xx projects for the Trust in 2023/24 up to £1.3 million.

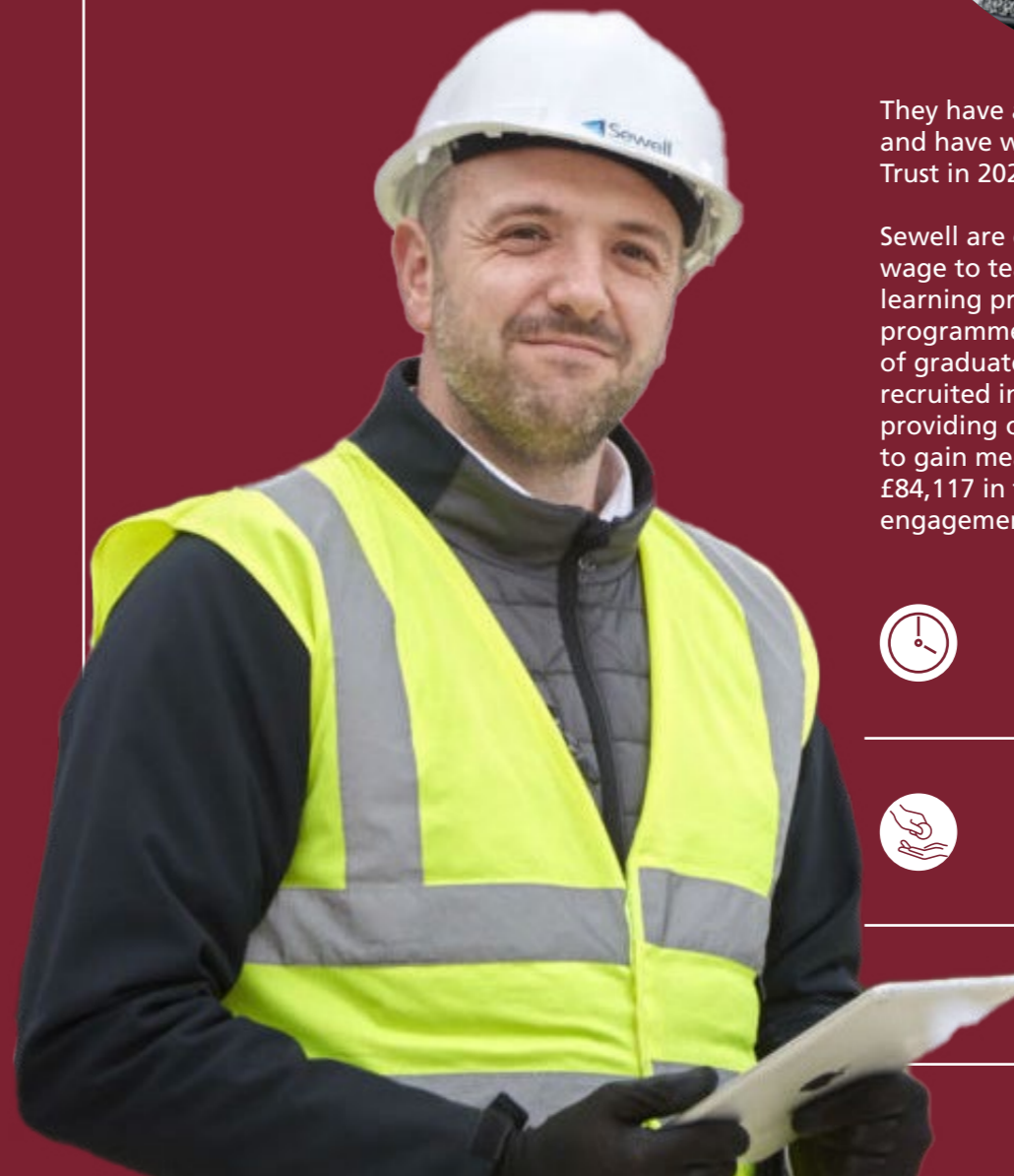
Sewell are committed to paying a living wage to team members (who are not in learning programmes). Their GATEway programme aims to triple the number of graduates, apprentices and trainees recruited into the business, as well as providing opportunities for young people to gain meaningful work experience. £84,117 in training, 474 hours of student engagement.



446 hours in volunteering



£84,117 work experience training





Humber Projects

Humber Projects deliver a range of construction projects from joinery and decoration to mechanical and engineering.

Beginning to work with the Trust as a contractor meant they were required to complete tenders which asked them to evidence their social value.

This means sharing the potential benefits a project can offer both the local and wider community.

This could include how they create jobs and long-term employment, use ethical and low-carbon supply chain sourcing and how they engage local charities and not for profit organisations.

This focus on social values has supported Humber Projects to go further when thinking about how a project will not only fulfil clients' requirements but also engage with the wider community to address its needs.



We were already thinking about the wider impact of our actions as a local company and employer but working with the Trust has helped bring this into focus as we bring our values into line with theirs.

We are proud to recruit locally and develop future talent in construction and have already supported two apprentice joiners in the last year.

We now only use solar powered welfare cabins on sites and work with a local skip company that share reports detailing how waste is broken down and then recycled.

We are proud to have purchased our first electric van and are moving towards a fully electric fleet as we replace our vehicles.

Ash Cattermole,
Managing Director, Humber Projects LTD



Total spend - **£32.5m**



Value to local economy - **£57.1m***

*Methodology: LM3online| Calculate local economic impact and sustainability The tool was first applied on a large scale within Northumberland County Council where it was shown that every £1 spent with a local supplier is worth £1.76 to the local economy, and only 36 pence if it is spent out of the local area. That makes £1 spent locally worth almost 400% more to the local economy.



Contracts help develop the local clinical workforce

Focus Counselling Services delivers our NHS talking therapies for anxiety and depression to people living in East Riding.

Their commitment to social values shines through in how they support and develop their workforce. They are one of the first NHS sub-contracted providers to take on trainees who they then retain in their own clinical and leadership teams.

They recruit and develop people from a wide range of backgrounds including mental health nursing and social work to become trained therapists with a highly specialised skill set. Focus have developed an excellent track record of retaining their trainees with a 100% completion rate for all participants.

Beyond the clinical training they have also been able to further nurture talent through their leadership development programme creating the clinical leaders of the future.

Working closely with local agencies such as Invest Hull they have been able to successful access funding schemes such as Uk prosperity funding and the employment growth fund. This funding helps create more career opportunities and further improve mental and emotional wellbeing across our communities.



12 trainee completed programmes



10 trainees in employment as specialist therapists



12812972



As the leading provider of NHS talking therapies in the region, we are passionate about changing lives for the better, through improving mental health and building resilience. To help us do this we need to develop a highly skilled workforce for now and into the future.

Through working with our NHS partners we have been able to broaden the scope and reach of our services creating more employment opportunities for local people."

Name here



Live, Work & Play

In summer 2023 our 'One Community' recruitment marketing campaign highlighted the opportunities available for people to join our team in North Yorkshire.

The campaign promoted the Trust and the region as a great place to live and work, emphasising the great career opportunities and the lifestyle available in the area. As well as demonstrating the employment opportunities open to local people it also spread the word across the UK with targeted advertising across the North-West and beyond.

To bring the campaign to life we partnered with four members of staff who shared their unique and personal stories.



One member of staff who shared the benefits in a series of online and print articles was Jess Murfin. Jess, a Nurse Specialist, specialising in addiction, made the move from Derbyshire to "relocate, re-energise and live by the sea"

Looking for a change and having previously owned a holiday home in Filey she shared the positive affect her family's relocation has had on her life inside and outside of work. The flexibility of her role has enabled her to take on a number of new hobbies including sea swimming and marshalling for local sporting events.



Campaign reach
1.2 million



144% increase
in applications



Core community
vacancies reduced
from **9.6 to 2.44**
WTE (March
23-March 24)



Moving here has supported an improvement in both my mental and physical health. We're doing paddle boarding, we love sea swimming and kayaking – I love that I can even cycle to work 2 or 3 times a week in the Summer."

Jess Murfin, Nurse Specialist

Experiences of Homelessness

Our Hull Homeless Mental Health Team is part of a citywide multidisciplinary system which works closely with physical health, social care, probation, hostel staff, substance use services and outreach teams. They support people from the age of 16, who are street homeless, precariously housed or living within a hostel.

The service offers mental health support to people who have difficulties accessing mainstream services through hospital Emergency Department as the only source of healthcare.

Often health services are not set up to respond to the needs of people who are homeless.

For example, many mental health services will not treat people until they have addressed drug or alcohol problems, which can leave people trapped in a cycle of dependency.

They try to alleviate the symptoms of their mental health through the consumption of drugs and alcohol which means that their mental health either deteriorates or goes untreated.



The Experiences of Homelessness Co-production Group worked with the team to develop a short film that shares some important messages from those who have experiences of Homelessness.


Creating films with people experiencing homelessness can be a powerful tool for raising awareness, challenging stereotypes, and advocating for social change.

By involving individuals who are directly impacted by homelessness in the filmmaking process, the projects provide a platform to share their stories, perspectives, and lived experiences in their own words. The film was also shown to staff to help them think about what they can do to support this marginalised group.



The mental health team have been really good, they've supported me and helped me get where I am today if it wasn't for them I'd probably be just back on the street"

Service user

 2000+ views on youtube



Scan here to watch the film online or visit our youtube channel [youtube.com/@humberteachingnhs](https://www.youtube.com/@humberteachingnhs)



Theme Five:

Developing an effective & empowered workforce



682 Health and Wellbeing MOT's



369 One to One Health and Wellbeing sessions



5,388 hours of work experience and placements completed

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



Being Humber

At our Trust we have a way of doing things that makes us, us. For most of us most of the time 'Being Humber' is just who we are and how we approach our work.

Our 'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple framework for us all to use.

By providing clear guidelines for behaviour, behavioural frameworks can help teams feel valued, respected, and supported. Research shows they are more likely to experience job satisfaction and overall happiness.

'Being Humber' can be used as a practical tool to assist our teams to identify examples of positive working practices and behaviours. Referring to the guide can also help individuals identify things they do every day that have a positive effect on supporting patients, colleagues, and our Trust.



Our staff behavioural framework is an outstanding example of social value. It promotes employee well-being, inclusivity, collaboration, and supports organisational performance. By creating a positive work environment and fostering a culture of respect, accountability, and teamwork, it contributes to the overall social value generated by the organisation."

Karen Phillips,

Associate Director of People & Organisational Development

2,768

appraisals completed using the Being Humber values

67%

staff agree/strongly agree that they 'would recommend their organisation as a place to work'

11.7%

increase in staff survey responses





Growth Through Apprenticeships

Our apprenticeships offer structured training and employment opportunities which empower individuals from diverse backgrounds to develop valuable skills and pursue meaningful careers in healthcare.

As well as supporting individuals they help us to address the pressing need for skilled healthcare professionals at our Trust and in the wider NHS, enhancing the quality and accessibility of healthcare services for all.

Through their emphasis on inclusion and diversity, our apprenticeships also promote social cohesion by providing equitable access to career advancement and economic stability.

T L

Alongside this we also run a our T Level and work experience programmes.

For each T Level student we a one-week induction and 2-week placement programme for first and second-year students. In 2023/24 we offered 4109 hours of placement to 55 students studying at colleges and 6th forms across Hull and East Yorkshire.

Our work experience programme connects people looking for experience in a range of NHS careers with staff and services that can support them. We are proud to have supported 33 placements throughout the year in both clinical and corporate teams.



172 completed apprenticeships



135 Ongoing apprenticeships



Before joining the NHS I was a tyre fitter. My first role was as an Apprentice Health Care Assistant role at Mill View Court. After completing this I moved to Westlands as a Health Care Assistant.

I wanted to do the Register Nurse Degree Associate program as I didn't realise, I could become a nurse and I thought that I'm quite good at this job so I might as well learn more and better myself.

I would 100% recommend doing the course as there is no tuition fee and I am still employed full time. I am dyslexic so I have had extra time for exams, and I can have extra help if needed."

Matthew West Registered Degree Nursing Apprentice





iStock
Credit: sturti

Supporting our International Medical Graduates

A pilot social prescribing scheme provided extra support to International Medical Graduates (IMGs) GP Trainees. The scheme aimed to reduce differential attainment and improve trainee wellbeing. Differential attainment is an unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic.

Social prescribing is a healthcare practice that involves prescribing non-medical interventions to patients to improve their overall well-being and quality of life. Instead of or in addition to traditional medical treatments, healthcare providers may recommend activities or services such as community programs, physical activities, arts and cultural activities, volunteering opportunities, and support groups.

The Pilot scheme was live for five months and received 33 referrals from trainees and their family members. There are 62 ST1 IMG trainees across the four schemes in Hull, York, North Lincolnshire and Scarborough. Most trainees requested help for multiple issues.

The trainees asked for help with complex issues, including mental health, and visa queries. Of the 33 referrals 21% of requests were for accommodation issues, 18% for childcare issues, 11% for Mental health issues.

The Pilot scheme met all short-term outcomes and trainee feedback has been excellent.



33 students supported



5 month pilot

Humber Teaching NHS Foundation Trust



Supporting Staff Health & Wellbeing

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

Looking after our people is a key element within the Trust's People Strategy. Our Workforce Wellbeing Team plays a key role in supporting people stay healthy and well at work.

Since its launch in October 2022 this dedicated team has been delivering initiatives aimed at supporting retention and improving employee satisfaction including a focus on areas such as sickness and turnover.

Staff can book Health and Wellbeing MOT's, and One to One Health & Wellbeing sessions.

Free physical health and wellbeing activities are available to staff. Our initial offer of Yoga and Indoor climbing was expanded to include Cookery and Dance classes, Massage, Pilates, and Reflexology.

The team have supported nine health and wellbeing campaigns over the year including Nutrition and Hydration Week in March. They held a range of sessions highlighting the importance of good nutrition and hydration, taking sufficient breaks, and having a rest.



682 Health and Wellbeing MOT's



369 One to One Health and Wellbeing sessions



Social Values Report 23/24

Enhancing our workforce

Our Healthcare Support Workers work under the supervision of a healthcare professional, supporting them and helping patients and service users on their journey back to full health.

Following identifying a need for greater recruitment into the roles our Communications and Recruitment teams worked together to run a public event at Princes Quay Shopping Centre. The event was open for anyone to find out more about this vital role in the NHS, apply for jobs and secure an interview.

Over 1,000 members of the public attended the event, meeting current Health Care Support Workers to find out more about the role and what it involved on a day-to-day basis.

Our recruitment team provided further information on the application process as well as sharing more about the benefits of working from the Trust, from shopping discounts to the NHS pension and enhanced leave.



The Humbelievable campaign was about putting our fantastic dedicated and diverse teams front and centre so that they could tell the world why working at our Trust is special."

Rachel Kirby, Head of Marketing and Communications

1000+ event attendees

64 interviews

18 successful applicants



What really drew me to them was their slogan of being 'Humbelievable'. I said to myself 'I think I want to be Humbelievable!'"

Margaret Ekpo

The diverse backgrounds, skills, and the unique perspectives our international nurses enrich our staff community and contributing to patient care and outcomes.

Margaret Ekpo joined the team at Fitzwilliam Ward in Malton Hospital after working in an Emergency Department in Nigeria.

Since relocating from Nigeria to Malton with her family, Margaret has been delighted with the support she has received from both the Trust and the warm and welcoming community in Malton.

4 international nurse recruits

2 international nurses completed train



Valuing volunteering

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

Through the activities and support they receive, being involved in our volunteering programme can increase their sense of social connectedness, self-worth, and confidence.

Jacob, joined the team at Prospect Road Hub in Scarborough as an Admin Support Volunteer in summer 2023. He has taken to his volunteer role with real enthusiasm and has great attention to detail in his work.



Initially tasked with supporting the collation of information packs for patients and nursing staff, Jacob has since undertaken a range of other tasks aimed at streamlining our processes and improving efficiency.

This includes initiatives such as clearly labelling items in the stationery cupboard, ensuring staff can easily locate what they need, re-organising the uniform store into size order groupings and activating the fire alarm to support the weekly system check.

117 active volunteers

34 volunteer placement opportunities (March 2024)



Jacob's dedication and contributions have been undeniably positive and have truly enhanced our team at Prospect Hub. His enthusiasm for volunteering not only supports us but also serves as a platform for him to gain valuable workplace experience and refine his skills."

Sarah Locker,

Service Manager Scarborough Community Services



I found volunteering useful to help move into paid work because it gave me the chance to experience a working environment. They supported me and I gained confidence again allowing me to move forward to use my skills. So pleased to be employed on the 'bank' to now offer when I can, it gives me a great sense of value to my life."

Trust Volunteer



Theme Six:

Optimising an efficient & sustainable organisation



14 trees preserved through use of Shred it bins



245 tonnes saved annually (direct carbon savings)

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



Grant Funding

We were successful in our bid for grant funding through SALIX Finance on behalf of the department for energy security and NetZero (formerly the Department for Business, Energy, and Industrial Strategy) securing £1.9m to fund heat decarbonisation and energy efficiency measures.

The grant funding is provided over a two-year period will be used to upgrade heating systems at Alfred Bean Hospital, Hornsea Cottage Hospital, St Andrews place and Westend to be cleaner, cheaper and powered by renewable energy.

Year one focused on improving the fabric of buildings including installing of external wall insulation, LED lighting and new windows. Year two will see new electric heat pumps installed which will decarbonise the heating in these locations. Our participation in this scheme will help reduce fossil fuels and make our buildings more comfortable and efficient to warm.



We're very pleased to have helped the NHS to achieve these remarkable energy and carbon savings. Simple measures such as upgrading inefficient heating, lighting and ventilation equipment can provide significant long-term financial and maintenance savings for organisations and help to mitigate against the effects of climate change."

Sameen Khan,
NHS Programme Manager at Salix Finance



£1.9m in funding



245 tonnes saved annually (direct carbon savings)

Humber Teaching NHS Foundation Trust



Co-producing Our Environment

In healthcare settings, patient experience plays a pivotal role in the overall quality of care provided.

The Forensics Division, in collaboration with the Estates department, embarked on a project aimed at improving patient experience by involving them in the design and styling of their living spaces.

The Estates team utilised their expertise to create two mock-up bedrooms within the ward, each showcasing slightly different styles. These mock-ups served as prototypes for the final room designs, allowing patients and staff to provide feedback on their preferences.

Patients were invited to visit the bedrooms and provide feedback on the colour schemes, furniture arrangement, and overall ambiance. Staff members facilitated discussions and encouraged active participation from patients, ensuring that their voices were heard throughout the process. The Estates team remained flexible and receptive to suggestions, incorporating patient feedback into the final room designs.

The project had positive feedback from patients. Patients expressed satisfaction with both the aesthetic appeal of the bedrooms and the sense of empowerment gained from being involved in decision-making.



We hope that this initiatives can serve as a model for other projects demonstrating prioritising patient engagement can promote positive experiences across healthcare facilities"

Rob Atkinson, Deputy Director of Estates & Facilities





Scarborough in the Spotlight



The team at Prospect Hub in Scarborough have been tirelessly committed to advancing a range of environmentally conscious initiatives aligning to their Green Pledge.

Among their accomplishments is the establishment of recycling stations placed within kitchen areas, complete with clear signage. There was also an increase in the deployment of bins to enhance recycling efforts including blue bins, Shred it and battery bins.

Beyond waste management, the team continued the book swap initiative, introduced greenery into the office spaces, installed a cycling rack to promote cycling to work, encourage twice-daily walks and reinforce the practice of closing windows and doors, as well as turning off lights to conserve energy.

1536 plastic bottles saved by supplying staff with charity funded reusable bottles



14 trees preserved through use of Shred it bins



120 trees planted across the estate



The green focus at Scarborough was driven by the team. They felt that there were small things we could all do every day to help us help reach our net zero ambition.

Not only have the ideas supported the green agenda but they have also had a positive impact on staff engagement. Seeing their ideas heard and acted, generated more ideas which can be considered and supported. We are looking forward to continuing the project into 2024."

Sarah Locker, Service Manager

Measuring Impact 2022/23



141 local fishermen accessed marine coastguard ML5 medical. Confirming a seafarer is medically fit to work at sea.



245 tonnes saved annually (direct carbon savings)



15,587 friends and family test responses



88.3% Positive response score



14 trees preserved through use of Shred it bins



120 trees planted across the estate



12 trainee completed programmes



You have all saved my life, the NHS is amazing "

OpCourage service user



The mental health team have been really good, they've supported me and helped me get where I am today if it wasn't for them I'd probably be just back on the street"

Service user



Contact us

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Agenda Item 14

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Gender Pay Gap Report														
Author/s:	John Duncan – Equality Diversity and Inclusion Partner														
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>x</td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></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: <i>Please make any decisions required of Board clear in this section:</i>	This paper sets out recommended actions based on the Trust’s Gender gap analysis.														
Key Issues within the report: •															
Positive Assurances to Provide: <ul style="list-style-type: none"> Trusts Gender Pay Gap is 12.4% which is an improvement on last year figure of 13.2% and continues to be better than the national comparison figure of 14.3% 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Actions arising from Gender Pay Gap Report '23 continue with updated actions in the 2024 report. Respect campaign continues. Equality in Action - Breaking barriers for women's advancement - a gender equality initiative 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Progress against the NHS England EDI Improvement Plan Progress against Workforce Equality Objectives 2023/24 		Decisions Made: <ul style="list-style-type: none"> Gender Pay Gap report approved at EMT and endorsed at Workforce & OD Committee . Trust Board are asked to ratify the report. 													
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	Date												
	Audit Committee		Remuneration & Nominations Committee												
	Quality Committee		Workforce & Organisational Development Committee												
	Finance & Investment Committee		Executive Management Team												
	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

Humber Teaching NHS Foundation Trust

Gender Pay Gap Report

2023/24



Caring, Learning
& Growing Together

contents

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- 3.0 What is the bonus gender pay gap? 6
- 4.0 What is the proportion of men and women in each pay quartile? 8
- 5.0 Addressing the gender pay gap 10
- 6.0 Definitions, assumptions, and scope 13



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.

This Gender Pay Gap analysis is based on a snapshot date of 31st March 2023.

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 overarching Trust Strategy, the Trusts new People Strategy, and the People Promise, and will therefore 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.

As of 31 March 2023, Humber Teaching NHS Foundation Trust's workforce had **3495 substantive staff** (up from 3411 on the previous snapshot date) which comprised of 79.59% female staff, with 20.41% 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).



79.59% female



20.41% male

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.

The gender pay gap trend for Humber teaching NHS Foundation Trust is decreasing. The **mean gender pay gap was 12.42% which represents a decline on the previous year when it was 13.2%.** The **median gender pay gap has decreased to 5.17% from 6%** in the previous year. This represents a downward trend from 2020 when the mean figure was 13.3%.

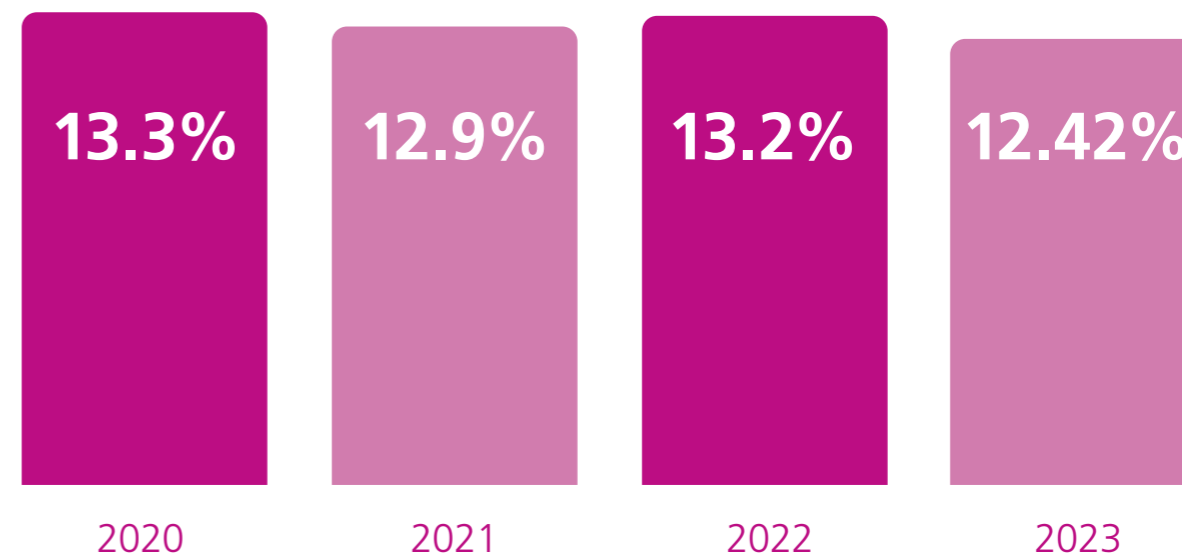


0.83% ↓
Mean Gender Pay Gap

0.78% ↓
Median Gender Pay Gap

Figure 1: Gender pay gap data – mean average (2020-23)

The bar graph below represents the annual periods of 2020 to 2023. The graph shows the mean average gender pay gap year on year, from 13.3% reported in 2020, 12.9% in 2021, 13.2% in 2022 and 12.42% in 2023.



Overall, at Humber Teaching NHS Foundation Trust, women occupied 74.8% of the highest paid jobs and 80.75% of the lowest paid jobs. Men occupied 25.2% of the highest paid jobs and 19.25% of the lowest paid jobs.

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). 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.



3.0

What is the bonus gender pay gap?

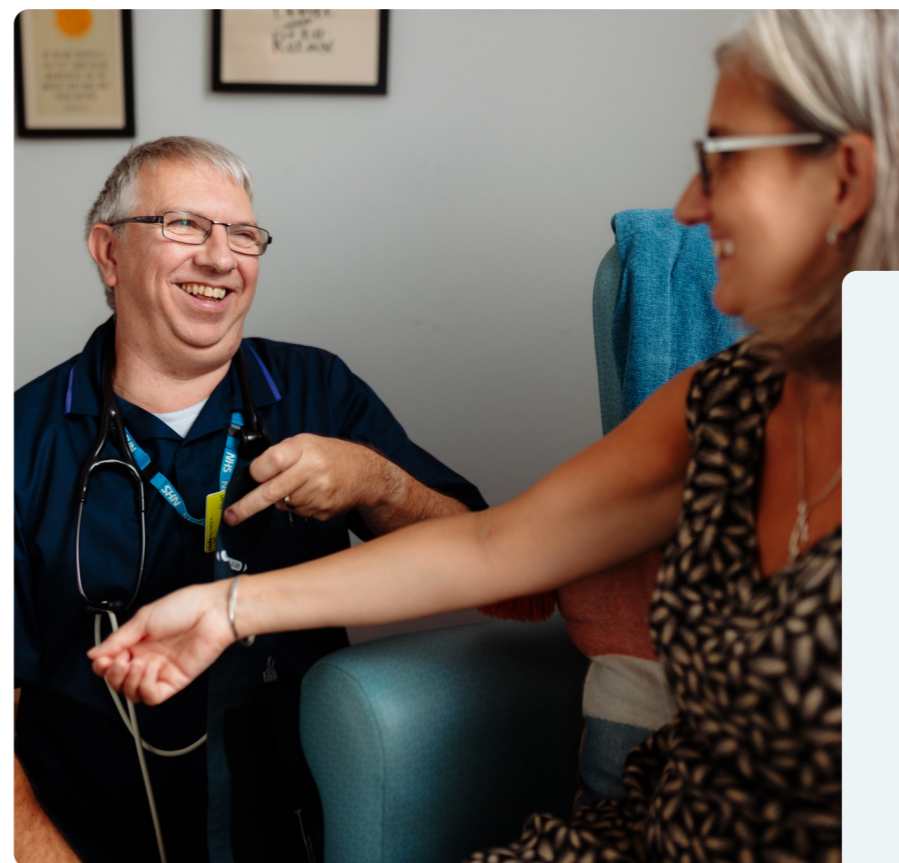
These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

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 0.93%, down on the previous year's figure which was 1.26%
- The proportion of females receiving a bonus payment is 0.14% down on the previous year's figure of 0.26%

The difference in the figures can be explained by the high proportion of females in the organisation, compared to men in senior roles who are eligible for bonuses. 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.

It is worth noting that the future of CEA awards is subject to negotiations and is expected to cease.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. This was distributed between 7 male staff and 4 female staff.



4.0

What is the proportion of men and women in each pay quartile?

Overall, at Humber Teaching NHS Foundation Trust, women occupied **74.80% of the highest paid jobs (upper quartile)**. According to the ONS Census 2021, the national population of women in England and Wales is 51%. However, **most (80.75%) of 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 (20.41%) was a key driver of the gender pay gap at the Trust.

Figure 2: Proportion of men and women in each pay quartile

The graph above demonstrates the proportion of men and women in each pay quartile. The graph shows that female representation reduces moving up each quartile:

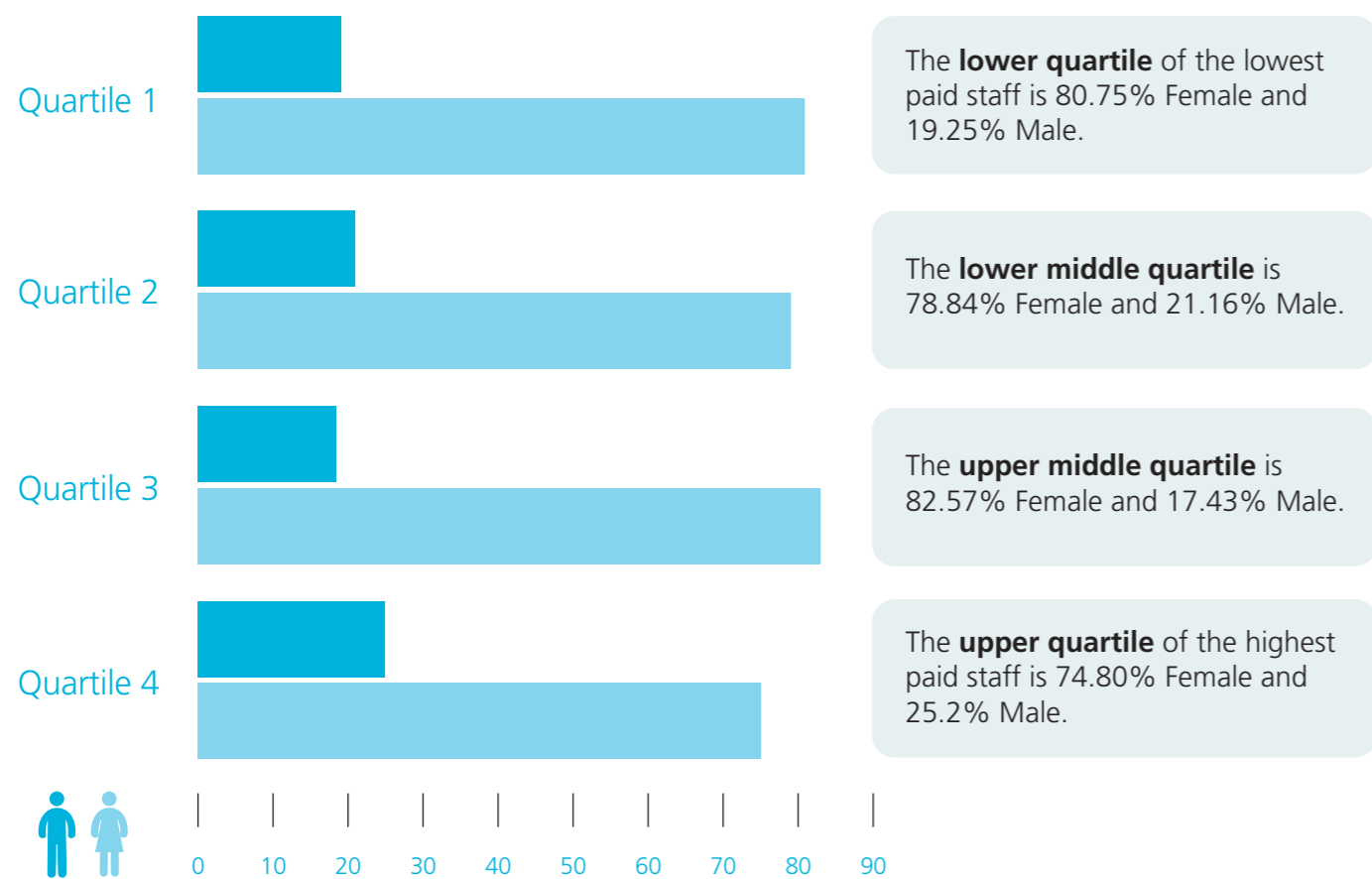
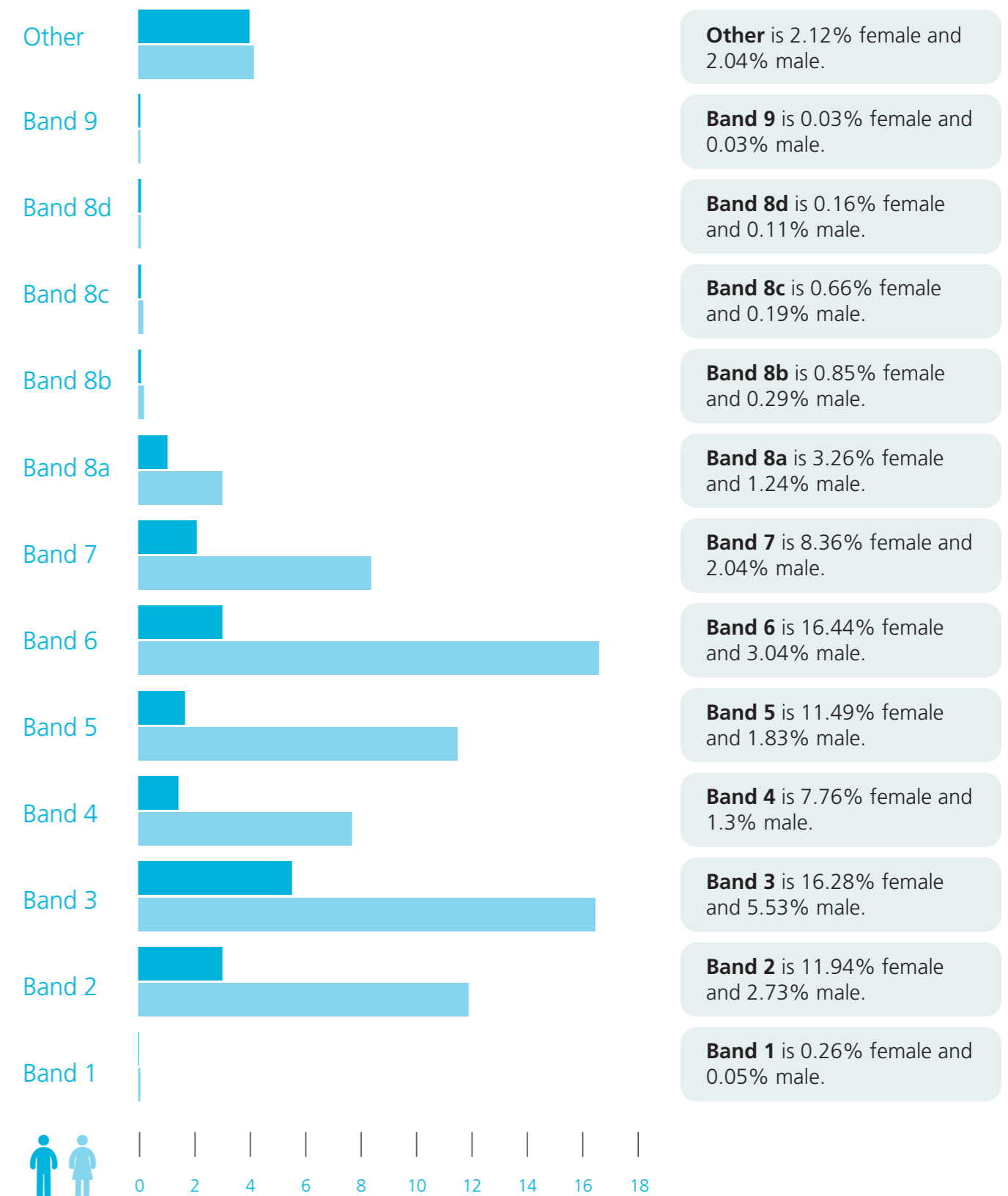


Figure 3: Gender breakdown by pay band (March 2023)

The graph below demonstrates the gender breakdown by pay band and by percentage of male/females working in that banding, compared the population overall:



Overall, this gives the Trust a population of 79.59% female and 20.41% male.

5.0

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
Deliver and monitor female participation in Career Confidence Coaching sessions that focus on supporting our female colleagues through their career journey in the organisation.	<ul style="list-style-type: none"> On March 8th, 2024, the Trust celebrated the Big Conversation event in support of International Women’s Day. At the event the Trust promoted its coaching, mentoring and leadership development opportunities with stories from candidates and discussion around empowering women to develop and growing our own leaders. From the event a number of candidates requested information on the Trust’s development opportunities. The Trust has established a coaching and mentoring offer designed to support staff to grow and develop in their careers and participation is monitored and reviewed regularly. During the year, the Trust have supported the Humber and North Yorkshire Health and Care Partnership’s coaching network, for anyone working or volunteering in health and social care across Humber, North Yorkshire and West Yorkshire. We have encouraged female staff to join NHS Confederation initiatives on behalf of the Health and Care Women Leaders Network

Action	Progress
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.	<ul style="list-style-type: none"> Whilst processes have been agreed for competitive rounds for 24/25 awards, there is an indication that LCEA processes will cease under new pay award arrangements for consultants.
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.	<ul style="list-style-type: none"> In addressing underrepresentation of men in quartile 1 and 2, the period between 1st April 2023 and 1st October 2023 the percentage of male applicants was 33.0%, and males appointed to roles at the Trust was 22.7% which is higher than male representation at the Trust which is 20.48%, this will contribute to reducing our gender pay gap. A biannual recruitment deep dive report is produced that examines shortlisting and appointment against all protected characteristics through an EDI Lens. This report provides insight and targeted recruitment actions for divisions and taken into areas by HRBPs, with bespoke actions agreed in areas. A new EDI bulletin has been developed to ensure the EDI lead and HRBPs can collaborate on actions for divisions. During the period between 1st April 2023 and 1st October 2023, 66.7% of applicants to the Trust were female, with 77.3% of new starters being female.
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.	<ul style="list-style-type: none"> The Trust has developed a comprehensive mentoring offer, through the Trusts Mentoring Hub currently there are 19 trained female mentors available for colleagues to work with. Alongside this, the Trust are seeking mentors to establish a reverse mentoring offer, with information available via the mentoring hub, and a wide range of communication methods used to inform colleagues of the benefits of reverse mentoring.
Develop a succession planning process to provide balance in the promotion, succession planning and development opportunities.	<ul style="list-style-type: none"> A new template has been developed that will support the Trust’s workforce planning activities to ensure succession planning around female leaders is central to future recruitment plans.



Moving forward into 2024/25 we propose to take further action in the forthcoming year to reduce our pay gap by:

- 

1. Progress the Trusts Equality in Action plan – Breaking barriers for women’s advancement – a gender equality initiative
- 

2. Develop a Big Conversation for International Women’s Day on March 8th, 2025, that provides staff experience of the Trusts coaching, mentoring and Leadership development programmes
- 

3. Roll out the planned structured programme that builds on the existing PROUD developments and provides people leaders across the Trust with a platform for continuing professional development (CPD)
- 

4. Development of a PROUD Alumni where leaders are recognised for their achievements, receive a graduation pack after completing the PROUD leadership programme and have access to further learning and development.
- 

5. Embed and build upon the succession planning model to provide balance in the promotion, succession planning and development opportunities for female leaders.

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 2023**. The reporting period covers 1 April 2022 to 31 March 2023. 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 2024
Date last updated: 30 March 2024

Humber Teaching NHS Foundation Trust

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HU10 6ED

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www.humber.nhs.uk



Independently accredited
menopause friendly
employer



Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	NHS Equality Delivery System (EDS22)														
Author/s:	John Duncan – Equality Diversity and Inclusion Partner Mandy Dawley - Assistant Director of Patient and Carer Experience														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	This paper sets out the Trusts Equality Delivery System (EDS22) submission for 2024, which provides evidence towards the Trust meeting its EDI objectives for patients and the workforce.														
Key Issues within the report: <ul style="list-style-type: none"> • EDS Reporting Template • Domain 1: Commissioned or Provided Services • Domain 2: Workforce Health and Wellbeing • Domain 3: Inclusive Leadership • Action Plan 															
Positive Assurances to Provide: <ul style="list-style-type: none"> • Humber Youth Action Group (HYAG) continues to grow with 40 members. • Launch of the Youth Recovery and Wellbeing College • Re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA • WDES data puts the Trust 29th out of 212 NHS Trusts (Top 14%) • Trust is better than national averages for 18 of 19 metrics in the national WRES and WDES figures. • Trusts Gender Pay Gap is better than national average 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • Patient and Carer Experience Five Year Forward plan (2023 to 2028) • Patient and Carer Experience (PACE) forums Armed Forces Community Navigator (AFCN) • Experts by Experience (EbE) initiative • Young Peoples Co-production and Participation toolkit for Staff • Humber NHS cadets programme launched in November • Patient and Carer Experience Annual Report (including Complaints and Feedback). • Actions arising from WRES/WDES/Gender Pay Gap Report • Rainbow Badge Accreditation • Respect Campaign • No Excuse for Abuse Task and Finish Group • NHSE EDI Improvement Plan • 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • NHS England EDI Improvement Plan • Progress against Workforce Equality 		Decisions Made: <ul style="list-style-type: none"> • N/A 													

Objectives 2023/24				
Governance:	Audit Committee	Date	Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	14/05/24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) 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	

Classification: Official

Publication approval reference: PAR1262



NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS.....	2
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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	Humber Teaching NHS Foundation Trust	Organisation Board Sponsor/Lead		
		Karen Phillips –Associate Director Workforce and OD		
Name of Integrated Care System	Humber and North Yorkshire			

EDS Lead	John Duncan/Mandy Dawley		At what level has this been completed?	
				*List organisations
EDS engagement date(s)	18/05/23 05/01/24 24/01/24		Individual organisation	
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	Peel Project Humber and North Yorkshire Health and Care Partnership Hull City Heath Care Partnership East Riding of Yorkshire Council Health Watch Hull (and East Riding) PACE Forums

Date completed	April 2024	Month and year published	May 2024
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Date authorised		Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
<ul style="list-style-type: none"> • The Trust continues to use Reachdeck (formerly called Browsealoud) accessibility tool on the website. • An online Friends and Family Test survey is now available on the Trust website and can be converted into many languages using the websites Reachdeck toolbar. To support the online form, information on how to access the online form is available on the website in seven of the Trust’s most popular languages. • Trust Strategy produced and available in Easy Read. • Patient and Carer Experience forums and events taking place virtually via MS Teams and face to face. • Additional iPad’s have been purchased to help our Learning Disabilities patients access Microsoft Teams meetings. Patients are now able to attend virtual meetings with support from the Engagement Lead for Learning Disabilities and Autism. Workshops and other feedback sessions have realised an increase in engagement since the iPad’s have been introduced. • The Trust continues to use Microsoft Teams when engaging with the public. Patient and Carer Experience forums and the Humber Youth Action Group are using this platform which is proving to encourage accessible participation across all age ranges. • Children’s and Young Peoples services are using Canva to create marketing resources and social media assets. • MS Forms have been introduced across all services to create surveys to support the gathering of information and experiences to help shape and improve our services and the care we deliver. • Several services are using the Bridgit Care App to support patients, services users and carers (including young people and their families), to access support, care plans and information. • ChatHealth – The East Riding 0-19 Service has introduced ChatHealth. ChatHealth is a confidential text messaging platform for young people aged 11-19 (up to 25 for those with special educational needs and disabilities) to access specialist school nursing support and easily accessible information. • Parentline – Both the Hull and East Riding 0-19 service are launching Parentline which is a confidential text messaging system for parents and carers and will provide families with an accessible way to access specialist health visiting advice and support, as well as reliable information. This is especially valuable to more vulnerable parents who may wish to remain anonymous when seeking advice and support. 	<p>Patient and Carer's Objectives:</p> <ul style="list-style-type: none"> • To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust. • To improve digital inclusion methods to support individual needs. • To further develop systems and processes to encourage young people to actively engage with the Trust. • To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.

<ul style="list-style-type: none"> • Learning Disability services have health action plans, positive behaviour support plans and accessible plans in paper format and electronic format. • Learning Disability services have the 'My Health Guide' on tablets for Learning Disability patients to allow them to share their own information. • The Carers Champion training is accessible for all Trust staff via ESR. The training helps identify unpaid carers, raise awareness in our services, families or community and helps individuals to signpost a carer to the support available from local carers support organisations. • Talking Mats have been introduced in the Trust's Learning Disability Services. They come in two formats (digital and physical) and include a range of images and tiles to describe most situations that may be encountered in everyday life. It is anticipated that by providing an alternative and effective means of communication will improve the way in which our service users can express their needs from both a medical and a social perspective. • The Trust gave away goody bags at Hull Pride 2022 to everyone who completed a short survey to share their views on how they would like to be engaged with the Trust during the next five years. Responses helped to inform the Trust's Patient and Carer Experience Five Year Forward Plan (2023 to 2028). • The Trust's Humber Youth Action Group continues to grow from strength to strength enabling young people to shape and co-produce services as well as provide an opportunity for individuals to learn about the Trust and develop new skills and knowledge. • In November 2022 the Trust launched a clinical template for collecting demographical data including protected characteristics and health inequalities. The template has been designed to improve the quality of demographical data reported into the Trust's clinical systems (SystemOne and Lorenzo). It is anticipated that this additional template will support staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities. By asking additional questions will provide the Trust with more robust demographical data about our patients and service users which will help to inform the Trust on who our patients and service users are. This will help the organisation to engage and involve our wider community in Trust activities (e.g. forums and quality improvement initiatives). 	
<ul style="list-style-type: none"> • Recruitment deep dive report developed (see link below), that examines shortlisting and appointment against all protected characteristics, with biannual reporting for assurance moving forward. This report provides insight and targeted recruitment actions for divisions and taken into areas by HRBPs, with bespoke actions agreed in areas. A new EDI bulletin has been developed to ensure the EDI lead and HRBPs can collaborate on actions for divisions. • We have successfully been accredited by the LGBT Foundation for the NHS Rainbow Badge Scheme, with initial stage recognition and have been provided with an action plan that will inform our EDI workstreams moving forward. We are ambitious to progress to bronze accreditation, and the 	<p>Workforce Objectives:</p> <ul style="list-style-type: none"> • Analysis of applications to work for the Trust show that males, and disabled people are underrepresented compared to the communities we serve. Targeted recruitment and advertising actions to be

improvement action plan provided by the LGBT Foundation will be actioned in collaboration with the Trust LGBTQ+ staff network, and our divisional areas.

- Our Respect campaign was launched in the November, with a range of 'Report It' posters in the workplace, with the aim of developing a positive and safe workplace culture. This campaigns focus is on developing a safe culture to report 'staff to staff' incidents of bullying, harassment or discrimination, towards all people, but with particular emphasis on reaching underrepresented groups, namely but not limited to, the LGBTQ+ community, those with a disability or long-term condition and colleagues from ethnically diverse backgrounds. In addition, we developed a 'Report It' intranet page as a resource hub, hosting all relevant information, contact details and policies.
- As part of the Trust's membership of Stonewell's Diversity Champion Scheme, the Trust will be using their proud employer jobs portal to advertise a number of band 7 and above job roles to the LGBTQ+ community, a review will be undertaken when job roles have been filled. Since December the EDI Lead reviews a selection of job roles advertised on NHS Jobs on a monthly basis for language, quality and accuracy of information. Meetings are established between EDI Lead and HRBPs to regularly review adverts for band 7 and above roles, and measure what new channels for advertising have been exploited such as Pink Jobs, and Stonewall's Proud Employer portal.
- The Humber High Potential Development Scheme 2024 is in progress with plans in place to ensure the offer is been shared with staff networks, global email and MS Teams EDI channels. Planned promotion through internal networks such as the Leadership Forum are planned. Similar activities will take place when the Leadership and Senior Leadership programmes open to new cohorts. A mentoring offer, including reverse mentoring, has been developed and work is underway to fully embed the scheme.
- WRES and WDES reports are shared with the relevant networks, however there is still work to do to bring the raw data to networks earlier in the timeline to contribute to analysis and action planning based upon the WDES/WRES metrics for 23/24 data.
- Bullying and Harassment training for managers has been written and planned for an internal delivery model. It provides practical steps and conscientious guidance to help prevent, identify, and confidently confront bullying and harassment at work. It will provide leaders and managers with information, knowledge and understanding of Bullying & Harassment for staff in the workplace. Following the Trust's policy on Bullying and Harassment.
- Diversity data is represented through the ESR portal with a full data quality process in place since 2021 and led by the Strategic HR team. In early 2020 unspecified entries for equality data was as high as 27% across the organisation, this has now been greatly reduced and in December 2023, we had 25 Permanent staff with unspecified entries and this was reduced to 6, a reduction of 76%.
- 'Being Humber' standards are interwoven into the new people strategy, into our leadership development programmes, values-based recruitment and the Respect campaign. Work is currently being undertaken with the OD team to link the Trust Behavioural Standards framework to inclusive

established to attract those underrepresented to the Trust

- To achieve the NHS Rainbow Badge Accreditation at bronze level.
- Embed the Respect campaign as business as usual.
- ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 – VSM
- Use available communications channels to showcase success stories and promote the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our ethnically diverse, Disabled/LTC and LGBTQ+ staff.
- Through our governance structures, support and empower our Race Equality, LGBTQ+ and Disability Staff Networks to work with ethnically diverse and Disabled/LTC staff on the development of the WRES/WDES action plan, and development opportunities
- Continue to deliver Trust bullying and harassment awareness training for managers
- Continue to drive the process to reduce the number of 'unspecified' entries in staff records.

language guidance provided in support for teams. The first collaborative training event with OD and EDI took place on 19th January.

- We are supporting the Humber and North Yorkshire Health and Care Partnership's coaching network, which is for anyone working or volunteering in health and social care across Humber, North Yorkshire and West Yorkshire. We have promoted the Health and Care Women Leaders Network led by the NHS Confederation. Communications channels included Trust Global email, WOD MS Teams, Equality Network MS Teams, Trust Local email and the managers Newsletter.
- Whilst processes have been agreed for competitive rounds for 24/25 awards, there is an indication that LCEA processes will cease under new pay award arrangements for consultants. As such equal distribution was applied for 23/24.
- We currently have 19 trained female mentors, alongside a comprehensive [Mentoring Hub \(humber.nhs.uk\)](https://humber.nhs.uk). Currently we have 3 female mentees undergoing the mentor programme. Work is ongoing to ensure widen participation and embedding of the scheme.
- Progress has been made with a template developed to add succession planning as an element of workforce planning. HRBP's will work with divisions as a part of these plans.

- Ensure high visibility of the Trust Behavioural Standards framework.
- Deliver and monitor female participation in Career Confidence Coaching sessions
- Ongoing analysis of recruitment EDI data
- Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Single Point of Access – Inpatient & Community Forensic Services. • Single Point of Contact for Community Services in North Yorkshire. • Front Door, Single Point of Access – Children’s. • Supporting 111 Option 2 for Mental Health calls. • Introducing Youth Recovery College & Wellbeing College. 	Achieving activity	Service Managers.
	1B: Individual patients (service users) health needs are met	<ul style="list-style-type: none"> • ED Streaming now operational. • The Humber Centre now has an enhanced vocational and educational offer. • PMLD Doctor provision for Hull. • Addictions Service – Inclusion Health Team. 	Achieving activity	Service Managers.
	1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Daily Safety Huddles (Corporate and Divisional) demonstrate that 99% of patients receive harm free care. • Patient Safety Investigations under the new Patient Safety Incident Response Framework fully implemented, which provides robust mechanisms for learning and improvement and links to quality improvement methodology. • Patient Safety Incident Response Plan and Policies which have been co-produced with PACE and patient safety partners so ensure 	Excelling activity	Patient Safety Team

		<p>our reflective of what is important to the people who are using the services.</p> <ul style="list-style-type: none"> • The introduction of the 'Involving patient and families' working group to ensure the voice of the patient is heard in relation to patient safety and areas of improvement and development. • Think family approach underpins safeguarding and patient safety. • Two Patient Safety Partners and two Patient Safety Specialist in post in line with the National Patient Safety Strategy • Thematic review of our patient safety incident over the past three years which has led to the development of our patient safety priorities and key quality improvement initiatives to improve patient safety and reduce harm. • Annual Peer Reviews embedded across all the divisions resulting in the development of quality improvement actions plans to drive improvement and improve safety. • Strengthened processes for Learning the Lessons and Learning from Excellence • Introduction of the cultures dashboard. • Leadership visibility and announced and unannounced visits to areas of frontline practice. • Patient Safety Syllabus Level 1, Oliver McGowan training (Compliance 93.87%) and Freedom to Speak up mandatory for all staff. • Safeguarding level 1 (compliance 99.36%) and MCA level 1 mandatory training (compliance 97.8%) • Staff survey results improving year on year which demonstrates healthy workforce who deliver compassionate care to people who use services. 		
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		<ul style="list-style-type: none"> • Weekly Pressure Ulcer Review and Learning Group and demonstrates the vast majority of pressure ulcers do not occur in our care. • Quarterly Falls Working Group. • Clinical supervision compliance monitoring • Clinical risk training to ensure staff understand, assess and plan for risk appropriately with patients. • Safer staffing establishment reviews in line with NQB and NHSI requirements. • Robust governance and assurance processes • Complaints and Feedback routinely reviewed and thematic deep dives undertaken, with improvement plans put into place to action areas raised. • Friends and Family Test and national service user feedback • Infection prevention and control 5-year plan 2023-2028. Good levels of hand hygiene and PPE adherence. Very low outbreaks of communicable diseases and these are COVID related and good evidence of containment and management. IPC training compliance 97%. zero cases of Trust apportioned MRSA, MSSA or <i>E. coli</i> bloodstream infections or Clostridioides difficile infections • Safeguarding plan 2023-2026 in place • White ribbon accreditation • Safeguarding adult and children's policies are in place alongside mental capacity policies, all of which put the individual at the heart of safeguarding processes. • Safeguarding oversight of individuals in inpatient services who are in seclusion or long term segregation. 		
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		<ul style="list-style-type: none"> • Service visits and monthly safeguarding meetings in secure services, attendance at clinical network and governance meetings • Safeguarding oversight of all patient safety incidents reported across the Trust. • Safeguarding investigations and reviews carried out on behalf of Local Authorities • Signed up to Sexual Safety Charter and Steering group in place to take forward further areas of focus to continue to ensure patients and staff are safe • Reducing restrictive interventions in line with the Use of Force Act in place and data routinely monitored and all periods of prone restraint reviewed via the Clinical Risk Management Group. • Peer review process in place and involves the Patient Safety Specialists and Patient Safety Partners who visit clinical areas to review against standards of care. • Freedom to speak up processes in place. • All newly qualified staff supported through preceptorship academy and inducted into safe cultures and speaking out about closed / unsafe cultures. • Mandatory training in place with excellent compliance rates of 94.71%, we are second in the country for training compliance. • Greatix, sharing and learning from excellence 		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • Friends and Family Test – website has ReachDeck software which includes; text-to-speech, reading and translation support to the website. Provides instant access to assistive features and helps to reduce barriers between our digital content and our diverse online audiences. FFT online form to assist collecting feedback from 	<p>Excelling activity</p>	<p>Assistant Director of Patient and Carer Experience/Patient and Carer Experience Team</p>

		<p>our ethnic diverse communities. https://www.humber.nhs.uk/Services/friends-and-family-test.htm</p> <ul style="list-style-type: none"> • National Community Mental Health Service User Survey – The Community Mental Health Service User Survey working group meets on a regular basis to identify and implement actions, to address areas where improvements can be made. A robust governance process is in place to support the delivery of the action plan. • National GP Survey – The Primary Care Improvement Programme has been established to co-ordinate several improvement projects to address feedback received. • Scale, Spread and Embed national project - The Trust's three GP practices participate in this initiative. An algorithm has been built into the Trust's FFT Dashboard (for the pilot teams – 3 GP practices) where thematic analysis of the FFT feedback responses (positive and negative) are shared. • Patient, Service User and Carer stories are shared at Trust Board and Council of Governor meetings. • Patient and Carer Experience forums, visit the Trust's website for further information: https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm • Patient and Carer Experience Annual Report (2022/23) including Complaints and Feedback 		
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		<p>showcases how patients, service users and carers report on their positive experiences of our services and informs on the variety of initiatives taking place across services: https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm</p> <ul style="list-style-type: none"> • The Trust has recently produced it's next Patient and Carer Experience Five Year Forward Plan (2023 to 2028) which informs how it will listen, support and work together with our patients, service users and carers over the next five years: https://www.humber.nhs.uk/Services/patient-and-carer-experience.htm • A Good Experience initiative - this is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. 		
Domain 1: Commissioned or provided services overall rating			10	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> • Staff Survey Outcomes reflect progress with workplace health and wellbeing. • New People Strategy 2024-2028 places a lens on organisational wellness • Physical Health and Wellbeing MOT inc. Blood Glucose, Cholesterol, Blood Pressure, Body Composition and Emotional Wellbeing assessment • Weight loss, smoking cessation support through Health and Wellbeing services. • Talking Therapies accessible to employees • Employee Physiotherapy Service • Free flu/covid vaccination • Health and wellbeing programme of events to support physical health. • Mental Health First Aiders • Counselling support offered through Occupational Health Services. • Access to Employee Assistance Programme. • Policies related to enhanced leave and flexible working in place to support overall wellbeing and flexibility. 	Achieving activity	Health and Wellbeing team/ Occ Health team

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Key findings from the Trust Workforce Race Equality Standard (WRES) submission for 2023 finds;</p> <ol style="list-style-type: none"> 1. The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 21.2%. Notably this is a reduction of 9.2% on the previous year, as well as being significantly better than the national figure of 30.4%. 2. The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 25.8%, a similar figure to the previous year but this is better the national figure of 27.7%. 3. The percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.7%, which is an improvement on the previous year and only 0.1% above the national figure of 16.6%. <p>WDES key findings from the Workforce Disability Standard (WDES) finds;</p> <ol style="list-style-type: none"> 1. The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from managers in last 12 months is 11.7% (down on the previous year 13.8%). This is nearly double the comparative figure for staff without a disability which is 6.4%. However, the Trust figure is the lowest it has been for five years, continuing a year on year improving trend and is better than the national figure (16.4%). 	<p>Developing activity</p>	<p>EDI Lead/ Workforce and OD Operational team</p>
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		<ol style="list-style-type: none"> 2. The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from other colleagues in last 12 months is 22.6% this compares to 10.9% of staff without a disability, and is better than the national figure of 25%. 3. The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from patients/service users in last 12 months is 32.2% (compared to 21.1% non-disabled staff), which is showing a 2.2% decline since 2022 but reports a position 0.9% better than the national average. <ul style="list-style-type: none"> • Staff Survey shows a reduction in B&H • Trust has signed up to the Act Against Racism Charter led by Executive Medical Director. • Respect Campaign, supported by anti-B&H posters and digital resources to develop a safe culture to report incidents • Equality, Diversity & Human Rights training is a mandatory course for all staff • In house Bullying and Harassment Awareness Training for Managers • Trust has implemented the NHS England EDI Improvement Plan 		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • Support services on offer include: Staff counselling service via Occupational Health, an Employee Assistance Programme (EAP), an Employee Psychology Service (EPS) and NHS psychological support 	<p>Achieving activity</p>	<p>Occupational Health/Workforce Operational team</p>

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>62.8% of staff would recommend the Trust as place to work, which matches the national average, and is a year-on-year improvement from 2018 when the figure was 47.6%.</p> <p>65.3% of staff would recommend the Trust as place to receive treatment, which is 4.9% above the national average, and is an improvement from 2018 when the figure was 60.4%.</p>	<p>Achieving activity</p>	<p>Workforce Experience team (Staff Survey) Divisions (actions)</p>
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>7</p>	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> • Medical Director has oversight of the Act Against Racism Charter led by The Royal College of Psychiatrists and the Executive Medical Director has oversight. • Associate Director of People & OD has oversight of the WRES/WDES/Gender Pay Gap/Staff Survey and People Strategy • The Trust has an EDI Steering Group led by the Associate Director of People & OD, and its membership is drawn from across the divisions, this group reports to the Workforce and Organisational Development Committee • Three executive leads act as sponsors for the Trust's Staff Networks, providing strategic support and high-level escalation to EMT • The Executive Management Team receives a quarterly EDI report to provide assurance as to meeting our EDI aims. • Governance is assured through QPaS, W&OD Committee, as well as Divisional ODG meetings, where aspects of EDI for staff or patients are routinely discussed including reports such as WDES/WRES/Gender Pay Gap/PACE Annual Report/Staff Survey and EDI Annual Report 	Achieving activity	Executive leads

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • All new policies, procedures and projects undertake an Equality Impact Assessment (EqIA) to identify any areas of concern to the Board. • A new Health Inequalities Working Group reports directly to the Executive Management Team • The Executive Management Team receives a quarterly EDI report to provide assurance as to meeting our EDI aims • The Trust is undertaking the Patient and carer race equality framework (PCREF) which will report to the Executive Management Team 	<p>Excelling</p>	<p>EDI Lead/ Strategic Partnerships Manager/ Assistant Director of Patient and Carer Experience and Co-production</p>
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> • The Trust has implemented the Patient Safety Incident Response Framework (PSIRF), with reports going to EMT, to maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. • The Trust has implemented a new People Strategy overseen by the Associate Director of People & OD • The Workforce Information team provide an award-winning Workforce Scorecard and People Insight Report that provides a comprehensive overview of workforce performance for all divisions • Areas are subjected to Accountability Reviews with monitoring in place via EMT 	<p>Excelling</p>	<p>Associate Director of People & OD /Executive medical Director/Patient Safety Lead</p>
<p>Domain 3: Inclusive leadership overall rating</p>			<p>8</p>	
<p>Third-party involvement in Domain 3 rating and review</p>				

Trade Union Rep(s):

Staff Side Reps

Independent Evaluator(s)/Peer Reviewer(s):

Miriam Sykes CHCP

EDS Organisation Rating (overall rating):

Achieving

Organisation name(s):

Humber Teaching NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	Year(s) active
John Duncan/Mandy Dawley	Annual
EDS Sponsor	Authorisation date
Karen Phillips Associate Director of People & OD	24/01/24

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improving quality of information.	Reviewing and improving consistency of Mental Health Patient Brochures	September 2024
		Improve access within Primary Care.	ENGAGE Consult IN Primary Care and Cloud-based telephony system	March/April 2024
	1B: Individual patients (service users) health needs are met	<p>Improve the physical health offer within Forensic and Mental Health inpatients.</p> <p>To provide an alternative to admission for Children and Young People with an eating disorder.</p>	<p>Recruit to a Dietetics post.</p> <p>To fully mobilise the service, including recruiting to all vacant posts.</p>	<p>April 2024</p> <p>April 2024</p>

	1C: When patients (service users) use the service, they are free from harm	To ensure we continue to strengthen the voice of the patient, families, and carers.	Further develop the role of the patient safety partners and recruit additional partners to work with and alongside the divisional engagement leads.	
		Strengthen our processes for learning from excellence to ensure good practice and learning is shared system wide.	Explore how we better capture learning from excellence, and embed learning the lessons events	
	1D: Patients (service users) report positive experiences of the service	Quality Improvement	To develop and roll out a new style FFT Dashboard together with a QI approach to address feedback received.	August 2024
		Quality Improvement	To increase the number of 'You Said, We Did' examples on the Trust website	March 2024
		Strengthen Inclusivity	To further enhance our faith offer to ensure inclusivity for our patients, service users and staff.	March 2025
		Engagement and Involvement	To continue to build and sustain relationships with our diverse communities.	March 2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> Quality Improvement 	<ul style="list-style-type: none"> Develop integrated referral pathways between Occupational Health and Wellbeing team Implementation of evidence-based initiatives (asymptomatic testing) Seek feedback on wellbeing activities and Period Dignity Scheme and use this to shape future action Develop 2024/25 workplan 	<p>June 2024</p> <p>June 2024</p> <p>June 2024</p> <p>April 2024</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> Bullying and Harassment Support for staff 	<ul style="list-style-type: none"> Monitor and review the effectiveness of the Respect Campaign, embedding principles into the business. Deliver paper to EMT to regarding support to staff who receive abuse from patients. Develop managers flowchart to support staff who have received abuse from patients. Progress against the WRES/WDES action plan Progress action plan from the LGBT Foundation regarding the Rainbow badge accreditation scheme 	<p>Quarterly</p> <p>June 24</p> <p>June 24</p> <p>June 24</p> <p>August 24</p>
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> Improving support to staff subjected to abuse from patients 	<ul style="list-style-type: none"> Task and finish group to develop clinically led process to ensure managers are providing consistent and effective support to staff who have been subjected to abuse from patients by bringing together existing reporting and support mechanisms 	<p>July 24</p>

	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> • Staff Survey Outcomes 	<ul style="list-style-type: none"> • Tailored divisional action to work in their areas to address staff perception of the Trust as a place to work and receive treatment 	Workforce Experience team, HRBPs, Operational areas
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> NHS England EDI Improvement Plan Executive Sponsorship of Staff Networks 	<ul style="list-style-type: none"> Chief executives, chairs and board members to have specific and measurable EDI objectives to which they will be individually and collectively accountable. Board development session to discuss options, best practice and implementation of above action 	<p>June 24</p> <p>Complete</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> Quarterly Board EDI Assurance Report Health Inequalities reporting to Board. Reporting against Act Against Racism Charter – Royal College of Psychiatrists 	<ul style="list-style-type: none"> Board will regularly review the impact of equality and health inequalities and the associated risks through regular review and development sessions. Board will regularly have the opportunity to challenge the progress and support EDI initiatives and actions 	<p>Quarterly</p> <p>Quarterly</p> <p>Quarterly</p>
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> Ongoing Accountability reviews Quarterly Board EDI Assurance Report EDI Annual Report, WRES/WDES and Gender Pay Gap reporting 	<ul style="list-style-type: none"> Through regular reporting, the Board will be assured that levers are in place to manage performance and monitor progress with staff and patients, and have the opportunity to understand and challenge areas of risk 	<p>Quarterly</p> <p>Quarterly</p> <p>Annually</p>

		<ul style="list-style-type: none">• Patient and Carer Experience five year forward plan (2023-2028)• Patient and Carer Experience Annual Report (inc. Complaints and Feedback)		Quarterly Annually
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Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative Programme – Programme Update July 2024														
Author/s:	Michele Moran, Chief Executive Alison Flack, Programme Director														
Recommendation:	<table border="1" data-bbox="539 678 1524 795"> <tr> <td data-bbox="539 678 938 719">To approve</td> <td data-bbox="938 678 1031 719"></td> <td data-bbox="1031 678 1409 719">To discuss</td> <td data-bbox="1409 678 1524 719"></td> </tr> <tr> <td data-bbox="539 719 938 759">To note</td> <td data-bbox="938 719 1031 759">√</td> <td data-bbox="1031 719 1409 759">To ratify</td> <td data-bbox="1409 719 1524 759"></td> </tr> <tr> <td data-bbox="539 759 938 795">For assurance</td> <td data-bbox="938 759 1031 795"></td> <td data-bbox="1031 759 1409 795"></td> <td data-bbox="1409 759 1524 795"></td> </tr> </table>			To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss													
To note	√	To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.														
Key Issues within the report:															
<p>Positive Assurances to Provide: N/A</p>	<p>Key Actions Commissioned/Work Underway:</p> <p><u>2024/25 Planning</u></p> <p>Final plans were submitted on 2nd May 2024. This position sees the Integrated Care Board (ICB) plan to meet nearly all nationally set standards (Severe Mental Illness (SMI) physical health checks, Learning Disability health checks and NHS Talking Therapies reliable recovery and improvement) with the exception of dementia diagnosis, Children and Young People (CYP) mental health access and perinatal mental health access and inappropriate adult acute out of area placements.</p> <p><u>Developing the future collaborative</u></p> <p>Following the review by Carnall Farrar, the Mental Health, Learning Disability & Autism Provider Chief Executives have been working together with the ICB to develop proposals for the future collaborative arrangements.</p> <p><u>Inpatient Quality and Transformation Programme</u></p> <p>The draft 3-year plan was submitted at the end of March 2024. Initial focus has been on establishing agreed data on out of area placements and bed stock across providers, an out of area dashboard has been</p>														

developed and regular data is now starting to flow. Through this work it has been identified that mental health rehabilitation needs particular focus in terms of length of stay, appropriateness of initial placements level and quality of provision in Humber and North Yorkshire.

Finance update

- Mental Health Investment Standard (MHIS) – target across the Integrated Care System (ICS) to invest £12.4m to meet MHIS. This is still being worked through.
- Service Development Funding (SDF) – The ICB has confirmed commitment to invest £6m of SDF across 24/24 and 25/26. The process for prioritisation and allocation of this funding is being co-ordinated through the MH & LDA collaborative. This will align with a review of collaborative governance and delegated decision making.
- It has been agreed that we need to develop a core offer for MH & LDA services across the ICB and that funding should be prioritised to support that.
- Maternal mental health – this is an ICB priority and further work is required to revise the currently proposed model.

Mental Health, Learning Disabilities and Autism Performance (full details of each metric can be found in the paper)

- Although most MH LDA targets were not achieved at the end of the 23/24 period, there is a definite increase in performance from 22/23 to 23/24.
- Children & Young People (CYP) access has seen the biggest relative increase in performance throughout the year and has grown month on month. (it should be noted that a degree of this increase can be attributed to better data quality and increase in data flow from non-NHS providers)
- Dementia Diagnosis remains the area where the ICB is furthest away from the national ambition.
- The reduced performance for Community Mental Health Team (CMHT) Access from the previous year is 43 patients. We do not anticipate any risk for this metric going into the 24/25 Planning year; the national target is below current levels of performance.
- The reduced performance for Talking Therapies from the previous year is 195 patients. It is likely this reduction is a consequence of the community mental health transformation, resulting in reduced referrals. This metric has been altered for 24/25 Operational Planning and has a new focus on outcome measures (reliable recovery and improvement); this is an area where the ICB is performing well.

Key Risks/Areas of Focus:

- Increase ADHD autism assessment demand.
- Work to develop inpatient quality transformation programme and reduce out of area placements.
- SDF prioritisation process.

Decisions Made:

N/A

Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	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 Trust Board Update – July 2024

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

- **2024/25 Planning** - Final plans were submitted on 2nd May 2024. This position sees the Integrated Care Board (ICB) plan to meet nearly all nationally set standards (Severe Mental Illness (SMI) physical health checks, Learning Disability health checks and NHS Talking Therapies reliable recovery and improvement) with the exception of dementia diagnosis, Children and Young People (CYP) mental health access and perinatal mental health access and inappropriate adult acute out of area placements.
- **Developing the future collaborative** - Following the review by Carnall Farrar, the Mental Health, Learning Disability & Autism Provider Chief Executives have been working together with the ICB to develop proposals for the future collaborative arrangements.
- **Inpatient Quality and Transformation Programme** - The draft 3-year plan was submitted at the end of March 2024. Initial focus has been on establishing agreed data on out of area placements and bed stock across providers, an out of area dashboard has been developed and regular data is now starting to flow. Through this work it has been identified that mental health rehabilitation needs particular focus in terms of length of stay, appropriateness of initial placements level and quality of provision in Humber and North Yorkshire.
- **Finance update**
 - Mental Health Investment Standard (MHIS) – target across the Integrated Care System (ICS) to invest £12.4m to meet MHIS. Latest information received is that the £12.4m is fully committed on full year effect of out of area, increases in prescribing and continuing healthcare, funding that has been committed for the ambulance service and some inflationary uplifts on NHS and non-NHS contracts.
 - Service Development Funding (SDF) – The ICB has confirmed commitment to invest £6m of SDF across 24/24 and 25/26. The process for prioritisation and allocation of this funding is being co-ordinated through the MH & LDA collaborative. This will align with a review of collaborative governance and delegated decision making.
 - It has been agreed that we need to develop a core offer for MH & LDA services across the ICB and that funding should be prioritised to support that.
 - Maternal mental health – this is an ICB priority and further work is required to revise the currently proposed model.

Mental Health, Learning Disabilities and Autism Performance

- Although most MH & LDA targets were not achieved at the end of the 23/24 period, there is a definite increase in performance from 22/23 to 23/24.
- Children & Young People (CYP) access has seen the biggest relative increase in performance throughout the year and has grown month on month. (It should be noted that a



- degree of this increase can be attributed to better data quality and increase in data flow from non-NHS providers).
- Dementia Diagnosis remains the area where the ICB is furthest away from the national ambition.
 - The reduced performance for Community Mental Health Team (CMHT) Access from the previous year is 43 patients. We do not anticipate any risk for this metric going into the 24/25 planning year; the national target is below current levels of performance.
 - The reduced performance for Talking Therapies from the previous year is 195 patients. It is likely this reduction is a consequence of the community mental health transformation resulting in reduced referrals. This metric has been altered for 24/25 Operational Planning and has a new focus on outcome measures (reliable recovery and improvement); this is an area where the ICB is performing well.
 - There is a detailed work plan to address some of the known issues relating to dementia and a revised business case for maternal mental health which would help to address the position for perinatal mental health access. The 3-year inpatient transformation plan will also address out of area placements. A number of metrics have changed in 2024/25, such as NHS Talking Therapies movement from access to reliable recovery. The Mental Health, Learning Disabilities & Autism (MH & LDA) Collaborative is reviewing the available Service Development Funding (SDF) and will develop investment plans to assign across key priority areas.
 - **Dementia diagnosis** - ICB actual is 5.8% away from target of 64.4%. Only Hull are meeting national target of 66.7%. No other Places are meeting local targets. Work has commenced to complete a focussed programme to cleanse GP registers and develop a toolkit to improve coding. We know that issues with coding are contributing to the current performance being reported in some of our local places. Efforts will focus primarily in York, North Yorkshire and North Lincolnshire initially. We have assessed service specifications for memory assessment services and are developing recommendations to address variation within these pathways. Humber and North Yorkshire is a partner ICB for the national blood biomarker scheme and are helping to lead work at a regional level on the introduction of disease modifying drugs.
 - **Community Mental Health access** - ICB actual is 18,785 against a target of 19,140 (98% of target). East Riding of Yorkshire and North East Lincolnshire all meeting target. There has been a decrease in access figures over recent months, community mental health programme lead to explore possible reasons for recent drop in access with providers. Collaborative considering expressions of interest to NHSE for a Pilot of Mental Health 24/7 Community services closer to home for people who are experiencing significant mental health difficulties, deadline 24th May 2024. If successful, these would support more preventative work in the community and positively impact on avoidance of inpatient admission.
 - **Perinatal Mental Health access** - ICB actual is 1139 against a target of 1389 (82% of target). Hull, East Riding of Yorkshire and North East Lincolnshire all meeting target. Technical issues have arisen with Humber Teaching NHS Foundation Trust with data not flowing to the Mental Health Services Data Set (MHSDS), the figures are not truly reflective of the local position. Humber have corrected the error; however historical missing data is evident in the rolling 12-month calculations. Staffing issues at TEWV have now largely been resolved and we expect to see an improvement in performance for North Yorkshire and York over the coming months. If we can implement a maternal mental health service, workforce will increase, the offer to patients will be more comprehensive and the overall access performance will improve.

- **Out of area placement bed days (inappropriate only)** - ICB over target by 910 bed days. Only NEL are meeting target. The metric for Out of Area Placements (OAP) has now changed to “active inappropriate OAPs” rather than bed days. This will be reflected once the data for April is available nationally via the MHSDS. The Inpatient Quality Transformation draft plan has been submitted to NHS England and has received extremely positive initial feedback, out of area placements is a key workstream within this plan. A Humber and North Yorkshire ICB workshop for inpatients quality transformation was held on the 29th April, with regional and national colleagues in attendance, as well as people with lived experience of inpatient services. The final plan will be submitted at the end of June 2024. The out of area dashboard has now been updated with data from all providers.
- **Children and Young People’s mental health access** – ICB Actual is 21,595 which exceeds target. Continuing upward trend from April 2023. We have seen sustained improvement in effectively flowing data which has evidenced the improvement in the numbers of children and young people accessing NHS funded community mental health services across a range of providers e.g. health, VCS etc. Increased activity ambition for 2024/25 related to national increases in CYP mental health funding indicates a risk that the new 24/25 Operational Planning target may not be achievable. Discussions are ongoing at Place to assign fair-share funding for 24/25 planning priorities. It is recognised that there is a level of variation across our local places that needs to be addressed and work is underway to achieve this. A Children & Young People data dashboard is currently in development and will draw in all access data but also ensure that the focus on wait times, outcomes (to ensure quality as well as quantity) as well as health inequalities.
- **NHS Talking Therapies** - ICB not meeting target (performance at 85% of target). Only York are meeting target. Challenges in meeting targets are largely due to reduced referrals following the community mental health transformation. NHSE have recognised this and from 24/25 there has been a shift away from access targets for NHS Talking Therapies and a focus on reliable recovery and improvement outcomes which is an area where Humber and North Yorkshire have historically performed well.
- **Learning Disability (LD) health checks** - Current performance of LD Health checks at year-end is 77.7% for the ICB as a whole. At year-end in 2022/23, the ICB had achieved 80.3% of patients with a diagnosed Learning Disability receiving a health check, which is 2.6% higher than the 2023/24 year-end position. Performance is variable between ICB Places, with North Yorkshire achieving the highest at year-end (81.9%), and Hull achieving the lowest at 72.9%. Only East Riding have improved this year when compared to 2022/23 performance.
- **Inpatients with a learning disability and/or autism (adults)** - ICB currently has a total of 60 patients in inpatient settings who have an LD or Autism. This is against a plan of 39. National reporting expressed these figures as a Rate per Million Adults registered within each place in the ICB. All individual Places are outside the expected target. Cumulatively this adds up to the ICB total being 21 patients above expectations at this point. Learning disability and autism placements will form part of the Humber and North Yorkshire ICB response to the national inpatient review to commence 24/25.
- **Inpatients with a learning disability and/or autism (Children)** - ICB position is at 21.02 per 100,000 population, this amounts to 7 children against the target of 3 up to March 2024. The national target is expressed as a rate per 100,000 children in each area. The areas contributing to the increased position are York (over target by 2), North Yorkshire (over target by 1), and North Lincolnshire (over target by 1) with other areas currently meeting

their plan. All age LDA placements will form part of the Humber and North Yorkshire ICB response to the national inpatient review to commence 24/25.

Recommendation/Action

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

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024		
Title of Report:	Finance Report Month 3 (June 2024)		
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 2024 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 2024 (Month 3).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives</p>		
Key Issues within the report:			
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The Trust recorded a deficit of £1.283m which is consistent with the agreed ICS planning target for the Trust The cash balance at the end of Month 3 was £30.988m. The Better Payment Practice Code figures show achievement of 92.0%. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> An Agency Recovery Plan has been developed aimed at reducing the level of agency costs with oversight at Executive Management Team. 		
<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> The Year-to-Date Agency expenditure totalled 1.501m. This is £0.488m below the same period for the previous year. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> The Trust Board are asked to note the Finance report for June 2024. 		

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	23.07.24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

FINANCE REPORT – June 2024

1. Introduction

This report is being circulated to the Board to present the financial position for the Trust as at the 30th June 2024 (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 2024

The Trust's revised ICS target is requirement to achieve a break-even position for the year.

Table 1 shows for the period ended to 30 June 2024 the Trust recorded a deficit of £1.283m which is in line with the ICS target. The forecast outturn position is a break-even position which again 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 £0.040m forecast, this takes the ledger position to a deficit of £0.040m.

**Table 1: 2024/25
Income and Expenditure and Forecast**

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	171,364	42,516	41,856	(660)	171,364	171,364	-
YHCR	4,053	1,013	400	(613)	4,053	4,053	(0)
Total Income	175,417	43,529	42,256	(1,273)	175,417	175,417	(0)
<u>Clinical Services</u>							
Children's & Learning Disability	39,564	9,843	10,214	(371)	39,564	39,629	(65)
Community & Primary Care	19,811	4,952	4,804	148	19,811	20,029	(217)
Mental Health	54,331	13,601	14,501	(900)	54,331	56,617	(2,286)
Forensic Services	12,540	3,138	3,319	(182)	12,540	12,883	(343)
	126,246	31,534	32,838	(1,304)	126,246	129,157	(2,911)
<u>Corporate Services</u>							
	42,532	10,046	9,080	966	42,532	37,980	4,553
Total Expenditure	168,779	41,580	41,918	(338)	168,779	167,137	1,642
EBITDA	6,638	1,949	338	(1,611)	6,638	8,280	1,642
Depreciation	4,995	1,249	1,287	(38)	4,995	5,158	(163)
YHCR Amortisation	1,157	289	289	(0)	1,157	1,157	-
Interest	(1,444)	(361)	(440)	79	(1,444)	(1,523)	79
IFRS 16	1,464	366	484	(118)	1,464	1,522	(58)
PDC Dividends Payable	1,966	-	-	-	1,966	1,966	-
Operating Total	(1,500)	406	(1,283)	(1,689)	(1,500)	0	1,500
BRS	(1,500)	1,689	-	1,689	(1,500)	-	(1,500)
Operating Total	(0)	(1,283)	(1,283)	0	(0)	0	0
Excluded from Control Total							
Donated Depreciation	22	5	10	(4)	22	40	(18)
	(22)	(1,288)	(1,293)	(4)	(22)	(39)	(18)
Excluded							
Commissioning	-	-	(2)	2	-	(0)	0
Ledger Position	(22)	(1,288)	(1,291)	(3)	(22)	(39)	(18)
EBITDA %	3.8%	4.5%	0.8%		3.8%	4.7%	
Surplus %	-0.9%	0.9%	-3.0%		-0.9%	0.0%	

2.2 Income

Income overall is showing an underachievement of £1.273m. This is predominantly due to late payments from Local Authority Commissioners and YHCR partners however the forecast is to achieve the annual income budget in total.

2.3 Divisional Expenditure

The overall operational divisional gross expenditure is showing a forecast overspend of £2.911m.

2.3.1 Children's and Learning Disability

Children's and LD is forecasting a pressure of £0.065m. Agency usage at Inspire is contributing to this as is the high level of ADHD drugs that are required.

2.3.2 Community and Primary Care

Community and Primary Care is reporting a forecast deficit of £0.217m which is made up of a £0.507m pressure relating to Primary Care. This is offset by a forecast underspend on Community Services of £0.290m. There are risks associated with this in terms of the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts.

2.3.3 Mental Health

There are forecast pressures across both Planned and Unplanned services. The Inpatient Units are witnessing an increase in staffing costs due to the acuity of patients and the backfill of staff on training courses and sickness to maintain safer staffing levels.

The Trust has placed a number of patients out of area and this actual amount incurred up to Month 2 has been factored into the year end position but it is not possible to provide an annual prediction for this pressure at this stage.

Both Planned and Unplanned areas have pressures due to the use of Agency Medics to cover vacant posts.

Due to the level of forecast outturn pressures the Division has been required to produce a recovery plan through the Executive Accountability reviews and with weekly meetings taking place between the General Managers the COO and DOF and CEO accountability review escalation.

2.3.4 Forensic

Forensic Division is highlighting a pressure at outturn due to the acuity of patients and the required staffing on Inpatient wards. In addition to this there is an ongoing pressure regarding the Prison Contracts as the medical provision is being secured through an Agency contract which is more expensive than a substantial post but is required to operate the contract.

2.3.5 Corporate Services

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £4.553m, 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	30,835
Nat West Commercial Account	126
Petty cash	26
Total	30,988

4. Agency

Actual agency expenditure year to date at Month 3 is £1.501m, which is £0.488m below the same period in the previous year.

Table 3: Agency Spend by Staff Group

Staff Type	Apr-24	May-24	Jun-24	Total
	£000	£000	£000	£000
Consultant	32	739	336	1,107
Nursing	115	135	98	348
AHPs/Clinical Support	19	14	6	39
Administration & Clerical	2	2	3	7
Grand Total	169	890	442	1,501

The table above shows the agency spend by staff type by month, the majority (74%) of expenditure relates to Consultants.

Off framework Agency Expenditure was £0.160m year to date at the end of Month 3. There is a recognition that Off Framework Agency expenditure should be eliminated from 30 June 2024.

5. Better Payment Practice Code BPPC

The BPPC figures are shown at Table 4. The current position is 92.5% for non-NHS and 78.8% for NHS. Work is ongoing to improve this position with targeted support to managers.

Table 4: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	8,607	28,078
Total bills paid within target	7,965	25,415
Percentage of bills paid within ta	92.5%	90.5%
NHS		
Total bills paid	335	8,393
Total bills paid within target	264	7,485
Percentage of bills paid within ta	78.8%	89.2%
TOTAL		
Total bills paid	8,942	36,471
Total bills paid within target	8,229	32,900
Percentage of bills paid within ta	92.0%	90.2%

6. Recommendations

The Board are asked to note the Finance report for June 2024 and comment accordingly.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024			
Title of Report:	Trust Performance Report – June 2024			
Author/s:	Name: Richard Voakes Title: Business Intelligence Lead			
Recommendation:	To approve		To receive & discuss	
	For information/To note	<input checked="" type="checkbox"/>	To ratify	
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>This purpose of this report is to inform on the current levels of performance as at the end of June 2024 (Appendix A).</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.</p> <p>NHS Priorities (Long Term Plan) dashboard is attached at appendix B.</p>			
Key Issues within the report:				
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Mandatory Training – the Trust maintained a strong position against the Trust target of 85%, reporting current compliance at 94.5%. • The overall trust vacance position is currently at 7.9%. • Clinical Supervision in Month was 93%. • Perinatal access has improved further in June now reporting 830 cases against a Jun target of 760. The aim to achieve 865 women seen by the end of the fiscal year. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Targeted work continues in all services that are challenged by meeting over 52 week and 18 week waiting time standards to recover and achieve sustainable improvement. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. • Dialogue continues with the ICB to agree a way forward on waiting times for 2024/25 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. ODG and EMT oversee the position and work to reduce waiting times. • A proposal has been developed to further transform the older adult acute care pathway and this is being taken forward in the Mental Health. LD and autism ICS collaborative. If supported this should see older adult out of area placements eliminated. 			

<p>Matters of Concern or Key Risks:</p> <ul style="list-style-type: none"> • Waiting times for both children’s (page 23) and adult neurodiversity services continues to be the most significant area of pressure and challenge. • Out of Area placements has seen an improvement in June, now reporting 12 for June compared to 22 in May. It remains Off track with the objective to be 8 or below. • Early Intervention is Psychosis waiting times have dropped below target, now reporting at 50% (Target 60%). 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • The report has been updated to include clearer labels and a glossary has been included for the abbreviations on request.
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<p>Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		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	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Financial Year
2024-25

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-24

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 2024**

<p>Purpose</p>	<p>This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).</p>																																	
<p>What are SPCs?</p>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>																																	
<p>Example SPC Chart</p>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>	<table border="1"> <caption>Approximate data from the SPC chart</caption> <thead> <tr> <th>Month</th> <th>In Month (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>90.0</td></tr> <tr><td>May-22</td><td>92.0</td></tr> <tr><td>Jun-22</td><td>90.0</td></tr> <tr><td>Jul-22</td><td>90.0</td></tr> <tr><td>Aug-22</td><td>90.0</td></tr> <tr><td>Sep-22</td><td>95.0</td></tr> <tr><td>Oct-22</td><td>88.0</td></tr> <tr><td>Nov-22</td><td>92.0</td></tr> <tr><td>Dec-22</td><td>92.0</td></tr> <tr><td>Jan-23</td><td>48.0</td></tr> <tr><td>Feb-23</td><td>95.0</td></tr> <tr><td>Mar-23</td><td>90.0</td></tr> <tr><td>Apr-23</td><td>90.0</td></tr> <tr><td>May-23</td><td>88.0</td></tr> </tbody> </table>			Month	In Month (%)	Apr-22	90.0	May-22	92.0	Jun-22	90.0	Jul-22	90.0	Aug-22	90.0	Sep-22	95.0	Oct-22	88.0	Nov-22	92.0	Dec-22	92.0	Jan-23	48.0	Feb-23	95.0	Mar-23	90.0	Apr-23	90.0	May-23	88.0
Month	In Month (%)																																	
Apr-22	90.0																																	
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<p>Strategic Goal 1</p>	<p>Innovating Quality and Patient Safety</p>		<p>Strategic Goal 4</p>	<p>Developing an effective and empowered workforce</p>																														
<p>Strategic Goal 2</p>	<p>Enhancing prevention, wellbeing and recovery</p>		<p>Strategic Goal 5</p>	<p>Maximising an efficient and sustainable organisation</p>																														
<p>Strategic Goal 3</p>	<p>Fostering integration, partnership and alliances</p>		<p>Strategic Goal 6</p>	<p>Promoting people, communities and social values</p>																														
<p>Key Indicators</p>	<p>The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts</p>																																	

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **June 2024**

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **June 2024**

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes ADHD but excludes ASD and LD (National guidance)</i>
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

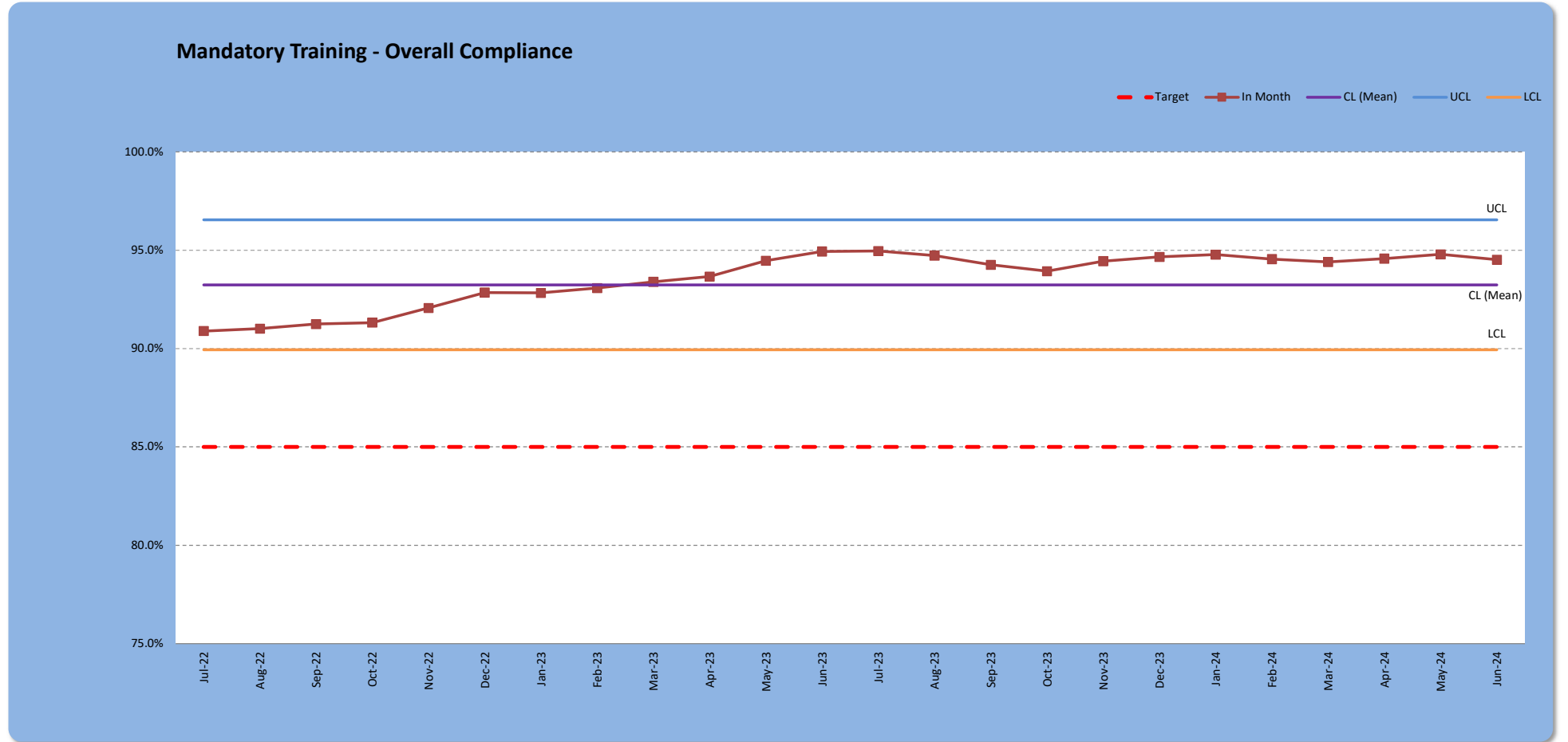
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
85%	80%	94.5%

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



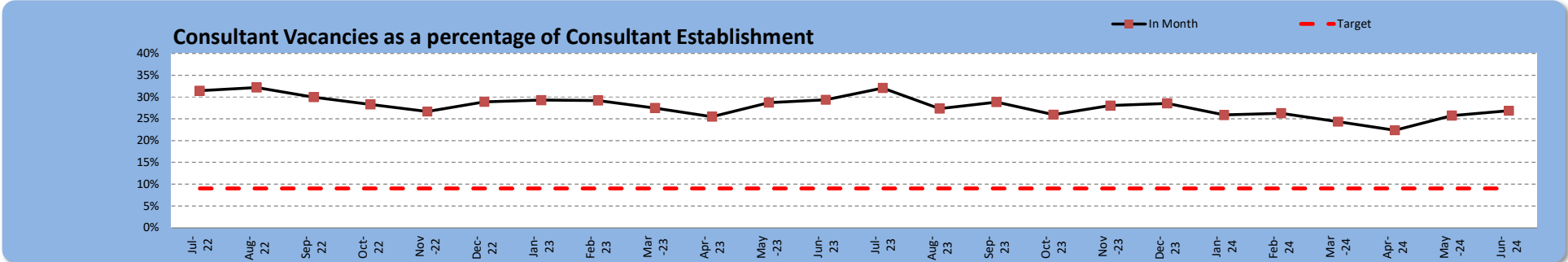
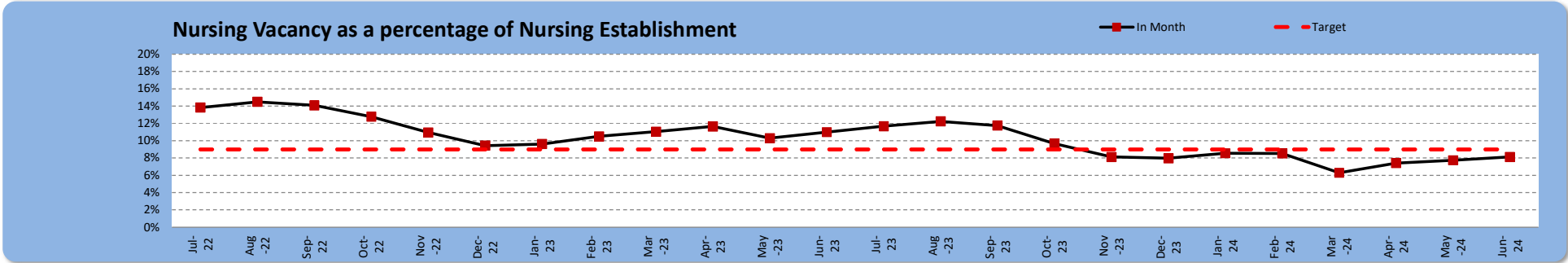
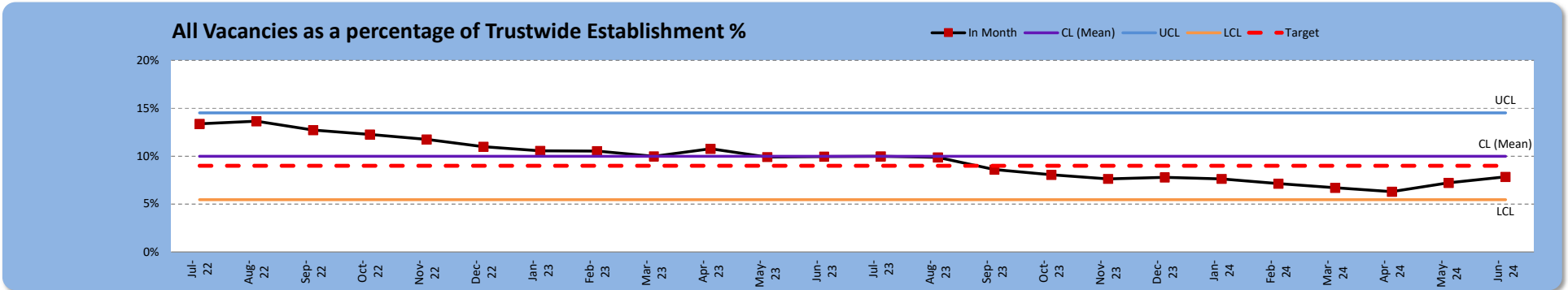
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
N/A	N/A	7.9%

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



PI RETURN FORM 2024-25

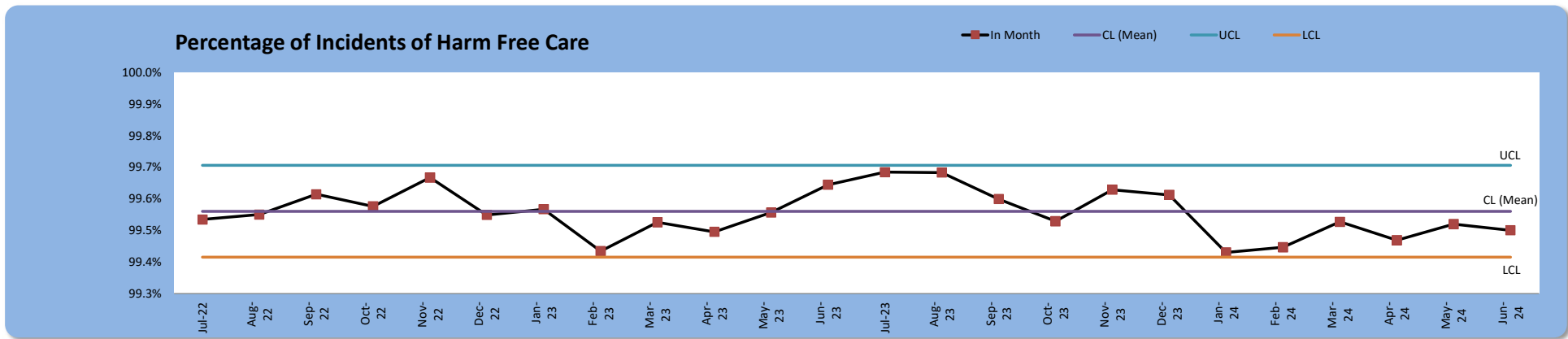
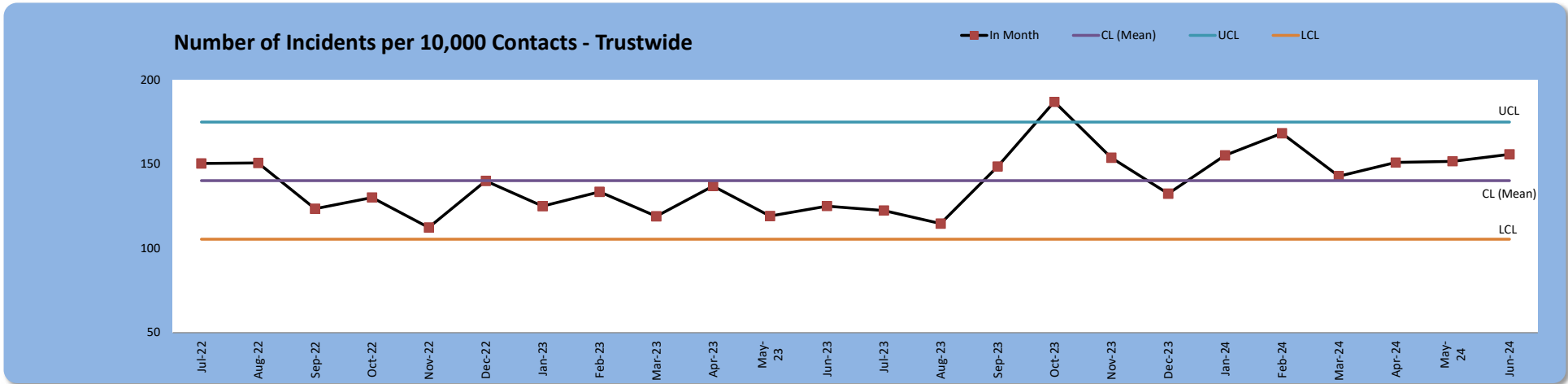
Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	156

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

KPI Type
IA_TW



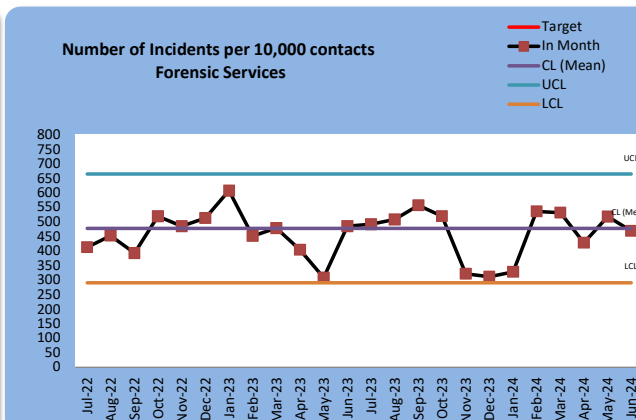
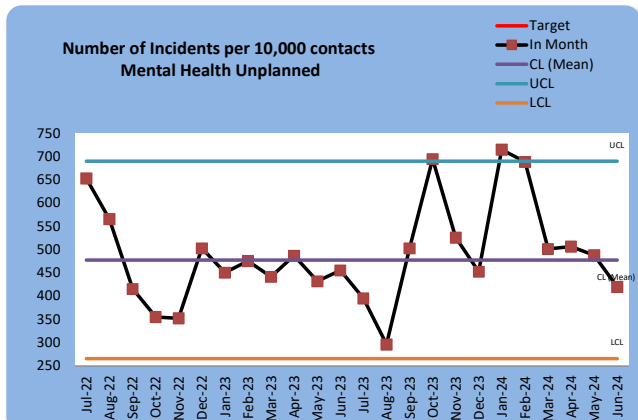
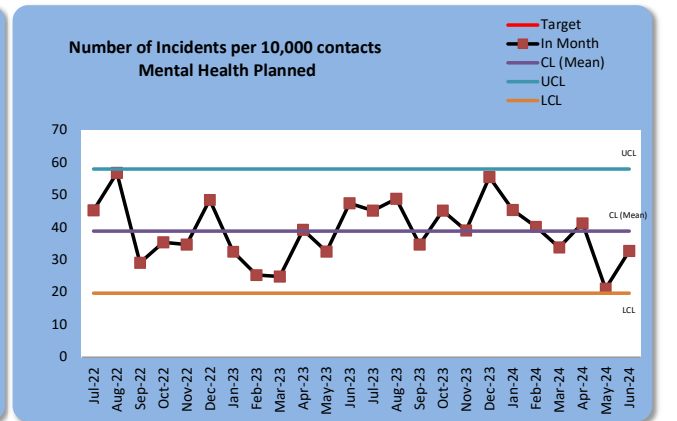
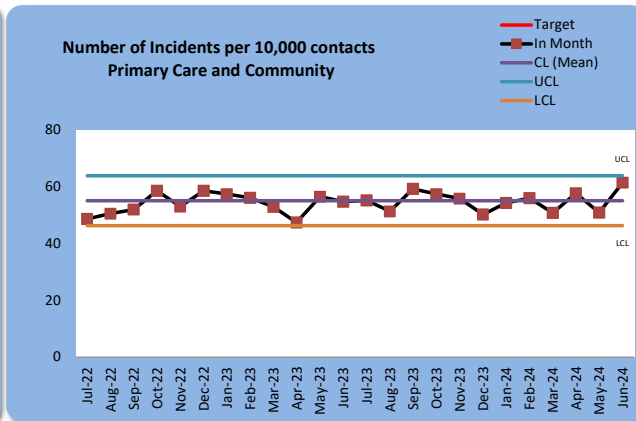
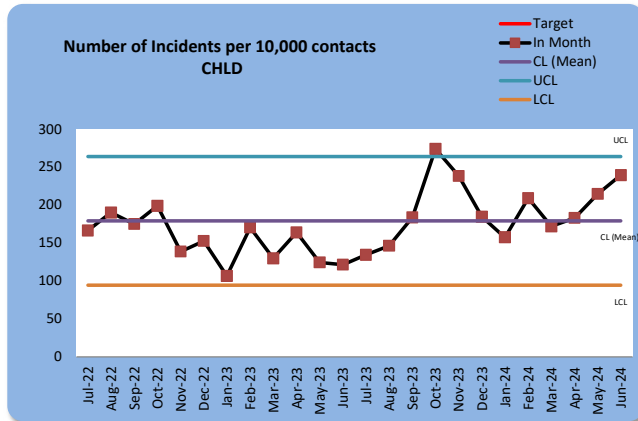
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2024**

Target:	Amber:	Trustwide current month stands at:
0	0	156

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



Children and Learning Disability	239
Primary Care and Community	61
Mental Health Planned	33
Mental Health Unplanned	420
Forensic Services	469

	May-24	Jun-24
Never Events	0	0
% of Harm Free Care	99.5%	99.5%
% of Incidents reported in Severe Harm or Death	0.3%	0.6%

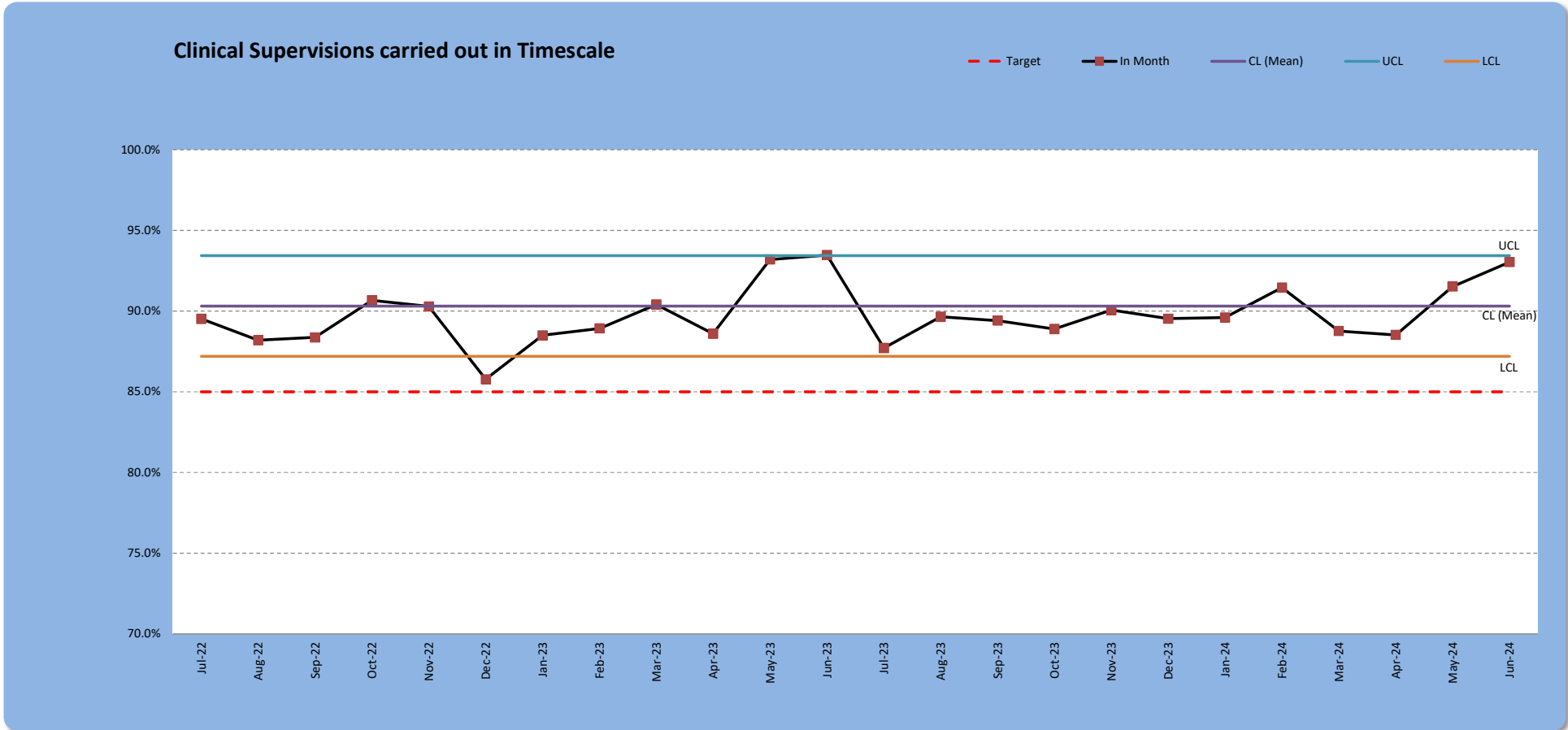
PI RETURN FORM 2024-25

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
85%	80%	93.0%

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



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators
 Contract Period: 2024-25
 Reporting Month: May-24



Shown one month in arrears

Speciality	Units					Bank/Agency Hours			Average Safer Staffing Fill Rates				QUALITY INDICATORS (YTD)										High Level Indicators		Indicator Totals	
	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		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)	Apr-24	May-24	
										Registered	Un Registered	Registered	Un Registered													
Adult MH	Avondale	Adult MH Assessment	28.4	80%	11.0	13.2%	↑	5.2%	↓	92%	112%	94%	108%	0	10	1	0	100.0%	93.6%	83.3%	93.3%	8.2%	4.0	1	1	
	New Bridges	Adult MH Treatment (M)	40.2	99%	7.3	16.1%	↓	0.6%	↑	81%	103%	78%	119%	0	12	0	0	82.5%	95.3%	100.0%	87.0%	19.1%	-0.6	2	2	
	Westlands	Adult MH Treatment (F)	36.7	92%	9.1	29.9%	↑	5.4%	↑	95%	79%	94%	119%	1	15	0	0	91.2%	89.5%	81.3%	83.3%	8.6%	0.4	1	2	
	Mill View Court	Adult MH Treatment	30.0	98%	8.4	12.4%	↑	6.5%	↑	92%	112%	85%	145%	3	16	0	0	90.6%	91.8%	86.7%	76.5%	11.0%	2.0	2	2	
	STARS	Adult MH Rehabilitation	15.2	100%	20.0	30.2%	↓	5.3%	↓	64%	82%	100%	98%	0	1	0	0	92.9%	100.0%	87.5%	77.8%	17.1%	1.0	3	3	
	PICU	Adult MH Acute Intensive	26.6	93%	19.1	35.9%	↑	9.0%	↓	80%	118%	100%	119%	0	24	1	1	92.6%	97.2%	100.0%	93.8%	1.8%	5.6	1	1	
OP MH	Maister Lodge	Older People Dementia Treatment	35.4	79%	16.8	23.3%	↓	0.4%	↓	90%	129%	100%	126%	0	30	0	0	97.5%	91.5%	84.6%	96.0%	7.5%	-0.4	1	1	
	Mill View Lodge	Older People Treatment	29.9	85%	16.5	14.8%	↓	4.6%	↓	87%	76%	100%	115%	0	8	0	0	76.5%	97.7%	100.0%	89.5%	4.1%	5.0	1	0	
CH & LD	Maister Court	Older People Treatment	16.5	103%	19.7	32.0%	↓	2.4%	↓	89%	114%	97%	128%	0	4	0	0	N/R	92.9%	85.7%	80.0%	3.8%	0.8	1	2	
	Pine View	Forensic Low Secure	32.0	81%	10.1	29.7%	↓	0.0%	→	100%	90%	85%	98%	0	0	0	0	100.0%	96.5%	91.7%	88.9%	14.4%	-0.8	1	1	
	Derwent	Forensic Medium Secure	24.9	70%	17.9	32.4%	↑	0.0%	→	77%	87%	100%	113%	0	1	0	0	100.0%	94.0%	90.9%	85.7%	7.0%	0.0	0	1	
	Ouse	Forensic Medium Secure	23.3	70%	12.1	25.8%	↓	0.0%	→	96%	103%	101%	159%	1	1	0	0	100.0%	92.8%	90.0%	60.0%	7.9%	0.6	1	2	
	Swale	Personality Disorder Medium Secure	29.8	75%	10.7	27.1%	↑	0.0%	→	91%	94%	94%	92%	2	1	0	0	96.2%	94.3%	61.5%	93.8%	4.2%	0.0	1	1	
	Ullswater	Learning Disability Medium Secure	29.2	67%	18.0	36.4%	↓	0.0%	→	102%	153%	110%	148%	0	2	0	1	100.0%	95.8%	100.0%	80.0%	13.3%	-0.1	1	1	
CH	Townend Court	Learning Disability	41.0	36%	41.2	37.7%	↑	13.9%	↓	80%	101%	142%	127%	5	170	0	0	90.9%	91.3%	91.7%	61.5%	30.5%	3.4	2	2	
	Inspire	CAMHS	46.0	90%	20.5	24.3%	↓	11.4%	↓	100%	100%	103%	109%	0	5	0	0	78.9%	91.4%	76.2%	90.9%	13.2%	-1.5	2	1	
	Granville Court	Learning Disability Nursing Care	56.3	85%	17.7	28.2%	↑	0.1%	↑	101%	109%	122%	111%	0	0	0	0	87.5%	95.4%	100.0%	87.5%	6.4%	0.2	1	1	
CH	Whitby Hospital	Physical Health Community Hospital	44.1	92%	8.1	1.4%	↑	0.0%	→	88%	81%	102%	97%	1	0	0	0	92.5%	93.3%	84.2%	76.2%	7.7%	-1.0	2	1	
	Malton Hospital	Physical Health Community Hospital	30.6	85%	7.4	13.0%	↓	0.0%	→	90%	86%	106%	94%	0	0	0	0	100.0%	92.5%	86.7%	81.3%	4.9%	1.3	1	0	

Key	Target met	Within 5% of target	Target not met
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HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2024-25
Reporting Month:	May-24



Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : May

14 units are flagging red for sickness which is the same as April. There has been a slight increase in the number of units with sickness over 10%, from 6 in April to 7 in May. Newbridges, STaRS and TEC have sickness rates above 15%. LTS on all these units was above 5% (level 3 reports). Discussed in detail at EMT as part of the six month safer staffing report.

There are no units with 5 red flags.

All units have achieved their CHPPD target except for Newbridge's which is slightly below target in May, impacted by high OBD and high sickness levels. Malton's CHPPD is also slightly under target and this has been discussed at EMT with a proposal to review the target.

Mandatory training (all) is above 85% for all units. Compliance with ILS/BLS has been consistently strong. Inspire were under target last month but have an improved position this month. Ouse (BLS), Swale (ILS) and TEC (BLS) have dropped under target this month which has been flagged to the resuscitation officer.

Clinical supervision remains in a strong position with most units above 85% however a nil return noted for Maister Court. Newbridge's, MVL and Inspire are slightly under target however their 6 month position is above 85%.

It was identified in June that there was a discrepancy on the demand template for RNs day fill rates at STaRS. Whilst this has been addressed in June the data for this reporting period remains affected. There were two occasions when the community team provided cover.

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

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

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

Registered Nurse Vacancy Rates (Rolling 12 months)

Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
14.10%	14.21%	13.85%	13.67%	13.50%	12.10%	11.04%	11.25%	11.00%	9.56%	9.10%	9.59%

Slips/Trips and Falls (Rolling 3 months)

	Mar-24	Apr-24	May-24
Maister Lodge	3	14	7
Millview Lodge	2	2	5
Malton IPU	1	10	4
Whitby IPU	3	0	2

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

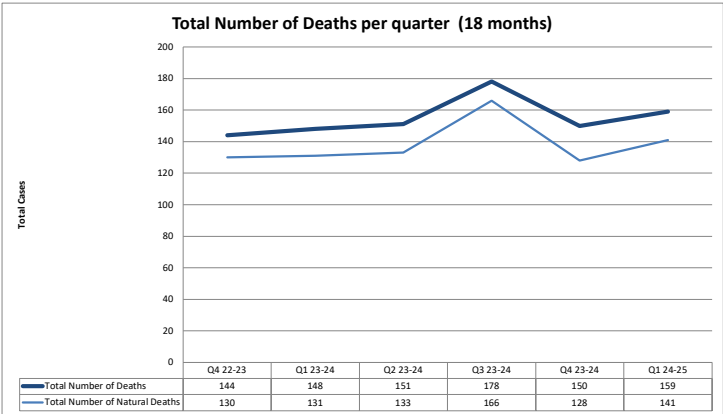
Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the 'Patient Safety Incident' Framework or Mortality Review

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

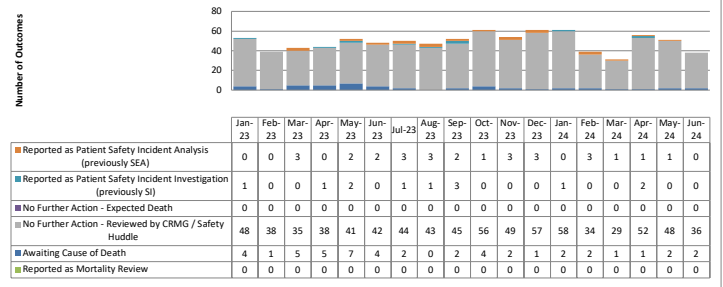
	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	Q1 24-25	Last 12 months
Total Number of Deaths	148	151	178	150	159	638
Total Number of Natural Deaths	131	133	166	128	141	568
Proportion of Natural Deaths	88.5%	88.1%	93.3%	85.3%	88.7%	89.0%
Total Number of Deaths - Community Hospitals	19	26	25	14	29	94
Total Number of Deaths - MH Inpatients	0	3	2	1	5	11
Total Number of Deaths - LD Inpatients	0	0	0	2	0	2
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	51	57	60	53	53	223
Total Number of Deaths - Addictions	7	10	13	9	13	45
Total Number of Deaths - MH Community	75	59	84	77	54	274



Review Process

Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	121	132	162	121	136	551
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	3	5	0	1	2	8
Reported as Patient Safety Incident Analysis (previously SEA)	4	8	7	4	2	21
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	3	2	0	2	0	4
Swarm Huddle	1	0	0	0	0	0
Total Deaths Reviewed	132	147	169	128	140	584
Awaiting Cause of Death	16	4	7	5	5	21
Not Yet Reported	0	0	2	17	14	33

Outcome of Death Reviews (over the last 18 months)



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)

Number of Deaths in Inpatients (LD)	0	0	0	2	0	2
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PI RETURN FORM 2024-25

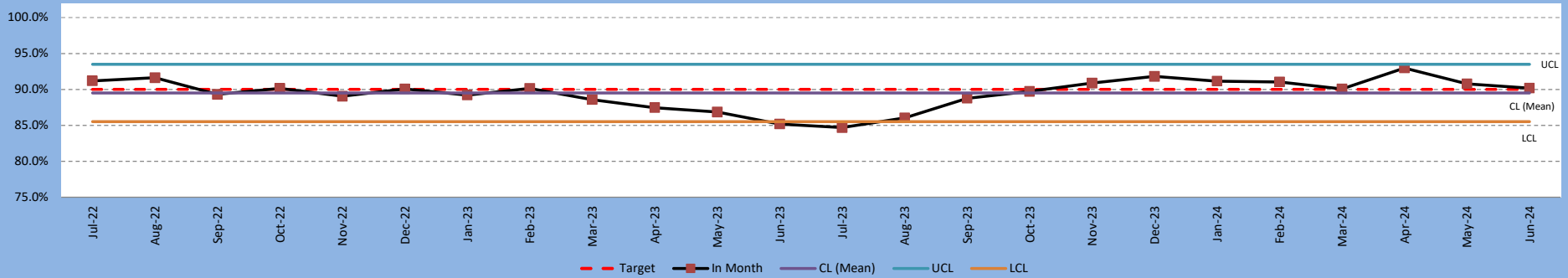
Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	90.2%

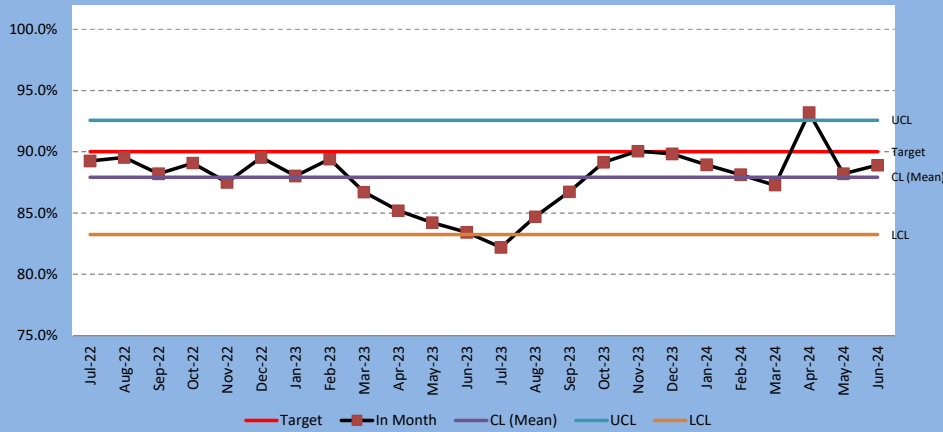
For the period ending: **June 2024**

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 %

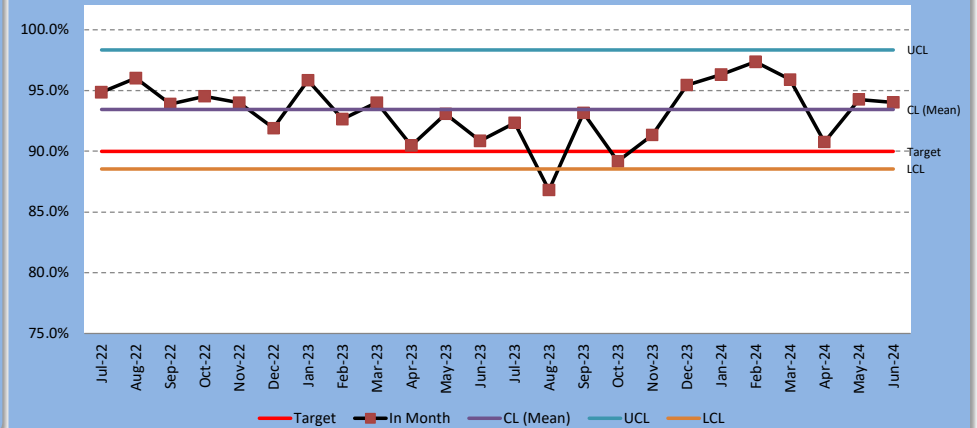
Friends and Family - Recommendation - Trustwide



Friends and Family - Recommendation - GP



Friends and Family - Recommendation - Non GP



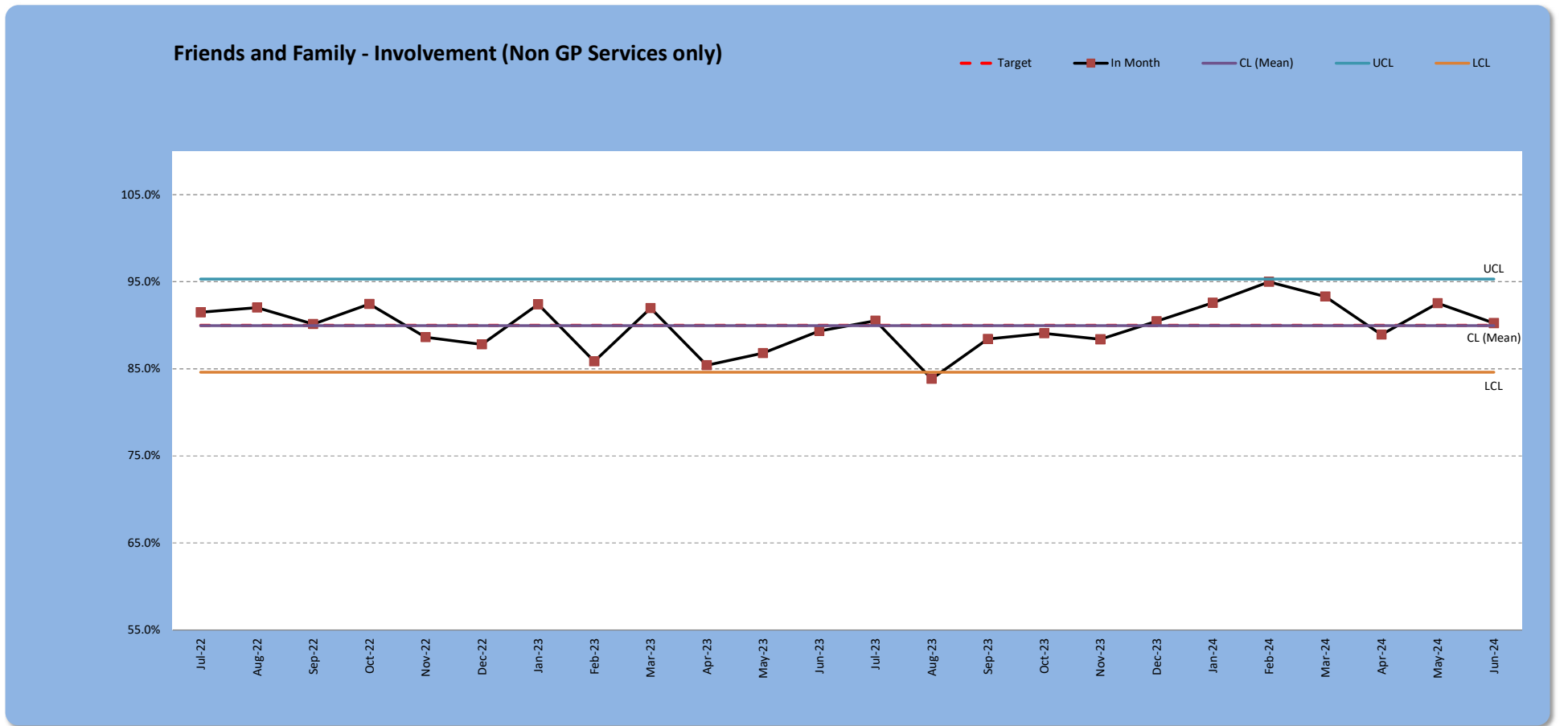
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
90%	80%	90.2%

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 %



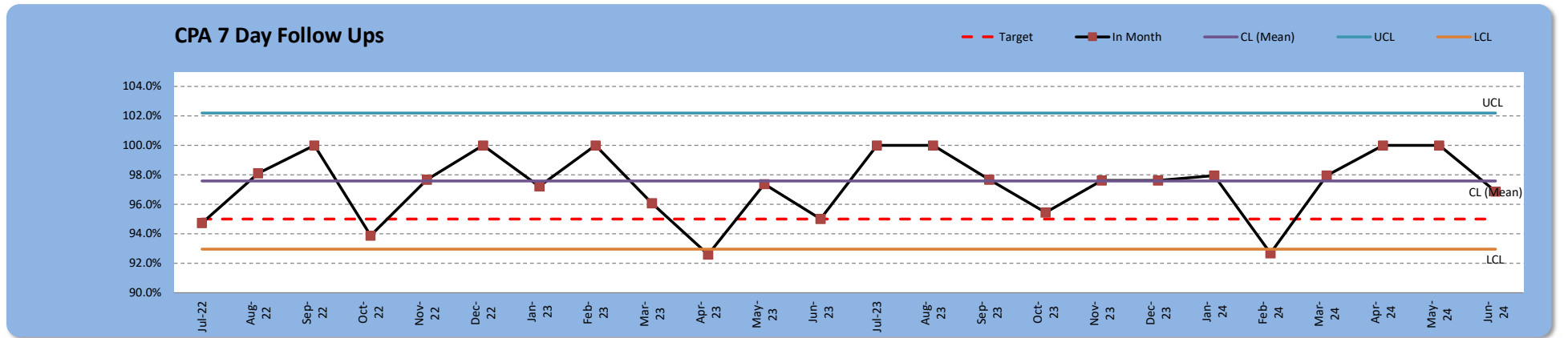
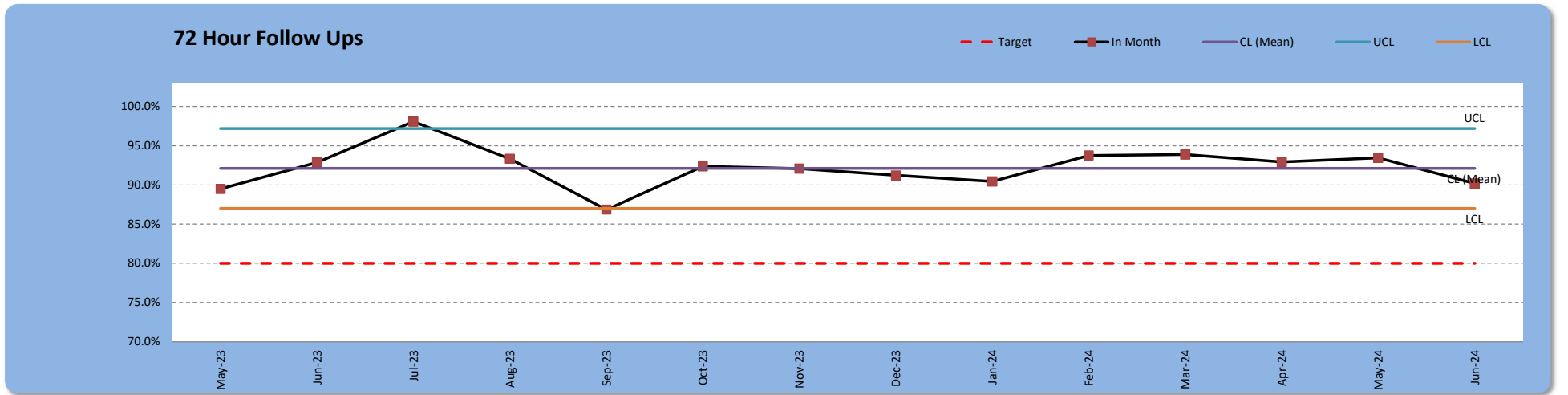
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

		Current month for 72 hour stands at:
Target:	Amber:	90.2%
80%	60%	

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



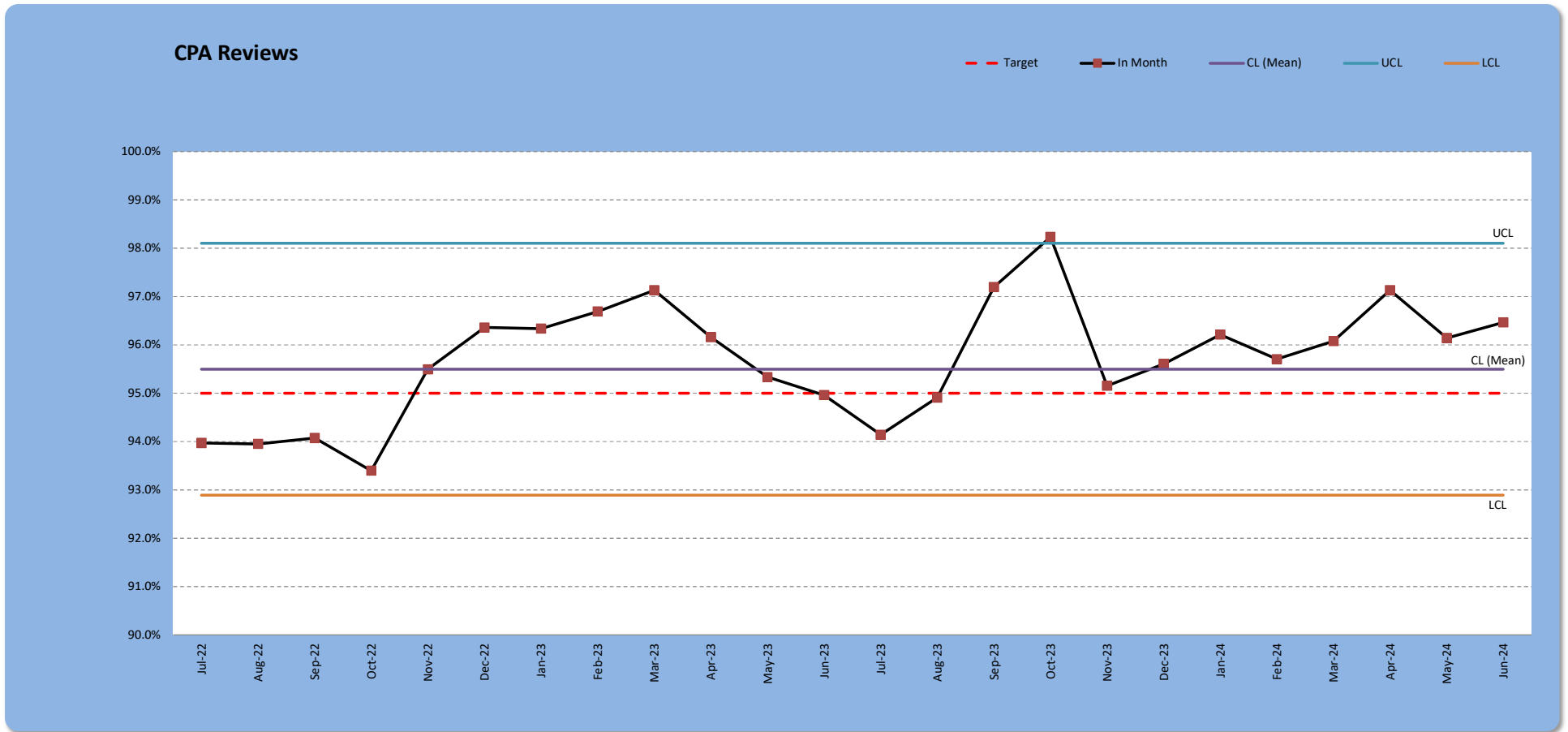
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
95%	85%	96.5%

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 2024-25

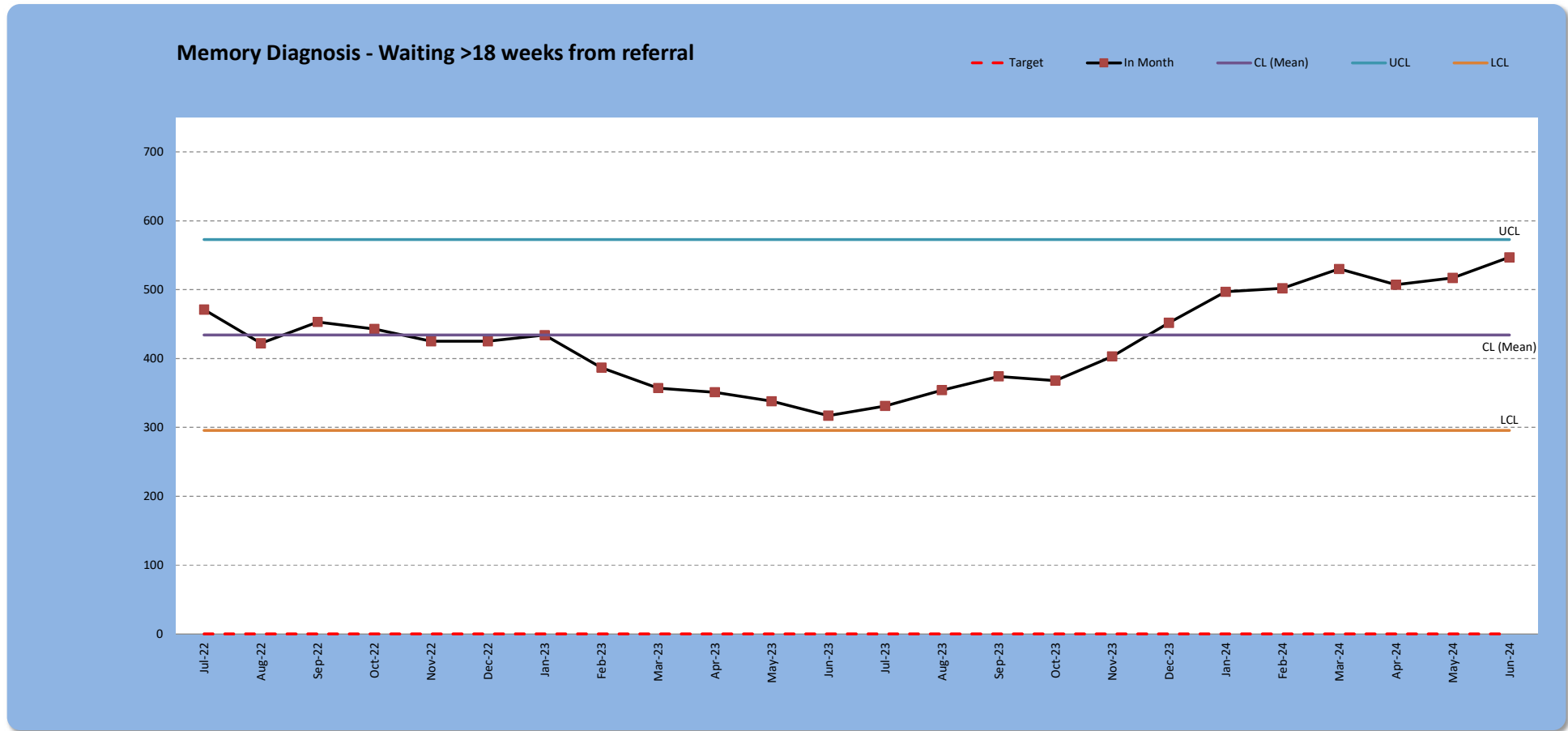
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
n/a	n/a	547

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

KPI Type
MemAssWL



PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

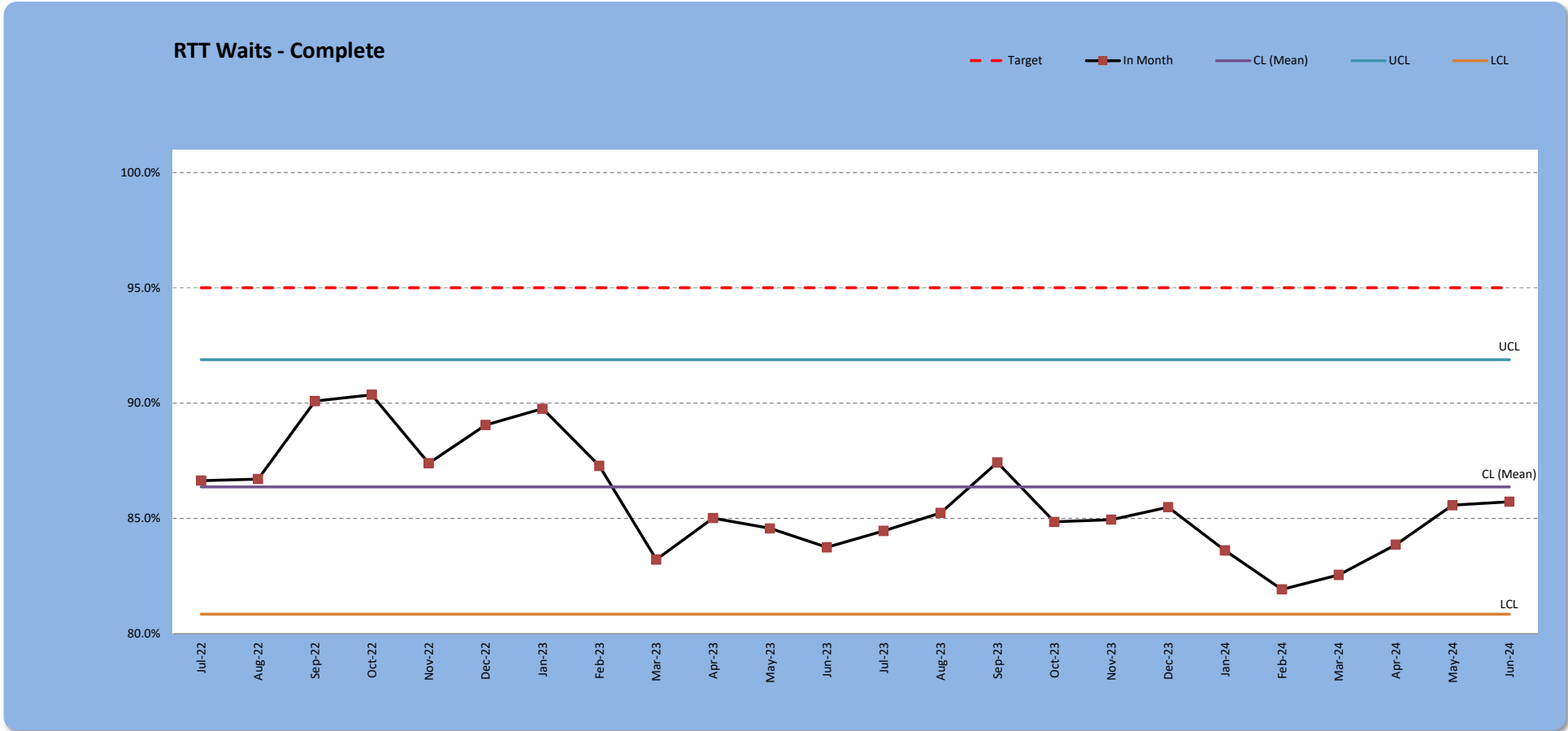
For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
95%	85%	85.7%

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

Executive Lead
Lynn Parkinson

KPI Type
OP 20



PI RETURN FORM 2024-25

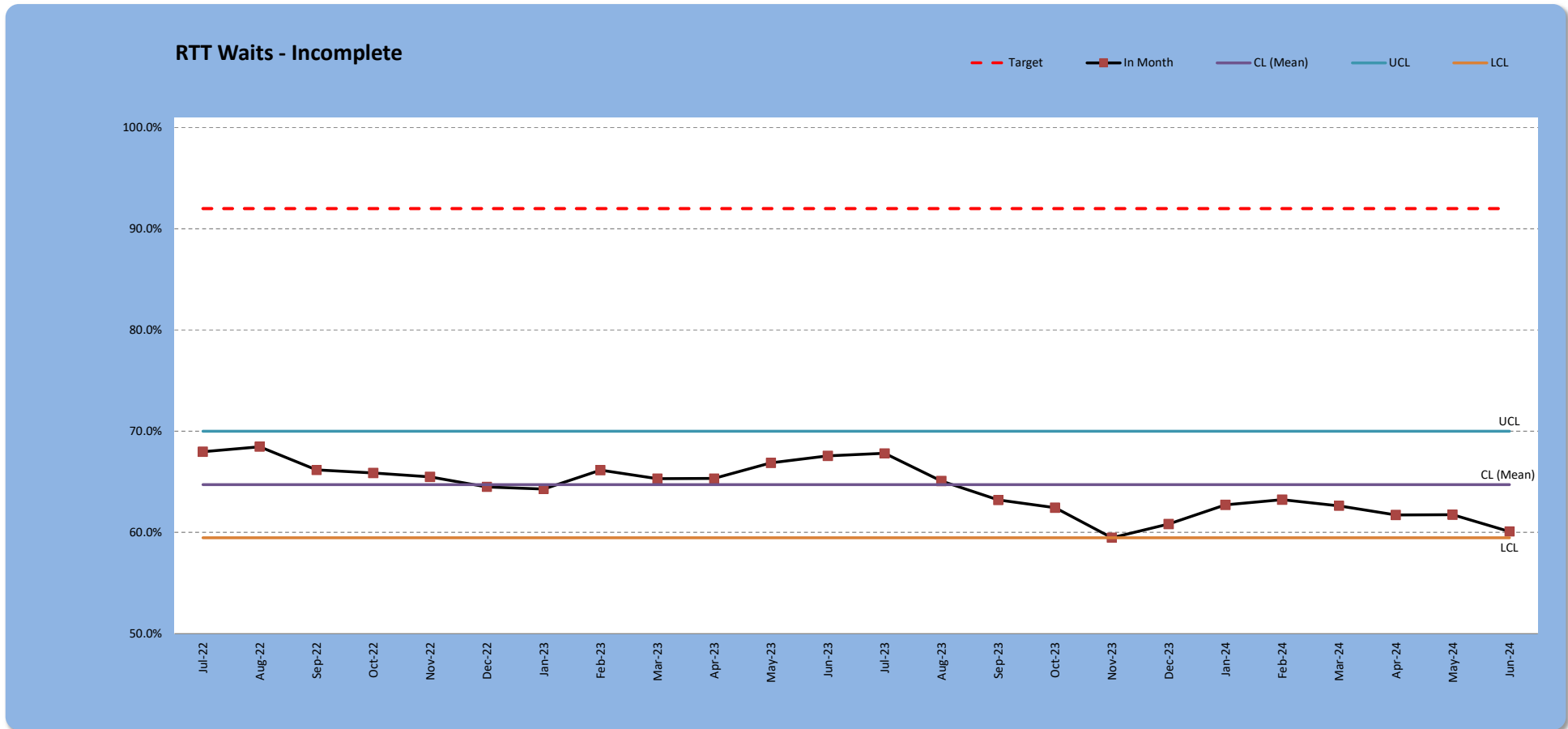
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
92%	85%	60.1%

Indicator Title	Description/Rationale	Executive Lead
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

KPI Type
OP 21



PI RETURN FORM 2024-25

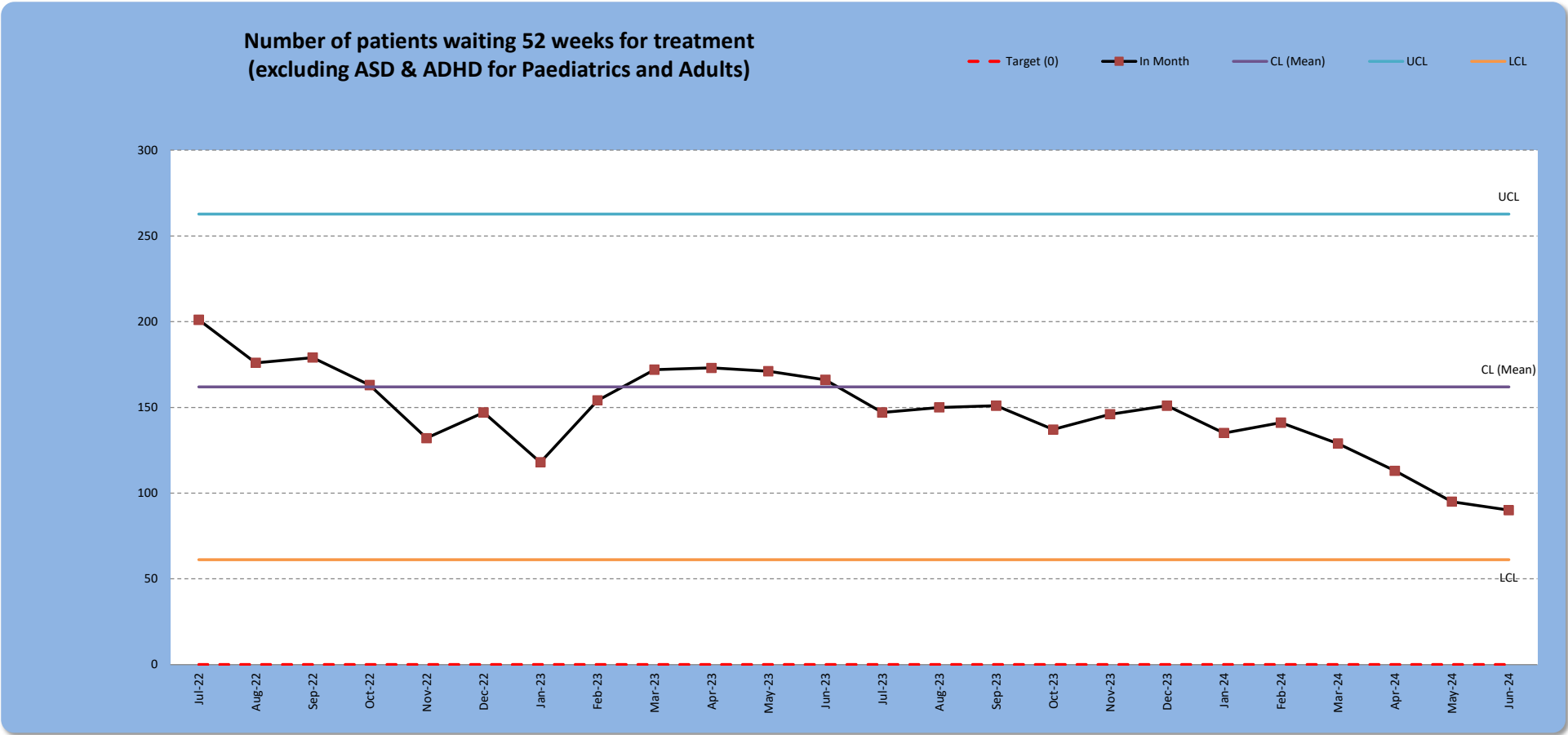
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
0	0	90

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

KPI Type
OP 22x



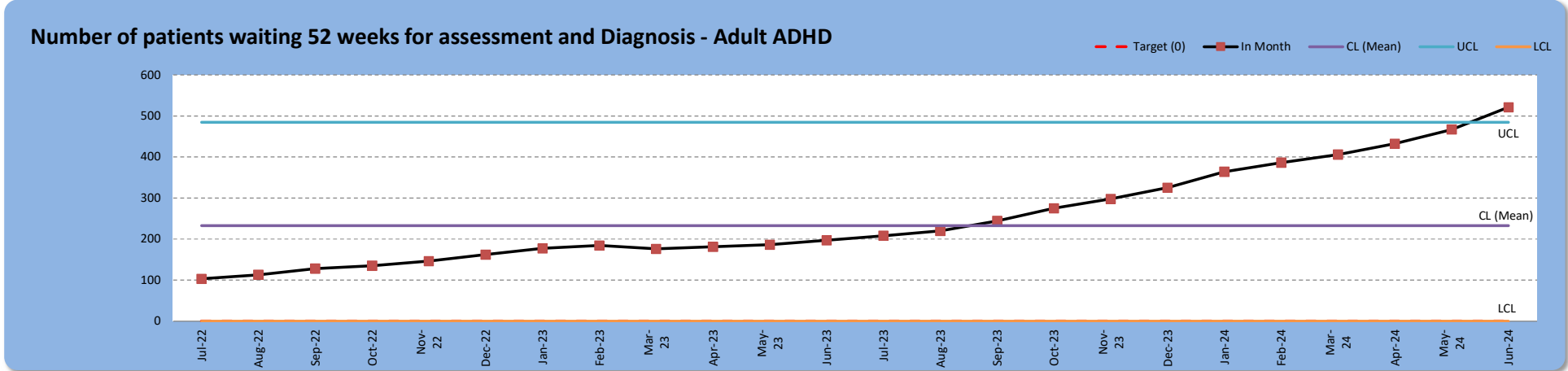
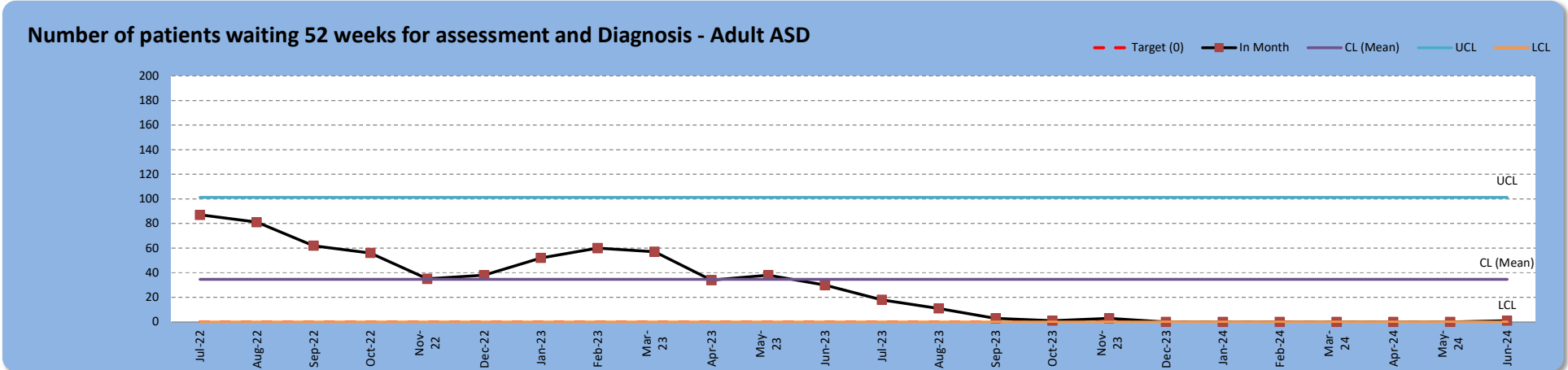
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
0	0	522

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



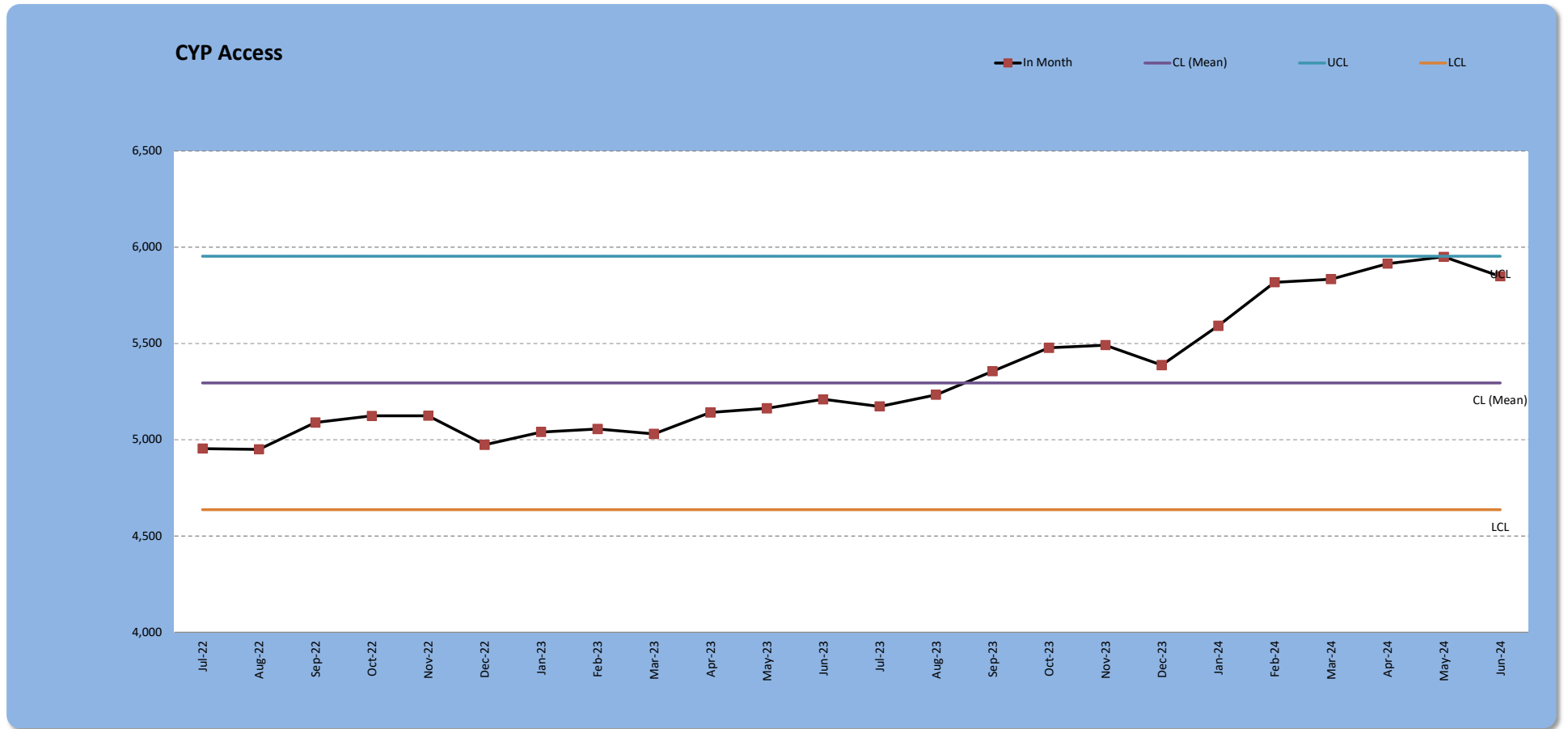
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	5849

For the period ending: **June 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes ADHD but excludes ASD and LD (National Guidance)</i>	Lynn Parkinson	MHS95.2



PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

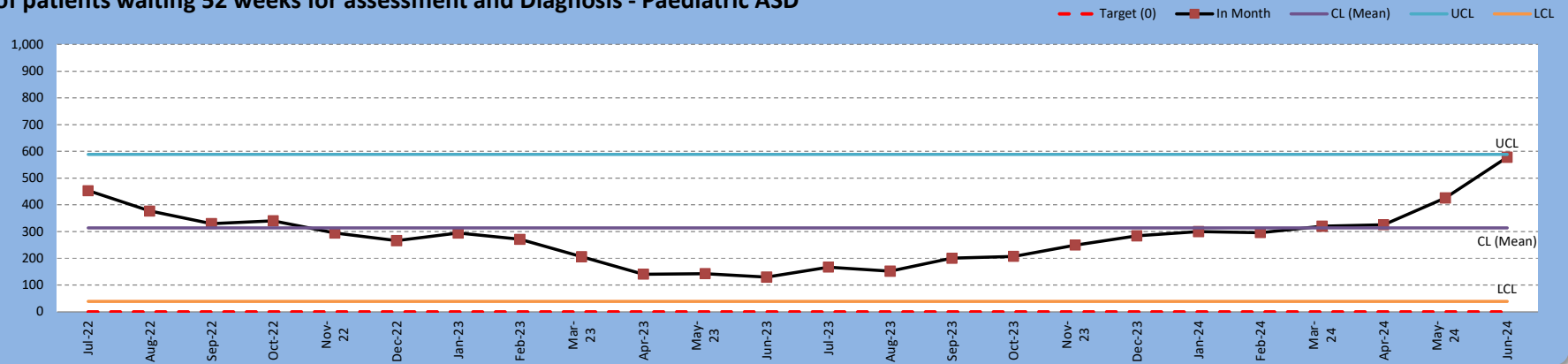
For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
0	0	922

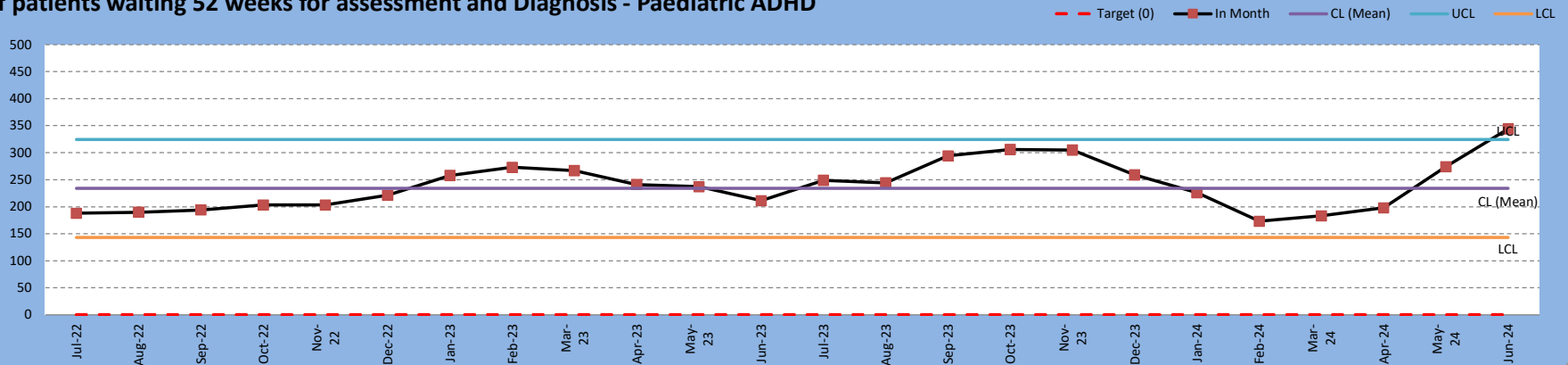
Indicator Title	Description/Rationale	KPI Type
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	OP 22s

Executive Lead
Lynn Parkinson

Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ASD



Number of patients waiting 52 weeks for assessment and Diagnosis - Paediatric ADHD



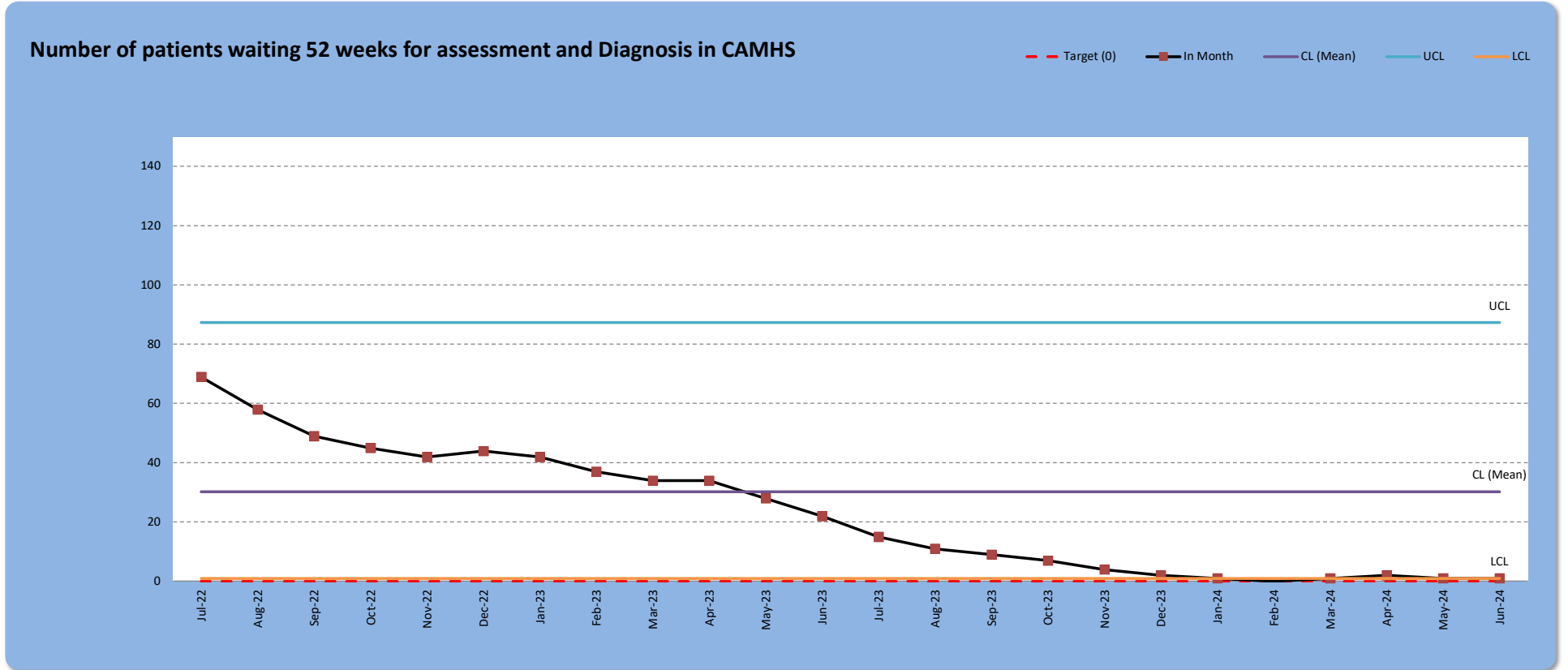
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
0	0	1

For the period ending: **June 2024**

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



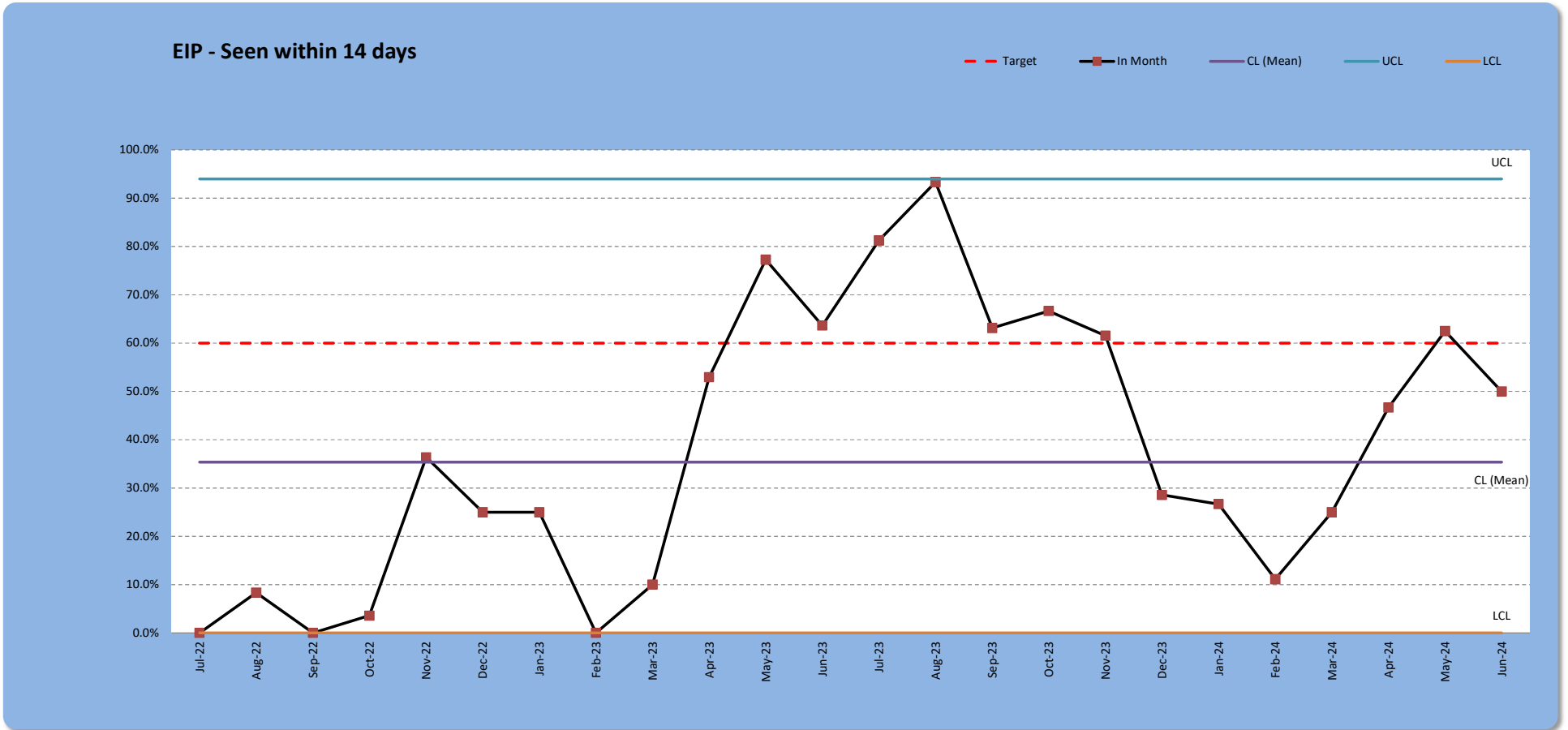
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
60%	55%	50.0%

For the period ending: **June 2024**

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



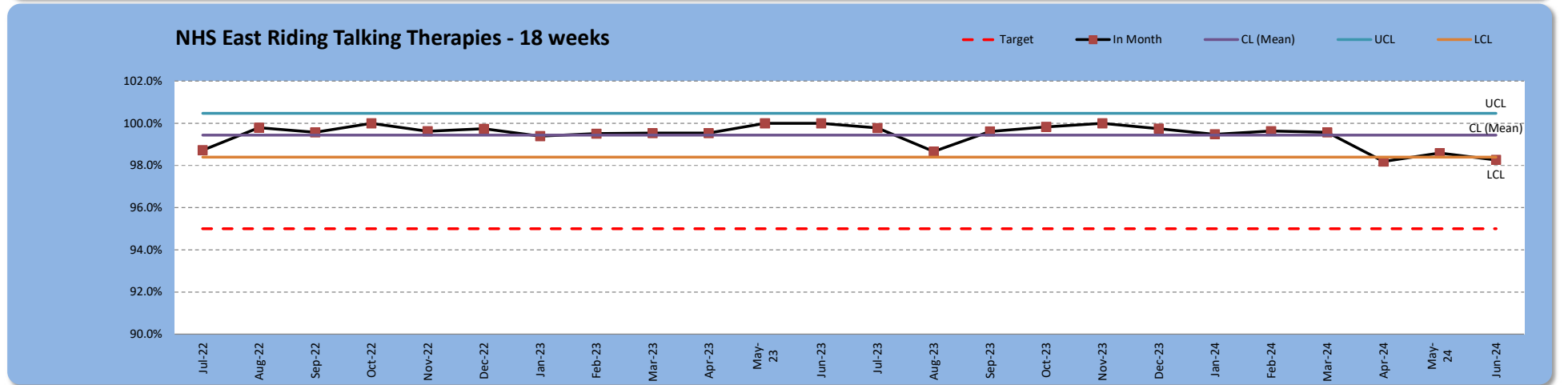
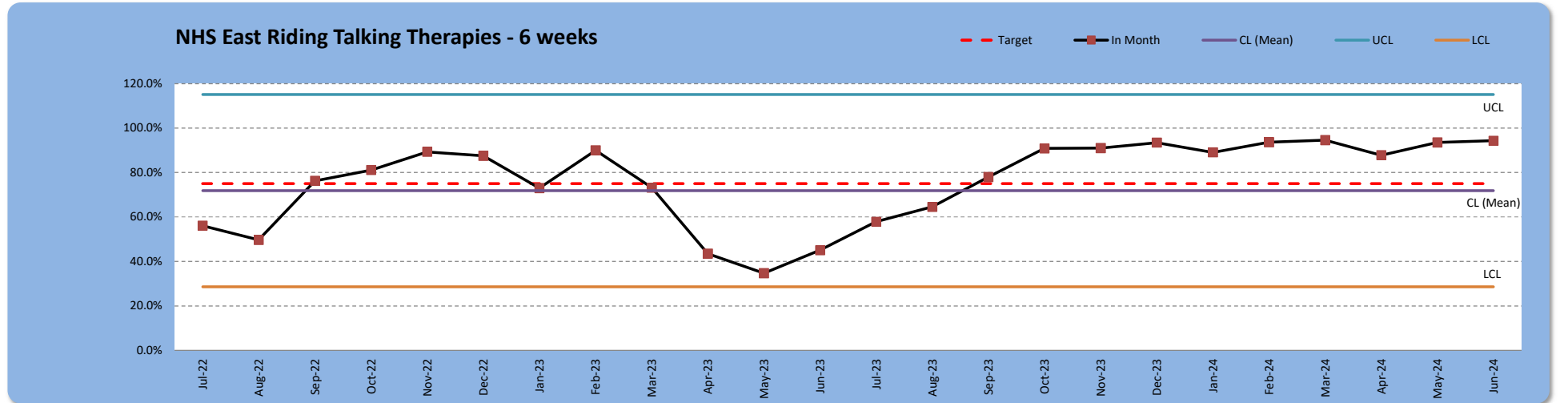
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	94.3%	95%	85%	98.3%

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



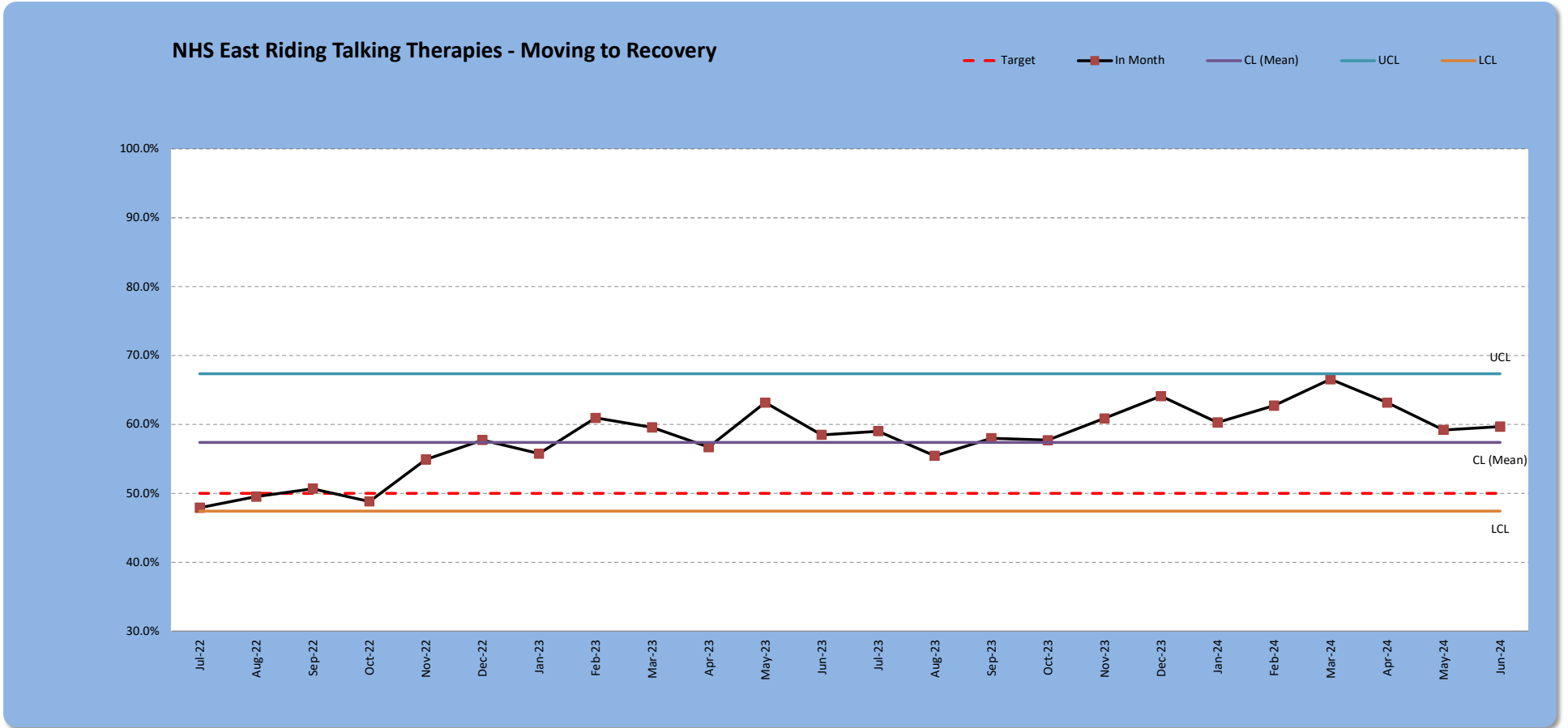
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target:	Amber:	Current month stands at:
50%	45%	59.7%

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



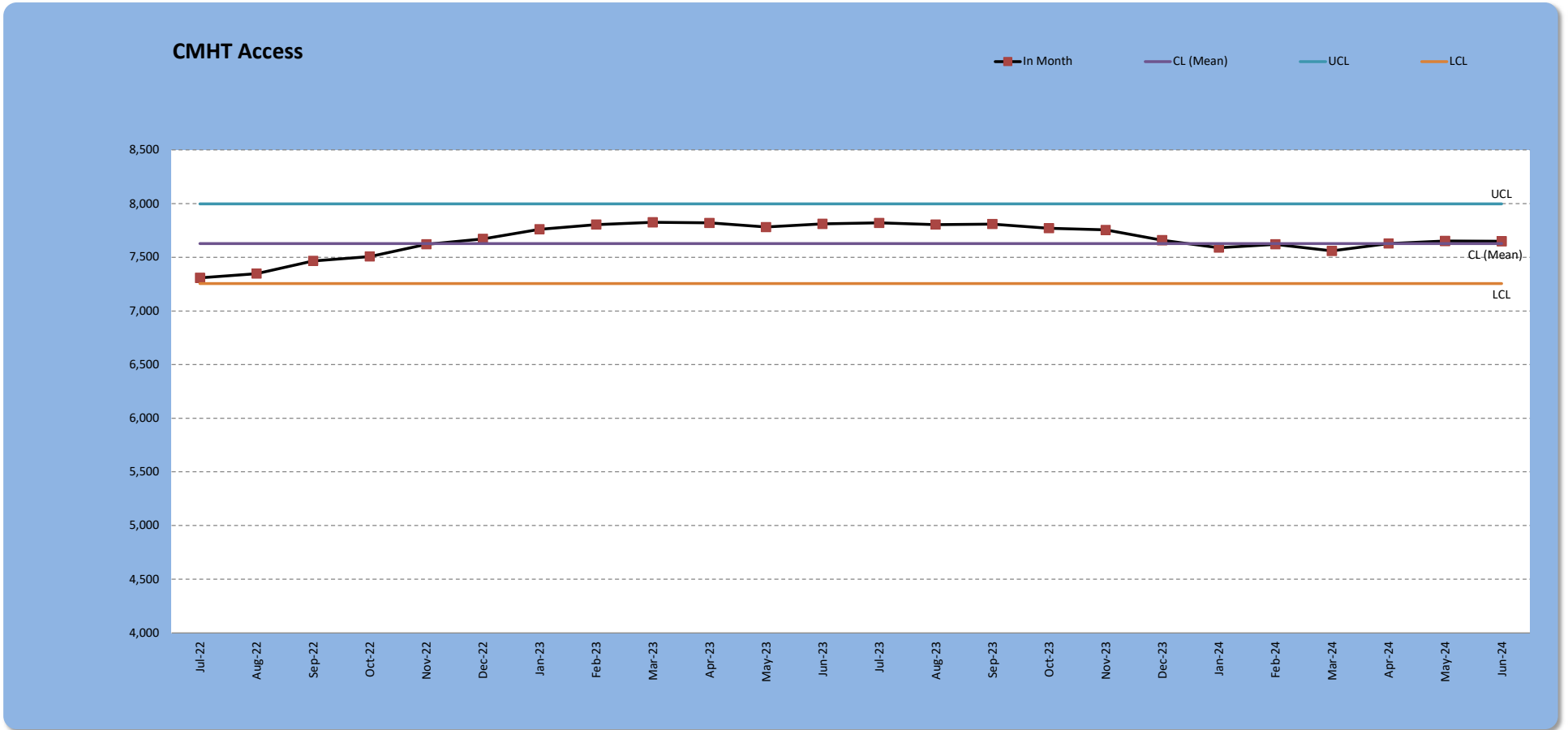
PI RETURN FORM 2024-25

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

Target:	Amber:	Current month stands at:
TBC	TBC	7648

For the period ending: **June 2024**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Lynn Parkinson	MHS108.1



PI RETURN FORM 2024-25

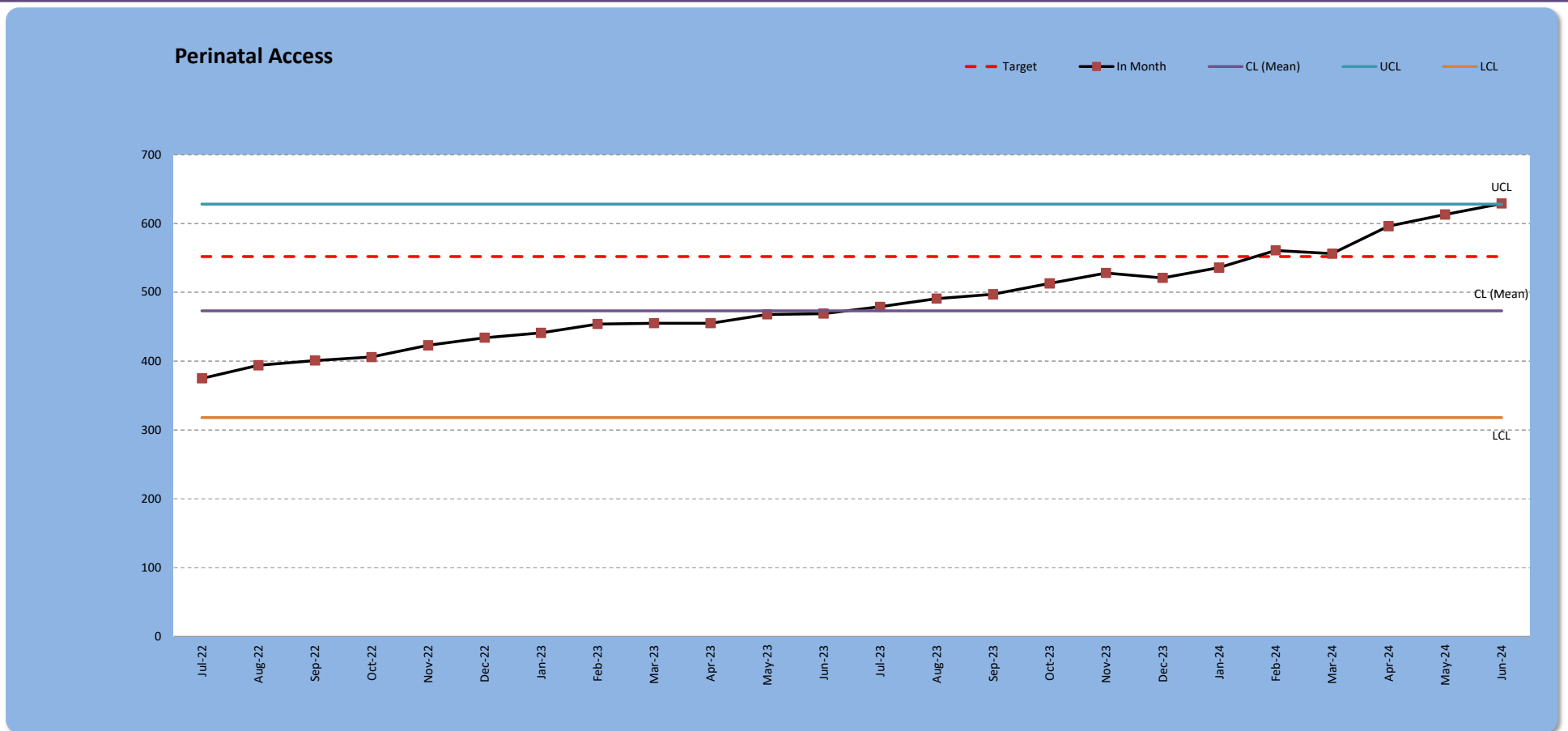
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **June 2024**

Target: Amber:	Current month stands at:	
TBC	TBC	629

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

KPI Type
MHS91.1



PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **June 2024**

Target:	Amber:	Patients OoA within month:
0	0	32

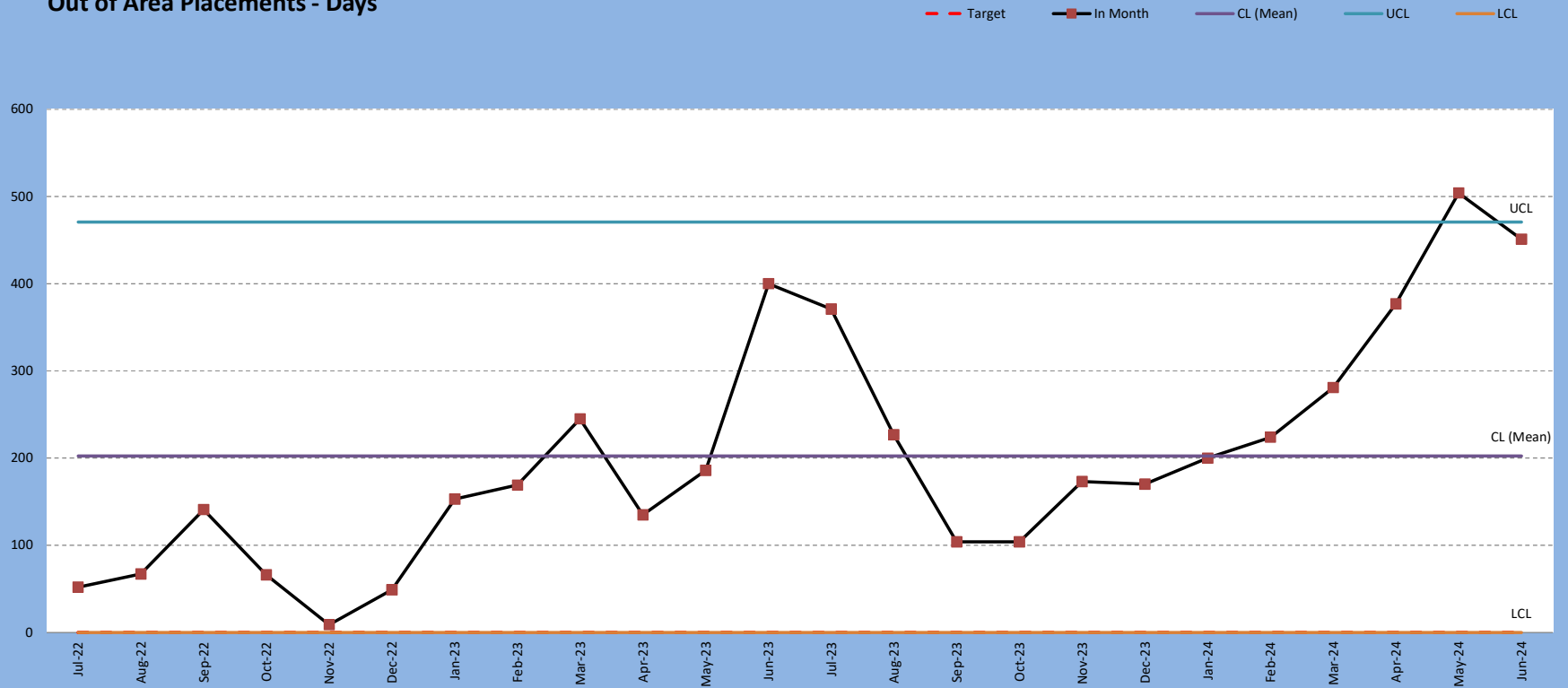
Split:	# days	# patients
Adult	155	16
OP	111	6
PICU	185	10

KPI Type
ST 4b

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

Executive Lead
Lynn Parkinson

Out of Area Placements - Days



PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **June 2024**

Split for Current month:

Jun-24	
155	Adult
111	OP
185	PICU
451	Total

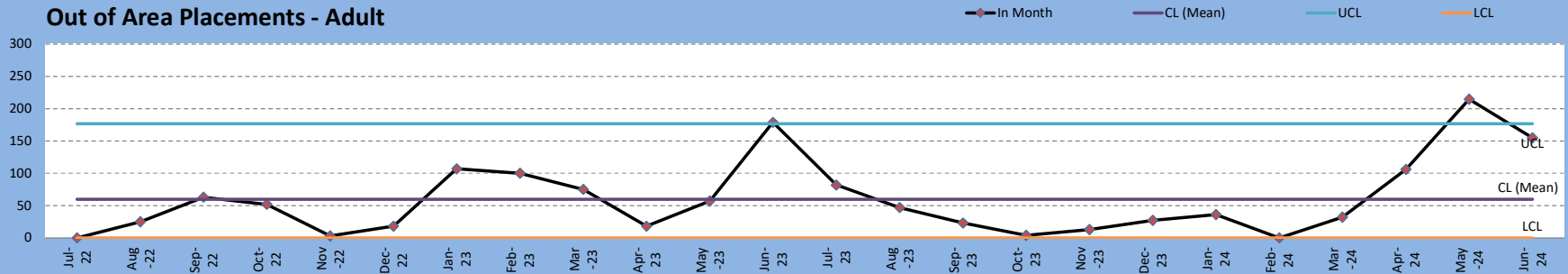
Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

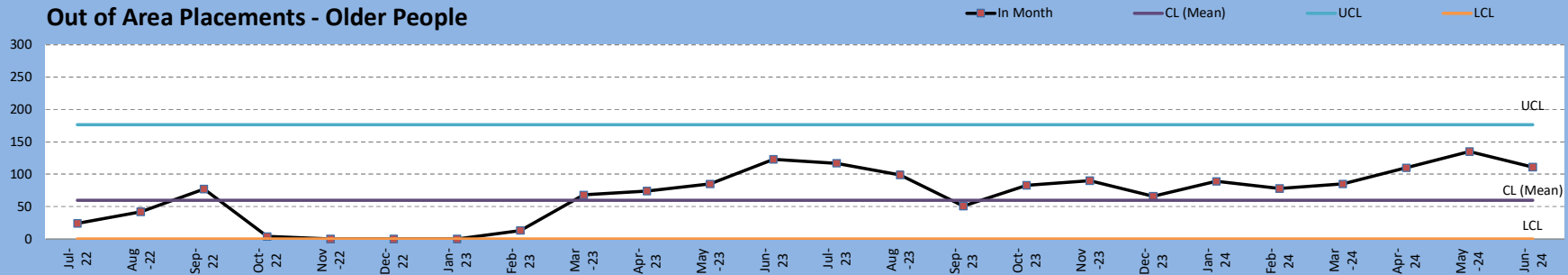
KPI Type

ST 4 split

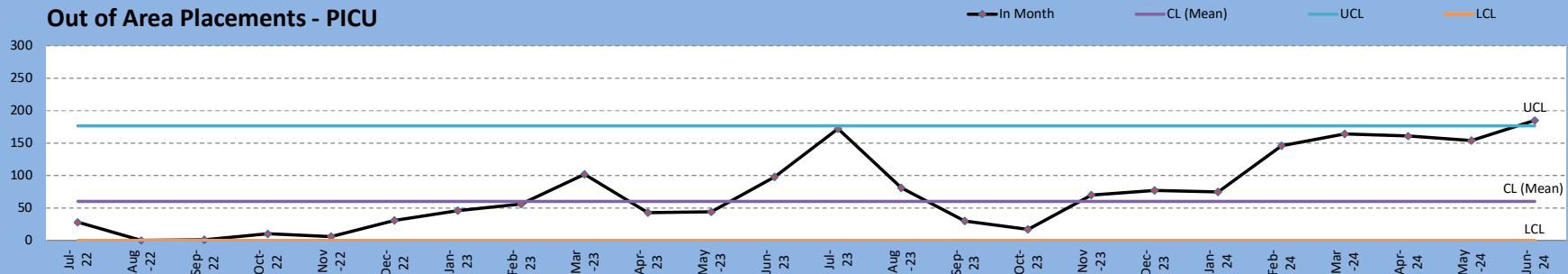
Out of Area Placements - Adult



Out of Area Placements - Older People



Out of Area Placements - PICU



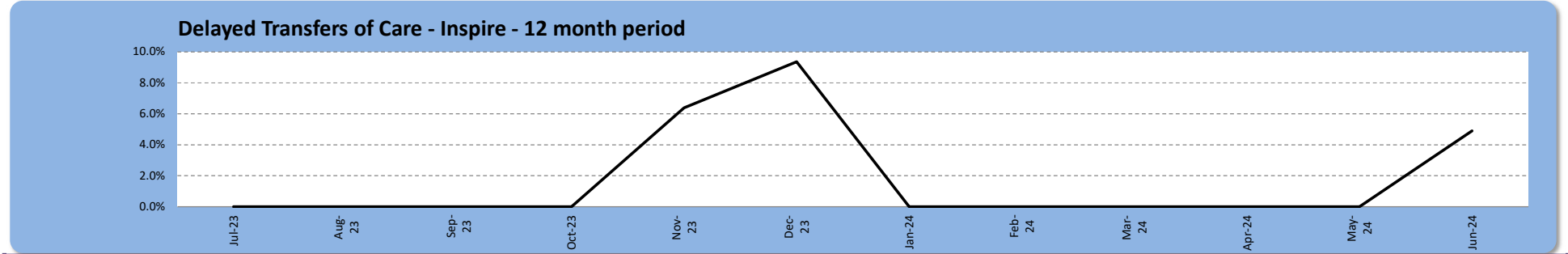
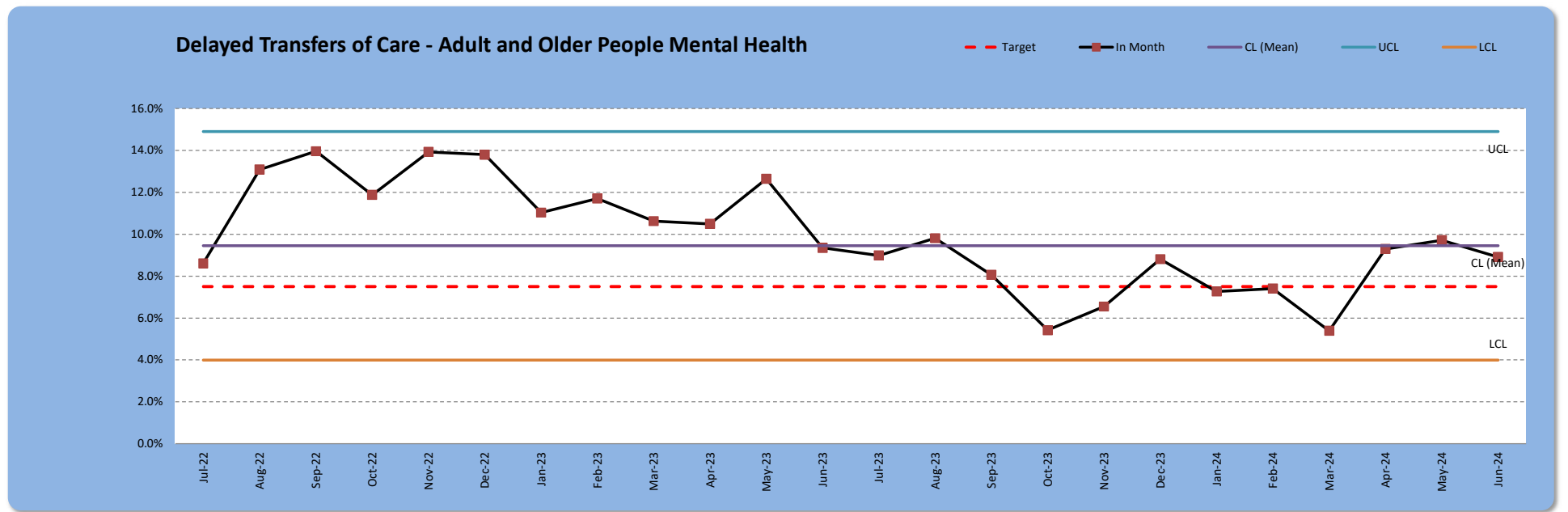
PI RETURN FORM 2024-25

Goal 3 : Fostering Integration, Partnership and Alliances

Target:	Amber:	Current month stands at:
7.5%	7.0%	8.9%

For the period ending: **June 2024**

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 2024-25

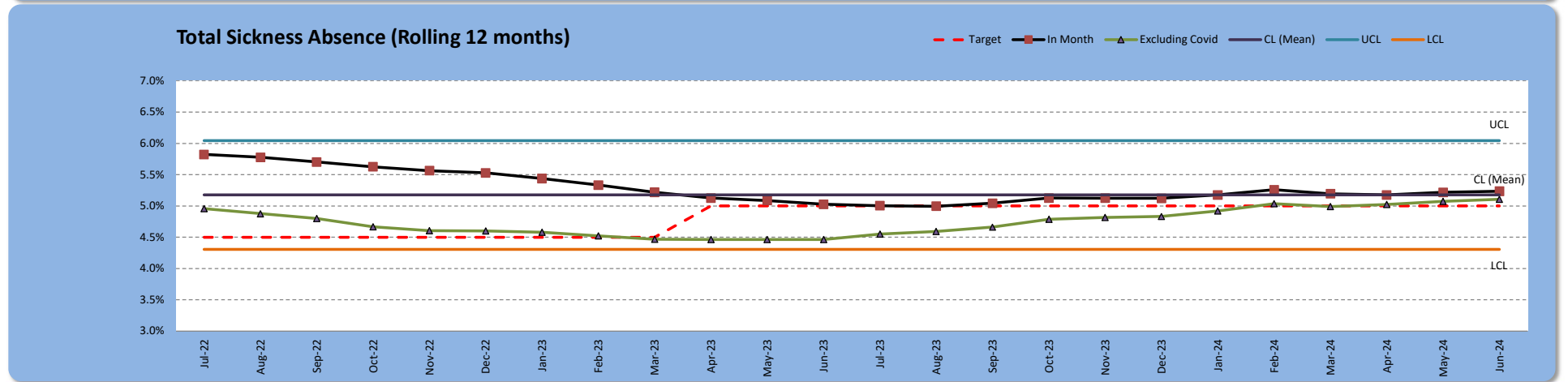
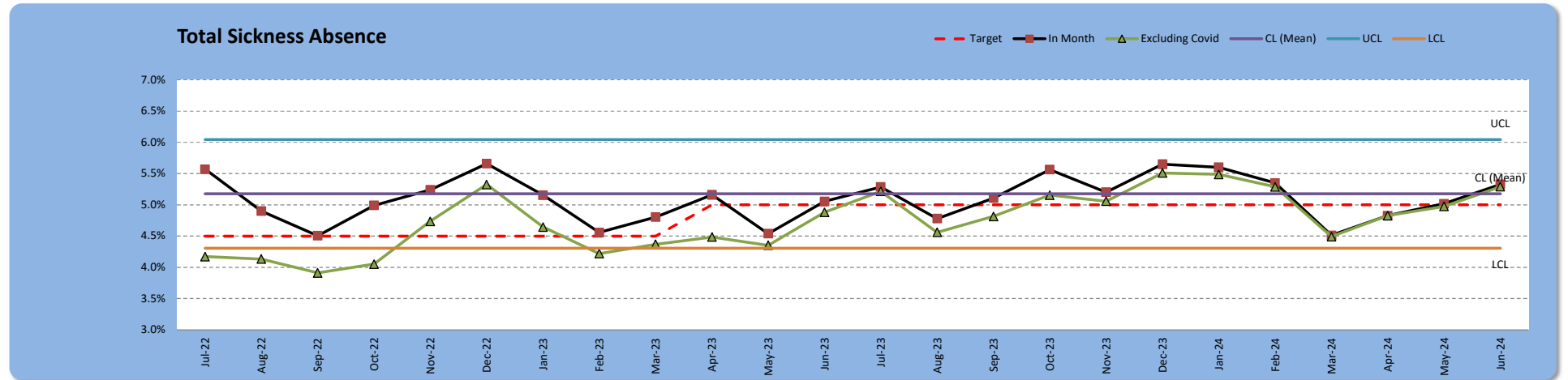
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

June 2024

Target:	Amber:	Current month stands at:
5.0%	5.2%	5.3%

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	Karen Phillips	



PI RETURN FORM 2024-25

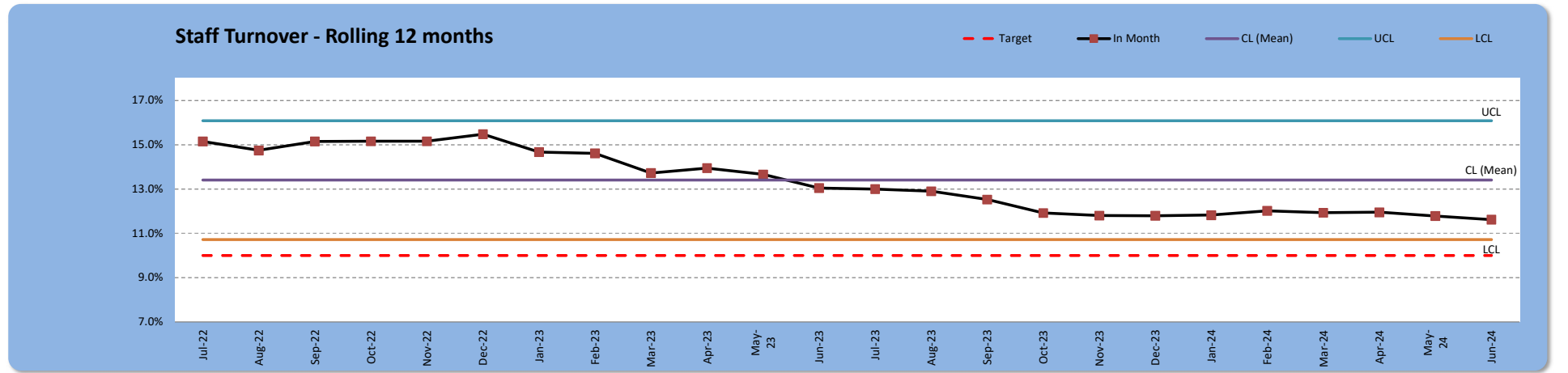
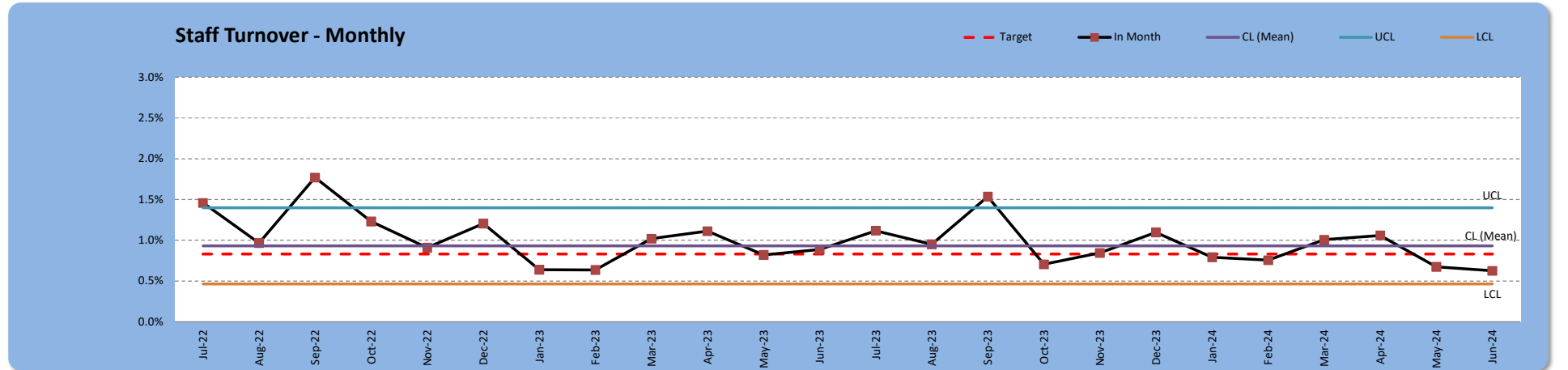
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending:

June 2024

Target:	Amber:	Current month stands at:	Target:	Amber:	Rolling figure stands at:
0.8%	0.7%	0.6%	10%	9%	12%

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

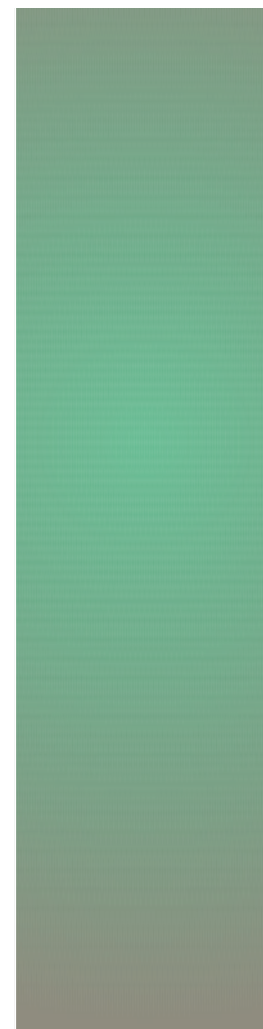


Humber Teaching NHS Foundation Trust

Trust Performance Report

GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BLS	Basic Life Support
CAMHS	Child and Adolescent Mental Health Services
CHPPD	Care Hours per Patient Day
CL	Central Line
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CYP MH	Children and Young People's Mental Health
DToC	Delayed Transfer of Care
EIP	Early Intervention in Psychosis
FFT	Friends and Family Test
F2F	Face to Face
ILS	Immediate Life Support
LCL	Lower Control Limit
LD	Learning Disability
NHSER	National Health Service East Riding
OBD	Occupied Bed Days
PICU	Psychiatric Intensive Care Unit
RN	Registered Nurse
RTT	Referral to Treatment
SPC	Statistical Process Control
STaRS	Specialist Treatment and Recovery Service
TPR	Trust Performance Report
UCL	Upper Control Limit
WTE	Working Time Equivalent



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 23/07/2024



Agenda Item 19

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024															
Title of Report:	Constitution Review 2024															
Author/s:	Name: Stella Jackson Title: Head of Corporate Affairs															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>/</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	/	To ratify		For assurance			
To approve		To discuss														
To note	/	To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>In 2023, the Council of Governors and Board approved a number of changes to the Trust's Constitution following a review by Hill Dickinson to ensure it remained fit for purpose following the commencement of the Health and Care Act 2022.</p> <p>Trust Board is asked to note that no further changes are proposed.</p>															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The changes approved in 2023 ensure the Constitution remains fit for purpose by addressing requirements brought about by the Health and Care Act 2022. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> None. 														
Matters of Concern or Key Risks: <ul style="list-style-type: none"> None. 		Decisions Made: <ul style="list-style-type: none"> n/a 														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee													
	Finance & Investment Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Charitable Funds Committee		Collaborative Committee													
			Other (please detail)	Council of Governors: 18.7.24												

Monitoring and assurance framework summary:

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



Constitution

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.

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

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

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.

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.

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.

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.

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

- 4.3.1 an executive Director of the Trust; nor
- 4.3.2 an employee of the Trust;

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

4.4 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.

4.5 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:

- 4.5.1 A relevant body;
- 4.5.2 A local authority within the meaning of section 2B of the 2006 Act;
- 4.5.3 A combined authority.

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

4.7 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:

- 4.7.1 Arrange for the function to be exercised by a joint committee of theirs;
- 4.7.2 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.

4.8 The Trust must exercise its functions effectively, efficiency and economically.

4.9 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:

- 4.9.1 The health and well-being of (including inequalities between) the people of England;
- 4.9.2 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;
- 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

4.10 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).

4.11 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 may be prescribed under section 65Z5(2). “Relevant bodies” means two or more of these organisations as the context requires.

4.12 The arrangements under this paragraph 4 shall be in accordance with:

- 4.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
- 4.12.2 any applicable statutory guidance that has been issued and
- 4.12.3 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.

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.

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.

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.

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.

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.

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.
- 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 44 of the Constitution.
- 13.4 An election, if contested, shall be by secret ballot.
- 13.5 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

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 3 terms or a maximum of 9 years.
 - 14.3.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:
 - 14.3.2 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;
 - 14.3.3 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.

14.4 Appointed Governors may hold office for a period of up to 3 years.

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 3 consecutive terms of office or a maximum of 9 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.

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;

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.

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.

16. Council of Governors – General Duties

16.1 The general duties of the Council of Governors are –

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 26 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 27 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 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.

17.3 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.

18. Council of Governors – Standing Orders

The standing orders for the practice and procedure of the Council of Governors is attached at Annex 7.

19 Council of Governors – Referral to the Panel

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.

20. 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.

21. 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.

22. Council of Governors – Further Provisions

Further provisions with respect to the Council of Governors are set out in Annex 6.

23. Board of Directors – Composition

23.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

23.2 The Board of Directors is to comprise:

23.2.1 a Non-Executive Chair

23.2.2 up to 6 other Non-Executive Directors;

23.2.3 up to 6 Executive Directors

23.3 One of the Executive Directors shall be the Chief Executive.

23.4 The Chief Executive shall be the Accounting Officer.

23.5 One of the Executive Directors shall be the Finance Director.

The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

23.6 One of the Executive Directors is to be a Registered Medical Practitioner

23.7 One of the Executive Directors is to be a Registered Nurse

23.8 The operation of 23.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

23.9 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.

24. Board of Directors – General Duty

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.

25. Board of Directors – Qualification for Appointment as a Non-Executive Director

A person may be appointed as a Non-Executive Director only if –

- 25.1 he/she is a member of the Public Constituency, or
- 25.2 he/she is a member of the Service User and Carer Constituency
- 25.3 he/she is not disqualified by virtue of paragraph 29 below
- 25.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

26. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors

- 26.1 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.
- 26.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

27. 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.

28. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors

- 28.1 Non-Executive Directors shall appoint or remove the Chief Executive.
- 28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.
- 28.3 The Chief Executive is to be appointed in accordance with paragraph 28.2 above.
- 28.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

29. Board of Directors – Disqualification

The following may not become or continue as a member of the Board of Directors:

- 29.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

- 29.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 29.3 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;
- 29.4 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;
- 29.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council;
- 29.6 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.

30. Board of Directors – Meetings

- 30.1 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).
- 30.2 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. Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

31. Board of Directors – Standing Orders

The Standing Orders for the practice and procedure of the Board of Directors are attached at Annex 8.

32. Board of Directors - Conflicts of Interest of Directors

- 32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -
 - 32.1.1 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.
 - 32.1.2 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.
- 32.2 The duty referred to in sub-paragraph 32.1.1 is not infringed if –

- 32.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or
- 31.2.2 The matter has been authorised in accordance with the Constitution.
- 32.3 The duty referred to in sub-paragraph 32.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest.
- 32.4 In sub-paragraph 32.1.2, “third party” means a person other than –
- 32.4.1 The Trust, or
- 32.4.2 A person acting on its behalf.
- 32.5 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.
- 32.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 32.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.
- 32.8 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.
- 32.9 A Director need not declare an interest –
- 32.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
- 32.9.2 If, or to the extent that, the Directors are already aware of it;
- 32.9.3 If, or to the extent that, it concerns terms of the Director’s appointment that have been or are to be considered –
- 32.9.3.1 By a meeting of the Board of Directors, or
- 32.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

33. Board of Directors – Remuneration and Terms of Office

- 33.1 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.
- 33.2 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.

34. Registers

The Trust shall have:

- 34.1 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;
- 34.2 a register of members of the Council of Governors;
- 34.3 a register of interests of Governors;
- 34.4 a register of Directors; and
- 34.5 a register of interests of the Directors.

35 Admission to and Removal from the Registers

- 35.1 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
- 35.2 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

36. Registers – Inspection and Copies

- 36.1 The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 36.2 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.
- 36.3 So far as the registers are required to be made available:
 - 36.3.1 they are to be available for inspection free of charge at all reasonable times; and
 - 36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 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.

37. Documents Available for Public Inspection

- 37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
 - 37.1.1 a copy of the current Constitution,
 - 37.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and
 - 37.1.3 a copy of the latest annual report.

37.2 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:

37.2.1 a copy of any order made under section 65D (appointment of Trust special 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.

37.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

37.2.6 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.

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

37.2.8 a copy of any final report published under section 65I (administrator's final report).

37.2.9 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.

37.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 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.

38. Auditor

38.1 The Trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

38.3 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.

39. 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.

40. Accounts

- 40.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 40.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 40.3 The accounts are to be audited by the Trust's auditor.
- 40.4 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.
- 40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

41. Annual Report and Forward Plans and Non NHS Work

- 41.1 The Trust shall prepare an Annual Report and send it to NHSE .
- 41.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE).
- 41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.
- 41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.
- 41.5 Each forward plan must include information about –
 - 41.5.1 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
 - 41.5.2 the income it expects to receive from doing so.
- 41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must
 - 41.6.1 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
 - 41.6.2 notify the Directors of the Trust of its determination.
- 41.7 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

proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

42. Presentation of the Annual Accounts and Reports to the Governors and Members

- 42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 42.1.1 the annual accounts
 - 42.1.2 any report of the auditor on them
 - 42.1.3 the annual report.
- 42.2 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.
- 42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

43. Instruments

- 43.1 The Trust shall have a seal.
- 43.2 The seal shall not be affixed except under the authority of the Board of Directors.

44. Amendment of the Constitution

- 44.1 The Trust may make amendments to its Constitution only if:
- 44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and
 - 44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 44.2 Amendments made under paragraph 44 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.
- 44.3 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).
- 44.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
 - 44.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 44.4 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.

44.5 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.

45 Mergers etc. and Significant Transactions

45.1 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.

45.2 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.

45.3 A "significant transaction" means a transaction that equates to:

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

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.

ANNEX 1 – THE PUBLIC CONSTITUENCY

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	6
Hull	The electoral wards of Hull	100	4
Rest of England	The electoral wards of the rest of England (excluding those electoral wards covered by the other areas of the Public Constituency)	15	1
Whitby, Ryedale and Scarborough	The electoral wards of Whitby, Ryedale and Scarborough and surrounding areas	15	1

ANNEX 2 – THE STAFF CONSTITUENCY

Name of Constituency	Class of Staff Membership	Minimum number of members	No of Governors
Staff	Clinical	200	2
	Non Clinical		2
	Either Clinical or Non Clinical		1
	Total		5

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

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

ELECTED GOVERNORS:

Public Constituency	NUMBER OF GOVERNORS
HULL	4
EAST RIDING OF YORKSHIRE	6
REST OF ENGLAND	1
WHITBY, RYEDALE AND SCARBOROUGH	1
Service User and Carer Constituency	2
Staff Constituency	5
Total Elected	19

APPOINTED GOVERNORS:

SPONSOR	NUMBER OF GOVERNORS
UNIVERSITY	1
HUMBERSIDE POLICE	1
VOLUNTARY PARTNER	1
HULL LOCAL AUTHORITY	1
EAST RIDING OF YORKSHIRE LOCAL AUTHORITY	1
FIRE & RESCUE	1
Total Appointed	6

ANNEX 5 - THE MODEL ELECTION RULES

MODEL ELECTION RULES 2014

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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

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.

- 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

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.

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)¹

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;

¹ 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 spoilt ballot papers and the list of spoilt 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.

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.

FPP448 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

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:

- (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.

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 spoilt ballot papers and the list of spoilt 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

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

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

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:

- 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;
- 1.12 making false declaration for any purpose of this Constitution or the 2006 Act; and
- 1.13 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.

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.

This action will only be taken if previous attempts to resolve the situation informally have failed;

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.

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.

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.

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.

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.

6 Declarations

- 6.1 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 15 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.

- 6.2 Each Governor is required to declare their interests in accordance with paragraph 20 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
- 6.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 20 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.

7 Voting

- 7.1 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.
- 7.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.
- 7.3 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.

8 Minutes

- 8.1 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.
- 8.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.
- 8.3 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 18.

9 Quorum

- 9.1 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
- 9.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.
- 9.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

10 Miscellaneous

- 10.1 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.

- 10.2 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
- 10.3 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.
- 10.4 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.

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

- 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 jointly to a post in the Trust this shall count as one vote.
- 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.

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.

17 Declarations

- 17.1 Each Director is required to declare their interests in accordance with paragraph 32 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 32 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 32 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.

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.

4 Further Provisions on Disqualification of Non-Executive Directors

Further to the requirements set out in paragraph 25 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.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Six-month Review of Safer Staffing – Inpatient units (Oct 23 - March 2024)														
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="539 696 1524 801"> <tr> <td data-bbox="539 696 938 730">To approve</td> <td data-bbox="938 696 1031 730">√</td> <td data-bbox="1031 696 1410 730">To discuss</td> <td data-bbox="1410 696 1524 730"></td> </tr> <tr> <td data-bbox="539 730 938 763">To note</td> <td data-bbox="938 730 1031 763"></td> <td data-bbox="1031 730 1410 763">To ratify</td> <td data-bbox="1410 730 1524 763"></td> </tr> <tr> <td data-bbox="539 763 938 801">For assurance</td> <td data-bbox="938 763 1031 801"></td> <td data-bbox="1031 763 1410 801"></td> <td data-bbox="1410 763 1524 801"></td> </tr> </table>			To approve	√	To discuss		To note		To ratify		For assurance			
To approve	√	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>This report presents the outcomes of the review of safer staffing requirements across our in-patient units using the National Quality Board (NQB) guidance and NHS Improvement 'Developing Workforce Safeguards'. The requirements state the need for a comprehensive review of staffing at team level which should be reported to the Board twice a year. This report covers the period Oct 2023 – March 2024. 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>														
Key Issues within the report: <ul style="list-style-type: none"> All units achieved good assurance with no unit with more than 2 red flags. 															
Positive Assurances to Provide: <ul style="list-style-type: none"> All units achieved good assurance which is an improved position. The majority of units are maintaining good and safe fill rates. CHPPD in all areas remains above the previously agreed targets except for Malton. Incidents reported via Datix show one reported as causing low harm. This related to a delay in care however no specific patient harm has been identified. Training compliance and supervision remains strong across most units. Strong CHPPD performance (upper quartile) when benchmarked regionally 	Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Changes to the demand templates following the last review have been completed however this was not completed until part way through the reporting period and as such some 6 month average fill rates have continued to be affected. The staffing model on nights in the Humber Centre has been reviewed 														

and nationally	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Sickness remains a challenge. Increase in self-harm incidents at Westlands, TEC and MVC 	Decisions Made: <ul style="list-style-type: none"> Annual Self-assessment using chief nurse assurance format from NHSe to be completed Sept 2024 Review reporting cycle to align with budget setting and annual report with 6 month establishment review summary. EMT have requested we review the CHPPD for the Community Hospitals given there is currently no validated tool for Community Hospitals. EMT have requested a deep dive into sickness absence

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	09-07-24
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Six Month Review of Safer Staffing

1.0 Introduction and Purpose

This report aims to provide assurance that the Trust is meeting the reporting requirements as outlined in the 'Developing Workforce Safeguards' (NHSI Oct 2018). By implementing the recommendations outlined in 'Developing Workforce Safeguards' along with effective governance, boards can be assured that their workforce decisions will promote patient safety and comply with the Care Quality Commission (CQC) fundamental standards and the board's statutory duties (NHSI, 2018)

In addition to an effective annual workforce plan, monthly safer staffing dashboards, Trusts are also required to adopt a triangulated approach as part of their safer staffing establishment reviews. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board twice a year, in accordance with NQB guidance. This must also be linked to professional judgement and outcomes.

This report also acknowledges the 'Delivering and Monitoring Safe Staffing in Mental Health and Learning Disability Services assurance framework for COVID 19', 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021) and most recently the 'Rapid Review into Data on Mental Health Inpatient Settings' published by the DoH in June 2023. Following review of the findings and recommendations of this report our safer staffing reviews not only triangulate dependency/acuity data, professional judgement and outcomes but also include key safety issues as outlined in the 'safety issues framework'.

The safe staffing internal audit completed in 2023 provided significant assurance that the Safer Staffing Framework effectively manages, and controls risks maintaining patient safety standards.

This report presents the findings of the safer staffing establishment reviews across our inpatient units for the period 1st Oct 2023 to 31st March 2024. Appraisal compliance was reported in the last 6 month report and will be reported again in the next report following this year's appraisal window.

The report brings together the results of the reviews and provides an assurance overview, benchmarking data in relation to Care Hours Per Patient Day at a regional and national level (Model Health System), and any recommendations to changes in CHPPD thresholds. The report will conclude with a summary of findings, updates on previous actions and priorities for the next 6 months.

2.0 Care Hours Per Patient Day

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff.

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

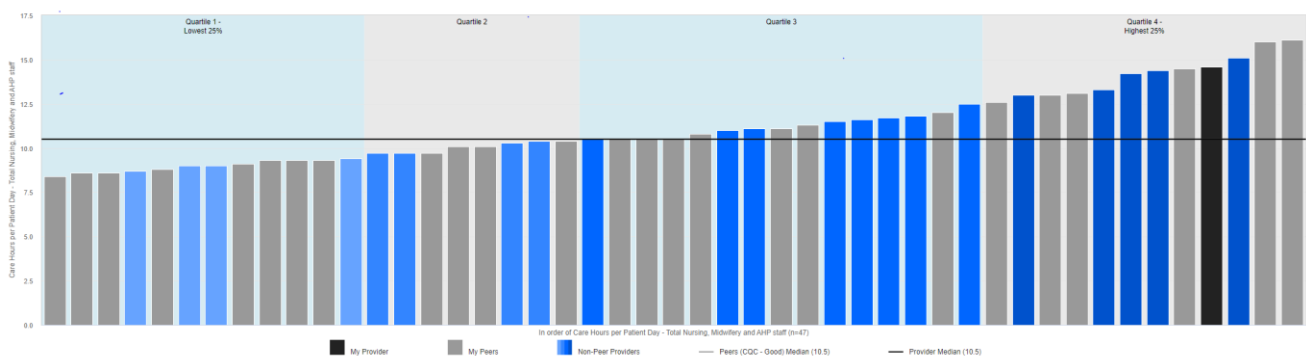
2.1 CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services external to the Trust. The most recent data was published in February 2024 and shows that the Trust continues to perform well against our regional peers and nationally.

	Data period	CHPPD Overall	CHPPD Registered Nurses	CHPPD – Healthcare Support Workers	CHPPD total AHP staff
Trust	Aug 23	12.5	4.1	8.3	0
	Feb 24	14.6	4.3	10.2	0
Peer average	Aug 23	10.7	3.4	6.8	0.1
	Feb 24	10.5	3.6	6.7	0.1
National value	Aug 23	11.1	3.4	7.3	0.1
	Feb 24	10.5	3.6	7.0	0.1

Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff, National Distribution

Download



There has been a fall in CHPPD levels reported at an organisational level nationally (from 11.1 in August 2023 to 10.5 in Feb 2024). The Trust overall has maintained higher than average levels of CHPPD, reported at 14.6 in February 2024. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and the Trust have remained above both medians.

These figures provide assurance that at an organisational level we are performing well regionally and nationally. The benchmarking data is available via the Model Health System. The CHPPD data is available at organisational, service and ward level. However, it is difficult to benchmark with confidence at ward level as it does not reflect the specialist nature of some of our services. For examples our Humber Centre wards can be benchmarked against forensic services, but the model health system data does not differentiate between low, medium, and high security and acute, treatment and rehabilitation pathways in mental health. Equally the community services data only pulls from 3 peers within this cohort, so the reliability is limited.

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

EMT have requested we review the CHPPD for the Community Hospitals given there is currently no validated tool for Community Hospitals. All other CHPPD targets remain the same.

3.0 Safer Staffing Establishment 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. Friends and Family Test (FFT) and reported safer staffing and patient safety incidents are reviewed. This is then considered alongside professional judgement. Face to face and MS teams safer staffing reviews have subsequently taken place with all teams; service managers; matrons, e-roster team and their finance leads to review their safer staffing data and their establishments. Where evidence-based tools are available, dependency data was collected for 21-28 days during April/May.

4.0 Limitations:

There is no validation tool for use at Townend Court learning Disability Unit. For Ullswater the Medium secure MHOST was used but this presents limitations. Malton and Whitby do not have a validated evidence based tool for calculating their CHPPD. Model Hospital data has been used as a benchmark however, this also has limitations as there are only 3 other providers which submit data to the model hospital on which we can benchmark our community wards.

A revised version of the Safer Nursing Care Tool (SNCT) has recently been published but does not include a tool for community/rehab wards.

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

5.0 Assurance Overview

Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance 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

Low assurance	Adequate assurance	Good assurance
April 2022- September 2022		
0	3 (Townend Court/Inspire/ /Swale)	16
October 2022 -March 2023		
0	3 (Townend Court/Malton/Mill View Lodge)	16
April 2023 – September 2023		
0	1 (Mill View Lodge)	18
October 2023 -March 2024		
0	0	19

6.0 Safer Staffing Establishment Review by Ward

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

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

6.1 Mental Health Division

Avondale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication Incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	29.1	95%	104%	9.1	11.6	73%	27%	25%	6.5%	94%	89%	91%	35	0	29	136
		95%	98%													
Apr 23 Sep 23	29.8	88%	92%	6.7	11.5	73%	28%	18%	3.0%	97%	90%	91%	4	0	38	68
		95%	99%													
Oct 22 Mar 23	29.0	89%	84%	6.8	11.3	76%	28%	25%	5.1%	88%	85%	94%	11	0	38	92
		94%	100%													
Apr 22 Sep 22	26.5	83%	83%	NA	12.7	68%	35%	26%	3.2%	84%	88%	89%	2	0	38	54
		96%	99%													

Establishment review 30-05-24	
<p>Quality measures – exceptions</p> <p>There was 1 staffing level incident reported during this period. No harm. 54 responses to FFT with 97% reporting that they felt safe and confident in our service.</p> <p>Increase in medication incidents – 1 low harm, 34 no harm.</p> <p>Increase in self-harm incidents – 4 reported as moderate as patients required assessment/treatment at the acute hospital. 132 no harm/low harm.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD based on this round of dependency data is 9.1 compared to 6.7 at the previous round and Current CHPPD target set at 9.0 and this is consistently met.</p> <p>Recommended WTE as per MHOST = 38.7. Total Budgeted Establishment (WTE) = 36.95</p> <p>Nursing Budgeted Establishment = 29.95 (not including band 7)</p> <p>Staffing challenges: 3x RMN vacancies which have been recruited to (newly qualified due to start in Sept), Vacancies also include 1x Band 6, 1x HCA, Band 7 psychologist. 2x long term sickness.</p> <p>Higher number of patients on 1:1s during this data collection period. Admissions have increased. Team reports the ward feels safely staffed.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 1 red flag for sickness. No changes to CHPPD or budgeted establishment recommended at this stage. The dependency data from this round indicates a potential increase in acuity however a second round of data collection would be required before any changes would be recommended. The current budgeted establishment supports minimum staffing levels of 5 on days and 5 on nights and supports the delivery of the target CHPPD.</p>	

Maister Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	% Training	Medication	Falls	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	15.5	88%	94%	5.5	16.6	96%	35%	11%	5.6%	100%	85%	95%	16	20	0	14	1
		100%	110%														
Apr 23 Sep 23	17.4	111%	100%	6.1	17.3	95%	30%	6%	2.7%	100%	94%	95%	13	17	0	10	4
		100%	110%														
Oct 22 Mar 23	17.6	147%	94%	5.3	18.3	85%	28%	4%	5.4%	100%	96%	97%	7	3	0	1	6
		110%	101%														
Apr 22 Sep 22	17.1	105%	-	NA	18.6	90%	40%	12%	5.3%	100%	95%	95%	6	5	0	18	0
		101%	-														

Establishment review 29-05-24	
<p>Quality measures – exceptions</p> <p>2 Staffing level incidents reported – no harm incidents. 3 responses to FFT with 100% reporting that they felt safe and confident in our service. Increase in medication incidents – all no harm. Increase in falls incidents – no moderates or above</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD based on this round of dependency data is 5.5 compared to 6.1 at the previous round and Current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 7.1 In cases where the ward has less than 8 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. Total Budgeted Establishment (WTE) = 20.85. Nursing Budgeted Establishment = 17.25 (not including band 7) Staffing challenges - HCA on maternity leave. Support can be sought from Maister Lodge however ensuring staff get adequate breaks on a night shift is a challenge. 1x band 5 redeployed resulting in a staffing pressure until November, 2x Band 2 apprentices requiring backfill. Occasional RN day shift shortfalls are covered by the band 7s.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 2 red flags for OBDs and sickness however low bed base so high bed occupancy expected. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed with shortfalls covered by band 7s. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 3 on days and 3 on nights and supports the delivery of the target CHPPD.</p>	

Maister Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	34.9	104%	100%	7.5	21.3	56%	17%	-9%	7.1%	100	98%	92%	17	36	0	44	1
		100%	113%														
Apr 23 Sep 23	35.9	89%	98%	8.4	19.6	60%	20%	1%	4.9%	100	99%	94%	7	43	0	27	0
		100%	109%														
Oct 22 Mar 23	35.7	85%	99%	10.3	14.5	77%	23%	7%	8.2%	100	99%	95%	7	36	0	30	0
		103%	110%														
Apr 22 Sep 22	30.7	92%	98%	NA	16.1	66%	23%	18%	6.3%	100	97%	93%	5	44	0	50	0
		108%	102%														

Establishment review 29-05-24	
Quality measures – exceptions 0 Staffing level incident reported during this period. 10 responses to the FFT with 100% reporting that they felt safe and confident in our service. Increase in medication incidents – no moderates or above.	Professional judgement comments Recommended CHPPD based on this round of dependency data is 7.5 compared to 8.4 at the previous round Current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 18.1 Total Budgeted Establishment (WTE) = 37.7. Nursing Budgeted Establishment = 32.9 (not including band 7) Staffing challenges: Many patients are at high risk of falls and due to the environment/ward layout staff are required to cover zonal observations to reduce risk. Additional shifts are added in times of higher acuity including occasional staff on nights as required. Currently 6.6 WTE Band 6s – To undertake a QIA to consider converting 1 band 6 to a band 5 role. 2x band 5s due to start in September. 1x band 4 long term sick. 1 Band 5 in preceptorship. 1 band 3 TNA due to qualify in July.
Outcome and recommendations Good assurance with 1 red flag for sickness. The overall fill rates, CHPPD and performance indicators give good assurance that the unit is safely staffed. No changes to CHPPD or budgeted establishment recommended at this stage. Bed occupancy remains low however that there has been an increase in complex patients and patient requiring end of life care.	

Mill View Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	28.8	102%	104%	8.3	9.2	83%	28%	11%	6.4%	100	92%	94%	30	15	1	20	98
		96%	115%														
Apr 23 Sep 23	27.3	92%	91%	6.8	8.4	88%	25%	17%	5.5%	83%	82%	94%	19	9	0	46	48
		96%	109%														
Oct 22 Mar 23	28.2	93%	88%	9.7	8.8	84%	36%	30%	7.2%	88%	98%	93%	9	9	0	22	105
		93%	104%														
Apr 22 Sep 22	26.0	78%	80%	8.1	8.2	84%	38%	34%	4.0%	75%	82%	92%	15	5	0	10	29
		91%	98%														

Establishment review 30-05-24	
Quality measures – exceptions 1 staffing level incident reported: No harm. 10 responses to FFT with 100% reporting that they felt safe and confident in our service. Increase in medication incidents – no moderates or above. Increase in self-harm incidents – 4 moderate harm.	Professional judgement comments Recommended CHPPD based on this round of dependency data is 8.3 compared to 6.8 at the previous round when acuity was noted to have been less than typical. Current CHPPD target set at 8.0 and this is consistently met. Recommended WTE = 18.0. Total Budgeted Establishment (WTE) = 35.0. Nursing Budgeted Establishment = 27.0 (not including 2x Band 7s) Current staffing challenges: 2x RN vacancies filled with newly qualified nurse due to start in September. Band 4 vacancy however TNA due to qualify. 2x HCA long term sickness. Challenges in filling bank shifts reported. Overspend impacted by TNA/apprentice backfill. Staffing is increased in response to patient acuity.
Outcome and recommendations Good assurance with 1 red flags for sickness. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 5 on days and 4 on nights and supports the delivery of the target CHPPD.	

Mill View Lodge	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	29.5	82%	81%	4.7	17.1	79%	21%	36%	5.0%	100	87%	96%	14	22	0	31	16
		114%	131%														
Apr23 Sep 23	21.7	66%	77%	6.1	13.6	92%	39%	40%	4.7%	100	74%	94%	9	8	0	6	3
		102%	133%														
Oct 22 Mar 23	23.5	69%	86%	4.6	16.6	83%	47%	3%	10.2%	87	69%	97%	15	20	0	20	3
		107%	156%														
Apr 22 Sep 22	23.4	71%	90%	NA	15.0	98%	39%	18%	7.7%	100	82%	92%	20	14	0	45	6
		102%	131%														

Establishment review 29-05-24	
<p>Quality measures – exceptions 3 staffing level incidents reported. All reported as no harm. 10 responses to FFT with 100% reporting that they felt safe and confident in our service. Increase in falls – no moderate or above. Self-harm incident - 1x severe harm – Patient Safety incident Investigation (patient on leave)</p>	<p>Professional judgement comments Recommended CHPPD based on this round of dependency data is 4.7 compared to 6.1 at the previous round Current CHPPD target set at 11.5 and this is consistently met. Recommended WTE 10.1. Total Budgeted Establishment (WTE) = 33.7. Nursing Budgeted Establishment = 28.3 (not including band 7) Staffing challenges: No long-term sickness, 3x apprentice Band 2x requiring backfill, HCA on maternity leave. 4 RN vacancies, recruited to 3 posts, 1 awaiting visa, 2 newly qualified due to start in September. Considering changing a Band 5 to a Band 4 but will require a QIA. Cost pressure due to agency night cover whilst newly qualified in preceptorship. Fill rates – Band 4 changed to band 5 however there was a delay in moving on E-roster which accounts for the underfill on days and overfill on nights. This has been rectified.</p>
<p>Outcome and recommendations Good assurance with no red flags which is an improved position. Bank and agency spend has reduced and 3 of the 4 RN vacancies have been filled. There is sufficient budget to cover the shift pattern of 5, 4, 4 plus a twilight. No changes to CHPPD or budgeted establishment recommended.</p>	

New bridges	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	40.4	82%	85%	5.4	8.0	91%	15%	-11%	11.1%	100	87%	99%	8	1	26	15
		88%	102%													
Apr23 Sep 23	41.1	77%	84%	5.6	7.8	94%	14%	-9%	4.6%	100	89%	99%	12	0	93	5
		96%	103%													
Oct 22 Mar 23	41.2	79%	83%	5.6	8.0	92%	17%	3%	6.0%	100	78%	97%	8	0	33	3
		90%	100%													
Apr 22 Sep 22	39.8	79%	87%	10.0	8.2	93%	17%	12%	5.6%	NR	81%	94%	12	0	56	2
		94%	106%													

Establishment review 28-05-24	
<p>Quality measures – exceptions</p> <p>1 staffing level incidents reported during this period. No harm. 19 responses to FFT with 100% reporting that they felt safe and confident in our service. The demand template on e-roster has been changed following the previous review to reflect the shift patterns however this change was made part way through the 6-month period which has impacted fill rates.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD is 5.4 compared to 5.6 at the previous reporting period. Model Health System Peer median is 9.64 (Feb 2024). Current CHPPD target set at 8.0 which has been met as an average over the 6 months. Recommended WTE = 22.3. Total Budgeted Establishment (WTE) = 42.9. Nursing Budgeted Establishment = 33.9 (not including 2x band 7) Staffing challenges: 1 trainee nurse associate. Over established on RNs due to international nurse recruit (now qualified), 1 RN due to retire, 1 nursing associate applied for nursing degree, 1 RN currently on long term sick due to commence maternity leave, 2x HCAs and APOT on long term sick.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 1 red flag for sickness. CHPPD agreed target of 8.0 set following the review in Oct 22. Average CHPPD has reached this target of 8.0 and whilst this is not consistent month on month it does exceeds the current recommended CHPPD of 5.4. Dependency data may suggest a reduction in acuity/dependence however further data collection is required. Current target of 8.0 CHPPD is more in line with the peer median. No changes to target CHPPD or budgeted establishment recommended at this stage. The current budgeted establishment supports the minimum staffing levels.</p>	

PICU	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	31.4	98%	98%	12.0	20.8	76%	42%	29%	3.7%	100	90%	95%	18	0	136	43
		97%	118%													
Apr 23 Sep 23	29.8	86%	117%	14.6	22.6	72%	50%	33%	9.5%	86	91%	91%	5	0	118	27
		95%	129%													
Oct 22 Mar 23	32.1	84%	106%	15.0	24.1	70%	54%	26%	11.1%	83	100%	86%	5	0	151	37
		95%	130%													
Apr 22 Sep 22	30.6	86%	106%	NA	21.1	76%	51%	27%	6.5%	NR	100%	78%	4	0	132	18
		97%	121%													

Establishment review 30-05-24	
<p>Quality measures – exceptions</p> <p>0 staffing level incident reported during this period. 2 responses to FFT with 100% reporting that they felt safe and confident in our service. Increase in medication incidents – all no harm. Increase in self-harm incident – no moderates or above</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD is 12.0 compared to 14.6 in in the previous reporting period. Recommended WTE = 29.0. Total Budgeted Establishment (WTE) = 45.35. Nursing Budgeted Establishment = 38.35 (not including 2x band 7) Staffing challenges: 4 RN vacancies with 3 newly qualified RNs due to start in September. 2x band 6 vacancies however the band 6 establishment is to be reviewed as currently budgeted for 5. No maternity leave or long-term sickness. 1x TNA. Retention of staff TNA and apprenticeship programme noted.</p>
<p>Outcome and recommendations</p> <p>Good assurance with no red flags. The ward is safely staffed and the CHPPD target, previously set at 16.6, is consistently being met over time. The current budgeted establishment covers the current shift pattern of 7 on long days and 6 on night. No changes to safe staffing levels or CHPPD recommended following this review however the RN budgeted establishment under review with finance to ensure it is based on 2 RNs on day rather than 3. Band 6 establishment to also be reviewed.</p>	

STaRS	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	39.3	70%	117%	No data	29.9	81%	32%	15%	10.2%	NR	84%	95%	11	0	7	2
		102%	101%													
Apr 23 Sep 23	37.1	78%	129%	3.9	27.7	90%	36%	11%	13.1%	NR	86%	93%	12	0	3	1
		100%	100%													
Oct 22 Mar 23	39.1	64%	108%	4.3	23.8	97%	26%	-4%	12.6%	NR	77%	93%	8	0	1	2
		100%	100%													
Apr 22 Sep 22	37.7	62%	77%	3.9	23.5	95%	19%	0%	4.7%	NR	83%	94%	4	0	1	0
		100%	100%													

Establishment review 30-05-24	
<p>Quality measures – exceptions</p> <p>2 staffing level incidents reported during this period. No harm. There were no FFT returns during this 6- month period- this has been raised with the team.</p> <p>RN daytime fill rates for this period include the duty shift which is not always filled. This has been moved over to the community roster and will correct the daytime fill rates. Sickness has continued to be a challenge however it is felt that splitting the team into community and ward will have a positive impact on staff well-being going forward.</p>	<p>Professional judgement comments</p> <p>Dependency data was not collected during this reporting period so unable to calculate a R-CHPPD or R-WTE for this reporting period. Quality indicators were reviewed, and a professional judgement discussion was held.</p> <p>Total Budgeted Establishment (WTE) = 20.7 (ward) The community and ward budgets where split on 1st April 2024.</p> <p>Nursing Budgeted Establishment = 20.7 (Band 7 sits on the community budget)</p> <p>Staffing challenges: 1x RN vacancy however Band 4 now qualified and moving into the band 5 post. 1x band 4 and 1.9x band 2/3 vacancies. 1 nurse on long terms sick. 1x maternity leave. Band 2 apprentice. Bank and agency high to support covering vacancies and absences.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 2 red flag sickness and RN daytime fill rates. The ward is safely staffed and the CHPPD target, previously set at 5.3, is consistently being met over time. The current budgeted establishment supports minimum staffing levels of 4 on days and 3 on nights and the delivery of the target CHPPD. No changes to budgeted establishment or CHPPD recommended following this latest review.</p>	

Westlands	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	37.1	79%	78%	8.9	9.8	79%	38%	13%	9.2%	NR	85%	88%	22	12	53	734
		93%	107%													
Apr 23 Sep 23	35.9	81%	83%	7.0	9.1	87%	35%	16%	8.3%	100	85%	91%	18	2	56	191
		96%	106%													
Oct 22 Mar 23	35.8	86%	80%	6.1	8.8	86%	38%	11%	9.3%	NR	84%	94%	15	0	44	233
		96%	103%													
Apr 22 Sep 22	34.9	88%	81%	7.6	8.9	87%	36%	19%	8.1%	89	88%	92%	8	0	49	437
		93%	111%													

Establishment review 30-05-24	
<p>Quality measures – exceptions</p> <p>6 staffing level incidents, all reported as no harm. 0 responses to FFT- this has been raised with the team.</p> <p>Fill rates are not accurately reflected due to discrepancy in the planned versus actual hours. E-roster demand template needs to reflect long days more accurately. E-roster time are viewing and amending accordingly.</p> <p>Sickness continues to be a challenge. Long terms sickness 2.5% at the end of this reporting period.</p> <p>Increase in medication incidents – all no harm/low harm.</p> <p>12 incident of cancelled section 17 leave. None related to staffing level issues.</p> <p>Significant increase in self-harm incidents – 6 moderate harm.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD is 8.9 compared to 7.0 in the previous reporting period. Increase in patients on 1:1 engagement during this reporting period.</p> <p>Recommended WTE = 28.3</p> <p>Total Budgeted establishment (WTE) = 41.66</p> <p>Nursing Budgeted Establishment = 32.86 (excluding band 7s)</p> <p>Staffing challenges: Challenges with staff on apprenticeships/training, absences due to suspension/sickness/mat leave. Impacting bank and agency spend. 2x TNAs and 1x NA on degree pathway. 1x RN on LTS. 2x maternity leave. Minimal vacancies however band 6 working notice. Good day time cover with additional AHP support. Currently over-established on HCAs band2/3.</p>
<p>Outcome and recommendations</p> <p>Good assurance with only 1 red flag (sickness). The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. Demand template to be changed from earlys and lates to long days to reflect the current shift patterns which will more accurately reflect the fill rates. The budgeted establishment supports the delivery of the target CHPPD of 8.0 and the shift pattern of 6 on long days and 5 on nights. No changes to budgeted establishment or CHPPD recommended following this latest review.</p>	

6.2 Children and Learning Disability Division

Townend Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave *	V&A	Self-harm
Oct 23 Mar 24	36.7	78%	85%	NA	34.2	38%	36%	23%	14.1%	NR	76%	93%	18	1	400	373
		102%	100%													
Apr23 Sep 23	36.6	75%	87%	NA	31.0	82%	38%	26%	17.7%	NR	76%	92%	25	0	107	30
		81%	106%													
Oct 22 Mar 23	36.5	67%	75%	NA	28.1	81%	30%	20%	6.6%	100	59%	97%	28	0	113	20
		53%	98%													
Apr 22 Sep 22	38.8	58%	71%	NA	29.1	77%	31%	23%	13.2%	50	85%	91%	17	2	192	4
		81%	106%													

Establishment review 25-04-24	
<p>Quality measures – exceptions</p> <p>13 staffing level shortages reported, all reported as no harm.</p> <p>Fill rates – slight improvement in fill rates. Impacted by high sickness and vacancies.</p> <p>Clinical supervision at the end of this reporting period was 100%.</p> <p>Long term sickness rates by end of March down to 2.8%</p>	<p>Professional judgement comments</p> <p>There is no evidence based approved tool for use in this clinical setting. The bed occupancy is also low which makes dependency data less reliable. Model hospital peer median is 29.62 CHPPD (Mar 24). Current target set at 10.3.</p> <p>Total Budgeted establishment (WTE) = 42.83</p> <p>Nursing budgeted establishment = 38.83 (excluding Band 7)</p>

1 cancelled section 17 leave. Not related to staffing issues. Significant increase in self-harm incidents – related to 2 patients, all no harm/low harm. Significant increase in incidents of violence and aggression – 391 no harm, 9 low harm. 227 x physical, 85 verbal, 38x non-physical.	Staffing challenges: 4x band 5, 4.63 x band 3 and 1x band 6 vacancies. Activity worker on secondment to APOT training. 1x Pharmacy tech vacant. QIA to convert pharmacy tech to 4x HCAs on long terms sick. Actively recruiting to vacant posts.
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Outcome and recommendations
Good assurance with 1 red flag for sickness which has continued to be a challenge. Sickness and vacancies are impacting staffing levels and fill rates. Despite these challenges CHPPD remains high, supported in part due to lower bed occupancy. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern of 8 on long days and 6 on nights. No changes to budgeted establishment or CHPPD are recommended following this review. The team continue to focus on improving clinical supervision and support for staff returning to work following sickness absence.

Granville Court	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Oct 23 Mar 24	52.4	103%	100%	NA	17.5	84%	38%	2%	9.3%	NR	93%	95%	13	11	0
		108%	107%												
Apr 23 Sep 23	46.8	104%	96%	NA	16.8	90%	46%	2%	6.9%	NR	91%	93%	31	23	0
		107%	107%												
Oct 22 Mar 23	48.0	111%	92%	NA	16.4	88%	42%	4%	9.1%	NR	90%	94%	30	14	1
		106%	99%												
Apr 22 Sep 22	48.8	111%	88%	NA	17.6	83%	39%	0%	5.2%	NR	93%	93%	15	25	0
		105%	99%												

Establishment review 29-05-24

<p>Quality measures – exceptions 1 staffing level incidents – no harm. HCA covered shortfall. The team do not use the friends and family test as it does not meet the needs of the service however the team do seek regular feedback from families. Long term sickness 3.5% in March.</p>	<p>Professional judgement comments There is currently no evidenced based tool for residential care homes on which to recommend the number of WTEs or CHPPD. Total Budgeted Establishment (WTE) = 62.45 Staffing challenges: 14 additional B2 posts. Will be fully established by July. 2 care workers are currently going through recruitment process. Further 3 interviews in June. 1x care worker on maternity leave, 2x health and social care apprentices. The team report that staffing levels are safe and they are able to deliver a high quality of care.</p>
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Outcome and recommendations
Good assurance with 1 red flag for sickness. Granville Court is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern. No changes to budgeted establishment or CHPPD are recommended following this review.

Inspire	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	45.3	93%	104%	21.6	26.6	61%	30%	-5%	12.0%	NR	89%	86%	38	0	26	94
		96%	113%													
Apr 23 Sep 23	44.1	98%	105%	29.0	30.4	55%	16%	-6%	12.1%	NR	90%	98%	33	0	37	208
		91%	110%													
Oct 22 Mar 23	49.2	87%	102%	25.7	29.3	60%	18%	10%	10%	NR	85%	88%	16	0	22	428
		130%	134%													
Apr 22 Sep 22	53.2	45%	67%	NA	30.6	67%	26%	20%	11.5%	NR	88%	89%	25	0	32	424
		70%	85%													

Establishment review 02-05-24	
<p>Quality measures – exceptions</p> <p>There were 2 staffing level incidents reported during this period. No harm. No FFT returns however the team proactively seek feedback from the young people. A quarterly report is provided to the provider collaborative.</p> <p>Increase in medication incidents – 2 low harm, 36 no harm. Sickness continues to be a challenge with 2x LTS.</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD is 21.6 compared to 29.0 in in the previous period. Model Health System Peer Median is 23.3 (Mar 2024). Previous dependency data was based on less than 8 occupied beds and therefore the R-CHPPD was less reliable.</p> <p>Recommended WTE = 39.0 . Total budgeted establishment (WTE) = 33. Over established since closure of Nova (3x band 5s and 2x band 3s). Nursing budgeted establishment = 29.0 (excluding 4x Band 7s). Staffing challenges: There are a number of young people who are day cases which have not been included in the data collection (as per the MHOST guidance) however they require a significant amount of intensive support. Staffing is currently impacted by 2x staff on maternity leave and 2x staff on LTS. 2 new starters in preceptorship.</p> <p>International recruit requiring supernumerary status. Agency use is reducing.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 1 red flag for sickness. The ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern of 6 on days and 5 on nights. No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

6.3 Primary Care and Community Services Division

Malton	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Oct 23 Mar 24	31.3	95%	86%	NA	6.8	93%	18%	-6%	5.2%	95	100%	89%	10	23	5
		118%	98%												
Apr 23 Sep 23	32.4	90%	89%	NA	7.5	87%	12%	-16%	4.8%	NR	100%	93%	9	15	5
		122%	102%												
Oct 22 Mar 23	34.2	96%	87%	NA	6.9	92%	9%	-17%	5.9%	89	99%	91%	11	26	4
		117%	101%												
Apr 22 Sep 22	31.6	105%	90%	NA	7.1	91%	0%	-13%	7.7%	94	99%	81%	11	32	2
		104%	100%												

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

Establishment review 21-05-24	
<p>Quality measures – exceptions</p> <p>1 staffing level incident – reported as no harm. Staffing shortfall on night shift due to sickness, unable to cover.</p> <p>38 responses to FFT with 100% reporting that they felt safe in our care.</p> <p>0% long term sickness in March.</p> <p>5 pressure ulcers acquired in our care – all low harm.</p> <p>10 medication incidents – all no or low harm.</p> <p>23 falls related incidents – all no or low harm.</p>	<p>Professional judgement comments</p> <p>There is not a valid evidence based safer staffing tool for the community wards therefore unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The model hospital peer median provides limited data on which to establish an accurate CHPPD with only 3 other community trusts submitting CHPPD data. The model health system data peer median CHPPD is 7.69 (Mar 24). Following a professional judgment discussion, at the last review, it was agreed that the target for CHPPD at Malton should be the same as Whitby as the patient acuity and dependence is comparable however due to a larger bed base Malton are not able to consistently achieve a CHPPD compared to Whitby. They currently run on the same shift pattern as Whitby (7 early, 5 late, 4 nights) but are unable to achieve 3 RNs on the late shift. High OBD are in part impacting on CHPPD.</p> <p>Total budgeted establishment = 33.86</p> <p>Nursing budgeted establishment = 28.61 (excluding 1.6 x band 7)</p> <p>The ward currently has a budget for 14.88 WTE RNs (Band 5 x 11.6, Band 6 x 3.28) however slightly over establishment (16.2) due to international recruitment. 1x band 4 is due to qualify.</p> <p>Staffing challenges: 2x Band 2 vacancies, 2x Band 5 vacancies (May 2024). 1x Band 2 long term sickness. 2x RNs on maternity leave, 2 RNs due to go on mat leave.</p>
<p>Outcome and recommendations</p> <p>Following the previous review, a recommendation was made to review the budgeted establishment. It is recognised that the current budgeted establishment may not support a third RN on the late shift and whilst there are 5 staff on duty this is 2 x RNs and 3x HCA. Following review of the quality measures and a professional judgment discussion there is good assurance that the ward is safely staffed and that key performance targets are being met however CHPPD are consistently not achieved. Service managers and finance team to review budgeted establishment and confirm if there is sufficient to cover 3x RN on the late shift and consider if there is adequate HCA to support increasing to 6 in total on the late shift which will support CHPPD. This may require a business case if additional budget is required. EMT have requested we review the CHPPD for the Community Hospitals given there is currently no validated tool for Community Hospitals.</p>	

Whitby	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Falls	Pressure Ulcers in our care
Oct 23 Mar 24	44.1	91%	83%	NA	8.4	90%	2%	-6%	8.5%	95	100%	89%	16	12	7
		101%	100%												
Apr 23 Sep 23	47.9	106%	91%	NA	9.1	86%	1%	-18%	8.1%	96	93%	92%	27	10	2
		104%	101%												
Oct 22 Mar 23	44.4	91%	88%	NA	8.2	94%	5%	-7%	9.1%	100	90%	84%	10	15	7
		100%	99%												
Apr 22 Sep 22	43.0	99%	89%	NA	8.3	94%	3%	-4%	7.3%	100	92%	94%	8	26	4
		103%	101%												

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

Establishment review 21-05-24	
<p>Quality measures – exceptions</p> <p>1 staffing level incident reporting 6 staffing shortfalls due to sickness in December. Reported as low harm due to delays in care delivery.</p> <p>21 responses to FFT with 100% reporting that they felt safe in our care.</p> <p>0% Long terms sickness in March.</p> <p>7 pressure ulcers acquired in our care – all low harm.</p> <p>16 medication incidents – all no or low harm.</p> <p>12 falls related incidents – all no or low harm.</p>	<p>Professional judgement comments</p> <p>There is not a valid evidence based safer staffing tool for the community wards therefore unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The model health system peer median provides limited data on which to establish an accurate CHPPD with only 3 other community trusts submitting CHPPD data. The model health system data peer median CHPPD is 7.92 (Mar 24). The CHPPD is currently set at 8.0 and this has consistently been achieved over time. Total Budgeted Establishment = 38.39</p> <p>Nursing Budgeted Establishment = 29.45 (excluding 1.4 x band 7, 2x Band trainee ANPs, 2x ancillary band 2)</p> <p>Staffing challenges: 0.8 x band 5 and 1 x Band 2 HCA maternity leave. 1x trainee TNA. Band 6 and band 2/3 vacancies.</p>
<p>Outcome and recommendations</p> <p>Good assurance with only one red flag for sickness. The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. The current budgeted establishment supports the shift patterns of 7 early, 5 late, 4 nights. No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

6.4 Forensic Services Division

Derwent	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	23.0	95%	86%	10.1	17.1	80%	42%	8%	4.2%	100	94%	95%	1	0	38	5
		97%	119%													
Apr 23 Sep 23	22.8	90%	70%	9.9	13.1	84%	28%	22%	7.2%	NR	89%	95%	2	0	24	6
		91%	101%													
Oct 22 Mar 23	24.4	91%	83%	14.2	13.8	78%	26%	11%	9.4%	NR	93%	95%	2	0	29	0
		80%	103%													
Apr 22 Sep 22	26.3	91%	84%	NA	12.5	84%	23%	10%	12.3%	NR	92%	91%	1	0	20	0
		95%	96%													

Establishment review 23-05-24	
<p>Quality measures – exceptions 0 Staffing level incidents reported. Sickness has improved since the previous reporting period. 1x FFT reporting they felt safe and confident in our care. Increase in incidents of V&A – 2 low harm, 36 no harm.</p>	<p>Professional judgement comments Recommended CHPPD is 10.1 compared to 9.9 in in the previous reporting period. Recommended WTE = 19.0 Total Budgeted establishment (WTE) = 28.13 Nursing budgeted establishment = 25.13 (excluding 2x Band 7s) Staffing challenges: 1 HCA on maternity leave, 1 RN returning from maternity leave 1 HCA restricted patient contact due to pregnancy, 1 on secondment, Band 4 works as second qualified. Bank usage higher due to band 3 turnover and vacancies and increase in engagement levels and seclusion. Staffing temporarily increased to 8 and 6 when required, in response to increasing acuity.</p>
<p>Outcome and recommendations Good assurance with no red flags. The CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 4 nights (1 RN). No changes to budgeted establishment or CHPPD recommended following this review.</p>	

Ouse	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	23.8	86%	89%	5.3	9.4	69%	15%	8%	12.4%	100	88%	94%	3	0	4	0
		92%	108%													
Apr 23 Sep 23	23.9	78%	94%	9.5	10.0	75%	21%	23%	7.5%	NR	91%	95%	2	2	14	0
		100%	126%													
Oct 22 Mar 23	24.4	106%	119%	5.3	11.3	82%	29%	21%	5.0%	NR	89%	96%	5	4	13	1
		100%	172%													
Apr 22 Sep 22	24.7	78%	87%	NA	7.8	90%	17%	23%	7.7%	NR	90%	87%	5	0	5	0
		103%	104%													

Establishment review 23-05-24	
<p>Quality measures – exceptions 0 Staffing level incidents reported. 1x FFT during this reporting period reporting they felt safe and confident in our care. Overall absence down to 7.2% by April.</p>	<p>Professional judgement comments Recommended CHPPD is 5.3 compared to 9.5 in in the previous reporting period but is the same as May 2023. Recommended WTE = 12.6 Total Budgeted establishment (WTE) = 25.44 Nursing budgeted establishment = 23.44 (excluding 2x Band 7s) Staffing challenges: 1x band 5 on maternity, 1 LTS re-deployed, 1 LTS due to return to work. Had period of heightened complexity and demand however relatively settled during dependency data collection, following which 2 more episodes of seclusion/long term segregation. Staffing is increased when acuity is higher.</p>
<p>Outcome and recommendations Good assurance with 1 red flag for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 3 nights (1 RN). No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Pine view	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	29.7	95%	91%	6.1	9.1	82%	27%	12%	8.4%	NR	99%	97%	14	6	2	1
		59%	93%													
Apr 23 Sep 23	30.0	87%	88%	5.3	8.1	88%	20%	15%	5.1%	100	99%	98%	11	8	4	0
		62%	89%													
Oct 22 Mar 23	31.0	101%	90%	5.9	9.5	76%	15%	4%	8.6%	80	100%	95%	18	13	10	0
		69%	87%													
Apr 22 Sep 22	31.3	88%	102%	NA	9.3	83%	16%	7%	5.6%	89	94%	92%	11	22	26	0
		64%	88%													

Establishment review 23-05-24	
<p>Quality measures – exceptions</p> <p>0 staffing level incidents reported. Fill rates - Pine view has 2 RNs on a night shift as it is a standalone unit however the 2nd RN does sometimes get moved to cover short falls at the Humber Centre. The duty band 6 is rostered into an unqualified shift which impacts the night RN fill rates. Duty nurse is based at the Humber Centre and not always backfilled with an RN which is also impacting the fill rates on nights. 0 responses to FFT. Sickness has increased over the 6 month period. 6 cancelled section 17 leave. 5 reported as due to staffing levels. Incident of self-harm also resulted in harm to staff – moderate harm</p>	<p>Professional judgement comments</p> <p>Recommended CHPPD using the MHOST medium secure tool is 6.1 compared to 5.3 the previous reporting period. Recommended WTE = 19.2 Total Budgeted establishment (WTE) = 33.82 Nursing budgeted establishment = 30.82 (excluding 2x Band 7s) Staffing challenges: 1x RN on LTS, 3x RN and 1x HCA on maternity leave, 1 HCA HR process, 1x HCA recently returned from LTS.</p>
<p>Outcome and recommendations</p> <p>Good assurance with 2 red flags for night-time RN fill rates and sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (2 RNs). No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Swale	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	25.2	71%	90%	5.1	10.8	72%	34%	31%	8.0%	96	90%	92%	12	6	8	1
		83%	92%													
Apr 23 Sep 23	26.2	71%	92%	No data	11.4	69%	28%	17%	8.4%	100	89%	97%	8	7	21	8
		96%	92%													
Oct 22 Mar 23	26.2	81%	94%	7.6	10.3	77%	27%	23%	6.9%	100	93%	96%	8	8	28	9
		102%	89%													

Apr 22 Sep 22	26.9	85%	103%	NA	9.3	92%	305	16%	7.5%	100	66%	96%	7	9	31	18
		110%	97%													

Establishment review 23-05-24	
<p>Quality measures – exceptions 13 Staffing level incident. All reported as no harm. Fill rates on days reflect shifts where 1 RN is on duty on days. 18 responses to FFT with 100% reporting that they felt safe and confident in our service. Sickness remains high however no LTS in March. Increase in medication incidents – all no harm. 6 cancelled section 17 leave. 4 reported as due to staffing level shortages.</p>	<p>Professional judgement comments Recommended CHPPD using the MHOST medium secure tool is 5.1 compared to 7.6 in May 2023. No data collection in November 2023. Recommended WTE = 13.1 Total Budgeted establishment (WTE) = 31.82 Nursing budgeted establishment = 28.82 (excluding 2x Band 7s) Staffing challenges: International nurses and newly qualified nurse requiring additional support and unable to take charge of the ward. 1 band 6 seconded from Pine View. 1 Band 5 to Band 6 development. 1x RN on maternity leave. 1x HCAs HR process. Acuity has remained lower for second reporting period but significant investment in managing relational risk through staff presence and engagement.</p>
<p>Outcome and recommendations Good assurance with 2 red flags for sickness and day-time RN fill rates. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met. The current budgeted establishment supports the shift patterns of 6 on long days and on 5 nights (1 RN). No changes to budgeted establishment or CHPPD are recommended following this review.</p>	

Ullswater	Staff in post	Fill rates RN	Fill rates overall	R-CHPPD (acuity)*	CHPPD Hours *	OBDs	Bank & Agency	Vacancies (RN) %	Sickness %	FFT %	% Clinical Supervision	Training %	Medication incidents	Cancelled S17 leave*	V&A	Self-harm
Oct 23 Mar 24	29.1	99%	119%	12.9	17.1	67%	33%	-1%	7.1%	0%	88%	96%	2	2	82	6
		97%	143%													
Apr 23 Sep 23	26.1	66%	104%	15.3	15.8	61%	28%	27%	12.4%	NR	97%	94%	3	8	68	25
		97%	108%													
Oct 22 Mar 23	26.2	100%	119%	NA	20.6	52%	27%	31%	10.2%	NR	97%	95%	4	4	69	34
		95%	125%													
Apr 22 Sep 22	31.2	85%	105%	NA	17.4	56%	16%	18%	10.4%	NR	81%	94%	4	10	66	26
		98%	111%													

Establishment review 23-05-24	
<p>Quality measures – exceptions 12 Staffing level incidents reported –all reported as no harm. 1x FFT response. The response to whether they felt safe and confident in our care was 100%. Sickness remains high but has improved since September. 2 cancelled section 17 leave, both reported as due to staffing level shortages. Increase in V&A incidents – 11 low harm, 71 no harm.</p>	<p>Professional judgement comments Using the MHOST tool a recommended CHPPD is 12.9 compared to 15.3 in Nov 2023 (using MSU MHOST). Model hospital peer median is 13.09 (Mar 24). Current target 10.3. Recommended WTE = 24.3. Total Budgeted Establishment (WTE) = 28.13 Nursing budgeted establishment = 25.13 (excluding 2x Band 7s) Staffing challenges: Consistently requiring 6 on days and 5 on nights, supportive engagement and acuity is at times leading to staff not taking breaks, impact of duty rota, newly qualified staff. Band 5 on maternity leave, Band 6 on secondment, 1 HCA on LTS.</p>

Outcome and recommendations

Good assurance with 2 red flags for sickness and FFT. The CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 4 nights (1 RN) however following this review the safer staffing leads need to meet with the senior leadership team to review their budgeted establishment The unit continues to look after individuals who require enhanced levels of support and they are not always receiving the additional monies to support this and in the last 3 reporting periods this has led to them being overspent. Recommend that the cost of moving to 6 and 5 and/or 6 days; twilight and 4 nights is undertaken and to discuss with commissioners if current budget is not sufficient or consider business case.

Humber Centre- additional information

In addition to the safe staffing incidents reported by wards the Humber Centre also reported an additional 14 occasions where staffing across the Humber Centre was impacted by sickness resulting in reduced ward activities, impact on staff breaks, staff staying behind following day shifts to support, section 17 leave cancelled. There has been an occasional report of an RN covering more than one ward on night shift due to sudden staff absence.

All incidents reported as no harm to patients.

A new staffing model has been introduced so that an additional registered nurse is rostered as a duty person on nights in the Humber Centre and 2 registered nurses are rostered at Pine view to mitigate the risk of short notice sickness leaving an area without RN cover going forward.

7.0 Summary:

- When safer staffing numbers are met, all units are safely staffed.
- Following review of key performance measures, all wards demonstrate good assurance with no ward with more than 2 red flags over the 6 month average.
- There has been an increase in medication incident reporting due to pharmacy techs on MH inpatient unit increasing their reporting of systems and dispensing issues.
- Whilst there has been a significant reduction in self-harming incidents at Inspire there has been a notable increase in some of the other units particularly Westlands, Mill View Court and Townend Court. A more detailed analysis will be presented in the Annual Patient Safety Report.
- Staff report difficulty in taking breaks on night duty when there is 1 qualified on duty.
- Positive impact of TNA and apprenticeships – improved retention of staff
- At the time of the safe staffing reviews all wards reported making good progress with appraisals.

8.0 Update on Actions from previous report

- All units have Band6/7 nurses who have successfully completed the MHOST inter-rater reliability training.
- Changes to the demand templates following the last review have been completed however this was not completed until part way through the reporting period and as such some 6-month average fill rates have continued to be affected. The staffing model on nights in the Humber Centre has been reviewed and an additional registered nurse duty manager shift has been included to ensure there is extra capacity to cover short notice RN sickness going forward.
- Service manager and finance are reviewing the budgeted establishment for Malton to confirm if there is sufficient to cover 3 x RN on the late shift and consider if there is adequate HCA to support increasing to 6 in total on the late shift which will support CHPPD. This may require a business case if additional budget is required.

9.0 Recommendations and Next Steps

- Following review of existing budgeted establishment for Malton consider business case for additional staff to support improvement in CHPPD.
- Discuss options for tools to use on the community wards with NHSe.
- Annual Self-assessment using chief nurse assurance format from NHSe to be completed Sept 2024
- Review reporting cycle to align with budget setting and annual report with 6 month establishment review summary.
- EMT have requested we review the CHPPD for the Community Hospitals given there is currently no validated tool for Community Hospitals.
- EMT have requested a deep dive into sickness absence in our in patient units.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024															
Title of Report:	Freedom to Speak Up Guardian’s Annual Report 2023/24															
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up Alison Flack, Freedom to Speak Up Guardian															
Recommendation:	<table border="1" data-bbox="539 680 1528 797"> <tr> <td data-bbox="539 680 938 719">To approve</td> <td data-bbox="938 680 1031 719">Yes</td> <td data-bbox="1031 680 1410 719">To discuss</td> <td data-bbox="1410 680 1528 719"></td> </tr> <tr> <td data-bbox="539 719 938 757">To note</td> <td data-bbox="938 719 1031 757"></td> <td data-bbox="1031 719 1410 757">To ratify</td> <td data-bbox="1410 719 1528 757"></td> </tr> <tr> <td data-bbox="539 757 938 797">For assurance</td> <td data-bbox="938 757 1031 797"></td> <td data-bbox="1031 757 1410 797"></td> <td data-bbox="1410 757 1528 797"></td> </tr> </table>				To approve	Yes	To discuss		To note		To ratify		For assurance			
To approve	Yes	To discuss														
To note		To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	To present the Freedom to Speak Up Annual Report 2023/24 for approval by the Trust Board. The annual report has been amended following recommendations from the Workforce Committee to include actions being taken in response to Lucy Letby case.															
Key Issues within the report:																
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The revised policy and procedure approved by the Trust Board, in line with the National Guardian’s Office. The revised speak up strategy (2024-2027) to be approved by the May Trust Board. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> The development of an anonymous feedback questionnaire to gather staff’s experience and to gather data on gender, ethnicity and age. 															
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> The continued recruitment of speaking up ambassador across the Trust divisions. The appointment of a medical staff ambassador. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> The Trust Board are asked to approve the Annual Report. 															
<p>Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i></p>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		Workforce & Organisational Development Committee	08/05/24												
	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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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	

Freedom to Speak up Guardian's Annual Report – 2023/24

The following report provides an update on the work undertaken as part of the Freedom to Speak Up processes and the role of the Guardian and our future plans.

Freedom to Speak Up Vision and Strategy (2024 - 2027)

Our Freedom to Speak Up Vision and Strategy has now been refreshed and is due for approval by the Trust Board in May 2024. Our FTSU strategy and vision supports our Trust strategy and is underpinned by our Trust values, caring, sharing and learning.

We have identified four key areas as our priorities:-

- Continuing to improve awareness of speaking up;
- Improving confidence for our staff in raising concerns;
- Providing training and support to all our leaders and managers;
- Improving our data collection and governance processes.

Board Leadership and Oversight

Michele Moran is the Executive Lead for speaking up and Dean Royles is the Non Executive Director Lead for speaking up. The Guardian meets with the Chair Person, Non Executive Director Lead and Executive Lead for speaking up on a quarterly basis. The Trust Board have also held development sessions on speaking up and have continued to review the self-assessment of speaking up processes.

The Executive Lead, Non Executive Director Lead, and Guardians have completed the required speaking up training provided by the National Guardian's Office. The Guardians have also attended the NGO National Conference.

The Trust Board is informed of all speak up concerns on a bi-monthly basis.

Training for Staff

All Trust staff are now required to complete Level 1 National Guardian's Office Speak Up training. All new staff receive information on speaking up at induction. We have received positive feedback from new staff on this training and how important it is for new staff to understand that the Trust encourages staff to speak up and understand the routes available for them to do this.

Level 2 and Level 3 NGO Speak Up training have now been published and available as part of the Trust's training programmes. We continue to encourage our managers to complete these.

Number of Speak Up Concerns Received from 1 April 2023 until 31 March 2024

During the period 1 April 2023 until 31 March 2024 we received 39 speak up concerns. This is an increase on the numbers during 2022/23 when 23 speak up concerns were received. It is important to note that in some instances, a number of staff have contacted the Guardian to raise similar concerns in the same area. The increased number of staff contacting the Guardian has also increased since the introduction of the mandatory speak up training. A recent comparison against similar size mental health trusts/community trusts regionally using quarter 3 information highlighted that our numbers are in the mid-range. We will be continuing to raise the profile of speaking up through the Trust's communication channels, our ambassadors and by attending team meetings.

Data on ethnicity, age and gender is starting to be collected and a process for collecting this implemented. To date, no staff member has responded to provide their ethnicity. This will continue to be a key focus in 2024.

Number of Speak Up Concerns Received

2019/20	58
2020/21	24
2021/22	27
2022/23	23
2023/24	39

Types of Concerns

During 2023/24 the speak up concerns raised fall into the following categories:-

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice. The introduction of the Trust's Respect campaign has also helped to reduce the number of staff contacting the Guardian.
- Allegations of bullying and harassment.
- Care and treatment of a patient.
- Staffing levels.
- Systems and processes relating to specific service areas.
- Team working.
- Relationships with line managers.
- Waiting list management.
- Employment processes.

The most notable division reporting concerns through the speak up route has been in mental health services.

Concerns received by Division

	2021/22	2022/23	2023/24
Children's & Learning Disability Services	8	2	12
Community & Primary Care Services	3	3	3
Corporate Services	4	3	2
Forensic Services	1	0	1
Mental Health Services	11	15	21
TOTAL	27	23	39

Staff Groups reporting concerns

	2021/22	2022/23	2023/24
Administrative Staff	3	3	2
Allied Health Professional	0	2	3
Hotel Services Staff	3	1	1
Medical Staff	3	0	3
Qualified Nurse	6	10	16
Social Worker	1	2	3
Unqualified Nurse	10	4	7
Not Known/Other	1	1	4
TOTAL	27	23	39

Learning from Speaking Up

One of the key roles of speaking up is to ensure that any learning from concerns raised is taken forward within the Trust. As a result of staff raising their concerns, there have been some key learning points.

These have included:

- A review of a patient's care in relation to addiction services.
- A review of patients on waiting lists and transfers to other services.
- A series of team and organisational development programmes and a review of clinical systems and process within a service area.
- A review of staff completing interview training in a specific team
- A review of the number of grievances submitted to the HR team and time taken to respond.

All staff reporting concerns are asked to provide feedback following their concerns being reviewed. Feedback has been mixed and, as a result of this, further work has been developed to ensure that expected outcomes from staff raising concerns is clear at the outset.

Staff members feedback to the Guardian

“I want to use this opportunity to thank you in a special way. Words can't thank you enough. You are my saviour. Your immediate intervention in my situation has really saved my life.”

“I walked away feeling that my concerns were validated and listened to and for that I am much appreciative.”

“Thank you for all your support. It is very much appreciated.”

Some staff reported that they did not receive feedback on concerns in a timely manner, this is continuing to be reviewed. The Guardian now meets regularly with the Deputy Chief Operating Officer to receive updates on concerns which are fed back to staff.

Work will continue in 24/25 to improve reporting of outcomes back to staff raising concerns and also to receive further feedback. An anonymous questionnaire has been developed which allows staff to report their experience of speaking up and to also collect information regarding ethnicity, gender and age. This information will enable us to identify areas we need to target to raise awareness of speaking up.

Raising Awareness of the Freedom to Speak up Guardian Role and Function

We continue to promote the Guardian role virtually across the Trust by attending team meetings and publishing regular communications through the Trust communications programme. The Chief Executive also continues to raise awareness through the Chief Executive communication channels. The Guardians have attended the Trust's Senior Management Team forum, the Operational Leadership Group and also various team meetings to promote the role of speaking up, share information from the National Guardian's Office and to discuss barriers to speaking up. A number of virtual all staff events have been held to share information on speaking up.

In response to the recent Lucy Letby case and the changes to the Good Medical Practice Guidance (2024), the Guardian has held briefing sessions with medical staff across the Trust.

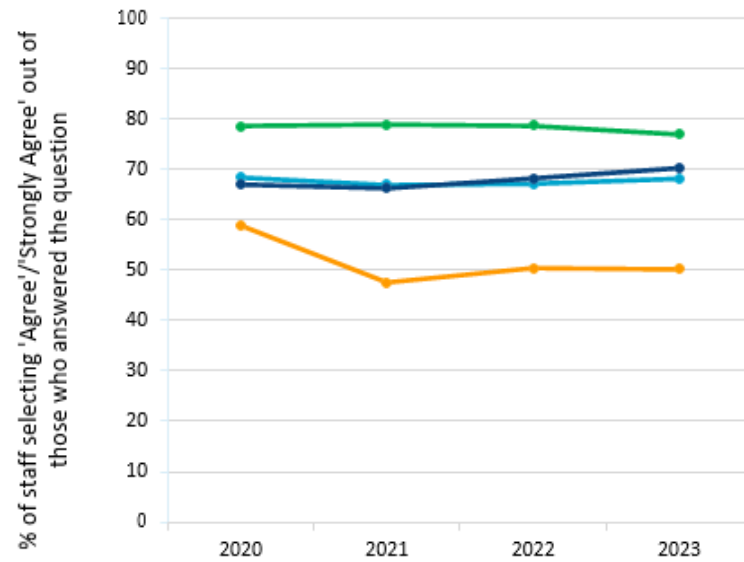
During October, we participated in the annual Speak Up Month initiative that is supported by the National Guardian's Office. We held a number of virtual events to meet staff and talk about the role of speaking up in the Trust.

Staff Survey

The recent staff survey results showed an improvement in the areas relating to raising concerns and speaking up. The details are shown in the table below. There is still further work and actions for us to develop to continue to improve these responses.

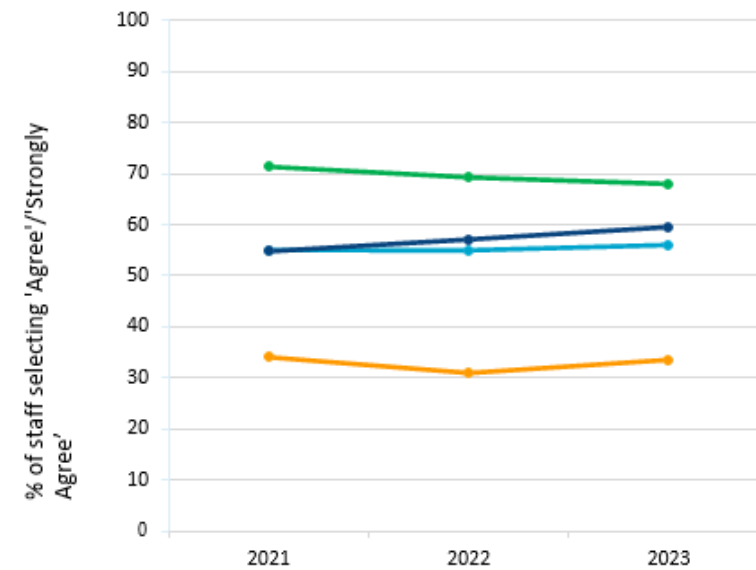


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	66.98%	66.21%	68.19%	70.26%
Best result	78.54%	78.86%	78.57%	76.89%
Average result	68.37%	66.89%	67.11%	68.14%
Worst result	58.87%	47.55%	50.40%	50.17%
Responses	1210	1295	1382	1835

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	54.80%	57.10%	59.57%
Best result	71.41%	69.30%	68.01%
Average result	55.05%	55.00%	56.06%
Worst result	34.05%	30.98%	33.58%
Responses	1294	1385	1832

Progress Update on Our Plans for 24/25

- We will continue to recruit and develop our Ambassador programme across our divisions.

We have successfully recruited Ambassadors for all our divisions with the exception of children's and learning disabilities and a Medical Consultant Ambassador. This is currently being advertised across the Trust and expected to be completed in June 2024. The ambassadors are currently undertaking training and being supported in their roles. A meet the Board session for our ambassadors is currently being arranged.

- Implement the Well Led Review recommendations

These have been completed.

- A further board development session to review the self assessment processes.

The Trust Board continue to review progress in speaking up on a regular basis.

- We will review our current policy and procedure in line with the recently published information from the National Guardian's Office.

The revised policy and procedure for speaking up was approved by the Trust Board and has been published on the Trust intranet and communicated through Trust communication channels.

- We will review and publish our new Freedom to Speak Up Strategy.

The new Freedom to Speak Up Strategy and Vision (2024-2027) is expected to be approved by the Trust Board in May 2024.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024																													
Title of Report:	Freedom to Speak Up Strategy 2024 – 2027																													
Author/s:	Michele Moran, Executive Lead for Freedom to Speak Up Alison Flack, Freedom to Speak Up Guardian																													
Recommendation:	<table border="1"> <tr> <td data-bbox="539 678 938 719">To approve</td> <td data-bbox="938 678 1034 719">✓</td> <td data-bbox="1034 678 1409 719">To discuss</td> <td data-bbox="1409 678 1524 719"></td> </tr> <tr> <td data-bbox="539 719 938 759">To note</td> <td data-bbox="938 719 1034 759"></td> <td data-bbox="1034 719 1409 759">To ratify</td> <td data-bbox="1409 719 1524 759"></td> </tr> <tr> <td data-bbox="539 759 938 799">For assurance</td> <td data-bbox="938 759 1034 799"></td> <td data-bbox="1034 759 1409 799"></td> <td data-bbox="1409 759 1524 799"></td> </tr> </table>				To approve	✓	To discuss		To note		To ratify		For assurance																	
To approve	✓	To discuss																												
To note		To ratify																												
For assurance																														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The revised Freedom to Speak Up Strategy for 2024-2027 is presented to the Trust Board for approval. The strategy has been amended following feedback from the Executive Management Team to include further clarity on improved outcome measures on the staff survey.																													
Key Issues within the report:																														
Positive Assurances to Provide: <ul style="list-style-type: none"> The revised policy and procedure for speaking up to align with the National Guardian's Office. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> The priority areas identified in the strategy. 																												
Key Risks/Areas of Focus: <ul style="list-style-type: none"> To complete the recruitment of ambassadors to include a medical representative. 		Decisions Made: <ul style="list-style-type: none"> The Trust Board is asked to approve the new Freedom to Speak Up Strategy. 																												
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>	<table border="1"> <thead> <tr> <th data-bbox="539 1574 914 1608"></th> <th data-bbox="914 1574 1043 1608">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1608 914 1664">Audit Committee</td> <td data-bbox="914 1608 1043 1664"></td> </tr> <tr> <td data-bbox="539 1664 914 1720">Quality Committee</td> <td data-bbox="914 1664 1043 1720"></td> </tr> <tr> <td data-bbox="539 1720 914 1776">Finance & Investment Committee</td> <td data-bbox="914 1720 1043 1776"></td> </tr> <tr> <td data-bbox="539 1776 914 1832">Mental Health Legislation Committee</td> <td data-bbox="914 1776 1043 1832"></td> </tr> <tr> <td data-bbox="539 1832 914 1888">Charitable Funds Committee</td> <td data-bbox="914 1832 1043 1888"></td> </tr> <tr> <td data-bbox="539 1888 914 1942"></td> <td data-bbox="914 1888 1043 1942"></td> </tr> </tbody> </table>		Date	Audit Committee		Quality Committee		Finance & Investment Committee		Mental Health Legislation Committee		Charitable Funds Committee				<table border="1"> <thead> <tr> <th data-bbox="1043 1574 1388 1608"></th> <th data-bbox="1388 1574 1540 1608">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1043 1608 1388 1664">Remuneration & Nominations Committee</td> <td data-bbox="1388 1608 1540 1664"></td> </tr> <tr> <td data-bbox="1043 1664 1388 1720">Workforce & Organisational Development Committee</td> <td data-bbox="1388 1664 1540 1720">08/05/24</td> </tr> <tr> <td data-bbox="1043 1720 1388 1776">Executive Management Team</td> <td data-bbox="1388 1720 1540 1776">23/04/24</td> </tr> <tr> <td data-bbox="1043 1776 1388 1832">Operational Delivery Group</td> <td data-bbox="1388 1776 1540 1832"></td> </tr> <tr> <td data-bbox="1043 1832 1388 1888">Collaborative Committee</td> <td data-bbox="1388 1832 1540 1888"></td> </tr> <tr> <td data-bbox="1043 1888 1388 1942">Other (please detail)</td> <td data-bbox="1388 1888 1540 1942"></td> </tr> </tbody> </table>		Date	Remuneration & Nominations Committee		Workforce & Organisational Development Committee	08/05/24	Executive Management Team	23/04/24	Operational Delivery Group		Collaborative Committee		Other (please detail)	
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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	

Freedom to Speak Up Vision and Strategy

2024 - 2027



Caring, Learning
& Growing Together



**National
Guardian**
Freedom to Speak Up

Purpose

Following the Mid-Staffordshire Inquiry, Sir Robert Francis published a report in 2013 that highlighted the importance of cultures that embrace transparency and support raising concerns to improve patient safety. This report provided recommendations for NHS Trusts, supported by the National Guardian's Office and is now included in the NHS Contract which is monitored by the Care Quality Commission (CQC).

Sir Robert Francis's 'Freedom to Speak Up Review' published in February 2013 highlighted the need 'to ensure that NHS staff in England feel safe to raise concerns, confident that they will be listened to and the concerns will be acted upon'. The Review recommended a number of principles and actions, including the creation of a Freedom to Speak Up Guardian to support staff to raise concerns. Since this time, a significant amount of work has been undertaken nationally through the National Guardian's Office and within our Trust to ensure that speaking up becomes central to everything we do.

Consistent and strong leadership and a developing culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes will help to support our strategy and most importantly focus on patient safety and ensuring patient safety is everyone's top priority.

This Strategy sets out the Trust's vision and strategy for Freedom to Speak Up, our objectives and actions and how we will measure its effectiveness. It should be read in conjunction with our **Freedom to Speak Up Policy and Procedure** published in October 2023.



Our Freedom to Speak Up Vision

“We will all work together to provide an open and transparent culture across the Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.”

Our Values

Our Freedom to Speak Up Strategy supports our Trust Strategy (2022-2027) and is underpinned by our core Trust values: “Caring, Learning and Growing”.



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

Our Priorities

To deliver our vision, and so help bring about a change in culture, we need to see improvement across the following areas:

- 1 **Awareness** – so that everyone knows how to raise concerns and to whom concerns can be raised.
- 2 **Confidence in speaking up** – concerns are heard, promptly and thoroughly investigated, feedback is provided and outcomes are shared wherever possible.
- 3 **Training and support** – for all leaders and managers in understanding their own behaviours and dealing with concerns.
- 4 **Improving** our data collection and governance processes.

These areas of focus must involve all staff in the Trust, including agency staff, students/trainees, contracted workers and volunteers.

We will prioritise the following actions to deliver our vision.

Our Key Objectives and Actions

To deliver our vision the following key objectives and actions have been identified:

Objective 1 Improve awareness of the Speaking Up programme

1. All new starters are made aware of Speaking Up at corporate induction or at local training.
2. All staff will complete the National Guardian's Office Level 1 Speak Up Training as part of their mandatory training requirements.
3. A rolling communications programme to ensure all staff are made aware of the Speaking Up programme through marketing materials in all areas of the Trust (posters and leaflets), regular email updates and face to face communications.
4. There is clearly accessible information about Speaking Up and how to raise concerns on the Trust intranet.
5. Speaking Up Ambassadors will be available in all areas of the Trust and from a range of backgrounds and roles.
6. Members of the speaking up team will attend team meetings to raise the profile and importance of speaking up.

Objective 2 Improve confidence in Speaking Up

7. Individuals will all have the opportunity, and adequate time, to discuss their concerns with the Guardian or a member of the speak up team in line with the Trust's policy and procedure.
8. The number of cases raised and resolved, and key themes of concerns will be reported to staff on a regular basis through Trust communication channels.
9. Wherever possible, case studies will be developed and communicated to share outcomes from investigations.
10. Annual review of Freedom to Speak Up policy and strategy to ensure they are fit for purpose.
11. Concerns are dealt with promptly, independently and confidentially.
12. All those who raise concerns receive feedback on the outcome of the investigation and have the opportunity to provide feedback themselves on the process.



Objective 3

Support all leaders and managers to understand their own behaviours and deal with concerns positively

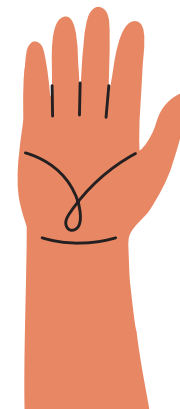
13. Ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively. Working with our managers and HR leaders to ensure speaking up training is embedded in all our development programmes.



Objective 4

Continue to improve our data collection and governance processes

14. Ensure monitoring and evaluation of the number and nature of concerns is timely and supported by appropriate governance.
15. Ensure that key learning related to concerns are articulated to all in an open and transparent manner, while respecting confidentiality.
16. Ensure feedback is obtained concerning staff's speak up experience to enable continuous improvement.
17. Ensure we fully meet and can evidence the expectations outlined in the National Guardians Office and NHS Improvement self review tool.
18. Regularly review the national case reviews to ensure that any recommendations and learning are implemented, where appropriate.



How will we monitor and measure our progress in our Trust?

We will use the following information to monitor our achievement against the strategy.

- A continued % increase in our staff survey scores in relation to the following questions:-
 1. I feel safe to speak up about anything that concerns me in my organisation.
 2. If I spoke up about something that concerned me, I am confident that the trust would address my concern.
- Grievances
- Exit interviews
- Retention figures
- Feedback on issues raised through the FTSU Guardian
- Bullying and harassment reports
- Patient safety incidents
- Issues raised to the Care Quality Commission
- Incident reporting
- National benchmarking data from the National Guardian's Office



How will progress against our strategy be reported?

A Freedom to Speak Up bi-annual report will be presented to the Trust Board by the Freedom to Speak up Guardian and the Executive Lead for raising concerns. It will include qualitative and quantitative information and other information that enable the Trust Board to fully engage with speak up to understand the issues that have been identified and receive assurance about the actions being taken.

The information will include the number and type of cases being dealt with through the Guardian, an analysis of the trends, including whether the number has increased or decreased. It will also include information of any instances where people who have spoken out may have suffered detriment and recommendations for improvements. We will also provide where available data on who is speaking up and raising concerns by ethnicity, gender and age.



How will we know we have made a difference?

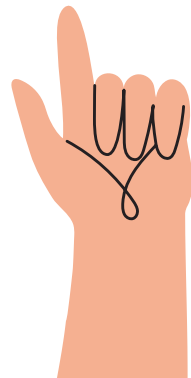
The indicators that will demonstrate we have made a difference in achieving our vision is as follows:

Speak up concerns have satisfactory outcomes.

Improvement in staff survey responses in targeted speak up questions.

Staff will feel confident in raising concerns.

Positive feedback is received from staff who speak up.



What are the specific Freedom to Speak Up roles in our Trust?

It is everyone's responsibility to engender an open culture which invites and encourages both positive and negative feedback from all who use and work within our services. This feedback is used to inform future strategies to support our continual learning and improvement. Every member of our staff has a role to support a freedom to speak up culture.

The following roles have specific responsibilities in relation to speaking up.

- Chief Executive and Chairman
- Executive Director responsible for Freedom to Speak Up
- Non-Executive Director responsible for Freedom to Speak Up
- Medical Director and Director of Nursing
- Freedom to Speak Up Guardian and Deputy Guardian



Review

This strategy will be reviewed in March 2025.

Document Configuration

Document Ref

11th March, 2024	Version 01
Author Name / Job Title	Alison Flack, Freedom to Speak Up Guardian
Directorate Name	Freedom to Speak Up
Clinical / Executive Sponsor	Michele Moran, Chief Executive
Reporting Committee	Trust Board
Trust Board Ratification	March 2024
Review Date	March 2025
Distribution Channels	Trust Board
	All staff – midweek global
Regulator Link	National Guardian's Office
	NHSI
Key Internal Documents	
Key External Documents	NHSI Freedom to Speak Up Self-Assessment Tool

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024											
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log											
Author/s:	Francis Patton, Chair											
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To receive & discuss</td> <td>x</td> </tr> <tr> <td>For information/To note</td> <td></td> <td>To ratify</td> <td></td> </tr> </table>				To approve	x	To receive & discuss	x	For information/To note		To ratify	
To approve	x	To receive & discuss	x									
For information/To note		To ratify										
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:												
Matters of Concern or Key Risks to Escalate:		Key Actions Commissioned/Work Underway:										
<ul style="list-style-type: none"> The NHS identified gap in productivity of 4%. That the Trust missed its agency spend target in 2023/24 by £1.696m and that this year's target is £5.583m. Stretch target for the ICS from £74.408m deficit to £50m deficit which is being shared between all Trusts. The fact that the RPA automation can only deliver part of what is needed and will have to be supported by manual entry. 												
Positive Assurance to Provide:		Decisions Made:										
<ul style="list-style-type: none"> That the Trust are making full use of NHS procurement. The Trust hit its 2023/24 plan and finished with a strong cash balance. The Trust delivered the 2023/24 BRS plan. The current plan for 2024/25 meets the target agreed with the ICS. At month 1 we have delivered against plan 		<ul style="list-style-type: none"> Recommended annual accounts to the Audit Committee. 										

Governance: <i>Please indicate which committee or group</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial plan for 2024/25 meets the target agreed with the ICS and that performance at month one is on plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, monitoring of Agency costs, the Annual accounts, the BAF and the BeDigital plan.

Concerns were flagged around the NHS and ICS financial position, Agency costs, the ongoing cost of Lorenzo and the EPR migration.

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ <i>Tick those that apply</i>				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
x	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
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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 30th of May were:

- In terms of the Insight report the key issues raised were: -
 - NHS has presented the final outturn position (As per draft accounts). Overall, the total expenditure for the NHS was £171.0 billion, which represented a 0.01% underspend against plan (£30m). Key highlights from the NHSE position (reported to NHSE Board) include:
 - industrial action where Government funding injected £1.7 billion to cover the disruption to services and costs of covering strikes
 - pay settlements averaging 5.5% for doctors and nurses which increased funding and costs by £2.9 billion and which was not included in planning figures
 - inflation which on a gross domestic product deflator measure averaged 6.5% compared to the Government's funding assumption of 3.2% when setting the NHS budget. In practice non-pay inflation experienced by the NHS is higher for the basket of goods consumed. This has added cost pressures of around £1.4bn over the year compared to plans.
 - The month 12 position for the Humber and North Yorkshire system is a surplus of £0.5m against a full year adjusted plan of breakeven. The ICS financial pressures in 2023/24 mainly related to slippage against efficiency targets, pay costs and inflationary pressures as previously reported to the Board. These pressures have been mitigated mainly with non-recurrent flexibilities and technical efficiencies. At month 8 the Humber and North Yorkshire ICB recorded a deficit position of £52m this is a £21m adverse variance to plan (H2 resources have been deployed to providers).
 - Capital expenditure for the system, including all funding streams and IFRS, is reporting a £31.4m underspend as at month 12. Following some central adjustments to provider plans to reflect all additional income and profiling adjustments, the overall ICS position inclusive of additional funding streams is reporting an overspend by £9.9m. The £9.9m overspend is almost entirely on IFRS16 expenditure and is consistent with previous months reporting. Due to significant slippage in other local systems this overspend was agreed with NHS England and was mitigated against other systems.
 - According to NHS England there is a 4% gap in NHS productivity between 2023/24 and 2019/20 that cannot yet be explained. NHS England has identified drivers of reduced productivity being industrial action, increased depreciation and capital charges, length of stay for non-elective patients and new high-cost drugs.
 - Mental illness in England is costing £300bn a year – almost twice the amount spent on the whole NHS budget, new research has claimed. New analysis by the Centre for Mental Health, commissioned by the NHS Confederation's Mental Health Network, has calculated the figure taking account of the economic impact, the money spent on health and care and the human costs from reduced quality of life. The economic and social costs of mental ill health calculated the costs in three broad categories: economic costs (£110bn); health and care costs (£60bn); and human costs (£130bn).
- The Trust reported a minor surplus of £0.018m at Month 12. Additional funding of £0.780m was secured through the ICB H2 Planning Round and this amount has been allocated into Trust Income. The cash balance at the end of Month 12 was £28.012m. The Better Payment Practice Code figures show achievement of 92.4%. The committee had a good discussion

around the use of agency which is above profiled plan for the year although well below last year's figure.

- At month 12 Children's and LD reported an underspend of £0.161m; Community and Primary Care reported an underspend of £0.439m although primary care was overspent by £0.158m; Mental Health reported an overspend of £1.959m which the committee discussed in detail; Forensic services reported an underspend of £0.264m Corporate Services reported an underspend of £2.240m driven predominantly by finance technical items.
- In terms of BRS at month 12 overall savings amounted to £2.320. This is made up of an overachievement by Forensic Services of ££0.019m but an underachievement by Mental Health of £0.146m and Community Services of £0.040m. The shortfalls will be met through non recurrent savings this year but carried forward into next year's recurrent savings plan. Overall, despite the small shortfalls the committee felt that the team had done a great job in again finding the majority of the recurrent savings.
- The committee received an update on agency spend. Spend in 2023/24 of £7.801m represents a 11% reduction in spend year on year (£0.972m) which is a great achievement. However, Year End expenditure is £1.696m over the Trust's profiled financial plan. Spend needs to reduce going into 2024/25 to meet planning guidance targets. Work is progressing to update trajectories based on known activities. A plan is in place to eliminate Off framework Agency spend by Q2 2024/25 and spend on Agency continues to be picked up at ODG, EMT and Accountability Reviews.
- The committee received an early draft of the Annual Accounts for discussion and to agree any areas where further assurance may be required to feed into Audit committee. The committee were happy with the draft accounts as seen and recommend them to the Audit committee.
- The committee received the current iteration of the 2024/25 financial plan which had been signed off at the Board the day before. The current submitted plan meets the target agreed with the ICS. A budget has been uploaded to meet the current deficit plan of £0.933m. The Trust has a positive BRS position at this stage of the financial year. That said the committee discussed the risk arising from the ICS position. Following submission of the latest ICS Plan in May a meeting took place with NHS England who expressed a desire to improve the ICS plan from the £74.408m deficit submission to a target deficit of £50m. Following meetings between directors of finance it was agreed that all organisations would assume additional income in Q4 on the basis that current ringfenced funding (such as community diagnostics, dental, etc) would slip in year and offer non recurrent opportunities to close the gap, this approach has been supported across the ICS – for the Trust the income assumption in Q4 is £0.933m and this was included in the Plan approved at the Board in May. The committee also discussed the risk from the agency target which for 2024/25 has been set at £5.583m and with the previous year spend being £7.801m this represents a tough target.
- The committee also received the BRS plan associated with the financial plan which also included thoughts on 2025/26 and 2026/27. Savings of £2.339m have been proposed to date and there are no gaps within the plans. Of the savings £1.143m are rated green and £1.197m are rated amber, the team have also already identified some savings for 2025/26. The committee complimented the team on the work done.

- The committee then received an update on month 1 position which showed that a financial position consistent with the Trust plan has been recorded. The cash balance at the end of April was £22.976m. The committee also reviewed orders over £10k
- The committee received a deep dive report on agency spend which showed 2023/24 expenditure was £1.696m over the Trust's profiled financial plan and that spend needs to reduce further in 2024/25 to £5.583m. Work is progressing to update trajectories based on known activities. Off framework Agency spend needs to be eliminated by July 2024/25.
- The Committee received the updated BAF, and risk register. No matters of concerns were highlighted or key risks further to those included in the Finance risk register extract and Board Assurance Framework to escalate.
- In terms of the Be Digital agenda the committee had a close look at the EPR business change progress both in terms of funding which is on track and in terms of using Robotic Process Automation (RPA) to carry out most of the data migration. The testing has been completed for a data migration and only 7 of the 15 items can be completed by RPA. The RPA processes that can be achieved are generally the simple ones, but they are high volume. This will mean staff will be required to support a manual data migration. Staff have already been recruited to support the first go-live with the Forensic division taking place on 9th September 2024 and the committee were assured that this issue was in hand. Thirteen EPR Business change for future state workshops have taken place; 100% of users are now using multi-factor authentication; IG Training figures currently stand at 96%

In terms of risks the cost of Lorenzo for the next year will create a cost pressure, this significant increase has been escalated with Dedalus who supply Lorenzo. EPR risk concerning data migration, reporting and the impact of operational pressures as above were discussed. In addition, lack of attendance from operational staff at the future state process workshops could be an issue. Updates to MHSDS v6 have not been made and action is being taken to resolve the problem. Work underway includes starting to build the data archive for the Lorenzo historic data; Implementation of TPP SystemOne Mental Health and planning for voice recognition continues with a small number of staff piloting the new system.

- The committee received the annual Committee Effectiveness review. This showed that the committee had delivered on all of its functions and feedback from committee members on how the committee handled its business were good. The committee signed off minor changes to the terms of reference which now include the committee's role in overseeing the Digital agenda.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024		
Title of Report:	Workforce & OD Committee Assurance Report		
Author/s:	Dean Royles – Non-Executive Director		
Recommendation:	To approve		To discuss
	To note	✓	To ratify
	For assurance	✓	
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 20 June 2024 and a summary of key points for the board to note. This was an additional meeting to sign off on a number of workforce reports so did not cover the full range of papers considered at regular meetings.</p>		
Key Issues within the report:			
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> The committee examined the WRES, WDES, EDS22 and EDI Annual report and was happy to endorse all for final approval at Trust Board. The Trust Workforce Plan was approved. WDES data puts the Trust 29th out of 212 NHS Trusts (Top 14%) Trust is better than national averages for 18 of 19 metrics in the national WRES and WDES figures. Trusts Gender Pay Gap is better than national average. Vacancy rates have reduced by 3.33% since March 2023 to 6.69%. Current staff turnover sits at 10.68% (excluding dismissal/TUPE and end of Fixed Term Contracts, a decreased compared to March 2023 (12.88%) 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> Work continues against actions set out to address EDI matters across all annual reports to improve workplace experience of those from minority and disadvantaged backgrounds. 		
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> EDI Actions arising from the associated WRES/WDES and Gender Pay Gap action plans to remain a continued focus. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> N/A 		

<ul style="list-style-type: none"> Continued focus on the EDI improvement plan. 				
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	20/06/2024
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals (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

Assurance Report 20 June 2024

EDI Annual Report 2024:

The paper presented set out examining equality reporting such as the Workforce Race Equality Standard (WRES) the Workforce Disability Equality Standard (WDES), the Gender Pay Gap and the EDI Annual report for the 12 month reporting period between 01 April 2023 and 31 March 2024. The document outlined the progress made against previous equality actions and delivered new equality actions for patients and workforce based on the Trust data.

- The Trust demonstrated better results than the national average in 8 of the 9 indicators.
- The Trust demonstrated better results than the national average for all WDES indicators.
- Disabled and BME staff are not disadvantaged in the capability process.
- The Gender Pay Gap was 13.2% in March 2023, representing an increase in the gap of 1.8% point, but below the national figure of 14.7%.

EDS22:

The paper presented set out the Trusts Equality Delivery System (EDS22) submission for 2024 which provided evidence towards the Trust meeting it's EDI objectives for patients and the workforce.

- Launch of the Youth Recovery and Wellbeing College
- Re-accredited as Veteran Aware.
- WDES data puts the Trust 29th out of 212 NS Trusts which is within the top 14%.
- Trust is better than national average for 18 or 19 metrics in the national WRES and WDES figures.
- Trust's Gender Pay Gap is better than national average.

Workforce Race Equality Standard (WRES) Annual Report 2024:

The paper presented set out the outcomes of this year's analysis of the Trust's Workforce Race Equality Standard (WRES) report for the 12 month reporting period between 01 April 2023 and 31 March 2024.

- The likelihood of white staff being appointed from shortlisting compared to staff from diverse backgrounds is 0.76.
- The likelihood of staff accessing non-mandatory training and CPD is exactly equal and demonstrated equality and fairness in accessing non-mandatory training.
- Staff experiencing harassment, bullying or abuse from staff in the last 12 months is 20.62%, which demonstrates a substantial improvement on 2023 figures of 25.76%.
- During the period the Trust has seen an improvement of ethnic diversity representation on the Trust Board.

Workforce Disability Equality Standard (WRES) Annual Report 2024:

The paper presented set out the outcome of the year's analysis of the Trusts Workforce Disability Equality Standard (WDES) data report for the 12 month reporting period between 01 April 2023 and 31 March 2024.

- The Trust has undertaken several initiatives and as a result performed better than the national figure in 7 of the 10 metrics.
- 1295 colleagues with a disability or long-term condition responded to the WDES questions in the National Staff Survey.
- Staff experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 27.52% which is an improvement on 2019 figures of 34.88%.
- Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months is 17.90% which is an improvement on the 2023 figures of 22.62%, but still more to do.
- Staff believe that their organisation provides equal opportunities for career progression or promotion is 61.67% which is an improvement on the 2023 figures of 52.56% and is better than the comparison Trust figure which is 56.66%.

Trust 2024/25 Work Plan:

The 2024/25 Workforce Plan presented is produced by leaders across the Trust to forecast further workforce requirements and sets out the key establishment changes forecasted to take place over the 12 months period to address the Trust's workforce challenges and requirements. The Workforce Plan is triangulated with Services Plans and Financial Plans.

- Vacancy rates have reduced by 3.33% since March 2023 to 6.69%.
- Current staff turnover sits at 10.68% (excluding dismissal/TUPE and end of Fixed Term Contracts, a decrease compared to March 2023 (12.88%))
- The Trust's establishment increased by 2.54FTE a growth of 0.08%.

Title & Date of Meeting:	Trust Board Public Meeting – 31 July 2024														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	✓	To ratify		For assurance					
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Thursday 13 June 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> • 2024/25 contract negotiations concluded with sub-contract providers – late issuing contracts in 2024 due to late publishing of the NHS E national Operating Plan and agreement on financial allocations. • EDiTT team – eating disorders Humberside – having a positive impact on reducing admissions. • Willow View – York CAMHS day care – open and providing care to young people. • Positive feedback to CPaQT on quality assurance work from NHS England Regional Team. • Annual Report published in May 2024 and shared with all key partners. • A report has been shared with the ICS on Clinically Ready for Discharge – the aim to consider all options and best use of resources to improve patient outcomes. 		<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Workshops/meetings held with all key partners to drive forward the 3 work stream priorities for 2024/25. • Lead Provider contract is progressing; a final version is to be submitted for signing, following which sub-contracts can be issued. It is expected that sub- contracts will be issued within the next few weeks. • Mel is working with the ICS and supporting the out of area acute and rehabilitation project. 													



Key Risks/Areas of Focus: <ul style="list-style-type: none"> Financial pressures on CAMHS due to increase complexity of young people admitted to services. 	Decisions Made: <ul style="list-style-type: none"> Quality Governance Framework – paper approved
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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	13.6.2024
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 16 June 2024 *was quorate*, and was attended by Stella Jackson and Daniel Websdale. The meeting discussed the following matters:

Insight Report

Highlights from the report

- Contracting update – contracting negotiations have concluded with all sub-contract providers; however, NHS England have allocated a higher level of inflation to the big 5 Independent Sector Providers which will create a financial pressure on HNY PC budgets, CPaQT have challenged NHS England on the national negotiations and the pressure on PC.
- Phase 2 of Specialised Provider Collaborative – Perinatal and Forensic Community CAMHS - Perinatal go live likely to be 1 October 2024. Mel and Gareth actively involved in supporting governance and clinical oversight of the new Collaborative.
- Quality - on the 18 April 2024 CPaQT had their quarterly quality oversight meeting with NHS England Regional Team. Within this meeting NHSE communicated that they continue to be assured by our robust and comprehensive approach to oversight. We have included a copy of the presentation for your information.
- Annual Report – published in May 2024

Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

1 CAMHS

- Continued overspend in the CAMHS inpatient budget.
- Out of Area placements have reduced.
- Clinically ready for discharge has reduced.
- The workstream has commenced work to achieve the priorities for 24/25.

- Willow View has now opened.
- Stakeholder eating disorder event is being planned for October.
- System wide working together meeting has been planned.
- NGT Quality Improvement work is underway.
- Research into NG tube feeding under restraint in paediatric wards completed.
- There continues to be a high demand for NG tube feeding including under restraint.
- There is an increased number of CYP with autism and Learning Disability being admitted.

2 Adult Eating Disorder

- There are no CRFD patients.
- Eating Disorder Stakeholder event is being planned for October.
- Active involvement in national workstreams.
- Work has commenced to support units to understand capacity to manage comorbidities.

3 Adult Secure

- AS report now includes community forensic services information
- HNY patient population (Med and low) has fallen to 133.
- HNY secure care providers average Length of stay continues to be lower than in January 2022.
- Adult Secure – 19 Clinically Ready for Discharge (CRFD). Priority for CPAQT, case managers and clinical lead is to reduce CRFD. Plans are in place to review cases as well as responsibilities regarding escalation.
- Work has begun in collating data in relation to Bed Occupancy over time within our block contracted providers, the deadline for this is the HNY Clinical meeting on the 20 June.
- Riverside Healthcare Limited have notified NHSE that they wish to exit the adult secure market, Cheswold park Hospital in South Yorkshire. CPAQT are working closely with NHSE and regional provider Collaboratives to understand the next steps.
- Bed modelling data is currently being refreshed and will follow a similar process to last year, a date to meet has been set for the 4 September 2024.
- Bed modelling data is currently being refreshed and will follow a similar process to last year, a date to meet and review the providers intentions/ideas for delivery in 2025/26 has been set for the 4 September 2024.
- The HNY Operational group have recognised that the quality of LDA access assessments requires attention as does the Low Male LDA pathway due to not admitting to Cheswold Park. CPAQT are exploring options.
- AS Clinical Lead has established workstream groups to focus on pathway development, focusing on the admission, discharge and clinical models (updates recording in the action tracker below). To include.
 - Male LDA
 - Male PD
 - Prison Transfers
 - Women's

Risk Register

- CAMHS financial pressure – remains as risk 12.
- AED financial pressure – remains as risk 12 – to be reviewed at end of Q1.

Quality Improvement and Assurance

- Assurance through the Strategic Executive Information System (StEIS), Serious Incident Requiring Investigation (SIRI) Review Groups and Patient Safety and Learning Group

- Transition to Patient Safety Incident Response Framework (PSIRF) for all providers except LYPFT
- Continued monitoring of Long-Term Segregation (LTS)
- System response to high-profile national patient safety concerns
- CPaQT Quality Visits to Clinical Inpatient Settings
- Liaison with partners regarding incident management and embedding practice.
- Participation in the Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Programme
- Progressing with the Lived Experience and Involvement strategy and action plan into the Provider Collaborative programmes of work
- Ability for providers to robustly transition to Patient Safety Incident Response Framework (PSIRF) from Autumn 2023
- Impact on the wider systems re Cheswold Park with decision to exit adult secure care provision (South Yorkshire PC service)
- Impact on Rampton Hospital and Ellern Mede CQC restrictions
- Delayed notifications of StEISed incidents from neighbouring Provider Collaborative for a Humber and North Yorkshire patients hosted in their services.

Papers Ratified at the Collaborative Committee

- Quality Governance Framework – of note the paper has been reviewed and supported by all work streams and will be shared at the next PCOG.

Clinically Ready for Discharge and Preventable Admissions

A report has been developed which outlines the care and cost impact of patients who are Clinically Ready for Discharge. This report has been shared with HNY ICS with the aim to stimulate discussion on how the HNY overall health and social care system can utilise all resources available to improve patient outcomes and opportunities for new service development to reduce use of in-patient services and enhance community provision.